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# Diverse and Changing Perceptions of the Body: Communicating Illness, Health, and Risk in an Age of Medical Pluralism

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## ABSTRACT

There has been a marked increase in the use of complementary and alternative medicine (CAM) in the West since the 1970s. However, biomedicine is still prevailing within public health services and health services covered by private insurance. Different therapies, conventional and CAM, represent different perceptions of the the body. Perceptions of the body are closely related to perceptions of illness, health, disease, and risk. The cultural models of the body are related to social organization and the development of technologies. In a study on spiritual healers and their clients in Norway, I found that clients adapted to a multitude of medical regimes by processes of recognition through cognitive models, learning, and socialization. I describe five models that are evident in communication between healers and clients; the model of the body as machine, plumbing system, energetic, programmable, and as wireless network. People hold diverse perceptions of health, illness, body, and risk, which influence attitudes and behavior. Changes in perceptions of body, health, and illness may be one factor enforcing that CAM is increasingly becoming a first-line intervention. Health authorities meet this challenge emphasizing the regulation of CAM to safeguard patients but could also choose to focus on what clients define as their needs. The shift in cultural understandings of the body, and how people cope with this diversity, ought to be an area for further investigation, as it may affect the choices citizens make and the legitimacy of health authorities.

*"The social body constrains the way the physical body is perceived. The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society."*[1]

## INTRODUCTION

The use of complementary and alternative medicine (CAM) is a widespread phenomenon. In a study where different surveys on complementary and alternative medicine in the United States is compared, it is estimated that more than 1 in 3 U.S. adults have used CAM in the past year.[2] This number seems to have been stable from 1997 to 2002.[2] Although it is difficult to calculate the development, or the growth, as the definitions and methodology are not consistent in different studies, the claim is that it is still increasing in Europe. I have not been able to find studies stating that the increase in Europe has stopped. One author claims it is "the second biggest growth industry in Europe)."[3]

The diversity of therapies available is both related to a revival of traditional treatments and new treatments spreading globally aided by modern marketing. The revivals of traditional treatments are in some societies also related to poverty or lack of access to conventional medicine. This has, for instance, been the case in Cuba, where government agencies have encouraged the revival and research on traditional herbal medicines. Use of CAM in the West is, however, generally most widespread among those with higher annual in-

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comes. The popularity of alternative treatments among people who may choose has been explained with reference to the limitations of conventional medicine in what has been called a "push factor,"[4,5] and to qualities of CAM that makes it popular, which may be seen as "pull factors." The main theme in this article is how the use of CAM is leading to more diverse perceptions of the body. Perceptions of the body are closely related to perceptions of illness, health, and risk. This diversity of perceptions may, in turn, lead to changes in preferences regarding treatment. It does also establish patients as active participants who choose between different treatments and therapies. The different perceptions of the body that people hold affects what they think of as relevant and meaningful in communication and what they experience or consider as appropriate healing environments.

The human body is described and perceived differently according to different medical perspectives.[6] Medical perspectives are linked to cultural webs of meaning and wider cultural models of body and person. Cultural models are complex and may be contradictory.[7] I will present some cognitive models which have been identified in communication between clients and therapists and have a brief look at how they are linked to a broader cultural model. My concern is how cognitive models may work in communication as clients meet different therapists, and neither the ontological status of these models, nor the efficacy of the therapies. Eventually, I will share some reflections on possible consequences of the change toward diverse medical practices and diversity of conceptual models for understanding body, health, and healing.

In the cognitive models which will be presented, the body is perceived as:

1. mechanical
2. plumbing system
3. energetic
4. computer
5. part of a wireless network

The conceptualizations related to different medical regimes are bound to specific kinds of social organization and culture. Different medical regimes represent different discourses, which may be described as different frames of understanding related to languages specific to each regime; specific frames for reasoning and specific fields of practice. There are no neutral or objective descriptions that simply mirror the empirical body.[6,8] The models presented here are closely related to technologies and social organization of Western culture. The biomedical perspective, still prevailing within the education and health care systems, has been criticized for providing too narrow a perspective, excluding important facets of illness, disease, and healing.[6,8] Other perspectives offer different social constructions of the body, and some of these discourses are compatible, while others are not. The different descriptions may be more or less useful and meaningful in specific situations, even though they encompass contradictions.

