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## More than Cracking Backs: Exploring Patient-Careers in Chiropractic Care

Timothy J. Loney  
*Minnesota State University, Mankato*

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MORE THAN CRACKING BACKS:  
EXPLORING PATIENT-CAREERS IN CHIROPRACTIC  
CARE

by

Timothy J. Loney

A Thesis submitted in Partial Fulfillment of the  
Requirements for the Degree of

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MORE THAN CRACKING BACKS:  
EXPLORING PATIENT-CAREERS IN CHIROPRACTIC CARE

Timothy J. Loney

This thesis has been examined and approved by the following members of the student's committee.

Dr. Sarah Epplen  
Advisor

Dr. Dennis Waskul  
Committee Member

Dr. Michelle McAlarnen  
Committee Member

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## **ABSTRACT**

The popularity of the concept of patient-career rose at the same time as more people were using chiropractic care in the United States. Yet, patient-career has yet to be applied in a sociological manner to those who seek out chiropractic care. Semi-structured in-depth interviews with 19 patients of chiropractic care reveal that pain, to the point of interference with daily-life, is what drove them to seek out help outside traditional medicine. This research investigates how holding preconceived notions of chiropractic care (positive or negative), the influence of social networks, and beliefs surrounding health and pain influence the direction of the individual careers in chiropractic care. Several key findings emerged throughout the interview process such as understanding the impact of pain on daily-life, the validation of this pain from a caregiver, the importance of connections and shared understandings in healthcare, and the paradox of a chiropractic adjustment as a blend of science, religion, and magic.

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## CHAPTER ONE: INTRODUCTION

It was the spring of 2009; my friend and I were at the beginning stages of our nearly yearlong program to become licensed hairstylists. Towards the end of the day a guest speaker came to talk to us about chiropractic care. At some point during his lecture he spoke about back pain. This resonated with me because I felt that my back was always aching. A typical day in the beginning of cosmetology school means you are either on your feet cutting the hair of a mannequin or sitting down listening to a lecture. Eight hours a day, five days a week of either standing in one spot or sitting down for long periods of time. At the end of his presentation he held up a weird roller tool and said: “Would anyone like to volunteer for a scan?”

This tool was a Myovision scanner, and it measures electric activity in skeletal muscles. It spits out a graph with multiple bars that are yellow, green, pink, or red (see Appendix A). The electromyography example in Appendix A is not mine, but I use it as a reference point when discussing the experience of interviewees as well as mine. I volunteered for the scan mostly out of curiosity. I was young and didn’t think much of long-term consequences nor did I legitimize any significant concerns I had. In fact, I thought this was just what life is like; you have back pain and you just move on. I mean, I could get up, walk around, play basketball; I was a 21-year-old that was just “sore.”

After looking at the scan, the chiropractor seemed concerned and said I should go visit him. The middle of my back, or thoracic area, had red lines shooting off the page. I remember thinking this was a ploy to get me to spend money at his office, but when he spoke about the symptoms of back pain related to my scan I eased up on the idea of this being a money grabbing scam. After brewing on the decision for a few weeks I decided to go into his office. After my x-ray he told me his plan for how to help me relieve this back pain. I went for a few months and felt that my pain decreased. I slowly became a cautious supporter of chiropractic care. This experience led me to want to research how others came to find chiropractic care and how their experiences shaped their understanding of chiropractic care. There are four key areas that drove my research. First, understanding how the relationship between a chiropractor and their patient impacts the patient's personal understanding of their health. Secondly, why chiropractic care provides a unique field to understand how people perceive pain and wellness. Third, why chiropractic care is viewed as a short- or long-term solution to health problems and how is that understanding developed. Lastly, how can we understand personal pain in relation to larger public issues.

### *Chiropractic Care as a Form of Complementary and Alternative Medicine*

Chiropractic, one form of treatment within complementary and alternative medicine (CAM), is defined by American Chiropractic Association as: "a health care



profession that focuses on the disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health” (ACA). Additionally, they state “Chiropractic services are used most often to treat neuromusculoskeletal complaints, including but not limited to back pain, neck pain, and pain in the joints of the arms or legs, and headaches.” This science-like definition is based on years of work by chiropractors and their associations to legitimize their field in the realm of western medicine. This definition paired with chiropractic care’s association with CAM allows for chiropractic care to dance the lines of legitimized standard treatment as well as being viewed as an alternative to traditional medicine. Chiropractic care was previously not revered by American medical institutions as illustrated by the following quote by the American Medical Association (AMA) from November of 1966: “It is the position of the medical profession that chiropractic is an unscientific cult whose practitioners lack the necessary training and background to diagnose and treat human disease.” Chiropractic care’s legitimacy is still questioned in the medical field even though it is starting to be incorporated into federal health delivery systems such as Medicaid, Department of Veterans’ Affairs and Defense, federal employee health benefits program, and federal workers compensation (ACA 2013).

While there are multiple definitions of CAM available, the National Cancer Institute’s definition is instructive:

Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices generally are not considered standard medical approaches. Standard treatments go through a long and careful research process to prove they are safe and effective, but less is known about most types of complementary and alternative medicine. Complementary and alternative medicine may include dietary supplements, megadose vitamins, herbal preparations, special teas, acupuncture, massage therapy, magnet therapy, spiritual healing, and meditation. Also called CAM.

This definition displays the main components that make CAM an interesting field for sociological investigation. First, the dualistic component of “in addition to (complementary) or instead of (alternative) standard treatments” provides for unique cases of understanding how CAM can be a tool that coincides with traditional western medicinal treatments or rejects the available traditional medical practices. The dual nature of CAM allows for its inclusion to be supportive with standard treatments yet also provide a new way of healing for those that seek to opt out. While once considered only befitting to CAM, chiropractic care has recently legitimized by outside medical organizations and institutions. The emergence of chiropractic schools, associations, and licensing has allowed, for what Starr (1982) refers to as, the new scientific order to emerge; or an order of medicine that bases legitimation on professional licensing, those practices that are covered by insurances and lastly what has been deemed as “normal” medical care.

*Investigating Personal Experiences of Chiropractic Care*

Previous literature in Sociology has investigated differences in experience of CAM use by gender (Brenton 2009), boundary maintenance between chiropractors and their patients (Norris 2001), and the importance of the mind-body connection (Brenton 2009; O'Connor 2000). In addition to sociologically understanding pain, I seek to add in the emotional human element that emerges when embodying pain. This discussion of emotion and pain is where CAM fields separate themselves from other traditional fields. As Bendelow and Williams (1995: 146) suggest:

The elevation of sensation over emotion in traditional medical and psychological approaches results in the lack of attention to subjectivity, which in turn leads to a limited approach towards sufferers and a neglect of broader cultural and sociological components of pain... pain is simultaneously both physical and emotional, biological and phenomenologically embodied.

This human emotional element is an important focus through the lens of the salutogenic model (Antonovsky 1987; Mittelmark, et al. 2017). Salutogenesis is an inquiry on human health that focuses largely on well-being and the factors that attribute to how human health is supported by investigating the relationship between health, stress, and coping. Salutogenesis seeks to eliminate the developing model in western medicine that forms harsh dichotomies between health and illness

(i.e. you are either healthy or ill). Instead, the salutogenic model, views the relationship between health and disease as a continuum that is shaped by a multiplicity of variables that work in congruence to our personal understanding of health. Salutogenesis is an epistemological model that focuses on theoretical understandings of knowledge and what distinguishes justified belief from opinion (Mittelmark et al. 2017). Another key aspect of this model is that it seeks to understand how people stay healthy instead of investigating how people become ill. It is imperative to apply aspects of this model to know how interviewees view their own health in relation to how they can cope with the stressors that emerge through the embodiment of pain.

The patient-career of the interviewees include how they come to notice that their pain is interfering with the functionality of their daily life. In this career they seek outside options of what they know, and this is how they discover chiropractic care. After discovering chiropractic care the patient is then entering into their career. This career expands over time as they come to understand their own perceptions of CAM, chiropractic care, pain, health, and what is their daily interference threshold for pain. It is during this career that patients come to re-define concepts surrounding health, pain, and care.

## CHAPTER TWO: REVIEW OF THE LITERATURE

The focus of this research is directed at understanding the patient-career of those receiving chiropractic care. To fully understand the career experience of the interviewees the literature review focuses on how the use of chiropractic care is rapidly rising in the United States. I do this by examining the history of chiropractic care in regard to legitimation and stigmatization and understanding chiropractic care as a continuum of care. Additionally, I examine the meaning of a chiropractic adjustment as a ritual, how the human body plays an integral role in the embodied experience of an adjustment. Lastly, I explore how sociology of health and medicine helps us know how people perceive their own health and pain, how our social networks influence our health decisions, and how this entire interaction is a paradox between science and magic.

### *Patient-Career and Illness Trajectory*

Brenton (2009) investigated the differences in experience of chiropractic care by gender. This gave great insight as to how men may focus more on the physical pain and relief aspects of receiving chiropractic care where women also associated their care with mental and psychological relief. Brenton's research not only shows how men and women can differ in their understanding of chiropractic care but how women may embrace the more holistic nature of chiropractic care

without evidence of physical healing. O'Connor (2000) also discovered the importance of what is called a mind-body connection in patients receiving chiropractic care. It is important to sociologically investigate the narrative of patients of chiropractic care to understand how they experience care, in other words investigating their personal patient-career.

This research expands on Brenton and O'Connor's work while including the concept of patient-career (Diederiks and Bal 1997; McKinlay 1971) to focus on the meanings that emerge once the patient enters their career in receiving chiropractic care. The concept of patient-career is an expansion and adaptation from the illness trajectory (Strauss and Glaser 1975; Wiener and Dodd 1993) and moral career (Goffman 1961). The illness trajectory method is important because it focuses on how patients adapt and deal with problems, symptoms as well as the interruption of their personal biography (Bury 1991). Kitsuse and Lemert (1967: 57) defines career as "recurrent and typical contingencies and problems awaiting someone who continues in a course of action." This research will use Kitsuse and Lemert's definition of patient-career for those who ultimately accept chiropractic treatment in unison with illness trajectory to paint a more complete picture of the sociologically embodied experience of the chiropractic patient. There are three main stages of this patient-career that will be investigated in greater detail: initial skepticism, the "magical" moment of relief, and acceptance. While the stages may vary in their levity, if one does not find relief they will not accept chiropractic

treatment, thus leading to a failed patient-career. The findings section will elaborate on these stages and how the following literature can help us fully understand the patient's experience during their career.

### *History of Chiropractic Care*

A critical evaluation of the field of chiropractic work is important before conducting research to limit bias toward acceptance of the healing process as truth. The founder of chiropractic care, Daniel David Palmer, did not completely routinize the field in research and science instead noted that chiropractic care is unique in that it does not use drugs to heal people (Palmer 1897). Both Ernst (2008) and Meeker (2002) provide a critical analysis of the history of chiropractic work as they see it as a religion more than a science due to the lack of studies and proof behind chiropractic's scientific ability to heal. Discovering that chiropractic care is rooted in bonesetting, Cooter (1987) illuminates how chiropractic care may not be seen as a legitimate means of understanding health and treatment. Bonesetting predated chiropractic care and because you could practice without formal training it was not adapted into and thus shunned from the new scientific order.

A key concept in chiropractic work is the innate. Innate intelligence, seen by Palmer (1897) as the fifth force, is the inborn intelligence that allows our bodies to adapt to changing environments and keep our body functioning. The innate intelligence in all living beings is what, according to Palmer, controls and influences

how well our body functions without distinct psychological attention. For instance, if you have a cut, your body knows how to heal this wound without you having to give it special attention. Likewise, when you eat food your body enters a process to digest that food and extract usable nutrients.

This innate intelligence is the focus of chiropractic care because the goal of an adjustment is to remove subluxations in the spine. Subluxations interfere with this innate intelligence in the central nervous system that allow the body to operate at maximum function.

This research also examines chiropractic care from a practitioner's point of view. Through qualitative, micro-analysis, Cant and Calnan (1991) researched chiropractor's beliefs surrounding their profession and discovered that chiropractors' believe that they are not stealing patients from traditional doctors, but rather that people are turning to alternative medicine when they feel like they have no other option to deal with their pain. Additionally, Norris (2001) discusses the boundary maintenance between chiropractors and their patients. This boundary maintenance, creating or maintaining physical or emotional distance between self and others, is particularly challenging in chiropractic care because of the extensive use of touch. Thus, chiropractors maintain boundaries between themselves and patients differently than other professional doctors through negotiation of touch with the patient. Norris (2001) also notes there is a gap in detailed accounts of interactions between chiropractors and patients in understanding their treatment



and care as well as beliefs about how well adjustments stay. According to Coulter (1985) this interaction is an important gap to be studied through empirical research. This research seeks to bridge that gap through qualitative interviews seeking to understand the patient's account of interaction. Another phenomenon is that patients enjoy the "click" sound produced by a chiropractic adjustment, and notably associate this with their own process of healing (Norris 2001).

The rise of people turning to chiropractic care is an important sociological phenomenon. Between 1990 and 2000 the number of people using chiropractic care in the United States doubled (Coulter 2002). The American Chiropractic Association estimates that chiropractors treat more than 35 million American adults and children annually. This rise in usage has led to an academic interest in why people are choosing chiropractic care as a CAM. The rise in usage of chiropractic care has led to research exploring profiles of patients (Coulter 1985), and the rising statistics of chiropractic users (Coulter 2005; Mootz et al. 2005). Previous research provides survey results from chiropractors and patients (Coulter 1985; Coulter 2005; Mootz et al. 2005) regarding their reasons for use in comparison to identity markers.

Following Coulter's (1985: 28) suggestion to find "good empirical evidence on chiropractic patients." Brenton (2009) and O'Connor (2000) researched how CAM users made sense of their treatment. O'Connor (2000) established the mind-body connection, or the reciprocal interaction of mind and body. Brenton (2009) later discovered that the mind-body connection is what helped women who were

seeking chiropractic care to better understand their personal health in relationship to social stress.

