

IDENTIFYING THE MOVEMENT WITH NO NAME: AN EVALUATION OF THE
2000 UW-STOUT BODY, MIND AND SPIRIT CONFERENCE

By

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Abstract

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The purpose of this research project was to determine the relationship between the UW-Stout Body, Mind and Spirit Conference and the complementary medicine movement through the use of a formal evaluation. This was the first formalized evaluation performed within the 5 years of the conference's existence. The present evaluation defines the following: participant demographic information, sources of information on complementary health, reasons for attending the conference, satisfaction with the conference, and experiences and attitudes regarding complementary health practices. Information was gathered from mailed surveys,

which were sent to all 190 participants of the 2000 UW-Stout Body, Mind and Spirit Conference. Surprisingly, 123 of these participants completed the survey, establishing a response rate of 65%.

The demographics of the participants were comprised of mostly females (76.4%) and those from a Caucasian descent (89.3%). The majority of the participants were between the ages of 36 to 55 (64.7%). 83.4% of the participants reported to have at least four years of education beyond high school. Overall, conference participants reported a wide range of religious beliefs.

The evaluation concluded that participants utilized several different sources for attaining information on complementary health practices. The UW-Stout Body, Mind, and Spirit conference was identified as being a source of information for CAM practices. Participants reported that the conference enabled them to meet the specific expectations which are identified within this evaluation. Conference satisfaction was indicated since 39% of the conference participants had attended previous conferences, while 96% of the participants reported that they would recommend the conference to others. It can be concluded that the UW-Stout Body, Mind and Spirit Conference is a

successful CAM conference that provides personal growth, professional growth, new ways to enhance one's own healthcare, new ways to enhance other's healthcare, and CAM knowledge.

The evaluation also identified the participant's experiences and attitudes towards CAM. There were a wide range of CAM practices that were used by the participants, but overall 77% stated that they had integrated one or more CAM practices into their lifestyle. These findings are higher than the national average, which states that 42% of Americans use CAM (Berman, 2000). The participants also identified that they believed CAM benefits physical health (88.7%), mental health (81.9%), and spiritual health (86.8%). Almost half of the participants (49.6%) responded that they would most likely not consult their medical doctor before using CAM.

The evaluation also identified that sex and age was an indicator of several significant differences among the participants. Females were more likely to report that they wished their medical clinic provided CAM. Meanwhile, males were more likely to consult a mainstream practitioner before using CAM. The youngest age group (18-25) reported that they were most likely to have integrated CAM into their lifestyle.

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Since there is a level of high satisfaction with the UW-Stout Body, Mind and Spirit Conference it is recommended that the conference remain similar in both design and implementation. Future conferences may incorporate discussions on how to improve caring relationships, women's issues, buying and growing organic food, and ecological/environmental sustainability. It is also recommended that the conference initialize a formalized process to implement a yearly evaluation in order to identify and track the continually growing and changing population within the CAM movement.

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I have had the honor and pleasure of having Tom as my thesis advisor. Tom has truly helped to make my educational endeavors a rewarding experience. Even while being over a thousand miles away he provided invaluable insights and continual motivation, ensuring the success of this evaluation. In continuation his calming aura and caring demeanor has made this evaluation truly enjoyable. I would like to thank Tom for being an excellent role model and a supportive friend.

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Chapter 1

Introduction

Take a look around, the evidence is abundant and vast, ranging from the library section on "New Age Medicine," to magazines advertising spiritual counselors, to promotions for dream therapists, to the little store downtown that prescribes crystals and charms, to internet products ranging from herbal remedies to biofeedback therapies. The similarity shared between each of these services is one that promises personal growth through personal healing and wellness. Some have called it a "quiet revolution" - the explosion of interest shown by the public and press in spirituality and healing (Hueffner and Schwaller, 1998). Others declare this phenomenon to be a social movement, which is lead by individuals, who have been labeled as "existentialists," "transcendentalists," or "hippies" (Lessor, 1997).

Today, this movement is referenced by several different names including "The New Age," "Holistic Health," "Complementary Medicine," "Enlightenment," "Integrative Medicine," "Alternative Medicine," "Solar Age," "Third Wave," or "The Turning Point," only naming a few. The name that is used to describe this social movement varies

between practices, cultures, beliefs, and even within scientific disciplines. For example, the National Institute of Health (NIH) uses the terms "Complementary and Alternative Medicine" or CAM for short to describe some of the practices. Whichever term one chooses to apply to this movement, it is important to understand both the diversity and non-exclusivity that is involved in all aspects of this "movement with no name."

The ability to concretely name or make reference towards this movement is only the beginning of this complex movement. For the sake of simplicity this research study will be using the term "complementary medicine" when referencing this movement. Complementary medicine can be used interchangeably with any definition or term that one may choose to apply to this movement.

Despite the controversy that arises over the correct identification of this movement, few will argue against the evidence that this movement is rapidly growing through a dramatic increase in the sales of books, services, websites, conferences, workshops, media attention, classes, and even in research studies within complementary medicine. One national study concluded that 40% of Americans are using complementary medicine to treat a range of health conditions (Oldendick, 2000). In 1997, the annual out-of-

pocket expenditures relating to complementary medicine were estimated to be over \$27 billion (Oldendick, 2000). The astronomical amount of money that is being consumed by this movement has attracted national attention, which has resulted in large portions of money being delegated towards researching the impact and effectiveness of complementary medicine.

Research questions are now being focused on defining the population who is participating in the use of complementary medicine. In 1997, approximately 42% of Americans had used some form of complementary medicine (Berman, 2000). This figure results in the fact that these Americans paid more visits to practitioners who used complementary medicine than to conventional primary health care physicians (Berman, 2000).

The users of complementary medicines vary from study to study but overall research has determined that middle age and older respondents were significantly more likely to use a complementary therapy than those younger than age 30 (Oldendick, 2000). It has also been concluded that divorced or separated respondents were significantly more likely to use a complementary therapy than were married, widowed, or single respondents (Oldendick, 2000). Research has also concluded that there are few differences between

complementary medicine use and socio-economic status, religious beliefs, and education levels (Oldendick, 2000). Since there have been few identifiable characteristics that can be used as predictors of those who will use complementary medicine, a throbbing question still remains unanswered, "Why are people turning towards complementary medicine?"

Many physicians, researchers, complementary practitioners, and patients are arguing that a new leaf is being turned over, as society moves into a new millennium. People are now turning to complementary practices to achieve the healthcare that they desire and need. This present shift towards a change in healthcare is not a recent issue, but one that began in the 1960's, when society first became aware of the increasing costs of care (Ayres, 1996). Patients have also noticed that there was an increase in poorer healthcare running parallel with the increase of healthcare costs. Society's perception was now beginning to focus on the common belief that health professionals were no longer interested in patients as people, but only in the disease that they were being treated for (Ayres, 1996). The result has lead towards an upsurge in patient dissatisfaction with modern healthcare.

Patient dissatisfaction may be one of the reasons why thousands of conferences are being offered each year, on topics ranging from spiritual growth, to self-growth, to direct experience with complementary medicine practices. Many individuals attend conferences to find out what the "hype" is all about regarding this movement. Others may be attending these conferences in hopes of seeking answers to their unanswered questions and "untreatable" ailments by modern healthcare standards. One can conclude that since individuals are now interested in gaining more information on the complementary medicine movement, society has found itself among an upsurge of conferences offered on both a national and local level.

For example, in 1998, the fifth annual "Spirituality and Healing in Medicine" conference was held in Houston, Texas. Harvard Medical School and The Mind/Body Medical Institute/Deaconess Hospital sponsored this particular conference. More than seven hundred people attended this conference (Hueffner and Schwaller, 1998). Today there is a wide range of conferences offered in the complementary medicine field, which vary both in their size and their topics offered.

One local conference that has been presented annually for the past five years in Menomonie, Wisconsin is the UW-

Stout Body, Mind, and Spirit Conference. This particular conference has offered nationally renowned speakers and practitioners. Each of these speakers presents information regarding their research, personal endeavors, and opinions regarding the complementary medicine movement. This conference attracts numerous area practitioners, who establish booths to provide information on their services for the conference participants. The UW-Stout Body, Mind and Spirit Conference is offered as a weekend course, which places a focus on personal growth and development in the realms of healing the whole person through the body, mind, and spirit. In past history, there have been no formal evaluations conducted on the UW-Stout Body, Mind and Spirit Conference.

Statement of the Problem

Each October, Menomonie, Wisconsin is the home region of the annual UW-Stout Body, Mind, and Spirit Conference. The complementary medicine movement is deeply rooted within this conference, which provides opportunities for exploring alternative methods of healing, personal growth, and spirituality (Stout Solutions, 2000).

The philosophy of this particular conference also asserts that, "potential for wellness is approached when the body, mind and spirit are nurtured and integrated as a

whole" (Stout Solutions, 2000). Since this conference is a part of a very complex movement, which has little research on sub-populations, it is difficult to categorize the conference participants as having a specific predetermined profile. A formal evaluation will provide the information that will determine how the conference participants fall within the realms of the nation-wide complementary medicine movement.

The main objectives that this evaluation addressed were defined as the following: establishing participant demographic information, information regarding reasons for attending the UW-Stout Body, Mind and Spirit conference, defining sources of information on complementary health, and defining experiences and attitudes regarding complementary health practices. The answers to these questions can be used to help establish a profile regarding the local complementary medicine movement.

The findings of the evaluation can be directly applied into the future development of UW-Stout Body, Mind and Spirit Conferences to help ensure a profitable and secure future. Specifically, the evaluation can be applied to help design an agenda (presenters, exhibitors, speakers) that matches the interests of the participants, to market future conferences, to provide information in ways that are

most readily utilized, and to establish the beliefs and experiences of the participants and compare them to other conferences on a state or national level.

The present evaluation design was the first step in incorporating follow-up evaluations for future conferences, which will determine if there are any changes in the complementary medicine movement at a local level. Overall, there was a clear need for this evaluative study, which provided the information needed to help further the process that defines the complementary medicine movement on a local level.

The evaluation was conducted through a mailed survey to all 190 participants of the 2000 UW-Stout Body, Mind and Spirit conference. There were 123 participants who completed the survey by April 2001 and returned it to the UW-Stout Department of Psychology to be analyzed. The participants who responded to this survey remained confidential.

Chapter 2

Literature Review

Defining the "Movement with No Name"

The turn of the century has marked the beginning of a time of a great social revolution. Society as a whole is embarking upon a new philosophy towards life, which is exposing a change in both beliefs and attitudes towards healthcare. A movement that was once declared as the "movement with no name" now describes a new way of thinking that links science, spirituality, psychology, art, technology, and nature (Lessor, 1997). Presently speaking, society has not yet established a singular name that universally defines this movement.

Today, this movement is being referenced by a plethora of names, each one varying between practices and beliefs. A New Age Dictionary that was composed by Alex Jack (1976) stated several names used to describe the movement, "Post-industrialist Alvin Toffler calls it the Third Wave; futurist Hazel Henderson, the Solar Age; John Naisbitt and Yoneji Masuda speak of the Information Age; physicist Fritjof Capra, *The Turning Point*. Pierre Teilhard de Chardin described it as the Noosphere -or an envelope of widening cosmic consciousness surrounding the Earth. Scientist James Lovelock terms the current epoch in which

the planet is viewed as a living entity, the Age of Gaia" (Lessor, 1997). Simply put, the naming and describing of this complex movement has become a very individual process. People are molding together their own systems of thinking, spiritual beliefs, and attitudes towards healthcare based on exposure to and experimentation with the concepts that have been presented within this movement.

Scientific Definitions and Applications

A movement that is as controversial as it is powerful has stirred the waters of research within the scientific community. The scientific community, especially the medical community, tends to refer to the movement as either alternative medicine or complementary medicine. The National Institute of Health (NIH) has developed their own definitions to help differentiate between alternative and complementary therapies. The National Institute of Health has defined a practice as being "complementary" when it is used in conjunction with conventional treatments (National Cancer Institute, 2000). Conventional treatments are defined as those practices that are widely accepted and practiced by the mainstream medical community (National Cancer Institute, 2000). The NIH has defined a practice as being "alternative" when it is used instead of a conventional treatment. The NIH expands the definitions of

CAM by stating that depending on how a practice or treatment is used some therapies can be considered either complementary or alternative (National Cancer Institute, 2000).

In 1900, there were two systems of healthcare, one was mainstream medicine and the other was alternative medicine (Chaikin, 1999). Integrative medicine is one of the newer adjectives, which denotes an attempt to merge alternative and complementary medicine with mainstream medicine (Meeker, 2000). One individual, Dr. Benjamin from Stony Brook Medical Center, takes the approach towards medicine that has been named "integrative," which is referred to as being the third system of healthcare. He also believes that the term "alternative medicine" grew out of mainstream medicine. Dr. Benjamin states that alternative medicine was a result of the public's dissatisfaction with the attitude of mainstream medical professionals, who often provided both expensive and poor outcomes (Chaikin, 1999).

