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Identities of Alternative Medicine Practitioners

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Identities of Alternative Medicine Practitioners

by

Mychel Estevez

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
Department of Sociology
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University of South Florida

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ABSTRACT

The purpose of this research was to collect and analyze information from massage therapists on how they construct their identities. It is meant to be a starting point in giving voice to a group of alternative health practitioners who have been marginalized and misunderstood. It also helps us to understand what it means (to them) to be massage therapists and practitioners of “alternative medicine.” This study was conducted through semi-structured interviews with five licensed massage therapists in two metropolitan areas in Florida. Massage therapists work at the micro level to boost the image of themselves and their form of “alternative” medicine. They do this by pulling professionalizing tactics from general business practices and from biomedicine. They also pull from “alternative” belief systems, balancing the two in a bid to construct their practice as legitimate and “alternative” professional health care.

Chapter 1: Historical Contexts, Professional Status, and Identity

During and just after the Middle Ages, medicine was a decentralized, haphazard craft with no well-established schooling or certification processes. Healers came in a variety of forms depending on location and tradition. There were witches in Europe, Shaman in North America, voodoo practitioners, and a whole variety of ancient forms of treatment, just as there is a wide variety of ‘alternative medicines’ today. One of the popular practices today is massage therapy. The practice of massage has been around for as long as people have touched. While massage therapy has great utility for healing, it has also been pushed away as a viable form of medicine because it has been constructed as sexual and unprofessional. As a result, massage therapists currently work to professionalize their practice against the backdrop of these “myths,” constructing their practice as natural, professional, and “alternative” at the same time.

The professionalization of modern medicine brought all of these extraneous practices under one umbrella and defined them as illegitimate (see Wardwell, 1994; Baer, 1989; Spence and Ribeaux, 2004; Johnson and Blanchard, 2006; Hufford, 2003). At the same time, a particular set of styles of thought that we have come to call “medicine” were elevated in importance and came to be regarded as authoritative. The patient was expected to submit to the doctor’s authority almost like citizens were expected to submit to the authority of the government for their own good. This did not cause alternative forms of medicine and health care to die out, but it did push them to the periphery and marginalize them in society. As modern bureaucratic institutions have formed around medicine, forms of alternative health care have struggled to be seen as legitimate. This struggle has mainly occurred in two ways. First, through the professionalization of some forms of alternative medicine. Second, through struggles against the dominant discourse of what medicine is supposed to be. The bureaucratic system of medicine has fostered a dramatic growth in alternative forms of medicine as people disengaged from biomedicine in the past decade to forty years (depending on the source) in Western societies (Hildreth and Elman, 2007; Johnson and Blanchard, 2006; Murray and Shepherd, 1993; Valerand,

Fouladbakhsh, and Templin, 2003). These alternative practitioners seek to carve out a niche for themselves in a bureaucratic system that has long denied their legitimacy. The practitioners themselves have interesting perspectives on how they go about this and on how their form of health care can neatly fit into the larger health care system.

Modern Western discourses are often thought to be rational, scientific, and simply correct. The Western discourse of medicine is no exception. Modern Western medicine is also known as biomedicine, OM (orthodox medicine), allopathy, CMT (conventional medical treatment), conventional medicine, and EBM (evidence based medicine). Western medicine is considered the norm (or standard) for assessing all medicine in our society. Its hegemonic discourse, positivism, has been characterized as “dehumanizing,” alienating, and objectifying (Thompson, 2003: 82/98) and “paternalistic and patronizing” (Cartwright, 2007: 1693). It habitually writes off “alternative medicine” or, if that does not work, tries to co-opt it and force it into a biomedical perspective. The development of Western medicine gave birth to and strengthened a depersonalized attitude where “[t]he body was perceived as a machine” which the doctors could repair (Spence and Ribeaux, 2004: 115). This can be alienating for the people using the system (Broom and Tovey, 2007). In the discourse (characterized by an attitude of superiority), there is “a systematic rejection of other perspectives [non-western, non-scientific] and an insistence that biomedicine was the chief force that had led to the huge improvements in public health... Based upon a positivist epistemology... it was deemed the only valid perspective” (Spence and Ribeaux, 2004: 115). This rejection by biomedicine ended up leading to a lawsuit by chiropractic doctors, where the courts found various biomedical organizations guilty of violating the Sherman Antitrust Act (Villanueva-Russell, 2005: 547) through their actions to suppress “alternative” modalities. This functioned to change the scope of acceptable behavior but it did not change the culture. The set of ideas which marginalized other forms of medicine is still common today.

While this may seem almost like a clash of wills, it does have very practical consequences for people. People may be restricted from seeing the practitioner of their choice by their insurance providers or may be unwilling to see alternative practitioners to help them manage pain because of a social perception that alternative practitioners are “quacks.”

Borrowing from the existing literature, we can construct an “ideal-type” of conventional medicine and contrast it with an ideal type of CAM. The two discourses are defined in opposition to one another, so that we can identify the criteria that separates them by drawing upon the published literature. Where conventional medicine can be looked at as “narratives of illness,” Thompson (2003: 83) characterizes natural health alternatives as “narratives of healing.” Orthodox medicine (OM) is considered to be disease centered whereas alternative medicine is patient centered (Broom and Tovey, 2007: 1024). For OM “health is taken to be a deviance from disease,” while alternative medicines regard illness “as a deviation from health” (Aakster, 1986: 267). Alternative medicine is described as individualized, empowering, egalitarian, in-depth, personal, communicative, “supportive and non-judgmental” (Cartwright, 2007: 1697) while OM is often characterized by patients feeling powerless and helpless while the physician tries to pigeonhole their illness into a general category.

Furnham and Forey (1994: 458) believe that along with the increased use of alternative practices, there has been “an increasing skepticism, on the part of many, with regard to both the practice associated with, and the efficacy of, conventional medicine. Yet comparatively few studies have considered lay or even professional attitudes toward alternative medicine.” It seems that most if not all practices of CAM lack a fully formed institutional identity. While they are marginalized, many modalities are growing in popularity. Some want to claim to certain legitimizing features of biomedicine but still want to be seen as “alternative.” This creates ambiguities with the positions/identities of practitioners, especially massage therapists, which is the focus of this study. This tension is one of the main points of this thesis: how do massage therapists work on balancing these ambiguities/ contradictions in their practices? This ambiguity leads to their active efforts to define their identity as professional massage therapists by moving between standard images of a health care professional and an innovative vision of what an alternative health care professional can be. Since biomedicine’s institutional identity is dominant, it shapes the terms of massage therapy’s possibilities for constructing an institutional identity. This leads us to the question of how real massage therapists negotiate that professional identity for themselves in the absence of institutional support.

For the past few centuries, biomedicine, as the dominant force, has framed the discussion of CAMs. But cultural changes have left biomedicine less powerful and hegemonic than it was historically. This has opened up the possibility for other fields to shift the boundaries and “steal” some of biomedicine’s traditional turf. Not only have patients become consumers who increasingly insist on making some of their own choices regarding medicine, but also a wide array of CAM modalities are now challenging the dominance of biomedicine, essentially by breaking through the old boundaries and into the territory traditionally “claimed” by biomedicine.

Professionalization of a Field

At the macro level, various fields of alternative medicine have contributed to this shifting of the boundaries by drawing upon some of the very same techniques of professionalization that have allowed mainstream biomedicine to dominate the discourse of medicine. Professionalization involves practitioners creating societies and organizations and standards to follow, governing themselves and their practices, and making themselves exclusive so not everyone can practice. Saks (2001) names professionalization as one of two recent developments that are changing the status of CAM in western societies. As Saks (2001: 124) explains, professionalization “may enhance their legitimacy in the division of labour in relation to orthodox health professionals...” According to Saks (1998: 176) professionalization can be looked at through the concept of social closure or exclusion when groups gain a monopoly of sorts over certain practices or modalities because they are the accepted “experts” in that field. Despite some professionalization, most if not all groups with claims to medical expertise are subordinate to biomedicine. When CAM modalities professionalize, they are in a sense stealing some turf from biomedicine because biomedicine has staked a claim on all things medical. However, biomedicine is no longer hegemonic enough to adequately police those boundaries: other social forces (including public demand) are pushing to allow different CAM modalities to be seen as legitimate medical options. .

Many of macro-level hallmarks of professionalization are becoming a reality in the field of massage therapy—massage therapists have developed state-wide organizations, educational facilities and standards including lifelong continuing

education, and they must pass a state test in order to gain certification (to be a “licensed massage therapist”). In addition to these collective achievements within massage therapy, individual massage therapists also engage in interpersonal strategies to professionalize their image and grow their businesses. My focus will be on these more micro level and individual strategies that massage therapists employ to build their businesses safely and to fight the (negative) myths about massage therapy and massage therapists.

A Professional Identity

At the micro level, our preconceived notions of what is ‘professional’ serve as a resource for CAM modalities as they attempt to professionalize. To be a professional is to be legitimate and to establish “boundaries between ‘professional’ and nonprofessional” (Foley, 2005: 194). Professionalization minimizes some of the differences between biomedicine and CAMs and makes CAMs more legitimate in our society. As Baer (1989: 1107) writes “professionalization acts as a subtle, but highly effective hegemonic process by which alternative practitioners internalize some, if not many, of the philosophical premises, therapeutic approaches, and organizational structures of biomedicine.” In this way, these CAM practitioners dilute “the radicalism of their ideas...so that they are not always as challenging as those of their founders” and so they become more acceptable (Saks, 2006: 90). Clarke et al. (2004: 332) make a similar claim, saying that “[p]rofessionalization is first and foremost an attempt to (re)gain control of CAM in public space.”

In her study of midwives Foley identifies three types of identities in social movements: individual, collective, and public (2005: 186). The work accomplished by massage therapists (and other types of practitioners) to advance their field and move towards acceptance can be looked at as a type of social movement. In this thesis, I will explore how “individual identity” work which enables practitioners to use their individual biographies as a mechanism for creating professional identities. While this does involve working with the collective and public identities, it does not put them at the forefront (Foley, 2005: 186). I am not looking at their organizations, their group interactions or how they are portrayed by the public. I am looking at how massage therapists perceive their own professional experiences. I listened to them talk about their work and

themselves in order to explore how they construct their identities as massage therapists and how they strategically perform professional identity for others and for themselves.

Individual identity work relates to what Loseke calls “personal narratives” of identity (2007). Personal identity narratives are micro level stories produced by individuals that show “self-understandings of unique, embodied selves about their selves” (Loseke, 2007: 662). However, as Loseke points out, personal narratives cannot be entirely separated from cultural or other forms of narratives because they are mutually constitutive. This is why we will see massage therapists pulling from the narratives of alternative systems of medicine and from biomedicine (macro levels) in their formulations of their personal/ individual identities.

The next section describes my research methods. Then I will discuss the history and mythologies surrounding massage therapy. I will follow that with a chapter on massage therapists’ perceptions of biomedicine in contrast with their own ideologies of health care. I will then look at what they “pull” from biomedicine and the techniques they use in general to be professional in their calling. Following that, I will look at how they “push” away from biomedical techniques and their unique views of what it means to be a professional massage therapist.

Chapter 2: Methods

Doctors, patients, and practitioners all make claims about themselves and about their authority. However, the content of the claims depends on how they see themselves in relation to the medical system(s). Even though there appears to be some research which is addressing CAMs much of this focus has been limited to assessing questions of their patients such as who uses CAMs and why. There has been research conducted on patients as consumers and how they view of western model doctors as well as alternative and complementary medicine. But there has yet to be much done on the views of CAM practitioners with the exception of some recent work on the trend towards and views of integration¹ (for example, Ben-Ayre et al., 2008; Barrett et al, 2004; Barrett et al, 2003). Even then, most of the work on views of integration is from the perspective of biomedical practitioners (i.e. Ruggie, 2005). My study will add to the literature on practitioners of alternative medicines.

Massage therapy is one of the most prevalent forms of CAMs in the United States. Barrett cites two different studies, one showing a reported 11.1% using it “for health reasons” and the other study reporting 14% (Barrett, 2001). The fact that it is so popular makes it that much more important to look into the identities constructed by the massage therapists themselves to see if we can identify what makes this form of medicine popular.

Since I wanted to learn about how massage therapists construct their own identities as massage therapists, I used semi-structured one-on-one interviews with licensed massage therapists to gather my data. Semi-structured interviews was the method of choice “because I had already identified a set of issues that I was primarily interested in...” and because “it allows respondents to describe and identify experiences and phenomena that are only partially understood by the researcher” (Shih, 2007: 134). I had a general idea of what I wanted to know about, but I wanted to know about it from

¹ Integration meaning the movement towards biomedicine and forms of CAMs coming together. There are different models of integration and some people argue that integration is not actually occurring. I will discuss this concept more later in the thesis.

the perspective of the massage therapists. This method allowed me to “explore the key issues and questions that I was interested [in], yet...allowed for the space and flexibility that was necessary for respondents to tell me about the key issues that they identified as important to their lives” (Shih, 2007: 142). This open ended structure was important in my project because my research focus shifted in the course of the interviews as I learned about what mattered to my interviewees. I originally thought I was going to explore how massage therapists construct themselves as alternative medical practitioners. But early in the interview process I shifted my focus on to what was important to them. In particular, I ended up looking at what they view as their professional identity, their strategies and beliefs.

Throughout the writing of this thesis, I tried to give voice to the massage therapists I interviewed who are often marginalized by the dominant medical system. I feel that by listening and by showing their agency and how they construct what it is that they do, I am offering a glimpse of the many voices “othered” by the biomedical model. I am not looking “to ‘help’ Them” in the sense of acting for them (Fine, 1998: 149). The massage therapists have strategies that they use to help themselves. I am taking what they have to say about themselves rather than simply writing about them or what others have to say about them.

The interviews lasted between 40 minutes and an hour and forty minutes. My participants included five practicing massage therapists, one male and four females, reflecting the fact that, according to the American Massage Therapy Association, 85% of massage therapists are female (<http://www.amtamassage.org/news/MTIndustryFactSheet.html>). All subjects self identified as massage therapists although they practiced different forms of massage, the biggest split being whether they practiced ‘relaxation’/ ‘wellness’ massage or pain management massage. Four out of 5 of the massage therapists in my sample were self-employed, and one works both in a chiropractor’s office and a gym (owned by a friend). Again, this reflects the demographic data: the American Massage Therapy Association reported that “sole practitioners or independent contractors account for the largest percentage of practicing therapists (92 percent) (<http://www.amtamassage.org/news/MTIndustryFactSheet.html>). This sample excludes

massage therapists actively working in the spa industry and those working in massage therapy chains² at the time of the interview.

Participants were recruited using a snowball technique in two metropolitan areas in Florida. I interviewed a massage therapist I knew who in turn referred me to a friend who happens to keep a database of therapists he knows. He ‘put the word out’ and then forwarded me the information from some of those who responded which, of course, limits my sample to people whom he knew and felt appropriate for my study. I am not entirely sure what standards he used to screen people he sent to me. I was also unable to include some of his contacts either because we could not find a mutually acceptable time and place for an interview or because they never responded to me. Everyone knew how I came into contact with them. There was one person who I came into contact with through a hair stylist because she is also a cosmetologist. When I met each interviewee, I told him or her a bit about my background and that this was a thesis project for my Master’s degree. They generally were delighted to be part of a study on massage therapy, felt that I was doing something great, and that more should be done. I also made sure to give them their IRB consent forms and to explain that they could pause and or end the interview at any time. All participants signed the form before the start of the interview. I also explained that the interview would be tape recorded to make sure that they were okay with that. I began each interview by asking easy questions such as for general demographic information that would allow us to develop a rapport. I got similar responses to my inquiry for demographic information in all of the interviews: age, length of practice, location, and education.