CAM is a growing field in medicine. According to Fetto (2001) CAM programs with a hospital affiliation increased by 33% between 1998 and 1999. A larger portion of this field is chiropractic care. "Chiropractic care is among the top three CAM's because of patient popularity, income, and potential health care savings" (Menke 2003: 254). According to Rees and Weil (2001: 119) "integrated medicine (known as integrative medicine in United States) is practicing medicine in a way that selectively incorporates elements of complementary and alternative medicine into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment." This integrated approach results in a new understanding of health and healing for patients that are client-based, aptly titled the continuum of care.

The continuum of care is known as an oriented system that includes a comprehensive array of services where patients can be tracked over time (Healthcare information and Management Systems Society or HIMSS). This continuum is starting to include chiropractic care as a part of the health practicum for patients. The continuum of care seeks to legitimize chiropractic care as a field of medicine that can aide in the overall health of a patient. By including chiropractic care in the continuum, patients, doctors, and chiropractors are able to work together and not against each other while helping patients through the healing

process. This continuum of care has helped the socialization of chiropractic care into the new scientific order (Starr 1982). As chiropractic schools and licenses have emerged the school of chiropractic is now shifting its identity from purely complementary and alternative to a marriage between the biological medicines and CAM practices.

This research seeks to discover perceptions of the healing process (Menke 2003) by the chiropractor and the patient. While the use of x-rays and other technological devices are prevalent in chiropractic care, some of the chiropractic care is done through human touch. This direct human contact is different than the medicine that is prescribed through traditional medical fields as the connection may bring about a different feeling of being “healed.” This treatment through CAM can be important for making meaning especially if those dealing with contested illnesses; a medical diagnosis can authenticate an illness for the patient (Shriver and Waskul 2006). Chiropractic care can legitimize or authenticate the pain or illness that a patient experiences that otherwise may be ignored in other medicinal fields. This legitimation can ease patients into accepting or legitimizing chiropractic care as a means to manage their pain or illness.

#### *The Chiropractic Adjustment as Ritual and Social Act*

In addition to understanding self and identity, the symbolic interactionist lens allows for an investigation of the chiropractic adjustment as a ritual between

two individuals. Chiropractic care is similar but differs from various other forms of CAM treatment (acupuncture, cupping, herbal and ayurvedic medicines) because a large part of the chiropractic adjustment is made through human contact, specifically with the hands; it is not that other forms of CAM do not use human touch but rather that chiropractic care specializes in using hands and touch to shift and contort the body in a such a way that is perceived to heal, or aid in the body's ability to heal itself; more specifically in relation to the spine and central nervous system.

It is vital to see every adjustment as not only an agreement between the chiropractor and the patient, but also an act that the patient is involved in. Goffman (1971) breaks down the social act into three categories: business, accident, and ceremony. While chiropractic service is a business, it fits Goffman's definition of ceremony where "...one of the individuals is to perform a supportive ritual to the other" (72). There are many social acts involved in seeking chiropractic care—the treatment itself is a "ceremony," although payment for the service may be "business."

It is important to look at the body as a social object because "the body (noun) is embodied (verb)" (Waskul and van der Riet 2002: 488). The body is not a static object but rather negotiated throughout continuous and new emergent meanings that the body encounters. This body becomes a medium and carries a story with it that can often only be understood through a mind-body connection. This negotiation is important when understanding how a person begins to feel disequilibrium or,

through embodied experience, comes to decipher between equilibrium and disequilibrium.

According to Young, (1980) stress to mind and body can be related to a lack of power. Telling the accounts of people is not enough—we must situate them in the socio-historical background and larger social structures that influence these feelings. Brenton (2009) is able to discuss with female CAM users the problems they experience in relationships due to lack of power and control; these narratives focus largely on yoga usage and the ability to build on the mind-body connection. That is that yoga and chiropractic care help women develop the mind-body connection and better understand their lifeworld. Symbolic interactionists understand power as those who have the ability to define the situation. In this case women were able to come to understand and define their own situations through the ritual of chiropractic care and yoga.

Arnold van Gennep (1909) coined the term liminality and with it described three stages: preliminal, liminal, and postliminal. Rituals or ritualistic acts often begin with a first stage where order is temporarily taken away, or faded, from the previous solidified reality (Boland 2013). It creates a space and time where “norms are loosely prescribed and scarcely enforced” (Boland 2013: 229). This preliminal stage can include the use of illegal drugs, acts, or thoughts. It is a time where preconceived social structure and laws can be taken for granted and ignored. The preliminal stage in a chiropractic adjustment disregards normal social structures

and folklores in that the human touch is explicitly accepted or at the very least expected in the evaluation of the human body. This time and place before the adjustment is often in preparation for the second stage: liminality.

This time of liminality, or performance is when the chiropractic adjustment takes place; otherwise seen as the adjustment itself. "Having suspended order and reflected on existing culture, the next stage is genuine liminality itself, a threshold moment – betwixt and between. This second stage requires a performance of some kind, a ritual act which not only signifies change but also constitutes transformation" (Boland 2013: 229). Breaking with societal norms the chiropractor is able to contort the body of the patient in ways that outside of this practice would seem otherworldly. This act of adjusting signifies great change in the spinal order of the body, but also constitutes transformation. When someone leaves an adjustment this transformation leaves the patient with a new idea of how they are feeling.

Lastly, the third stage is bringing a close to the ritual and a reintegration of those who performed, or experienced the act, back into the community. This third stage, postliminal, can be seen as a celebration or reestablishing of norms. It is this point where the patients are afforded the re-gained privilege of having control of their own body again. They discuss what happened and the patient can enter back into society with a new sense of relief.

*Sociology of the Body*

Waskul and van der Riet (2002: 510) describe embodiment, or the way that an object-body is experienced or transformed as a subject body (Waskul and Vannini 2006: 3), as "... [A person is] subjectively embodied in a fluid, emergent, and negotiated process of being. In this process, body, self, and social interaction are interrelated to such an extent that distinctions between them are not only permeable and shifting but also actively manipulated and configured." The importance of the body in sociology is that we do not occupy a "static object body" but rather our bodies provide meaning as to who we are in relation to our interactions and our surroundings. The following explores abstracted thoughts of three bodies in relation to symbolic interactionist thought: the looking glass body, the ecstatic body, and the networked body. These examples give insights to how this research proceeds in relation to embodiment.

As an extension of thought to symbolize the importance of the social body Waskul and Vannini (2006: 5) expand on Cooley's (1902) looking glass self to create the "looking glass body." Much like the looking glass self, our social bodies follow the three tenets of the looking glass self in that: We imagine how our body appears to others; we imagine their judgment of our body; and lastly it instills a self-feeling. Thus, the looking-glass body is a prime example of the importance of reflexivity as a unique and necessary condition in understanding embodiment as a temporal process.

The ecstatic body is key in doing away with dualistic thought processes that arose in western medicine. This is also expanded upon in Antonovsky's model of salutogenesis in the section of Sociology of Health and Medicine. What is unique about the socio-semiotic reflections by Waskul and Vannini (2006) in Chapter 13 of *Body / Embodiment* is that it uses a socio-semiotic take to move away from dualisms of "body and mind, individual and society, and materialism and idealism" (183). The diminishing of dualistic thought is important in this research because of how it entraps the researcher into looking at and believing in the dichotomous categorization in regard to the human body. While Antonovsky seeks to do away with the dualism of health and illness I will pair that with the separation of body and mind in this study as that relationship is part of an ongoing reflexive negotiation.

"The Networked Body the Question of Reflexivity" by Crossley (2006) decidedly brings about the importance of social networks in terms of understanding the social body. Because we are born into groups that have previous histories and customs we are socialized based on these historical practices and thus conditioned to act or imagine we should act in particular ways. These interdependent networks shape how we see our bodies and broadly influence how we think our bodies should appear and operate (Chang 2004; Hirst and Woolley 1982). The importance of networks in terms of reflexively looking at how we present ourselves and understand how we should begin to imagine how others perceive us is integral in knowing what we expect of our bodies as we embody pain. These networks are



important to understand in the symbolic interactionist lens but, because this research involves investigating larger social institutions, I further expand on more macro and midrange theories to complement the interactionist approach.

### *Social Networks*

As previously mentioned in the networked body, how we understand our bodies is in relation to the various networks in which we operate and interact in as well as the historical references, understandings, and beliefs of the cultures in which those networks operate. This section is stating the importance of social networks and the weak ties that individuals operate and make meaning within. The importance of networks in this study is related to how much these networks influenced participants to participate in chiropractic care. Granovetter (1973) notes that people will place a varying amount of weight on their decision making depending on how deeply embedded they are with the ties in their social network.

The networks we operate in define our roles in society but also reinforce a level of stigma to certain actions. Goffman (1963) described two different types of stigmas. The first is discredited stigma or the type of stigma, which is known or relatively known to the individual. The second type of stigma, discreditable stigma, is a type of stigma, which may not be immediately known to others but still would carry the potential to discredit the individual to others. Stigma is important in this study for two reasons. First, the stigma attached to chiropractic care which has

carried significant weight since its inception and, secondly, the stigma that is attached to those who pursue chiropractic care. The first would relate to discredited stigma as public perception of chiropractic care can vary to the extent that people see it as quackery. The second type relates to discreditable stigma because if someone found out that someone within their network used chiropractic care it could change how people within the network viewed the individual.

Others help create our identity (Stone 1962) based on the designation of social roles (Stryker 1980) within society. Waskul (1996:26) states “identity is the self’s situational definition of itself.” This includes our designation to roles as well as the primary focus of internalizing our place and meaning within those roles. Additionally, it is our interaction with others that shapes our identity and not merely a self-reflection of ourselves. Stryker (1980) understood the importance of identity as an internalized position in society based on the role relationships we occupy. This research focuses on Stryker’s views of identity because they are developed in the symbolic interactionist viewpoint and take into account “individual role relationships and identity variability, motivation, and differentiation” (Stets and Burke 2003: 11). This identity or change in identity can be viewed through some interviewees in this study who found chiropractic care after sports injuries. The coping process of those leaving sport is complex and involves more than just the exit of sport but rather the dissolving of a previous athlete self that was a large part of their identity (Grove, Lavalley, and Gordon 2008; Carver et al., 1989; Costa and

McCrae, 1989; Endler and Parker, 1990; Folkman and Lazarus, 1980). These injuries led to them leaving the sport and attempting to build a new identity. A large part of who they saw themselves as, as well as their peers, was tied to their participation in sport. Exiting this sport led to a new identity that was not as easily managed, but in this research the pain associated with the injury was managed through chiropractic care. Thus, we can view chiropractic care as a ritual that helps those shifting identities by easing the process.

### *Sociology of Health and Medicine*

Salutogenesis differs from traditional models of health that focus on what causes disease and illness and focuses more clearly on what factors support or aid in the overall health and well-being of human life. This model also seeks to view health on a continuum (Antonovsky 1979, 1987), or “health-ease /dis-ease continuum” that rejects a dichotomous approach to health, which traditionally labels humans as either healthy or ill. According to Antonovsky (1979, 1987, 1992, 1993) health is associated with conscious coping, happiness, and growth where disease is associated with rigidity and emotional suffering. This model seeks to look into what keeps people healthy rather than what causes them to be ill. Salutogenesis, the combination of Latin, where *salus* equals health, and Greek, where *genesis* equals origin, seeks to investigate how people manage their health in relation to stress due to the variability of how well individuals cope with stress.

While there are a wide array of factors of health associated with the salutogenesis model provided by Antonovsky (1979) I will focus squarely on stress and the surrounding circumstances and literature abounding its importance. Antonovsky (1987) states there are three potential reactions to stress: The first is simply acting neutral against the stress; secondly, carrying the ability to manage this stress in relation toward a specific health outcome; and lastly the inability to manage this stress which inevitably leads to breakdowns or worsening of health condition. Antonovsky (1979: 103) illustrates generalized resistance resources, Appendix B, as a wide variety of characteristics; physical, biochemical, artifactual-material, cognitive, emotional, valiative-attitudinal, emotional, interpersonal-rational, and macro sociocultural, which belong to individuals, primary groups, subcultures, or society, that are effective in avoiding or combating stress or factors that can lead to stress. This model helps us understand that personal health, and more specifically for this research, pain and stress-related symptoms are not merely based on the embodiment of the social body but related to the resources that are bound to a community or network at large.

It is important to bring this model to a level of individual agency and that is more aptly understood through a sense of coherence (Antonovsky 1979, 1987, 1993). Coherence is understood through its three tenets of comprehensibility, manageability, and meaningfulness. Comprehensibility is a set of beliefs built around the idea that life is orderly, events occur in a predictable fashion, and that

the individual has a relative idea of how the future will unfold. Manageability is a set of beliefs that build of the notion that the individual has the skills, support, and the resources available to manage life with a sense of control. Lastly, meaningfulness is the idea that life is worth living and there is good reason to care about how life unfolds. This sense of coherence is important when understanding why people seek out chiropractic care to alleviate a specific stress that they are coping with. In this sense people approach chiropractic care with the idea that it is predictable, resource abundant, and can provide the meaning necessary to appropriately manage stress. This coping process is key to understanding health from a sociological perspective as expressed by Antonovsky (1992 48):

Life is inherently full of stressors, with life-situation stressor complexes by far deserving most of our attention if we wish to understand either health or disease. Focusing on health, I expressly rejected the implicit assumption that stressors are inherently pathogenic. Their health consequences can only be understood if we understand the coping process.

As the history of chiropractic care muddies the water of mechanism and vitalism, the current distinction between belief, opinion, and scientific understanding of health and pain is not easily separated. Thus, including an epistemological approach to knowledge in relation to the sociology of health and medicine can provide a deeper understanding to the social inquiries of this research. The salutogenesis model through an epistemological lens visualized in Appendix C,

adapted from *The Handbook of Salutogenesis* (Mittlemark, Sagy and Ericksson 2017) illustrates how knowledge, more specifically health literacy, emerges from interaction within a medical system as well as a network. This new knowledge that is gained can be used to gain health literacy as well as connecting with others. Relating this model to social networks we can see how health literacy is impacted from the networks we interact in as well as how much we seek health literacy knowledge. Deciphering between knowledge and opinion can help us understand health literacy as a means of knowing the importance of how well an individual understands the medicine or treatment they receive. These blurred lines of knowledge and opinion and inevitably the importance of sensation and emotions in terms of personal understanding of health, the theme of magic emerged. Magic becomes another aspect of the messy web that also entangles science, religion, belief, sensation, emotion, resources, and reflexive perspectives.