Another perspective, taken by the medical community, incorporates the term "holistic medicine." According to Psychiatrist James Gordon, "The holistic approach to medicine and health care emphasizes the integrity of each person's physical, mental, and spiritual well-being, the psychosocial context of health and illness, the importance

of health promotion, a respectful partnership between physician and patient, and the actual or potential utility of techniques derived from a variety of healing traditions" (Ayres, 1996). Yet, still others within the scientific and medical community take a more traditional approach towards complementary medicine. Many believe that complementary medicine defines any practice that steps beyond the realms of the biomedical model. The question that now needs to be addressed by both medical practitioners and clinicians asks, "Is the complementary healthcare movement a result of the evolution of medicine?"

The Evolution of Medicine

The beginning of medicine focused primarily on the biological aspects of disease, treating only the physical ailments. In the late 18th century, scientists and practitioners kept the focus of medicine within the physical domains of science. The focus of medical education and practice was to diagnose a patient based on their physical ailments. Even the concept of mental illness was attributed to pathology within the brain tissue, meaning mental illness was believed to be a "madness" that was caused by only physical changes (Louden, 1997).

History shows that there were dramatic changes made within European medicine during the 19th century. The

majority of these changes were the result of the rapid growth in the numbers of certified and formally educated practitioners. These practitioners took the diagnosis of disease a step forward, using medical theory and practice. Being based on biological experimentation, new theories and practices allowed practitioners to have a greater comprehension of what causes disease (Louden, 1997). For example, Robert Koch, a young German country doctor made one of the most significant discoveries of his time. Dr. Koch discovered that when he injected healthy sheep with the germs from the disease anthrax, those healthy sheep would become sick and die. Koch concluded that all diseases were caused only by a specified set of germs, and that disease did not involve factors like environment, heredity, nutrition, psychological state, preexisting health, and stress (Hafen, et.al, 1996).

The use of biology to study disease, by Koch and other practitioners, resulted in the development of the biomedical model. The biomedical model focused on identifying the pathological cause of disease, and eliminating the "agent" from the body (Louden, 1997). When incorporating the use of the biomedical model, "The goal of medicine was to 'cure' the physical body of disease, healing from the outside in through the use of drugs,

surgery, and/or radiation" (Josefek, 2000).

The early twentieth century focused on treating physical illnesses with the use of new drugs and pharmaceutical treatments. Scientists discovered, during the 20th century, the evolution of antibiotic-resistant strains of bacteria, leading to the continued interest in the study of infectious disease (Louden, 1997). Disease that could not be treated with anti-bodies prompted the research in the use of randomized trials, which proved to be one of the most important developments in medicine (Louden, 1997). The use of randomized trials allowed medical interventions to be applied to one group of patients, who then would be compared to individuals who received a different treatment or no treatment or any combination of these. Randomized trials allowed practitioners to determine the effectiveness of medications and techniques through the comparison of groups of patients, versus using only individual patient responses.

Several medical triumphs occurred during the 20th century. Triumphs included the development of new drugs, the evolution of surgery (now including organ transplants), and the understanding of basic structures and mechanisms such as DNA (Louden, 1997). In 1921, Alexander Flemming (1855-1955) worked on the development of penicillin

(Porter, 1997). Flemming first tried this new drug on mice in 1940 and within the decade millions of lives were being saved from life-threatening or disabling diseases, including polio. The 1950's marked a pharmacological revolution. During this decade psychotropic drugs like chlorpromazine, the first effective medication for mental illnesses, began to be produced (Porter, 1997). Cortisone was also discovered, helping medical practitioners and researchers have more of an understanding of the immune system, while the discovery of immunosuppressants opened possibilities for transplant surgeries (Porter, 1997).

Mind-Body Medicine

In the middle of the 20th century medicine began to make the shift from being biological, which treated the mind and body separately, into the belief of treating the patient with mind-body dualism. Mind-body dualism is based on the belief that one's emotions and environment can be responsible for disease (Hafen, et.al., 1996). For example, research has shown that people who have intense emotional problems were more likely to have ulcers, hypertension, diabetes, kidney problems, nervous system malfunctions, and circulatory system difficulties (Hafen and eta, 1996).

In the later 20th century, mind-body dualism became known as the biopsychosocial model. The biopsychosocial

model focused on the belief that an individual's health can be affected not only by biological factors, but also by psychological factors and social factors. Today, scientific studies are showing that "negative" emotions such as worry, anxiety, depression, hostility, and anger can increase susceptibility to disease, while "positive" emotions such as optimism, humor and a fighting spirit can protect your health and help to heal (Hafen, et.al., 1996). One practitioner in the medical community stated that he believed that an estimated 90 percent of all physical problems have emotional roots. He continued by stating that his estimate was on the conservative side (Hafen, et.al., 1996).

Studies have shown that as many as 95 percent of all backaches are triggered by the psyche, not physical abnormalities or by heavy lifting (Hafen, et.al., 1996). Research has also shown that factors such as stress and social support also affect a person's health. One study found that people with many social contacts - a spouse, a close knit family, a network of friends, church, or other group affiliations - tended to live longer and healthier lives (Hafen, et.al., 1996). Stress, anything that upsets one's sense of balance and makes it necessary to regain that balance, can also affect one's condition of health

(Hafen, et.al., 1996). For example, a recent Gallup poll, conducted for the National Occupational Information Coordinating Committee, reported that about half of all Americans say that stress affects their health, personal relationship, or ability to do their job (Hafen, et.al., 1996).

The mind/body connection has also led to the medical fields of psychosomatic disease and psychoneuroimmunology. Psychoneuroimmunology is defined as the scientific investigation of how the brain affects the body's immune cells and how the immune system can be affected by behavior. It is a term coined by Dr. Robert Ader in 1964 (Hafen, et.al., 1996). In short, "psychoneuroimmunology focuses on the links between the mind, the brain, and the immune system, incorporating the intricate interaction of consciousness," (Hafen, et.al., 1996).

The Emergence of 21st Century Healthcare

The biopsychosocial model is still being incorporated into modern day medicine. Though an addition has been added to the model, incorporating the impacts of spirituality and faith on health. What is faith or spirituality? This is a very individual and complex question to answer. French novelist George Sand penned the sentiment that faith "is an excitement and an enthusiasm; it is a condition of

intellectual magnificence to which we must cling as to a treasure, and not squander in the small coin of empty words," (Hafen, et.al., 1996). Meanwhile, American philosopher Ralph Waldo Emerson wrote extensively of faith. "All he had seen and experienced caused him to have faith in that which he could not see, Whoever reasons only according to what the five bodily senses reveal or believes that the only means of knowing is through seeing, hearing, tasting, smelling, and feeling is controlled by appearances" (Hafen, et.al., 1996). According to Albert Einstein, "Everyone who is seriously involved in the pursuit of science becomes convinced that a Spirit is manifest in the Laws of the Universe, vastly superior to that of man, and one in the face of which we, with our modest powers, must feel humble" (Hafen, et.al., 1996). In Einstein's definition he speaks of the overlap between science and faith.

Medical and scientific research, which has been conducted over the past two decades, reports what exists in reality is not as important as what one believes to exist (Hafen, et.al., 1996). This means that what a person believes can affect their physical health. Numerous studies have shown that faith can have an effect on physiological processes. In a study conducted by the Mind Science

Foundation, people were able to decrease the destruction of red blood cells. Another good example of faith's power over physiological processes is the impact it has on blood pressure; studies have shown that devoutly faithful groups of people tend to have lower blood pressure than a comparison group of people (Hafen, et.al., 1996). Despite the numerous research findings that support the power of faith, many practitioners do not believe nor incorporate faith based practices into their treatments.

Practitioners who do not incorporate faith based or spiritual practices into their treatment plans, do not take into recognition the spiritual health of their patient. Dr. N. Lee Smith defines spiritual health as being the state of well-being - not just the absence of disease. Dr. Smith also states that spiritual health is a sense of empowerment and personal control that includes feeling heard and valued, feeling in control over one's responses (but not necessary in control over the environment) (Hafen, et.al., 1996). Spiritual health is also defined as having a sense of connectedness to one's deepest self, to other people and all that is regarded as good" (Hafen, et.al., 1996).

The Shift Towards Complementary Medicine

Through the decades, medicine has evolved from being strictly biological, to psychological, to spiritual in

domain. Complications arise, when mainstream medicine does not treat all the possible domains that can cause or impact disease. Most medical practitioners have not completely incorporated spirituality into their practices; this may explain why so many patients are not satisfied with modern medicine. Complementary medicine is the opposite of mainstream medicine, "The goal of mainstream medicine is to 'cure' the physical body of disease, healing from the outside in through the use of drugs, surgery, and/or radiation" (Josefek, 2000).

Research shows that mainstream medicine does not provide adequate patient satisfaction. In 1991, a survey stated that 69% of people were "beginning to lose faith" in their doctors (Wekesser, 1994). Recent research also states that the average doctor visit is only seven minutes long (Waltman and Chatterjee, 2000). Other studies are showing that patients want to be able to create a relationship with their doctor, enabling them to establish a healing partnership. Patients desire a doctor who has the relationship facets of listening, caring, patience, and kindness (Dossey, 1999). Studies also show that doctors are being requested to educate their patients in healthcare, as they had once been educated themselves (Dossey, 1999). Currently, medicine remains substantially a white male

profession. Doctors who fit this profile are said to be frequently inattentive or unresponsive to the needs and values of women, non-whites, and those of lower socioeconomic classes (Boozang, 1999). It can be concluded that not all of the patient's needs or desires are being met with short and often rushed doctor visits.

Another component responsible for the decrease in patient satisfaction levels is the ever-increasing costs associated with modern day medicine. National health care costs were projected to rise to \$1.5 trillion by 2000 and to a staggering \$2 trillion by 2030 (Wekesser, 1994). Meanwhile in 1992, Americans spent \$839 billion on health care, or one-seventh of their Gross Domestic Produce (GDP) (Wekesser, 1994). Furthermore, after adjusting for inflation, spending on health care rose 8.5 percent in 1991, and by 39 percent since 1987 (Wekesser, 1994). These statistics indicate that health care costs in this country are rising much faster than wages, businesses, receipts, or governmental revenues (Wekesser, 1994).

It can be concluded that people visit their medical practitioner to help them treat an illness. What happens when a medical doctor is unable to treat an illness? This is becoming an ever increasing occurrence in the medical setting. Over the past 75 years the burden of disease in

the United States has changed from acute illness (caused by infectious disease) to chronic illnesses (Wekesser, 1994). Chronic diseases, such as coronary heart disease, cancer, and strokes accounted for more than 60% of the U.S. death rate in 1990. While in 1995, chronic disease accounted for 80% of health care costs (Health Counselor, 1995). Patients who suffer from chronic disease often seek relief from complementary practitioners. CAM practitioners treat the disease in a holistic fashion, while educating the patient to make decisions that will promote health (Hafen, et.al, 1996).

There are various reasons stating why the complementary medicine movement came into existence, ranging from factors that may place focus on personal, physical, and economical forces. Often the reason that has the most impact is both personal and non-scientific. "Users of alternative health care are more likely to report having had a transformational experience that changed the way they saw the world" (Dossey, 1999).

The Impact of Complementary Medicine

What has been the impact of complementary medicine on mainstream medicine? One study reported that in 1997, 42 percent of U.S adults have used some type of complementary care in the past year (Landmark Healthcare, 2000). This

study also concluded that 74 percent of these participants use complementary medicine along with traditional medicine, while 15 percent use complementary medicine as a replacement for traditional medicine. Overall, 11 percent reported that they use complementary medicine along with and as a replacement for traditional medicine (Landmark Healthcare, 2000).

People are spending numerous amounts of time and money investing into the unprecedented hope that they will find a cure with an alternative remedy. One study concluded that society is spending almost as much out-of-pocket money on natural remedies (\$27 million) as on conventional therapies (\$29 million) (Waltman & Chatterjee, 2000). Comparable studies of national populations of Canada and Australia indicate that this spending trend is not only occurring within the U.S. (Oldendick, 2000).

Practices in Complementary Medicine

There are several practices in medicine that are referenced as being complementary, alternative, holistic, or non-traditional. One research study shows that the most commonly reported complementary therapy used (25.7%) was classified as being personal therapies, which include home remedies, herbal therapy, vitamins, or homeopathy (Oldendick, 1999). One study concluded that 5 percent of

American adults have used homeopathy in the past year (Landmark, 2000). "Homeopathy is a system of natural healing that mines the subtle energies of natural substances" (Miles, 1999). A classic homeopathic user chooses one remedy at a time to slowly release the subtle imbalances, which cause disease. Homeopathy is useful for emotional, mental and behavioral disorders that traditional medicine has difficulty addressing (Miles, 1999). Americans spent \$165 million on homeopathic remedies in 1994 and sales since have been increasing about 20 percent per year (Miles, 1999).

The use of herbal and vitamin therapy is also quite popular, with 17 percent of complementary users using herbal remedies and 11 percent using vitamins at least once in the past year (Landmark, 2000). Research describes that everyone's nutritional needs are different and change constantly, implying that there is simply no one direction that is right for everyone all the time. Herbal therapy takes into practice the individual needs of one's physical and mental being, based on nutritional balance (Miles, 1999).

