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**AN EXPLORATION OF PERSPECTIVES AND PATTERNS OF
COMPLEMENTARY AND ALTERNATIVE MEDICINE USE FOR
WELLNESS AMONG FINNISH AND ESTONIAN PEOPLE**

Master Thesis

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1. INTRODUCTION

Complementary and alternative medicine (CAM) has become increasingly popular with patients. People commonly choose CAM therapies independently of their primary care physicians. For example, a study of Australians found that more than 60 percent of participants in Queensland had self-prescribed CAM of one sort, or visited a CAM practitioner (Thomson, Jones, Evans & Leslie 2012). The strongest predictors of choosing CAM without doctor advice was being young and being female; the strongest predictors of getting doctor input before and after CAM therapies was being male and being in better (self-reported) health (Thomson et al. 2012). Evidence such as this implies the importance of understanding CAM uses.

The public is reasonably aware of major types of different CAM therapies. A 2000 survey in Britain found that the types of CAM that most people were aware of included acupuncture, aromatherapy, herbal medicines, hypnosis, massage, and yoga (Furnham 2000). Other types of complementary therapies include meditation practices and various energy healing therapies, including Reiki, Healing Touch, Therapeutic Touch, distance healing, and prayer.

A study in Scotland found that between 1993 and 1999 the percentage of people in the general population who reported using at least one complementary medicine increased from 29 percent to 41 percent, with significant growth particularly noted in aromatherapy, acupuncture, and reflexology (Emslie, Campbell & Walker, 2002). Most of the respondents found their use of complementary medicine either “very effective” (48 percent) or “partially effective” (36 percent) (Emslie et al. 2002). This study asked participants about their use of acupuncture, aromatherapy, chiropractic, herbalism, homeopathy, hypnotherapy, osteopathy, and reflexology. More recently, a meta-study of the use of CAM in 15 countries found that there was widespread use of CAM therapies across all 15 nations (Harris et al., 2012). In particular, CAM use in Australia (about half of the population, over surveys from 1993 through 2004) and the United

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States (just over one-third of the population in surveys from 2002 to 2007) was found to be especially consistent (Harris et al., 2012). It is clear from surveys such as this that CAM usage in a variety of modes is prevalent in the general population throughout large areas of the world.

1.1 RATIONALE FOR THIS INVESTIGATION

Many people looking for CAM therapies first go to wellness hotels or spas as sources of CAM therapies. Yet, what do the management and staff of such organizations believe about the CAM therapies offered there? Do they have an understanding of the effectiveness of these therapies? Do they believe they are effective irrespective of formal evidentiary support?

Despite the popularity of CAM therapies and practices, there is little in the literature that attempts to understand the motivations of the practitioners who provide these services. Few researchers have explored how CAM therapies are provided away from medical centers in institutions such as wellness hotels and spas. The present research attempts to better understand the patterns and perspectives of the practitioners in such non-medical centers where the therapies are not necessarily ordered by or supervised by a physician or other medical professional, although the practitioners are generally, but not always, licensed by governmental organizations.

1.2 THE APPROACH TO THIS RESEARCH

The approach taken in this study is one of identifying the appropriate patterns and perspectives of practitioners and the managers of spas and wellness hotels to the use of complementary medicines. Since this is at present unknown, a phenomenological approach guided by personal interviews presents the most appropriate method for the study. A phenomenological study is one that attempts to describe a phenomenon. That is the goal of this study: to describe the patterns and perspectives of the practice of CAM in spas and wellness hotels. It is hoped and expected that the descriptive results of this study can then be used to guide further research into this use of CAM in these environments. In addition to understanding how practitioners and their management perceives CAM therapies, this study will also address the question of how clients perceive the therapies they receive. Is the use of CAM in such venues primarily one of

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simply wanting to “feel good,” or is it intended by the clients to improve some aspect of their overall health and well-being? This question strikes at the heart of why clients go to this type of establishment for CAM therapies.

A key issue discovered in the course of doing the Literature Review presented in chapter 2 of this report is the nearly complete lack of studies done on this topic in the academic literature. That means that few researchers have tackled this problem and it provides an important motivation for doing this research. Since there is an apparent gap in the literature on this subject, it is hoped that this study will help fill that gap by providing documentation of the results obtained in this study.

1.3 THE STRUCTURE OF THIS REPORT

The structure of this study is based on a logical flow from problem identification to methodological description to presentation and analysis of results to a summary and conclusion of the overall study.

Chapter 2 of this report provides a review of the literature on CAM to understand the effectiveness of the CAM therapies.

Chapter 3 then makes use of the literature review to guide the generation of a problem statement for this study, as well as describing the importance of investigating this issue. This chapter also provides a detailed description of the methodology used in this investigation.

Chapter 4 presents the results of the study’s interviews including excerpts from the interviews conducted and a collation of the data resulting from the study. It then offers an analytical discussion of these results, identifying the emerging consensus from the data collection efforts.

Chapter 5 concludes the paper with a summary and presentation of conclusions drawn from the results of this study.

A list of references follows chapter 5, along with appendixes containing supporting material such as interview questions and copies of interview transcripts to support this report.

2. LITERATURE REVIEW

To better understand the issues involved in applying CAM in wellness hotel and spa environments, an extensive literature search was undertaken. The focus of the search was to answer three key questions. First, what CAM technologies have been studied and the results published in peer-reviewed journals? Second, what evidence exists that these CAM technologies provide positive patient outcomes, particularly in comparison to outcomes from more traditional allopathic medical treatments? Finally, are there studies available about the effectiveness of CAM treatments in the context of wellness hotels and spas?

2.1 METHOD OF LITERATURE REVIEW

In order to address these questions, an intensive literature review was undertaken. This literature review first attempted to answer the first two questions: which CAM technologies have been studied and what evidence exists that they work? To this end, an academic research library was searched using generic search terms such as complementary medicine and alternative medicine, along with search terms for specific CAM techniques including energy healing, Reiki, tai chi, prayer healing, acupuncture, and so on. Papers were limited to those published in the past 10 years. Because the number of available papers was so large, strong preference was given to those papers with specific data included in the paper as well as a cogent description of the methodology of the research reported. Even with these limits, the number of papers was too large to include all in this review, so those chosen were the ones judged to provide the strongest evidence for their results.

One key issue in considering these studies were that the researchers sometimes appeared not to have a good understanding of the concepts behind the various CAM techniques. Study protocols, particularly in those that provided weak evidentiary support, often established fairly hostile conditions under which the CAM practitioners were to work. For example, one study of energy healing had the practitioners work in

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busy, strongly lighted preparation rooms for an operating center. Noise, strong light, and lack of privacy are far from ideal conditions for energy healing work. Thus, one criterion used to identify original research studies for inclusion was the overall study protocol and whether it offered a fair opportunity for the CAM to succeed. In addition to these, however, high-quality meta-analyses were included to provide a larger scope for coverage than would be available looking only at individual research works.

One other aspect of CAM research that should be addressed is the relationship of CAM therapy research and the ‘placebo effect.’ The use of the term placebo in clinical practice is quite different than the use of the term in a randomised, controlled trial (RCT) in clinical research. The key difference is that in clinical practice, patients are not told they are receiving a placebo; in an RCT, however, they are told they *might* be receiving a placebo or non-treatment and that their therapist does not know whether what they receive will help them or not. Relton (2013) reported that these differences can lead to difficulties in recruiting participants for CAM research. Many people interested in participating in studies on CAM want and expect to receive an actual treatment—and drop out or don’t sign up once they realize they may not be getting that treatment during the study (Relton 2013). In the case of at least one homeopathic study, this also frustrated the therapists who found it hard to establish good relationships with their clients under this set of circumstances (Relton 2013). At issue in CAM therapies—which are often very personal in the sense that the therapist and the patient develop a strong, trusting bond that assists in making the therapy a positive experience for both—is what a CAM research study is really researching: how well the therapeutic CAM works, how well the individual CAM therapist is able to help patients, or how well specific CAM products (such as, say, specific herbal medicines) work (Relton 2013). CAM therapies and therapists often rely heavily on creating a solid therapeutic bond between patient and therapist. In many RCT designs, the mixed-messages produced by the usual individual informed consent process may well undermine that relationship and thus produce lower-than-actual results. This could happen, for example, because the patient’s faith in their therapist is undermined by the implicit messages that “as therapist I don’t know what treatment works best” and “I don’t even know if you’re going to get any treatment at all.” Those messages significantly undermine that patient-therapist trust bond. Relton discusses alternative ways of conducting RCTs that are less

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damaging to the bonds between CAM therapist and patient, but only in cases where there is a highly knowledgeable researcher who is sensitive to the ramifications of CAM therapies are these considerations taken into account in study designs. This is the key reason it is essential to understand the specifics of the research protocol in CAM studies to determine if the study design is inherently hostile to the CAM therapy or if it is designed to give the therapy and the therapists a fighting chance to succeed.

In addition to limiting the number of papers chosen for this literature review, a decision was made to limit the number of different types of therapies included. For example, there are dozens of different types of massage therapy (abdominal massage, hot rock massage, breast massage, deep tissue massage, Esalen massage, geriatric massage, and so on). Since massage has become well accepted by medical professionals, this entire group of CAM was excluded from this literature search except when combined with another included therapy (as in aromatherapy massage). In the case of energy healing, there are again multiple types, but since these are less accepted generally by the medical community, several of the major types of energy healing are treated separately: Therapeutic Touch, Reiki, Healing Hands, as well as having a general energy healing topic. The results of this literature review are provided in the following sections, organized by CAM type

2.2 ACUPUNCTURE

Acupuncture is a traditional Chinese treatment typically using needles to interrupt the flow of *chi* energy through the body and thus affect the symptoms experienced. Different versions of acupuncture are used, including using plain needles, needles with low-level electrical currents flowing through them (electroacupuncture) and acupuncture performed with lasers. Evidence has been growing that acupuncture is helpful in relief of pain and other symptoms. For example, Liao, Apaya and Shyur (2013) studied the impact of acupuncture and herbal medicines in relief of discomfort in breast cancer patients. Cancer therapies such as chemotherapy and radiation therapy can result in severe discomfort in patients. Using acupuncture and herbal medicines was thus tested to see if they resulted in improved patient comfort (Liao, Apaya & Shyur 2013). These researchers assessed the evidence to support a variety of common symptoms patients encountered in a comprehensive review of the literature. The results

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indicated that acupuncture reduced chemo-induced hot flashes by as much as 60 percent, as well as improving libido, increased energy levels, and greater mental clarity and well-being (Liao, Apaya & Shyur 2013). They also found acupuncture as an effective antiemetic for patients undergoing surgery, and that electroacupuncture combined with a conventional antiemetic was the most effective anti-nausea therapy (Liao, Apaya & Shyur 2013). Acupuncture and/or electroacupuncture was also found effective for pain control, fatigue, anxiety, depression, and insomnia, all of which are common side effects of cancer therapies (Liao, Apaya & Shyur 2013). Furthermore, the evidence of adverse effects from acupuncture therapy is extremely low—about five adverse events in every one million treatments; these are generally associated with inexperienced, poorly trained, or unlicensed acupuncturists (Liao, Apaya & Shyur 2013). The evidence for the successful use of acupuncture for a variety of symptoms including pain, nausea, fatigue, anxiety, depression, and insomnia is thus convincing. While the exact mechanism for relief is unknown, an fMRI investigation of acupuncture effect on neural pathways in patients with irritable bowel syndrome (IBS) indicates that the therapy alters the activation of the pain pathway in IBS patients (Chu et al. 2012). While this does not provide a complete explanation for the effectiveness of acupuncture, it does demonstrate that the therapy provides significant neural pathway changes in patients. Acupuncture has also been shown to be effective as part of sleep therapy treatment packages (Bentsalo, 2014). Given its wide range of applicability, spa services may choose to add acupuncture treatment sessions as add-ons for several different packages.

