

“Does It Work?”

Holistic Healers and Assessing Breast Cancer Treatment

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Complementary and alternative medicine (CAM), and religious healing, both services and the products, are increasingly used in the contemporary United States. Researchers (e.g., Moyad and Hawks 2003: 221; NCCAM 2002: 7; Saks 2000: 227–28) consistently find that the percentage of people who use CAM is on the rise. In 1997, for example, Americans spent 21.2 billion dollars for complementary and alternative health care, most of which came out of their own pockets (NCCAM 2002: 7). Despite the increasing popularity of CAM and religious healing, however, what exactly constitutes a “successful treatment outcome,” and the criteria according to which success of the therapy is measured, remains unclear and ambiguous.

In this paper, I define these terms in the following ways. Complementary modalities are those which are currently not considered part of mainstream medicine, yet they are used in conjunction with conventional medicine, as a complement to medical treatment (for example, using acupuncture to combat nausea caused by chemotherapy). Since religious healing is used together with established medical approaches, I list it under the umbrella of CAM, at least for the purposes of this paper. Alternative modalities are those which are used instead of orthodox medicine and are rarely used in the West. The only practitioner of an alternative modality in our study was “Martin,” a Christian Science healer. By his own admission, most of the other practitioners in his faith no longer forbid their parishioners to seek conventional medical help. It should still be kept in mind, however, that it is difficult to define “complementary and alternative medicine” because it is by no means a uniform phenomenon. Healing modalities differ considerably one from the other, according to various criteria, and it is often difficult to draw clear boundaries between conventional and less orthodox treatments (Kelner and Welman 2000: 3, 4).

The primary goal of our research project, entitled “The Many Meanings of Effectiveness: A Study of Healing Modalities Used by Women Treated for

Breast Cancer,” therefore, was to shed more light on the explicit and implicit assumptions about the efficacy of CAM. Using a qualitative research approach, Susan Sered and I and a team of Harvard Divinity School students mapped the diverse concepts of what constitutes the successful outcome of various healing modalities. We focused on women with breast cancer,¹ since previous studies (e.g., Lengacher et al. 2002) have shown that this population is one of the most frequent users of CAM modalities and religious healing.

To this end, we interviewed forty-two practitioners of various CAM modalities who treated women with breast cancer in the Boston area. Some of the practitioners were recommended to us by the women who underwent treatment for breast cancer and simultaneously used CAM modalities, and some were referred to us by other respected CAM practitioners who had considerable experience in treating breast cancer. We consulted the websites of various hospitals that recommend, or organize access to, CAM practitioners, and we also consulted some organizations within the framework of the National Center for Complementary and Alternative Medicine (NCCAM) that offer information and counsel on the diseases, suitable CAM modalities, and practitioners. In addition, we used relevant literature in order to identify the most frequently used CAM modalities for breast cancer. We questioned practitioners of Tai Chi (Qi-Kung), homeopathy, breath work, various nutrition approaches (vitamins, various nutrients, macrobiotics, herbalism), various body-work modalities (dance therapy, reflexology, rolfing massage, shiatsu, so tai and tui na massage, yoga), Ayurvedic medicine, Reiki, spirit mediumship and chakra balancing, and an invented modality of “healing from the body level up,” various psychotherapeutic approaches (Jewish, Hopi, Buddhist, Hindu, pastoral, dynamic psychotherapy), intuitive space design, and religious healing of several religious denominations (Unitarian Universalist Church, Temple Israel, Christian Science,

Epiphany Church, Pentecostal Baptist Church, pastoral “shamanic” service). We also conducted interviews with the practitioners of various traditions of acupuncture (Chinese, Korean, Japanese).

To illustrate some of the emerging issues, two examples of practitioners of rather different healing modalities are presented in the following paragraphs.

David Euler, Practitioner of Japanese Acupuncture

David Euler is an acupuncturist of the Kiiko Japanese style of acupuncture, developed by his wife Kiiko Matsumoto, and is also, to a lesser degree, an herbalist. This style of acupuncture (as in the approaches of all the approximately 150 acupuncture associations in Japan) is characteristic in that it follows the classics of acupuncture written in the time of the Chinese Han dynasty,² and in the use of very thin needles, which the practitioner does not twist, so the patients feel very little pain. Kiiko Matsumoto has included, in this more general approach, elements of the styles of different Japanese masters, especially those with whom she has studied with, and the spirit and meaning, derived from her studies of classical acupuncture texts.