## *Cultural perceptions of illness and disease*

The existence of parallel ideas on the body, illness, and health is not a new phenomenon. The increase in the use of CAM in the West, and its growing legitimacy, has, however, brought a broader multitude of medical expert voices to people's daily lives. There will always be a potential gap between lived experience of *illness* and medical models classifying *diseases*.[9] This distinction must be acknowledged when studying communication between patients and clinicians to allow patients' perspectives to be taken into account.

Although there has been an increase in the use of alternative medicine in the West over the last few decades, there have been few studies centred on how people cope with the multitude of medical models they are confronted with. The different medical models within this field represent diverse perspectives on the body. During 1997 and 1999, I conducted fieldwork among spiritual healers, excluding faith healers (people who believe that the patient's religious faith is crucial to their ability to heal), and their clients in Norway, which is described in the thesis submitted for the cand.polit. degree.[10] I focused on the construction of knowledge and meaning in the interactions among healers and between healers and clients within the frames of the welfare state. I observed more than 100 treatments and conducted semistructured in-depth interviews with some clients during the course of their treatment and afterwards. By following some of them in the course of a 2-year period, it was possible to identify processes of transformation. The interviews were audiotaped to allow further analysis of semantics. I tried to avoid introducing new concepts related to health and illness into the conversations, and the recordings made it possible to check my input in retrospect. I was taken by surprise by the clients' ability to describe their conditions by referring to a multitude of medical models, both conventional as well as alternative. The majority of those who came to see a spiritual healer had tried different kinds of alternative treatment prior to this. I found that their descriptions of the body referred to cognitive models identified by the social anthropologists, Cecil Helman[11,12] and Helle Johannessen,[13] but also to other models.[10] The empirical cases I will refer to are samples from this fieldwork. These cases are not presented as representative, but are presented to illustrate processes of communication.

## *Metaphors, meaning, and cultural models*

Language is not a neutral tool describing empirical realities but is embedded with cultural meaning; it is a formative principle which constitutes objects as much as it describes them. The medical anthropologist Byron J. Good puts it this way. "Learning the language of medicine consists not of learning new words for the common-sense world,

but the reconstruction of a new world altogether."[6] Still, acknowledging that words may correspond to definite physical phenomena, language may be a considered representation of cultural systems.[7] Language is a conceptual system built on metaphors,[14] related to a larger cultural system, rather than merely reflecting an empirical reality. According to linguist George Lakoff and philosopher Mark Johnson, metaphors are transferred from one area to another, from a source to a target domain. "The essence of metaphor is understanding and experiencing one kind of thing in terms of another."[14] A classical example of how metaphorical thought may shape everyday experience is argument perceived as "war." The use of "war" as metaphor will make the opponents define each other and the situation accordingly; they may strive to "attack" and "defend" arguments, and even "shoot" or "wipe out" the other if they are "right on target."[14] On the other hand, it is possible to perceive arguments differently with other metaphors, like "dance," implicitly redefining the "opponents" as "partners." In this way " . . . metaphors are pervasive in everyday life, not just in language but in thought and action."[14] This does not imply that empirical reality does not exist in itself. I neither suggest that our concepts construct what we see as reality in the sense that they overrule basic sensual experiences. But concepts integral to our culture may serve as lenses, which make us more aware of the things we expect to see than the phenomena that are on the outskirts of the familiar or on the fringe of our cultural system of meaning.

Sciences also rely on images and metaphors, and medical theory refers both to literal objects and use metaphors. To reason about relations between things, and to pursue abstract or theoretical knowledge, we need metaphors.[15] The cognitive models which will be presented provide metaphors and images that are "good to think with," to paraphrase anthropologist Claude Levi-Strauss. Metaphors and culture-bound conceptual systems, at the basis of cognitive models, influence the way we perceive the body and thereby what is considered specific knowledge and suitable interventions.

## *Cognitive models in alternative therapies*

Living in diverse societies, people perceive the body in multiple ways. As consumers use different kinds of medical therapies, they do also meet therapists with different perspectives. Even though users of alternative therapies don't know or understand the medical perspectives they meet when they talk to alternative therapists, they may recognize underlying cognitive models. As I observed interaction between therapists and clients, and conducted interviews with the clients afterwards, very few seemed concerned about the therapists' knowledge. I will argue that the apparent flow in communication between healer and client is related to the clients' recognition of the underlying models, which they know from other domains. The interaction with therapists may lead to processes of learning and socialization into different regimes of knowledge. The apparent silent acceptance of the therapists' models may lead to misunderstandings, but the recognition of models, transferred from one domain to another, sustains flow in interaction and communication.