2.3 AROMATHERAPY

Aromatherapy provides patients with a “controlled use of plant essences for therapeutic purposes” (Posadzki, Alotaibi & Ernst, 2012, p. 147). While aromatherapy can be implemented in the form of baths, diffusers, inhalation therapies, or compresses, the most common use is in the form of oils used during massage sessions. Posadzki et al. (2012) assert that aromatherapy is now the second most common CAM in use today. The combination of aromatherapy and massage helps the patient absorb the essential oils of the therapy through the skin as well as by scent. Cole and Burt (2011) noted that this combination of therapies promotes feelings of relaxation, concentration, and

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reductions in tension. In addition, foot and hand massage improves blood supplies to the extremities and keeps them in good condition; for those with limited communications skills, massage also promotes improvements in those skills (Cole & Burt, 2011). Taavoni, Darssareh, Joolae and Haghani (2013) noted that aromatherapy massage treatments generated a statistically significant improvement in menopausal symptoms in Iranian women. Furthermore, these researchers were able to single out the effect of massage alone or aromatherapy massage and found that aromatherapy massage had greater improvements than massage therapy alone (Taavoni, Darssareh, Joolae & Haghani 2013). From a service design perspective, aromatherapy can be effectively used in conjunction with a number of other services such as yoga, meditation, and acupuncture to achieve greater therapeutic effects (Schweder, 2014).

One caveat with aromatherapy is that the essential oils used in the practice may have adverse reactions for some patients. Posadzki et al. (2012) conducted a review of reports of aromatherapy effects on patients and found that allergic type skin reactions was by far the most common adverse effect. This is because the essential oils used are in fact complex chemicals that may become toxic in high concentrations, and particularly so if ingested orally, and can in fact result in death. Posadzki et al. noted that one fatality was reported from the therapist encouraging a patient to drink wintergreen oil as well as have the aromatherapy massage. While Posadzki et al. had no specific report of aromatherapy used in preference to more conventional treatments, they did note that in such cases significant physical harm might result. Their recommendation was to balance the generally mild to moderate adverse effects of aromatherapy with its potential benefits (Posadzki et al. 2012). The evidence does indicate a useful role for aromatherapy, although that should be mediated with caution for potential allergic reactions.

2.4 ENERGY HEALING

Energy healing encompasses a variety of specific healing techniques, the most commonly used being Reiki, Healing Touch, and Therapeutic Touch. The latter two were actually developed by nursing staff as a way to improve patient outcomes. It is unclear what “energy” such energy healing techniques involve, though there is some evidence that weak magnetic fields surround energy healers (DiNucci 2005). One

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important element of energy healing is that as of 2005, no adverse effects of energy healing had been reported in the scientific literature (DiNucci 2005). The developers of Therapeutic Touch, discussed in more detail in section 2.4.3, claim that overloading the patient with energy may result in minor negative outcomes including irritability, restlessness, nausea, crying, or even an increase in pain levels (DiNucci 2005). It should be noted that because energy healing in general often operates on an emotional level, it is not impossible for it to release negative emotions in patients in intense sessions (DiNucci 2005). Potentially, however, the biggest arguments against energy healing are simply those of violation of belief systems (of practitioners and management) and a lack of a theoretical basis for how these energy healings actually heal. The following sections review the evidence supporting Reiki, Healing Touch, and Therapeutic Touch practices.

2.4.1 Reiki

Reiki is a specific form of energy healing that involves dealing with the patient's life energy, also called Reiki. It is based on an ancient Japanese healing practice updated for Western use (vanderVaart et al. 2009). While the underlying mechanism for Reiki and the specific energy it manipulates are not understood by Western medicine, there are ample studies that demonstrate its effectiveness. One of the most persuasive, both in terms of results and the careful study protocol used, compared Reiki in a study investigating its usefulness in addressing stress and depression. This is particularly appropriate for applicability to clients in wellness hotels and spas because stress is a common complaint of the clients there. Shore (2004) reported on a three-armed study in which one-third of participants received in-person Reiki healing, one-third received distance Reiki healing, and the remaining one-third received no Reiki healing, but a distance "placebo" healing in which nothing happened. All treatments were conducted under similar conditions with the patient lying quietly in a calm, private room. The participants, ranging from teenagers to those in their 70s, had a variety of disorders other than stress and depression, including multiple sclerosis (MS), mood and anxiety disorders, chronic fatigue syndrome, fibromyalgia, and nonterminal cancer (Shore 2004). The participants did not know whether they received actual Reiki or not, having been told that even a hands-on treatment may be a fake and those with no hands-on practitioner there may or may not have been receiving distance Reiki treatments. (In

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fact, all hands-on sessions were real Reiki sessions.) All participants received 60- to 90-minute sessions weekly for six weeks. Shore (2004) reported significant results in the improvement in all psychological measures for those receiving Reiki treatments whether or not the treatments were hands-on or distance healing efforts; the placebo group showed no significant changes in any measure after their fake treatment sessions. Even more significantly, the Reiki groups demonstrated ongoing improvements in the study measures for at least one full year after the end of the study, with the study measures continuing to improve over that period, while the placebo group showed no such improvements (Shore 2004). What is particularly interesting in this study is not only the persistence of the Reiki effect, lasting a full year or more after treatments stopped, but also that there was no significant difference at all between the group that received personal, hands-on treatments and those treated by Reiki practitioners as much as hundreds of miles away. Because SpaFinder projects that wellness therapy may be the next trillion dollar revolution, many spa service professionals recommend including wellness therapies such as Reiki in spa service packages along with energy medicine and even Traditional Chinese Medicine (Ellis 2014).

2.4.2 Healing Touch

Healing Touch was started in the 1980s by Janet Mentgen by drawing on a wide variety of healing traditions (DiNucci 2005). The goal of a Healing Touch session is to clear and balance the subtle energies of the patient's body. The most supported type of applications for Healing Touch includes stress, anxiety, pain relief, and general healing (DiNucci 2005). Healing Touch has been used in hospitals to assist patients with serious and painful conditions. MacIntyre, et al. (2008) studied the effect of Healing Touch therapy on patients undergoing coronary artery bypass surgery. Patients either had no intervention other than standard medical care, a partial intervention in which a nurse sat quietly with them for a specified time, and three Healing Touch sessions ranging from 20 to 90 minutes. The group with the visitors received the same number and duration of visits as the Healing Touch sessions. The results of this study did not improve pain medication usage but did show significant improvements in the Healing Touch group for measures of patient anxiety and length of stay in the hospital (MacIntyre et al 2008). Even more interesting, the study sparked enough enthusiasm in the nurses in the hospital that many requested and received training in Healing Touch to use in their

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practices. This latter result may be the most relevant issue for the current study because it implies that practitioners who perceive an improvement in patient results are motivated to extend and participate in the practice of that therapy.

2.4.3 Therapeutic Touch

Therapeutic Touch, like Healing Touch, was developed by Dolores Krieger, an academic, and Dora Kunz, an energy healer (DiNucci 2005). This is more complex system than Healing Touch, in which the practitioner must first clear his or her own energy field, then assess the patient's energy field to identify imbalances. Once those are identified, the practitioner clears the energy field around the patient, then directs healing energy to any location that needs assistance and healing (DiNucci 2005). The session ends when the practitioner senses that the patient has received enough healing. (DiNucci 2005). The evidentiary support for Therapeutic Touch is fairly weak, with only about three studies out of five showing significant differences from placebo or control groups (DiNucci 2005). A review study of Therapeutic Touch's effectiveness with cancer patients, however, considered a dozen studies of varying size and quality (Jackson et al. 2008). Many of the studies showed moderately significant positive results for Therapeutic Touch, though in others there was no statistically significant improvement. The greatest impact seemed to be patient overall comfort, reduced anxiety and stress, and improved relaxation (Jackson et al. 2008). Thus, the most appropriate applications for Therapeutic Touch appear to be in areas of pain control, and anxiety and stress reduction.

2.5 MEDITATION AND PRAYERFUL HEALING

Two very commonly used CAMs are meditation and prayerful healing. Both these use changes in mental states to try to effect changes in the physical body, or the physical body of someone else. A number of studies on meditation and prayer have been conducted with generally good but controversial results. Of these two modalities, meditation is much less controversial than prayerful healing in the scientific community.

2.5.1 Meditation

The process of meditation of any sort involves entering altered states of consciousness that involves changes to the brain functioning, often changing the pattern of electrical signals generated by the brain, generally by slowing down the signals in a manner similar to that of entering sleep states. Jindal, Gupta and Ritwik (2013) reported that meditation generates significant physical changes in the physical body (not only the brain) including beneficial enhancements to the immunomodulators—thus improving the body’s immune system—decreases in heart rate, blood pressure, and respiration rate, increases in serotonin levels in the urine (and presumably also in the brain) which in turn increases dopamine neurotransmitters and thus leads to feelings of bliss or euphoria, and improvements in cognition, concentration, and memory (Jindal, Gupta & Ritwik 2013). A recent meta-analysis of meditation—specifically mindfulness meditation—focused less on clinical results but instead on measures of overall psychological results including positive or negative emotions and emotional regulation, stress, well-being, and other similar concepts (Eberth & Sedlmeier 2012). This review is more applicable to the issue of perspectives of CAM in spas and wellness hotels than more clinically applied research. Eberth and Sedlmeier found 39 studies that met their criteria in terms of size, quality and focus and that used a mindfulness meditation as the intervention technique. After review, Eberth and Sedlmeier concluded that mindfulness meditation was most powerful when combined in Mindfulness Based Stress Reduction (MBSR) program, which included psychoeducation and other interventions as well as the meditation itself. However, positive results were found for a variety of measures including anxiety, attention, cognition, personality traits, positive and negative emotions, and self-concept among others (Eberth & Sedlmeier 2012). Overall, meditation by itself has been shown to have significant beneficial effects on the brain and the body, making it a positive CAM practice. From a service design perspective, spa professionals recommend that environments in which meditation is practice should allow individuals to become completely immersed in the experience with a lack of noise and a high level of comfort in order to help ensure that the beneficial effects of meditation can be achieved (Tseng & Shen 2014).