### *Magic / Science Paradox*

Both Mauss (1902) and Durkheim (1912) viewed magic in a way that exposed the importance of viewing the ritual of magic as a social fact. Durkheim and Mauss see magic as social fact, or something that exists external to the individual but yet still constrains them. We can view magic as a social fact that exists and is further perpetuated in particular milieus. Thus, a social environment that places even the broadest sense of magic in the realm of reality will allow magical

experiences to be validated. Furthermore, magic for this research was studied not from a social structural viewpoint but rather the idea that magic is understood through the circumstances of how and where rites of passage are performed. Thus, magic emerges through the shared act or ritual of a chiropractic adjustment. For Mauss (1902) magic occurs with religion and science, that is magic does not only coincide with sacred bonds but also within the empirical. Yet, where this research differs from past research on magic is that chiropractors do not see themselves in that fashion but rather the healing process or immediate satisfaction gained and felt by receivers of chiropractic adjustments are expressed as if the experience itself was magical.

The experience of a patient-career in chiropractic care is best understood through investigating the stages of skepticism, relief, and acceptance. Within these stages the patient embodies pain and understands this through their own experience as well as their expected outcomes of day-to-day to life. In order to take an in-depth look at various patient-careers it is practical to look into the social networks that help guide patients in their health journey. The patient-career is all encompassing of the stigmatic history of chiropractic care, the networks that influence our beliefs and decisions, and the ritual of an adjustment that creates an interaction of healing where it is often understood changes in pain levels and understandings of the central nervous system. These experiences are all unique on

an individual level but the patterns do show how personal pain is by and large a public issue.



### CHAPTER THREE: METHODS AND DATA

To better understand people's desire to seek out and receive chiropractic care I conducted 19 face-to-face interviews with people who have received chiropractic care. Qualitative research allows for the accounts of individuals to bring a narrative or voice that provides in-depth knowledge on human behavior and the meanings of such. Using qualitative research brings to light the unique stories and meanings that emerge for individuals that seek out chiropractic care. Once participants agreed to the interviews, we agreed upon a location to conduct the interview. The interviews were later transcribed and coded with the tool MAXQDA.

When investigating the personal narratives of individuals who seek out chiropractic care it is best to pair a symbolic interactionist lens with a grounded theory method. I agree with Milliken and Schieber (2012: 693) in their assessment that pairing symbolic interactionism and grounded theory heighten the ability for a more "useful, deep, rich, explanatory theory" to emerge from research because of the ability to continuously dive into the depth of theory during the coding, and analytical stages of the research process. Additionally, Chamberlain-Salaun, Mills, and Usher (2013) analyze the importance of linking symbolic interactionism with grounded theory when constructing a research design based on the strong relationship of symbolic interactionism and the 16 assumptions of grounded theory presented by Corbin and Strauss (2008). My research uses semi-structured in-depth

qualitative interviews to understand the experiences of those seeking chiropractic care. The data gathered through this study will expand the knowledge of why people seek out care and how after receiving care interviewees' new understanding of self, in relation to pain and wellness, emerge. The qualitative data provides a narrative and theoretical framework that helps those outside of experiencing chiropractic care understand beliefs, issues, and experiences of those who do partake in receiving care. The overarching goal of this research is to further understand how individuals' understanding of their own bodies, self, and identity, in regard to pain and wellness, shift based on experiencing chiropractic care. Lastly, I believe chiropractic care, with its extensive exchange of touch between patient and doctor, creates an arena for new meanings and language to emerge.

### *Research Questions*

There were four key research questions that were explored in this research. These areas of interest shaped the initial interview guide (see Appendix D) and provided a breadth of research to reflect back upon through coding and analysis. I sought to answer the following research questions.

First, how does the relationship between a chiropractor and their patient impact the understanding of personal health? This is an important question because we can see how trust between chiropractor and patient is developed. We can also

see how the provider's legitimation of the patient's problems shapes the perception of personal health in relation to receiving chiropractic care.

Secondly, why does studying chiropractic care provide a unique view of how people perceive pain and wellness? The literature I reviewed illustrates how chiropractic care is unique in its use of human touch as well as its shift from a stigmatized to more accepted form of care.

Thirdly, why do people view chiropractic care as a short or long-term solution to managing pain? This question connects the previous two questions to understand how people view chiropractic care before, during, and after receiving care; otherwise known as a patient-career.

Lastly, how can we understand one's personal pain in relation to larger public issues? This question allows the research to explore outside forces such as social networks, health care systems, and the balance of work and health in daily life.

### *Data*

I used purposive sampling to identify individuals 18 years of age and over who have received chiropractic care in the last two years. This broad range of participants was key to this exploratory study. Convenience sampling was used in multiple ways for this study. To gain participants in a timely manner, I recruited participants by leaving a flyer (see Appendix E) at two chiropractic offices, making

two announcements at a local yoga studio, and posting a flyer on Facebook (cf. Brenton 2009). This helped to gain participants in a timely manner but also coincided with a previous model used by Brenton (2009).

I conducted in-depth, semi-structured interviews. These interviews lasted between 30 and 75 minutes. The interview guide (see Appendix D) contained a host of potential questions but based on the direction of the interview and the importance impressed upon various areas of chiropractic care, new probing questions were used to gather deeper understandings to the topics most important to each interviewee.

The location of the interviews was negotiated between interviewees and the researcher to find a place deemed comfortable by both parties. Interviews took place in a school office, homes of interviewees, three different local café's, and a public park. The interviewee was prepped beforehand with a discussion of the research as well as given ample time to complete their consent form (see Appendix F) to ensure that the interviewee knew their rights to the fullest extent. A digital recorder was used to record the interviews, to provide the researcher the opportunity to take field notes and better probe the interview in a meaningful direction. The recorder did not stop until the researcher or interviewee left the designated location to ensure that any material pertinent to the research could still be recorded. The interviewee was aware of this arrangement before the interview.

### *Data Analysis*

After reviewing multiple coding programs I chose to purchase MAXQDA. I chose MAXQDA because its ease in organizing themes within the system and the ability to print those themes for examination. MAXQDA allowed for me to upload all of the digital recordings and slow down, and rewind the playback feature to ensure credibility in the transcription process. In addition I was able to transcribe and code within the MAXDQA application.

Following the coding process of Brenton (2009), interviews were examined with a combination of grounded theory (Glaser and Strauss 1967) and analytic induction (Lofland and Lofland 1984). The development of theory via grounded theory allowed for data collection to simultaneously shape my analysis. By separating the coding process in to two phases (Charmaz 1983) it allows for open coding, or line-by-line (Emerson et al. 1995) to develop themes followed by focused coding and memoing (Charmaz 1983) to further develop coded categories into distinct categories that are well refined. Through grounded theory, new research questions emerged to focus more on the following areas: how participants managed pain, what other aspects in their life were affected by this pain, and specifically how they viewed their pain before chiropractic care, during care, and how they view their pain affecting their life in the future.

While the interviews were being conducted I took field notes to ensure that any information that is relevant that may need clarification or fit into previous

patterns could be expanded on in the interview. Memoing was used in correspondence with transcription and coding to better refine categories. The use of grounded theory, coding, memoing, and field notes, allowed for the continued development of, and openness for, the interview guide to expand with each interview.

There were two ethical concerns that could arise during this research. First, if someone is seeking chiropractic care they could be experiencing pain at a traumatic level. It is within the consent form as well as emphasized throughout the interview process that if the interviewee is in any pain they can adjust themselves or end the interview at any time. Secondly, the protection of individual identities through the use of pseudonyms and elimination of any narrative that may be too specific, which could allow a reader to more easily identify an interviewee.

## CHAPTER FOUR: FINDINGS

Before entering a patient-career, interviewee's expressed a level of pain that disrupted the functionality of their daily life. Personal pain is not in and of itself merely just a personal problem. The pain is experienced personally, yet also emerges as a product of culture and social systems in which we experience pain. Synnott (1993:4) elegantly describes the social body as "both an individual creation, physically and phenomenologically, and a cultural product; it is personal, and also state property." The social body is more than the physical body; it is also the meanings that emerge when our bodies interact with others, items, things, thoughts, and beliefs in everyday life.

Shilling (2003:17) understood the importance of the body in relation to sociological inquiry as being "at the heart of the sociological imagination" and that new focus should be driven to understand "the embodied human as an object of importance in its own right." Waskul and Vannini (2006) share these observations in their seminal work *Body / Embodiment* while pressing forward with the importance of pragmatism in symbolic interactionist work. This following excerpt from Waskul and Vannini (2006: 3), is an analysis of Reynolds (2003) summation of American pragmatism that envelops the core assumptions as well as its drive-in research:

Among the most important, pragmatism emphasizes human beings as active and creative agents; a human world that both shapes the doings of people and is fashioned by the doings of people; a determined emphasis on how subjectivity, meanings, and consciousness do not exist prior to experience, but are emergent in action and interaction; a grounded examination of practical problems; an approach that situates action as a primary conceptual and analytical focus.

Participants who were not directly recommended to a chiropractor from their doctor felt that their pain was not legitimized in the eyes of their original care provider. Those that had to seek out chiropractic care as an alternative solution felt that their story would be heard by a chiropractor who would help them manage their pain.

Work was cited as a frequent source of continued pain and a major reason why they sought chiropractic care, especially work such as hard labor, and jobs that require standing or sitting for long periods of time. After interviewing two chiropractors in this study they both stated that work arrangements at this time (how our bodies are used at work), mostly sitting for long periods of time, is causing great harm to long-term posture and spine health. Both chiropractors in this study, Taura and George, complained about the negative impact sitting in chairs for long periods of time has on the human body. To expand on how we contort our bodies for work we can see that sitting in chairs for long periods of time can create many



unfortunate problems for the spine. Therefore, we must investigate the system of work that we currently have in place. The aspect of power, or lack thereof, for interviewees in regard to their work is a factor in negotiating when their bodies have reached a point where they can mentally no longer adhere or adjust to the pain. This system that we have in place must be studied as well. As Lukes (1974) explained,

The bias of the system is not sustained simply by a series of individually chosen acts, but also, most importantly, by socially structured and culturally patterned behavior of groups, and practices of institutions which may indeed be manifested by individual inaction (21-22).

Lukes (1974) explains how power operates in work places and insists that we understand work as social and cultural behavior. Participants expressed how managing their pain in relation to work led to burnout, but they struggled with this given the cultural ideal that you work as hard as you can for as long as you are able.

Gini (2000) found that Americans view hard work as not only something that has to be done, but also that hard work is morally good; to do is related to this research because work, and work place pain were key in a few interviews. This construction of work ethic can be seen in phrases such as “just work hard and you can make it” or “pull yourself up by your bootstraps.” Through socially constructing these work ethic ideologies over generations we come to act on these beliefs as if they are true. By understanding the history of how the American work ethic came to

be we can understand the personal experiences of those that try to live up to this reality today.

After understanding the cultural and social significance of work ethic we can use a sociological imagination (Mills 1959) to understand personal pain as a public issue. The sociological imagination allows us to connect our own experience to history and develop an awareness that connects our personal experience to the rest of society. It became apparent that limited access to healthcare, our American ideals of managing pain, and the need for a steady income led to many interviewees to never question managing their pain through chiropractic care. Vicki stated,

It's just kind of everything. The VA doesn't cover the chiropractor, I don't want to take pain pills, and I need to work; but working just makes the pain that much worse, ya know. It's this cycle that you cannot escape.

Of great importance as well is the fact that interviewees rarely express an interest in changing careers but they would rather cope with the consequences of that career.

### *Entering the Patient-Career*

As interviewees enter their patient-career it becomes apparent that the act of pain interrupting their life was influenced by outside forces such as work, structure of healthcare system, sport, and other areas. This career in chiropractic is unique in that it often starts when seemingly all other options in traditional medicine have been explored. Bridgette, an elementary school teacher summed up this feeling, "I

just felt that I tried the doctor, and I tried the massage, and physical therapy. I guess I felt like I had no choice but to give chiropractic care a shot.” This coincides with Cant and Calnaan’s (1991) findings that chiropractors were told by their patients that they were a last resort. This section will explore how people begin their patient-career in relation to the pain they are experiencing.

For Wyatt and Vicki they did not hold previous negative views of chiropractic care but their perceptions of options to heal their pain were limited due to Veterans Affairs (VA). Wyatt noted, “I am 60% disabled, but ya know the VA doesn’t cover chiropractic work.” After being asked why he continued to see a chiropractor, Wyatt further explained “It worked, I mean the pain was slowly going away. Right now [no longer seeking chiropractic care] I fall down because the pain is so bad.” Vicki noted similar dissatisfactions with the VA: “I had to pay out of pocket. Thirty dollars each time and it was [over 90 miles away]. It takes more time, which I don’t have; and more stress.” The inefficiencies of the VA were limiting the options and potential scope of optional treatment for Wyatt and Vicki. The healthcare system, particularly the VA become an institutional issue that Wyatt and Vicki had to work around in order to receive care. Wyatt and Vicki both expressed displeasure with how the VA health system affected their pursuit of dealing with a variety of health issues. While only a small sample, the experiences of these two interviewees could shed a light on an organizational problem that the VA may need to address in regard to including chiropractic care into their plans for wounded veterans.

The pain expressed in interviews was personal, but we can view the participants' pain as a public issue after understanding that working conditions were prevalent in most cases where participants expressed chronic pain. Participants stated that the need to work to gain an income as a reason why they never considered changing jobs; Angela, a secretary, even stated, "I mean even if I changed jobs I am still sitting all day. So that doesn't solve anything." Angela was noting that even if she changes jobs she would have to stay in the same "field" of work. The end result is that she would still have the same structural problems from work that caused her pain in the first place.

In relation to the need to work the cost of chiropractic care came up often in interviews. There was a common occurrence during interviews that the cost of around forty dollars each appointment was unsustainable if they were expected to go each week. For instance, Sophie stated that once chiropractic care was no longer covered after her car accident the cost of chiropractic care was "too much." Laura compared the cost of chiropractic care to that of a massage in which she said, "I would just get a massage [if the cost was similar]. Every time if I had that choice I would pick massage. It's such an easy choice."