The complementary practice of chiropractic therapy represents the most utilized alternative therapy in the U.S. This may be linked to the fact that traditional

medicine has spared no expense or energy in attempting to eliminate it (Boozang, 1999). One study showed that 1 in 5 Americans reported using chiropractic therapy at least once in their lifetime, while 1 in 12 reported using it at least one time in the past 12 months (Oldendick, 2000). Massage therapy is another complementary practice that focuses on touch therapy. One study reported that 14% of complementary medicine users had used massage therapy within the past year (Landmark, 2000). The healing qualities of chiropractic use or any other form of touch therapy (such as massage, reflexology, or Reiki) include documented benefits of muscular relaxation, increased circulation, lymphatic drainage, reduced blood pressure, and reduced heart rate (Miles, 1999).

Acupuncture is a practice, which uses strategically placed needles to help reduce physical pain. Acupuncture is used by 2% of CAM users (Landmark, 2000). Acupuncture can be used to help treat rheumatoid and osteoarthritis, muscle and nerve difficulties, depression, smoking, eating disorders, drug 'behavior problems', migraine, acne, cancer, and constipation (Boozang, 1999). Acupuncture along with Acupressure (used by 5% of CAM users) works with the proper flow of one's source of body energy.

Research also shows that the complementary practice of tai chi helps improve balance in seniors, reducing the likelihood of falling. Yoga, used by 5% of CAM users, uses quiet poses to help rejuvenate, restore and stimulate the body, mind and spirit (Miles, 1999). A typical yoga session (as practiced in the United States) lasts from 20 minutes to one hour in duration. Individuals may chose to practice their yoga in their homes or in a classroom setting. (Colorado Healthsite, 2001). "The psychological and physical effects of yoga include massage of muscles and internal organs; increased blood circulation, rebalancing of the sympathetic and parasympathetic nervous systems; increase in brain endorphins, enkephalins, and serotonin; deeper breathing; increased lymph circulation; countering of the effects of gravity on the body; increasing nutrient supply to the tissues; and augmenting alpha and theta brain wave activity, which reflects a greater degree of relaxation" (Colorado Healthsite, 2001). Research has also shown that individuals who practice yogic meditation showed a 200% increase in skin resistance within ten minutes after they begin to meditate. Physical fitness is also improved and anxiety decreases when yoga is practiced (Healthsite, 2001).

There are numerous complementary practices, each individual in technique and belief. Overall, 63.3% of CAM users perceive complementary therapy to be effective. While 79.3% of participants who use healing therapies (Native American Medicine, spiritual healing, or energy healing) reported effectiveness in therapy. Research has also shown that 33% of Americans believe consumer demand will be strong for complementary medicine, while only 5% of Americans believe that there will be no demand for CAM (Landmark, 2000).

Defining the Population of Complementary Medicine Users

Sociologist Paul Ray, has attempted to define and analyze both the values and lifestyles of the American culture through an extensive research study, "The Integral Cultural Survey: A Study of Values Subcultures and Use of Alternative Health Care in America." This study has been helpful in trying to define the population which is involved in the complementary medicine movement. This particular study incorporated a sample of 1,500 people who were sent a mailed survey. There were 1,036 useable surveys, which were returned - a 69 percent return rate.

The results of Ray's study explained that the American culture was divided into three paradigms, or three different "worldviews." Ray, based on the results received

from returned surveys and focus groups, placed individuals into the category of being either a Cultural Creative, a Modernist, or a Heartlander (Ray, 1996).

Ray defined those who were a part of the Integral Culture, otherwise identified as being a Cultural Creative, as being apart of the emergence of a new cultural form. Ray stated that the bearers of the Integral Culture, "Have values that are more idealistic and spiritual, have more concern for relationships and psychological development, are more environmentally concerned, and are more open to creating a positive future" (Ray, 1996). Ray stated that the Integral Culture is comprised of about 24 percent of the adults in the US, or about 44 million people.

The definition of those identified as being apart of the Integral Culture can be applied to those individuals who also have an interest in the complementary medicine movement. Ray has identified those who fall within the Integral Culture, as being Cultural Creatives because they are coming up with most new ideas in US culture (Ray, 1996). Cultural Creatives tend to be in a middle or upper-middle socio-economic class. Ray has also identified that there are slightly more Cultural Creatives who live on the West Coast, but that they are located in all regions of the country. The overall male-female ratio is 40:60, or nearly

50 percent more women than men (Ray, 1996). Ray's findings correlate with other research findings, which state that women were significantly more likely than men to use a complementary therapy (Oldendick, 2000).

Along with identifying the demographics of the Cultural Creative, Ray has also identified the distinctive values, commitments and beliefs of the Cultural Creatives. Ray has defined these characteristics as often being themed around issues that address concern for ecological sustainability. Ecological sustainability is defined as believing that nature is sacred, and to be willing to pay to clean up the environment and to stop global warming, and wanting to rebuild neighborhoods and communities. The Cultural Creatives are also defined as being those who take an interest in altruism, self-actualization, alternative healthcare, spirituality and spiritual psychology. These are the individuals who are focused on the "inner life" and self-growth (Ray, 1996).

Ray explained in his study that Cultural Creatives tend to live a lifestyle that separates them from the other sub-populations, which he defined. Cultural Creatives tend to live a life that allows them to be experiential consumers. This means that these individuals would rather be actively involved in an "experience" rather than a

"thing." Cultural Creatives are often involved in activities such as psychotherapy, weekend workshops, spiritual gatherings, personal growth experiences, vacations as self-discovery, or vacations at health spas (Ray, 1996). Ray also stated that his study found that the Cultural Creatives population were innovators in and consumers in the complementary medicine movement. Ray defined the belief in the body-mind-spirit connection as being the overall commonality that linked together this population of people.

This unique research study, done by Paul Ray, only marks the beginning of the in-depth process that attempts to define the population which has taken an active interest in the complementary medicine movement. Defining the experiences and attitudes held by individuals who attend complementary medicine conferences, such as the UW-Stout Body, Mind, and Spirit Conference, marks only another step in the attempts to define this movement with "no name."

Sources of Information

How do complementary medicine users become informed on which practices they should experiment with and/or integrate into their lifestyle? Research has shown that only 7.4 percent of mainstream doctors would recommend a complementary therapy to a patient, and believed they would

be the least likely to be informed of a patient's use of a complementary therapy (Oldendick, 2000). One research study reported that 57 percent of medical doctors were unaware of their patient's use of CAM. This may explain why only 1 in 5 users identified their medical doctor as being their primary source of information on complementary medicines and practices (Oldendick, 2000). Other information sources on complementary medicine included: relatives (20.1%), magazines (16.4%), neighbor or friend (9.2%), one's own experience (8.9%), TV (6.0%), books (5.3%), newspapers (4.2%), and healthcare professionals (4.1%). Overall, these findings show that complementary medicine users are more likely to seek out information in a more direct fashion from other people (relatives, neighbors, and friends), rather than from indirect sources (TV, books, and magazines) (Oldendick, 2000).

Complementary Medicine Conferences

It can be concluded that individuals who are participating in complementary medicine conferences are attending them as an information source for the complementary medicine movement. Since research has shown that individuals tend to access CAM information from direct sources, it would be reasonable to assume that participants

attend conferences wanting to learn from other peoples' attitudes and experiences.

Complementary medicine users, who are interested in learning from others, may be one of the many reasons why there has been a recent increase in the number of complementary medicine conferences offered. Currently there is no known research stating the number of conferences that are officially offered each year on complementary medicine. The abundance of conference offerings is abundant though; websites show numerous conferences offerings by the National Institute for Healthcare Research, American Medical Association, state and private universities, hospitals, and both profit and non-profit businesses. These events may range in duration from half-day sessions to sessions being months long. Complementary conferences have been designed to target the medical professional population as well as the general population who has taken an interest in the complementary medicine movement. These conferences offer a vast array of topics ranging from medical theories, to medical integration, to mystical awareness, to prayer and meditation techniques, only naming a few.

One particular conference that has grown through the past 24 years is the Omega Institute in Rhinebeck, New York. The Omega Institute was founded in 1977, and today is

considered the largest and one of the most popular facilities offering conferences in complementary medicine (Omega Institute for Holistic Studies, 2001). Each year more than 20,000 people attend workshops, retreats, and conferences offered by Omega. When Omega Institute was founded in 1977, American culture was just beginning to gain its awareness for complementary medicine, psychological inquiry, world music and art, meditation, and new forms of spiritual practice.

It was also in 1977 when the Omega Institute bestowed its mission statement: "To look everywhere for the most effective strategies and inspiring traditions that might help people bring more meaning and vitality into their lives." Today, Omega holds the same mission as it continues to present programs, which offer people an opportunity to explore their own path to better health, personal growth, and inner peace (Omega Institute for Holistic Studies).

The National Institute for Healthcare Research (NIHR) also sponsors several conferences each year, which are based on complementary medicine. The NIHR focuses on, "bringing together the nation's top leaders in medicine, research, science and religion to explore the investigation of spirituality and health" (NIHR, 2001). Topics of NIHR conferences included cross-cultural issues, spiritual

intervention in clinical practice, spirituality in medicine, and scientific progress in spiritual research (NIHR, 2001).

Along with nationally known conferences there are numerous smaller conferences, which are being offered at regional or local levels. One conference that falls within this category is the UW-Stout Body, Mind and Spirit Conference, which held annually in Menomonie, Wisconsin, a small Mid-Western college town with a population of 13,000 people. This conference has been held on the UW-Stout campus for the past four years, attracting hundreds of participants.

The philosophy of the conference asserts that our potential for wellness is approached when the body, mind and spirit are nurtured and integrated as a whole" (Stout Solutions, 2000). The UW-Stout Mind, Body and Spirit Conference, similar to the Omega Institute in theme, places its focus on creating awareness within its participants, regarding various issues and practices that are associated with the complementary medicine movement.

Why are people continuing to participate in conferences which carry a complementary medicine theme? What is it that these conferences are offering? Will the future of complementary medicine be sculpted through the

use of CAM conferences? It is suggested that the continuation of research on all CAM conferences offerings, will help address the answers to these pending research questions.

Chapter 3

Methodology

Subjects

The instrument was mailed to all 190 participants enrolled in the 2000 UW-Stout Body, Mind and Spirit Conference. The participants were selected based on the fact that they were the most recent individuals who were in attendance of the conference. These individuals would most likely have more recollection of the events of the conference than past conference participants. All 190 participants were included to help increase the probability that the information would not be exclusive to any individual insight or experience. All of the participants who received a mailed survey were asked to complete and return the survey on a voluntary basis, while being ensured that their confidentiality would be protected (See Appendix A).

The response rate was 65%, which is exceptionally high for a mailed survey. There were 123 participants who responded to this study. The 123 participants who responded provided both demographic information and information regarding their experience with the conference and complementary medicine in general. The high response rate of this study may indicate that participant's enrolled

in the UW-Stout Body, Mind and Spirit have a high concern regarding the future of the conference. The high response rate may also indicate that the participant's hold a high interest in the area of complementary medicine and desire to be a part of the movement.

Instruments

The researcher designed the instrument that was used to collect the data for this study. The instrument included 50 questions printed on the front and backsides of a 2-page survey. The instrument's questions were designed to collect information based on self-report of the participants through the use of categorical questions, attitudinal scales, and open-ended qualitative questions. To help ensure validity the instrument was based on the specific program goals, which were stated by the founders of the UW-Stout Body, Mind, and Spirit Conference. The demographics collected included age, sex, education, religious preference, and primary vocational focus. The participants were also asked if they currently serve people as a complementary healer and to indicate if the service was used as a source of income.

Another portion of the instrument was designed to attain information regarding the participants' attitudes towards the conference and to determine if the participants

were satisfied with particular components of the conference. The satisfaction levels of each participant were measured based on information collected regarding location, costs, time, and content of the conference. The participants were also given the opportunity to elaborate their responses by writing in an "additional comment" section.

The instrument was also designed to gather data regarding the participant's experiences and attitudes towards the use of complementary medicine. Participants were asked to report the number of encounters they experienced with either complementary practitioners or mainstream medical practitioners within the past 12 months. The participants were then asked to report why they sought attention for their health by indicating if the reason was a physical, mental or spiritual concern. The instrument also asked the participants to report what complementary practices they have participated in during the past 12 months. The instrument was pilot tested by the conference co-founders and personnel in Stout Solutions involved with conference administration. Refer to Appendix B for a copy of the instrument.

Procedures

All participants of the 2000 UW-Stout Body, Mind and Spirit Conference were mailed a letter, which explained the purpose of the research study (See Appendix A). The purpose of the study was described as a program evaluation for the UW-Stout Body, Mind and Spirit conference. The participants were told that their feedback would be used to help ensure the continual success of the conference. Attached to the letter was a survey, which the participants were asked to complete (See Appendix B).

The participants were given approximately 3 weeks to complete the survey, which was due on April 1, 2001. The participants were informed to return the survey in the enclosed stamped envelope, addressed to one of the co-founders of the UW-Stout Body, Mind, and Spirit Conference. The participants were assumed to be familiar with the co-founder of the conference since he had addressed the opening and closing components of the conference. The co-founder of the conference, who is also a UW-Stout psychology professor, gathered the returned mailed surveys and kept them in a secure place. The surveys were delivered to the researcher shortly after the 3 week due date for analysis.