2.5.2 Prayerful Healing

Finding quality studies on prayerful healing can be challenging because developing a study protocol that makes sense is very difficult. It is not sufficient to have hospital patients put into “prayer” and “no prayer” groups because it is impossible to stop family and friends (and the participants) from praying for the patient. There is also no way to know how much, if any, such extraneous prayer is provided participants. Furthermore, there are issues of religious belief: would a strict Catholic appreciate and respond to prayer from a Muslim or a Buddhist? Would an evangelical Protestant want prayers from a Jew? The difficulties of sorting through all these issues make developing a quality study very hard. Also, there are different types of prayer, though the most relevant for a healthcare practice is that of intercessory prayer. According to Narayanasamy and Narayanasamy (2008), intercessory prayer is when one person or group prays to improve the well-being of another person or group. These authors also point out the importance of addressing patients’ spiritual health as well as their physical and mental health (Narayaasamy & Narayanasamy 2008). Andrade and Radhakrishnan (2009) noted that prayer may well be a specialized form of meditation, so that similar effects as those from meditation may well occur. Prayer, however, is complicated by the degree of belief—an element extremely hard to measure. In addition, there are issues of determining whether improvements result from spontaneous remission or instead by divine intervention—and how can those be distinguished (Andrade & Radhakrishnan 2009)? These difficulties have often resulted in mixed result in studies, though with caveats about whether study protocols properly controlled for the above factors. One study, however, provided a way of avoiding the whole issue of religion, belief, and non-study-related prayers. Lesniak (2006) conducted a study using bush babies, small nonhuman primates, which tend to be highly stressed in captivity, resulting in excessive grooming behaviors and open sores. Lesniak used this set of participants as a way to eliminate non-study-related intercessory prayer—probably no one outside the study prayed for bush babies—and to avoid the factors of degree of belief and clashes between belief of praying groups and patients. All prayer was done from a distance—the prayer groups never actually saw any of the animals in person—and each prayer group had a specific animal to pray for, including photos of the animal, each of which had open wounds that were not healing because of the animals’ constant grooming and

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picking at the wound sites. The caretakers for the bush babies did not know which animals were being prayed for and which were not; all animals received similar wound care for their injuries. The prayer groups were asked to pray for the healing and well-being of their animal (Lesniak 2006). In addition, independent observers—also unaware of which animals were being prayed for—separately assessed the level and frequency of stress-behaviors of all the animals in the study to identify the level of those behaviors before, during, and after the study interventions. The results of this study strongly supported the effectiveness of intercessory prayer by finding significantly improved wound healing in the prayed-for animals compared with those not prayed for, and the independent observers noted significantly lower levels of stressful behavior in the prayed-for animals compared to those not prayed for (Lesniak 2006). The careful and clever study protocol of this study provides strong evidentiary support for prayerful healing as a viable source of both physical healing and stress reduction.

2.6 TAI CHI

Tai Chi is a martial art form practiced by all ages at varying levels of speed. When practiced by the elderly with slow, moderate motion the movements take on the flow of dance. When practiced in competition it becomes fast-paced and challenging. The essence of Tai Chi is controlled gentle movements combined with deep, diaphragmatic breathing (Uhlir 2012). Like yoga (discussed in section 2.7 below), Tai Chi involves both mind and body. Uhlir noted that patients with rheumatological diseases often are prescribed exercises to do, but motivating patients to actually do those exercises is difficult. The idea behind Tai Chi for such situations is to offer a form of exercise that is doable yet beneficial even for patients with rheumatological issues (Uhlir 2012). Because it requires no external equipment, it is an exercise practice that can be easy to do for anyone. Even though it is a form of physical therapy, Tai Chi is a particularly low impact therapeutic solution and does not require the sort of medical waivers and precautions that other physical therapy solutions requires (James & Bryant, 2013). This may make it an attractive option for many therapist and practitioners who wish to include physical therapy solutions in their service design. While Tai Chi may be helpful for a variety of physical ailments, the most studied conditions are osteoarthritis and rheumatoid arthritis. Results have been particularly positive for those with osteoarthritis

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in the knees, enough so that it is now a recommended therapy for patients with that condition (Uhrig 2012; Lauche, Langhorst, Dobos & Cramer 2013). Although the evidence for its benefit is less clear for other conditions, it appears to be safe and useful for rheumatologic diseases if the traditional forms are adapted based on patient limitations (Uhrig 2012). Overall, Tai Chi appears to be moderately effective for patients with arthritis-type of problems, particularly in their knees.

2.7 YOGA

Yoga is one of the most used CAM therapies for a variety of physical and mental health issues. In addition to its usefulness in orthopaedic and structural issues, it is increasingly used for those with mental disorders ranging from stress and depression to autism spectrum disorders and schizophrenia. In the areas of physical disorders, yoga is used for such disorders as diabetes, hypertension, and atherosclerosis (Gangadhar & Varambally 2011). Many people use yoga less to combat existing conditions but more to assist them in maintaining and optimizing their health (Gangadhar & Varambally 2011). Complicating this usage, however, is that there are a wide variety of types of yogic therapies, and few guidelines to determine which practice is most appropriate for a specific patient or a specific health issue that should be addressed. In addition, while yoga is often cited as lacking side effects (especially in comparison to allopathic and psychoactive medications), the fact is that certain types of practices involve meditation—probably not a good idea for the schizophrenic—or breath work that might be contraindicated for those with epilepsy or pulmonary challenges, and other similar constraints (Gangadhar & Varambally 2011). Like Tai Chi, yoga is a physical therapy that is low impact and, thus, does not require the sorts of precautions that most physical therapies do. This makes yoga a great option for practitioners seeking to incorporate alternative physical therapies into their service design. Significant success using yoga as a therapy has been reported ranging from improved responsiveness in children with autism spectrum disorder (Radhakrishna, Nagarathna & Nagendra 2010), improved postural stability in schizophrenic patients (Ikai et al. 2013), and greater stress relief and reduced executive tensions in high-level business managers (Ganpat & Nagendra 2011). These studies and results are characteristic of the results in yoga studies, implying its general usefulness for individuals with a broad variety of disorders, stress, and physical

ailments, in addition to helping those who simply use yogic practice to improve overall health and prevention of disease.

2.8 SUMMARY OF LITERATURE REVIEW

The studies presented here are, of course, the tip of the iceberg for papers covering CAM. The subject is sufficiently large as to make an all-inclusive presentation impractical. However, a number of general conclusions can be drawn from the available evidence. First, there appears to be significant or at least indicative evidence supporting the effectiveness of virtually all the therapies discussed in this section. The most common areas of success include mood improvement, anxiety and stress reduction, pain control, and osteopathic and rheumatoid conditions. Some of the therapies, such as aromatherapy, have potential adverse effects that need to be considered, such as potential allergic reactions to the essential oils used in aromatherapy massage. While the evidentiary level is not overwhelming, it is strong enough to encourage the use of CAM therapies and practices.

In terms of the current study, few or no papers were found that directly addressed the perspectives and patterns of use of CAM in wellness hotels and spas. Given the growing popularity of these facilities with the general public, this lack of attention in the research community points out a significant hole in the evidence that deserves attention. While CAM therapies of all kinds deserve additional investigation, the use of CAM in spas is an area that is even more worthy of investigation.

Perhaps the key limitation of the studies on CAM therapies, both in the review analyses and in some of the individual research reports, is a fairly low quality of research study. Though the individual studies reported here were the best quality identified, many individual studies, particularly older ones, tend to have significant problems in terms of research design or reporting. For example, vanderVaart, Gijzen, de Wildt and Koren (2009) analyzed a dozen studies of Reiki's therapeutic effect and found that 11 of the 12 had poor design quality either from lack of randomization, lack of being a blind study, or poor quality reporting of results. The issues of creating a CAM-sympathetic RCT, as noted earlier in this literature review, mean that relatively few CAM studies

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meet the highest quality of evidence. Thus, the relatively low quality of studies in CAM research is one of the consistent downfalls of research articles in this field.

The following section of this report provides an overview of the specific problem statement for this study and the methodology used to conduct this research.

3 PROBLEM STATEMENT AND METHODOLOGY

This section gives an overview of the specific research problem addressed by this study, and the methods used to execute this research. A brief theoretical overview of the problem along with a rationale for why this was chosen follows. Next is a specific statement of the research question. General issues that impact the effectiveness of this study appear next. This is followed by a detailed description of the methodology used in this study, including a discussion of the theoretical basis and rationale for choosing the methods used, presentation of the materials used to guide the qualitative interviews, and details about the sample of participants and how those were chosen. Data collection methods are next described, followed by specific methodological issues with the methods chosen are discussed next. Finally, this section concludes with a brief summary of the problem statement and methodology of this study.

3.1 THEORETICAL FRAMEWORK

The basic type of research conducted in this study is that of qualitative interviews designed to elicit personal opinions and attitudes toward CAM therapies. More specifically, the theoretical framework chosen for this study is based on an ontological philosophical underpinning (Creswell, 2013). In an ontological approach to a research question, the issue is one of understanding reality on the basis of multiple viewpoints. For this study, the multiple viewpoints derive from the participants, who come from two countries (Finland and Estonia) and different types of facilities, both medical wellness facilities and spa-type facilities. The goal of this study will thus be to come to a conclusion about a shared reality concerning CAM therapies.

Using this philosophical approach, the theoretical framework is one of social constructivism (Creswell 2013). In this type of qualitative study, multiple perspectives of the topic are elicited and honored via an inductive process in order to generate an emergent consensus of the subject.

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This theoretical framework leads to a basic study design that consisted of open-ended interviews with a variety of stakeholders in CAM therapies, including CAM professionals, medical professionals involved in CAM medical facilities, and CAM patients in order to understand how CAM is perceived by those most involved in its application. These interviews provided a variety of viewpoints that could then be assessed to identify emergent attitudes toward CAM.

3.2 STATEMENT OF PROBLEM

The problem addressed by this study is one of understanding the attitudes of CAM practitioners and CAM clients to CAM in order to gain their perceptions of how it works for them, and how accepting they are of these therapies. In particular, the research questions addressed by this project are:

- What are the attitudes of CAM professionals toward CAM therapy, including perceptions of its effectiveness?
- What are the attitudes of CAM patients toward CAM therapy, including perceptions of its effectiveness?
- Is there any difference in either of the above results between those participants based in Finland and those in Estonia?
- What differences exist in attitudes between medical facility professionals and spa facility professionals?

Ultimately, the emergent information developed in this data collection process can be used to identify how to appropriately promote the use of CAM therapies and make them more acceptable to both the medical profession and the general public.

3.3 ISSUES IN THE INVESTIGATION

Several issues are involved in this investigation, including various biases that may be elicited. First, the medical professionals included, despite working at facilities that offer some CAM therapies, may have a professional bias away from CAM and toward more traditional medical treatments. Both spa professionals and medical professionals may also have significant bias toward their type of facilities as being the optimum location for CAM therapies to be given. And the clients who participate in the survey are those

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who have already chosen, for whatever reason, to experience a CAM therapy. So there is likely an overall bias in favor of CAM therapies in all participants.

