

McGUIRE, Meredith B. (1988): *Ritual Healing in Suburban America*, Rutgers University Press, New Brunswick

This remarkably wide-ranging study of non-orthodox healing in North America by Meredith McGuire and her colleagues unearths a number of perennial truths that have been submerged by the hubris of a powerful institution that has over the course of the twentieth century focused exclusively on its own explanatory models of health and sickness.

The reductionistic methods of biomedicine have led to powerful treatments which have given the profession of medicine unprecedented control over biological and pathological processes. Oral contraceptives and microbial antibiotics are among the more obvious manifestations. But at the level of personal experience, many have found the new religion of biomedicine severely wanting in its ability to offer meaning to the reality of sickness and suffering. Purely bodily interpretations do not satisfy the human need to derive meaning from the occasionally devastating limitation and loss of freedom that can occur in sickness, particularly in chronic disease. Many seek to recover their own capacity to deal with the situation and may therefore look more towards mental and spiritual rather than chemical solutions to their health problems.

Meredith McGuire and her group have fully honoured the uniquely American style of social research developed by the Chicago School of sociology. Their study draws upon participant observation and depth interview methodologies in a wide-ranging review of the activities of non-orthodox healers, healing groups, and patients in North America during the 1980s. McGuire's study re-affirms the universal human desire for autonomy in matters of health.

Self-medication has traditionally been the first line of approach to the problem of sickness throughout history. Despite the impressive structures that define the institution of medicine and the cultural power exercised by medical practitioners, self-medication and the desire for freedom from over-arching control continue to determine the choices that many exercise in relation to their own health and that of their families.

This important study draws attention to a number of major issues that have, until recently, been discounted or dismissed by the dominant model of Western medicine. Such issues figure prominently in the lives of many who choose to use non-orthodox methods of healing.

Meredith McGuire explores the paradigmatic differences between biomedicine and alternative approaches. She calls attention to the symbolic dimension of illness, and identifies this to be an active element in the life-world of many who work outside of the dominant paradigm. She also describes the essential failure of biomedicine to fully address the social, economic, environmental, and cultural realities that presently contribute to the pandemic of chronic disease that presently engulfs a plethoric Western civilisation.

"Ritual healing in Suburban America" is an important study that will probably be read mainly by those who probe the scholarly works of social research. This book deserves a broader audience than specialist academics.

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Although a few persons seek alternative healing as a last resort, most adherents are more deeply involved. This study found that only a tiny minority of adherents initially came to their alternative healing group or healer out of a need to heal a prior condition. Most adherents were initially attracted by the larger system of beliefs, of which health-illness related beliefs and practices are only a part. p 5

Biomedicine and alternative healing systems operate within totally different paradigms of health, illness, and healing. p 5

In "modern" Western societies, institutional specialization, professionalization, and medical dominance have created the impression that *health care* means "medical care." This conception obscures the reality that historically (and to a considerable extent, even today) most health care has been a function of the family. p 7

Over 130 different groups or healers were identified. Some groups of each broad healing type were studied intensively by participant-observation for ten to eighteen months; other groups were visited only occasionally. A total of 255 group sessions in 31 different groups were observed and recorded in detail.

Three hundred thirteen interviews, lasting between one and three hours, were conducted with leaders, healers, adherents, and clients of the various forms of non-medical healing. An additional forty-three interviews were conducted with a control group selected from comparable neighborhoods and matched for gender and age. pp. 9-10

Respondents in this study were largely middle-aged. Persons under thirty represented only 10 percent of the sample. The modal age of respondents was thirty-eight, with 53 percent of the sample between thirty and fifty years of age. Another 20 percent was between fifty and sixty, and 17 percent was over sixty. These figures indicate that we are not observing a "youth culture" phenomenon; adherents to alternative healing studied are solidly middle-aged. p 12

In general, then, the respondents depicted in this study hardly fit the stereotype of adherents to alternative healing. They are clearly middle-class, middle-aged, well-educated, socially, culturally, and residentially established suburbanites. p 13