I started off the interviews with a list of questions that I felt should be answered based on my background research. After the initial starting question(s), I did not have a set order of questions because I let the massage therapists control the flow of discussion and asked them questions based on their narratives. I consulted my list of questions throughout to keep track of the main themes I was interested in, and when the conversation started to slow down, I would use another question to start it up again, sometimes in a different direction. I included questions on their practices, their education(s), how they interact with their “clients,” their own definitions of what it is that

² National or regional

they do, and so on. I also adjusted question content within the interviews so that sequence and the actual questions would make sense in the context(s) of the interviews.

All of the participants had been practicing massage for approximately 3 to 30 years at the time of the interview. There was also a wide range of age differences between the participants although age and time practicing do not always reflect each other. For example, massage therapy is not always a career learned as a (relatively) young adult. Some people come into it when they are older. I would argue that this sample, while extremely small, should be fairly typical as far as age, gender, education and work background. That being said, this is not a generalizable sample.

Chapter 3: A “Natural” history of Massage to Replace the Myths

Massage therapists are very aware of the history of their profession. My interviews reveal that massage therapists are aware of the stereotypes and negative perceptions about massage therapy and that they actively work to carve out a more positive identity and image for their field. Foley describes this as a form of “negotiation” where “members of the collective resist negative definitions of their group and work to establish and disseminate positive ones” (2005: 187). I will be looking at the individual negotiations of the massage therapists I interviewed as they worked to change the negative perceptions and stereotypes about massage therapy and massage therapists. What do massage therapists perceive to be the myths about massage therapy, how have they arrived at this perception, and how do they challenge them?

Countering Myths

Historically, massage therapy has been marginalized because it has been associated with sex. Nicholls and Cheek (2006: 2337) “construct a history of the present” to explain how massage therapy or physiotherapy came to their current existence, specifically in Great Britain. They look at massage therapy from the Victorian era and the process by which it became an acceptable profession for women “at the confluence of a number of channels of resistance to the orthodox Victorian imagination” (Nicholls and Cheek, 2006: 2339). They explain how the British Medical Journal basically facilitated the creation of a scandal where it came to be public knowledge that many massage establishments were associated with prostitution. This seems to be where the sexual connotations of the words *masseuse* and *masseur* came to exist. The following is what Thomas had to say about the history of massage which, to him, predates the Victorian era:

There's books, I've done research on history of massage and Galen, who's one of the big, what we would call doctor-physicians of ancient history, of ancient Rome [who] highly believed in the efficacy of touch therapy. He would often prescribe massage ... he was one of the first ever to codify his applications and the results of his applications and even at that time there were always snide remarks about massaging and brothels, and sexual connotations to touch so I... I don't think that'll ever change, especially in America, where we have a really skewed belief system about touch and what is good touch and what is bad touch. It's hard for us to differentiate between what is sensual and sexual. Sensual meaning pertaining to the senses, like touch, smell, but we often equate that to sexuality. So I think that because of the massage environment, this healing space, it's warm and people may use special lighting or lotions that have a specific essential oil, people think 'oh, you know, that's a sexual environment' as opposed to a healing environment. You So I think some of those myths, another myth is 'no pain, no gain.' A lot of people believe that if massages aren't painful then it's, it's not good. So there's a lot of different myths out there and those are things that are a point of frustration because how do you change a cultures view? [laughs], how do you do that? So a lot of it is, one person at a time. You do the best that you can and you dispel these myths through your actions more than just by telling people. I think people are more apt to try to change their attitude if you can show them instead of telling them.³

As this one respondent saw, the sexualized myths about massage therapy are going to change slowly. It is up to massage therapists to destabilize these myths by presenting to the public a very professional style of massage and by insisting that they want to be seen as professionals. It is quite clear from my interviews that the sexual connotation attached to massage therapy poses problems for massage therapists. If massage therapy were separated from the sexualization, both sex workers and massage therapists would have

³ In the quotations taken from the interviews the italicized writing is my comments and questions. The normal script is the interviewee speaking.

more legitimacy and safety and would not have to deal with the gray areas/ blurred lines of who is willing to do what. At least this is what Meghan had to say about the subject:

You know if they wanted to call that [she had just finished describing places that were more geared to sex than to professional massage] a sex parlor and they wanted to have us completely separate. ... *And you'd see that as legitimating massage therapists?* I would see it... protecting and legitimizing the sex trade for what it is... and allowing people to call it what it is would take a lot of the gray area away from a lot of other people [those other people being legitimate massage therapists].

Emerson (1970) discusses the work necessary to distinguish between sexual and non-sexual touch in the context of gynecological exams. Doctors and nurses who conduct gynecological exams have to be very careful in constructing what they do as professional because they are dealing with sexualized parts of the body. Emerson explains how a “typology of [appropriate] responses” and “rituals of respect” (such as ‘draping’) are used in the gynecological exam (1970: 77, 81). Massage therapists use many of these techniques as well, but not all of them. For example, medical staff, through their “matter-of-fact stance,” work to render the patient a “technical object” in a way that “depersonalizes and desexualizes” the gynecological exam (Emerson 1970: 78, 81). Massage therapists would find that tactic to violate their basic assertion that every client deserves personalized care and thereby reject it.

The sexualization of massage therapy is also a gender issue. There is still a widespread perception that massage therapy is a female job due to the sexual innuendos that have come to be associated with massage and to gender stereotypes. The gender stereotypes “link women with emotion, sensitivity and empathy and ...thereby naturalize and normalize hands-on bodywork as ‘women’s work’” (Oerton, 2004b: 558). The stereotype of women and not men as emotional, nurturing, touchy, creates an expectation that only women should be massage therapists.

Men who are massage therapists instead may face a type of “gay baiting” which is often called “lesbian baiting” and refers to women who act outside of prescribed social norms or standards of gender. Male massage therapists who are often perceived as acting

outside of gendered norms face stigma that they “must” be homosexual. Thomas comments: “...as a male therapist, I get a lot of homophobia from men. And I do get a lot of jealousy from the males of the females that I’m massaging.” This may affect their income as well: stigma against and fear of homosexuality may keep other men from using their services.

At times male massage therapists may also be perceived as threatening by potential female clients who fear a “strange man” touching them while they are vulnerable (lying down, unclothed). People associated with female clients, especially clients’ husbands or boyfriends, may become jealous that “another man” is touching “their” woman. Thomas reiterates these themes through a story about a woman who did not show up for her appointment one day:

...Then the second part of her voicemail was outlining what had happened that Saturday, that weekend. Apparently, her husband was going to drop her off ...He said ‘there’s only 1 car here’ and she said, ‘yeah, it’s my massage therapist’ and he said ‘so you’re going to be alone, in a rehab clinic with a guy who’s going to be rubbing on you?’ And she said ‘ yeah, he’s been rubbing me, doing massage on me for the last 2 months, that’s why I’m getting such good relief...’ and he was like ‘there’s no way I’m going to allow that’ because of the connotation that there was a sexual possibility that it could become sexual if no one else was there. So even though she had gotten improvements, and if I remember correctly, she had gone to other health care providers with no success... it was one of those situations where you have the whole gender thing going on and jealousy...

Not only is it more difficult to get male clients, it may also be more difficult to be hired in general because, as one subject put it, the spa industry is notorious for preferring (young) women when hiring. Instead of professionally setting appointments in a gender neutral fashion, spa receptionists may ask if the client prefers a male or female therapist. Thomas was against this practice, feeling that professional training is professional training, and the sex of the therapist should not become an issue. Thomas:

And the stigma is is two-fold. One, as a male therapist, and one just as a massage therapist. The big thing is the sexual myth and ... this has to be

one of the fields that benefits the female gender because that seems to be what employers are looking at. In fact, I can honestly say that that's one of the reasons I went into practice for myself... I didn't want to work for anybody else anymore and the second reason was because I know how difficult it was to go out into the field and be hired at a spa as a male therapist. It's a common practice at the spa, when you make your appointments at the spa, [for the receptionist] to ask the person, the client, what they would prefer, a male or a female therapist. I find that amusing, you don't hear, I don't know, paralegals asking for a male or a female lawyer, you just want a good one ... that's a stigma that way, that's definitely out there.

Emma also implies that Thomas' perceptions about gender issues in massage are right even though she is looking at it from a position of gender privilege:

Well, first of all, I'm a female, which helps me in massage because people are very vulnerable when they're lying on the table. They look at themselves like oh my god, I'm naked on the table and all I have is this sheet and they're like, she's looking at me. With a male therapist, usually women will feel uncomfortable because they'll be thinking "is he looking at my body?" They tend to feel insecure because they're so vulnerable. Me being a female, that makes it easier for them, just because of familiarity, maybe they would think that I would understand their bodies better than a man would. Kind of like going to a gynecologist. Some women feel comfortable only seeing a woman gynecologist. Some women think its ok to see a male. It's all preference but for whatever reason, women just tend to feel more comfortable with women. And, I mean, men too. Men kind of get the idea like, I don't want a man touching me ... what if they're gay and what if they're looking at me like this and it's definitely a female dominated profession. Because of peoples' comfort levels if you have a problem, you're going to want to go to your mom and not your dad.

In this case, Emma seems to accept these personal feelings held by the client as natural but Thomas, who is at a disadvantage due to these gender and sexual stereotypes, does not.

Massage therapists want to fight the myth that massage is a sexual practice because they take pride in being health care practitioners. They fight to replace the sexual image with one showing massage as healing and healthy by using techniques of professionalism and by claiming professional status for their practice(s). One of the ways they fight the myths is through education as every person they come across, whether a client or not, can learn about massage and its health benefits. With every person who learns about ‘real’ massage there are fewer people left believing the myths and more people who can change those myths. They also shatter these myths through the act of administering ‘real’ massages which heal specific injuries or have some other health effect (according to massage therapists all massages have therapeutic qualities whether the purpose is medical or relaxation). Massage therapists are using the continued progress of their profession to further distance themselves from historical notions of what massage therapy is or does in the process of legitimizing themselves. This is reflexive: the more they work, the more the legitimate they become, and more legitimacy creates more opportunities to work.

Progress also relates to language—massage therapists do not like to be referred to as masseuses or masseurs because these terms are reflective of a historical era that they would prefer to leave behind. All of my interviewees self-identified as massage therapists which is a more legitimate term in their minds. Masseuse and masseur are words whose meanings run from simply being old fashioned and inaccurate to insulting, sexualized, and inappropriate. For example, those phrases really upset Emma who explained that

...masseuses are perverts. I’m sorry if I sound childish but masseuses are, to me, the people who perform sexual acts during massage. They’re the ones who work in the parlors; they’re the ones who have the inappropriate behavior. Massage therapists, it sounds more professional, I went to school. Masseuses don’t go to the school and get their licenses and whatnot. But they work in closed doors... People, like men are always going. I don’t know any women who would frequent those things but I’m sure it probably

happens. I know of men who would frequent those kinds of establishments. And so to me, those are masseuses. *So do you think that there's a misunderstanding or a miscommunication than about what the difference is and what services are being performed? ...* It's not an official distinction. I think it's just kind something that massage therapists say because we don't want to be affiliated with that term. *Oh, ok, so it's kind of like massage therapists have made this, the distinction... Right. ...because you want to distance yourselves.* Exactly. So because I've been called by clients, 'this is my masseuse.' I'm like 'I'm not a masseuse, I'm a massage therapist.' I try to correct them when I can. I'm not rude about it, but I want them to know that I am a professional. I'm a licensed massage therapist. I took a board exam; I paid good money to learn my education. I'm good at what I do. I have nothing to do with anything inappropriate. That's not what I stand for and when I hear the term masseuse, that's an old school term and to me, masseuses work in massage parlors [massage parlors being on level with brothels].

Thomas, on the other hand, was not as disturbed by the terms, but he still did not care for them. He explained:

Masseur, masseuse, I think it's a French spin on an English word. I think, it's often taught in massage school that masseur and masseuse are outdated terms and I don't find them personally offensive. I just prefer the male masseur over masseuse if you're gonna call me the French expression. So personally I don't have a problem, or find them offensive... I think a part of it is it brings back a time when, maybe we didn't have the respect that we do today... I think it's an outdated term.

The sexual connotations are a big deal though. As a result of the "scandal" discussed by Nicholls and Cheeks (2006), organizations, certification processes and standards, and so on were formed to regulate massage in 1894 (in Great Britain). These standards were borrowed from the biomedical institution(s) which had already established or used many of these tactics and are tactics or techniques associated with "professionalization." As that older interpretation of massage therapy contributed to the

belief that massage therapy is sexual, the original massage organizational body, the Society of Trained Masseuses, basically restricted massage therapy from being performed on male clients and from being performed by males (2006: 2342).

Sexual myths of the past still work against massage therapists in our culture today which is arguably hypersexualized in a lot of ways, especially when it comes to touching. According to Oerton (2004: 306) “[d]irect skin-to-skin contact is associated with the collapsing of spatial distance between bodies, and tends to be reserved for those with whom there is a close relationship.” Society has a perception that touch, unless it is by a family member or maybe by a doctor, is sexual. This is part of why there is so much confusion about massage therapy and whether or not it is a front for prostitution. The stigma about massage therapy is carried over from the stigma associated with sex. Some people erroneously think that massage therapy is sexual because massage therapists must touch their clients in order to help them.

Interviewees also noted that there are other myths about massage therapy besides the sexual ones. Thomas mentioned the “no pain, no gain” myth where the massage therapist has to hurt the client for the client to feel that they were being adequately worked on. There is also a myth of the “flaky massage therapist.” This myth is associated with media presentations of massage therapists as well. On TV massage therapists are portrayed as flaky, spacey people (such as on the television show, *Friends*). They are portrayed as abnormal people who are unable to keep track of time, appointments, and are inept and kind of child-like. The massage therapists I spoke with worked to counteract these images by making sure that they embodied the opposite of what is often portrayed in the media about them. Another myth that massage therapists try to dispel is that massage is not done by big blonde women who hurt them or by little exotic Asian women which, is part of the sexual fetishizing of massage.

Building Upon a Valuable Tradition

Massage therapists push away from the sexualized history and draw upon the “natural”⁴ history. Massage has been dealing with negative and sexual perceptions for a

⁴ I use the term “natural” history to describe what they feel is the real history of the profession where massage is a natural, sustainable, and age old modality.

very long time even though it is a ‘historically’ credible modality. In order to fight these negative perceptions of massage therapy, massage therapists borrow credibility from the long-standing existence of massage therapy as one of the world’s oldest treatments. As such, there is the belief that massage is so old and so natural it has already been proven to be effective. Although it does not fit into the Western model of scientific proof so it is not well received in the system of biomedicine, to many people the longevity is proof of efficacy in and of itself. If it did not work, it would not be around after all of this time. Even though the medical establishment may refuse to acknowledge the history of massage therapy (or various other forms of alternative and complementary medicines) as proof of their legitimacy, their rich history and longevity can be used to support these practices as effective modes of care (Thompson, 2004).

Massage therapy is seen as a first choice or first response for many conditions or injuries. As Thomas said,

I think of massage as being the original manual therapy. I mean, it’s been around longer than chiropractic, longer than osteopathy and I think of it as the original manual therapy so I don’t see it as the alternative, I see it as the first choice kind of thing... our first instinct is to touch it, to touch it and to rub it [it being an injury]...