While this bias almost certainly exists, it is not an overwhelming issue because the research question is not about whether CAM therapies themselves are good or bad, but rather how CAM therapies might be made more acceptable to the public and to the medical profession. While clearly an issue of effectiveness is of concern, the literature review revealed that there are substantial studies that already document that CAM therapies have at least modest beneficial effects for certain types of conditions.

Thus, the key analysis issues in this study entail identifying and compensating for participant bias either for or against CAM promotion.

3.4 THEORETICAL BASIS OF METHODOLOGY

The general method chosen for this study is that of guided interviews of CAM professionals, combined with a written questionnaire of CAM clients. Participants were a convenience sample of both CAM professionals and CAM clients in two nations, Finland and Estonia. In addition, the CAM professionals included both medical doctors, some working in medical centers, and spa hotel managers, only some of whom have medical degrees.

The method chosen for this study was to conduct face-to-face interviews of a variety of individuals associated with CAM therapy. Interviews that rely at least somewhat on open-ended questioning have been shown to reveal the actual preferences of those interviewed (Stokes & Bergin 2006). The interviews in this study included therapists and managers of wellness hotels and spas in both Finland and Estonia. In addition, separate surveys of selected clients of two of the facilities were conducted to determine client expectations and attitudes toward CAM therapy. Appendix A provides a general overview of the types of questions asked in these interviews, with Section A.1 reviewing the questions asked of CAM professionals, and Section A.2 reviewing the questions asked of CAM clients.

3.5 SAMPLING AND PARTICIPANTS

Table 1 provides basic identifying information about the participants in this study. Participants chosen were a purposeful convenience sample who agreed to be interviewed on this topic. The goal in identifying potential participants was to include a variety of types of opinions by sampling from both wellness hotels or spas and rehabilitation centers, while also sampling from both Estonia and Finland. A total of eight CAM professionals were interviewed, five from Finland and three from Estonia. In each country, the CAM professionals were divided between medical professionals, i.e., those who primarily work in medical or rehabilitative centers, and spa or wellness hotel managers of their CAM facilities. In addition to the CAM professionals, a total of seven CAM clients agreed to be interviewed, including four from one spa facility in Finland and three from one facility in Estonia.

Table 1. Participant Information for this Study

	Estonia	Finland
CAM Professionals	<ul style="list-style-type: none"> • Medical Dr. JV • Medical Dr. MJS, chiropractor and osteopathic physician • Manager T, medical spa hotel manager 	<ul style="list-style-type: none"> • Medical Dr. AK hospital neurologist and rehabilitation ward • Medical Dr. TR, Health center. • Dr. FB, chiropractor and sports specialist. • Manager K, medical day spa manager • Manager L, spa hotel manager
CAM Clients	<ul style="list-style-type: none"> • 3 clients from a spa in Estonia 	<ul style="list-style-type: none"> • 4 clients from a spa in Finland

3.6 DATA COLLECTION AND ANALYSIS

The interviews with the participants were conducted face-to-face, over a period of approximately two to three weeks in April 2014. Interviews were taped, and then transcribed into English for the purposes of this report. A copy of the English transcriptions of the interviews is provided in Appendix B of this report. Interviews were conducted face to face for the CAM professionals. Interviews with CAM clients

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were conducted by a paper survey, distributed by the cooperating spas, one each in Finland and Estonia, and then returned to the researcher. No identifying information was asked of the clients in the questionnaires.

Data analysis of the interview and survey data was conducted using NVivo for Mac (beta version) qualitative analysis software to encode and organize the data collected. The results of this analysis are provided in the Results section of this report.

3.7 METHODOLOGICAL ISSUES

Several issues are clear in the description of this study process. First, the sample of participants is very small, only eight professionals and seven clients. Second, the sample is purposeful rather than random. The intention behind making this choice was to obtain as broad a selection of opinions from CAM professionals as possible. However, this also means that all participants have at least some degree of acceptance of the ideas behind CAM or they would not be working where they are working. The same consideration is true of the clients surveyed: They must have some degree of CAM acceptance or they would not be clients of a CAM facility, taking CAM treatments.

Clearly, therefore, this sample is one biased in favor of CAM therapies. However, with the goal of the study being to better understand how to promote CAM therapies to the public and to medical professionals, this group seems well positioned to offer ideas on how CAM acceptance can be improved. The themes and trends identified in the responses of these participants may offer novel suggestions on how best to promote CAM therapies.

3.8 SUMMARY

The problem addressed by this study is one of understanding the attitudes of CAM practitioners and CAM clients to better understand their individual perceptions of how effective CAM works for them or their patients. In addition, the study should identify the degree to which these therapies are accepted by both patients and practitioners. The methodology chosen is a set of guided, open-ended interviews with CAM professionals in two countries, Estonia and Finland. A total of eight professionals, including both

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medical professionals and spa professionals, were included in these interviews. In addition, a separate survey of selected clients of two of the participating organizations was conducted to determine client attitudes toward CAM therapies. The ultimate goal of the study is to identify how to promote CAM therapies in order to make them more popular and more accepted both by the medical establishment and by the general public.

4 RESULTS AND DISCUSSION

This section presents the core of this report, specifically the results obtained from the data collection efforts described in the previous section, along with an analytical discussion of that data.

4.1 RESULTS OF STUDY

The data collection effort began with face-to-face interviews of CAM professionals at several sites in Finland and Estonia. These professionals offered their candid opinions about CAM. As noted earlier, the professionals included a mixture of both medical doctors and spa managers from both countries. In addition, one spa in Finland and one spa in Estonia agreed to allow surveys to be distributed to their clients who had the option of returning them or not as they pleased. A total of seven surveys were returned, four from Finland and three from Estonia. In the first part of this presentation of the research results, a summary of the results of the professional interviews will be provided. That is followed by a presentation of the results of the client surveys.

The interviews and the client surveys were analysed using NVivo for Mac (beta version). The transcripts of the interviews were encoded into a collection of themes (“nodes” in NVivo terms) that could be assessed to determine trends and consistencies across the responses.

4.1.1 Results of Interviews with CAM Professionals

The interviews included five medical doctors, three from Finland and two in Estonia, plus three spa managers, two in Finland and one in Estonia. Based on the interviews with these professionals, the frequency with which CAM therapies are made available to patients or clients is strongly dependent on the degree and type of medical training. This did not vary much by country.

A first consideration is what type of patient or client is interested in CAM therapies. Virtually all the respondents agreed that the most open to these treatments were women,

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though several respondents noted that interest among men was increasing significantly. This response was true of both the medical doctors and the spa managers. Typically, the medical facilities treated all adults of any age, and some had about equal numbers of men and women. Only two facilities in this group treated children. Nearly all required clients to be at least 18 years old, though one allowed individuals at least 16 years old. Children were only allowed in the medical facilities for Dr. FB (Finland) and Dr. MGS (Estonia). Interestingly, other medical facilities did not treat children, including the traditional rehabilitation center for Dr. AK (Finland). In terms of the age range of adult clients, while all at least 18 years old were welcome, the more typical client was found to be females over the age of about 40 to 45. As might be expected from the locations of these facilities, the clients also tended to be from Estonia, Finland, Scandinavia and, in one case, Russia. One facility, from Dr. MJS (Estonia) claimed clients came from “all over the world.”

The economic background of the clients for CAM therapies is also interesting. Nearly all except open hospitals—were presumably some type of insurance or other third-party payer covers the bills—found that their clients were at least middle class, and several stated their clients tended to be in the upper income brackets. More than one of those interviewed noted that insurance coverage (or the lack of it) was a driver for CAM therapy acceptance, and that one reason some clients did not accept CAM was an ongoing series of treatments that would simply cost more than was affordable. At least one spa manager noted the importance of government support to enable CAM therapies to be universally available.

Among the traditional medical doctors, when asked how often patients get referred for CAM therapies of any type the responses were:

“not so often, except for some of the cancer patients” (Dr. JVM, Estonia, a general practitioner in a hospital rehabilitation ward)

“not often, in this kind of hospital setting, patients come here for more traditional medicine” (Dr. TR, Finland,)

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In more complementary medical doctors (chiropractic or osteopathic), the responses were quite different:

“30-40 percent of the patients I have treated have asked my opinion and the trend is increasing.” (Dr. TR, Finland, medical doctor at a health center)

“All our clients are here for CAM treatments” (Dr. FB, Finland, chiropractor)

In other words, doctors practicing traditional medicine at traditional hospitals do not often get requests or refer patients to CAM therapies. Why is this? Another question asked doctors to explain their rationales for using or not using CAM therapies. Two doctors had clear explanations for why they do not regularly refer patients to CAM therapists.

“I’ve had almost zero formal training on [CAM]. I’m aware of it through my research interests, but that is not much.” (Dr. TR, Finland)

“...in this kind of setting patients come here for more traditional medicine...As a rehabilitation ward of course we have our own professional team, i.e., physiotherapist who rehabilitate our patients and also a good team of other professionals, we get good results and so we feel no need for more intervention.” (Dr. AK, Finland)

Yet when asked about openness to using CAM therapies, Dr. AK insisted that:

“Yes, it’s an ongoing debate at the moment and a majority of the team of doctors and other team members are open to trying out CAM, although it might take a while before we have fully trained CAM providers here.” (Dr. AK, Finland)

As might be expected, the spa managers had no problems with referring people to CAM treatments. Instead, their key question was for what purposes they believed their clients agreed to receive a CAM treatment. Only one of the four spa managers commented explicitly on the reasons clients took these therapies. This manager said the clients used CAM primarily for “preventative measures and [to] enhance their wellness.” (Spa Manager K, Finland).

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Table 2. Types of CAM Therapies Offered or as a Referral Therapy

Therapy (For medical doctors this means the type of therapies the doctors referred patients to; for spa managers, the types of therapies their spa offers to clients. An X means a referred or offered therapy; a P means the therapy is one of the most popular in that facility.)	Dr. FB Finland	Dr. TR Finland	Dr. AK Finland	Dr. JVM Estonia	Dr. MJS Estonia	Spa Mgr. L Finland	Spa Mgr. K Finland	Spa Mgr. T Estonia
Acupuncture	P	P	X	X	P	X	P	P
Ayurveda						P	X	X
Chinese Herbal	X			P		X		X
Chinese Therapeutic Massage								
Chiropractic	P	P		P	P	P	X	P
Clinical Nutrition						X		
Energy Healing								
Homeopathy	X			X	X			
Meditation						P	X	X
Naturopathy				X	X			
Osteopathy	X							
Reflexology					P			
Reiki					P		P	
Shiatsu						X		P
Tai Chi							X	
Western Herbal				X				
Western Therapeutic Massage							P	
Yoga						P		X

Another key question involved what specific types of CAM therapies were available or and/or the types of CAM treatments medical doctors referred patients to. This information is shown in Table 2. For medical doctors in facilities that do not directly offer CAM therapies, this table indicates what therapies the doctor or facility refers its patients to as needed. For spa manager, the table notes the therapies that are offered and favorites with their clients. In the Table an X means the therapy is offered by that

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person's facility, and a P means the therapy is one of the most popular ones either to refer patients to or that is offered by the spa.