These data show that even the strangest, most difficult to understand healing beliefs and practices provide very important functions for their adherents: meaning, order, and a sense of personal empowerment in the face of upsetting or even traumatic experiences in life. Alternative healing systems are meeting some people's needs, which the dominant medical system does not address. Thus they highlight some of the limits of modern "scientific" medicine." p 14

This volume proposes that alternative healing often works (both for social-emotional and physical problems) by empowering the individual to mobilize internal resources. Alternative healing groups also often provide very real networks of social and material support, thus strengthening their members in the face of illness or disease. By contrast, the dominant medical approach, while effectively tackling the disease entity, often diminishes the patient's sense of personal power and, unknowingly, reduces the

patient's ability to mobilize personal resources against the disease/illness. Thus this research has a number of implications for evaluating both alternative and orthodox medical systems. p 16

One of the most serious problems with some studies of alternative healing is the assumption that adherents share the dominant medical system's notions of illness and healing. Adherents of alternative healing, however, often have radically different notions of what needs to be healed, what they consider to be a healing, and how healing takes place.

Furthermore, their interpretations of illness embody their attempts to deal with the problems of *meaning* that are linked with illness, pain, suffering, and death. The issue of meaning is generally not addressed by the dominant medical system, but in many alternative healing systems it is central. Why do people suffer? Why do people get sick despite preventive measures? Why do good people have troubles and bad people appear to flourish? Why do some people die "before their time"? pp 32-33

Virtually every alternative healing system studied had some theory of the degree to which individuals were responsible for their own illnesses. p 34

All groups studied addressed such questions as: Who (or what) is responsible for the development of the illness? Who (or what) is responsible for its continuation or for a course of action that would lead to healing? And, if therapy fails, where does the responsibility for that failure lie? These ideas involve important moral evaluations and are not merely neutral descriptions of a situation. pp. 35-36

The mentalistic concept of illness is taken quite literally. Most members believe in the power of words to effect a person's well-being. For example, one woman told of an experience in which she was in such pain that she could not get out of bed one morning. She began to meditate to discover what error-thinking could have been the source, and she realized that she had developed a bad habit of saying, especially at work, "I will not stand for that." She interpreted her inability to stand up as the literal manifestation of that negative thought. p 85

Many respondents avoided talking about "God" but attempted parallel concepts: force, creative energy, life-giving spirit, universal consciousness. The ultimate source of healing, thus, resides in some highly abstract spiritual power, which, at the same time, each individual can tap through concrete mental processes. The individual must get in touch with his or her own powers - the Divine Mind within, becoming attuned through affirmations and meditation. Through knowledge and use of the laws or principles of Divine Mind, the individual gains *control* of life and fate. p 87

Therapeutic failure, in many Christian healing groups, potentially results in questions about God's goodness and healing power. In traditional metaphysical groups, by contrast, responsibility and power reside within the individual. Failure is merely individual shortcoming and error, not at all inconsistent with the groups' belief about God or Truth. p 94

[Re: meditation and human potential groups] More than members of other groups, these respondents emphasized lifestyle issues, such as weight problems, stress responses, smoking and other cravings, and other physical-emotional conditions related to lifestyle. Whereas other groups viewed lifestyle problems as secondary symptoms of deeper problems, such as not relying enough on the Lord, these respondents considered lifestyle a central issue in well-being.

Another point of contrast was the emphasis placed by meditation and human potential groups upon social factors needing healing: family life, interpersonal relationships, job troubles, and so on. In contrast to Christian and metaphysical groups, however, these groups saw such problems as a way of making decisions. Whereas many other groups interpreted interpersonal problems as a need to adapt to a bad situation (or "submit," in the case of poor marriages or relationships with authorities), meditation and human potential groups considered healing to involve choosing - including the choice of getting out of the situation.

Only in these groups were political concerns discussed regularly. Whereas Christian healing groups tended to emphasize mainly issues of private morality and personal choice, such as pornography, abortion, divorce, drug abuse, and alcoholism, these groups focused on public morality issues of environmental pollution, world peace, injustices, prejudices, nuclear destruction, poverty, malnutrition or famine, political oppression, and unemployment.