It is non-invasive and perceived of as less risky than many, if not most, biomedical “cures” to problems. By drawing upon the instinctive aspect of massage, therapists reveal that it is not simply something learned in school. To massage something is an instinct and a natural response to harm. Their education allows them to channel that instinct in specific ways in order to amplify its efficacy. Massage in and of itself is original and natural, and there is a sense of pride in that.

Massage therapy, which as Thomas states is the “original manual therapy”, is inherently sustainable. It has been practiced for as long as humans have touched with different levels of acceptability depending on the society. With our high levels of rationality and sexual repression it has encountered barriers preventing easy acceptability within mainstream medicine. Massage therapists are sensitive to others’ perceptions of them and their profession. They are fully aware that it is a profession that has been, and still is to a certain degree, stigmatized. By pushing away from the sexual myths and

invoking a historical sense of touch that is safe, comfortable and healing, massage therapists work to improve their professional status and foster the holistic tradition that they believe in.

Chapter 4: Distinguishing Massage from Biomedicine and the Factory Model

Doctors are a part of a very bureaucratic capitalist system in the United States. They often cannot take the time for lengthy interactions with patients because they are constrained by a system that resembles a “factory model.” Massage therapists oppose the formulaic approach used in biomedicine which reduces people to body parts to be acted upon. This approach is one where people are pushed in and out with little communication, time, or personal attention. This is also characteristic of the spa industry and of massage therapy chains, according to the massage therapists I interviewed. Massage therapists set themselves up to avoid these problems by controlling their own schedules. This chapter describes how massage therapists construct the differences between their own beliefs and practices and those of both biomedicine and what I call the “factory model” of massage.

The Factory Model

The spa industry is looked at as a kind of factory. This view was shared by massage therapists who had and had not ever worked in a spa environment. Those massage therapists who had worked in spas had been dissatisfied and left the spa industry by the time I spoke with them. Massage therapists enter this profession because they want to help people and provide a service that they believe is important. But in the spas, the massage therapists are constrained by the nature of the job and the scheduling practices in that business environment.

The massage therapists who had been in the spa ‘industry’ had left because of the lack of satisfaction. To work in a ‘factory’ was not what they had gone into massage for. They generally expressed a desire or need to establish a rapport with their clients over the long-term or even just be able to take time to know them and their needs in general. This need relates to their views of massage and how it is supposed to work. They cannot meet their own ideals when they work in the spas. Emma talked about her work in a spa as follows:

Unfortunately with as many people as I've worked on, I couldn't pick out faces. I've worked on so many people. At the hotel I used to work at, I did 12 hour days, like 3 days a week. And I would do back to back, Saturday and Sunday; Sunday I was the only massage therapist there so I would be booked solid 11 on Saturday plus another 11 on Sunday. Come Monday, I would be so exhausted; I could barely get out of bed sometimes. Like, I didn't want to talk to anybody, didn't want to look at anybody. So because of that, like if I ever ran into anybody that I worked on, whether it was a great session or not, they would be like 'hey, how's it going, you worked on me this time' and I would be like 'really? Was it good?' I would hope that it was... it's a blessing to be self-employed and remember who I've touched and who appreciates my work as opposed to a bunch of nameless people who are just going through a revolving door...

Scheduling is a major reason why most of my interviewees chose to work for themselves or at least not to work for spas. They want to control the quality of the massage exercise for their clients and to protect their craft. To provide quality massages, they cannot overdo or overextend themselves to such an extent that they lack the energy to provide a quality service. This is one of the main complaints of the 'factory model.'

Thomas: I find from feedback from them [other massage therapists that he works with], that working at some of these spas where it's more, more like a factory if you will. They often say, 'you know, by the time I'm done with my 4th or 5th one, I'm not giving them 100% anymore.' It's really just going through the motions and apply pressure and do this and do that. It's more a recipe type massage than a compassionate art [laughs]. So I think that was very conscious way I started this business [his private practice], it's down in [a suburb]. I don't want this to be a factory, I didn't want this to be quote unquote a money making machine. I just wanted to be able to pay my overhead, make some extra cash, and that's it. That was really the focus of that practice, I never wanted [to get] to this point, [of] regretting it. Like 'ugh, I have to go in and treat these people' or whatever. I look forward to

every patient that I have and I think the universe sends me patients for a reason.

Most of them feel that there is a maximum number of massages they can accomplish in a day or period of time without sacrificing quality. Being effective is very important to them because that is how they are able to gain positive reinforcement from the clients or from knowing they are doing a good job. When seeing fewer clients and spending more time on those clients, it gives the massage therapists more opportunity to build satisfaction in their professional relationships with their clients.

Rebecca: I guess I really prefer working for myself... When you work for someone else in the field of massage obviously they take a lot more of the money and then you don't really have control over how many massages you're doing so you could have a full work week and I was getting really burnt out. If you're doing six a day your body's just breaking down after awhile. Or, there's slow seasons when you don't have any business ... I guess I like having a change of scenery because I'm in different homes all the time and... It's a little more personal. Because like there at the [hotel spa she worked at]... you have a lot of people that are on vacation so you never see them again. So I kind of wanted to get more into one-on-one like continuing clients that I would see more than once, where you can kind of see results and you do grow more because you have to learn more techniques ... people are generally healthy but they'll be sports injuries or different things that come up, whereas you might not be dealing with that. In the spa you're just doing the same massage every day, you're just relaxing people... Obviously, when people book in a spa it's like 50 minutes in and out, you gotta get them off the table in 50 minutes and then you've got to have the next person on the table 10 minutes later after you're changing the sheets... It felt kind of like a factory.

The massage therapists with whom I spoke wanted to control the number of their clients so that they could protect their energy level. They want to provide a quality service so they can feel good about themselves as professionals. Massage therapists come to realize that the number of massages that they do in a day affects their energy and emotions.

Thomas: ... I have a very strict policy that I won't massage more than 5 people in 1 day... Because I feel that after 5, I'm not able to give them the amount of focus and attention after the fifth one because it does take a certain amount of focus, and I don't want to be able to just do massages and go through the motion."

They have to deal with the timing. Controlling their schedule is a physical issue because too many massages and too much energy output leads to a feeling that their own bodies are affected. This relates to ideas of wholeness and whole bodies as well which are discussed in more detail in a later chapter.

The careful scheduling of clients is also a part of how massage therapists care for their own bodies. Since they want to teach their clients to self-care, they must do it for themselves as well. The ability to create a workable schedule comes from knowing yourself and knowing what you can handle effectively and professionally.

Massage therapists view the movement towards chain massage as problematic because scheduling too many clients compromises their ability to do a good job. These massages may be bad for the therapists too because it makes them feel bad about themselves if they think that their massages may not be up to par. Even so, the massage therapists with whom I spoke do not seem to "blame" the therapists for working at chains, or at the spas for that matter. My interviewees could sympathize with the economic necessity that might cause someone to work at a chain or spa, as Priscilla demonstrates:

They can go to work at Massage Envy and be busy all day long doing the cookie cutter massage but it's still work so it's, to have massage in a chain, that says a lot. So it's come a long way. And that is strictly set up for busy people. They come in, they get done, and they get out. That speaks a lot about how our society likes to work [laughs]. They're supporting it so it must be working. *Do you think that that could be a problem for massage, like how do you think that works with what massage is supposed to do or be?* I think that our profession is against it because it is a quickie; it's like a drive through massage or something. So we're against it in that respect. But people who work for them are happy to have

a job. Because I knew somebody who went to work there and I said, you aren't going to work for them, that's like selling out. He goes, yeah, but they pay well and they give vacations, they're like a regular hourly job with benefits. And people like me, we don't have benefits. We work for ourselves. Our benefits, we go on vacation, we don't get paid, or we get sick, we don't get paid. So it works well for therapists who want to work there and I think that it probably is helping massage get out there a little bit better, because if that is the only way, you're gonna get a quickie in the drive through then let them have it you know [laughs].

Although then there is a perception that chain massage therapy businesses do not provide an optimal massage experience because there is not enough time and interaction. At the same time, these chains are providing massage therapists with work and are promoting and normalizing this business in society. No longer is massage therapy something to seek out, clandestine, or problematic. Now it is being promoted as something close to a fast food chain where busy people can get in and out with minimal effort.

The Biomedical Model

There seems to be a belief among these therapists that a lot of people's problems, specifically health problems, are caused by biomedicine. Thompson (2004: 164) explains that "[f]rom a natural health viewpoint, conventional medical sciences contribute to illness-inducing imbalances through its [biomedicine's] technocratic reliance on pharmaceutical and surgical interventions [...which] imposes an ineffective mechanistic model on its patients that further alienates them from the healing forces of nature." I will explain how massage therapists position themselves against this over-medicalized way of being and how they feel this contributes to other issues such as when patients become "lost causes" in the eyes of biomedicine.

Problematizing Biomedicine

Massage therapists believe that the deterioration of people's health often comes from the drugs and interventions prescribed and performed by biomedical practitioners. The massage therapists feel that people are being both overmedicated and given

medications that make them feel worse. This, in turn, causes people to have to take other or more medications. It is seen as an unsustainable mode of treatment in contrast to the inherent sustainability of massage therapy as discussed in the previous chapter.

According to Emma:

There's a missing link with our [conventional] medicine. I believe that, again, we take these trees down in the rainforest and we make all of these different medicines but, like I've got a client who's on [about] 7 different medicines, 9 different medicines. A lot of these older clients that I have, they're seeing all of these different kinds of doctors for a bunch of different things ... It's pretty amazing what people spend on western medicine just because a doctor says here this is going to make you feel better, not thinking about contraindications and how all these medicines really, they don't work well. You have to take this medicine and this medicine in order to take care of one problem but then you have to take this third medicine in order to combat side effects from this medicine but this medicine doesn't work well with this medicine so then it's a domino effect. You have all of these other problems associated with just your medicines alone.

Biomedicine is pushing people to consume medication that causes side effects which then require more medicine to counteract some of the side effects. This gets very expensive for the patient and is difficult to afford. Massage therapy is much more affordable and sustainable.

However, my interviewees also believe that as long as people are content to take their pills and keep suffering, our society is not going to change. The biomedical model does not facilitate change. Massage therapists perceive that biomedicine encourages people to stay passive and continue the same bad habits that may have pushed them into ill health to begin with. Biomedicine is still a dominant institution in our society and as such people often trust their doctors advice and assume that there are not any other alternative for gaining health. "Why change if a pill can fix it?" is a common mindset in our society which my respondents believed about the general public where people often choose to only use medicine to deal with problems like diabetes..

Meghan: And they were [people with diabetes] under medication, told by their doctors, don't adjust your lifestyle, don't adjust your diet, adjust your medication. Which is sad.

Thomas more generally explains how massage therapists separate themselves from the biomedicine discipline through their holistic approach to health as well as explaining the importance of creating relationships with their clients. He conceives of health and interaction between massage therapists and their clients as different from the relations of biomedicine.

I try to convince them [the clients] that it's a team effort; it's them giving me as much information as they can and me bringing my experience into the situation and we work together towards a common goal... I want to get them out of that western model of 'heal me,' 'I want to be the receiver of passive healing.' ... [My] approach is to... a more active healing. By facilitating what is already there, the body's natural healing ability, I'm just there to nudge it, to redirect it, but I tell them, I am not a healer. I'm just here to facilitate what you are already capable of and they understand that and it's a change of mindset for them, it's a paradigm shift for them [the clients] because they're so used to someone of authority ... standing over them, saying 'hey, take this pill' or 'hey, we need to do this' or... they're not empowered. They've been labeled. As opposed to when they come to me, I want them to know that this is a different situation, with me, or with massage in general. It's more about empowering them and letting them know that they are in charge of their health. I mean, they've gotten themselves to where they are and they need to get themselves out of that. They are capable of doing that.

Thomas looks at what he does as changing the actual beliefs of people who use massage therapy. He believes that the client has to accept responsibility and work on themselves as well. He tries to facilitate their journey to good health. This is purposeful strategy which creates a distinction between massage therapists and biomedicine. The body can heal itself as long as people do what needs to be done to enable that health.

In addition to seeing massage therapy as a sustainable form of health care, massage therapists also view massage as a form of preventative medicine. They believe that if people use massage before they are sick (or even when they are sick) then people will not need to use biomedicine as much because massage therapy helps build the immune system. Massage therapists believe that they are engaged in a profession which provides a public service.

Emma: ...I see massage as preventative care... massage kind of helps keep your muscles limber and lubricated and, again with the flexibility and the range of motion. When you are stretched out, you feel good and your body is in working order, there's less chance of injury and complications versus when you've already been injured or you've already had surgery or something and then you are kind of like trying to cope with the... the aftereffects of whatever it is that you are trying to deal with.

Meghan: ...any kind of massage, even just what people would call 'I just want a relaxation massage,' as if it's not therapeutic. It's still therapeutic because... It boosts your immune system, it boosts the lymphatic system, it increases your blood flow. It's really quite healthy for you.

A holistic approach to health is one of the main ways massage therapists distinguish themselves from biomedicine. They work to share this holistic approach to health with their clients. Massage therapists believe that the interconnectedness of mind, body and spirit is critical to helping people. According to Aakster (1986: 267) "alternative approaches are much more directed toward maintaining health...health is a matter of the simultaneous (and closely interrelated) maintenance of an internal and external balance." Biomedicine does not emphasize holistic treatment. Instead medical practitioners often focus on isolated symptoms rather than seeking out the complex causes of illness. Since the root causes may be neglected (or ignored if they are not part of the physical body), the patients often must go back for more treatments, take more medication, or just endure their condition without improvement.

“Helping Clients,” not “Treating Patients”

Massage therapists actively work to develop relationships with their clients and with other professionals: this fits into one of the main ways that massage therapists push away from biomedicine and factory model. They actively work to empower their clients, by teaching them how to control their own health. Some of the “keywords” mentioned are ‘facilitate,’ ‘cooperate,’ ‘team effort,’ and ‘common goal.’ One of the goals is showing the clients what their bodies are capable of, thus physically and emotionally empowering them. The practitioners’ role is not necessarily to heal but to give the client the tools they need in order to keep themselves healthy.

Education is a tool used to empower people. All of my interviewees felt that it was extremely important to share knowledge with their clients. Education is critical within their profession, and it is also important to ‘share the wealth’ of knowledge with people outside of the profession. It is that willingness to share that sets massage therapists apart from conventional medical professionals who routinely keep their knowledge to themselves, in effect protecting their authority over others. This sharing of knowledge is basically a part of the service being offered. As Thomas said:

Things that they [the clients] are not aware of because of, in a lot of other different medical care practices, the focus is largely on medicine and pills and drug interactions and or surgery but not about how to empower the patient, how they [the clients] can help themselves. So that’s a lot of what I find my job is, to show them [the clients] those options and give them good resources that they need to go to so that they can help themselves.

Massage therapists share knowledge yet retain a specialized position of having that knowledge in order to keep people coming back. This specialized position is based on the fact that they have an education that allows them to perform this service that people want to use. Massage therapists have to keep a careful balance because in order to keep clients, massage therapists need for their clients to rely on them even though they profess to be empowering clients to heal using their own natural abilities. Massage therapists need to foster this reliance in order to have steady work. But it may not be as much of a contradiction as it seems: they are giving people exactly what they are looking for according to Richardson (2004: 1051) who found that patients “were particularly keen to

be told the truth and expressed a need to be taken seriously...perceived that such information provision might lead them to a better understanding of their condition and to a partnership with their health professional.”