Chapter 4

Results

Demographics

A total of 123 participants completed surveys for the research study, for a response rate of 65%. The participants who responded to the survey were 23.6% male and 76.4% female. The majority (39.0%) of the respondents were between 46-55 years of age. The majority (89.3%) were Caucasian, while the remaining 10.7% of the population was comprised of African American, Asian, and those who defined themselves as being of some other ethnicity. Tables 1 through 3 report the demographic characteristics sex, ethnicity, and age.

Table 1: Sex of Participants

<u>Sex</u>	<u>Frequency</u>	<u>Valid Percent</u>
Male	29	23.6
Female	94	76.4

Table 2: Ethnicity of Participants

<u>Ethnicity</u>	<u>Frequency</u>	<u>Valid Percent</u>
Caucasian	108	89.3
African American	3	2.5
Asian	6	5.0
Other	4	3.3

Table 3: Age of Participants

<u>Age</u>	<u>Frequency</u>	<u>Valid Percent</u>
18-25	10	8.2
26-35	15	12.3
36-45	31	25.4
46-55	48	39.3
55-65	16	13.1
66 +	2	1.6

Table 4 describes the primary vocational focuses held by the conference participants. Most of the participants (22%) reported that they were involved in a vocational area that was something "other" than those that were listed. This table also reports that 19.5% of the participants were involved in an educational field while 12.7% of the participants were students. Results also show that 31.9% of the conference participants used complementary medicine practices as some form of income. Table 5 reports the distinctions between the different levels that complementary practices are used as a source for income.

Table 4: Primary Vocational Focus of Participants

<u>Vocational Focus</u>	<u>Frequency</u>	<u>Valid Percent</u>
Other	26	22.0
Educator	23	19.5
Student	15	12.2
Nurse	13	11.0
Social Work	11	9.3
Business/Industry	10	8.5
Alternative Healthcare	8	6.8
Retired	4	3.4
Administration	3	2.5
Religious Service	3	2.5
Office Work	1	0.8
Unemployed	1	0.8

Table 5: Participants who use Complementary Medicine Services as a Source of Income

<u>Income</u>	<u>Frequency</u>	<u>Valid Percent</u>
Primary Source of Income	8	6.7
Supplement Source of Income	12	10.1
Not Typically as a Source of Income	18	15.1
Not Used as a Source of Income	80	67.2

Table 6 shows that the educational level of 97.5% of the conferences participants was reported to be at least one year or more of formalized post-secondary education. There were 83.4% of the conferences participants who reported to have at least 4 years of education beyond high school. It can be concluded that the majority of this population holds either a bachelor's or master's degree.

Table 6: Years of Education Beyond High School

Education	Mean	Std. Dev.
Years	5.5	2.8

The 2000 Body, Mind and Spirit Conference participants were also asked to identify their religious/spiritual preference. The results showed that many of the participants held religious beliefs that fell into more than one religious or spiritual belief. There were 65 of the 123 respondents (52.8%) who reported that they held Christian beliefs. The second most identified spiritual belief fell into the "other" category, in which 17.9% of the participants reported practicing a belief that was something other than those which were listed. Table 7 reports how many of the participants practiced each religious/spiritual belief.

Table 7: Spiritual/Religious Beliefs of Participants

<u>Spiritual Belief</u>	<u>Frequency</u>	<u>Valid Percent</u>
Christianity	65	52.8
Other	22	18.7
New Age	18	14.6
Unitarian	14	11.4
Mysticism	12	9.8
Native Americanism	11	8.9
Buddhism	10	8.1
Shamanism	10	8.1
Hinduism	7	5.7
Wicca	4	3.3
Paganism	3	2.4
Taoism	3	2.4
Judaism	2	1.6
Atheism	1	0.8
Islamic	1	0.8

Sources of Information on Complementary Health

Table 8 describes how many times participants enrolled in complementary medicine themed conferences. The results showed that 69.1% of UW-Stout Body, Mind and Spirit participants had participated in similar conferences prior

to this particular conference. The research from this study has also found that the participants of the UW-Stout Body, Mind and Spirit Conference acquire information regarding the complementary medicine movement through several different combinations of sources, beyond attending conferences. The results show that the majority of the participants acquire information through books and magazines (66.7% and 78.9%). The results also showed that 68.3% of the participants received information through their friends. Table 9 displays the sources of information that are used to attain information regarding the complementary medicine movement. The frequency describes how many times these types of conference were attended. The mean states the average number of times for those who stated that they participated in that type of conference.

Table 8: Participants who have attended other Complementary Medicine Conferences

<u>Conference/Workshop</u>	<u>Frequency</u>	<u>Mean</u>
Half-Day	55	.65
Full-Day	107	1.3
Week-End	120	1.4

Table 9: Sources of Information used to acquire Knowledge regarding the Complementary Medicine Movement.

Information Source	Frequency	Percent
Books	97	78.9
Friends	84	68.3
Magazines	82	66.7
Internet	70	56.9
Complementary Doctors	66	53.7
TV Programs	54	43.9
Journals	48	39.0
Relatives	36	29.3
Health Educators	32	26.0
Psychologists	25	20.3
Medical Doctors	21	17.1

UW-Stout Body, Mind and Spirit Conference

Table 10 shows the number of participants who in the past have participated in the UW-Stout Body, Mind and Spirit conference. There have been a total of four conferences including the 2000 conference. The results show that 39% of the participants who attended the 2000 conference have attended previous UW-Stout Body, Mind and Spirit conferences. 9.1% of the participants have participated in all four of the conferences.

Table 10: Participants who attend UW-Stout Body, Mind and Spirit Conferences

<u>Number of Conferences</u>	<u>Frequency</u>	<u>Valid Percent</u>
1	73	59.3
2	24	19.8
3	13	10.7
4	11	9.10

Table 11 explains how far the participants traveled to attend the UW-Stout Body, Mind and Spirit conference. The results found that the majority of the participants (70.5%) traveled one hundred miles or less. There were 3 participants who reported traveling over 1000 miles to attend the conference.

Table 11: Miles Traveled to the UW-Stout Body, Mind and Spirit Conference

<u>Miles Traveled</u>	<u>Frequency</u>	<u>Valid Percent</u>
<50	63	51.6
51-100	23	18.9
101-300	30	24.6
301-1000	3	2.5
Over 1000	3	2.5

This study also concluded that there were several reasons as to why the participants enrolled in the UW-Stout Body, Mind and Spirit conference. The participants were asked to answer the questions using a 5-point attitudinal scale. The results showed that 79.7% of the participants either agreed or strongly agreed when asked if they enrolled in the conference to find a deeper meaning within their personal life. In comparison, 65% of the participants either agreed or strongly agreed when asked if they enrolled in the conference to find deeper meaning within their professional life. The majority of the participants (87.9) either agreed or strongly agreed when asked if they enrolled in the conference to gain greater knowledge about complementary medicine practices. Tables 12-20 define the reasons as to why participants enrolled in the UW-Stout Body, Mind and Spirit Conference. Table 21 reports the means and standard deviations of the overall findings regarding why participants enrolled in the conference.

Table 12: I Enrolled in this Year's Conference to Find a Deeper Meaning within my Personal Life

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	3	2.4
Neither Agree nor Disagree	22	17.9
Agree	60	48.8
Strongly Agree	38	30.9

Table 13: I Enrolled in this Year's Conference to Find a Deeper Meaning within my Professional Life

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	8	6.5
Neither Agree nor Disagree	35	28.5
Agree	54	43.9
Strongly Agree	26	21.1

Table 14: I Enrolled in this Year's Conference to Exchange Ideas and Philosophies

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	9	7.3
Neither Agree nor Disagree	24	19.5
Agree	57	46.3
Strongly Agree	33	26.8

Table 15: I Enrolled in this Year's Conference to Exchange Products and Services

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	23	18.7
Disagree	37	30.1
Neither Agree nor Disagree	41	33.3
Agree	16	13.0
Strongly Agree	6	4.9

Table 16: I Enrolled in this Year's Conference to Gain Greater Knowledge about Complementary Medicine

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	1	.8
Disagree	2	1.6
Neither Agree nor Disagree	7	5.7
Agree	60	48.8
Strongly Agree	53	43.1

Table 17: I Enrolled in this Year's Conference to Learn New Ways to Improve My Own Health

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	4	3.3
Neither Agree nor Disagree	12	9.8
Agree	66	53.7
Strongly Agree	41	33.3

Table 18: I Enrolled in this Year's Conference to Learn New Ways to Improve the Health of a Friend, Relative or Patient

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	1	0.8
Disagree	15	12.3
Neither Agree nor Disagree	35	28.7
Agree	57	46.7
Strongly Agree	14	11.5

Table 19: I Enrolled in this Year's Conference for Academic Credit

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	40	32.5
Disagree	33	26.8
Neither Agree nor Disagree	35	28.5
Agree	10	8.1
Strongly Agree	5	4.1

Table 20: I Enrolled in this Year's Conference for Professional Requirements

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	36	29.3
Disagree	34	27.6
Neither Agree nor Disagree	35	28.5
Agree	16	13.0
Strongly Agree	2	1.6

Table 21: Overall Ratings for why the Participants Enrolled In the Conference

Variable	Mean	Std. Dev.
Find deeper meaning in Personal Life	4.1	.76
Find deeper meaning in Professional Life	3.8	.85
Exchange ideas and philosophies	3.9	.87
Exchange products and services	2.6	1.1
Increase knowledge regarding Complementary practices	4.3	.73
Find new ways to improve own health	4.2	.73
Find new ways to improve health of others	3.6	.89
For Academic Credit	2.2	1.12
For Professional Requirements	2.3	1.08

Tables 22-25 report the participants' satisfaction level regarding the conference. The participants were asked a series of questions that were used to measure their satisfaction level with the UW-Stout Body, Mind and Spirit Conference. Overall, the participants reported high to very high levels of satisfaction with the costs, content, time of year, and location of the conference. The means and

standard deviations for each of the items that were used to measure the participants' satisfaction level are reported in Table 26.

Table 22: Satisfaction with the Costs of the Conference

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	12	9.8
Neither Agree nor Disagree	20	16.3
Agree	73	59.3
Strongly Agree	18	14.6

Table 23: Satisfaction with the Content of the Conference

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	4	3.3
Neither Agree nor Disagree	7	5.7
Agree	65	53.3
Strongly Agree	46	37.7

Table 24: Satisfaction with the Time of Year of the Conference

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	1	0.8
Disagree	4	3.3
Neither Agree nor Disagree	7	5.7
Agree	79	64.2
Strongly Agree	32	26.0

Table 25: Satisfaction with the Location of the Conference

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	2	1.6
Disagree	1	0.8
Neither Agree nor Disagree	6	4.9
Agree	72	59.0
Strongly Agree	41	33.6

Table 26: Overall Satisfaction Ratings of the Conference

<u>Satisfied with</u>	<u>Mean</u>	<u>Std. Dev.</u>
Cost of Conference	3.8	.81
Content of Conference	4.3	.71
Time of Year of Conference	4.1	.72
Location of Conference	4.2	.72

The conference participants also reported what they felt they learned as a result of attending the conference. The majority of the participants (82.9%) stated that they agreed or strongly agreed that the conference enabled them to discover new ways to improve their own health. This correlates with the finding, which reports that 90.2% of the participants agreeing or strongly agreeing that the conference enabled them to increase their knowledge within complementary medicine. Tables 27-31 report what the UW-Stout Body, Mind and Spirit conference enabled its participants to do upon completion of the conference. Table 32 reports the overall ratings of what the participants felt they gained from attending the conference. The highest mean (4.2) indicated that the majority of the participants felt that they gained new knowledge in the field of complementary medicine.

Table 27: The Conference Enabled me to Gain Greater Knowledge about Complementary Medicine

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	2	1.7
Neither Agree nor Disagree	7	5.8
Agree	76	65.8
Strongly Agree	32	26.7

Table 28: The Conference Enabled me to find Deeper Meaning within my Personal Life

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	5	4.2
Neither Agree nor Disagree	16	13.3
Agree	69	57.5
Strongly Agree	30	25.0

Table 29: The Conference Enabled me to find Deeper Meaning within my Professional Life

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	2	1.7
Disagree	9	7.4
Neither Agree nor Disagree	33	27.3
Agree	54	44.6
Strongly Agree	23	19.0

Table 30: The Conference Enabled me to Learn New ways to Improve my own Health

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	6	5.0
Neither Agree nor Disagree	13	10.7
Agree	79	65.3
Strongly Agree	23	19.0

Table 31: The Conference Enabled me to Learn New Ways to Improve the Health of a Friend, Relative or Patient

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	10	8.3
Neither Agree nor Disagree	3	29.8
Agree	60	49.6
Strongly Agree	15	12.4

Table 32: Overall ratings for what the conference enabled the participants to learn from the conference

<u>Variable</u>	<u>Mean</u>	<u>Std. Dev.</u>
Found deeper meaning in Personal Life	4.2	.60
Found deeper meaning in Professional Life	3.7	.91
Increased knowledge regarding Complementary practices	4.3	.73
Discovered new ways to improve Own health	4.0	.71
Discovered new ways to improve Health of others	3.7	.80

The participants were also given the opportunity to state their opinion on which topics they would like to see incorporated into future conferences. The future topics, which were suggested to the conference participants, were taken from Paul Ray's study (1996). Ray described these

topics as being other areas of interest for those involved in the complementary medicine movement. Tables 33-37 report the attitudes that the participant's held towards the suggested future conference topics. Table 38 reports the means and standard deviations of each item measured.