These examples show how the history of health care in the United States, and where it stands today, impacts how individuals can treat their personal pain. The high cost of receiving care outside of health insurance and having to travel to

receive care provided roadblocks to those that were hoping to take advantage of a new healing option that was working with them.

The World Health Organization's (1948) definition of health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The latter part of the definition, "not merely the absence of disease or infirmity", leads us to a discussion of health in regard to chiropractic care.

George, a chiropractor in this study, claimed that

when discussing health we must look at how well the body can respond when in times of stress. How well does the nervous system operate? We cannot discuss health without discussing the central nervous system and what disrupts the body's ability to heal itself.

The importance placed on innate characteristics by practitioners of chiropractic care maintains some boundaries between chiropractic and traditional definitions of health. The discussion of innate with interviewees led to more confusion such as Joey stating, "Yeah, I don't know what you are talking about" or Lisa stating "I think I heard of that [innate] but I couldn't tell you about it." Thus, the use of innate in chiropractic care is important to explore from the chiropractors' standpoint as well. The innate is the inborn or natural part of human health. The innate is peculiar in that chiropractic care is about restoring the spine to the best possible position so that your body can function as it was intended to do.

Taura and George, the chiropractors in this study, each described the importance of the innate. According to Stephenson (1948: 1) “the function of Innate Intelligence is to adapt universal forces and matter for use in the body, so that all parts of the body will have coordinated action for mutual benefit.” Additionally, Dorland (2000) defines intelligence as having the ability to comprehend or understand. Therefore, innate intelligence could be understood as our inborn ability to comprehend or understand. This includes the human body’s capability to heal itself. After hearing their descriptions of what innate means to them the intersection of science and magic became clear.

Taura explains that innate refers to the “beautiful intelligence that lives in all matter.” Our bodies thus know how to function because of this innate intelligence. As Taura further explains:

Our hearts beating, our lungs breathing and digestive system doing all these things without us having to think about it. This is what my upper cervical chiropractor talked about. There are so many things happening in our bodies that we don’t have to think twice about. Our liver is sending messages to our brain what we need to do to metabolize things. We don’t even have to think twice because there is this beautiful intelligence inside us.

Taura’s articulation of the body’s innate functions places emphasis on people not having to think about breathing or metabolizing. However, she later suggests that our innate functions work more effectively when given proper social resources:

If we cut our hand what happens? It heals itself. The innate intelligence that lives in our nervous system is doing that without our consciousness telling it to. There is innate not only within human beings but also in nature. Trees growing, animals have it and plants. That is why in our office we have plants everywhere. Things just work when they are given the resources they need. That is the foundation of chiropractic; there is an innate within all living matter giving it its properties giving life its life. As long as there is no interference from that connection within. I can go on and on about this. I am such a nerd (laughter) I used to study the universe and quantum theories, stars.

While Taura offered a more philosophical approach to the body's innate capabilities, George spoke of his history before chiropractic care and why he began to connect the innate with how the body should function.

It was the chiropractor I had before that talked about the philosophy behind it. So with the innate, the body's inborn wisdom to heal, and my ability to tell my story. I received a million [laughing through exaggeration] therapies on my shoulder and it would feel better for the minute but never got better. And with chiropractic it was starting to see that problem is gone. Not just feel better but healed. So when I started putting these things together, and thinking this makes a whole lot more sense to me. Then tying it back to experience that really changed my life. When I was [young] I had chronic ear

infections. I had seven operations on my ears. They put Tympanostomy tubes in my ears seven times. I lived on antibiotics. I had horrible heart burn from first grade through college. That went away from the first time I started getting adjusted. So it was more of looking back and saying, hey, these subluxations in your spine were likely giving you these ear infections. So instead of cutting holes in your ear drums and giving you medications that ravage your digestive system, to ultimately having your health change. And now I haven't missed a day of work or school and it isn't that I don't have illness but I have not been sick for an extended time.

To the chiropractors in this study, the innate ability of the body to heal itself plays a key part in discussing pain with their patients. Pain, most often referred to as physical pain by patients is much more complex than the signals that your body sends to the brain. The innate can play a part but we most also discuss how we culturally understand pain plays a key role in how we act when pain disrupts the normal functionality of daily life.

People I interviewed expressed that pain was a key signifier of something negatively affecting their health. Through their daily lives, they learned to live and cope with physical pain. Additionally, the physical pain that was experienced led to other forms of pain. As Melzack and Wall (1988: 61) argue, "The word 'pain' represents a category of experiences, signifying a multitude of different, unique experiences having different causes, and characterized by different qualities varying



along a number of sensory, affective, and evaluative dimensions.” Another way to view pain as presented by Morris (1991:1) is that “Pain is never the sole creation of our anatomy and physiology. It emerges only at the intersection of bodies, minds and cultures.” Thus, pain relating to the mind-body connection but also is a wide array of experiences that are influenced by culture, work, and history.

In this research, a sociological view of pain will focus on the subjective evaluations or perceptions of personal pain. Previous dichotomous notions of pain ignore the subjective aspects, which are embodied by those seeking relief. This research seeks to illustrate the importance of emotional responses that arise from embodying pain. Chiropractic care can be a solution to this problem in western medicine as Lucy, a yoga instructor stated, “he [chiropractor] just listened, where, like my doctor just seemed disinterested in how much the pain was affecting me.” This is telling that the emotional aspect of pain can carry a toll that if un-validated in traditional medicine may lead to others like Lucy to seek out solutions that may exist elsewhere.

When interviewees expressed their pain to others, they sought for their pain to be legitimized or validated, especially by medical professionals. This pain, often of the physical body, is mutually legitimized when medicine is prescribed. However, when medical professionals do not validate pain, by prescribing drugs or issuing further tests, the person embodying pain may seek out other means for healing such as chiropractic work or other forms of CAM (Barry et al. 2001).

### *Identifying the Source of Pain*

Often, before entering a patient-career there had to be a reason that interviewees would want to seek out chiropractic care. Interviewees were quick to identify the source of their pain. By identifying this source of pain interviewees were able to discuss how they first discovered chiropractic care. This is an important stage because it often started with their pain not being legitimized in other health systems. The source of pain mostly fits into a spectrum ranging from sudden injuries to lifestyle injuries where pain increases over a period of time. Sudden injuries are those that are caused by a singular event such as sports injuries, car accident, or injuries during war; sudden injuries mark a specific time when the pain originated. Lifestyle type injuries, on the other hand, occur over a period of time such as those caused by posture at work, typing on a keyboard, sitting at a desk, standing for long periods, or working physically demanding jobs.

Stories of lifestyle injuries, like Tony's, revealed managing pain for a long time. Tony, now in his mid-thirties attributed the lingering pain in his back to the many hard labor jobs he worked from his teen years into today. Often dissuaded by the medicinal aspect of his healing, Tony sought a different means for managing his pain. He felt that he needed to exit the health care system that never legitimized his pain or his ideals of how to deal with that pain. As Tony states, "Uh, going to a doctor

repeatedly, and being told there is nothing wrong with me; when you can literally see lightning bolts of nerves going through my back.”

Tony described the plethora of tests done in the doctors’ office that showed how his nerves were not functioning properly. The “lightning bolts” were a sign to him that something was wrong, despite not finding any structural damage in his spine. He felt that his traditional doctors focused on the results of the tests instead of looking at the pain he experienced. The inability to find manageable solutions for pain led those with lifestyle injuries like Tony to seek out other means to manage or treat their pain. Others noted this type of interaction with doctors as it is viewed as one-sided type of communication style seemed to be found in other medicinal settings (Radley 1994). Barrett et al. (2003) and Bishop et al. (2007) both found that when people enter CAM or begin to use practices in CAM, they want to have a sense of agency or autonomy of the decisions or processes. Tony said that doctors repeatedly told him that the pain he felt was not diagnosable. Before seeking chiropractic care there came a point for the interviewees that their current plan of action for pain was no longer successful.

For others like Alexis, a car accident was a sudden event that led them to the chiropractor. Doctors often suggest patients to see chiropractors after accidents as their spine may be subluxated after an event like a car accident. This can be a way that people are introduced to chiropractic care and in turn may lead them to return.

As Alexis said, “I was, let’s see, 19 [now 26] when I was rear-ended. My L4 and L5 were badly subluxated and I have had to go [to a chiropractor] weekly ever since.”

Alexis is referring to the Lumbar discs four and five located directly above the sacrum. The vertebral subluxation “is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health” (Association of Chiropractic Colleges in Keating Jr. et al. 2005: 2). The support of basing treatment off of subluxations is still contentious between chiropractors, as well as within the scientific community as a whole (Keating Jr. et al. 2005). For Alexis it is key that she visits her chiropractor every week. This has become less negotiable based on the pain she expressed when missing an appointment or two. This was not the case for everyone. When I asked if she’s been going every week for several years now, Alexis said “Oh yeah. Well, sometimes I miss but I can feel it if I miss. My back aches and then my hips and it just goes back to that overall pain I had since the accident.”

Like Alexis, Angela was also in a car accident and had “major neck pain.” For Angela, chiropractic care was more of a quick fix. Angela’s previous perception of chiropractic care was that it was only for those with extreme pain. She did not view the chiropractic practice as something that merited routine examination such as the dentist. This previous notion of chiropractic care as a type of care for injuries instead of long-term care led Angela to not continue care after she experienced relief from the pain caused by the accident. Angela mentioned she went for about

four months after the accident. When I asked Angela about continuing her chiropractic treatment, she noted “I don’t need to, at least not regularly. It was mostly just because that accident messed up my neck pretty bad, but I mean I can turn my head [physically turning head] without any problems so, no, I don’t need to go.”

Angela associated her need for chiropractic care with how much pain she was in. Pain became the main way for people to determine if they were healthy or not. The general consensus was that a lack of pain indicated good health and thus no need to seek care. Chiropractors suggest they should be utilized for more than just a place where you go when you are in pain. Much like going to a dentist for more than a cavity, chiropractors believe they are a place for more than just cracking backs. As George, one of the chiropractors in this study argues

It is now normal for people to go to the dentist twice a year for a check-up. Insurance covers that. We [chiropractors] have to convince [patients and outsiders] that we should be a part of their health story as well. We should be a normal part of care you seek out twice a year, or more, so that you can take care of your spine; your nervous system.

Much like the public has been convinced of the importance of good oral health, George hopes chiropractors can begin to normalize the idea of good spine health.

*Disrupting Daily Life*

Participants in this study stated that the pain they felt impacted their daily life. The interference of daily routine was a driving force for those seeking alternate routes to manage their pain. While the threshold of pain may have differed for each interviewee, it was clear that there was a point that the day-to-day routine was overwhelmingly disrupted by pain. Wyatt, a military veteran who was experiencing chronic back pain after returning from an overseas deployment, experienced pain that impacted his daily life to where he now had to plan most of his activities around how much pain he felt that morning. While his pain was legitimized through the VA, as being declared over 50% disabled, Wyatt revealed he sought out chiropractic care after some disappointment in coping with pain pills:

Um. Well, I would have to take Vicodin once, twice, three times a day. Um, just to be able to function at one point. Whereas I could visit the chiro[practor] once a week, and um, I was pain free for the rest of the week after that one visit.

Wyatt went on to talk about how this pain, before chiropractic care, affected his daily life. Pain altered his otherwise mundane, taken-for-granted morning routine. When pain has such a profound impact on daily routine we must also investigate the physical body, as a social object (Waskul and van der Riet 2002), as it becomes a vehicle that carries this pain. This body is not a static object but rather negotiated throughout continuous and new emergent meanings that the body encounters. This body becomes a medium that not only carries a story but also can

be the driver of the vehicle in determining action. The person subjectively embodies this pain through a fluid process of continuous negotiation between the self and body. This process can change over time. Wyatt's bearableness of pain diminished over time because of the increased disturbance on his daily life. For Wyatt, the process of getting out of bed in the morning became a chore:

I have fallen multiple times. When I wake up in the morning I have to just lay there, sometimes for an hour. This is part of my life that I have to plan around.

On the days that Wyatt is able to plan for increased pain levels, new challenges arise. As a degree-seeking University student, choices had to be made at how to go about the day. While the pain was evident in the early morning, when bed-ridden, it continued when commuting to school. As Wyatt explains:

I had to consider every day the balancing act of what [total amount of] books I brought to class or how much pain I wanted to go through. So high pain, high [amount of] books, or low pain and low [amount of] books. Even then it affected my attendance quite a bit. My GPA [grade point average] suffered because I was in pain.

The chronic pain has not only had serious effects on Wyatt's GPA, but also took an emotional toll. If he had multiple classes, he had to carry a lot of books to school and this resulted in more pain that day. This cycle of attempting to be a full-time student and balancing the chronic pain became too much for Wyatt to handle. A new

dimension of understanding Wyatt's body as a social object emerges when we bring to light the experience of chiropractic care. Wyatt and his chiropractor developed a mutual understanding, shared language, or spine language when identifying this source of pain.

I have developed the concept of spine language to explain the distinctiveness of the communication that occurs between a chiropractor and their patient from first meeting through their continued connection. Spine language encompasses the language, movements, feelings, and noises that predicate, emerge from, and derive from a chiropractic adjustment. An example of this unique ability to share this understanding of spine language, Michael expressed "I heard that pop, and I knew we got it." His satisfaction from the popping noise, followed by immediate relief was a signal to him that both he and the chiropractor were pleased with the adjustment. This connection between chiropractor and patient is built through a mutual understanding of the process of healing. Additionally, spine language is needed to imply a scientific explanation to what otherwise may be seen as a spiritual, or ritualistic healing process. Spine language can help explain the physiological implications of an adjustment to legitimize the practice to the patient. This socially constructed reality or understanding of healing needs agreed upon language to ensure that both parties accept and continue participation in the healing process.

Goffman (1971) introduces the concept of co-mingling, which amongst other face-to-face interactions, include service encounters. Within this social order



“Persons can come together and voluntarily agree to abide by certain ground rules, forming a norm-generating coalition, the better to free attention from unimportant matters and get on with the business at hand” (Goffman 1971: xii). The ground rules of letting someone touch your body that, out of context, would not be publicly allowed is an important illustration of co-mingling emerging in a chiropractic office. To attribute the term “body-gloss” as a way of communicating that is not vocally language bound but rather displayed through body gesturing is evident when communication begins between a chiropractor and a patient. This is the case because the chiropractor cannot assume the patient has a breadth of knowledge pertaining the spine and central nervous system; so the practitioner can use images and specific language that allows for a mutual understanding of a plan of action and the mutually understood causes of pain.