Table 2 makes clear that by far the most common CAM therapies offered or referred to are acupuncture and chiropractic, and these are also available at every facility. Only Dr. AK (Finland) who works in a traditional hospital and rarely refers anyone to CAM therapies does not refer for both acupuncture and chiropractic. (Dr. AK noted that physiotherapists in her facility "occasionally" referred stroke patients for acupuncture.) Other fairly common CAM therapies included Chinese herbal medicines (at four locations), Meditation (at all three spas), Ayurveda (also at all three spas), and homeopathy (at three of the medical doctors' facilities). Energy healing is included in this table because it was a response from clients in the client survey. Reiki is a form of energy healing.

When asked where CAM therapies should be provided, in a medical facility or in a spa, as might be expected, the split was mostly along professional lines. Medical doctors either preferred a medical setting generally or suggested that the competency of the practitioner was more important than setting. Two of the Finnish doctors (Dr. TR and Dr. FB) noted that the ambiance of a spa setting may be more conducive for the relaxation type of therapies such as meditation, yoga, Reiki, and so on. Spa managers all claimed—perhaps not surprisingly—that spas were the best place to receive CAM treatments.

The fundamental question, however, is what these professionals believed can and should be done to improve the acceptance of CAM therapies. The results of this question, a key one in the interviews, are shown in Table 3. (The rightmost column, displaying the results of the client survey, will be discussed in the next section.)

As is shown in Table 3, the runaway favorite suggestion from nearly all professionals was to educate the public about CAM, its uses, and its advantages. The only other suggestion that got more than one person moving it forward was more education for medical doctors about CAM. Interestingly, three of the five medical doctors in these interviews suggested this as an important step. Only one doctor insisted that more research needed to be done to make CAM an acceptable type of therapy.

Table 3. Opinions on How to Make CAM Accepted

Suggested Method of Increasing CAM Acceptability	Dr. FB Finland	Dr. TR Finland	Dr. AK Finland	Dr. JVM Estonia	Dr. MJS Estonia	Spa Mgr. L Finland	Spa Mgr. K Finland	Spa Mgr. T Estonia	Client Surveys
Open Discussion with professionals & cooperation with experienced CAM practitioners			X						
More research and evidence CAM works			X						X
Public education/awareness about CAM	X	X		X	X	X	X	X	
Promotion (social media, seminars, conferences, etc.)							X		
Promotion from those happy with results from their CAM experiences							X		
Governments making CAM more available to all.						X			X
More education of medical doctors on CAM		X		X	X				X

These professionals were also asked how they saw the future of CAM therapies. The responses from all eight varied only a little. They all said almost the same thing:

“CAM is the future.” (Dr. FB, Finland)

“There will come a time when traditional way and also CAM cannot work alone...” (Dr. JVM, Estonia)

“This is the future.” (Dr. MJS, Estonia)

“In future, it will be the in thing...more and more people are tired of having the same cures.” (Dr. TR, Finland)

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“...when enough evidence and research is found, everyone in the world will use it, not only for their well-being, but also for cures.” (Dr. AK, Finland)

“...it will grow as time goes and as people become more informed” (Spa Manager K, Finland)

“CAM is going to be a big industry in the future” (Spa Manager T, Estonia)

“In future, people will combine both traditional and CAM” (Spa Manager L, Finland)

Only one doctor, Dr. AK, insisted again that more research needed to be done for this future vision to appear.

With this data coming from medical and CAM professionals, it is now time to consider what a selection of CAM clients had to say about their therapies.

4.1.2 Results of Surveys of CAM Clients

The clients participating in this survey were a convenience sample of clients at two separate spa facilities, one in Finland and one in Estonia. Clearly, this was not a randomized sample. Since these participants were already CAM clients, it is to be expected that their responses would be quite positive about this type of therapy. A total of seven participants returned this survey, four from Finland and three from Estonia.

The first question addressed the types of therapies they had personally used or experienced. Four of the clients had experienced at least five different types of CAM treatments. Generally, these individuals received CAM treatments at a spa facility, although two of them had visited the offices of a practitioner.

The most commonly used treatments in this group were acupuncture, Chinese therapeutic massage, chiropractic, energy healing, yoga, and meditation. When asked how they believed these treatments had worked for them and why they took these therapies, most answered that they wanted to secure greater wellness and implement preventative measures, and that they also believed that their therapies had worked for them. They were satisfied enough that six of the seven agreed that they would recommend CAM therapies to their friends; the seventh did not answer that question.

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However, when asked if they had discussed their use of CAM treatments with their doctors, only three said they had done so. The other four participants claimed either that they saw no need to tell their doctor about these treatments or that they had not yet had an opportunity to do so. They also typically did not discover their CAM treatments from their doctors. Only one participant said that was the source of her knowledge about CAM. Four others learned about their CAM therapies from family or friends, and one executed an Internet search on alternative therapies after undergoing traditional medicine's cancer treatments.

These client participants had a strong preference for receiving their CAM treatments in a spa setting rather than a hospital setting. One of the respondents said setting didn't matter, and two said either spa or hospital would be acceptable. The rest insisted that a spa was the correct choice of venue for this type of treatment.

The rightmost column of Table 3 presents the clients' responses to the question of how to make CAM therapies more accepted. With similar ideas to some of the professionals, the top three suggested offered by clients were, first for the government to make CAM more available as an alternative to traditional medicine. The second popular suggestion was that doctors should receive education and training on the use and suitability of various CAM treatments so they could be confident about referring their patients to a CAM practitioner. The third suggestion the clients offered was that more research was needed to support CAM and ensure its efficacy and applications.

The client respondents were also asked if they had a personal story they would like to share about how CAM had worked for them. Two of the seven clients provided interesting personal stories. The first of these said that beginning in 1998 they suffered from "intense headaches which started at the top of my spine and radiated up into my neck and throughout the base and back of my skull." This person had tried a number of more traditional solutions to this problem, including analgesics, muscle relaxants, cervical injections, and relaxation techniques, but none of these offered more than temporary relief. The orthopedist referred the client to a chiropractor. After the very first adjustment, significant pain relief was experienced. A course of chiropractic adjustments and treatments resolved the headache problem permanently.

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A second client offered the story of their severe allergies. The client had been using prescription allergy medicines for years, but wanted to not have to take that medication permanently. The problem of sneezing was particularly acute in spring and summer, but the prospects of having to take prescription medications for the rest of their life was not a good outlook. Having heard that chiropractic can improve allergies—information that came from “a couple different sources”—the client began a course of treatment. After several weeks, they stopped taking their prescription medication as an experiment. During the summer of 2013, they did not have to take medications, and experienced no significant problems. While this client still occasionally sneezes, it is not severe enough to interfere with daily activities as the allergies did prior to the medication. This client has not taken allergy medications since that time. In addition, they reported that their back, shoulders, and neck all felt much better as a result of the chiropractic adjustments.

4.2 DISCUSSION

In analyzing the transcripts of these discussions, the text was encoded using the NVivo software to identify important areas of interest. It became clear almost immediately, for example, that there was little discernable difference between responses from Estonia and those from Finland. This may well be a result of too small a sample set, but for this study, there was no reason to do country-specific analysis on responses.

Instead of nationality, however, the responses varied more on the basis of profession. Those respondents who were medical doctors had quite different understanding of and appreciation for CAM than the spa manager respondents. While not unexpected, it was also reassuring to note that one or two of the medical doctors genuinely seemed open to including CAM therapies as part of a holistic healthcare plan.

The themes developed during the analysis of the interview transcripts are presented in Figure 1. This shows the four main aspects of the information extracted from the interviews. These four key areas are characteristics of the treatments themselves; characteristics of CAM in general, taken in the context of the interviewee’s work experience with it; characteristics of the clients who participate in or are referred to a CAM treatment; and a global view of CAM, that is, what the interviewee perceives as

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its future and what suggestions they have on how to make CAM more accepted in the medical arena as well as to the general public.

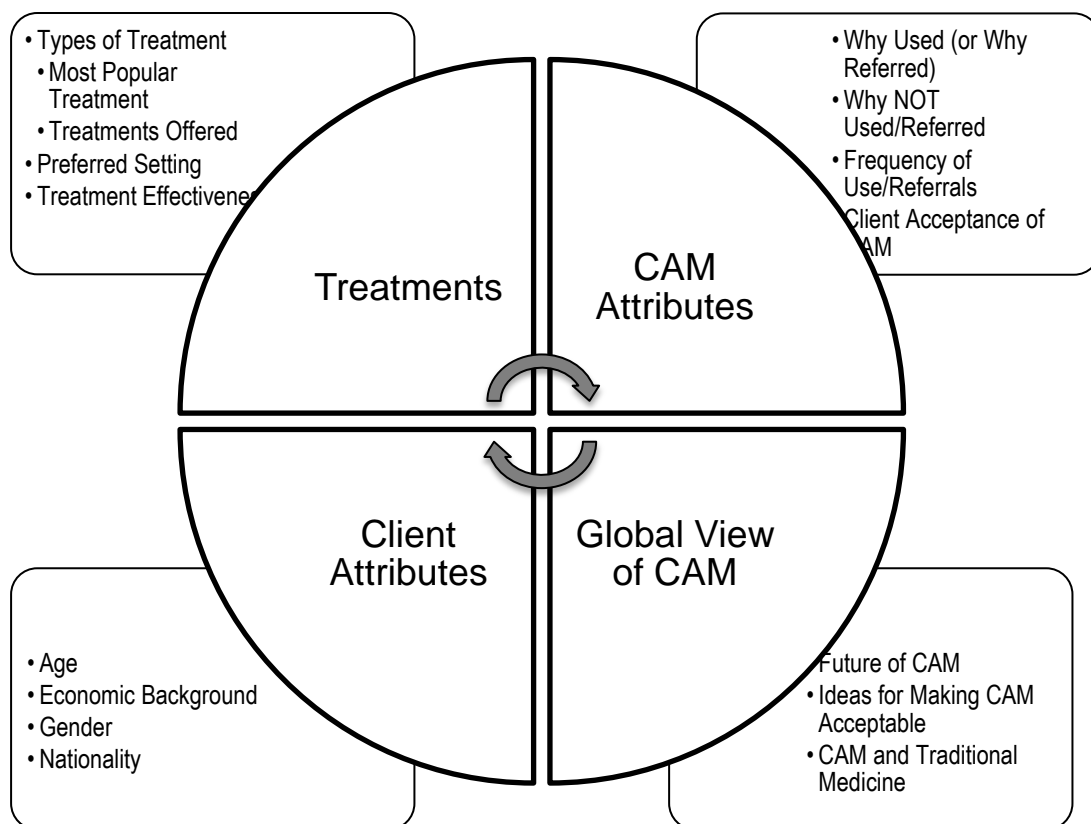


Figure 1. A presentation of the major themes of the interviews after encoding with NVivo software.

Overlaying these themes was an entirely separate issue of the attributes of the interviewee and their experience with CAM. The medical doctors with the least training in and exposure to CAM were clearly far more negative about its use than doctors who had some experience with it. The practitioners were enthusiastic about the successes they had observed, but this is only to be expected given that their careers and financial security are both based on CAM's success with the general public.