Table 33: Future Conference Topics about Organic Foods

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	3	2.5
Disagree	18	15.1
Neither Agree nor Disagree	32	26.9
Agree	51	42.9
Strongly Agree	15	12.2

Table 34: Future Topics about Environmental Sustainability

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	7	5.8
Neither Agree nor Disagree	27	22.5
Agree	58	48.3
Strongly Agree	28	23.3

Table 35: Future Topics about Women's Issues

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	1	0.8
Disagree	9	7.5
Neither Agree nor Disagree	26	21.7
Agree	63	52.5
Strongly Agree	21	17.5

Table 36: Future Topics about Caring Relationships

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	5	4.2
Neither Agree nor Disagree	11	9.2
Agree	66	55.5
Strongly Agree	37	31.1

Table 37: Future Topics about Travel to Foreign Countries

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	6	5.1
Disagree	18	15.3
Neither Agree nor Disagree	40	33.9
Agree	40	33.9
Strongly Agree	14	11.9

Table 38: Overall Ratings for Future Conference Topics

Variable	Mean	Std. Dev.
Buying and growing Organic foods	3.5	.98
Ecological/Environmental Sustainability	3.9	.83
Women's Issues	3.8	.85
Improve Caring Relationships	4.1	.75
Travel to Foreign Countries	3.3	1.04

The participants were given the opportunity to answer an open-ended question, which asked if they had any additional comments or suggestions for future conferences including potential resources. Generally speaking, participants gave very positive comments regarding the conference. Some of the comments included, "Don't change a good thing", while others stated, "Continue with the renowned key-note speakers", and "Bring Joan Borysenko back".

Participants gave suggestions for presenters that they would like to see offered at future conferences. The suggestions included: Paul Pearsall, James Oschman, Richard Ott, Sathy Sai Baba (Ghandi's grandson), Alberto Villoldo (energy medicine), Sonia Choquette, and Andrew Weil. Participants also gave suggestions for future conference

topics. Topics included: prayer and spiritual healing, use of therapeutic oils, more dances, men's issues, integrative medicine, and more interactive workshops. Others suggested that the conference include more aspects of Native American and Mexican spirituality, and include facilitated group discussions on spirituality.

Participants also made comments about changes that could be made regarding to the conference's structure. Some of the participants suggested that the sessions be longer in time and depth, while another participant wanted the sessions to be shorter and more concise. Another suggestion was to have the conference offered during the summer, while another participant suggested that the keynote speaker be presented in a larger and more comfortable room.

Overall, the 2000 UW-Stout Body, Mind and Spirit conference participants were both satisfied and willing to recommend the conference to other people who have not attended the conference. Table 39 reports that 95.8% of those who attended the conference would recommend the conference to others. There was only one person who stated that they would not recommend the conference. The reasoning that was stated for this included the belief that the conference was not science-based, therefore should not have been held in a University setting. Table 40 shows that the

average response was 4.5 on a 5.0 scale. The standard deviation (.65) was relatively small, which indicates that there was little variance between the responses of the participants.

Table 39: Recommendation of the Conference to Others

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	1	0.8
Disagree	0	0.0
Neither Agree nor Disagree	4	3.4
Agree	49	41.2
Strongly Agree	65	54.6

Table 40: Overall Ratings for Recommending the Conference to Others

<u>Variable</u>	<u>Mean</u>	<u>Std. Dev.</u>
Recommendation of Conference to Others	4.5	.65

Experiences and Attitudes Regarding Complementary Health Practices

Participants were asked to record the number of times they visited either a mainstream practitioner or a complementary practitioner for help regarding a physical, mental, or spiritual concern. There were a total of 301

visits to a mainstream practitioner for a physical concern over a 12 month time period. In comparison, there were a total of 690 visits to a complementary practitioner for a physical concern. There were 19 participants (15.5%) who reported that they did not seek medical help from a complementary practitioner in the past 12 months. Seventeen conference participants (13.8%) reported that they sought help for a spiritual concern from a mainstream practitioner within the past 12 months. In comparison, 41 participants (33.3%) reported seeking help from a complementary practitioner within the past 12 months. Results show that there is a large standard deviation between the numbers of those who use complementary practitioners. This indicates that there is a huge span between the numbers of times each participant is seeking help from a complementary practitioner.

A total of 104 of the 121 participants (84.5%) who responded reported not seeking spiritual help from a medical practitioner. Tables 41 and 42 display the average number of visits the participants had with either a mainstream medical practitioner or a complementary practitioner. Several of the respondents indicated frequent contacts with complementary practitioners, thereby influencing the mean results.

Table 43 shows the difference between the number of visits with both mainstream practitioners and CAM practitioners for the past 12 months. This table shows there were significantly more visits to CAM practitioners than mainstream practitioners for physical health ($p < .01$) and spiritual health ($p < .01$).

Table 41: Experiences with Mainstream Practitioners

Medical Concern	Minimum	Maximum	Mean	Std. Deviation
Physical	0	20	2.51	3.58
Mental	0	12	.42	1.55
Spiritual	0	12	.54	2.06

Table 42: Experiences with Complementary Practitioners

Medical Concern	Minimum	Maximum	Mean	Std. Deviation
Physical	0	100	5.70	12.92
Mental	0	100	1.79	9.61
Spiritual	0	30	1.69	4.53

Table 43: Experiences with Mainstream Medicine and CAM in Past 12 Months

	Mainstream Practitioners		CAM Practitioners				
	Mean	SD	Mean	SD	t	df	p
Physical Health	2.51	3.58	5.50	12.78	-256	119	.01
Mental Health	.42	1.55	1.79	9.61	-1.60	120	.11
Spiritual Health	.52	2.09	1.61	4.50	-2.50	116	.01

The evaluation asked each participant if they participated in complementary medicine practices. Each participant indicated which complementary practice they used in the past twelve months. The results show that 88 of the 123 respondents reported using some form of meditation within the past twelve months. 53.7% of the participants also reported that they had used some form of massage therapy in the past twelve months. Overall, 77% of the participants who responded stated that they had integrated one or more of these complementary practices into their lifestyle. Table 44 lists in descending order the most popular complementary practices to the least popular complementary practices.

Table 44: Complementary Practices used in the Past Twelve Months

Practice	Frequency	Valid Percent
Meditation	88	71.5
Prayer	74	60.2
Massage Therapy	66	53.7
Chiropractic Realignment	48	39.0
Aromatherapy	46	37.4
Herbal Medicine	44	35.8
Sound/Music Therapy	41	33.3
Yoga	41	33.3
Bodywork	32	26.0
Nutritional Therapy	30	24.4
Reiki	29	23.6
Shamanic Work	28	22.8
Chiropractic Massage	26	21.1
Spiritual Healing	25	20.3
Other Practices	24	19.5
Tai Chi	21	17.1
Acupressure	19	15.4
Qui gong	15	12.2
Reflexology	15	12.3
Homeotherapy	14	11.4
Acupuncture	13	10.6
Past Life Therapy	13	10.6
Crystal Healing	12	9.8
Chinese Medicine	10	8.1
Hypnotherapy	8	6.5
Color Therapy	3	2.4
Ayurvedic Medicine	2	1.6
Polarity Therapy	1	0.8

The results of this evaluation also measured the attitudes that each participant held in seeking treatment using complementary medicine. Tables 45-50 reports the participants' attitudes held toward physical, mental, and spiritual health and the benefits in using complementary medicine. Almost half of the respondents (49.6%) reported that they disagreed or strongly disagreed with the concept

of consulting with their medical doctor before using complementary medicine. In comparison, 88.4% of the respondents stated that they agreed or strongly agreed with the idea that their medical clinic should provide complementary medicine treatment options. The study also concluded that 86.8% of the participants believed that complementary medicine benefits spiritual health, while 81.9% believed it benefited mental health and 88.5% believed in benefited physical health. Table 50 shows the means and standard deviations for each attitude held regarding complementary medicine. There is a low average (2.5) for the number of participants who would consult their medical doctor before using a complementary practice. This indicates that the participants are likely to be using complementary practices without their medical doctor knowing about it.

Table 45: Complementary Medicine benefits Physical Health

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	1	.8
Neither Agree nor Disagree	13	10.7
Agree	56	45.9
Strongly Agree	52	42.6

Table 46: Complementary Medicine benefits Mental Health

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	0	0.0
Neither Agree nor Disagree	22	18.0
Agree	42	34.4
Strongly Agree	58	47.5

Table 47: Complementary Medicine benefits Spiritual Health

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	0	0.0
Neither Agree nor Disagree	16	13.1
Agree	43	35.2
Strongly Agree	63	51.6

Table 48: Would Consult a Medical Doctor before Using
Complementary Medicine

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	25	20.7
Disagree	35	28.9
Neither Agree nor Disagree	44	36.4
Agree	13	10.7
Strongly Agree	4	3.3

Table 49: Wishes their Medical Clinic would provide Complementary Treatments

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	1	.8
Neither Agree nor Disagree	13	10.7
Agree	35	28.9
Strongly Agree	72	59.5

Table 50: Have Integrated Complementary Practices into their Lifestyle

<u>Attitude</u>	<u>Frequency</u>	<u>Valid Percent</u>
Strongly Disagree	0	0.0
Disagree	9	7.4
Neither Agree nor Disagree	19	15.6
Agree	41	33.6

Table 51: Overall Ratings of Attitudes held towards Complementary Medicine

<u>Variable</u>	<u>Mean</u>	<u>Std. Deviation</u>
CAM Benefits Physical Health	4.3	.69
CAM Benefits Mental Health	4.3	.76
CAM Benefits Spiritual Health	4.4	.71
Would Consult their M.D. before using CAM	2.5	1.04
Wishes Med. Clinic Would Provide CAM	4.5	.72
Have integrated CAM Into their Lifestyle	4.1	.94

Sex of Respondents and Other Variables

A variety of survey variables were found to be in relationship with each other. Relationships that were statistically significant are reported below.

The respondent's sex was compared with several of the other survey variables. Comparisons between male and female respondents were examined by t tests. Those t tests that showed significant differences follow.

Table 52: The Effects of Respondent's Sex on Other Survey Variables

Variable		N	Mean	SD	t	df	P.																																																																																
# of BMS Conferences Attended	Male	28	2.04	1.20	2.16	119	.033																																																																																
	Female	93	1.58	.90				Expectation For new Knowledge In CAM	Male	29	4.07	.96	-2.13	121	.035	Female	94	4.39	.63	Expectation To learn to Improve own Health	Male	28	3.93	.65	-2.04	121	.043	Female	94	4.24	.74	Expectation To learn to Improve others Health	Male	28	3.25	1.04	-2.13	120	.035	Female	94	3.65	.81	Interested in Future Topics On Organic Foods	Male	29	3.14	.95	-2.19	117	.031	Female	90	3.59	.97	Interested in Future Topics On Women's Issues	Male	29	3.28	.80	-3.90	118	.000	Female	91	3.95	.81	Before using CAM would Consult a M.D.	Male	27	2.89	1.09	2.41	119	.017	Female	94	2.35	1.00	Wishes med. Clinic would Provide CAM	Male	27	4.15	.82	-2.72	120	.008
Expectation For new Knowledge In CAM	Male	29	4.07	.96	-2.13	121	.035																																																																																
	Female	94	4.39	.63				Expectation To learn to Improve own Health	Male	28	3.93	.65	-2.04	121	.043	Female	94	4.24	.74	Expectation To learn to Improve others Health	Male	28	3.25	1.04	-2.13	120	.035	Female	94	3.65	.81	Interested in Future Topics On Organic Foods	Male	29	3.14	.95	-2.19	117	.031	Female	90	3.59	.97	Interested in Future Topics On Women's Issues	Male	29	3.28	.80	-3.90	118	.000	Female	91	3.95	.81	Before using CAM would Consult a M.D.	Male	27	2.89	1.09	2.41	119	.017	Female	94	2.35	1.00	Wishes med. Clinic would Provide CAM	Male	27	4.15	.82	-2.72	120	.008	Female	94	4.56	.66								
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Wishes med. Clinic would Provide CAM	Male	27	4.15	.82	-2.72	120	.008																																																																																
	Female	94	4.56	.66																																																																																			

The t-test results show that males have attended significantly more past UW-Stout Body, Mind, and Spirit conferences. Males attended an average of 2.04 conferences, while females attended an average of 1.58 conferences. Significantly more females (m=4.39) reported that they expected the conference would provide them with increased knowledge in complementary medicine. Significantly more females (m=4.24) than males (m=3.65) also reported that they expected the conference would provide them with new ways to improve their own health and the health of others. The results also concluded that females (m=3.59) were more interested than males (m=3.14) in future conferences with topics on the buying, growing and consumption of organic foods. Females (m=3.95) were also more interested than males (m=3.28) in future conferences with topics focused on women's issues. Research results show more males (m=2.89) than females (m=2.35) reported that would consult their medical doctor before using a complementary medicine. Findings have also shown that significantly more females (m=4.56) than males (m=4.15) wish that their medical clinic would provide complementary medicine.