Wyatt and his chiropractor were able to discuss how to manage this pain that, otherwise, seemed to be a new taken-for-granted part of his daily life. In the following quote Wyatt discusses how utilizing chiropractic care helped alleviate newly found daily struggles as well as his disconnection with others who cannot understand the pain he experiences:

Um, well, when you aren't functioning on a daily basis from pain. On a functioning pain scale your functioning level is a 4 or 5. Which to most people is, oh that's not that much, but it's chronic; all day long. It overshadows or tints everything you do. To be able to go to a chiropractor and have that set

to a zero or a one for a week, there are like rays of light coming through the sky. This sense of happiness and clarity and [long pause] it's no longer pain tinting everything you are experiencing and that has a serious effect on your emotions.

For Wyatt, the chiropractic adjustment became a tool to combat the emotional drain that came from physical pain. The day-to-day life for Wyatt was positively impacted through receiving chiropractic care because as Wyatt noted “[his] body wasn't fighting against [him]”.

We can further investigate this shared experience by viewing a chiropractic adjustment as an interaction ritual. Collins (2004) argues that the focus of an interaction ritual is a common object in which “Two or more people are physically assembled in the same place, so that they affect each other by their bodily presence” (p. 48) and develop a mutual attention on a particular object and in this case it would be the body as a social object. This coincides with viewing chiropractic care as a liminal experience. In addition each individual carries emotional energy into this interaction. In Wyatt's case the act of being adjusted brings about an emotional change that allows Wyatt to proceed with other interactions with a heightened emotional energy.

For others, like Jessie and Paul, the pain is less threatening to daily tasks but still limits how effectively they perform these tasks. Jessie, a writer in her mid-thirties noted that the pain she felt in her wrist prohibited her from completing her

dissertation. This pain meant that she had to adjust her life in order to deal with her wrist locking up. “I have to take breaks” from typing, Jessie said to me. I inquired, “How long can you type for at a time?” and Jessie replied, “It varies” and further elaborates:

Sometimes a few hours, but if I go too long then I can’t type for a long period of time. It’s like my wrist locks up and there is no way I can type. It stressed me out a lot while typing my dissertation but, like, it was [long pause] it was—and still is—I guess just part of life.

Jessie expressed frustration with this pain because of how much it changed her routine and affected her ability to be efficient in her job. The constant pain forced her to take breaks and resulted in missed deadlines. When I asked Jessie if her pain dramatically impacted her job, she identified the importance of taking breaks:

Absolutely, like, I have to plan breaks, ya know. I have to produce a certain amount of articles. I have deadlines and when I have to constantly take breaks it makes you wonder, or like think, can I do this anymore? It’s my job, so I can’t not do it.

For Jessie, adjusting her routine so that she could still be effective at her job was a necessity. Jessie felt that having to take “more breaks than normal” led to a “psychological stress.” This feeling was expressed as being “no longer efficient or as productive at my job”.

Paul also found that the back pain he experienced impacted his job as a restaurant cook. For Paul, chiropractic care started after he was hit by a car while riding his bicycle as a teenager. At that time after the accident he took pain pills for a few months. After developing an unpleasant relation with taking pain pills Paul decided it was time to try something else to manage the pain. Now, 13 years later, Paul is still continually visiting a chiropractor. There was a time where he attempted to go without chiropractic care but it didn't last long:

Like, you start to think I don't want to have to go see this dude [chiropractor] for the rest of my life. So I tried to like go a few weeks without. The pain in my back put me out of work. I am lucky insurance covers it and now I know it's something I need.

After a continued conversation about how this pain affected his work, Paul stated, what many others have in that there ends up being a certain level of pain that they have to deal with. As Paul said,

My back locked up. The pain was so bad I couldn't bear to stand on my feet. If I want to stay in this restaurant I need the chiropractor. It's just life now. I don't like it but this is what I need so that I can work.

Paul didn't originally like the idea of seeing a chiropractor every two weeks for the rest of his life but began to understand that in order to manage his pain he needed to continue to regularly receive chiropractic care.

In the process of managing pain and understanding how this affected the daily lives of the people I interviewed another important theme emerged. While looking for solutions and managing their pain interviewees developed new connections. Often new connections provided varied solutions that gave them different options. By considering alternative options they realized that certain options allowed for them to make connections in the process and these connections would help them transition or help manage the pain they carried.

#### *Building Trust through Validation*

The previous section focused on how people embody pain as it impacts their everyday life, this theme continues as the findings show that this disruption in everyday life is validated through chiropractic care. I described how chiropractic care helps people manage their pain as they adjust to a new daily life. In this section I examine the process through which people move from “feeling lost” to “feeling relief.” This process depends on those in pain forging connections with people who can aid their healing, and these connections are built upon the validation of pain experienced by the patient.

For most participants the process of building trust was developed after multiple conversations with their chiropractor. For Tony, the recommendation of a specific chiropractor helped in this process of building trust. Tony reveals how important it was that his good friend recommended his chiropractor: “Oh yeah. I

think the fact my friend went there and got better made me say yes. Or at least, like, help me relax during adjustments and stuff.”

It was not always a quick connection for participants. In a few cases it took time for a trusting relationship to develop. In two particular cases it took visiting multiple chiropractors in order for trust to be built. For Lisa and Angela it was not the first chiropractor that made a great impression. For Lisa it meant relating on a level where they had a shared experience. As Lisa explains,

He could relate [the second chiropractor], ya know? He played sports. OH [remembering a key component to their relationship] and he also had a shoulder injury. I think that was what really helped me, like, go through with it. . . Well, like go through with the entire treatment plan.”

As for Angela it meant listening to her requests during the healing process. In Angela’s words, “They would just continue to try to adjust my neck. I told them to stop and they did, but it just didn’t feel right. It almost made it worse.” The entire treatment plan was not simply chiropractic work but also included plans for working-out and diet. For Lisa, her struggles with her new workout plan around building strength in her shoulder were validated by her chiropractor, as Lisa notes,

Like my shoulder would take longer and I would notice it. He had a lot of issues with his shoulder, so he could relate. That loose feeling I am trying to explain. It’s just wobbly.

Other objects may be used as Lisa expressed in her desire for one method: “He used a drop chair thing. Ya know? And so instead of contorting my body he just dropped this chair or bed and my back and shoulder popped.” While Lisa might not have known the name, fittingly drop chair or bed, she did develop an understanding of what works for her and what she enjoys. This type of communication is normal for chiropractors and patients. As George stated:

If you are teaching a child how to catch, you do not just throw the ball from twenty feet. You start close. Slowly you move out and they begin to catch it from farther. This is how chiropractors work. We start with basic things and then we can discuss what really happens in the central nervous system and patients start to catch the ball from farther out.

This sense of communication and how it develops over time is further explored in the next section with the creation of a new concept, spine language. The goal of creating spine language is to explain the nuances and specific means of communication between chiropractor and patient.

Before trying chiropractic care, Joey and Jeff did not view chiropractic care as a legitimate option to help them manage their pain. These perceptions of chiropractic care were fueled by stereotypes and stigmas associated with alternative medicine, including chiropractic care. Jeff stated that he always thought chiropractic care was “pseudo-science, or some shit.”

Likewise, Joey said he thought “[chiropractors] crack backs and take money,

it doesn't solve anything." Joey who worked in the food industry his entire adult life said he always felt as if he should "just push on through" when confronted with pain. Even when a friend suggested he see a chiropractor, Joey didn't listen at first, saying, "I didn't take no pills or anything, but I also was thinking, like I don't want some guy snapping my neck back and forth." I asked how he managed the pain then and he lamented, "I didn't do anything, not until last year." Interestingly, Joey claimed he did not want a solution because he did not view his pain as a problem. It wasn't until he could not get out of bed, a similar symptom to Wyatt, that he finally sought help. Joey expressed that when the pain reached a point where he could no longer get out of bed with ease he knew he needed help, but he decided he needed something different than using "pills to cover the pain." Joey explains.

I didn't want pills. I knew that much. And at this point, I could barely walk.

[The chiropractor] was really understanding. I guess I am only good at being skeptical [shared laughter]. After the x-rays showed the misalignment, it put me at ease [long pause].

Joey was skeptical because he previously did not view chiropractic work as a legitimate path toward healing. The x-ray provided visual proof that not only legitimized Joey's pain in his own mind, but also led to a discussion with his chiropractor about a plan for healing. When I asked him why the x-ray put him at ease, Joey gave credit to having a visual of his pain:

He pointed at my spine and said this is what we are working on. It's a



common problem. Like, he has done this before. I don't know why, but I just trusted him then. And, well, like I said before after two weeks that pain was back to what I was used to [manageable]. It's crazy. Like, sometimes I think what if he wasn't there?

This connection, through a weak tie (Granovetter 1983), allowed Joey to build a relationship with his chiropractor that his friend recommended. Granovetter (1983) argues that when there are areas of specialization, weak ties become increasingly important. In Joey's case, this weak tie led to a solution for a health problem by visiting a chiropractor, whose unique specialization is not available in other medical institutions.

These weak ties produce collateral outcomes (Christakis 2004), which lead to positive (benefits) or negative (costs) for the social contact of the patient. Appendix G illustrates this case. Marc (patient) referred Joey (social contact) based on the direct positive outcomes that Marc experienced from working his chiropractor. Through this expanded perspective on medical care we can see that chiropractic care is important to study because, as more people explore CAM options, the costs and benefits can spread to those within their social networks.

Collateral health effects of medical care in social networks. In the conventional perspective on medical care, the benefits and costs of health care are judged by the way in which they help to achieve a direct, intended outcome in a patient. However, since a patient is connected to others through social ties, health

care delivered to one person, quite apart from its health effects on that person, may have health effects on others. The cumulative impact of the intervention is thus the sum of the direct outcomes in the patient plus the collateral outcomes in others. These outcomes may be both positive and negative in both the patient and in his or her social contacts. (Christakis 2004: 184)

While a friend referred Joey, Jeff was eventually convinced by the direct outcomes of his wife. Jeff, who retired at age 67 from dentistry, started practicing yoga every day after working with a chiropractor. He was amused by his involvement in yoga. Jeff explains,

I had to laugh when you were recruiting for this study at the yoga studio . . . I didn't start practicing yoga until three years ago. I am only here because my chiropractor told me it would aid in helping my back pain and hip pain. She was right. I'm not fully healed, whatever that means, but I don't hurt as much when I get out of bed in the morning. I think what is funny is that I thought all of this holistic stuff was for the hippies. Now here I am, retired and doing yoga [laughing]. Never would I have believed.

Jeff's example of practicing yoga at a late age, while his friends did not adapt to this new lifestyle relates to the networked body (Crossley 2006). His previous network did not allow him to view his body in a way where he could adapt to the pain that disrupted his life and explore CAM health options and try yoga. Through the

connection of his wife he was able to expand his social network to the benefit of his health, albeit a slight detriment to his stronger social ties that pre-existed his patient-career.

Like Joey, Jeff did not have a positive or respected view of chiropractic care and other forms of alternative medicine, like yoga, before “giving it a shot.” Like Joey, Jeff said he thought the pain would go away on its own. When retirement did not fix the problem, Jeff was desperate for another solution. When I asked him what finally led him to see a chiropractor, Jeff revealed that he had been using alcohol and pills to cope with his pain.

I was a dentist and just always had pain. I thought with retirement all of it would get better but it got a lot worse. I coped with pills and alcohol. It just made me feel better in the moment. That does a number on a marriage and I quickly got out of [using pills and alcohol]. I mean I still drink but it was bad. As Jeff saw his marriage impacted by how he was attempting to cope with the pain (with alcohol and pills) he knew he needed a different solution. Much like others who used drugs to cope it was not until Jeff could no longer function adequately in his daily-life, more specifically his marriage, that he felt the need to use chiropractic care. Pain alone is not enough to compel people to seek out chiropractic care but rather the degree to which their daily life is compromised. Fittingly, his spouse who was already seeing the chiropractor suggested this solution. As Jeff said, his wife “told me to at least get the x-rays and try an adjustment. I said yes. A couple months

later I did it.”

Jeff said he still couldn't believe that he now practices yoga and sees a chiropractor. It was not until he could feel the benefits of chiropractic care and yoga that he became a believer. This is similar to what Karp (2007) discovered interviewing people who found themselves committed to taking anti-depressant medications. Those taking anti-depressants were skeptical at first but in some cases found that their skepticism waned after positive benefits from taking the drug. It took time reflecting upon experiencing a shift of healing for Jeff to “buy in.” As a dentist, it took time for Jeff to step out of his previous notions of chiropractic care. Jeff mentions his thoughts on chiropractic care before he received care “I don't know if “traditional” [air quotes] is the right word, but, yeah I guess I never viewed this stuff [chiropractic care] as the same [as dentistry and other traditional medicine].” After receiving treatment and relief Jeff's opinion on chiropractic care shifted. When I asked Jeff if his view has drastically changed now he responded, “Yes, absolutely. I mean, maybe still not the same [as Dentistry], ya know. But it works and it is there to help people. So yeah, I guess it's more similar than I would of imagined.”

Knowing that he and his wife share a chiropractor made this transition easier for Jeff. This led to a skeptical leap into a world of health that was mostly unknown to Jeff, however, after he experienced reduction in physical pain he also began to remove the previous stigmas he held toward chiropractic care.

Jeff, as a retired dentist, took some time to view chiropractic care in a similar

fashion as dentistry. As one could imagine, he judged healing through a mechanical lens, in that he needed to see results. This was aided by seeing before and after images of his spine in an x-ray in addition to seeing his yoga practice grow over three years. Jeff proclaimed, "Seeing my spine in those images made me realize how bad this had gotten. Now I have been seeing Ally for three years." It was not just the chiropractic care that shaped Jeff's new view of health. When I asked if yoga played a crucial role in his change of opinion, he responded with laughter, "Yeah, fucking yoga [more laughter]. My friends still laugh at me but they are the ones still in pain."