Different cognitive models underlying communication will be presented and illustrated with cases from my study. The first four models presented—the "machine model," the "plumbing model," the "energetic model," and the "computer model"—have been identified in earlier studies.[12,13] The fifth model, where the body is seen as part of a "wireless network," is closely related to spiritual healing.[10] Models that serve as core models in one therapy may at the same time be widely used in other therapies. There are a multitude of models, but I will limit this presentation to five, which represent coherent models and perceptions of the body, illness, health, and risk.

### *1. The mechanical body*

Conventional biomedicine is associated with a model of the body as machine or a mechanical understanding concerned with the physioanatomical body, which is well known among the general public.[10,16–18] This is not the only model in modern biomedicine, but it serves as a core model. The origin of biomedicine is often linked to the Cartesian separation of the material body and the spirit. This meant that the material body could be deconstructed and malfunctioning parts seen independently healed or replaced. The image of the body as mechanical had its final breakthrough along with the industrial revolution. Following Lakoff and Johnson,[14,15] it can be argued that the acceptance of this model is due to the familiarity of the machine model at that time. The machine as cognitive model may have been transferred from a source domain, the factory, to a new target domain: medical treatment. The anthropologist Emily Martin[16] takes the argument further and suggests that the body is seen as a means of production. With reference to this model, it is possible to talk about parts which are "worn out," which "break down" or "failures." A person may be "rusty" or need more "fuel." In some cases, parts may be replaced.

Martin performed a study interviewing more than 600 women[16] as she focused on perceptions of body and health. She found there was a gap between the descriptions of processes in the female body offered by biomedical models and the way women talked about their bodies and health from the perspective of lived experience. She compared these different modes of understanding and found that the lived experiences provided meaning in their daily lives. The gap between the perspectives within conventional medicine, and the perspectives grounded in lived experience, led some of the women into conflicts with representatives of the health care system. Martin argues that the alternative perspectives based on experience may represent resistance and challenge and lead to questioning of biomedical discourses. She re-

gards the machine model as related to the Fordist model of production. The Fordist model has had an important impact on how people conceptualize the body. Martin also argues that the idea of the body as a hierarchy of functions is related to the hierarchical organization of society, where the brain is perceived as the "director" of the bodily hierarchy. The mechanical model has, however, met competition from models central to CAM, which can be perceived as parallel to recent technological development.

### *2. The plumbing model*

The main characteristic of the "plumbing model" is the focus on networks of circulation throughout the body, where disease will occur if pipes are blocked.[12] Helman describes this model and finds that it is in use within biomedicine, although not as a core model. This model is evident in a multitude of therapies, but it is a core model of reflexology, the most commonly used alternative therapy in Denmark.[13,17] It has been pointed out that reflexology was developed at the same time as the infrastructure was built to ensure a steady flow of goods and information.[13]

The conversation between a healer and a client who comes to see her for the first time may illustrate the use of the "plumbing model";

> The healer: This is not just a headache.
> The client: Isn't it?
> The healer: There is a blockage in your lower back.
> The client: A blockage in my back? It is usually all right.
> The healer: I think it may be related to your headache.
> The client: Tensions?
> The healer: Sort of. A lot of energy is bound by that blockage. It goes quite far back.
> [The client falls silent.]

The healer refers to a "blockage in the lower back," and it could be a description of a blocked channel going through the client's lower back. Some might instantly get an image of the spine as a channel, even though this is not mentioned. The client is not familiar with the concept "blockage in the back," and says her back is "usually all right," as if she doubts the judgement. She asks about "tensions," which may refer to a mechanical model, and falls silent as the healer refers to the "blockage" again. She does not seem to understand the healer's statement at this first visit, but in a conversation we had a few weeks later, she mentions "a blockage" as a possible reason for her headache. This seems to be due to a process of acceptance and learning. As the client is familiar with the "plumbing model," as a cognitive model, she may transfer it to a new domain: the body. The familiarity of the model makes it is easier to accept the healer's opinion. Use of the plumbing model within CAM does not necessarily imply a flow of a material substance, as in blood vessels, but may, for instance, refer to a flow of energy or information. The use of the plumbing model may, in some therapies, be combined with a perception of the body as energetic.