Age of Respondents and Other Variables

The age of the respondents was also compared with other survey variables. The demographic age was measured in

six categories in the instrument. To examine the age categories in a relationship to other survey variables, one-way analyses of variance were calculated. Below are reports for ANOVA's with statistically significant results. In cases where ANOVA's were significant, LSD post-hoc analyses were calculated to identify specific significant differences. Overall, the post hoc analyses provided some surprising results, which showed that there were few differences between many age groups.

Table 53: How Age is Related to Participants who Enrolled in the Conference for Academic Credit

Variable		N	Mean	SD	F	df	P
Academic Credit	18-25	10	3.60	1.35	3.85	121	.00
	26-35	15	2.40	1.12			
	36-45	38	2.13	1.12			
	46-55	48	2.02	0.93			
	56-65	16	2.19	1.05			
	66 +	2	2.00	1.41			

There were several differences that were found when the post hoc tests analyzed the six different age categories. The post hoc results show that the age group 18-25 was more interested in attending the conference for academic credit than any other age category (F=3.58; df=121;p=.00). It can be concluded that this age category primarily consisted of college students. See table 53 for results.

Table 54: How Age is Related to Interest in Future Conference Topics on Women's Issues

Variable		N	Mean	Std.Dev.	F	df	P
Future- Women's Issues	18-25	10	4.10	0.74	2.66	118	.03
	26-35	15	3.27	0.88			
	36-45	31	4.06	0.81			
	46-55	45	3.73	0.79			
	56-65	16	3.69	0.00			
	66 +	2	3.00	0.85			

Table 53 reports that there were differences between those participants who were 18-25 and those who were 26-35 and 66 + when reporting their interests for having women's issues as topics for future conferences. Participants who were 18-25 had a stronger interest in having women's issues for future conference topics than the oldest and those 26-35. Participants who were in the age category of 26-35 responded that they had less of an interest in women's issues as a conference topic than all age categories except for those in the oldest category (F= 5.11; df= 118; p=.03). See Table 54 for results.

Table 55: How Age Relates to the Number of Times Help is sought for a Physical Concern from a Medical Doctor.

Variable		N	Mean	Std.Dev.	F	df	P
Sought M.D. for Physical Concern	18-25	10	4.10	5.90	5.11	118	.00
	26-35	15	1.27	1.53			
	36-45	31	2.29	3.24			
	46-55	45	1.73	1.51			
	56-65	16	3.13	2.19			
	66 +	2	11.00	12.73			

Age is related to the number of times participants sought help from a medical doctor for physical concerns. Those in the age category 66 + sought help from an M.D. more than all other age categories. Those who were ages 18-25 sought more medical attention from an M.D. than those in the age categories of 26-35, 36-45, 46-55, and 56-65. Participants who were 55-65 sought more medical help than those who were in the age categories of 46-55, 36-45, and 26-35. Overall, it was concluded that the youngest age group and the oldest age group sought the most medical attention from a mainstream medical doctor ($f=2.76$; $df=118$; $p=.00$). See table 55 for results.

Table 56: How Age relates to the Number of Participants who wish that their medical clinic would provide complementary treatments

Variable		N	Mean	Std.Dev.	F	df	P
Wishes	18-25	10	4.10	.99	2.76	119	.022
Clinic would	26-35	15	4.47	.64			
Provide CAM	36-45	31	4.81	.40			
	46-55	47	4.43	.77			
	56-65	15	4.13	.74			
	66 +	2	4.50	.71			

Participants who were 36-45 had a stronger interest in having complementary practices provided to them by their medical doctor than those aged 18-25 or 46-65 ($F= 3.85$; $df= 119$; $p= .02$). See table 56 for results.

Table 57: How Age Relates to the Number of Participants who have Integrated Complementary Practices into their Lifestyle.

Variable		N	Mean	Std.Dev.	F	df	P
Integrated	18-25	10	3.20	1.35	3.85	120	.00
CAM into	26-35	15	2.40	1.12			
Lifestyle	36-45	38	2.13	1.12			
	46-55	48	2.02	0.93			
	56-65	16	2.19	1.05			
	66 +	2	2.00	1.41			

The age of the participant also impacts whether or not they have integrated complementary practices into their lifestyle. Those participants aged 18-25 differed from all age groups. The younger participants (18-25) were more likely to have integrated complementary practices into their lifestyle. The baby boomer generation (ages 36-45 and 46-55) reported they were the least likely to have integrated complementary practices into their lifestyles ($F= 3.85$; $df=120$; $p=.00$). See table 57 for results.

Correlational Results

The variables measured by numerical responses were correlated using Pearson Product Moment Correlation Coefficients. Those correlations that were most relevant to research objectives are reported below.

Table 58: Reasons for Attending the Conference and Ratings Of Satisfaction with the Conference

Reasons for Enrolling	Ratings of Satisfaction			
	Cost	Content	Time	Location
Personal life	.11	.36**	.19*	.17
Professional life	.03	.13	.19*	.13
Exchange ideas	.08	.27**	.20*	.26**
Exchange services	.01	.04	.19*	.09
Increase CAM IQ	.00	.29**	.10	.12
Improve own health	.05	.25**	.09	.13
Improve others health	.04	.09	.04	.04

* $P < .05$ ** $p < .01$

The results from Table 58 show that there is a strong association ($p < .01$) between those who enrolled in the Mind, Body and Spirit Conference to exchange idea's and philosophies and their satisfaction levels in the conference's content, time of offering, and location. There was also a strong association ($p < .01$) between those who enrolled to increase their knowledge of complementary medicine and their satisfaction level of the conference's content. Those who enrolled in the conference to learn new ways to improve their own health were satisfied with the conference's content ($p < .01$).

Table 59: Reasons for Attending the Conference and Ratings Of how the Conference Helped Them Reach Their Expectations

	Expectations/Goals				
	Personal Life	Professional Life	Increase CAM IQ	Improve Own Health	Improve Others Health
Reasons For Enrolling					
Personal Life	.53**	.21*	.36**	.44**	.32**
Professional Life	.29**	.51**	.16	.19*	.22*
Exchange Ideas	.37	.33**	.17	.31**	.44**
Exchange Services	.09	.08	.17	.08	.18*
Increase CAM IQ	.25**	.17	.55**	.29**	.28**
Improve Own Health	.36**	.19*	.47**	.42**	.28**
Improve Others Health	.22*	.18	.14	.18	.53**

* P < .05

** P < .01

The results showed that all of the reasons the participants enrolled in the conference were strongly correlated (p < .01) with participants reaching the expectations they held for the conference. There was also a strong correlation between enrolling in the conference for personal growth and believing that the conference enabled professional growth, increased complementary medicine knowledge, and finding new ways to improve one's own health

and the health of others. The findings also show that those who enrolled to find new ways to improve their own health reported that the conference enabled them to enhance their personal life, enhance their professional life, increase their knowledge on complementary medicine, and to improve the health of others.

Table 60: Reasons for Attending the Conference and Experiences Regarding Complementary Medicine

Experiences Regarding Complementary Medicine						
	MD for Physical	CAM for Physical	MD for Mental	CAM for Mental	MD for Spirit	CAM for Spirit
<u>Reasons For Enrolling</u>						
Personal Life	.04	.05	.16	.02	.07	.11
Professional Life	.02	.07	.12	.06	.04	.16
Exchange Ideas	.17	.12	.01	.08	.10	.05
Exchange Services	.05	.04	.15	.03	.04	.08
Increase CAM IQ	.19*	.14	.24**	.03	.04	.05
Improve Own Health	.02	.04	.04	.06	.08	.13
Improve Others Health	.02	.04	.04	.21*	.08	.13

* P < .05

** p < .01

The results from Table 60 concluded that there were few associations between the participants' reasons for attending the conference and their experiences regarding complementary medicine. Surprisingly, the only associations ($P < .05$) were between participants who enrolled in the conference to increase their knowledge in complementary medicine and who sought attention from a medical doctor for physical and mental treatments. This indicates that those who primarily seek medical attention from mainstream medical practitioners and not complementary practitioners are enrolling in the conference to gain knowledge about complementary medicine.

Table 61: Reasons for Attending the Conference and Attitudes regarding Complementary Medicine

Experiences and Attitudes regarding Complementary Medicine						
	CAM Benefits Physical	CAM Benefits Mental	CAM Benefits Spiritual	Consult MD Before CAM	Wish clinic had CAM	CAM is Lifestyle
<u>Reasons For Enrolling</u>						
Personal Life	.18*	.19*	.35**	.09	.26**	.24**
Professional Life	.22*	.17	.20*	.05	.09	.19*
Exchange Ideas	.41*	.38**	.38**	.03	.27**	.36**
Exchange Services	.21*	.18*	.12	.03	.16	.17
Increase CAM IQ	.06	.31**	.27**	.03	.21	.10
Improve Own Health	.25**	.21*	.20*	.00	.23*	.11
Improve Others Health	.21*	.21*	.20*	.04	.09	.19*

* p < .05

** p < .01

The results from Table 61 indicated there were numerous correlations between the participants' reasons for attending the conference and their attitudes towards CAM. Research showed associations (P < .05) between the participants who enrolled in the conference to enhance their personal life and those who believe that complementary medicine benefits one's mental and physical health. There was a strong correlation (P < .01) between participants who enrolled in the conference for personal growth and those who believe complementary medicine

benefits spiritual growth, those who wish their clinic offered complementary practices, and those who have integrated complementary medicine into their lifestyle. These findings suggest that participants who enrolled in the conference already believe in complementary medicine practices. Results also show that those participants who enrolled in the conference to exchange ideas have a strong correlation ($P < .01$) between the attitude that CAM benefits mental health and spiritual health, wishing that their clinic offered CAM, and having integrated CAM into their lifestyle. One can conclude that those who enrolled in the conference to exchange ideas already have some knowledge and experience with complementary medicine practices. Those who enrolled in the conference to either improve the health of themselves or to improve the health of others, also held an association ($p < .01$) between those who believe that CAM benefits physical, mental, and spiritual health.

Table 62: Participants' Expectations/Goals and Ratings of Overall Satisfaction Levels of Conference

	Expectations/Goals				
	Personal Life	Professional Life	Increase CAM IQ	Improve Own Health	Improve Others Health
<u>Satisfaction</u>					
Costs	.22*	.32*	.16	.18	.06
Content	.67**	.51**	.43**	.51**	.24**
Time	.26**	.18*	.09	.22*	.16
Location	.37**	.35**	.24**	.19*	.14

* p < .05

** p < .01

The results from Table 62 concluded that satisfaction with the content of the conference held a strong correlation ($p < .01$) with the attitudes that the conference enabled them to enhance their personal life, enhance their professional life, increase their knowledge of CAM, and to improve their own health and the health of others. These findings state that the conference is meeting the expectations of its participants. Those participants who were satisfied with the conference's location agreed that the conference enabled them to enhance their personal life and their professional life, increase their knowledge of CAM, and to find new ways to improve their own health.

Table 63: Conference Expectations/Goals and Experiences Regarding Complementary Medicine

	Experiences Regarding Complementary Medicine					
	MD for Physical	CAM for Physical	MD for Mental	CAM for Mental	MD for Spirit	CAM for Spirit
<u>Expectations/Goals</u>						
Personal Life	.03	.04	.09	.00	.02	.11
Professional Life	.05	.02	.06	.04	.03	.01
Increase CAM IQ	.09	.06	.22*	.02	.00	.17
Improve Own Health	.10	.04	.20*	.05	.05	.16
Improve Others Health	.03	.05	.03	.05	.11	.01

* P < .05

** p < .01

Table 63 reports there are very few relationships between the participants' goals and experiences of the conference and their experiences regarding complementary medicine. These findings show no correlation between what the conference enabled the participants to do and the number of times they sought attention from either a mainstream or complementary practitioner for either a physical or spiritual concern. There was a significant relationship (p < .05) between those who sought help from a mainstream practitioner for a mental concern and those who felt the conference enabled them to increase their

knowledge in CAM and those who felt the conference enabled them to find new ways to improve their health.

Table 64: Conference Expectations/Goals and Attitudes Regarding Complementary Medicine

Attitudes regarding Complementary Medicine						
<u>Expectation/ Goal</u>	CAM Benefits Physical	CAM Benefits Mental	CAM Benefits Spiritual	Consult MD Before CAM	Wish clinic had CAM	CAM is Lifestyle
Personal Life	.28**	.22*	.28**	.04	.19*	.24**
Professional Life	.29**	.28**	.24**	.06	.05	.22*
Increase CAM IQ	.26*	.29**	.24**	.05	.10	.25**
Improve Own Health	.18*	.15	.19	.07	.01	.05
Improve Others Health	.17	.24**	.19*	.02	.06	.22*

* p < .05

** p < .01

The research findings in Table 64 concluded that those participants who felt the conference enhanced their professional growth also believed (P < .01) that CAM benefits physical, spiritual, and mental health.

Interestingly, those who expected that the conference would enable them to find new ways to improve their own health did not show significant associations with CAM benefits mental and spiritual health, wished their clinic had CAM, and those who have integrated CAM into their lifestyle.

This indicates that those who were expecting to find new ways to improve their health were more likely to support CAM for physical benefits than for mental or spiritual benefits and may not have yet integrated CAM into their lifestyles.

