Trailblazing healthcare:
The reconceptualization and institutionalization of complementary/alternative medicine

Kevin-Khristián Cosgriff-Hernández and Barbara F. Sharf
Department of Communication, Texas A & M University

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Blazing trails in the health care landscape

Complementary/alternative medicine (CAM) is a form of health care that re-conceptualizes healing. CAM practitioners interrogate our understanding of what it means to be healthy and how we practice health. Currently, CAM consists of a “diverse set of health care systems, practices and products currently not considered as part of the conventional medicine practiced by medical doctors” (Geist-Martin, Becker, Carnett and Slauta, 2008, 134). This includes a wide range of healing modalities that exist largely apart from the practices of conventional medicine, including manipulative, energy-based, and "natural substances" practices such as chiropractic, massage, acupuncture/acupressure. Other forms of healing such as Reiki, healing touch, and herbs are also included under this large umbrella of CAM. Complementary approaches view these modalities as practices that can be used as adjunct to and in conjunction with conventional biomedicine. Alternative approaches tend to take a more either/or position, that these modalities should be used in place of conventional biomedicine. Finally, integrative approaches, which can be enacted by a solo clinician or an interdisciplinary team with a variety of expertise, weaves together the beneficial effects of CAM with the practices of conventional biomedicine. CAM practitioners function as trailblazers, agents that change our conventional ways of thinking, organizing and communicating about health, illness, and ways of healing.

Trailblazing is a strategically communicative process that is experienced by individuals from underrepresented groups. These experiences extend beyond rudimentary forms of resistance in organizational settings and challenge the status quo, current power structures, and mechanisms of control to create epistemological and ontological ways of being. Complementary/alternative medicine presents an opportunity to study organizational structures of health that are actively blazing new ways of organizing. Therefore, an examination of how
CAM is institutionalized is a way of understanding organizational change in light of rhetorical structures that control how we think about ourselves and our sense of agency. We begin with the questions of how is CAM being institutionalized in the context of dominant, pervasive structures, practices, and symbolic realities of Western biomedicine? Where is there resistance to this way of organizing and knowing health? Who is ignoring CAM practitioners? How? And most importantly, who is collaborating with CAM practitioners, in what ways? Through this series of emerging research questions we seek to understand the tensions that CAM practitioners experience while institutionalizing their practice.

This piece presents details about two organizational case studies that explore the notion of the institutionalization of trailblazing. We then briefly review the four faces of engaged scholarship and then position this research project in relation to these faces (Putnam, 2009). We conclude with a series of theoretical, methodological and ethical considerations for discussion.

We have the opportunity to examine CAM practices in two case studies. In the first, we are approaching a small start-up organization that has positioned themselves as complementary, not alternative. In this fairly conservative, more rural community, there had previously existed a loose-coupling of CAM practitioners. However, this organization presents the first formal attempt to create a structure that is focused on complementary healing. We question whether these practitioners see their work as a form of institutionalizing. We are also curious as to how they see education and practice working together. Along the way we have a great opportunity to understand the experience of a small start-up that is organizing in the face of cultural challenges that have the potential to undermine their organization.

Our second case study will approach an organization in a major metropolitan area with large established medical practice where conventional medicine and scientific method predominates. In this
case we are also curious as to how integration is enacted. Particular agents in this organizational setting have been trained and practice CAM for some time. They have managed the tensions between CAM and conventional medicine in such a way that their work has been not only institutionalized, but also become part of the model of health. In this setting it would be important for us to focus our attention on the importance of the framing and the vocabulary they use. This second case study provides the opportunity to see how integrative medicine is organized and institutionalized. Is there something about their ethos that enhances their legitimacy? In the process we are focused on the organizational communicative strategies and tactics that each party makes in their attempts institutionalize an approach to healing that challenges conventional thinking.