### *3. The energetic body*

In the "vitalistic" tradition, which was strong up until the "machine model" had its breakthrough; health was dependent on the "vital forces" a person or population possessed. The energy, or the vital force, may be thought of as a principle sustaining all that is alive, like the Indian "phrana" or the Chinese "chi." The physical body may be seen as surrounded and permeated by energy. The body as machine needs "energy" in the form of "fuel" to "burn," but within the energetic body, energy is more of an organizing principle. To have a high or low "level of energy" may then be a more profound matter. A spiritual healer explained that the expression "out of shape" literally refers to the energy field of somebody who is low in energy because the whole field then gets an "unhealthy shape."

Energy has been a central theme since the oil crises in 1973, and developing renewable sources for energy has been seen as crucial to modern society. Since the 1970s the concern about energy has become an issue related to personal health in new ways. Generally, people talk of energy as "electric," as when they need "to recharge their batteries." In a Malaysian shopping center, I found bras, which promised to increase the energy level of the client as the lining supposedly was filled with "ceramic particles charged with ions." This is an echo of the more advanced theories about the "electrical field of the human body."[19–21] Sophisticated models intermingle with popular models, and flow in communication is ensured. Energy is a central concept in many alternative therapies, such as healing, acupuncture, biopathy, and so forth but has many different meanings. The Danish anthropologist Jette Jul Nielsen,[22] who studied the communication at a center where different therapists cooperated, found that the term "energy" often led to misunderstandings between the therapists. The term "energy" was used in a diffuse way, which ensured a rather fragile consensus.[22]

The clients of alternative therapies recognize the energy model, although in popular versions. The following case illustrates how a client agreed with the therapists' use of the terms "energy" and "field of energy." I asked a client, after his first visit to the healer, whether the healer's terminology was familiar to him or not. This is what he answered:

> Alex: Well, yes, I might say so. But, well, it is all quite logical. That an organism . . . well, yes, it boils down to energy. And a source of electricity, or something, will always be surrounded by an energy field. So why should the human organism be different? I think it is all logical. I do not think there is anything mystical in it.

Alex refers to some of the words used by the healer: "field" and "energy." He accepts the concepts and thinks, as he says "it is all logical." But as I know the healer's terminology and observed the consultation, I realize that he does not understand the terminology the same way as the healer. He is referring to "energy" as electric energy and the "field" as an "electric field." Although nearly all clients immediately accept the energy model, it usually rests on simple understandings of "electricity," and does not correspond with CAM models. However, the familiarity of the conceptual frame sustains flow in communication.

### *4. The body as computer*

The image of the body as a computer has become widespread.[12] The distinction between the genuinely human and that which can be replaced by computer technology has become blurred with cyborg-, nanotechnology, and artificial intelligence. In some therapies, such as kinesiology, the brain is perceived as software and the body as hardware.[13] In kinesiology, as in different kinds of psychotherapy, such as Neuro Linguistic Programming, therapists may speak of "reprogramming." Therapists may suggest replacing thought patterns that affect the body and thereby bring health or illness. The brain is conceptualized as software, with programes or "patterns of thought," which needs to be changed when "things does not work," as one client put it.

> You have to be positive! You cannot let yourself be dragged down by negative thoughts! You cannot just accept the way you are, when things do not work. You have to take the steering wheel and change the way you think!

Some clients feel they get a powerful tool as they work with affirmations and visualizations. There are a multitude of books and recorded "guidings" in this genre, but one classic is the international bestseller, "Heal your Body. The Mental Causes for Physical Illness and the Metaphysical Way to Overcome Them" by Louise Hay.[23] In this classic, a list of illnesses is presented in one column, next to a list of corresponding thought patterns in a second column, and a list of suggested affirmations to replace them in a third column. These affirmations should be repeated as often possible to be efficient. One of the first ailments alphabetically listed by Hay is "abscesses." According to Hay, abscesses are a result of "Fermenting thoughts, over hurt, slights and revenge,"[23] which should be replaced by the following: "I allow my thoughts to be free. The past is over. I am at peace."[23] A quick search at Amazon.com (April 14, 2005) showed that Louise Hay alone had more than 300 items in this genre for sale through Amazon.