Table 65: Experience Regarding Complementary Medicine and Complementary Health Practices

Experiences and Attitudes Regarding Complementary Medicine						
	MD for Physical	CAM for Physical	MD for Mental	CAM for Mental	MD for Spirit	CAM for Spirit
<u>CAM Practice</u>						
Acupressure	.05	.30**	.09	.20*	.10	.16
Acupuncture	.08	.07	.09	.04	.09	.03
Aromatherapy	.03	.11	.01	.15	.13	.33**
Ayurvedic Med.	.00	.03	.01	.02	.03	.02
Body Work	.00	.30**	.07	.23**	.08	.22*
Chinese Med.	.01	.27**	.02	.32**	.05	.08
Chiro. Massage	.43**	.21**	.26**	.20*	.22*	.01
Chiro. Realignment.	.21*	.39**	.21*	.19*	.21*	.17
Color Therapy	.04	.39**	.13	.53**	.02	.04
Crystals	.06	.32**	.04	.29**	.07	.06
Herbal Med.	.13	.17	.06	.14	.00	.13
Homeopathy	.07	.39**	.16	.23*	.09	.01
Hypnotherapy	.01	.19*	.15	.12	.30*	.08
Massage	.15	.22*	.00	.13	.01	.06
Meditation	.05	.04	.01	.11	.10	.18
Nutritional	.07	.32**	.09	.16	.02	.10
Past Life	.13	.19*	.08	.28**	.09	.04
Polarity T	.04	.00	.03	.04	.02	.09
Prayer	.11	.05	.04	.11	.01	.02
Qigong	.00	.22*	.05	.24**	.06	.05
Reflexology	.09	.32**	.03	.26**	.06	.08
Reiki	.05	.29**	.08	.20*	.08	.23*
Shamanic Work	.07	.19*	.02	.21*	.01	.43**
Spirit Healing	.03	.25*	.17	.18	.10	.08
Music	.11	.01	.04	.12	.06	.02
Tai Chi	.10	.05	.08	.08	.08	.09
Yoga	.03	.01	.01	.04	.05	.10

* p < .05

** p < .01

Table 65 reports that those participants who seek out a mainstream practitioner do not use CAM as frequently. The participants who most frequently seek out a medical practitioner for either a physical or mental condition have an association with those who use the CAM practices chiropractic massage ($P < .01$) and chiropractic realignment ($P < .05$). The participants who seek help from a medical practitioner for a spiritual concern are associated with those who use the CAM practices chiropractic massage ($P < .05$), chiropractic realignment ($P < .05$), and hypnotherapy ($P < .05$).

Those participants who frequently visit a complementary practitioner for a physical concern are more likely to use the following complementary practices: acupressure, Chinese medicine, chiropractic massage, chiropractic realignment, color therapy, crystals, homeopathy, nutritional therapy, reflexology, and Reiki. It can be concluded that these are the practices that the participant is receiving when they seek treatment for a physical concern from a complementary practitioner.

The results also showed that those participants who frequently visit a complementary practitioner for a mental concern are more likely to use ($P < .01$) these CAM practices: body work, Chinese medicine, color therapy,

crystals, past life, Qigong and reflexology. In comparison, those participants who visit complementary practitioners for a spiritual concern are strongly associated ($P < .05$) with these CAM practices: aromatherapy, body work, chiropractic realignment, herbal medicine, massage therapy, meditation, nutritional therapy, prayer, spiritual healing and yoga. Overall, these results indicate that a participant uses different CAM practices (from a complementary practitioner) for physical, mental, or spiritual concerns.

Table 66: Attitudes regarding Complementary
Medicine and Complementary Health Practices

Experiences and Attitudes regarding Complementary Medicine						
	CAM Physical	CAM Mental	CAM Spirit	Consult MD Before CAM	Wish clinic had CAM	CAM is Lifestyle
<u>CAM Practice</u>						
Acupressure	.17	.19*	.21*	.02	.22*	.28**
Acupuncture	.12	.15	.08	.06	.07	.12
Aromatherapy	.32**	.28**	.27**	.06	.27**	.36**
Ayurvedic Med.	.04	.12	.11	.12	.10	.05
Body Work	.25**	.21*	.26**	.16	.16	.30**
Chinese Med.	.17	.12	.18	.07	.03	.15
Chiro. Massage	.15	.01	.00	.05	.13	.03
Chiro. Real	.26**	.17	.13	.23*	.13	.21*
Color Therapy	.16	.15	.14	.13	.04	.09
Crystals	.21*	.16	.21*	.20*	.21*	.28**
Herbal Med.	.29**	.27**	.20*	.09	.23*	.28**
Hypnotherapy	.17	.20*	.18*	.06	.01	.11
Massage	.31**	.34**	.29**	.09	.14	.31**
Meditation	.33**	.34**	.44**	.04	.14	.26**
Nutritional	.25**	.28**	.28**	.02	.29**	.28**
Past Life	.16	.26*	.23*	.03	.07	.18*
Polarity T	.09	.08	.08	.13	.06	.09
Prayer	.26**	.32**	.32**	.05	.03	.15
Qigong	.09	.11	.11	.00	.17	.22*
Reflexology	.17	.15	.15	.17	.14	.22*
Reiki	.17	.16	.16	.01	.06	.17
Shamanic Work	.18*	.20*	.20*	.16	.10	.24**
Spirit Healing	.19*	.24**	.24**	.13	.06	.15
Music	.14	.23*	.23*	.05	.07	.16
Tai Chi	.15	.15	.15	.02	.10	.29**
Yoga	.22*	.32**	.32**	.04	.11	.18*

* P < .05

** P < .01

Table 66 reports that certain CAM practices are believed to benefit physical, mental or spiritual health. Participants who believed CAM benefited a person's physical health were more likely to use (P < .05) aromatherapy, body work, chiropractic realignment, herbal medicine, homeopathy, massage therapy, meditation, nutritional therapy, and prayer. Participants who believed CAM benefited one's mental health were more likely to use (P <

.01) aromatherapy, herbal medicine, homeopathy, massage therapy, meditation, nutritional therapy, prayer, spiritual healing, and yoga. Finally, the participants who reported that CAM benefits an individual's spiritual health were more likely to use ($P < .01$) aromatherapy, body work, herbal medicine, massage therapy, meditation, nutritional therapy, prayer, spiritual healing and yoga. Results also state an overlap between several of the CAM (aromatherapy, body work, prayer, etc.) that are believed to benefit either a physical, mental or spiritual concern.

These findings also showed that the participants, who stated that they wished their clinic would offer CAM, were more likely to use ($P < .01$) aromatherapy, nutritional therapy, and meditation practices. They were also more likely to use ($P < .05$) acupressure, crystals, and homeopathy. These associations indicate that a complementary medicine clinic would be most readily used (by those who were interested in its existence) if it offered those particular CAM practices.

Finally, research found that those participants who reported having integrated CAM into their lifestyle, were more likely to use ($P < .01$) the CAM practices: acupressure, aromatherapy, body work, crystals, herbal medicine, homeopathy, massage therapy, meditation,

nutritional therapy, shamanic work, and tai chi. There was also a correlation ($P < .05$) with those participants who used chiropractic realignment, past life regression, Qigong, reflexology, and yoga. It can be concluded that these CAM practices are most popular among participants who have integrated complementary medicine into their lifestyle.

Chapter 5 Conclusions and Recommendations

The purpose of evaluating the 2000 UW-Stout Body, Mind and Spirit Conference was to determine the relationship between the conference and the complementary medicine movement. Presently speaking, the complementary medicine movement has been difficult for both researchers and practitioners to define. This complex movement varies between practices, cultures, beliefs, and even within scientific disciplines. There have been several research studies that have placed focus on defining the effectiveness of CAM practices. However, there have very few studies that have placed focus on defining who is using CAM and why they are using CAM.

This evaluation addresses the issue of defining the characteristics of CAM users. Information was derived through the use of a formal evaluation of the UW-Stout Body, Mind and Spirit Conference. The evaluation defined the following: participant demographic information, sources of information on complementary health, reasons for attending the conference, satisfaction with the conference, and experiences and attitudes regarding complementary health practices. This was the first time a formal

evaluation was administered on the Mind, Body Spirit Conference. The conclusions are addressed below.

Conclusions

The information needed for this evaluation was gathered through a mailed survey to all 190 participants of the 2000 UW-Stout Body, Mind and Spirit Conference. There were 123 participants who completed and returned the survey, for a 65 percent response rate. This surprisingly high response rates suggests that CAM users have a strong interest in CAM topics. These findings indicate that CAM users are more likely to respond to a mailed survey on CAM than the average population.

Demographics

The results from the evaluation produced several surprising and interesting outcomes. Demographic information was gathered to help develop a profile of the participants of the UW-Stout Body, Mind and Spirit Conference. It can be concluded that a profile of the conference participant can be used to help define the population who is interested in the CAM movement. The demographic information that was gathered produced findings that were comparable to national research findings. The evaluation confirmed that the majority of the conference participants who responded to the survey were female (76.4%). These findings correlate with another study, which

indicated that women were significantly more likely than men to use a complementary therapy (Oldendick, 2000). Based on these research findings it can be concluded that women are more likely than men to participate in the CAM movement. It is not known why women are more engaged in CAM than men.

The evaluation results concluded that the conference participants were similar in ethnic and educational backgrounds. There was little ethnic diversity within the population that attended the Body, Mind and Spirit Conference. The vast majority (89.3%) of the participants identified themselves as having a Caucasian ethnicity. It may be concluded that conference participants were similar in ethnicity because there is only a slight diversity in local ethnic demographics. Almost all of the participants (97.5%) had received at least one year or more of formalized post-secondary education, while there were 83% with at least 4 years beyond high school. It may also be concluded that participants who live on or near a university setting may be more likely to be exposed to the advertisement of the conference. It may also be concluded that more educated individuals may be more comfortable with attending a session held on a university setting. For whatever reasons, a highly educated group attended the

conference and education may be associated with interest in CAM.

Research findings have indicated that age is a factor that can be used to define those who are engaged in the CAM movement. One study in particular has determined that middle age and older respondents were significantly more likely to use a complementary therapy than those who were under age 30 (Oldendick, 2000). The evaluation for the UW-Stout Body, Mind and Spirit Conference produced similar results. These findings indicated that the conference participants were most likely to be middle-aged (36-55). The results of these research findings indicate that middle-aged participants are more likely to be engaged in the complementary medicine movement.

Unlike age, there are few relationships between CAM users and socio-economic factors or religious/spiritual beliefs. One national study states that there are few relationships between complementary medicine use and socio-economic status, religious beliefs, and education levels (Oldendick, 2000). The UW-Stout Mind, Body and Spirit evaluation produced similar results. The evaluation identified a wide range of vocational interests among those who attended the conference. There were several participants (22%) who reported that they held a vocational

interest "other" than those which were listed. It can be concluded that the conference does not particularly attract those who are working in the field of complementary medicine or human service. The wide range of vocational interests indicates that there is also a wide range within the group's socio-economic status as well.

The evaluation results indicate much diversity in religious or spiritual beliefs among the conference participants. Again, findings are similar to the Oldendick 2000 research study, stating there is no relationship between CAM users and their religious beliefs. Conference participants (52.8%) stated that they held some Christian beliefs, which indicates a similarity with local demographics. Interestingly though, the majority of the participants indicated that they believed in more than one religious/spiritual belief. One may conclude that another characteristic of CAM users is that they have diverse religious/spiritual beliefs, which often includes the incorporation of one or more religious/spiritual beliefs.

Sources of Information on Complementary Health

The evaluation also asked the participants to identify the sources they used to derive information on complementary health. The evaluation results suggest that the conference participants were already familiar with the

complementary medicine movement. Sixty-nine percent of participants reported that they attended either a weekend, full-day, or half-day conference on complementary medicine prior to attending the UW-Stout Body, Mind and Spirit Conference. Weekend conferences were the most popular choice of the conference participants. It may be concluded that participants who attend a weekend conference were more likely to have attended weekend conferences in the past. Research also suggests that participants who attend CAM conferences tend to seek information on complementary health by attending more than one conference.

Conference participants indicated that in addition to attending CAM conferences, they incorporated several other sources to help them gather information on complementary health. Similar results were reported in other research findings, which indicate that individuals are more likely to gather information on complementary medicine from sources such as relatives, magazines, or friends and neighbors (Oldendick, 2000). Conference participants indicated that they were most likely to seek CAM information from books, friends, magazines, and the Internet. Conference participants were least likely to seek information from health educators, psychologists, and medical doctors. These findings also correlate with

research, in that only 4.1% of respondents indicated that they would seek information on CAM from a healthcare provider (Oldendick, 2000). These findings suggest that CAM users would be more likely to seek information on CAM from sources other than their mainstream medical doctor.

UW-Stout Body, Mind and Spirit Conference

One goal of the evaluation was to determine the level of success of the UW-Stout Body, Mind and Spirit Conference. In order to answer whether or not the conference was successful several factors were identified for this portion of the evaluation. Participants were asked to identify how many UW-Stout Body, Mind and Spirit Conferences they had previously attended. Interestingly, 59.3% of the respondents had attended at least one past conference. There were 19.8% who reported attending two past conferences, 10.7% who attended 3 past conferences, and 9.1% who attended all 4 past conferences. These results suggest that participants are more likely to attend more than one UW-Stout Body, Mind and Spirit conference, indicating that they are satisfied with the conference.