Seeing their pain visually through x-rays allowed Jeff and Joey to legitimize and take seriously their pain. For Jeff and Joey the visualization of their subluxation validated their pain which led to having a more active patient-career. By being active agents in their patient-career Jeff and Joey felt they had more control over their healing process. This sense of control (Antonovsky 1979) is common for those who finally have their problems legitimized or more importantly better understood personally. Joey ventured to his chiropractor after trying to go through the pain himself and Jeff first experimented with pills and alcohol before seeking professional care.

Other participants, like Lisa, had tried other CAM treatments before settling on chiropractic care. Lisa was open to trying many different options to deal with shoulder pain. This led her to try acupuncture and cupping, which she said, "didn't really work." As Lisa tried to use those treatments to coincide with her chiropractic

treatment, she elaborated on both of these experiences:

Well, acupuncture I did a few times, but it didn't really work. Maybe that was like a mental block because of needles, but the cupping, well, I don't think I'd do that again.

These experiences in other CAM fields like acupuncture and cupping did not deter Lisa from going back to chiropractic care, where she had experienced positive results. The shoulder pain was paired with mental frustrations for Lisa as well. She stated, "These other things [cupping, acupuncture] didn't work. It was draining, because like, my shoulder wasn't getting better and it pissed me off." This fluidity between mental stress and physical pain alludes to the ecstatic body. The mind and body are not separate in the way of health. Just like you are neither healthy nor ill the relationship between mind and body are not completely separable, thus the shoulder pain and mental stress have a binding relationship for Lisa's ability to cope.

Foucault (1963) understood the importance of the medical gaze. This medical gaze emerged from the "the ability to see and touch sick people" in addition to "gaze upon" bodies dead or alive (Ritzer 1997: 53). This revolution in medicine allowed for new patient doctor relationships to emerge. The medical gaze that allows for doctors to look at the patient without the use of language but yet still instills a power dynamic in their relationship can cause a rift between patients and doctors. I argue that this gaze is different in chiropractic care because while a doctor

may prescribe medicine the chiropractor's hands are the medicine. This legitimizes the power that the chiropractor holds where the healing process is not dependent on an external force, such as pain medications. Because of this, chiropractic care can be a means where the pain of patients is more often felt legitimized and thus the relationship between patient and chiropractor can be strong.

Tony never felt that traditional doctors legitimized his pain. He expressed how he felt discouraged by the health care system after continually being prescribed pain pills. The "patch work" style of care, as Tony described, led him to feel powerless in taking care of his own health. This powerlessness was not just the negative outcome of Tony's traditional care but how this intersected with his work and family life. As Tony explained:

Shit, you just keep working. More pills and keep working. That was one of the hardest parts is that I couldn't afford to just leave work. I had rent, car payments, whatnot. Life keeps going and you have to just go with it.

Eventually, Tony had to put life on hold and take some time off work:

It gets to that point where you have to put your health first. But, as you know, the system works against you. Whether its capitalism or whatnot it works against you and you just have to fight back against. And, you know, as we talk about this, the more I realize this isn't something that goes away. As long as ya work you have to fight against this system.

Tony suggested that the systems and institutions in place (capitalism, lack of universal care, expensive care, high rent) created an environment where people have to live life with little room for error. This lifestyle represents more than just Tony's experience, but rather a larger cultural shift as Tony explains, "Like, how seriously fucked-up is it that you have to be mistake-free just to scrape by? And we all just do it because what else can you do [frustratingly talking through his teeth]?" Tony was referring the structure of society as a whole. The lack of investment into healthcare for those who may not have the money to pay for what they need. The constant drive to work and still feeling like he was coming up short.

### *The Importance of Connecting with Your Caregiver*

In addition to patients seeking care, I also interviewed two professional chiropractors, Taura and George, who agreed to host a flyer in their respective offices. Their perspectives as chiropractors that also receive chiropractic care provide important insight to this research. "It changed my life," Taura said about discovering chiropractic care, and continues: "I know that sounds ridiculous but that is what made me change my career, was understanding how chiropractic can heal people."

Within the last two years, Taura opened up her own practice. She was new to the profession but her reflections of why she entered chiropractic care as a patient were fresh in her mind. Taura explains,



I was just angry [before chiropractic care]. I was playing sports and I was always hurt and I was drinking as well. Eventually I came to the decision that I wanted a big change. A process of staying well and that's how my journey unfolded. The more I discover the possibility of what chiropractic can bring to people. [Pause] This is my innate calling. This is my passion. And it has been my entire life as I have always had this drive to feel more connected to myself and the universe. And in chiropractic that is what we hope to do is make people feel more connected to their self and their environment.

While already in school studying medicine, Taura changed career paths to become a chiropractor. The connections that Taura made with chiropractors during her college athletics career led to her later changing her career interests to better align with that sense of connection that she discovered in her introduction to chiropractic care. This connection, made early on in the process, is what can sway those who stick with chiropractic care or seek out different solutions within the medical field.

Tony also felt a feeling of relief when first visiting a chiropractic office. Tony fondly remembered his first few trips to the chiropractic office. While previously feeling that his pain was not legitimized, in the eyes of medical professionals, Tony takes a different route and begins to understand various solutions to his problems. His description below illustrates the connection that can be built between a chiropractor and their patient:

Just like. A meet and greet. His name was [Jake] and ya know and was much

more personal than the doctor was that's for sure, and actually spending time with him. Instead of like spending time with a nurse and another nurse and then 5 minutes with a doctor and he disappears. [He was] Just there throughout the whole process. Talked about issues and went over [old] x-rays and he took his own x-rays and then basically said okay this is our game plan if you want to keep going or we don't and you will be in the same situation. He felt around after that. Once he assessed that this is the spot he was seeing on the x-ray just progressive from there. He explained every step afterward. These are the exercises and the other stuff I want you to do when you are not seeing me. He would suggest one out of the three times that I saw him that I go see the masseuse first for 30 - 60 minutes and get loosened up so I'm nice and relaxed. Which was a weird experience because you go from this dimly lit room, calm serene, like putty in someone's hand and into light. And laying back down and crack, pop, snap. Now go walk around the building.

The ability to form that connection for Tony led him to trust a medical professional again. While it wasn't a traditional doctor it was the ability of the chiropractor to connect with Tony and explain how they were going to treat his pain that allowed for trust to build.

*Developing Spine Language*

In order to understand the unique communication between chiropractors and their patients I developed the concept of spine language. Spine language refers to the means of communication between the chiropractor and the patient; including speech, x-rays, hands-on adjustment, and “cracking” through adjustment. This language, if shared, is crucial to the patient better understanding chiropractic care as a means of healing. If the language is not shared the patient may not view chiropractic care as a justified means of healing.

Angela, having tried multiple chiropractors, did express discontent with one of her first chiropractors. Angela claims, “Like, before I mentioned the neck [multiple unsuccessful attempts], and I think after that I just was tense and didn’t want to go again.” Later, after finding a chiropractor that took the time to listen, Angela remarked through a sigh of relief: “They took the time to explain why they were adjusting my neck. This is the first chiropractor I felt comfortable with . . . that same chiropractor would stop if it [neck] wouldn’t adjust the first time.”

Lisa also referred to chiropractors as “professional touchers” because of the way they can put their hands on people. For Lisa, this connection was not only built on shared experiences in playing sports, but also on the fact that the chiropractor uses human touch. As someone who previously worked as manicurist, Lisa could relate to the power of touch:

I worked with people where I did their nails. That touch. They are a professional toucher. I don’t know if maybe that’s why.... When you go to a

doctor and get treated it's not like, unless [it's a] physical therapist, I feel like you feel so good when you leave a chiropractor. That's not a medication that's them physically giving you that. Professional toucher. That's what we [family] call them. That can make a huge difference. That relationship. You'd be surprised what people tell you when you do their hair or their nails. I just feel like because it's very personal.

In Lisa's eyes, the ability to touch someone opens up the opportunity to build a personal connection. Just like her time as a manicurist, the ability to form that connection over touch is not something to take for granted. Spine language is an emergent process that builds along the way. If a chiropractor takes the time to explain the process trust can be built because the patient will understand the means of healing. That process of communication was key for Lisa:

Like they would explain and touch that part in my back or shoulder. And rub it a little bit and when I was ready he would say "okay your next breath." And then as you exhale the table would just drop with your body.

For Tony it was not only about legitimizing his pain but also creating a healing plan where he also had a say in the matter. "He almost had me fixed up in about three months and a whole lot of money later." While Tony was "fixed" the cost of care led many interviewees to pause. This sort of communication is key and helps bridge the gap in medicinal knowledge between chiropractor and patient.

George stated that many patients of his come in with preconceived notions of chiropractic care. When these new patients come in and relate chiropractic care to quackery or pseudoscience he has to bridge the gap of their preconceived notions and how it can benefit them. One way to bridge that gap is to view chiropractic care like other practices in medicine.

Dentists figured this out a long time ago. If you can convince people to bring their children in twice a year for a cleaning and convince them to come back for life you have then legitimized your field. You have convinced them that they need this care and that by going twice a year you will have healthier teeth. That is the next step for chiropractic care. We need to convince people to bring their children in, especially as the body is developing. This would be a proactive measure to eliminate so many problems that people face today.

As someone who now sees the benefits in her late twenties, Alexis shared that vision with George.

Starting at an earlier age would be much more beneficial. I don't think they should be necessarily teaching about it [chiropractic care] in school but I think they should say there is an option. Try to shift away from [the notion that] chiropractors or for hippies or chiropractors are for hipsters. No, it's a way of treating your body and your body's symptoms on a holistic level. Not just poking you with an activator or cracking your neck but being able to show younger generations that it is an option.

After understanding interviewees' preconceived notions of chiropractic care we can understand how they perceived certain aspects of their care as magical or unexplainable. It was not as if they truly believed a magic ritual was taking place but magic is a weird we can use to describe things that we cannot describe or describe things that we don't have the ability to understand.

### *Women Seeking Solutions*

Understanding women's health issues sheds light on the importance of studying the relationship between health and gender. As feminist medical scholars note, "Health permits the revelation of most of the elements of western cultures which bear most directly on the construction of gender and its consequences for women, men, and the larger social order" (Lewin and Olesen 1985: 19). This research investigates a few key areas where women's health experience in chiropractic care is unique.

In this study, four particular cases stand out of women seeking care for problems that men did not seek care for, such as pregnancy and breast problems. Ashley sought out care because she felt her large breasts were causing her chronic back pain. Sophie used chiropractic care for a variety of reasons during her pregnancy, and Lucy visited her chiropractor during her period when her menstrual pain was unbearable. Lastly, Bridgette eventually formed a bond with her chiropractor where she felt she could open up about problems in her personal life.

Sophie spoke at length about how chiropractic care was a means to manage the pain she experienced during her pregnancy. It was not just a one-time fix but rather an opportunity to make weekly appointments so that her pain would not get to a point where it further limit her mobility. Sophie explains,

My body is already going through enough trauma carrying around an extra thirty pounds around your belly. Not being able to lay normally. Having extra heavy boobs [bits of laughter]. I remember prior to my pregnancy I had woken up a few times and I couldn't turn my neck. Could not move my neck more than 20 degrees to one side. I had to make it a priority to get to the chiropractor. I think he had me schedule three more, but right after the neck cracking I felt 100 times better.

Sophie started to see her chiropractor as someone who could help her manage pain in everyday life and also in the case of pregnancy. New issues arose while pregnant but because Sophie had already developed a working relationship with her chiropractor she felt that chiropractic adjustments were the best method for managing or eliminating that pain. This particular case was the beginning of a pattern where women interviewees stated that they felt that going to the chiropractic was the best way to manage pain in relation to something that is particular to women. More particularly, managing the pain that interfered with their ability to function in daily life.

While Sophie was experiencing new pain related to her pregnancy, Ashley pursued chiropractic care to counteract the back pain from what she referred to as her large breasts. Ashley revealed that while chiropractic care was useful in managing her pain throughout most of her late teens and early twenties, after her breast reduction surgery she no longer felt that her chronic pain was an issue. This also relates to how some participants relate chiropractic care as a treatment for pain because for a little before and also after her surgery Ashley never returned to chiropractic care as she clearly states, “Oh, I don’t go. I mean, for a while before the surgery I stopped going but now that I no longer have any back pain I don’t have any interest in going back. I mean my back doesn’t hurt so I don’t feel the need.”

Ashley is another example where when pain no longer interferes with the functionality of day-to-day routine chiropractic care was no longer seen as a necessary tool. Ashley viewed her back pain mostly in relation to her previously large breasts. After she was able to have reduction surgery this back pain disappeared and was replaced with, to a much lesser extent, new temporary boob pain. Ashley explains,

I mean I used to have huge knockers. (She began to gesture toward her breasts laughing hysterically) . . . I chopped em’ off. Well, yeah, I got breast reduction surgery. For a long time I wanted them gone. I would have liked top surgery but breast reduction was covered by my insurance. I went from a 30J or 30 triple D to like a B. I am much happier now.



When I asked Ashley about her chronic pain she responded,

Oh yeah, that is fucking gone. Ya know, I always thought it was partially related to my big ole knockers and partially my work, but once I got the surgery that back pain was gone [After pondering] I guess. I got new pain now. Now boob pain. Way better as I know this won't last. I'll take the boob pain.

Ashley felt that if she no longer was experiencing that chronic back pain then she had no need for chiropractic care because her breast pain does not interfere with her day-to-day activity. This newfound life without back pain created a different perspective for Ashley. This could also be related to the much awaited breast reduction surgery but the lack of pain gave Ashley what she noted as a "much happier" existence. In addition the shifting of her identity in relation to the cause of her pain, her breasts, was reduced and thus her reasoning for seeking care was also reduced.

Lucy said the pain she experienced during her menstrual cycle was at times unbearable. Instead of combining pain pills with birth control, Lucy was looking for something else that could help her manage her pain. She decided to give chiropractic a try after a friend suggested she try one in particular. Lucy describes how painful her menstrual cycle became and why she decided to try a chiropractor:

I mean it is once a month. I began to dread it more than, ya know, like, I normally would have before. Like I said, before I have to be active for my job

[yoga instructor] and when that pain is unbearable I just had to keep fighting through it. I found that chiropractic care worked almost as well as pain pills. Obviously, way safer for like, side effect stuff, and it focused the healing.