By far the most used CAM therapies in this sample are chiropractic and acupuncture. These two treatment modalities are available from nearly all providers and were among the most popular in the client survey as well. Acupuncture is certainly among the CAM

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modalities with some of the strongest and most studied effects in the literature, so it may be expected that this would garner respect among the medical professionals.

What is perhaps surprising is the level of enthusiasm expressed by the medical professionals toward CAM. This may be a phenomenon of the way the study was conducted. An interviewee, being asked to discuss CAM by a female student clearly enthusiastic over that subject, may choose to overstate the degree of welcome CAM receives in his or her department. In other words, it is difficult to anticipate whether the rather crusty attitude of Dr. AK is actually typical and the apparently more welcoming attitudes of most of the other doctors is less typical. A small sample size confounds this issue and makes it challenging to tease out an underlying truth structure from this data.

Another surprising result was the uniformity of virtually all respondents—medical doctors, spa managers, and even clients—on steps needed to improve the acceptance of CAM. An overwhelming consensus asserted that a change in the public's awareness of CAM was the number one path to greater acceptance. This was cited even more often than giving medical doctors more training in CAM therapies and their uses. That may seem surprising, but in considering the results from two questions in the client survey, the rationale for that becomes clearer. The clients typically receive most of their information about CAM therapies from sources other than medical doctors. Only one of the seven received a referral from her doctor. The others found information from outside sources including family, friends, and the Internet. Furthermore, most of the clients responding had not discussed their use of CAM therapies with their doctors. Given that CAM clients do not appear to look to medical doctors for information about CAM therapies, it is perhaps understandable why they place educating doctors about these therapies as less important than educating other members of the public.

Respondents also expressed some concern about the cost of CAM therapies. Many of them may require a course of several treatments rather than one individual treatment in order to obtain the best possible result. However, that can be expensive if a third party payer (such as an insurance company) is not willing to assist with the costs of these treatments. Thus, asking the government or insurers to make CAM eligible for some type of financial assistance was also noted as a good way to increase its acceptance. This also ties back to the economic status of CAM clients. Six of the eight interviewees

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noted that their clients were either “middle class,” “upper middle class” or “high income”—two medical doctors had clients of all economic status. Is CAM restricted today to higher income people because it is too expensive for poorer people to use? That possibility is not directly addressed in this project, but it certainly seems like a reasonable interpretation of this data.

These lead to a series of inferences about why CAM therapies are not more accepted than they are. First, they may be perceived as too expensive for the average person to afford. Second, they may be perceived as treatments that doctors know nothing about, forcing potential clients to rely solely on word of mouth and/or Internet type information sources. Third, there is the perception among almost all respondents that CAM therapies are almost unknown to the general public. Finally, the surveyed clients and one medical doctor insisted that there is not sufficient research on CAM therapies to be sure that they work. Secondary issues may also be important. For example, gaining governmental approval may be essential as a way of making CAM affordable for lower-income clients. These inferences provide a potential springboard from which a program to improve CAM acceptance could be constructed.

The final section of this report provides a summary of the conclusions from this project along with final comments about it.

5 CONCLUSION

This final section of this report wraps up the presentation beginning with a summary of the major results of this study. That is followed by a comparison of the results of the study to the original goals outlined earlier in this report. Next a discussion of the student contributions to the results is presented, followed by a brief conclusion and a set of recommendations and suggestions for further study on this topic.

5.1 SUMMARY OF MAJOR RESULTS

This qualitative study addressed the issue of how CAM treatments are perceived by medical and spa management personnel in Finland and Estonia, as well as what they believe should be done to make CAM more accepted to both the public and the medical communities. In addition, a convenience sample of clients of CAM at two spas, one in Finland and one in Estonia, were surveyed to discover their use of CAM, how they learned about it, and their opinions on making it more accepted to the public.

Key results came from addressing major themes in the responses to the interviews and client surveys. These themes included the specific demographics seen as most likely consumers of CAM treatments; women over forty, with middle-income or higher economic status. These clients appear not to rely on their medical doctors for information about CAM or referrals to it; only one of seven clients received such a referral. While there was no substantial difference between Estonian and Finnish responders, a significant difference in attitude was found between medical doctors and CAM professionals. One key reason for this difference appears to be that the medical doctors lack training in and awareness of the uses and effectiveness of various CAM therapies.

All respondents in all three categories (medical doctor, spa manager, and client) offered suggestions on how best to improve CAM acceptance. The number one suggestion was to improve public awareness of CAM. The second most common suggestion was to improve doctor education about CAM so they would be able to speak knowledgeably

and confidently about it to their clients. The clients—but not generally the doctors or spa managers—felt that more CAM research was needed to understand better how well it works for various conditions and what conditions each type of therapy might be appropriate to address. Finally, because CAM was perceived as a relatively expensive treatment, it was suggested that government support in some way, perhaps through simple insurance coverage of part of the cost of the treatments, would also improve acceptance of CAM. These findings provide a pathway that can be used to develop a plan to improve overall CAM acceptance and use.

5.2 RESULTS COMPARED TO GOALS OF THE STUDY

The research questions posed earlier in this report can now be addressed individually.

5.2.1 Attitudes toward CAM Therapy

The first question posed was, what are the attitudes of CAM professionals toward CAM therapy, including perceptions of its effectiveness? A dichotomy between spa managers and medical doctors was identified in the interview analysis, but this was not, perhaps, as significant as might be expected. Some doctors admitted that they had little training and experience with CAM, but all but one expressed an optimistic perspective on its potential role in healthcare. The spa managers, as might be expected, were universally positive regarding CAM's potential.

5.2.2 Patient Attitudes toward CAM Therapy

The second research question asked how CAM patients perceived these therapies. To some degree this was an obvious response because patients who disliked CAM would not pay the cost of having further treatments. Nonetheless, patients expressed positive opinions of how effective CAM was for them, and two patients shared rather dramatic stories about how chiropractic had resolved very significant health problems that more traditional treatments had not.

5.2.3 Differences between Estonia and Finland in Results

The third research question was, is there any difference in either of the above results between those participants based in Finland and those in Estonia? The short answer to

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that question is that no meaningful differences were found between responses in any of the three sets of responders for those from Finland vs. those from Estonia.

5.2.4 Differences between Medical Professionals and Spa Managers

The final research question was, what differences exist in attitudes between medical facility professionals and spa facility professionals? Here very significant differences were elicited. Medical professionals expressed greater ignorance and discomfort with CAM therapies, and referred many fewer patients. One doctor admitted that unless the patient raised the issue of undergoing CAM therapies, the doctor would not do so. Despite that discomfort, the doctors generally expressed willingness to learn about these therapies and to gradually allow them to be a consideration in a more holistic healthcare plan for their patients. As might be expected, spa managers were completely positive about CAM. It is also interesting to note that however uncomfortable the doctors might be with CAM, virtually all of them predicted that CAM would have an important place in future healthcare systems.

Ultimately, the emergent information developed in this data collection process can be used to identify how to appropriately promote the use of CAM therapies and make them more acceptable to both the medical profession and the general public.

5.3 STUDENT CONTRIBUTIONS TO THE RESULTS

As the designer and researcher of this study, this student has made important contributions to this study. This included defining the research questions, arranging for appropriate interviews with the participants, and conducting those interviews. In addition, the data was collected, transcribed, and analyzed as presented in this report. Finally the conclusions drawn in this study are derived from the data collected and analyzed in this research effort.

5.4 LIMITATIONS OF THIS STUDY

This study has certain limitations, the greatest of which is the very small size of the sample used in the study. A larger scale program could potentially elicit differences between Estonia and Finland, for example, and might better explain the complex attitudes of the medical professionals toward CAM therapies. The results of the spa

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managers were no surprise—these were universally positive and upbeat about CAM’s usefulness. The medical doctors, however, were more complex. Longer, more in-depth interviews might have revealed greater subtleties in their attitudes. For example, it might be that younger (or older) doctors are more open to CAM than others. Or female doctors more (or less) open than male ones. Without further more in-depth investigation, this cannot be assessed.

Another limitation is that the presence and attitude of the researcher may have influence the interviewees’ responses. As a CAM enthusiast, that belief in these therapies may have influenced some to report greater-than-actual willingness to accept these therapies in medical practice.

The client study was also too small. Though it gave intriguing hints of the types of individuals who undergo CAM therapies today, that image is still too vague to allow complete understanding. For example, as noted earlier, more than half the respondents had undergone five or more *different* CAM therapies. Why is that? Did some or all of those not work well? Were they for different problems? Or is getting a CAM therapy more of a social construct than a health and wellness one? Those questions remain unanswered.

5.5 CONCLUSIONS AND RECOMMENDATIONS

The key goal of this study was to understand how practitioners view CAM therapies, and what needs to be done to make them more accepted. The answers to both of those questions have been answered. In terms of the attitudes, those were summarized above. In terms of a roadmap for making CAM more accepted, the answer is outlined by the suggestions offered by the participants of this study. The consistency with which four key recommendations were made makes these steps of prime importance:

- Increase knowledge and awareness of CAM in the general public to increase acceptance.
- Increase training and experience of medical doctors with key CAM therapies; given their overwhelming popularity, this should start with acupuncture and chiropractic, but other therapies should be included.

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- Increase the level of government support for CAM, perhaps by making the cost lower through insurance or other payment scheme for lower-income clients.
- Do more research to better understand how CAMs can most effectively be used and under what circumstances.

This study has also shed light on several service design recommendations for the spa industry:

- Implement CAM into existing spa programs, as the number of individuals seeking CAM is increasing.
- Complement traditional spa therapy services with CAM therapies.
- Perform different CAM and traditional spa services concurrently with CAM services such as aromatherapy.
- Offer CAM services as part of CAM packages as well as in traditional spa therapy service packages.
- Maximize the effectiveness of CAM by understanding what makes such services effective such as a quiet environment for meditation.
- Educate clients on the benefits of CAM therapies before offering such therapies to clients.
- Teach workers about trends in CAM therapies as well as how to properly implement them.

This study is only a small-scale test case but it has generated some important food for thought for those who would like to see CAM therapies more widely accepted.

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APPENDIX A. INTERVIEW QUESTIONS

This appendix provides a general list of questions asked to guide interviews with practitioners. Since these interviews were open-ended discussions, the questions shown are typical but not necessarily exact for every interview. The first section provides the questions asked of practitioners and facility managers. The second section provides the questions asked on the client questionnaires.

A.1. QUESTIONS ASKED OF PRACTITIONERS AND FACILITY MANAGERS

- How often do clients ask for these type of treatments (i.e., CAM treatments)? What do you think about this type of treatment?
- Do clients ever reject CAM treatments? Why? Do men prefer traditional over complementary treatments? What about women? Do you treat children here?
- What types of CAM do you offer here?
- Which of these treatments are most popular with clients?
- Tell me about your clients. Can you give a description in general of age, income, background, male/female, etc.?
- What do you observe about the results of these treatments? Do *you* think the clients are better or worse than with conventional treatments? What changes after CAM treatments?
- Are you open to the use of CAM or having a CAM practitioner as part of your team in this facility?
- What do you think should or could be done to make CAM more accepted or more popular?
- What in your opinion is the future of CAM?
- Should CAM be provided in a spa setting or in a hospital setting? Is there a conflict between these two options?