The idea of the body as computer can be related to the idea of psychosomatic illness, which has become accepted in some areas of conventional medicine. Self-help groups for cancer patients, where the mental and emotional aspects of illness are in focus, are now also, to some extent, organized within the conventional health care system. How those who take part in self-help groups may be engaged to alter thoughts to gain health and well-being, is described in a study by Leif I. Johansen.[24] Although the focus on personal experiences is generally still more prevalent within CAM than in conventional therapies, such a focus is also evident in a rather conventional book on nursing. The authors emphasize that nurses should acknowledge the psychosomatic and act as supportive advisers.[25] In line with this, they prompt nurses to encourage patients to conceptualize their illness experience.

As illness is seen as psychosomatic, the subjective meaning of illness may also receive more attention from therapists. This process creates new dilemmas, as some patients find it empowering, and others feel they are blamed for their illness or that health advisers intrude on private areas.

### *5. The body as wireless network*

Therapists applying spiritual healing or "chakra balancing" generally perceive their work as adjusting or altering the clients' energy fields. Some healers also provide healing over long distances, either by transferring energy or by giving the client an object that contains the healing energy (like catholic cloths of anointment or holy water). Some healers touch their clients, as they practice "laying on of hands," and others do so mainly when they start or stop the session. It is important to some unions of spiritual healers, like the National Federation of Spiritual Healers in the U.K. and the Norwegian Healers Union, to stress that they are not faith healers in that they do not accept that the client's religious faith is important for healing to occur. Many of their clients say they would not choose a "religious" healer. It is difficult to estimate the use of spiritual healing, as it may be difficult to distinguish from religious activities like prayer, but the use and legitimacy seem to be increasing. Therapies without "physical intervention" have gained popularity at the same time as cell phones have become available to the general public, and wireless networks have become part of our daily activities. The first wireless communication that came into most homes was the radio, where the waves went through what was then described as "ether." The inner layer of the field of energy surrounding the physical body is sometimes referred to as the body of "ether" by spiritual healers.

Those who consult a spiritual healer sometimes express surprise, as they feel the healers touch at the same time as it is evident that the healer does not actually touch their physical bodies. Boundaries between bodies may become blurred during the treatment. I will illustrate this by presenting a conversation between a healer and a client that took place as the healer was standing behind the client with her hands about 20 centimetres above the client's head.

**Client:** What is happening between us now? It is a very scary feeling.
**Healer:** How do you mean scary?
**Client:** There is a kind of flow between us . . . and warmth in my body. I have never experienced anything like this. What is happening between us? It is like . . . [She is gesticulating and looks at the healer and then at the space between them]. Do I get your energy now? It is moving through me. [Det går gjennom meg].
**Healer:** I imagine that there is something that just flows through me. Maybe you know that acupuncturists see pain as blockages in the lines of energy? I am just trying to improve the flow. When you are stressed, it may disturb the flow and too little energy gets down to your legs, it goes to your head. That is why we talk about losing your foothold or your grounding.

This client is more verbal than many others, and both the healer and the client talk about a "flow" going from the healer to the client. "Flow of energy" refers both to the "body as energetic" and the "plumbing model." But in this case, both healer and client acknowledge a "nonphysical" transference from the healer to the client. The client is pointing to "what is happening between them," in a literal sense, looking and pointing to the space between them. The borders between clients and healers, or clients and others, do sometimes become an explicit theme during the treatment.[10] This is due to experiences such as in the former case, where the boundaries of the individual are no longer self-evident. The boundaries of individuals are usually taken for granted in Western late modernity. Spiritual healers may perceive relationships as flows of energy between people, creating networks of energy, which may be beneficial or harmful. Relations are seen as energetic bonds and are evaluated with reference to the origin or quality of the relation, the kind of energy related to it, which may be described as high or low in frequency, or just by referring to it in terms of pleasant or unpleasant emotions. Some may release clients from old bonds of energy if they perceive the energetic bonds as restricting. The terms "old bonds" or "ties," which are metaphors in everyday use, may be recognized as a more literal phenomenon to be considered in illness and health. Both clients and healers I met could describe the bonds or ties and how they had been transformed, cut, or released. According to this model, individuals are perceived as part of networks of energetic relations but may still influence their position. They may choose to "cut the ties," and be reconnected—or they may transform—the relations that are not beneficial to health.