Several of my interviewees shared the disappointment they sometimes felt when, after a client had already left, they thought of something they could have said or done to help the client further. This led to self-disappointment which reflects on how important their work is to them. Some of my interviewees made it a point to say that the information they share is not always specifically massage oriented. It may be anything that they think is useful or interesting to the client. Conveying information informally through e-mail or phone calls is also a way to keep in touch with clients, and this enhances their ability to remind clients to schedule appointments. It is a way to keep the client aware of them as a caring person with the client’s best interests at heart, and this helps to keep the client coming back.

There is also a language shift from “patients” to “clients” that really shows the differences between how biomedical and alternative practitioners view people under their care. Biomedicine deals with people as “patients.” By “labeling” people as “clients” rather than “patients,” massage therapists attempt to empower their patients and disassociate themselves from traditional biomedicine. Thomas prefers

...to call them clients and that’s a lot from just feedback from patients because the term patient for a lot of people neurolinguistically makes them, labels them as having a problem. So I try to use terminology that’s more positive and more empowering for the patients. So clients, it sounds like we’re here trying to do something together, kind of thing... But they are technically patients. Massage falls under medical care practitioners in the state of Florida. They are technically patients but clients is the term that I prefer to use. Or guests, sometimes I call them guests.

It would certainly be acceptable within the bounds of his profession as a health care provider to call clients “patients” but he consciously chooses the term client so that they see themselves as active participants in their own healing, not because of his perceptions of what that word means. Emma also prefers the term client:

No, to me they are called clients. *What's the difference to you [between patients and clients?]* Patients just sounds so much more like medical... So clients, clients it just seems less formal to me, it's just my personal preference.

Another of the empowering aspects of massage therapy is that massage therapists actively place importance on what their clients feel which also enables the client to actively participate and have a voice in their own care. This reflects some of the literature which shows that one of the main critiques of biomedicine (especially with regard to women) is that the patients' voices are often discarded by doctors (Thompson, 2003; Flesch, 2007). Feedback is very important to massage therapists not only because of the empowerment and cooperation aspect but also because it gives them useful information so that they can help their client better.

Integrating Biomedicine with Alternative Practices

There is a feeling among massage therapists that biomedicine is holding integration⁵ back with its refusal to 'allow them [massage therapists/massage therapy] in the door.' They, the massage therapists, are willing to work with biomedicine for the good of people despite the fact that the people with whom I spoke were opposed to a medical model. They still want to be viewed as legitimate and given their rightful place as health care providers who successfully help people. In some ways and places they are being 'allowed in' but often it is too late to be part of a preventative effort which is one of the strengths of massage therapy.

The status of massage therapy (and some other CAMs) has changed though. Doctors may now receive formal knowledge about other forms of medicine besides biomedicine while in school. This is facilitating a slow move towards further integration as more people and doctors come into contact with different CAMs. This helps with the legitimization of massage therapy because as other types of professional health care practitioners accept massage therapy, it increases and legitimizes its status as professional.

⁵ Integration between biomedicine and massage therapy or even CAMs in general.

Thomas: ...At least that's what I've been reading. And I think that they [doctors educated in different forms of medicine] see the, the benefits and the efficacy of such therapies and they're like 'this is a good thing.' We're working as a team and they see the bigger picture instead of this God complex that's so common with doctors where...especially with the newer doctors that are more well-rounded in their education and have possibly even received massage. Obviously, they're going to have a different perspective about it than the old-school on the verge of retiring doctor who's like 'massage! What's this.' ... a lot of the times it's just that their like completely, their perspective of what massage was 40 years ago and now it's totally different. It's a totally different world out there.

Massage therapy is accepted more in part because insurance companies are starting to recognize its utility and are starting to promote it as a viable option for gaining or keeping health. For example, Meghan said,

happily, insurance companies are now paying for a little bit of stuff. Some insurance companies will pay for 12 or 20 massages a year.

Insurance companies may be a big legitimizer of massage therapy because if insurance companies will pay for something, especially if it is for cheap preventative care, then that carries over into other areas. Most of my interviewees did not deal with insurance companies but they noted it as a positive trend in society. This connects to the larger culture where education and changes in the ways that we look at bodies and at nutrition are changing how we look at medicine. Insurance companies would not use massage therapy or promote its use if it was not becoming more mainstream and acceptable. This reflects the changing cultural consciousness—massage is becoming more mainstream and is effective in preventing problems. Insurance companies may see the benefit of preventative health care so they can minimize their costs and be more willing to spend money on massage therapy in order to not have to spend more money for health problems that could have been helped, alleviated, and/ or prevented.

Despite a more welcoming approach by insurance companies to massage therapists, there are still gatekeepers. This takes the form of oversight and control by doctors. Winslow and Kroll (1998: no page) feel that “[i]nsurance plans that cover

alternative health care often require physician referral for these services, highlighting the importance of physician awareness.” In short, there is professional legitimation but at the same time, that legitimation is contingent on agreement and approval on the part of biomedical professionals. But, there is still a push on the part of insurance companies to find and use medical treatments that cost less, which is often a characteristic of alternative modalities such as massage therapy. Klimenko et al. (2006: 266) also found that insurance “can be a double-edged sword for all providers, with insurance companies sometimes being perceived as mandating what can be done and thus placing obstacles in the way of providers.”

There are other signs from biomedicine that massage therapy is gaining some legitimacy as a profession. Some medical institutions are bringing massage therapists (or even other types of practitioners) into hospitals and medical centers for example to work. More doctors are sending referrals to massage therapists which may reflect the changing perception of massage therapy as less sexual and more professional. Massage therapists look at this acceptance as a foot in the door towards their rightful place as health care practitioners even though they know that it is limited and conditional.

A problem with integration seems to be the lingering positivist discourse that still characterizes much of biomedicine. Massage therapists, and CAM practitioners in general, are still subordinate to medical practitioners. It is obvious to massage therapists that there is not active cooperation between professionals who are considered equals. The research shows that many biomedical doctors try to take over and control access to and use of “alternative” medicine(s). For example, Flesch (2007: 169) believes that “as certain forms of CAM gain professional recognition, the efforts of established medicine to contain the threat of CAM have shifted from denouncement to cautious acceptance, provided that alternative practitioners are regulated, educated, and professionalized in the same way as biomedical practitioners.”

There is also a sense on the part of CAM practitioners, that biomedicine co-opts the more acceptable aspects or techniques of alternative medicine. Some of the research is showing that while some doctors accept the presence of CAM practices, they still feel that biomedical doctors should be primary, should control diagnoses, and should remain in control of the entire institution and discourse of health and medicine. While some

doctors may refer patients to alternative medicine, they still control their patients' access to these practitioners. Doctors act as "gatekeepers" by the

tactic of co-optation allows the doctors and the nurses to contain the pressures of public demand for CAM. It increases the scope of their professional roles, permits them to maintain their dominant structural interests and limits the need for the repressed interests (both CAM and the public) to strive for integrative healthcare. (Kelner et al. 2004: 922).

In short, by co-opting CAM, biomedical practitioners retain control over medicine in our society: they seemingly give patients what they want while marginalizing CAM practitioners. Shuval (2006: 1785) describes how "some doctors view certain CAM methods as useful technical procedures that can be used on an instrumental basis" while they maintain their "commitment to basic biomedical assumptions." They use certain aspects of "alternative" medicine but they are not adhering to the basic philosophies and beliefs of "alternative" medicine. By doctors taking or maintaining control over the health of their patients they still do not let practitioners and CAMs share an equal professional standing nor do they allow patients to have more control. As Boon et al. (2004: 50) found, "the mere addition of selective aspects of CAM therapies with conventional medicine does not result in integrative healthcare since this does not represent an acceptance and integration of the holistic principle that tend to characterize CAM... [t]he co-optation or assimilation of pieces of a whole system of care, removed from their proper context, does not represent the collaboration of equals."⁶

Dealing with "Lost Causes"

In some cases, people use CAMs because they feel alienated from the orthodox system and from doctors. For example, Christie (1991: 550) describes how "[o]ne of the reasons why so many patients [in Norway] consult both doctors and alternative practitioners may result from the phenomenon that doctors diagnose and treat diseases as they define them from their biomedical point of view. The patients, however, are concerned with their own particular experience of their illnesses." Christie is describing

⁶ I am not saying that this is true in all cases. There are some medical practitioners who want to integrate and some CAM practitioners who do not. But these negative perceptions of integration seem to be the most common.

how one group (patients) is disenfranchised, so to speak, by the biomedical field and how they negotiate their dissatisfaction by using both types of medicine. Furnham and Smith (1988: 685) suggest the possibility that “people who choose alternative medicine may do so from disenchantment with, and bad experiences of, conventional medical practitioners, rather than because of a belief that conventional medicine is itself ineffective.” It seems that in many cases, the attitudes of conventional medical practitioners are driving their patients away. Dissatisfied with traditional medicine, people look for alternative approaches which push them in the direction of massage therapy (or other CAMs). For example, in Thompson’s study of four women with ‘chronic’ health issues, he found that they “regard the medical identities and treatment protocols being imposed on them as doctrinaire, draconian, disempowering, and degenerative: forever locking them into a world of physical limitations and dependencies on medical technologies...The mythology of holistic well-being offers a countervailing model...” (2004: 170). Richardson (2004) found a similar complaint from patients about the hopelessness instilled by biomedical practitioners. People dislike their disempowered position in the biomedical model and since they may not be able to do something about it, they find an alternative. This may be at least partly because the most common problems in the United States are those that are often dismissed as unimportant and paid the least attention by biomedicine (Fraser Dunfield, 1996). Spence and Ribeaux (2004: 116) discuss how “the apparently slow progress of biomedicine in solving these new types of medical problems has been associated with a growing skepticism and a turning to alternative health systems.” People want help with their common problems, not just highly specialized problems which require expensive solutions and highly trained medical personnel. This is exemplified in Murray and Shepherd’s (1993: 983) study which found that “[m]any patients suffering from chronic pain, allergies, musculo-skeletal, psychosomatic and functional conditions appear to be disappointed with the treatment they receive from orthodox medicine and constitute a large proportion of the clientele of the alternative sector.” A major gap in biomedicine is the tendency of biomedical professionals to place labels on people who they do not or cannot help. These people become ‘lost causes.’ It is a gap that biomedicine is not filling which massage therapists are given the opportunity to work within (Kelner et al., 2006). For example, pain management is a fairly common problem

that doctors often prefer not to deal with because patients become addicted to opiates. These people, “lost causes,” are some of the people who find relief through massage therapy.

Priscilla has changed her focus from relaxation focused massage therapy to specifically working on people in pain. Part of her reason for doing so is the desire to fix “lost causes” like she herself was at one point:

I have actually been in pain all my life. I had a birth defect and one of my vertebrae slips forward when I lay down... I'd tried everything. I'd also gotten into the belief and attitude of oh well, I'm old and I'm gonna always hurt because chiropractors, doctors, all were 'oh, you have arthritis, oh you're gonna be in pain. This is something that happens when you get old' ... Well, I've learned that you don't have to buy all those beliefs... Whatever they tell you, you don't have to believe that...

A couple of the massage therapists mentioned that many of their clients are people that biomedical doctors can no longer help who experience chronic pain. These disempowered patients can become empowered clients when they come to massage therapy. Several stories provide telling examples:

Thomas: Sometimes I have had people who were on 2 or 3 meds when they came in. I can think of one that came in for migraines and she was on anti-inflammatories, anti-spasmodics... She was on 2 or 3 different types of medicine and by the time she was done after about 4 months of massage therapy, cranial sacral and stuff like that, she was, I think, on one of the meds and that was very infrequent, only when she desperately needed it so that alone, and I've seen this several times, but that's an example of the power that massage can have as far as reducing some of the medications that they've had previous to coming in. That's not necessarily a goal...

Priscilla: A good massage. ... one of my best ones was when I first started doing SET work [Structural Energetic Therapy, a modality she practices] and one of my clients had his hips replaced and the first one went fine but the second one just never went into place and he was still hobbling and in pain when he came down on the leg. And I did him 4 treatments and

usually the first 4 involve the cranial, there's a head, neck, shoulder routine and there's a hip routine and we just alternate it. And on the fourth one, second time doing his hip, halfway through, he goes, huh, the pain is gone. It went and it never came back. [knocks on wood] That was a year ago, but that was like wow, that was a great success. That was probably my best success in the, with the SET work, having somebody that was told and had already been through physical therapy. You're ... probably going to be in pain for the rest of your life. And then he was out, boom, just like that, 4 treatments.

Even though massage therapists cannot prescribe drugs, they take pride in helping people biomedicine cannot. Their practical success is proof of their legitimacy, kind of a 'I fixed it when they could not' mentality. They take pride in helping people get off "unnecessary" medications so that they can take control of their bodies and have an active role in getting well. This active role is something that clients go to "alternative" modalities for.

Despite a history of conflict between "alternative" medicines and biomedicine, massage therapists are seeing their client base grow. Not only are people turning to alternative medicine, including massage therapy on their own, apparently unhappy with care received elsewhere, but traditional physicians are beginning to refer patients. While it is unclear why doctors refer people to CAMs, we can hypothesize that physicians either view massage therapists as a more professional or legitimate practice, or conversely, send massage therapists "non-compliant" or otherwise difficult patients who they do not want to treat anymore. In this sense, physicians are identifying massage therapists as a sort of dumping ground. For massage therapists who have had doctors send them "hopeless" patients, it can be taken as a sign of disrespect toward both the practitioner and the client.

Thomas: I think a lot of health care providers that I have dealt with in the past, who have referred to us, have kind of sent us their hopeless cases, the ones that they didn't have any impact with. And when they see that we get improvements, they get intimidated and they stop referring to us...

Even if massage therapists cannot cure a person, there is still a perception that they can help someone live a better and healthier life. Massage therapists have to deal with their own professional limitations and the limitations of the client. They do not claim to cure or heal (in fact they often claim the opposite): they are working to help improve people's lives and health. They cannot be held accountable for not "fixing" something that biomedicine could not help, but when they do help an individual, they are immensely proud of their abilities.

Going back to issues discussed in the section on integration of biomedicine and CAMs, depending on what condition a client has, massage therapists may have to receive permission from the doctor(s) to practice on the client. This process could be infantilizing to both the client and the practitioner as well as delegitimizing. If the practitioner expresses that caution on their own, it could be seen as a sign of how professional they are and how cautious and careful. This 'permission' to practice on specific clients is also a way for doctors to keep control and keep massage therapy from growing. Priscilla explicitly told me that most doctors will not give permission. She had one client who was given permission and she made it clear that his doctor had his best interests at heart, silently implying that doctors who do not give permission may not have the best interests of the clients at heart.

In the end, opposition to biomedicine is a reflection of an "alternative" model. But it is also a way of professionally representing their client's best interests: if parts of biomedicine are problematic, then massage therapists need to oppose those practices in order to keep their clients empowered and enabled. It would be misleading to say that all massage therapists oppose biomedicine. Most of them believe that there is a time and place for it, just not to the degree that it is currently used.

Massage therapy is not entirely alternative or biomedical. Massage therapists borrow from both frameworks. As massage therapy adheres to professional ideals it becomes more legitimate. Its other professional beliefs—about education, client's roles, etc.—allow it to keep on being "alternative" in the sense that it philosophically separates from the biomedical model. Massage therapy, as a field, holds beliefs and practices that are unlikely to lead them into a purely orthodox practice. Thomas and others spoke of this.