A.2. QUESTIONS ASKED ON CLIENT QUESTIONNAIRE

The clients had a list of a number of CAM therapies. This list included:

ALTERNATIVE MEDICAL SYSTEMS	Acupuncture; homeopathy; naturopathy.
MIND-BODY INTERVENTIONS	Meditation; yoga; prayers.
BIOLOGICALLY BASED THERAPIES	Aromatherapy; Chinese herbal medicines; Chinese dietary medicine.
CLINICAL NUTRITION	Multivitamins and minerals; Western herbal medicine.
MANIPULATIVE & BODY-BASED	Chinese therapeutic massage; chiropractic methods; osteopathy; reflexology; Western therapeutic massage.
ENERGY THERAPIES	Energy healing (i.e., Reiki), Qi gong; martial arts, Tai Chi.

- Which of the CAM therapies on this list (or others not mentioned) have you used in the past 12 months? Is it always in a spa setting, or do you visit a CAM practitioner elsewhere?
- Have the therapies you've used worked? Why did you choose to use them?
- Would you recommend others use this therapy for similar issues?
- Do you discuss the CAM therapies you use with your medical doctor?
- What do you think should be done to make these treatments more accepted or more popular?
- How did you learn about CAM therapies?
- Should CAM be provided in spas or only in hospital settings?
- Would you like to share your personal experiences with CAM?

APPENDIX B. TRANSCRIPTIONS OF INTERVIEWS

B.1. INTERVIEWS WITH FINNISH CAM PROFESSIONALS

B.1.1 Dr. AK, General Practitioner

Dr. AK works at a hospital neurological and rehabilitation ward

Q1. How often do clients ask for these types of treatments? (CAM) and what do you think about them

Not often, In this kind of hospital setting , patients come here for more traditional medicine, but sometimes physiotherapists have recommended acupuncture for stroke patients to try to reduce pain and activate their nerves , I have referred 5-10 patients only since I started working here for last 5years.

Q2. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

Clients that I have referred to CAM therapists have accepted

Why haven't you referred more patients?

Because as a rehabilitation center we believe we have all the resources required for our kind of patients, unless it's an extreme case or a patient have requested, personally I don't have lots of knowledge on Cam therapies

Q3. What types of treatments do you offer here?

As a rehabilitation ward of course we have our own professional team i.e physiotherapists, occupational therapists who rehabilitate our patients and also a good team of other professionals, we get good results and so we feel no need for more intervention.

Q4. What treatments are most popular with clients?

Traditional Medicine. I cannot answer regarding CAM

Q5. Tell me about your clients? Age? Income? Background? Male/Female?

Female and Male equally, ages 18 and above

Q6. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with more traditional medical treatments? What changes after treatments?

Difficult to answer because of the path we use to treat our patients and I also think when patients are being rehabilitated, it's more like combination of medicine and physical exercise.so it's not only use of medicine.

Q7. Are you open to use of CAM or having a CAM practitioner as part of your team in your hospital ?

*'Yes its an ongoing debate at the moment and majority of the team of Doctors and other team members are open to trying out CAM, although it might take a while **before***

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we have fully trained CAM providers here. But it's definitely one of the important topics at the moment'.

Q8. What do you think should or could be done to make these treatments more accepted/more popular?

Open discussions with other professionals and cooperation with the trained and experienced CAM providers. More research and evidence that this therapies work.

Q9. What is the future of CAM in your own opinion?

I think in future when enough research and evidence is found, everyone in the world will use it not only for their wellbeing but also to cure.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

In my opinion CAM it's more suited in Spa surrounding because its more relaxed and in hospitals patients can get the traditional treatment.

B.1.2. Dr. TR, Medical doctor

Dr. TR is a doctor at a medical center.

Q1. How often do clients ask for these types of treatments?

30-40 % of the patients I have treated, have asked my opinion and the trend is increasing, that a lot of the patients are asking my opinions some of the CAM techniques

Q2. Do you refer your patients to CAM therapist and what's your opinion on them?

Yes I have referred some of my patients if they insist and want to try, especially the ones with long term back injuries or physical pain and don't want to take painkillers for too long.

"I've had almost zero formal training on [CAM]. I'm aware of it through my research interests, but that is not much. In my experience it is practitioners who have specific interests who follow it"

Q3. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

Usually its female patients who have asked for them. Personally I don't start the subject unless the patients talks about CAM.

Q4. What types of treatments do you offer here?

'This is a health Center so it's mostly consultation. So we offer more traditional treatments and as I mentioned earlier if patients insist to get CAM, we do referrals for them to see and use more evidence based CAM treatments like acupuncture. , so that they can get some money back from their insurance'

Q5. What treatments are most popular with clients and have growing demand?

Our clients have asked to get referral mostly for Acupuncture, chiropractic, although we don't provide them here at our health center, some combine both traditional and cam therapies.

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Q6. Tell me about your clients? Age? Income? Background? Male/Female?

It's 50/50...male to female ratio. All the classes and all income patients.

Q7. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with 'more traditional medical treatments? What changes after treatments?

I really cannot tell much, once one patient have given feedback that acupuncture was very effective , other than that I haven't heard anything else from other patients I have referred. Probably it has worked because they haven't come to renew their painkiller prescription.

Q8. What do you think should or could be done to make these treatments more accepted/more popular?

More education to all medical doctors on CAM , because we all want what's best for our patients and the community in general.

AND also educate people and doctors on the advantages of this CAM Therapies

Q9. What is the future of CAM in your own opinion?

In future it will be the in thing, and we can already tell now, more and more people are tired of having the same cures.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

It doesn't matter it just depends on what kind of treatment one is getting. Although I would recommend it more in a wellness centre as the ambiance and the surrounding are more calmer.

B.1.3. Dr. FB, Chiropractor and Sports Specialist

Q1 how often do clients ask for these types of treatments?

'All our clients are here for CAM treatments'

Q2. Do you discuss CAM therapies with your patients-

Yes - It is a refreshingly different approach with a much more positive involvement of the doctor in the healing process...We have an hour with the patient and believe me that is not enough either... Time allows the patient to tell their story, and I don't think that five minutes in a quick GP appointment ever does more than hit the surface symptoms and protects the doctor from getting involved.

Q3. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

No, most of the time 98% accept the therapies we recommend. Women are more willing to try out the CAM. Yes we treat children too.

Q4. What types of treatments do you offer here?

Chiropractic, acupuncture, homeopathy, osteopathy and Chinese herbal medicine.

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Q5. What treatments are most popular with clients and have growing demand?

Accupuncture, chiropractic

Q6. Tell me about your clients? Age? Income? Background? Male/Female?

From ages 0 and above, middle class to high income earners. Mostly male but the trend is changing we are seeing more males coming for CAM.

Q7. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with more traditional medical treatments? What changes after treatments?

I think most of the patients are satisfied, they are tired of taking medicine with long term side effects.

Q8. What do you think should or could be done to make these treatments more accepted/more popular?

Members of the public needs to be more informed the advantages of these CAM

Q9. What is the future of CAM in your own opinion?

CAM is the future. People will get tired of traditional medicine, as it's already a trend as of now and people want to stay more healthy lives.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

It depends on the kind of CAM, for example yoga, meditation, and those relaxing CAM are more suitable in a Spa.

B.1.4. Spa Manager K in Finland

Q1. How often do clients ask for these types of treatments?

We offer them on request, we have private CAM practitioners, So if we have clients requesting for a particular therapy, we book time for them for consultation.

At least four to five times per day and hence they have to make appointments in advance for us to book time with the professional who provide the sessions.

Q2. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

We usually have female clients coming for consultation, and mostly all our clients accept the therapies, and are aware of the treatments offered to them. No we don't treat children under age of 16years.

70% of our clients have used CAM before, mostly for wellness purpose but not to cure diseases.

Q3. What types of treatments do you offer here?

Chiropractic, acupuncture, Chai –TI, Reikki, western therapeutic massage, ayurdera, meditation.

Q4. What treatments are most popular with clients and have growing demand?

Reikki, western therapeutic massage, acupuncture

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Q5. Tell me about your clients? Age? Income? Background? Male/Female?

High income earners, between ages 45 and above and mostly Females clients..

Q6. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with more traditional medical treatments? What changes after treatments?

In general customers are satisfied and usually they use CAM therapies for preventative measures and enhance their wellness., I have not gotten any complain about any of the CAM we use here.

Q7. What do you think should or could be done to make these treatments more accepted/more popular?

Through public education and Promotion through seminars, social media, conferences, especially by the people who have used them and have worked for them and creating a trust and confidence among the users in order to improve quality of living.

Q9. What is the future of CAM in your own opinion?

As we have seen we have seen an increasing number of clients who wants to try out, so it will grow as time goes and as people became more informed.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

I might seem biased, but in my opinion, Spa is the best suited place to get CAM.

B.1.5. Spa Manager L in Finland

Q1. How often do clients ask for these types of treatments?

At least 4-5 times per day, we have clients requesting to either get the treatment or want informaton regarding CAM and So make appointment for them to come and see our specialists.

Q2. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

Most of the clients accept the therapies recommended.

Q3. What types of treatments do you offer here?

Chiropractic, Shiatsu. Meditation , yoga, accupuncture, Clinical nutrition including, multivitamins and minerals, Ayurveda, Chinese herbal medicine, Tregal therapy

Q4. What treatments are most popular with clients and have growing demand?

chiropratic, ayurveda, yoga, meditation

Q5. Tell me about your clients? Age? Income? Background? Male/Female?

18 and above, Middle class, Females and male are also catching up.

Q6. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with more traditional medical treatments? What changes after treatments?

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Results are very magnificent and positive, we have seen through our clients satisfaction and through my personal experience, they are better, in terms of the overall wellbeing.

Q7. What do you think should or could be done to make these treatments more accepted/more popular?

Members of the public need to be more aware and also the governments should help in making these treatments equally available to all.

Q9. What is the future of CAM in your own opinion?

In future people will combine both traditional and CAM.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

I would say Spa.

B.2. INTERVIEWS WITH ESTONIAN CAM PROFESSIONALS

B.2.1 Dr. JVM, Medical Doctor

Q1. How often do clients ask for these types of treatments?

Not so often except for some of cancer patients.

Q2. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

In this clinic we are open to try different things and hence when the opportunity arise we try to give our patients the best options and we are also doing more research work on this treatments and most of our patients are satisfied.

Some patients have rejected ,because some of the therapies are long term and one needs to spend a lot of money, this being a private hospital, some patients cannot afford and hence they decline.

Q3. What types of treatments do you offer here?

We have chiropractic, homeopathy, accupuncture, Chinese herbal medicine, naturalpathy, western herbal medicine.

Q4. What treatments are most popular with clients and have growing demand?

Chinese herbal medicine and Nutrional, chiropractic

Q5. Tell me about your clients? Age? Income? Background? Male/Female?

Middle class, upper middle class to rich people. Mostly female, although more Men are now becoming more interested and aware.