Despite their virtually unanimous definition of social issues as needing healing, respondents were nearly evenly divided between activist and quietist approaches to social problems. Some groups encouraged letter-writing, campaigns, marches, and political action; others saw meditation and private behavior as the primary approach to healing for social problems. pp 98-99

Far more than in other types of group studied, respondents in Eastern meditation and human potential groups emphasized social causes of stress and other emotional strains. Members cited job pressures, discrimination, pressures of family life and marriage, isolation and loneliness, and pressures of unsatisfactory role-expectations, such as gender or family roles. So, while they emphasized the need for individuals to choose healthful lifestyles and personal stances towards life, they also recognized the assaults on health posed by the larger society. p 106

There was no parallel concept in these groups to the Christian or psychic notions of evil forces as cause of illness. The Eastern-inspired belief system held no dualistic notions of good-versus-evil. All energy - positive and negative alike - is essentially one. p 107

These respondents had a strong interest in determining the symbolic meaning of their illness. Thus diagnosis meant not only identifying the physical/emotional condition responsible for one's problems but also discerning the "ultimate" meaning for that condition. (Some adherents of psychic and traditional metaphysical healing also evinced interest in the symbolism of their illnesses, but not to the same degree as these respondents.) For example, the diagnosis of varicose veins was linked with the blockage of energy in the lower part of the body; dizziness and falling were

interpreted as middle ear problems and as a sign of imbalance in one's personal/emotional life; the diagnosis of arthritis was linked with the need for greater flexibility in interpersonal relationships and in facing changes in one's life; and so on. p 110

Healing, in Eastern meditation groups, is essentially an individual activity; one works on oneself, one's own self-awareness and energies. Group activities are, then, typically a context for learning techniques (such as yoga postures, breathing, or meditation techniques). There is some sense of experiencing greater power or energy in a group, and there is some mutual support in most groups observed, but these functions of the group and leaders are much less significant than in Christian healing groups. p 117

Responsibility for therapeutic failure, according to these groups, is largely the individual's: Therapeutic success depends upon developing self-awareness, adopting a healthy lifestyle, opening blockages to one's energy and learning to channel that energy effectively, purifying oneself and avoiding a polluting physical, emotional, and spiritual environment. The individual alone cannot accomplish all of this; larger social change is needed. And, even with dramatic efforts toward health, some things are out of the individual's control.

Therapeutic failure and death are, however, less of an issue for these groups, because such events are not threatening: Neither the individual healer's power nor God's power or goodness is undermined by therapeutic failure. Despite their otherwise activist stance, many respondents in these groups held a quiet fatalism about "the flow" - one could not fully understand it, control it, or be responsible for it. p 129

It is important to distinguish between groups that relate to an external, transcendent healing force and groups that have an image of an immanent, internal healing force. This distinction accounts for marked differences in the healing approaches of the two types. For example, if the healing power is internal, mentalistic methods of healing are appropriate (as in Unity and Christian Science). If healing forces are external, they must be reached, tapped, and channeled to where they are needed (as in what we are calling psychic and occult healing). p 131

In traditional metaphysical and Eastern approaches, with their characteristic emphasis on *self*-healing, a person's blockage is a virtually absolute impediment to healing. The most another person could do would be to help the person notice the blockage in order to remove it. By contrast, in Christian and psychic healing groups, there is a greater possibility of the healing power being mediated by a healer or healing group, even without the sick person's knowledge and cooperation. Accordingly, that external force could overcome the blockages. Yet, in all groups, full healthiness requires the individual's participation in dealing with underlying causes of illness. p 158

The popular image of specialized healer is generally shaped by TV "faith healers" who proclaim special healing powers before a vast, anonymous audience. This image also includes the notion that healers reap substantial financial benefits from their roles. This image does not mirror the healing observed in these middle-class groups. Relatively few healers studied received any money for their efforts; indeed, typically

most healing in these groups was done informally by fellow believers for one another.
p 162