Thomas: I do think that massage can be a marriage of both. A happy medium, a balance of ... maybe some more esoteric types of theories such as energy and fluid systems and stuff like that and still be western enough where you're using things like joints and muscle and kinesiology and that understanding in order to help the patient. So it's a little bit of both. I wouldn't say that massage is dynamically the opposite of western medicine; I think there is a time...

Priscilla: I definitely wanted to be able to help people. But, when I had cancer, when I found a lump in my breast, I went right to the doctor. I'm not gonna fool around with somebody giving me an alternative for a lump in my breast, you know. So I definitely believe in medicine and there's definitely a need for them for doctors and surgery and for serious drugs. But I think that our population is overmedicated and we've, in the last 200 years turned away from things that have worked for thousands of years and gone for the quick fix of chemical drugs. Which is in some cases good and in others we've created bacteria because we've overused antibiotics. *So what would you say the role of alternatives should be and the role of orthodox?* Well alternative, or I like the word complementary, as opposed to alternative because that means either or while complementary, I mean I used oils along with my, when I was having radiation for breast cancer so and that prevented the burn that's always coming with that so there's room for things like aromatherapy and Reiki and all that in the main hospitals with people who are being treated with orthodox medicine. If they'd let us in the door. And they're starting to, and I've seen it happen since I've started with it at first they didn't know what we were talking about but now, I mean, I get calls all the time wanting, in the cancer ward, wanting to set up maybe diffusers or doing a ___ study or something. So yeah, there's definitely room for both and that's why I like the complementary term instead of alternative because we could work right beside doctors just by, I don't want to go off on that tangent, the energy medicine thing... But people just need to realize that but a lot of our people, people today, we

just rely so much on doctors because that's how we're brought up, for the last 200 years, if we get sick we call a doctor instead of looking at what it is and maybe we could just take a day off of work and nip that cold in the bud instead of getting antibiotics that kill all of the bacteria anyway and don't really treat the cold. So I think we kind of got off the track but people, I think people are swinging back around because people have gotten discouraged that medicine doesn't have all the answers and so they are, people are looking at other things now...

Meghan: I noticed that in this [IRB] form we're talking about alternative medicine and some people talk about complimentary medicine and I like to think about these things as traditional medicine because they've been around a lot longer than the present day conventional medicine that we're practicing, which has grown out of pharmaceutical industries, really. You know someone has the bad luck of breaking a bone definitely would go to a hospital and get it taken care of. But as far as preventative medicine I think that things that are thought of as alternative or complimentary... Are actually much more traditional, much more founded in basics than they're given credit for. *So do you think then that there needs to be a return to more basic lifestyles?* I think there needs to be a blending. *A blending?* America is not very good with preventative medicine. *True.* They're very good with letting someone get sick or selling an idea of the disease and then getting them as a lifelong customer on some sort of a treatment. Which then comes with like, what I call side effect prescribing, so they'll get you on some pharmaceutical and it comes with three side effects so now you're getting three pharmaceuticals to go with that and then three more and three more ...

These therapists are clear that they somehow weave together their own alternative training and background with that of more orthodox medicine in order to best help a patient.

Chapter 5: Professional Business Practices

Massage therapists use existing techniques of professionalism in their relationships with clients. They construct themselves as experts at relaxation or in pain management depending on their specialties and experiences. They use “good business practices” such as basic etiquette and marketing techniques specific to their modality to create the image of a professional, manage risk, and set boundaries. In order to negotiate and redefine their place in the larger medical context, massage therapists mix new and distinctive ideas of what a professional massage therapist should be with traditional, mainstream medical notions of what a professional health care provider is. I focus on strategies they have “pulled” or borrowed from biomedicine and other professions, including old-fashioned professional etiquette, networking, marketing, and the actual business practices they develop. I divide these techniques into: 1) general business practices and 2) practices associated with healthcare.

Establishing Old-fashioned Professional Etiquette and Wise Business Practices

CAMs are using strategies and resources in ways similar to those previously taken by established professions (Kelner et al. 2006: 2618). However, those strategies and resources need to be reworked in order to be effective in the present. Massage therapists have already accomplished, at least in Florida, some of the strategies that any field uses as it becomes a profession. They have developed professional associations such as the American Massage Therapy Association, licensing procedures and standardized tests and curricula along with institutions such as massage schools that teach them how to be “professional massage therapists.”

Many of their strategies though, are much more subtle and are found at a micro or personal level, at the level of “impression management” (Goffman, 1959). These are things that they do personally as “professionals.” Professional etiquette and practices are

myth-busting tools for therapists. These may not seem like tactics or strategies because practices such as being on time are not out of the ordinary for anyone. But in the context of pushing back the image of “flaky massage therapist” they are important. As Meghan says, “you wouldn’t assume that a physical therapist is going to be a little flaky” but massage therapists need to deal with the stereotypes that exist. To destabilize these images and myths, massage therapists borrow from what the American public already perceives as “professional” etiquette. They strive to distinguish themselves from an informal labor market where haphazard service practices and unpredictability are the norm. Standard business practices such as tightening cancellation policies, becoming someone who is more confident in her/his abilities/expertise and charging the current market price for services seem to be hallmarks of personal progress in becoming truly professional massage therapists. Massage therapists claim what they are due and enforce professional standards. This comes with time, practice, experience, education and so on. As Rebecca describes:

... you keep learning the more you work too. I’ve learned a lot from the people I trade with too. There is a difference, too, in the way I deal with people. Like in the beginning I was a bit of a pushover... because massage therapists feel bad charging people when you first start, you feel like, here I am helping this person, I don’t want to charge them... [Now] I’m doing a cancellation policy... most spas do that, and a lot of people I know. But it’s hard to enforce that stuff because you are around them all the time and they’re almost like family because you’re in their home and ... But when it comes down to it, it’s still a business, you still have to operate it like a business. Which sometimes stinks.

So there is also the realization that they are in a business and they need to make money to survive. She is becoming more like the other professionals as she gains experience. It is an interesting balance because massage therapists want to help people, but as Priscilla says, she wants people she can help but who also can afford to pay her. She must learn to draw a line between those who will pay and those who will not. The others were not so explicit and, in fact, Thomas specifically said that he was not in private practice for the money. However, he is a special case among my interviewees because massage is not his

primary source of income (teaching massage is). As a result, he can afford, literally and figuratively, to regard his massage therapy practice as a personal calling rather than a way to make a living.

Using professional tactics to fight myths of sex and gender

My interviewees commented on how sexual myths impacted their massage practices. Massage therapists may encounter clients who attach sexual meanings to a massage. Therapists use different professional strategies (e.g. marketing techniques and communication) to counter these beliefs. Therapists believe that clients should understand and respect that their interactions are of a professional and non-sexual nature and that they (the clients) should not cross professional boundary lines. In other words, clients are also expected to be professional, acting as they would when seeking any other form of professional care—health care or otherwise. When clients breach these boundaries, massage therapists end up having to deal with any repercussions (e.g., fear, loss of income, communicating the unacceptability of the clients behavior) in order to protect themselves. Rebecca comments on this:

[My] worst experiences would be experiences where you're working on some guy who turns creepy. I did have ... [incidents where the client] would try and grab my hand or he was just being kind of...
Were you actually doing a massage on him? Yes. Yeah. Trying to grab my arm and... There were a few instances like that. And so, oh, and the finale of that one was, one day I... finished a massage, I went into the bathroom to go wash my hands while he was getting off the table and I usually wait awhile and then I'll say ... "Is the coast clear, are you off the table?" And I walk out and he's like with the robe open. And I'm just like, "Oh, my gosh." So I run back in the bathroom, like, "I'm so sorry." And then in my head I'm like, did I just walk out too early or was he doing that on purpose? That was a severe turmoil. So, I stressed out about it for a few days and then I called some other therapists... But that's what's good about having a network; you call your people and go "What is this?" ... So I

eventually just called his business phone, ...and said there's a few things you've been doing that made me feel uncomfortable and I'm a professional ... I don't want any of this to be happening again... He never tried anything again and I still do it [perform massage] every week and I never had to say anything to his wife ... It was weird... Like I set the boundary and then he was like, "Okay." *So you think he was just kind of pushing your boundaries?* I think he was trying to push it, yeah, to see like where that could go... So that took a lot of, trying to be mature and professional and deal with it... That was sharing with other therapists. They do talk about it a little bit when you're in school but until it really happens you don't know.

In this story Rebecca shows how she acted professionally to begin with but ultimately responded to inappropriate behavior by communicating with the client and setting more explicit boundaries after she worked out what the "professional" course of action needed to be. Her client's behavior threatened her livelihood in general and posed a potentially greater problem because his wife was also a client.

Emma speaks more generally of her experiences and their effect:

When I first became a massage therapist I was so idealistic. I was like 'I'm gonna heal the world.' And then I quickly learned that people don't always have that same expectation of me... people would still take advantage of a situation, particularly men. They still don't understand the concept of boundaries and what's appropriate and not appropriate during massage, so I had a few negative experiences with some male clients very early on in my career that made me almost want to quit, but I kept pursuing it because I feel like this is a big part of my life's work.

These examples portray men showing disrespect and disregard for the rules of appropriate massage practices in relation to women therapists, who seem to be keenly aware of similar issues. Rebecca consulted with peers in the massage community to help identify appropriate actions that would help maintain a professional identity.

Communities in general, and massage communities in particular can provide support for members by offering advice from years of accumulated, collective experience.

Minimizing risk to maximize safety

Because of incidents such as these, women therapists are very concerned about safety and minimizing risk. They need to be professional and manage risk at the same time; the two are not always aligned. In short, women therapists feel that they need to be especially careful. In a society where men are more likely than women to seek out sexual services from women, women therapists must be more on guard than their male counterparts. Women therapists are simply more vulnerable than men therapists typically are. Women therapists often rely on intuition in determining whether there may be a problem with a man/male client. For example, when talking to someone on the phone, the massage therapist may get a (negative) feeling that the person is looking for something other than what they offer. They then avoid booking appointments with such a person. Women therapists may also realize that something is not right when they are physically with a client. They might, for example, get a negative “vibe” or “energy” from a client. This is a trickier situation because they must deal with the person, face-to-face, in a professional manner even though they do not receive the same courtesy, as Rebecca’s story demonstrates.

Therapists are well aware of the potential risks arising from these types of interactions. Priscilla shares stories of how she avoided new clients:

When I had my shop, I had other people do it [work on new clients]. Number one, because I only wanted to work on people that I knew. I did not want strangers off the street walking in wanting other than what I was willing to do. You know what I mean? The massage parlor kind of calls. We ... *did you have incidents where* - I personally never have [had a problematic incident] but one of my therapists in the rooms... would have to send them [clients] away once they realized they were getting a legitimate massage [laughs]... we never had any real bad incidents. Usually we could weed them out over the phone. *Did you get some kind of feeling or something?* Yeah. You get a feeling and they’re wanting, they only want a woman and or have some strange, don’t want to be covered up. Its Florida law that ... even though you have your clothes off, you’re gonna be draped the whole time. And some guys don’t want that.

They're obviously not there for the massage. *Oh. So they would go in, get undressed and then refuse to get under the sheet kind of thing? Yeah.*

You'd come in and they'd be laying butt naked on the table...

Her actions, unlike possibilities available to other therapists, are mediated by the fact that she has her own business. Emma's story differs, perhaps in part, because she was a new therapist working for someone else. In the end, she changed to doing massage therapy in the "controlled environment" of a spa in order to avoid the risks:

What I'll say is this. It goes back to being objectified as a massage therapist. Three particular incidents, no, like at least a good handful of times, I've felt somebody's intentions other than the purity of massage. those have not been very pleasant experiences for me. *You started talking about that earlier. How did you end up getting ... you said, before you said that those incidents happened when you were a young massage therapist. Yes. How did you manage or do you think that you did something that maybe changed the way you were going about things so it only happened when you were younger vs. now?* What I did was learned to do, perform, practice massage in a more controlled setting. Because the ... 3 first bad experiences that I had, it was, I had been working for an outcall⁷ service... What I learned from that was, like I said, I was considering leaving the profession after that, like after all if I wasn't doing any good, if people were expecting me something else for me, than why am I here anyway? But I spent a lot money and I put a lot of heart into where I wanted to be in my career and for me to give it up because of 3 bad experiences at the time, it didn't sit well with me. So I decided, if I'm going to go back, if I'm going to pursue massage on a full time basis, I want to at least be at a hotel where people know where I am and it's a more controlled environment and I'll get a lot of experience. So that's what I did. I held out until I got a hotel job... So that helped me hone my

⁷ An outcall is similar to a house call. A potential client calls in to a central number and then massage therapists are sent out to wherever the client is. In the case of massage therapists, they may go to a client's home, hotel room, or even a gym. When the interviewees say that they do not do outcalls in mainly means that they do not go to hotels because most of them do go to people's houses.

skills, it helped me become a more confident massage therapist, even though I'm still insecure. But I learned a lot while I was there. I still had awkward experiences. They weren't bad like that one, but they were awkward because people still kind of insinuate things. But that was the biggest thing. And now I think that that experience working in the spa and then deciding, to decide to be self-employed now and doing mobile massage, I'm in a much different place, professionally than I used to be. *So technically, you're doing what you were doing back then, going to people but* But I have more experience, I hold my ground a little bit better with my clients, and these are people that I know and I trust. I'm not going to just anybody. And I'm not, I don't feel obligated to just go see someone if I feel uncomfortable. I'll only go to someone if I talk to them on the phone first. If I don't feel comfortable for whatever reason, I listen to my intuition. If I don't feel comfortable for whatever reason, I won't go. If I have somebody call me saying, 'hey, if you want to work tonight, I have somebody who needs,' [as happens in outcall services] I'm not talking to that person and getting a feel for their energy, I'm talking to somebody who's kind of the go-between and I would never do that again. I would never again work for another outcall service.

Both Emma and Priscilla show in their narratives how they relied on intuition to keep themselves safe or at least to avoid potentially harmful situations. They avoided working on certain people as a part of their strategies to stay safe and professional. Emma also notes that she was at a stage of developing her professional image and becoming confident in her work.

The women I interviewed who have their own businesses expressed a need to work on clients known to them personally, were referred to them by acquaintances, or were established clients. The referral process serves as a safety tactic. All of the women had their own experiences or knew someone who had had incidences with clients being sexually inappropriate. They managed the risks by rejecting risky behaviors. They required referrals from people whom they knew, which also placed some accountability onto the clients or professional doing the referring.

Some massage therapists, in another tactical move, advertise in perceived safe places where they knew people, such as banks. Priscilla, for example, conducts chair massages at a bank. The YMCA is another perceived safe space, as Rebecca said, because she works out there. The following is how Rebecca explains her policy:

They [the potential clients] have to know ... someone I'm really good friends with or already know or one of my regular clients. *Have you had a problem with that before that made you decide to...?* I did have one really weird incident. It was when I lived in an apartment...I gave my cards to the front desk and they gave 'em out. So I guess a guy came in. I don't know if he was asking for a massage or not, but he dialed my number and he gave me a call. He sounded kind of weird anyway. And then I did go over to do the massage and he was very inappropriate. He was asking me to massage his inner thigh and his... Let's just say moving around a bit too much on the table. So, I just ended the massage. And that's kind of an awkward thing because they're on your table, you have to get them to get off the table, pack up and leave and then charge them. So kind of after that I was going to filter a bit more.