When a woman with breast cancer comes to see David, she tells him about her condition, fills in a detailed questionnaire about her health and previous health problems, and brings to him her medical files. If a woman is not really motivated to participate actively in her treatment, David tries to motivate her. Even though the Kiiko style of acupuncture cannot and does not cure cancer, David can help with the side effects of the disease and offer a better chance of healing. His acupuncture sessions also help with “disease modification” – helping the body to heal itself – and with increasing the quality of life, especially in those cases when a woman is in the final stages before death.

David then assesses the person’s condition and determines the method of treatment through palpitation of various parts of the body, such as the abdomen, neck, and back. This also helps him to assess where the acupuncture needles should be inserted. This technique is, therefore, very individualized, and David does not follow set prescribed instructions for a particular condition, but rather, decides what needs to be worked on with each patient. The rare times when a woman does not react well to the needles, magnets may be used.

The therapy does not end at this point. Acupuncture is about lifestyle, David says, and

clients must do “homework.” They have to think about and change their nutrition, massage acupuncture points, do breathing exercises (since, in David’s opinion, most people do not breathe properly), and do “mood homework.” Since he believes that a sense of optimism and humor is very important, David wants a patient to read uplifting books, watch comedies or films that make her feel good, and, in general, do whatever makes her happy.

David assesses his success by checking if previously painful points are less painful, and by checking the pulse and the color and predisposition of a client. He also talks with a patient about her emotional well-being and satisfaction with life in general. Finally, in time, one measurement of success is also the oncological evaluation.

John Wyrick, Practitioner of “Radiance Therapy” and Sufi Teacher

John Wyrick is a practitioner who has had considerable experience in working with women with breast cancer. His work is about helping women to change their life courses and to resolve emotional and spiritual conflicts. In this way, they change their “karma” – the repeating patterns of their lives – which overlays the true soul’s essence. His approach may briefly be described as identifying the main elements of a woman’s life story – the “archetypes” according to which she lives – and then working on this story in order to abandon those patterns which, for her, are counterproductive.

John can “see,” or identify, and help a client to recognize and remove the archetype “vibrations” which are situated in the light body of “aura” (used here, not in the Hindu sense from which it derives, but according to the New Age interpretation of it). The aura is believed to be the “energy” body around the physical body, where all the other “bodies” (mental, emotional, spiritual, “light,” and so forth) are intertwined. As the “energy” body, the aura has its own color(s) and frequency of vibration. Archetypes have a special vibration and, in order to change them, it is necessary to change the corresponding vibration (and color) in the light body. John looks at a woman’s “light” body – the colors in it, whether there are hot or cold places – looks at her chakras – openings in the aura through which the exchange of “energy” between individual body and environment takes place – and their openness, and determines the principles according to which a woman lives: her relationships, whether she feels self-hatred or love, her past disappointments, and so on. He also confirms all this with the help of kinesiology, tapping

on the various parts of the body, in order to identify what the body “says.”

Then he talks to the woman and communicates to her what he has seen. At that point, his women clients usually start to cry because, as he says, he is always right. The work on changing the woman’s life story can now start. John works on changing the archetypes by “cleansing” them from the woman’s aura. The vibration, and, consequently, the color, of the aura changes. His goal, therefore, is to help women reveal difficult “energy” patterns and to neutralize and change them, so their “inner radiance” can shine through. His therapy is therefore called “radiance therapy.”

When John assesses whether the therapy is successful, he looks at the shape of a woman’s life. Through talking with a woman, he assesses whether her life purpose is clearer and whether she is now aligned with it. Since John believes that one of the causes of breast cancer is that women are too self-sacrificial and have issues of abandonment, he looks at whether a patient is capable of bonding, forming loving relationships, and achieving emotional, spiritual, and sexual satisfaction. At the end of the session, he also assesses the colors in her aura to determine whether the negative pattern has been cleansed. He then double-checks this with a kinesi-ological examination.

John began as a massage practitioner and then obtained the degree of Doctor of Chiropractic in 1977. In his assessments of women’s problems, he uses kinesi-ology, meditation, prayer, and working in a light trance. John is also a “sheikh,” or teacher and spiritual guide of the western branch of the Chistia Sufi order, a branch of the metaphysical tradition of Sufism that Islam has absorbed. John says, however, that he is not a Muslim. It is my impression that he is a practitioner of a form of New Age understanding of Sufism.