Other interviewees mentioned this idea that chiropractic care has the ability to focus their plan of action on a specific area. Otherwise stated as the ability to plan of action to help alleviate pain from a specific area of the spine from subluxation. Lucy goes on to elaborate on how focused the healing can be with chiropractic care:

Yeah, like a pain pill is just a thing you take, where a chiropractor can focus on the specific spots on your body, and, like, I think that ability to look at one spot, maybe it's a placebo, but it was nice to have someone just take care of it in a meaningful way.

Lucy, is connecting the ability that chiropractors have to validate pain while also focusing on specific areas at a time. Whereas pain medication does not connect to a patient in a meaningful way and does not focus on specific areas at a time. This transition from pill to pop is a sensation that is built on the foundation of validation and trust between a patient and doctor. Once the pain is validated either through images, healing, or relief the amount of trust between the patient and doctor increases.

Similar to the findings of Brenton (2009) Bridgette found that after establishing a relationship with her chiropractor she could talk to her about her personal life. Bridgette carried a lot of back pain after over 30 years of teaching but

it was the ability to have emotional relief that helped make the connection with her chiropractor. She states,

Eventually we found out we had a lot in common in terms of home stress. I mean, I don't want to get into it, but once we both opened up it gave me a sense of relief.

Earlier in this research I mentioned Joey and how he felt that he could "man through" his pain. He never wanted it to limit him and keep him from work. This perception of masculinity that Joey carried with him was influenced through his socialization. He often felt that if he looked for help or showed any sign of weakness he was somehow not acting in accordance to how men should act. Joey expresses, like others, how pain is not a unique phenomenon but rather a part of everyday life:

Look I am 34 years old. Pain is pain. That is life. I just felt like I can man through it. Like, I have never missed a day of work. Why would I start now?

For Joey, chiropractic care became an option when the functionality of his everyday life was drastically altered. Much like Wyatt, it took Joey until he could no longer get out of bed until he realized that this everyday pain was a signal of a larger problem.

I was at home crying in bed. No one wants to be seen like that but I think that was my rock bottom to seeing how this isn't something that will go away.

Like, it ain't the fucking flu. Go get help.

This dialogue between Joey and I led to a discussion of how this particular event

changed how he views his pain. He previously viewed pain as normal and not seeking help as just being tough. Joey expresses how his viewpoint has changed,

Like, I guess I just never asked for help before. I was raised that way. Just tough it out or man up . . . You know, like I am a man I should just get up and keep going.

When asked if this previous notion played a role in why it took him so long to seek help Joey responded,

Absolutely, now I don't worry about if it's embarrassing or any of that shit. Just go see the man [chiropractor]. This is part of my life. I have to accept that.

Joey felt that his own understanding of masculinity that was influenced by his upbringing played a large role in how he managed his pain. After the fact he knew that while this mentality might have worked in the past it probably led to where he is at today. When pressed on how listening to his friend and seeing a chiropractor six years ago would have made a difference, Joey stated: "Absolutely. Hindsight, ya know, but my back would probably be in way better shape now if I listened back then." Seeing Joey's experience through a gendered lens we can understand how wanting to appear masculine through times of pain is something that Joey was socialized to express. Attempting to live up to what he began to perceive as what a man should be restricted him mentally from wanting to seek help. These constructions are important in understanding how interviewees moved forward

with care and how they perceived the care that they received.

*Relief in the Magic / Science Paradox*

The most prominent signal of experiencing relief was the popping sound or the disappearance or limitation of pain. This coincides with participants' views of chiropractic work as reducing or eliminating pain. The popping sensation was a memorable experience for many interviewees. When Wyatt was describing how he understood if it was a good adjustment he said, "That pop you know?" After Jessie heard the loud pop she also noticed how her body responded, "It just loosened up. Like immediately." Laura, has a certain expectation that has now normalized through her time of seeing her chiropractor, "I always expect that crack sound, ya know? It just, feels good." For Lisa, it was all about getting back to what she described as normal, "I loved that he could just pop it back in." Sophie mentions how the popping sensation may even provide a bit of fear with its physiological relief, "This one time he just twisted my neck and the pop was so loud. I kind of thought I died [bits of laughter]."

For some, success was not only on the adjustment but also with communication. For Angela it was when a chiropractor would not try to adjust her neck multiple times. Angela made it clear to her chiropractor that even if it was not a successful adjustment [not getting the neck muscles to loosen up before an

adjustment], as long as the chiropractor stopped when Angela said to. The narratives surrounding feeling relief are further explored in the following section.

Interviewees describe how they came to understand the science behind chiropractic care. I probed to see if they believed in the science behind chiropractic care or were more concerned with how their bodies felt after an adjustment. These answers ranged from mild skepticism to hardline beliefs. However, when investigating how important science was to the interviewees the theme of magic arose out of interviewees. Magic was the word that was used to explain the immediate disappearance of pain, or in some cases the specific sensation of the popping noise caused by an adjustment.

Interviewees often described their experiences with chiropractic care in unique ways. These perspectives led to an understanding that sees chiropractic care as an interaction of magic and science. This marriage of science and magic emerged after the first two participants both mentioned their adjustments as an act of magic, or a magical-like experience. This expression is partly understood through the immediate satisfaction of the adjustment but also through a possible lack of understanding in what happens physiologically during an adjustment. Both Mauss (1902) and Durkheim (1912) viewed magic in a way that exposed the importance of viewing the ritual of magic as a social fact. Durkheim and Mauss see magic as a social fact, or something that exists external to the individual but yet still constrains them. We can view magic as a social fact that exists and is further perpetuated in

particular milieus. Thus, a social environment that places even the broadest sense of magic in the realm of reality will allow for the possibility of magical experiences being real.

This research stems from a social viewpoint that magic is understood through the circumstances of how and where rituals are performed. Thus, magic emerges through the shared act or ritual of a successful chiropractic adjustment. For Mauss (1902) magic occurs with religion and science, that is magic does not only coincide with sacred bonds but also within the empirical. Yet, where this research differs from past research on magic is that chiropractors do not see themselves in that fashion but rather the healing process or immediate satisfaction gained and felt by receivers of chiropractic adjustments are expressed as if the experience itself was magical.

Vicki did not start out as a complete skeptic to chiropractic care but through her experience she came to legitimize the care she received. During our discussion of the science behind chiropractic care, Vicki pointed to her experience before, during, and after care. Vicki goes on to describe how she believes in chiropractic care, "Absolutely, I experienced it. After they explained what they were doing and I felt better I believe it. I think most people don't because it's not some pill they take. They have to put work in to it." The idea that as a patient you also have to put in work to relieve the pain is a deterrent to some people but for Vicki it this helped legitimize chiropractic care because she took part in her own healing process, "Well,

it's not just go get cracked and you are done. There are stretches and exercises you have to do. You need to take care of yourself. There is no magic pill, you need to work with them [chiropractor] not against them." For Vicki, it was more than cracking your back; it was the idea of working with a professional to manage your health. This meant putting in work to make sure that when you visit your chiropractor you are not working against progress you make during an adjustment. Chiropractic care allowed for participants to be active agents in their healing process rather than the passive arrangements in traditional medicine. Having the ability to be active allowed for a sense of agency for those that had successful patient-careers in chiropractic care.

Lisa described her experience with a chiropractor a few years earlier that she did not connect to. This process of adjusting was different than what she was used. She expressed displeasure with the technique: "It was like magic fingers. I mean, I don't know, he would run his fingers on my head and then make an adjustment. I am sure there was a reason but I didn't like it."

The concept of magic fingers suggests how a chiropractic adjustment can seem like a foreign ritual Ashley explains another form of magic: "I mean shit, I don't know what he did but I was magically better immediately. . . Like immediate satisfaction. I don't know what he did but it worked." Ashley associated the immediate sensation of relief with a magic like experience. In this case Ashley's relief of pain was seen as an act of magic because of a few possibilities. She did



express that she did not fully understand the science of chiropractic care but also the fact that embodying chronic pain and feeling a sudden relief can seem magical to someone who, in her own words “cannot remember the last time I wasn’t in pain.”

Sophie remembers a distinct time where the ritual of spinal adjustment was different than others. During her pregnancy her chiropractic care was more important because of the constant pain she felt. She stated how sometimes she would wake up and could not move her neck. Before describing in detail about how her body experienced new pain during pregnancy, Sophie stated. “I went in a few times when I was pregnant and that was holy magical!”

This expression of “holy magical” was in regard to the fact that the chiropractor was able to relieve this pain that was chronic in her body. This expression of magic was in relation to a time in Sophie’s life when she felt she was losing control of her body. The fast action of an adjustment paired with the immediate relief of pain was viewed similarly to a magic act that cured a problem that seemingly could not be solved on its own. By viewing chiropractic care as something similar to magic we can compare it to a liminal experience. These liminal stages are eerily similar to stages in a patient-career. The overlap of how stages in liminality shape new perspectives and how entering a patient-career can destroy preconceived notions and open up the possibility for new meanings to emerge through interactions.

## CHAPTER FIVE: CONCLUSIONS

The chiropractic adjustment is not just a ritual between a chiropractor and a patient. An adjustment is preceded by a patient entering a career because the pain that they managed is now disrupting their ability to function in daily life. The beginning of this career is a search for alternative means to help manage this pain so it no longer interferes with daily life. This career is a journey that is influenced by gender, culture, stigma, networks, and the pragmatic relationship between science and magic.

This research expands on the notion that people are fundamentally pragmatic. Participants in this study described that only when the pain interfered with their daily life and their current options could not solve this issue did they turn to chiropractic care. It was during their career that even if the visualization aided in their understanding of pain they participants were more concerned with the relief of pain rather than how it happened; whether it was magical or scientific.

Before someone enters a chiropractic office, or purchases an examination or adjustment, they must be aware the existence of chiropractic care. Stigma of chiropractic care caused weariness to those whose previous understanding of chiropractic care was that of “quackery” or “weird.” Eventually, all interviewees in this study received a chiropractic adjustment no matter their previous understandings of chiropractic care. This stage is the history before the liminal act;

it even takes place before the pre-liminal stage. Interviewees were socialized into chiropractic care through their families or even sometimes a weak tie within their social networks. Once they decided to “take a chance” on chiropractic care they entered into a mutual act that in some cases assisted or at least aided in the shifting of identities.

The adjustment itself provides a liminal experience for the patient to embody this pain and reconstruct how they view themselves. Through a reflexive process the interviewees began to change how they viewed their own body as well as how they came to understand health. The adjustment differs greatly from taking a pain pill to ease and manage pain because of the unique situation and act that supports the ritual. The need for another person to perform this ritual on oneself allows for emotions such as trust and fear to emerge before the act itself. Spine language is used to form bonds and connections as to ensure the participant of the adjustment that they are in “good hands.” This language is key to shared beliefs and communication during the continuum of care. As with language outside of a patient-career, it is not static, but ever changing and adapting. After the basic established language emerges the perception of healing alludes to whether the patient “believes” in the ritual at hand.

An ongoing support of chiropractic care by the patient is an agreed upon ritualistic experience that is a melting pot of magic, science, religion, and belief. The popping sound and immediate relief of an adjustment provides a patient with a

magical or physiological understanding of healing, but does not necessarily allude to a scientific basis for their support of chiropractic care. This, arguably non-rational support is based on the physiologically embodied experience of the reduction of pain. It supports the vitalistic history of chiropractic care but differs greatly from the mechanized state of our health care system at large.

The use of patient-career allows for the inspection of the uniqueness of chiropractic care. While patient-career has been used in other studies of health and medicine, chiropractic care is important to investigate because of the how the doctor interacts with the patient. Unlike traditional medicinal doctors, chiropractors do most of their “healing” by hand. They do not hand out medicine, because their hands are the medicine that can immediately change the health of a patient. This transition from pill to pop requires new language and a sociological inquiry on the social body.

You cannot talk about chiropractic care without investigating the human body. How interviewees embodied pain in everyday life dictated their transitions in their patient-career. Unlike other medical practices, chiropractic care seems to be unique in validating the patient’s pain. This validation through imagery of problems or relief of pain creates a bond that is personal between doctor and patient. In validating ones pain the chiropractor opens themselves up to developing a relationship built on trust and understanding. This trust through validation and relief, as well as the element of human touch, is not found in traditional medicine.

Looking at personal pain as a public issue allows us to step outside of a micro view of the chiropractic adjustment and see that pain is not merely the issue of the person but rather the issue of the public, due to the roles we play and the systemic solutions to ease the pain that exist in our society. Yet, as we interact within these larger social institutions and structures it is key to know what meanings emerge from interacting with people, objects, and institutions. To aid in this understanding the salutogenesis model allows for different perspective to understand the resources available to interviewees and how these resources affected their ability to cope with the stress that arose through managing their pain.

Thus, a chiropractic adjustment is a liminal experience that allows for a mutual negotiation and personal reflexive narratives of how pain is embodied, as well as a means of where personal beliefs surrounding identity and health shift and emerge through a ritualistic act that involves shared language and touch. This act of an adjustment allows for previous stigmas and beliefs to be supported or discontinued based on the personal understanding of the experience that took place. In which, this continued negotiation will continue as long as people carry pain that impacts their everyday life and believe that chiropractic care is the best resource to help manage this pain. Whereas the ties in networks that may have previously shaped one's opinion on pain and chiropractic care can begin to dissipate as the social network expands to include new language, definitions, and experiences. Which leaves a particularly interesting idea that even if new pain arises that was not

previously managed with chiropractic care, one may suggest that a new found belief in chiropractic care would inhibit the individual to manage this new pain through the same resource as their old pain: the chiropractic adjustment.

Lastly, I agree with Morris (1988) that other forms of medicine, such as chiropractic care, still provide individualistic solutions that are unable to combat structural issues, more particularly pain developed through work. As seen in this study chiropractic care along with other methods of pain management such as yoga, diet, and stretching can help alleviate or manage pain, but it cannot, on its own or with these additional methods, combat social, political, and cultural forces, such as the structure and constructed demands of work that have led to and continue to aggravate the pain that is embodied in everyday life.