My interviewees opt not to visit clients in places, like hotel rooms, where “less professional” massages might be desired and/or provided. They also refuse outcalls which are perceived of as having high potential for being dangerous, because as Emma says, she cannot get a feel for the client if there is a mediator. As Meghan explains:

... I've had referrals on the telephone...from someone who maybe does out- calling. I don't actually go off to people's houses when I don't know them... There are some places, like hotels, where certain therapists will put up their card and they will be the person that gets called when someone wants a massage. I actually think a hotel should have a room reserved near the reception desk and it's a safe, good environment with a massage table, without a bed, so there's no sort of mixed signals going on. And I did have someone phone up one night saying that... I felt so sorry for this man, but at the same time I did not want to go to a hotel that I didn't know to [work on] somebody that I

didn't know. And I gave him all the advice ... and he sounded disappointed, which made me think that he was actually probably hoping for... something else.

All of the women in this study either had negative experiences with their own clients behaving inappropriately or felt that they had successfully avoided a negative (and potentially dangerous) situation using what I call risk management techniques. By constructing and employing safety measures, they potentially lose business. On the flip side, they manage to keep themselves safe even if they lose business

In the end, most of them market their business by word of mouth through their current clients. So it is important for them to keep their current clients satisfied and to establish good working relationships with them in order to build up their businesses. Professional networking is also key. They find safe places and work within those places to get clients. Some therapists use e-mail as a way to maintain a client base. Still, word of mouth is most predominant strategy, even for Thomas who said:

...I do most of my communication with patients and marketing with patients actually, through email...99% of our marketing is word of mouth, what people have said about us or people referring people that are already patients.

According to Rebecca:

because I do word-of-mouth, if you do good work and people like what you do they're going to tell other people. So I mean that's kind of how I do it. I know some people do advertise. I probably could do that route but... I do have a lot of regular clients right now. I just finally got really organized and put everybody in one of those iPod things with the... you can do all the calendar and the contacts and everything. And so I'm all high tech now. But I put everybody in there and I've got like 60 to 100 people now... *How did you develop such an extensive number of clients?* It took a long time. Because, like I said, word-of-mouth, it does take awhile. It really is just getting in with the right people. Like I have this one client, she has just told her whole network of friends and they all use me. ... It kind of just went from there.

Providing massage therapy that successfully helps a client and a professional identity enabled my interviewees to build a strong overall reputation so that current clients would refer others. For Rebecca, using technology furthered her self-image as a professional. New technology has helped her keep track of clients and dates. This enhances her professional image. Meghan mentioned using similar techniques while working with chiropractors: being on time, keeping an accurate appointment schedule and client list, and basically not being flaky both shows professionalism and works against the myth of the ditzy massage therapist. These behaviors are quite common in that most people are taught them as fundamental ways of presenting oneself as honest, caring, interested, and in general, professional. They are general principles for success. They are, for example, principles seen in biomedicine.

Performing competence and professionalism by borrowing from Biomedicine

In our society, people already have an image of what a health care practitioner looks like or does. Licensed massage therapists consider themselves to be “health care practitioners.” This is a key point for them, one that, in their minds, grants them a professional status automatically. As a culture, we view health care practitioners as “inherently” professional, and massage therapists as not. Yet, just like biomedical doctors, massage therapists must be professionally certified by the state, and earn a certain number of continuing education credits each year.⁸ In other words, massage therapists understand that their training practices are similar to other medical professionals, but the fact that the population at large doesn’t know this forces massage therapists to educate people.

Borrowing biomedical practices

According to Flesch (2007: 170) “the co-optation of biomedical language and certain techniques by CAM practitioners in order to demonstrate legitimacy and demarcate their territory” is a current trend. Massage therapists use specific practices and define their boundaries in accordance with standards of biomedical professionalism as a

legitimizing technique. This “alliance” with the biomedical model also helps massage therapists solidify their identity as health care practitioners.

Most of my interviewees used some kind of intake form and initial review process for example. Intake forms are not solely a part of biomedicine. However, in the context of Flesch’s statement about CAMs co-opting certain aspects of biomedicine, these processes have meaning. These processes and forms give the impression of being professional not only because traditional medicine does the same, but because it suggests to a client that her/his health is seen not as a one-time meeting but as a more interactive practice being tracked or monitored over the course of treatment. The form provides, as Priscilla says, the therapist/client to build a relationship that includes a whole medical history:

I have an intake form that gives me all of their medical history and any whatevers. They have a checklist and all their medication that they’re on and what’s going on with them. And then I have another form that tells them what I’m going to be doing. That they’re expected to be here on time and if they don’t cancel within 24 hours and that they’re going to be fully covered, I will expose the area I’ll be working on but at no time will genitals [or], anything like that [be exposed]... they’re going to be fully clothed, they’ll be safe...

In her practice, the intake form provides a starting point that includes a statement of professional standards, including such items as cancellation policies.

Emma provides another example:

I do a brief intake with [the clients] to see what kind of injuries, or if they’ve had any accidents or surgeries or anything that might hinder performing this massage, medications and so forth...then when I go to their home. I set up my table, I perform the massage, they pay me and then I’m on my way. .. And it’s convenient for them to have a massage in their home as well.”

Emma sets it up as a cross between general professionalism and professionalism specific to healthcare. She needs to know the medical information and at the same her service is convenient and efficient which are hallmarks of professionalism.

Thomas discusses intake issues related to his “need” to know everything. He also demonstrates the role of technology in his practice:

I want to know as much as possible before they come in and a lot of that I re-emphasize when they come in because they do an intake form which is available through the website. I review the information and make sure that it’s all consistent. I want to make sure that I’m aware of any medications that they’re taking and what that medication is for.

Here Thomas assumes authority by using the intake forms and from his expressed expertise through his request of a full history. He wants to assure, for example, that a client provides consistent information so that he can better understand her/his needs. This, he believes, enables him to provide the best health care possible. It is tailored to the client. Reference to his website symbolizes his professionalism.

Meghan provides a specific example of the importance to know all:

When they [clients] come in I have them fill out a questionnaire. And they fill out a basic medical history. I talk to them. I want to find out if they have certain conditions, if they’re female, especially if they’re pregnant. We tend not to treat in the first trimester of pregnancy...

Meghan moves beyond the professionalism of a form by incorporating more medical jargon. She talks of “treating” a “condition”. While this may change the concept of alternative medicine, it also demonstrates or signifies her “knowledge” as a professional.

Understanding the boundaries of their own competence

At the same time massage therapists are pulling useful techniques from biomedicine, biomedicine is controlling massage therapists. Massage therapists have well delineated boundaries to which they adhere. Sometimes there is resentment (from practitioners against the boundaries) but in many cases the boundaries suit the therapists. This is demonstrated when Meghan notes the care that must be taken with pregnant women. I think it depends on how and why the boundaries are implemented. If the boundaries are perceived of as being imposed by biomedical practitioners then they may be resented. If the massage therapists use their own judgment to set the boundaries then they are acceptable and applauded.

CAM is becoming more popular but CAM practitioners still have to carefully negotiate what their authority is relative to practices. According to my interviewees, these boundaries are very much internalized by massage therapists. There are distinct lines indicating what their knowledge and authority affords them, and where they must tread lightly or not at all. As Shuval (2006: 1790) states (in the context of nurses practicing CAM), “[t]he specialized knowledge of the physician establishes the boundary of authority.” The boundaries of biomedicine and their training/ licenser establishes, by default, what massage therapists are and are not allowed to do or say as professionals. In other words, if massage therapists want to be professional, they must do what biomedicine does. For example, part of the professional boundaries of being a therapist is to keep personal feelings about biomedicine to themselves and not to prescribe. On the other side, biomedicine constructs the profession of massage therapy by saying, basically, we can perform this, and therefore you cannot. Priscilla pointed to how extreme it is, for example, that biomedical professionals can prescribe medication, yet massage therapists can’t even “prescribe” water for client’s following a session. Therapists work around this and similar boundaries by carefully choosing words and instructions.

Kelner et al. (2004: 922) states that “[m]ost of the medical leaders argued that physicians need to be the gatekeepers for other kinds of healthcare...diagnosis of a patient’s problem should remain the responsibility of the physician.” Massage therapists do not seem to oppose that view. They do not see themselves as being actual medical authorities regardless of their own opinions, expertise, and certifications as health care professionals. Being professional includes drawing the line between what they are and are not allowed to do. Diagnosing is a definite boundary line they claim to avoid crossing. When asked “have you ever recommended that a patient steer clear of western medicine?” Thomas’ immediate response was:

No, no. I definitely, I definitely don’t do that. I do, I am a firm believer that there’s a time and a place for everything. And there’s a time and a place where surgery is important and you need to have it done. Same thing with medicine, I think that, as much as maybe in class, they may hear us, maybe a negative tinge to some of the stuff I say about medicine and pharmacology, I think there is a time and a place when, when medicine is

definitely the therapy of choice and there's no way around that. So no I don't, I hope I never, I don't, I don't think I've ever been perceived as ... supporting a belief that western medicine is evil ...

He also goes on to say that he himself fears doctors at times but he has pushed people to go if he felt it was necessary; if they had problems that he could not help them with.

Emma and Priscilla both spoke in a similar way as well:

Emma: I can't diagnose any of the people that I work with, that's another thing, another reason why I don't see them as patients. Because, then, it's like I'm giving them something instead of like a client where it's a service... I can't diagnose anybody, I can't prescribe anything for anybody, I don't have those credentials.

Priscilla: And then, things come up in massage sometimes like, well sometimes people will bring stuff up from way in the past or they'll realize that they have an issue or something so I try to be a guide or a facilitator for that... If I can, if I know maybe someone I can refer them to, if they need a counselor or maybe they need a psychic reading or something like that... I legally couldn't even tell you to drink water after a massage. We're not allowed to say that because then we're prescribing ...and we're not allowed to do that...

Biomedicine controls massage therapists when a client uses both biomedicine and massage therapy at the same time. Massage therapists have to tread carefully. While most approve of using biomedicine for some things, there is a feeling that biomedicine, specifically medication, is overprescribed and does not treat underlying causes of many problems. Coordinating care can be difficult if a doctor prescribes or orders something for a client that may limit or preclude therapy service. For example, Priscilla explained to me that she cannot practice on people taking painkillers because those clients cannot feel what she is doing and therefore cannot provide the necessary feedback that may prevent her from inadvertently hurting them.

Respecting the boundaries of biomedicine can mean a loss of income in these instances, and maybe more importantly, the loss of a chance to make a person feel better. Depending on what the client has, the massage therapist may need permission from the

doctor to practice on him or her. Both the client and the practitioner must respect and heed the doctor's orders because society has given the doctor this authority. If the practitioner is cautious about performing massage because of their client's health or condition, this can show how professional they are and how cautious and careful of their clients. This 'permission' is a way for doctors to maintain control, stagnating the growth of massage therapy. Priscilla told me that most doctors will not give permission. She had one client who was given permission and she made it clear that his doctor had his best interests at heart.

At the same time though, massage therapists offered several stories demonstrating how boundaries can be good for their practices. Thomas shared a story about a man who ended up having prostate cancer. Massage therapy was unable to help (before it was diagnosed as cancer) and Thomas acknowledged that what he was doing was not working and referred the client to someone else, the end result being a cancer diagnosis. This story shows how understanding and using "treatment" boundaries can provide a therapist a sense of satisfaction and pride in his knowledge and professional actions to refer the client elsewhere.

Rebecca described similar experiences:

... If someone comes in to you with a back problem like a herniated disk or they've got pain down their arm like numbness and tingling, you kind of want to be cautious too because you don't want to out step their boundaries. Like if someone should be getting an MRI... You don't want to be manipulating something that's going to be at a precarious point. So there will be times when I'm like, "You need to go to the doctor, first, see what's actually going on." And then, "Call me and let me know and then we'll book an appointment from there. Or if there's someone I'm working on [and] I'm just not seeing any results I've referred... One of the therapists I trade with does that [whatever modality she thinks the client needs but that she does not do] and I'll give them her number. That's when you've got to be really confident in yourself when you're giving your clients to like other people you know who are really good. You hope they're going to come back too but they're usually pretty happy that you

can refer 'em to somebody else too. They appreciate it. *Do you think that kind of shows professionalism?* Yeah... you do want to refer out if you don't know what you're doing ... It's just not professional if you continue working on someone that you're not able to help.

Like Thomas, she saw the boundaries as a form of guidance and not as restrictions. It is a part of her professional identity to recognize her own limits and the limits of what massage can and cannot. Emma shared a similar story:

I know that when I started practicing Thai massage on my client who I see every week, her neck cracked a few of the times that I didn't intend. Sometimes it happens when you give a massage, bones pop and crack and it's not my intention but it happens. It's like, all right, it was a self-adjustment. But in her case, it was enough where I was like I really think this is an issue; I really think a chiropractor would be good to consult. I didn't diagnose her, I didn't say, well, this is what I think your problem is, all I said was, your neck is cracking quite a bit. I know that you've had an injury there; I think it would be in your best interests to get it checked out. I'm not saying yes or no or whatever it is but I'm saying that I really think it would be advisable for you to get it checked out.

These stories and descriptions show how conscious therapists are about constructing the limits of their authority. They may have enough authority to say that there was or may be a problem but not enough to diagnose it. Notice, for example, how explicit Emma was about how she was not diagnosing. In both of these instances the massage therapist did not tell the client what the problem was but suggested other people or experts who might be able help.

Clearly a part of being a professional massage therapist is knowing your limits, diagnostic and otherwise. As Thomas said,

One of the things about being a good massage therapist is knowing where your limits are and where you are no longer benefiting the patient and it's just a waste of their time and money and they may need someone who is better equipped to help them whether it's a nutritionist or whether it's a doctor or a therapist.

It is also not a massage therapists' fault when they are unable to help someone directly as opposed to indirectly by referring them elsewhere. Priscilla says, ... I've had to learn lately is that people will come in with what they come in with. I'm not responsible for that so if they come in with a bad mood or if they come in with an attitude of I like my illness and I'm going to keep it, which some people do, I can only work with what they bring in... She is a professional but as a professional she is limited to dealing with what the client offers her to work with.

Engaging in self-critique

Some of my interviewees had a problem with the brevity of their education which constitutes a boundary or limitation on their therapeutic practice. Massage therapists construct themselves as having some authority or specialized knowledge based on their specialized education. Based on that education, their work is a profession deserving of respect and status. However, they themselves criticize their own minimal education while rejecting similar criticism from others. They are claiming their weakness and reframing in a way that might benefit the growth of the profession. Their self-criticism allows them to possibly restructure their profession by improving the training process. When "outsiders" criticize their educational requirements, it defines the profession as inadequate and unprofessional. Rebecca speaks to possible changes:

... there's a push in the field now to try and make it required to be more... I honestly think it should be a four-year degree in college. I think there'd be a lot more knowledgeable people out there. Start off with, like anyone, the two-year degree and then the next two years, like I did with Exercise Science, it should be all massage stuff. There's so much to learn. You could have full courses on just each modality. So because you go to a weekend seminar you're not going to master anything. You're barely grasping it when you're there and then you go home and you try to continue and learn it.

Thomas, in agreement, said

I think that that is a point of frustration for me as a [therapist], as an educator, is that a lot of what we're teaching is limited information in that in a perfect world, massage would be a 6 year curriculum. You know, marketing and psychology and kinesiology and all this other stuff that, it's important to have...