Much of the preliminary interaction between doctor or healer and "patient" may consist of the co-construction of a satisfactory explanatory model. Doctors and "expert" healers often utilize different explanatory paradigms from those of their "patients," so some interaction may be devoted to trying to convey an understanding from one perspective to a person with another perspective. In Western "scientific" medicine, encounters between doctor and patient typically involve less attention to explanatory matters than in many non-Western medical systems. p 166

Questions of the meaning of illness are central to much concern for order: Why me? Who is responsible for my suffering? Why does God allow this bad thing to happen to a good person (or why has this bad thing not happened to that bad person)? What must I do to free myself from this suffering? How am I going to endure and pull my life together in the face of this? Western medicine does not generally address such questions of meaning, so ill persons and their families may be simultaneously obtaining Western medical treatments for their biomedical conditions while seeking meaning and order from their alternative healing approaches. p 166

The role of healer was very different in groups that believed healing power to be transcendent and external, compared to those that believed it to be immanent and tapped from inside oneself. The specialized role of healer was found primarily in those groups believing the healing power to be external; healers were the channels or conduits by which healing energy was transmitted from the external source to the person needing help. p 168

The notable exception to the emphasis on endogenous healing was among practitioners of isolated therapeutic techniques. Several of the alternative technique practitioners emulated the medical profession in its professional distance and charges for services rendered. Although some of these practitioners involved their clients extensively in the healing process itself and shared their specialized knowledge informally or in classes, others merely sold their expert services (as chiropractors, naturopaths, homeopaths, colonic irrigationists, reflexologists, and so on).

Many studies of "alternative" or "holistic" healing equate these non-medical practitioners with the entire alternative healing movement. Certainly practitioners such as chiropractors, homeopaths, acupuncturists, and naturopaths appear to be the main professional alternative healing competition to medical doctors. pp 171-172

This study found that very few persons (less than one percent of all respondents) who are involved in alternative healing would reject medical treatment altogether. Indeed, respondents showed considerable respect (along with criticism of) the medical profession. This finding strongly contradicts the prevailing notion that persons involved in faith healing and other alternative healing systems are so extreme in their beliefs that they endanger their very lives. p 193

Many respondents felt that their alternative healing approaches were actually ahead of medical science. They were sure that when it gained the ability to tap such

phenomena, medical science would vindicate most of these alternatives. They believed that science was only beginning to discover the truth of what their belief system had told them all along. p 198

Many adherents of alternative healing are often advocating a different notion of individual responsibility and are calling for greater physician acceptance of this more active patient role. As such, the health-seeking patterns and attitudes toward the medical profession exhibited by many of the respondents can be understood as a counter-assertion of power against the dominance of the medical profession. p 201

Respondents' dissatisfaction with the medical profession is related to a fundamental power issue. These respondents are asserting an alternative model of medical practice - one in which the patient exerts greater power and control. They seek a different quality of doctor-patient communication - a model in which doctors serve as knowledgeable resource persons for self-aware patients. Such communication would, accordingly, consist of much information exchange and mutual respect. It would also be (in the ideal image of respondents) open to non-medical alternatives, which patients could choose as respectable options in their health-seeking. p 201

It is necessary to get beyond the "medical model" of health, illness, and healing to understand how alternative healing works and why its adherents seek it. In this and subsequent chapters, three broad yet related interpretations are developed: Healing is linked with personal empowerment; issues of meaning, moral order and responsibility; and an alternative understanding of the self in relationship to society. p 202

Some researchers link the placebo effect with symbolic empowerment. While a chemically inert pill is not real medicine, the sense of power the individual gains by that symbol is real. The placebo effect may be merely one way of describing an individual's response to his or her society's peculiar symbolization of empowerment - be it an amulet, ritual word, or pill. Medication, especially pills, is a major contemporary symbolization of the power to heal and of the power of modern medical technology. This symbolic empowerment may have concrete physical and psychological effects. Indeed, symbols of power - such as chemically inert pills - may also produce negative physical effects or sickness; this parallel phenomenon has been called the "nocebo". p. 228