Wearing face(s) of engaged scholarship

In August, 2009, Linda Putnam opened the 7th Aspen Conference on Engaged Communication Scholarship with remarks and reflections on how the field of communication has changed over time. A major theme that surfaced from her perspective is the “communities of practice” concept wherein we may locate several different faces of engaged scholarship (Putnam, 2009). Reflecting upon these faces of scholarship helps us to consider how, in what ways, and who our research helps. The pre-conference at the National Communication Association conference for the Fall of 2010 is an opportunity for organizational scholars and practitioners to continue a dialogue about several aspects related to engaged scholarship and to improve the work we do in the communities in which we employ and theorize our craft. It is our position that these engaged exercises are the starting points for developing research that improves our communities of practice in terms of application, practice, and pedagogy.

The first two faces are models are of interest, but do not pertain to our study. Putnam (2009) classified the first face of engaged scholarship as “applied communication research.” This
research is more conventional in that it is characterized by a focus on practical, problem centered approach. Putnam used the doctor/patient metaphor to explain this face. She explained that this face is similar to the conventional Western medical model in which the expert seeks to diagnose the problem with the patient (organization) and then generate the best remedy to solve that problem.

A second face is one of “social advocacy and activism” (Putnam, 2009). This face takes a moral imperative in addressing injustices we find in our communities. The researcher who wears this face is concerned with action and change through critical examination of how we organize and takes an a priori approach in that upholds the notion that current ways of organizing serve a particular power elite.

The final two faces present us with considerations that will impact how we engage this project. The “collaborative learning” face attempts to remove the power distance between the expert and the patient to create a “collaborative learning” environment (Putnam, 2009). As we prepare to engage participants we are seeking opportunities for collaborative development, in which we may co-create strategies to manage the problems we face not only as organizations, but also as a community.

The final face is one of practical theory. Here, the scholar seeks to understand the relationship between practice and theory. In the process, this scholar examines the rules, norms, and practice of how we organize and uses these insights to inform our practice and theories of communication. With this face, the scholar pays more attention to understanding how theory is enacted through reflection, reflexivity and transformation. These faces should not be perceived
as mutually exclusive, rather as a platform of possibilities. With this in mind, we position our study with faces of collaborative learning and practical theory.

*Considerations for our craft*

As engaged scholars we wear faces that hope for a better way of organizing and are interested in the experiences of key members of our society who exercise agency in ways that make change in light of pre-existing structures. As we prepare to engage these organizations, we should and must ask ourselves critical questions that are at the core of the theoretical, methodological and ethical foundation of what it means to be a scholar. First, we are curious as to whether pre-existing theoretical models of organizing health will capture sufficiently what we observe and hear participants sharing with us. As interpretive scholars we are comfortable with our chosen method of ethnography utilizing participant observations and interviewing. It is our position that this method flows from the research questions which spark our interests. Our intent is not to be able to predict or measure the effectiveness of messages to make change, rather to understand which messages are *making* change.

Finally, several ethical questions emerge from the blended face of engaged scholarship that we find ourselves donning- collaborative learning and practical theory. Our collaborative learning face encourages us to ask how the questions that we ask are designed to meet practical concerns of the organization and the researchers. Furthermore, what can we do as scholars to minimize the power distance between ourselves and our participants? This may be of particular concern when working with trailblazers who are managing their identity in relation to power dynamics on a daily basis and may be reluctant to answer questions about the tensions they experience. Our practical theorist face seeks moments of reflection where participants may share their experiences. This poses a challenge since reflection requires time, space and rapport. As scholars working in organizations, how can we encourage this exercise, especially for trailblazers who may be more focused on more active processes? Finally, what facilitates and challenges the process of bringing the practices back to inform our theoretical
perspectives? The dialogue of the organizational communication pre-conference at NCA. In this process we ourselves are learning to become more reflexive as scholars and considering which face is best suited for the above mentioned case studies, the questions we ask, our method, and position as scholars in communities that practice.
References