As long as their education can be criticized, the status of their profession cannot be as high as they feel it should or could be in the larger system(s) of medicine.

Developing a professional image within the traditional medical system could enable CAMs position themselves in the biomedical model. In trying to professionalize their practice, there is a “necessity of *being seen to be* professional as opposed to simply *being* professional” (Oerton, 2004b: 545, original emphasis). The difference between those two is perception. Massage therapists can *be* professional all they want but that does nothing for them if they are not *seen* as being professional. In our society, biomedical practitioners are professionals and massage therapists are a group trying to enter into that space of legitimacy. They cannot simply claim to be professionals; they have to employ the strategies that will boost their own professionalism such as adopting standard business practices, borrowing from biomedical practices, and so on, in order to be seen as professionals. Clarke et al. (2004: 332) believe that the strategies that are employed “are hallmarks of the professionalization discourse.” Massage therapists view it as their task to make others view them as professionals and to change the cultural (and historical) perceptions of what massage therapy is. What makes this complex is that at the same time they want to professionalize to be included under the health care label, they need to maintain their status as “alternative” and keep in touch with the accompanying beliefs. This necessitates crafting a hybrid professional identity linking the orthodox with the alternative.

Chapter 6: Crafting a professional identity of massage therapists

In this chapter I explain the “alternative modes of professionalism” employed by massage therapists. Massage therapists face “competing identity claims” (Foley, 2005: 183) where they need to be professionals in order to succeed. “Too much emphasis on the medical definition alone would undermined the reality” of being alternative (Emerson, 1970: 80). Oerton (2004b: 559) refers to this as “a double-bind situation” where the massage therapists are “attempting to avoid over-identification with both orthodox medicine and sex work,” trying to be professional without professionalizing (in the more traditional ways) to the point where they lose their alternative views and practices. They have to constantly negotiate their positions in order to not lean too far in either direction.

Massage therapists use specific forms of professionalism that may not be found in other professions. They have specific types of expertise and beliefs that they associate with being professional massage therapists. These techniques and beliefs show clients how effective and different (in practice and in belief) massage therapy is compared to other health-oriented professions. These techniques are effective because they function to give both clients and practitioners attention and care that they are not given by the biomedical system.

It is clear that while the massage therapists I interviewed do borrow some aspects from biomedicine, they also adhere to the transformative beliefs “at the heart of alternative health practices” (Johnston and Barcan, 2006: 26). Here I discuss the forms of expertise they use, specifically energy work, intuition, and seeing people as complex and whole selves. I also look at their use of emotion work, healing, and touch to facilitate their work. They also attempt to have very interpersonal and egalitarian relationships with their clients, even while maintaining some measure of “authority” in massage therapy.

Forms of expertise not commonly found in biomedicine

Working with energy

Johnston and Barcan (2006) refer to energy as part of a subtle body model.

In the subtle body model, subjectivity is understood to be comprised of matter-consciousness, usually termed energy, which is understood to be a constitutive element of mind and the physical body, as well as to exceed the corporeal self into the “space” between self, other and world (Johnston and Barcan, 2006: 29).

The concept of whole self will be discussed in the next section but for now, energy work is seen as depending on a whole and coherent body. The massage therapists need to be present within themselves in order to do adequate work but it is just as important for the client to do the same. Oerton explains that “it has to be recognized that therapeutic bodywork discourse tends to constitute all bodies as open energy systems” (2004: 312). Energy and working with energy is a prevalent theme that came up regularly in conversations with massage therapists. They all believed in the concept, though to differing degrees. For example, Meghan identifies it as light and protection:

I try to ask for the energy to protect the person, protect me and do only things for the good... It's like a little invocation. Maybe some people might be afraid to call it a prayer or we call it a chant or whatever, but I like to think about that before I start working on someone. ... Just kind of like open up the channels and hope that it's all for the good and it goes... *So do you practice well like energy work of some sort or?* I believe in energy work quite a lot and I believe in energy between everything... I think we're all energy. I think we're all beam of light vibrating at various levels.

Emma explicitly mentions that she practices Reiki⁹, which is a form of energy channeling and a very “alternative” and non-Western concept. According to Emma:

⁹ Reiki can be defined as “a Japanese technique for stress reduction and relaxation that also promotes healing... administered by ‘laying on hands’ and is based on the idea that an unseen ‘life force energy’ flows through us... Reiki treats the whole person including body, emotions, mind and spirit” (<http://www.reiki.org/FAQ/WhatIsReiki.html>, accessed March 23, 2009).

I love what I do and I also practice Reiki which is energy work and not a lot of people believe in everybody having an energy field. Everything is energy, the air we breathe and touching a table, wood is energy and metal is energy and you get different feelings from each one of them. There's fire, there's all of the elements. All of them have, all people, all objects, we all have different elements and there's something greater in this world than just us. And that's what I try to bring to my massage as well. I know that my technique can only carry me so far. There's something else to what it is that I do. And it's, that's why I say that I'm a conduit. There's some things that I can't explain that happen to a person during massage. They might have an emotional release. I'm just working on their shoulder and something just kind of happens and they feel great relief and that has nothing to do with me...

Emma also claims that "everybody does Reiki" so she is no different from any other person. She is just more aware of the energy and has a greater knowledge of the technique than others.

Energy is present everywhere, in everyone, in everything, and in everything we do. Everyone agrees it is there, it is similar in form but a concrete definition is elusive because everyone looks at it differently. Energy is transferred or wielded through touch, making touch a very powerful tool for the massage therapist. But it is a tool that requires certain conditions to be wielded efficiently and effectively. This is why knowing themselves and scheduling around their own needs is critical. Making sure that they have the energy to do good work for their clients contributes to their identity as a professional. Rebecca explained her take on energy:

...I don't specifically do energy work. I know there's people who do and I think there are some people who are gifted in that and they pick up on that. I don't... Because I come more from the anatomy, physiology side of it more, when I'm working on people I see muscles and... When I first started massage I didn't believe in energy work at all. The more you do [massage] the more you do see ...I mean your body is made up of energy ... I feel like every massage I do I try to be there for that person. I try not

to over schedule myself so I'm worn out. Because that's another thing, people can tell when you're worn out and your energy's low. And I've noticed that from getting massages from some people, where you're just like... In fact I did have an experience, [while getting a massage]... There were some problems like her husband's health and she came to work on me and I don't think she should have. Like she should have just said I can't handle it today. But it was the most long drawn out massage and I was like... I was almost angry at the end. I was getting a massage like I felt all this... And she actually does energy work... But it was very weird. Like she was just lethargic and like blah... she checked in and I was like "I need more pressure." If you have to say it more than twice about, I need more pressure... on the table you feel like giving up. I try to be very sensitive to people on the table, what it is they actually want. Because of getting massages I'm more aware of it.

In Rebecca's story she explains how she originally did not believe in energy but has come to accept it a part of her work even if she does not "practice" it. This notion of energy helps give meaning to massage therapists and facilitators of health. Rebecca had also been on the receiving end when another massage therapist had not had adequate energy leading to her being very aware of the role of energy.

Using intuition

Massage therapists use intuition to guide energy, fostering health by using their hands. Intuition can be defined as "a complex set of inter-related cognitive, affective and somatic processes, in which there is no apparent intrusion of deliberate, rational thought" (Hodgkinson et al. 2008:4). Elements of intuition include being instantaneous, non-verbal and non-conscious, and insightful (Hodgkinson et al. 2008). In short, intuition is based on feeling and reaction. For massage therapists, as with other alternative practitioners, intuition is "a salient source of authoritative knowledge" in their practice(s) (Davis-Floyd and Davis, 2008: 239). It is a form of knowledge or way of knowing that is not given credence by biomedicine because it cannot meet biomedical or scientific standards.

Gaskin (1996: 296), who is a midwife writes that “the subconscious mind is able to pick up signals too subtle to be perceived by the conscious mind, and that the mind can apprehend the gestalt, which may then surface in the form of an intuition, a hunch, or a dream.” Intuition comes when our subconscious minds pick up and use information that our conscious minds cannot see. Intuition relates to energy but is more physical. Intuition is the when, where, how, how much, and how long to touch. Unlike energy that is always present, intuition is developed with practice and experience and may be used to channel energy. Rebecca explains how intuition plays out in her work:

It [intuition] does play a lot. I mean you could be working on someone and you will feel different areas where it’s a lot tighter than normal, especially if you’re working on the same clients over and over. Like a new client will ask, “Oh, is that tight?” I’m like, “I don’t know, I haven’t worked on you before. You could just be that way. I mean, because everyone is... slightly different. And an intuition goes along with knowing kind of what the client’s feeling on the table. You can read body language if they’re comfortable, they’re nervous, they’re talking a lot. Some people its okay just let them talk and they’ll be more comfortable, because the silence is... uncomfortable for some people. But intuition in knowing too like, oh, it’s too deep, they’re flinching...*[question asking about a link between energy and intuition]* ...Having a good flow to the whole routine I think keeps the energy of it going as well. You don’t want to be jumping from one area to the next. That kind of breaks it up. Yeah. And intuition would be knowing when to back off, when to apply more pressure, when they’re hurting, certain areas you know to be careful. And there’s also a thing about being present in a massage, try not to think about what you’re going to make for dinner or...That’s another [thing], people can tell if you’re not there.

In her story, Rebecca demonstrates how her experiences have enabled her to “read” her client, and as a result helped her develop intuition. She also shows how she has learned to incorporate energy into her work. Practice is probably equally as important as formal education in massage therapy because that is where experience comes in and where intuition is able to develop, as Thomas claims:

And part of it is that comes with experience, that comes with practice, that comes with seeing hundreds of patients, reaching that level of sensitivity and also trusting that healing intuition if you will. That's something that you do develop over time. And not to say that I'm perfect, I do make mistakes but there are, I'm still learning. Hence, that's why it's called practice of medicine. So I do believe it is, it's inherent within, within massage to continue learning but it's also a place where you can take your experience and also apply that. I think that's what we call intuition, to apply that experience, into everyday situations based on what you've experienced in the past. *So would you say that a good massage therapist needs both practice and experience and also to have a well developed intuition?* ...intuition, it's like the whole thing with the yin and yang again where you have to take the logic of what you understand and, and use what you're feeling which is what we would call intuition. And being able to place that at the forefront of your practice is, and sometimes your intuition isn't always right so you have to admit that you're human and you're going to make mistakes and that next time you will be more careful when you, you walk down that path again so to speak. But, yeah I do think that there is an aspect that is intuitive and there's a practical application that's more scientific where you're using cause and effect paradigms.

Intuition goes hand in hand with knowledge. Intuition is developed from knowledge joined with practice/experience. As Meghan says:

... Training and technique are really only about 50% of what we do... The other is intent. And intent is built on intuition because you get feedback from someone.

Massage therapy is not just a practice; it is an instinct. Massage therapists have paid and been educated in how to channel that instinct in specific ways in order to help people.

The intuitive ability of an expert is derived in large part from the large numbers of patterns held in long-term memory... Expert's intuitive ability is also derived from their capacity to recognize salient environmental cues

and rapidly match those cues to commonly occurring patterns...
(Hodgkinson et al, 2008: 7).

This reflects what the massage therapists said: intuition is something that develops as they work on more and more clients. Eventually a massage therapist may not even need to think about performing certain touches; they may do them and attribute it to intuition. They may even conceive of it as a natural ability as Emma does:

When I was at massage school, I noticed that there are some people that they have to learn to be massage therapists, they have to learn technique and just kind of get it from scratch. Then there are other people who just kind of know what they are doing already they have that intuitive sense and they just kind of hone those skills while they're there.

Massage therapists also receive cues because they are tuned in to the client and the client's body and they pick up signals which they may not even consciously realize.

Intuition is "both spiritual and embodied" (Davis-Floyd and Davis, 2008: 254). It is listening to what their own 'inner voice' is saying. Intuition does not do much good if a person has too much self-doubt to trust and use their instincts. This is a process where the practitioners learn to integrate what they know, what they see, and what they experience to the point where they do not even have to think about it because they simply react (Davis-Floyd and Davis, 2008). Intuition could be considered a part of the whole self mentality in the sense that it requires knowing and listening to yourself and what your instincts say.

Viewing whole selves

The whole self mentality is one of the ways CAM practitioners distinguish themselves from biomedicine. As Johnston and Barcan explain, "[t]o generalize, the incorporation of factors other than physical symptoms in the diagnosis and treatment of illness is what distinguishes alternative healing therapies from orthodox modern Western medicine" (2006: 32). Klimenko et al. (2006: 259) explain that "[i]n holistic models, mental, physical, social, and spiritual components of health are not seen as distinct from one another but rather as understandable only in light of the individual's wholeness." Broom and Tovey (2007: 1032) claim that

[s]cientific evidence and biomedical treatment processes were seen to limit human agency, produce anxiety, and in extreme cases even induce death as patients choose to 'give up on life'. The imposition of the collective on the individual (or depersonalization) was viewed...as an unethical and ultimately counter-productive practice.

On the other hand, "alternative therapies often work indirectly, they seek to defeat disease by strengthening the whole person's resistance defense immunity" (Aakster, 1986: 268).

Holistic medicine, including massage therapy, adheres to the idea that medicine needs to encompass the entirety of people, spiritually, mentally, and physically. Medicine needs to stop "differentiat[ing] between matter and consciousness" (Johnston and Barcan, 2006: 30). Oerton describes how "[h]olism attempts to unify what is seen as the artificial splitting of conventionally distinct elements such as body, mind and spirit" (2004: 313). There is a perception that people are turning away from conventional medicine in part out of a desire to be treated as whole human beings, a concept that is at the very heart of message therapy. The general belief is that it is impossible not to treat the whole as "changes in this energy (in this subtle body) at any level- mentally, physically, emotionally, spiritually- will bring about changes to all other aspects of the individual" (Johnston and Barcan, 2006: 30). So by working on people through touch, massage therapists are viewing and treating clients as whole beings. They are, essentially, working on whole people. Meghan, Emma and Thomas provide insight:

Meghan: There's some sort of an adage or a doctrine around that says that ... the true measure of our age is our level of flexibility. And so if you can be flexible not just in your body but in your mind and in your emotions and in everything then you can take what life throws at you and kind of dodge it and you can do all of that, and you can live a really good healthy life.

.Emma: I still know the body is integrated within itself and I try to take care of everything else as well, to provide the best treatment possible... I passed anatomy and physiology but it's like, it's more about the whole and taking care of the body and the emotional and the spiritual self.

Thomas: Everything does interact with everything else and the psychology and the emotional and the physical and the spiritual are all interconnected... Western mode of thinking; here's a symptom here's a pill, here's a procedure. They're treating a symptom and not the underlying, what's causing that symptom is what's important so I think that that... 'practice evolves quicker than theory' because sometimes we don't know why it's happening, we just know that it works...

These massage therapists clearly explain the importance and efficacy of looking at a person as a whole, incorporating many aspects from the physical to the spiritual. There is interconnectedness between our bodies, identities, personalities, experiences, and our spiritual and emotional realities. In fact, our emotional states often manifest themselves physically, forcing us to deal with things from our past that we might have tried to leave buried.