Understanding the Efficacy of Treatment: Excessively General or Individualized?

Looking into the subjective understandings of efficacy, it could be argued that CAM practitioners define the efficacy of their therapies in excessively general terms. All CAM practitioners emphasize that they do not only treat an isolated symptom, as a practitioner of orthodox medicine often does, but the whole person in his or her natural and, above all, social environment. David Euler and John Wyrick list several goals of their therapies that are more specific, like “managing pain” and “side effects of chemotherapy,” “relieving symptoms of cancer” and “energetic changes.”

However, both David and John also name many more general goals of their therapies, including “being optimistic,” having “increased satisfaction with life,” “being able to form meaningful social bonds,” “feeling self-love,” gaining “greater inclusion into community,” “finding purpose in life,” and “being aligned” with life. Other goals identified by other CAM practitioners include “feeling less stress,” “improved immunity,” “being empowered,” and “having greater awareness and intentionality in life.” David and John also do not completely exclude the possibility of “curing cancer,” even though they cannot promise this. Since John, David, and other CAM practitioners define goals of their therapies in such general terms, it is perhaps not surprising that the discussion about measures of efficacy is also very general, and therefore vague.

While this approach is broad, it is simultaneously very specific, since CAM practitioners do not treat the symptom, but a specific person. Consequently, CAM practices are highly customized and personalized (Kelner and Wellman 2000: 10). For example, not only are there are different traditions of acupuncture (Chinese, Japanese, Korean), but there are, as David indicates, around 150 different associations of Japanese acupuncturists. John’s healing modality is not a standard practice, but rather, his personal invention. David – like other CAM practitioners – does not follow a prescribed procedure for a particular condition, but works on what a patient really needs to have treated. He assesses the person’s condition and determines and assesses the method of treatment. Both the setting of healing goals and the assessment of their achievement or success are individualized and customized.

The clients also have different healing goals, which might include feeling less pain, receiving help with the side effects of chemotherapy, improving relationships with their families and friends, or prolonging life or dying comfortably. The discussion of these individual goals is part of the process of negotiation between the practitioner and the client, during which both parties negotiate for and define the treatment goals. Since CAM practitioners believe the patients are the subjects of the healing therapies, the patients also have the last word, which the practitioner respects. Both effectiveness and success of treatment are defined individually. Consequently, there are as many definitions of effectiveness and treatment success as there are patients. Since the notions of healing outcomes in our research are excessively specific, the discussion on effectiveness is again relatively weak.

Conclusion

Our research offers some interesting insights into the objective, clinical assessment of the efficacy of healing. CAM practitioners rarely work only within their proclaimed modalities; instead, they use several approaches. David Euler is an acupuncturist and an herbalist and teaches proper breathing, nutrition, and nurturing an optimistic attitude, while John Wymack uses “radiance therapy,” kinesiology, and chiropractic. His work includes meditation, prayer, and working in trance. CAM practitioners work with their patients using all therapy methods that might help. In addition, since they define healing goals in such general terms, it is difficult to pinpoint objectively which specific factors contribute to healing. The question of what was most effective – acupuncture, herbs, or proper breathing – is thus difficult to answer.

On the other hand, since CAM healing practices are, for the most part, not standardized procedures and are highly individualized and customized, they give the impression that it is possible to come to some kind of generalizations about efficacy only with great difficulties. Clinical assessments of efficacy therefore need to devise new, yet scientifically impeccable, methods of determining the successful outcomes of CAM practices that could accommodate the intricate complexity of the CAM healing process.

Notes

1. In this paper I refer to the patients with breast cancer all as “women.” Even though around one percent of all men do get breast cancer as well, it is women who are most affected by this disease. Also,

none of our informants had ever treated a male breast cancer patient.

2. According to David Euler, most Western acupuncture follows “traditional Chinese medicine” (TCM), which is not that traditional, but is based on post-Mao Tse-tung interpretations of traditional texts. In the process of standardizing “traditional medicine,” the Chinese removed many mystical, unexplained phenomena. The Japanese, on the contrary, follow the classics directly. The written symbols are almost the same today as then, but may have slightly different meanings.

Works Cited

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