While the extent of medical efficacy in contemporary Western societies is impressive, in many important areas of people's experience, medical treatment is weak or useless. Respondents who said "The doctor could not find out what was wrong with me," "Doctors could do nothing for me," or "I felt I just wasn't being helped in the hospital," were expressing their own subjective feelings of helplessness in the face of something troubling them. They may also have been objectively describing the powerlessness of Western medicine to deal with the range of healings people seem to require. In contrast with the turn of the century, medical problems today are predominantly chronic illnesses that can be medically treated and sometimes ameliorated, but not cured. p 233

The assertion of order is closely linked with power and empowerment. The analysis of shamanism in other cultures suggests important parallels to some forms of alternative healing in this culture. The shaman's role in healing is to mediate power in order to restore balance and harmony. Disorder is dangerous; the shaman must have the power to counterbalance disorder. The shaman is seen as mediating power from a superhuman source to the social system. The basis for the shaman's power is the ability to distinguish key structural symbols and move them into a proper relationship; that is, to create order. This manipulation produces power. Thus, the *power to establish order* is at the root of a healing process. p 235

Some features of symbolic healing actions taken in these suburban middle-class alternative healing groups are interestingly distinctive. One such feature is the emphasis upon endogenous healing. Whereas studies of most non-medical healing in other cultures and subcultures have found primarily therapies that were mediated by a healer, most of these healing groups emphasized the extent to which the individual being healed was responsible for bringing about or at least participating in his or her own healing. p 236

One hypothesis worth exploring is that much of the "new" therapy offered in many alternative healing groups may represent an attempt at the symbolic creation and socialization of a new kind of identity - a new mode of self-in-relation-to-the-world. The resulting mode of individualism may be one in which the self would have the flexibility to move between constantly changing roles and attachments, able to choose the quality of its emotional and physical experiences. p 238

First, disease, illness, curing, and healing affect the self profoundly. Alternative healing approaches run counter to most biomedical practice, not merely in their emphasis upon holism, but also by addressing healing the self. Secondly, various forms of healing involve different kinds of relationships between self and society; alternative forms of healing imply alternative self-to-society connections. Middle-class forms of alternative healing may represent a statement against the rationalization of body and emotions in contemporary society. p 240

Our findings . . . point strongly to certain cultural and social structural aspects of middle-class alternative healing. Beyond the diversity of the many groups and individual respondents studied, two common features stand out.

First, all were propounding an *alternative world image*. This different picture of the world is reflected in their ideas about the ideals or values defined as "health", causes of illness, sources of healing power, individual responsibility, and the nature of the self and of self-transcendence. These world images were emphatically holistic - beyond the sense of body-mind holism, to an insistence upon the interdependence of all aspects of the cosmos.

In their ideal of holism, many healing groups challenged world images that hold selves to be utterly separate, alien from each other, their social worlds, and the entire cosmos. . . .

Second, in all of the groups studied, healing rituals were prominent and typically pervaded by symbols of power and order. What is especially interesting is that, in many groups, members engaged in these rituals collectively, but simultaneously sought privately experienced self-transformation and self-validation. For these alternative healing groups, "health" is an idealization of a kind of self, and "healing" is part of the process by which growth toward that ideal is achieved. p. 244

One characteristic, then, of these alternative healing groups is that they promote an active adaptation on the part of believers, not merely adjustment to the fact of suffering or limitation, but actively changing one's life. Being "responsible" does not typically produce victim-blaming, because it is linked with rituals and empowerment.

Some critics have attacked the notion of responsibility for illness on the grounds that it creates a sense of guilt and undeserved blame. Others suggest that it deflects from the sociopolitical and environmental sources of responsibility by emphasizing the responsibility of the individual who becomes sick. pp 248-249

Many respondents recognized and criticized the social sources of illness and illness-producing behavior (eg. hazardous or stressful workplaces, advertising that promotes unhealthy behavior, industrial pollution, poverty). Their typical responses (with the notable exception of several Eastern meditation groups), however were not political but individual: One should resist the impact of the advertising, refuse to accept stressful and dangerous work, move away from pollution, address social problems with spiritual means. Not only are these responses unlikely to change the social structures that promote illness; they are also responses generally unavailable to many persons lacking the economic resources of the comfortable middle class. p. 249

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