Forms of emotion work/healing/caring not commonly found in

Biomedicine

Working with emotions and "emotional releases"

As can be surmised based on their belief in treating the whole person, massage therapists work on the physical body while also focusing on the emotional responses or "emotional releases" of their clients (as well as their own). According to Thomas "this happens maybe one in every 30 sessions and that's probably on average maybe, I don't know. I've never really statistically looked at it." "Emotional releases" occur when touch brings out emotional responses that may have nothing to do with a massage therapist or her/his touch. This relates to the role of massage therapists as facilitators and experts but not therapists who "cure." They know where and how to touch to "draw the poison out" to use a cliché. When emotions are silenced, they end up poisoning the body, allowing it to weaken and fall ill. An extreme example can be seen in Priscilla's story about her own breast cancer.

Priscilla: It [emotional releases] happens a lot in the SET work. I have one myself just about every time somebody touches me. I don't know why...

they say you stuff the feelings that you don't feel, won't let yourself feel, you stuff them up under your tightest muscle...when that [muscle] gets worked on, guess what comes out? All these emotions and they're truly just energy, emotion is energy in motion. So it's energy that's stuck here...Getting it out is the important thing so you don't carry it around anymore and I think my cancer was stuffed feelings that I wouldn't feel, that's what I think a lot of cancers are.

By facilitating emotional releases through their work on the physical body, massage therapists facilitate the movement of energy. Trieschmann (2001: 31) does not name this emotional release but she does describe how “there may be episodes of powerful feelings that are released but only because they have been suppressed for so long,” “hidden under the layers of our conditioning” to hide/ignore our feelings just as Priscilla believed happened to cause her cancer.

Massage therapists have to deal with their own perceived emotions, issues and inadequacies as they work with clients. Johnston and Barcan mention a major concept associated with this- “the patient enacts a transformation on the healer” (2006: 37). Massage therapy does affect practitioners because they are personally invested; they have exchanged or dealt in energy with that client; they have a relationship. Massage therapists act as “catalyst[s]—to help the body-mind to ‘remember’,” (Johnston and Barcan, 2006: 38) or simply as facilitators of the body's natural healing abilities.

The attitude that is needed to do the massage well is energetic, focused, and probably above all else, positive. This is part of the emotion work as well; therapists need to work on their own emotions as well as deal with their clients' emotions. For example, Thomas sees what he does as a “healing model” that is nurturing to himself:

when I'm having problems in my personal life, I look forward to working because it's an escape, it's here I am, I can give and I can be in this moment and that's nurturing to me as a humanist. Soul searching, it's a good thing...

In a way, the clients are providing a service for the massage therapists. If most massage therapists find it personally rewarding to help people, then the clients are actually providing a service of their own.

“Healing”

Massage therapists are divided on whether they are “healers” or not. The defining line seems to relate to a perceived difference between medical versus wellness massage even among therapists. However, because my sample is so small, I do not have enough data to comment definitively.

For therapists who did not identify with the term “healer,” the term reflects the non-professional nature of that label in our society. It also reflects the massage therapists' perceived role as facilitator. Massage therapists may perceive the term “healer” as putting them in the position of healing somebody. But they want people to work on themselves with their (the massage therapists) help. For those who do accept “healer”, the term is a reflection of being a part of an “alternative’ system. The following are two quotes that reflect both arguments.

Priscilla: ...yeah I do consider myself a healer...I’ve had a dilemma over the years back when I was younger and wanted to be that [healer] when I first got into massage and I wanted to be the healer kind of person. But I had bad habits, ... I always beat myself up for it because how could you be that and the whole thing about being a healer is that the healer has to heal themselves and that’s why I think a lot of people go into the healing professions...thinking about how for the longest time I just beat myself up and wouldn’t let myself be the healer, an I’m not good enough kind of thing. Only in the last 4 or 5 years maybe, and since I’ve had the tattoo [she has a tattoo that has meaning to her as a healer], but not right away, have I finally accepted that. And, and let it be ok that I smoke cigarettes or that I might still smoke a joint or something, you know what I mean? It’s like, it’s ok, I’m just still a person, still a human being, so I’m trying to learn to accept that and, and be that healer so that I can help other people. ‘Cause that’s [why] anyone who goes into healing professions. We want to help others. We all want to help others. That’s what we’re here for, to help each other and ourselves in the process. Sometimes it’s harder to help ourselves than to help others. It’s much easier to go fix, I say fix, but help

somebody else feel better but we're real good at that. You're broke so let me fix you even though I'm broke too. I can't fix myself.

Thomas: I use the term healer because I'm called a healer... I don't like that term to be honest with you. I have heard myself be referred to as a healer ... *What does the term mean to you?* To [me], healer goes back to you do the work and I receive. I don't like that model. I like the you and I are going on a little trip and we're trying to get to this destination. So I prefer facilitator.

Using touch

Emerson (1970: 76) makes the argument that certain touching can be problematic even for doctors “[b]ecause touching usually connotes personal intimacy,” and therefore inappropriate. Since the mythology about massage often focuses on sex, there is often a presumption that touch is about sex. Massage therapists disagree with and fight against that perception. Massage therapists believe in touch as a tool for promoting health. Four out of five of my interviewees worked or were educated in other fields before going into massage therapy. Most of them moved into massage therapy because they believed their work was not hands on enough in a holistic and helpful way to suite them. Thomas and Meghan express this well:

Thomas: Actually, it was my 3rd career choice. Prior to doing massage, I did physical therapy for 3 years and I tried different settings for physical therapy ... I found out that it wasn't as much hands-on, like physical hands on with the patient, with the rehab people and I wanted something that was a little more interactive, physically interactive. And one thing led to another, I met people who were in the massage field and I was real inspired by the people that I met and I went to school. I went to school for it and I loved it. Meghan: There isn't any kind of a medium that I have to pass through. It's like my hand on them is going to help them think about how their shoulder feels and I can move that so on and so on, so it's a very kind of hands on... And it's not like I'm sending someone home with a compression device that they're going to hook up to at home and hope that

if they use it every day and they do their homework and they do the stuff they're going to do, that their pain is going to go away...when I come back home from work I'm usually quite happy... It's something that gives me joy in knowing that someone else is going through their day a little happier.

This was the first career choice for only 1 out of the 5 massage therapists with whom I spoke.

Massage is all about safe touch. One of the reasons therapists love what they do is that they can literally touch people in a health-producing way, enabling people to assist in the process of improving their own well-being. This is something that still isn't embraced within the larger biomedical society. A good massage therapist develops a strong relationship with a client, joining together to build hope and health, although those terms are somewhat abstract. Thomas addresses this when he spoke about helping bring people back to their bodies so that they can work on other areas of their wholeness and wellness: The abstract nature provides an environment where a client can custom "build" hope and health that benefits them. Thomas speaks very clearly to the specifics behind the work of massage therapists; how they combine the different facets of massage in a way that empowers a client to seek better health. He identifies explicit types of practice: emotion and energy work, the power of touch and the use of intuition. Thomas shows how the "alternative" techniques and beliefs do not work separately, but are intertwined in this quote:

Sometimes what we do as massage therapists is we channel that scattered energy if you will so that they [the client] can focus on what's most important in order for them to deal with these perceived stresses. In order to come from somewhere where they can deal with that so what we're doing is bringing body awareness, bringing people back into their bodies.... I think we often live outside of our bodies because society tells us that that's what we should do. I don't think that we spend enough time just delving into our selves whether it's physically or psychologically or spiritually or emotionally. I think that the very act of massage, me putting my hands on someone, the laying on of hands as the Bible says, not to get

religious, but I think that's very symbolic as well. When someone reaches towards you, it automatically shifts the attention into that person where they're coming in to focus on you. So I think it's a gesture, with the laying of hands on someone, they are the focus for whatever amount of time that you're there with them and I think they need that ... Now I also do polarity, I also do Reiki, and those modalities are ... more intuitive in that even though you still learn a certain protocol and hand positions and things of that nature, you are still using your intuition or your ability to listen if you will to ... how you will apply those types of aids. And timing is different also, with those hand positions I may, my intuition may say to stay in a certain hand position for 15 minutes just because I feel like this is where the energy congestion is and until I feel like it's dissipated, it's facilitated. So those modalities are great for people who can't receive the deeper massage modalities ... Sometimes I'll end with some energy. I do believe that we're multi-layered beings, multi-dimensional even. I think that sometimes just laying your hands on someone can be very comforting, if let's say. For example, I have a perfect example for you, this isn't a case, it's actually just something that I was thinking about the other day that has happened in some way with some clients where I have a patient who comes in, let's say a random patient who comes in from a car accident, with whiplash, with a script, prescription from a doctor. And let's say I'm working with them and then after a while after several sessions I notice that I'm not getting the results that I'm used to getting with car accidents and I switch my technique to something more subtle, let's say energy work and a lot of times, what sometimes happens with these subtle energies, emotions come up. What we call emotional releases ... I'll tell the client 'what we've been doing hasn't been working so I'm going to try something different if you're open to it.' And typically I think they find it really relaxing, sometimes they'll fall into a very deep relaxation sometimes almost like a hypnosis type relaxation. And you hit certain parts, with this lady it was chest, I had my hands across her

respiratory diaphragm and she started having an emotional release and at that point the typical protocol is you should ask to continue, if they want to continue and she said ‘yes, it’s ok’ and she continued to cry and I got her some tissue and continued the hand position until she was done with it and then I continued using my intuition to follow different hand positions and, after the session was over, I asked her if she wanted to talk about it. I’m not a counselor so I don’t give advice but sometimes they just need to verbally release what they felt and she said ‘...I just experienced those emotions through the session.’ And after that session was through she was able to go through and release all her neck pain. So the fact that we’re not just physical beings, that we’re also energetic, psychological beings and things like that, I think that that’s the beauty of the energy work and the subtle modalities, that they create a space where people can, I don’t know if it’s relive, but those are traumas, energy traumas that need to be dealt with before they can heal. So I’ve encountered everything from physical abuse to sexual abuse, things that they had forgotten, they didn’t know why they were having emotional releases and sometimes, in a couple of cases, they started having dreams which is how I believe the body gets rid of emotional releases, is through dreams or nightmares, running, things of that nature that you just can’t escape, things like that. I think that’s how the body typically deals with it.

Approaching Clients as Equals

I have demonstrated some of the differences between massage therapy and the biomedical model. Massage therapists focus on the whole being; some biomedical practices may be aware of this mentality, but, other than some in the field of “family practice,” not many incorporate it into their work. Massage therapists focus on helping people, while the biomedical model, in general, seeks to fix or cure a particular ailment. Massage therapists construct and present themselves as equal to those whom they are helping to facilitate health.

One way they present themselves to clients is as people who continue the process of becoming whole and healthy in the same way their clients do. This presentation of self (Goffman, 1959) earns them credibility and respect; clients view them as experientially familiar, as a receiver, with the process. It grants them a sense of legitimacy. As Trieschmann, a psychologist, says, it is “immensely easier...if the professional who proposes to serve as a coach during this process has already embarked on such a personally transformative project as well” (2001: 28). Thomas offers his thoughts:

... I think a lot of being a massage therapist has to do with dealing with your personal demons first, and dealing with your own health issues first, because as I've said a million times to my students, in order to facilitate health, you have to be, you have to come from a place of health, right? ... and if you know anything about massage therapists, even if they haven't already told you, they're finding themselves out. They're in the process, maybe they're going to counseling or they've done retreats or they're taking yoga to help center. They know that it's a massage therapists' job to, is to understand that they are a work in progress as far as health themselves. And the quicker you understand that, that'll guarantee you won't talk down to your patients because you're also trying to be healthy.

Self-improvement is a humanizing aspect of their work. It puts massage therapists on equal ground with their clients, ensuring that one is not above the other because both are doing similar work.

Clients have to accept responsibility for their progress toward health. As Thompson (2003: 84) puts it, “the idealized holistic practitioner is a supportive guide who helps individuals discover their personal paths to wellness.” A practitioner has certain expectations of their clients. They need to be actively working with the practitioners, providing feedback and even doing other things (or even not doing certain things) to improve their own health. This pro-active stance suggests a clear shift from viewing the health seeker from a patient to a client.

Massage therapy ends up being a tool for people to use in self care. Therapists are the authority on massage but they are trying to maintain that authority even as they show people that they can be their own authority over their own bodies. Thomas delineates

what each person's role is: the massage therapists' role is to help and facilitate using their expertise, and the client is to take the new knowledge that has been given to them and to use it to make themselves better which is a form of empowerment. This is a contradictory place: the massage therapist does not have authority but they are an authority in setting expectations for clients

Chapter 7: Conclusion: Professional Identity of Massage Therapists

Kelner et al. (2003: 917) explains that "[p]rofessions grow when there are niches in the system into which they can grow. They change when other professions challenge them by threatening their control over particular kinds of work." Massage therapy has found a niche or a gap, stemming from the perceived problems of the biomedical system. To make a home for itself in this niche, it has to balance between what Emerson (1970) describes as "a dissonance of themes and counterthemes," the themes being the dominant discourse associated with biomedicine and the counterthemes being the 'alternative' professional identity massage therapists associate themselves with. In order to compete and grow as a "profession," massage therapists have professionalized and asserted a new form of competence that distinguishes their discourse from the dominant discourse.

The profession of massage therapy has developed around therapists' beliefs of what health care should be, their vision of professionalism. To my interviewees, it would be unprofessional and hurtful to their clients if they did not embody "alternative" principles and modes of knowing and being. This is consistent with previous literature on the clients (rather than on the practitioners) of alternative medicine. Richardson (2004: 1051) found that "themes regarding patients' expectations, desire for a therapeutic/ holistic approach from treatment, wish to improve quality of life, provision of information by caregivers, reduction of the risk of allopathic [biomedical] treatments, need for self-help advice, and accessibility of such treatments." Murray and Shepherd (1993: 987) also found that "unorthodox practitioners were most appreciated for their 'holistic' view of the patient's constellation of symptoms, personality and lifestyle." That reflects massage therapists' concern with treatment of the whole self rather than parts. People are aware of the problems with biomedicine. They are reacting to their lack of personhood or even their lack of authority in this discourse when they use "alternative" practices. Clearly massage therapists are meeting a need.

However, this existing need has not handed massage therapists a ready-made market for their expertise. As Foley found with midwives, massage therapists too "must

work at sorting out who and what they are because of their marginal status" (2005: 183). Massage therapists "must legitimize their own expertise and authenticity, must be simultaneously professional and alternative. [and] must navigate varied received categories of identity as they engage" in their identity work (Foley, 2005: 201). It is through this process that contradictions (such as the one between "alternative" and biomedical models) are balanced. This thesis has explored the practical and interpretive work massage therapists do in their individual practices to build a business.

"Whereas professionalization has traditionally been framed as a process of modeling after medical benchmarks in order to attain legitimacy and recognition, the literature on professionalization may need to be expanded to show how a new mobility project is being pursued in the 21st century to gain acceptance." (Villanueva-Russell, 2005: 557). My research shows the need to expand definitions of "professionalization" and "professional" beyond the traditional ones. Some groups, in this case massage therapists, do not adhere to traditional norms or definitions. New and aspiring "professionals" select some existing (traditional) business practices and useful techniques and combine them with practices used by biomedical professionals. For massage therapists, those include cancellation policies, intake forms, marketing practices, and basic etiquette. In addition, massage therapists also invoke a "natural" history, holistic logic, and unique forms of expertise which provide a framework for their "alternative" professionalism. Massage therapists live in a world that "contains multiple and often competing narratives of which few have anything near unanimous and historically consistent moral evaluations" where they must negotiate between professional notions of biomedicine, the needs and desires of their clients, and the philosophies they profess which come from "alternative" medicine (Loseke, 2007: 674). The massage therapists I interviewed combine competing narratives using traditional and "alternative" ideas of what is professional.

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