#### *Future Research*

Future research could expand on two areas that were not foci of this study. First, bringing in the dynamics of race, class, and gender to understand how pain is embodied through an intersectional analysis. A stricter focus before research could be used instead of grounded theory to expand on the personal experiences of participants of chiropractic care.

Secondly, children entering chiropractic care at a young age is an important sociological phenomenon to explore. This could take place through interviewing parents who bring their children to chiropractors to see how and why they pursue

this field of medical care for their child's health. Gaining insight from children could not only expand our knowledge of this type of care, but also provide greater legitimation to this field of medicine.

While this research is guided through grounded theory, using purposive sampling, the broader experience shared by participants can lead to more research focused on generating generalizable findings. There are many areas that future research could focus on surrounding chiropractic care and those seeking to use it to manage pain. One structural issue is surrounding the experience of Wyatt and Vicki in that the use of the VA caused a great deal of frustration in terms of where coverage was applicable, how much was covered, and the communication about how coverage works. While this may not be only applicable to the VA, we can see based on two experiences that others may have similar issues when interacting within this system. A quantitative analysis could lead to research to understand if this is an area of concern or interest to further pursue.

There is room in the medical field, including chiropractic care to conduct ethnographic research of various degrees to understand the interactions between patients and those giving care. This could give great insight to understanding the dynamics of the group, including but not limited to dyads and triads (Simmel 1950), which is not attainable data through qualitative analysis alone. While this may give concerns of patient-doctor confidentiality it could bring about a more thorough understanding of the experiences of chiropractors and their patients. Ethnography

in this field can explicitly entail the interactions between these two and further understand the potential gaps in delivery of knowledge and also understanding of personalized care. An ethnographic account of attending chiropractic school could help researchers understand the knowledge of which chiropractors base their practice out of.

Finally, this research explored how the pragmatic person explores for ways to deal with issues that disrupt the functionality of daily life. In relation to health, one has to navigate the options available to them weighing cost and time, as well as navigating through previous stigmas they face when opting out of previous patient-careers. By entering a successful patient-career in chiropractic care the person can feel as if their pain is validated and take a more active role in their healing process. The sense of relief gained through chiropractic care dances in the paradox of magic and science as the pragmatic person seeks relief and to regain the previous equilibrium they carried in their functional life.



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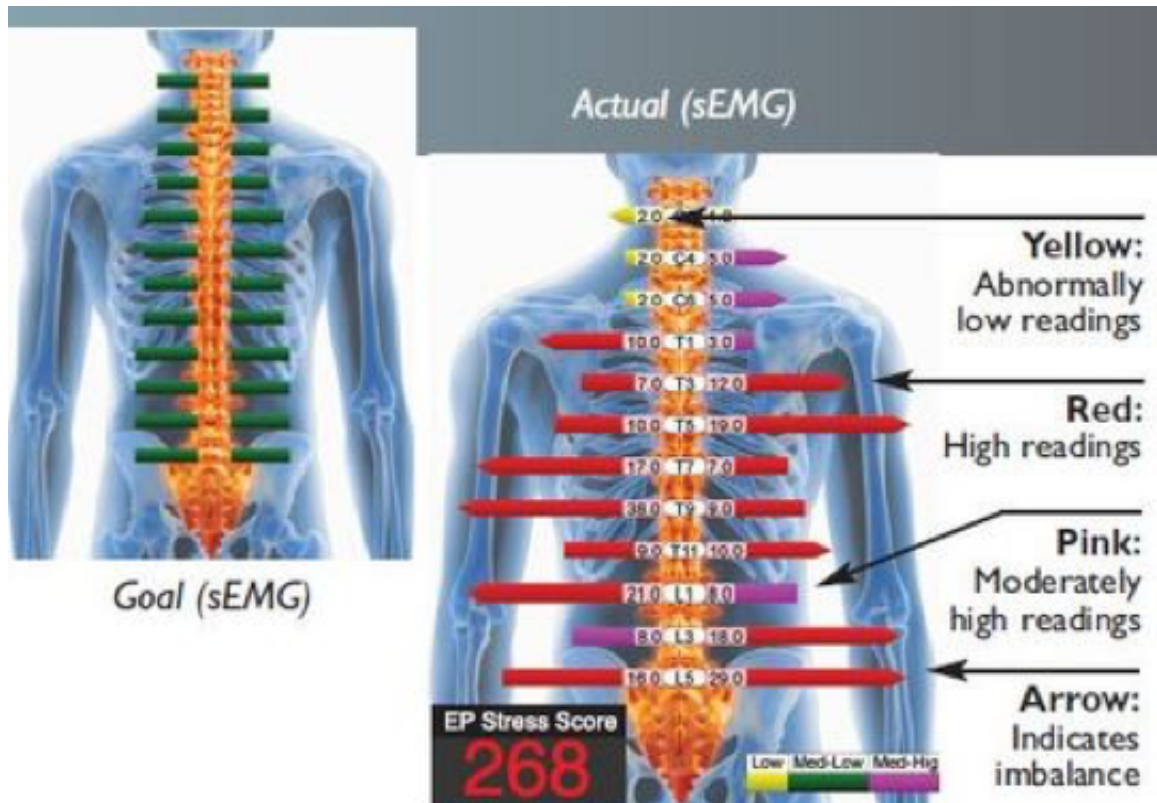
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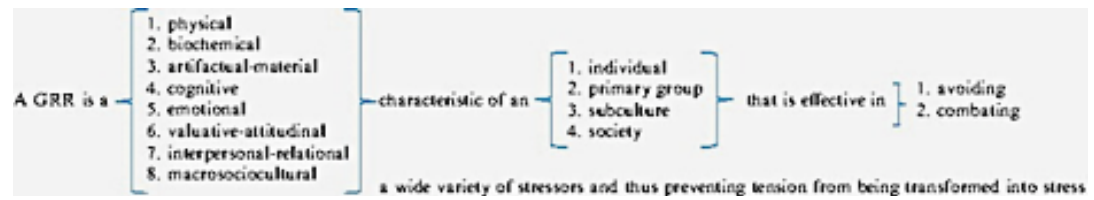
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### Appendix A: Electromyography

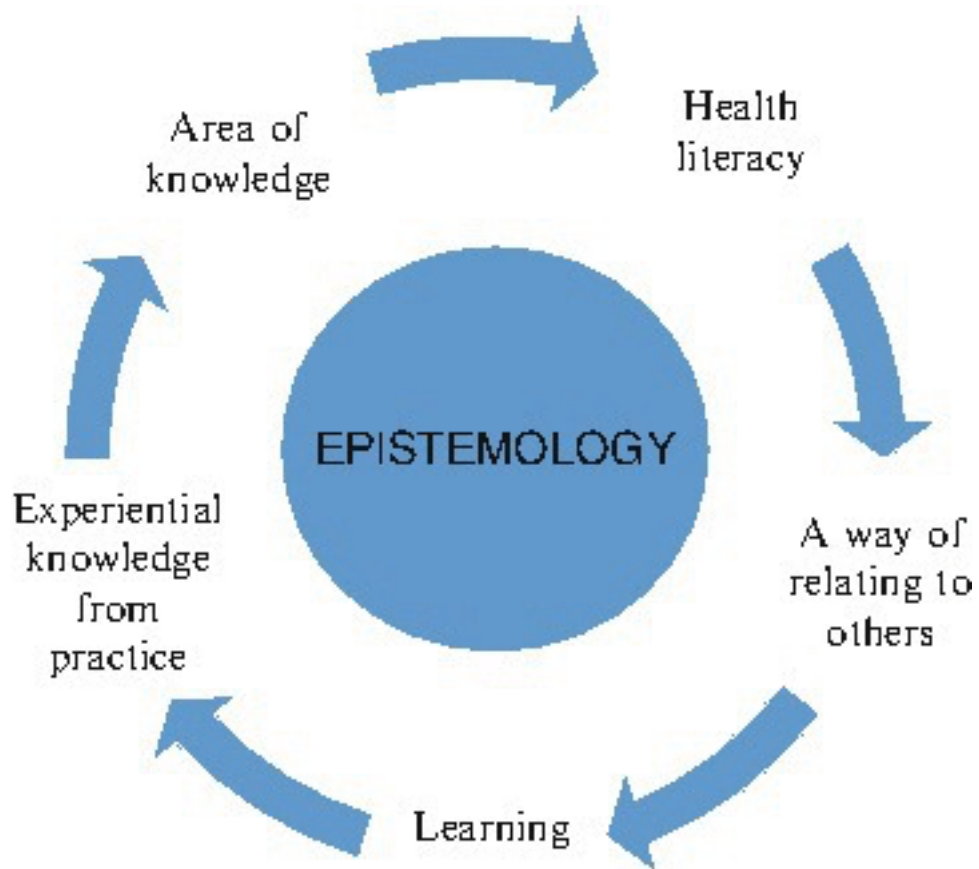




## Appendix B: Generalized Resistance Resources



### Appendix C: Epistemology of Health Literacy



## **Appendix D: Interview Guide**

IRBNet# 979026  
Date of MSU IRB Approval:

### *Interview Guide*

The interview guide is as following for the in-depth interviews.

- How did you first discover chiropractic work?
- What influenced your decision to try chiropractic work?
- (If due to pain) What other ways of healing did you attempt before switching to chiropractic care?
- Describe your first time at the office.
- At what point did you start noticing results/ if you haven't what encourages you to continue care?
- Describe your experience of being adjusted.
- What other supplementary actions are you taking to take care of yourself?
- Do you feel a sense of balance after visiting the chiropractor? If so, please describe this experience.
- What are the benefits you get from chiropractic care that you don't get from other forms of treatment?
- How often do you seek chiropractic care?
- Do you have any frustrations or dissatisfactions with chiropractic care?
- Do you recommend chiropractic care to family and friends?
- Did you have hesitations before seeking chiropractic care?

## Appendix E: Recruitment Flyer

IRBNet# 979026  
Date of MSU IRB Approval: 02/17/17

# Volunteers Wanted for Thesis Research

*More than Cracking Backs:  
Spine Language, Healing, and Personal Connection.*

Are you currently receiving chiropractic care? Are you at least 18 years old? We are conducting research on why people are using chiropractic care. The purpose of this research is to understand the experiences of those who seek chiropractic care. This study will involve interviews that will vary in length from approximately 45 - 60 minutes.

**Risks/Benefits:** Since your participation is completely voluntary, and you do not have to partake in answering any questions for any reason, there are minimal risks to you other than those that would be encountered in your everyday life. To further safeguard your identity and privacy:

- Records of this study will be kept private and locked in a file cabinet in the office of Dr. Sarah Epplen; only the researcher and Dr. Epplen will have access to the records.
- If I digitally record what you have told me I will destroy the tape after it has been transcribed.
- Your name and all other identifiable information will be omitted from all research.
- There are no direct benefits for you to participate in this research.

**To participate in this study:** If you would like to participate in this research, please contact the principal student investigator, Timothy Loney by e-mail [timothy.loney@mnsu.edu](mailto:timothy.loney@mnsu.edu) or phone at 612-747-6899.

**Questions about this study or your rights as a researcher subject:** This research is conducted under the direction of Dr. Sarah Epplen in the Department of Sociology and Corrections at Minnesota State University - Mankato. If you have any questions about the research you may contact the supervising Professor, Dr. Sarah Epplen by e-mail [sarah.epplen@mnsu.edu](mailto:sarah.epplen@mnsu.edu).

## Appendix F: Consent Form

IRBNet# 979026

Date of MSU IRB Approval: 02/17/17

**Research Consent Form**  
*More than Cracking Backs:*  
*Spine Language, Healing, and Personal Connection*

You are being asked to volunteer in a research study about the experiences of Chiropractic care. These experiences are important to better understand why people seek Chiropractic care. Your identity is confidential and will be protected throughout the research process. Please read this form carefully and ask any questions you may have prior to agreeing to take part in the study.

**Purpose:** The purpose of this research is to understand the experiences of those who seek Chiropractic care and discover what influenced their decisions in seeking chiropractic care.

**Procedures:** This study will involve interviews that will vary in length from approximately 45 – 60 minutes. The interviews will be digitally recorded and transcribed. The interviews will ask the participants about how they found chiropractic care, and the experiences of interviewees while receiving chiropractic care. Your confidentiality is ensured throughout the research process.

**Risks/Benefits:** Since your participation is completely voluntary, and you do not have to partake in answering any questions for any reason, there are minimal risks to you other than those that would be encountered in your everyday life. To further safeguard your identity and privacy:

- Records of this study will be kept private and locked in a file cabinet in the office of Dr. Sarah Epplen; only the researcher and Dr. Epplen will have access to the records.
- If I digitally record what you have told me I will destroy the tape after it has been transcribed.
- Your name and all other identifiable information will be omitted from all research.
- There are no direct benefits for you to participate in this research.
- Withdrawing from this study at any time will not affect your relationship with Minnesota State University – Mankato, nor will refusal to participate result in a penalty or loss of benefits.

**Subject Rights:**

- Your participation in this study is voluntary. You do not have to be in this study if you do not want to be.
- You have the right to change your mind and leave the study at any time without giving any reason.
- If at any point during the interview you feel pain and need to stop, the interview will stop immediately. If you need to change body positions for any reason, you may do so at any time.
- You will be given a copy of this consent form to keep.
- You do not waive any of your legal rights by signing this consent form.
- If you would like more information regarding participant rights please contact [grad@mnsu.edu](mailto:grad@mnsu.edu). If you have any questions about the rights of research participants please contact Dr. Barry Ries, Administrator of the Institutional Review Board, at (507) 389-1242 or [barry.ries@mnsu.edu](mailto:barry.ries@mnsu.edu).

**Questions about this study or your rights as a researcher subject:** If you have any questions about the study, you may contact the supervising Professor Dr. Sarah Epplen by e-mail [sarah.epplen@mnsu.edu](mailto:sarah.epplen@mnsu.edu) or the principal student investigator Timothy Loney by e-mail [timothy.loney@mnsu.edu](mailto:timothy.loney@mnsu.edu) or phone at 612-747-6899.

If you sign below, it means that you are at least 18 years of age and have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study.

\_\_\_\_\_  
 Subject Name (Printed)

\_\_\_\_\_  
 Subject Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Person Obtaining Consent

\_\_\_\_\_  
 Date

## Appendix G: Direct and Collateral Health Outcomes