### *Individual bodies in industrialized societies*

The models presented are in frequent use in communication and serve as core models in certain therapies. Although the models are neither accurate, nor mirror the knowledge of, the therapists, they provide common frames of reference sustaining communication. Cognitive models like those presented provide ways to perceive the body and interacts with cultural models related to certain eras in technological and social development of Western industrialized societies.[13] The cognitive models interact with broader cultural themes, like profound ideas on personhood, the individual, and social relations. Cultural understandings of the person as an individual is a feature of all the models presented.

The individualistic approach represented by the models may become more evident in contrast to perceptions of body and health as relational in more traditional societies. The idea of the body as relational can, for instance, be found in Sanskrit texts, where the body is seen as originating from the universe, which it will return to after death. The spinal cord is described as having been made from the axis of the earth, body hair from shrubs, muscles from clay, tendons from branches of vegetation, the intestines from the ocean, and so on.[26] In Bali, where such descriptions may be found among Hindus and others, bodies are perceived as subtle instruments, which reflect whether people are in balance with themselves and their environment, including social relations.[26] The health of the society or the individual may also be seen as influenced by relations reflected in parallel relations in the spirit world. The concerns about the whereabouts in spiritual dimensions, or a spirit world, are also central in African witchcraft, where witches may harm others without conscious attempts. In most traditional societies, illness and disease are perceived as relational, rather than individual. The modern idea of individuals shaping their own future and their own health are in contrast to more collectivistic ideas and practices of traditional societies. The models presented are in tune with the organizational principles of industrialized societies. As individuals to a greater extent may be able to leave particular social networks, it may be easier to think of matters concerning bodies and health as individual rather than relational.

The model in which the body is seen as part of a wireless network is the only model described here which is open to perceptions of illness as relational. Some spiritual healers may talk about healing of relationships to improve health, but this is rare. However, spiritual healers who cut or release "energetic ties" or personal ties are common, and only a few, in general, traditionally oriented healers, are opposed to this practice. It seems as if the views of modern and traditional healers are confronted when it comes to releasing or cutting "energetic ties" versus healing relationships. Conscious attempts to improve (physical) health through rituals designed to heal relationships are rare in modern societies but exist in many traditional societies.

### *The challenge of diversity*

Users of CAM choose between therapies and perspectives that make it possible to perceive the body from many facets.

Each model implies a particular focus on the body, on how to maintain health, and on what kind of risks may lead to illness and disease. As clients got accustomed to the healers' perspectives, they described their bodies according to different perceptions of body, illness, health, and risk. A weakness in this study is that I am not able to say how clients handle the diverse perceptions in different settings, as my material is scarce when it comes to, for instance, hospital settings. My material is limited, as it is mostly from observations of treatments and interviews. It is not clear to what extent clients may be able to synthesize the perspectives or how different perspectives may be "compartmentalized" and activated in different contexts, as Strauss[7] has found with other kinds of parallel cognitive models. It is, however, clear that clients who had seen CAM therapists several times, were more inclined to describe their body with reference to the different models used by the practitioner,[10] than those who had no previous experiences with CAM. In some cases, it was possible to identify and follow processes of internalization as their descriptions of the body changed as they became familiar with the perspectives of the therapists. In a study of cancer patients who took part in different self-help workshops, it is concluded that those who took part in self-help groups over a period of time were most likely to be socialized into distinct medical discourses.[24] It has been found that users of CAM do not tell practitioners of conventional medicine that they use CAM.[2] How people cope with their diverse, and sometimes conflicting, perceptions in different settings is an area where further investigation is needed.

Many clients find hope, meaning, and experience relief among the multitude of models and practices. It has been argued that CAM offers greater possibilities of establishing meaning as therapists, in general, spend more time with each client and focus on the person and her lifeworld, rather than isolated symptoms.[4,10,13,17,27] Patients who do not get a biomedical diagnosis are often relieved when alternative therapists accept their description of the illness or give them an "alternative" diagnosis.[10] The diversity of therapeutic approaches represents different options for clients who have a need to establish meaning regarding their condition.