Q6. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with more traditional medical treatments? What changes after treatments?

Our clinic try to give the patients the best, hence we combine both traditional and CAM, we just think in some circumstances CAM is much more effective than the

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traditional treatments and in some cases they work hand in hand in a long term scenario for cancer patients.

Q7. What do you think should or could be done to make these treatments more accepted/more popular?

Public and all medical doctors need to be aware and advantages of CAM , because drug use and surgeries is not always the solution.

Q9. What is the future of CAM in your own opinion?

It will come a time when traditional way and also CAM cannot work alone and hence combine both everywhere as we do now, especially for wellbeing and preventative measures CAM is the best but when it comes to cure, then traditional way is more effective in some cases.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

I think in hospital setting, because it sounds very luxurious when CAM is provided in Spas and hence some people think they might not afford. And I also think in future all the hospital will have CAM.

B.2.2 Dr. MJS, Osteopathic and Chiropractic Physician.

Q1. How often do clients ask for these types of treatments?

All the time, we have both phone consultation and walk in, some days it's hard to keep up, because we have clients coming from all over the world

Q2. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

No, mostly our clients are aware of most of the CAM therapies we provide, although more information is told per request., Women are more open to CAM therapies than Male. in my own observation.

Q3. What types of treatments do you offer here?

Chiropractic, homeopathy, acupuncture, osteopathy, reiki, Naturapathy, Reflexology

Q4. What treatments are most popular with clients and have growing demand?

All our CAM therapies are always on demand but mostly Accupuncture, chiropractic, Reiki, Reflexology

Q5. Tell me about your clients? Age? Income? Background? Male/Female?

From ages 0 years and above, no age limits. All kinds of people.

Q6. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with more traditional medical treatments? What changes after treatments?

Once they have completed their sessions, the results are always positive, we don't get complains or side effects.

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Q7. What do you think should or could be done to make these treatments more accepted/more popular?

Education on the use of this therapies and encourage everyone to try out, because it works different ways in different circumstances.

Q9. What is the future of CAM in your own opinion?

This is the future and this will become more accepted by the governments and hence become available for all.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

It really does not matter as long as the practitioners proving CAM are competent.

B.2.3. Spa Manager T.

Q1. How often do clients ask for these types of treatments?

It depends on the kind of clients we get, with Russian tourists and Finnish tourists, they ask a lot about this treatments.

Q2. Do clients ever reject these complementary treatments? Why is that? Do men prefer traditional over complementary? What about women? Do you treat children here?

Not that I am aware of, we try to give the best. For our clients its 50-50. No, we don't treat children here.

Q3. What types of treatments do you offer here?

Yoga, Shiatsu, Accupuncture, chiropractic, Ayureja, yoga, meditation, Chinese herbal medicine.

Q4. What treatments are most popular with clients and have growing demand?

Shiatsu, Accupuncture, chiropractic

Q5. Tell me about your clients? Age? Income? Background? Male/Female?

Mostly Female above age of 40 years.

We get clients from Scandinavian countries, especially Finland and also from Russia.

Q6. What do you observe about the results of these treatments? Do YOU think the clients are better or worse than with more traditional medical treatments? What changes after treatments?

It's a difficult question, because we feel with CAM Therapies, it's about the attitude and how people perceive them and so that place a big part in evaluating the results and this therapies work differently to different people, but most importantly our clients prefer CAM therapies to traditional.

Q7. What do you think should or could be done to make these treatments more accepted/more popular?

Public awareness and medical professional having courage and encouraging their patients to try out the alternative methods.

Q9. What is the future of CAM in your own opinion?

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CAM is going to be a big industry in the future.

Q10. Should CAM be provided in a Spa or in Hospital kind of setting is there is conflict.

In a Spa.

B.3. SURVEYS OF CAM CLIENTS

In the questionnaire, I listed the below therapies in random orders for each participant. Total participants were 7 (4 from Finland and 3 from Estonia.)

ALTERNATIVE MEDICAL SYSTEMS	Acupuncture; homeopathy; naturopathy.
MIND-BODY INTERVENTIONS	Meditation; yoga; prayers.
BIOLOGICALLY BASED THERAPIES	Aromatherapy; Chinese herbal medicines; Chinese dietary medicine.
CLINICAL NUTRITION	Multivitamins and minerals; Western herbal medicine.
MANIPULATIVE & BODY-BASED	Chinese therapeutic massage; chiropractic methods; osteopathy; reflexology; Western therapeutic massage.
ENERGY THERAPIES	Energy healing (i.e., Reiki), Qi gong; martial arts, Tai Chi.

PART 1: Participants are asked of their uses of a list of 18 CAM therapies and any other forms of CAM they have used in the last 12months and is it always in a spa setting or they have visited a CAM Practitioner.

4 of the clients have used at least 5 therapies mentioned above. The most popular among the clients were Acupuncture, Chinese therapeutic massage, Chiropractic, Energy healing, Yoga and meditation.

2 clients reported to have visited a CAM practitioner; others usually visit Spa for CAM.

PART 2: Participants were asked if the therapies worked and why they chose to use those therapies.

Majority of them answered yes it has worked for them and the purpose of the CAM use for preventive and wellness measures.

PART 3: Participants were asked if they would recommend CAM treatments to others.

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6 of the clients answered YES , they would recommend and 1. did not fill that part.

PART 4: Participants were asked if they discuss the CAM therapies with their doctors.

3 mentioned yes and 4 others said they haven't had chance or needed to yet.

PART 5: Participants were asked what should be done to make these treatments more accepted / popular. There were mixed answers to this question; below I listed some of their answers which I found important

a) Yes they would like more support from the government for those who wish to use CAM instead traditional medicine.

b) They said doctors should have some kind of knowledge on the CAM therapies and should be confident to refer them to CAM Practitioners.

c) They also said in order for more people to use the CAM, More research needs to be done and provide more evidence of their purposes and how they work.

PART 6: Participants were asked how they learnt about CAM.

2 mentioned through friends, 2 from family friends, one from her doctor and one from searching from the internet after going through treatments of cancer.

PART 7: Participants were asked, should CAM be provided in Spas or in Hospitals.

5 clients said in Spa, 2 said both, 1 said that it doesn't matter.

PART 8: Participants were asked if they wanted to share their experience with CAM. Two Finnish clients offered their stories.

Headache

Relief

*In the summer of 1998, I began suffering from intense headaches which started at the top of my spine and radiated up into my neck and throughout the base and back of my skull Relaxation techniques, analgesics, muscle relaxants and several painful cervical injections provided only temporary relief, so I was referred to Dr. *** by a orthopedist. The first adjustment I received provided tremendous relief and I have had no serious headaches since I started chiropractic care. Dr. ***is a warm, caring, supportive professional chiropractor.*

Allergy

Relief

I had heard from a couple different sources that chiropractic treatment could be used to treat allergies. I had been taking prescription allergy medicine for years. My worst symptom was uncontrollable sneezing from triggers such as dust and pollen. I really didn't like being so reliant on prescription drugs, needing to take them daily with no end in sight, especially during summer and spring. I thought there must be some way to treat the cause instead of the symptoms, so I decided to give chiropractic care a try. After several weeks of treatment I decided to try going off the medicine to see what

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would happen. Last summer I have not taken it since. I still sneeze on occasion, but nothing like before, and I am off the medication! Not to mention how much better my back, shoulders & neck feel.

SUMMARY IN SWAHILI/ MUHTASARI

Nyongeza na mbadala dawa (CAM) amezidi maarufu na wagonjwa. Watu wa kawaida kuchagua CAM Msingi kujitegemea wa madaktari wa huduma za msingi yao.

Ili kuelewa vizuri masuala ya kushiriki katika kutumia CAM katika mazingira hoteli na spa afya, kina search maandiko ilikuwa inafanyika. Lengo la kutafuta mara kujibu maswali matatu muhimu. Kwanza, nini CAM teknolojia wamekuwa alisoma na matokeo kuchapishwa katika majarida ya peer- upya?

Pili, nini ushahidi upo kwamba teknolojia hizi CAM kutoa matokeo mazuri mgonjwa , hasa kwa kulinganisha na matokeo kutoka zaidi ya jadi allopathic matibabu ?

Hatimaye , kuna masomo inapatikana juu ya ufanisi wa CAM matibabu katika mazingira ya hoteli afya na ndogo za sanaa ?

Utafiti huu ubora ufumbuzi suala la jinsi CAM matibabu ni dhahiri kwa wafanyakazi wa matibabu na spa usimamizi katika Finland na Estonia , kama vile wanaamini nini kifanyike ili kufanya CAM kukubaliwa zaidi kwa umma na jamii ya matibabu.

Aidha, sampuli urahisi wa wateja wa CAM katika ndogo za sanaa mbili, moja katika Finland na moja katika Estonia, walikuwa utafiti na kugundua matumizi yao ya CAM, jinsi kujifunza kuhusu hilo, na maoni yao juu ya kufanya hivyo kukubalika zaidi kwa umma.

Matokeo muhimu alikuja kutoka kushughulikia mada kuu katika majibu ya mahojiano na tafiti mteja. Themes Hizi ni pamoja na idadi ya watu maalum kuonekana kama wateja wengi uwezekano wa CAM matibabu ; wanawake zaidi ya arobaini , na kipato cha kati au hali ya juu kiuchumi. Hawa wateja kuonekana si kutegemea madaktari wa matibabu yao kwa habari kuhusu CAM au rufaa yake; mmoja wa wateja saba tu kupokea kama rufaa.

Wakati hakukuwa na tofauti kubwa kati ya Responders Estonian na Finland, tofauti kubwa katika tabia lilipatikana kati ya madaktari na CAM wataalamu. Moja ya sababu muhimu kwa ajili ya tofauti hii inaonekana kuwa madaktari kukosa mafunzo na ufahamu wa matumizi na ufanisi wa CAM Msingi mbalimbali.

Wote waliohojiwa katika makundi yote matatu (daktari , spa meneja, na mteja) kutoa mapendekezo juu ya namna bora ya kuboresha CAM kukubalika. Pendekezo namba moja ni kuboresha uelewa wa umma wa CAM.

Pili ya kawaida maoni ni kuboresha daktari elimu kuhusu CAM ili waweze kuwa na uwezo wa kusema knowledgeably na ujasiri kuhusu hilo kwa wateja wao. Wateja-lakini si kwa ujumla madaktari au spa mameneja- waliona kuwa zaidi CAM utafiti

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zinahitajika kuelewa vizuri jinsi kazi kwa hali mbalimbali na nini hali kila aina ya tiba inaweza kuwa sahihi ya kushughulikia.

Hatimaye, kwa sababu CAM kilichoonekana kama matibabu ghali, ilipendekezwa kuwa msaada wa serikali katika baadhi ya njia, labda kwa njia rahisi bima ya sehemu ya gharama ya matibabu, pia kuboresha kukubali CAM. Matokeo haya kutoa njia ambazo zinaweza kutumika kuendeleza mpango wa kuboresha ujumla CAM kukubalika na matumizi.

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Pärnu, **16.06.2014**