The models presented are pervasive as they are linked to people's basic bodily and existential experiences, as well as to practical knowledge from other domains. Clients' behavior and perceptions of risk do also change along with their acceptance of CAM and associated models. As a consequence, perception of risk associated with conventional medicine is opposed, and "new" kinds of risk come into focus. It is, for instance, more likely that a client accustomed to CAM will be skeptical towards conventional immunization programs. Examples of risks in tune with the models may be "lack of energy," factors which influences the flow or balance of energy, having the wrong "patterns of thought," or as one client put it: "there is something on my heart chakra."

## CONCLUSIONS

As people have become familiar with CAM and associated models, they may have several reasons to choose CAM practitioners. A change in perceptions of the body may be one reason why CAM is increasingly becoming a first-line intervention. Several studies describe a shift in the behavior of CAM users, as a growing number of clients do not see an M.D. prior to a CAM practitioner.[3,4,28] This is an interesting shift as a visit to an M.D. is subsidized in the Nordic countries and costs less than half the price compared to a visit to a CAM practitioner. This shift is a result of clients' experiences and perceptions of the both conventional medicine and CAM. It is a trend that people develop diverse and complex perceptions of body, illness, and disease and see themselves as active participants searching for health, maneuvering among different medical regimes. The shift toward CAM as a first-line intervention may indicate that the machine model is challenged as the dominating model.

The different cognitive models seem to make it possible for people to have flexible understandings of the body, although we do not know *how* flexible. Even if models are activated in different contexts, some models may be more prevalent than others—both as they refer to dominant cultural models and on an individual level. What people experience or consider appropriate healing environments is related to their perspectives. Communication and trust are essential in clinical settings, and there should be room for a client's diverse perceptions. Awareness of different perceptions of the body may be crucial to enhance communication. If the client who described her ailment as "something on the heart chakra" were to be diagnosed with an infectious disease demanding intensive care and isolation within a hospital unit, she might disagree. In this case, different perceptions of disease may lead to different opinions on whether antibiotics or "energetic layout" will provide healing. It is an open question whether the different perceptions and opinions can be bridged within a new paradigm of integrative medicine.

Awareness of the qualitative and diverse differences in perceptions of the body and the related communicative challenges are key issues that must be handled in an integrative model of medicine. Acceptance of cultural variations, knowledge about CAM in general, and teaching of communicative skills to all health practitioners are all elements of how to accomplish this awareness. Many therapists do strive to improve communication and mutual understanding, but a more conscious effort is needed to acknowledge clients' diverse perceptions of illness. If, for instance, the client's body is treated according to the machine model, needing maintenance, the patients are likely be more satisfied if they share the idea. As users of CAM develop diverse, sometimes sophisticated, perceptions of body and illness, and change their roles as patients, it will influence what they consider to be an appropriate or optimal healing environment accordingly.

We do not know enough about how people cope with the multitude of models, but the model of the body as mechanical is opposed by clients and practitioners who think of it as too simple. The biomedical models have been criticized from different groups during recent decades. As the process of learning and socialization goes on, we might expect that this trend will be reinforced. The users of CAM are generally resourceful and well informed, and they see themselves as active participants entitled to choose their preferred therapies. Choosing CAM, which involves processes of learning and socialization, sustains their perceptions of being active participants entitled to choice. The more holistic approaches to disease associated with CAM tend to support the clients efforts to be recognized as active participants capable of choosing to engage in processes improving or sustaining health.

However, even though citizens' perceptions of health are changing and a large proportion choose to use alternative medicine, public health policies are still dominated by one model. The mechanical physioanatomic model has been a core model in industrialized societies, but this seems to be changing at the grass root level. Individuals take part in processes transforming the conceptualization of the body, health, and illness, but established institutions regulating and financing health services appear rigid. There is a growing gap between the diverse perceptions of citizens, their ideas about rights to choose, and health policies currently based on one model. Biomedical models have prevailed, with little attention to differing explanatory models of health and disease. An example illustrating this is that the public health insurance (RTV) in Norway only acknowledges biomedical diagnoses. Consumer rights movements and the holistic health movement voice demands like rights to choose, availability, funding, information, and research. Further neglect of changes in citizens' perceptions of the body, disease, health, and risk, may affect the legitimacy of health authorities. It is high time to explore and develop health care systems embracing diversity and to enhance communication and trust in multiplex societies.

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