The evaluation identified how far the participants traveled to attend the conference. Surprisingly, the majority of the participants (70.5%) traveled one hundred miles or less to attend the conference, while over half of

the participants (51.6%) traveled fifty miles or less to attend the conference. The UW-Stout Body, Mind and Spirit conference is attracting local participation.

Participants were also given the opportunity to report how satisfied they were with the overall conference. The majority of the participants were satisfied with the conference's costs (74%), content (91%), time of year offered (90%), and location (93%). There was a high satisfaction with each major aspect of the conference.

The results identified what the participants expected when they enrolled in the conference and whether or not their expectations were upheld. A strong relationship was found between what the participants expected from the conference and what the conference enabled them to do, indicating that they were satisfied with the conference. Findings also reported that most of the participants enrolled in the conference with the same expectations, suggesting that despite the numerous differences among CAM users, participants enroll in CAM conferences for basically the same reasons.

The majority of the participants (79.7%) enrolled in the conference expecting to find deeper meaning within their personal life, while 82.5% reported that the conference enabled them to meet this expectation. Sixty-

five percent of the participants enrolled to find deeper meaning within their professional life, 63.6% stated that the conference enabled them achieve this. Ninety-two percent of the participants also indicated that they enrolled in the conference to increase their CAM knowledge, while 93.5% reported that the conference enabled them to increase their knowledge in CAM. Finally, participants enrolled in the conference to find news ways to improve their own health (87%) and the health of others (58.2%). Participants reported that the conference enabled them ways to improve their own health (84.3%) and others health (62%).

Overall participants indicated that they were highly satisfied with the conference, indicating that the conference promotes personal and professional growth, education on ways to improve health, and provides new CAM knowledge through its keynote speakers, presenters, and services/products offered.

Participants reported whether or not they would be interested in incorporating particular topics into future conferences. The topics were derived from Paul Ray's research, which defined the interests of those who were Cultural Creatives. According to Ray's findings, the population identified as being Cultural Creatives were

individuals who were interested or engaged in using CAM. The Body, Mind and Spirit evaluation concluded that its participants were interested in the same topics as those identified as a Cultural Creative (Ray, 1996). These findings support Ray's study, indicating that conference participants are a part of the Cultural Creative population. The conference participants were interested in future topics on: Improving caring relationships (m =4.1), ecological/environmental sustainability (m =3.9), women's issues (m =3.8), and buying and growing organic foods (m= 3.5).

In conclusion, the UW-Stout Body, Mind and Spirit conference should be considered highly successful. Only one participant stated that they would not recommend the conference to others. There were 96% of the participants who reported that they would recommend the conference to others. This information confirms that the conference did provide the participants with CAM information that they found to be applicable and interesting. These findings also confirm that the participants are satisfied with the conference's content, location, offered time, and price. It can be concluded that since the participants' expectations have been met and that they have indicated that they will recommend the conference to others, the retention rate

should continue to be high for the UW-Stout Body, Mind and Spirit conference.

Experiences and Attitudes Regarding CAM

Another goal of the evaluation was to determine the participants' experiences and attitudes regarding complementary health practices. The evaluation asked questions to determine the number of visits to mainstream practitioners and complementary practitioners, and whether the visit were for a physical, mental, or spiritual concern. The evaluation findings reported that the majority of the conference participants visited a CAM practitioner more often than a mainstream practitioner regarding their health concerns. To be more specific, research showed that participants visited a CAM practitioner more times for a physical concern ($m = 5.7$) than for a mental ($m = 1.8$) or spiritual (1.7) concern. In comparison, participants also indicated that they visited medical practitioner more times for a physical concern ($m = 2.5$), than for a mental ($m = .42$) or spiritual concern ($m = .54$). These results suggest that the UW-Stout Body, Mind and Spirit Conference participants are more likely to visit a CAM practitioner to improve their physical health, mental health, and spiritual health.

The evaluation was also used to determine which CAM practices were used by the conference participants. The evaluative results for the UW-Stout Body, Mind and Spirit conference determined which CAM practices were used the most among the participants. Interestingly, the percentage of participants who used at least one CAM was much higher than reports from other research findings. A study in 1997 indicated that approximately 42 percent of Americans had used some form of CAM (Berman, 2000). A more recent study concluded that 40 percent of American's are using CAM to treat a range of health conditions (Oldendick, 2000).

The most commonly used CAM practices among the conference participants were meditation (71.5%), prayer (60.2%), massage therapy (53.7%), chiropractic realignment (39.0%), aromatherapy (37.4%), and herbal medicine (35.8%). Again, these findings show that participants engage in higher CAM use than the general population. One finding reported that only 14 percent of CAM users reported using massage therapy in the past year (Oldendick, 2000). Other studies show that only 17 percent of CAM users used herbal therapy in the past year (Landmark, 2000). It is concluded that participants of CAM conferences are more likely to be engaged in CAM practices than the average CAM user.

The evaluation was also used to determine the participants' attitudes towards complementary healthcare. The majority of the participants stated that they believed complementary medicine benefits physical health (88.5%), mental health (81.9%), and spiritual health (86.8%), suggesting the conference participants believe in the benefits of using CAM to improve their physical, mental and spiritual health. About one-half of participants (49.6%) stated that they would most likely use CAM before consulting their medical practitioner. In continuation, 89% of the participants stated that they wished their medical clinic would provide CAM. These findings suggest that most of the participant's visit a medical clinic that does not offer complementary practices. The evidence also supports previous research findings that show only 1 in 5 patients identified their medical practitioner as their primary source of information on CAM (Oldendick, 2000). Regardless of whether or not medical clinics are offering CAM or if participants are informing their medical practitioner of CAM use, 59.2% of participants have integrated CAM into their lifestyle.

Sex and Age Variables

The evaluation identified that sex was an indicator of several significant differences among the participants. In

comparison with males, females were significantly more likely to expect the conference to provide: new knowledge of CAM, ways to improve their own health, and ways to improve the health of others. This may indicate that females want to learn about CAM and the ways that they can directly apply what they learned to help themselves and others.

Interestingly, the evaluation found that females were more likely to wish that their medical clinic provided CAM, suggesting that women are visiting clinics that do not offer CAM. In continuation, the evaluation also found that males were more likely to consult a medical practitioner before the use of CAM. These findings suggest that women are more likely to use CAM, even without the endorsement of a medical practitioner. Research also showed that significantly more females than males were interested in future conference topics on women's issues and on buying and growing organic foods. Overall, these findings may indicate why more females are enrolling in CAM conferences, because women are seeking information from sources other than their medical practitioner.

The evaluation findings also found that age was an indicator of differences among the participants. One obvious difference was that the youngest age group (18-25)

was the mostly likely to enroll in the conference for academic credit. This suggests that most of the younger participants' may have been college students, since the conference was offered in a university setting.

Furthermore, the youngest population (18-25) also had the strongest interest in having women's issues for future conference topics.

The research findings suggest that age is indeed related to the number of times participants sought help from a medical practitioner for a physical concern. Participants' who were over the age of sixty-six were more likely to seek help from a medical practitioner than the other age categories. Interestingly, those aged 18-25 were more likely than those aged 26-65 to visit a medical practitioner. Those participants aged 36-45 also had a stronger interest in having CAM provided to them by their medical clinic than those aged 18-25 or 46-65. These findings suggest that middle-age participants would utilize CAM if it were offered through their medical clinic.

The age of the participant also impacts whether or not they have integrated complementary practices into their lifestyle. The youngest participants (18-25) were more likely to have integrated CAM practices into their lifestyle. Meanwhile, the middle-aged groups of those aged

36-55 were the least likely to have integrated CAM practices into their lifestyle. These findings contradict findings that state middle aged American's are more likely to use CAM (Oldendick, 2000). Perhaps, middle aged participants are more likely to use CAM practices but they are less likely to engage in making changes to their healthcare lifestyle.

Correlations and Associations

The evaluation also conducted several correlations to help provide a clearer indication of who is attending the conference, why they are attending the conference, and what are their experiences and attitudes regarding CAM. The findings showed a clear association between participant expectations and their satisfaction with the conference. Those who enrolled in the conference expecting to enhance their personal and professional life, exchange ideas with others, increase CAM knowledge, and improve their own health, indicated that they were satisfied with the content of the conference. Again, these findings support the notion that the UW-Stout Body, Mind and Spirit Conference has produced high levels of participant satisfaction.

Results were also correlated to determine the associations between the reasons participants attended the conference and their attitudes regarding complementary

medicine. Participants who enrolled in the conference to enhance their personal life and to exchange new ideas with others indicated that they believed CAM benefited physical, mental and spiritual health. They also indicated that they wished their clinic offered CAM and that they had incorporated CAM as a lifestyle. It can be assumed that those participants who enrolled in the conference to enhance their personal life and to exchange new ideas have already experienced and believe in the benefits of CAM.

Interestingly, participants who enrolled in the conference to find new ways to improve their own health and the health of others had a strong association with their attitudes towards CAM. These participants indicated that they believed that CAM benefits physical, mental, and spiritual health. These findings suggest that the participants are seeking new ways to use CAM to improve their own health and the health of others through the use of a conference.

The evaluation also determined the participant's experience in CAM based on the practices they used and the experiences they held with CAM practitioners and medical practitioners. Interestingly, participants who had visited CAM practitioners were more likely to use certain CAM practices. Participants who sought attention from a CAM

practitioner for a physical or mental concern were more likely to use several different CAM practices, such as acupuncture, body work, Chinese medicine, chiropractic massage, chiropractic realignment, reflexology, only naming a few of the several which were listed. In comparison, those participants who visited a medical practitioner for a physical or mental concern were associated with using only chiropractic massage and chiropractic realignment. These findings support research that has shown that chiropractic practices are more readily accepted and endorsed by the medical community.

The evaluation also indicated which CAM practices were used based on the participants' attitudes towards CAM benefits. Generally speaking, most of the CAM practices used are believed to benefit physical, mental and spiritual health, indicating that participants believe in the multi-dimensional approach of the CAM practices. Practices that were indicated as benefiting the body, mind spirit include: aromatherapy, body work, herbal medicine, massage therapy, meditation, nutritional therapy, prayer, shamanic work, spiritual healing, and yoga. Overall, these findings suggest that participants use CAM therapies to treat a variety of health concerns.

Recommendations

Recommendations will incorporate new ways to improve and market future UW-Stout Body, Mind and Spirit Conferences, applications into the healthcare system, and implications for future research. All recommendations are based on information that has been derived through past research, current research, and attendance of the UW-Stout Body, Mind and Spirit Conference.

UW-Stout Body, Mind and Spirit Conference

Based on the overall evaluative findings, personal experience, and individual participant feedback it is recommended that the UW-Stout Body, Mind and Spirit Conference maintain the same conference structure. This includes not changing the location, time of year, costs, or content of the conference. One of the participants responded with, "why change a good thing"? I would have to agree, but this does not mean that improvements should not be implemented to ensure the continual success of the conference. It is recommended that the conference incorporate into future agendas presenters who address the some of the topics the participants expressed interest in. These included the topics of women's issues, improving caring relationships, environmental/ecological sustainability, and how to grow and buy organic foods. It

is believed that if new topic areas are introduced each year the conference will continue to be new and interesting for returning participants.

It is also recommended that the conference expand the number of exhibitors it offers, which provide information and resources for the participants. Based on the evaluation findings, participants are most likely to seek CAM information from books and magazines. These findings suggest that the more reading material that is offered by an exhibiter the more likely a participant is to engage in attaining CAM information. If participants are able to receive new and abundant information, again it will ensure the continued success of the conference.

In terms of expansion, a great goal for the conference would be to attract a more diverse pool of participants. In comparison to CAM statistics the UW-Stout Body, Mind and Spirit Conference appears to be pretty homogenous in ethnic and gender diversity. Future marketing could be targeted to geographical areas that have a more diverse population than Menomonie, WI. Perhaps, the conference could provide discounted hotel or food rates for those participants who traveled over 100 miles to attend the conference. Since the conference attracts numerous participants for the week-end,

hotels or restaurants may be willing to provide a small incentive to attract the business.

Finally, it is highly recommended that the UW-Stout Body, Mind and Spirit Conference continue to incorporate a means of a formalized evaluation. Currently, the conference only offers optional evaluations, which are administered at the end of the conference when participants are either leaving or have already left. It is suggested that evaluations become a part of the conferences curriculum. Participants should be made aware of the importance of completing the survey and the survey should be administered during a convenient time. A possible time the survey could be administered is during the lunch hour of the second day. Otherwise, it is suggested that another mailed survey be administered due to the high response rate for the current evaluation.

Healthcare Applications

It is recommended that the evaluative findings of the UW-Stout Body, Mind and Spirit Conference be made available for local medical practitioners and clinics. The medical clinics should be aware that a local research study has indicated a high interest in having CAM practices available within medical clinics. The medical practitioners should also be aware of the CAM practices that are most commonly

used among the participants. Along with identifying the CAM practices used, it would be beneficial for the medical practitioners to be aware of how often participants are visiting a CAM practitioner. Medical practitioners should also be aware of the number of participants who believe that CAM practices benefits physical, mental, and spiritual health. In continuation, it would be important to validate how many participants are not informing their medical practitioner of their CAM use.

Overall, clinics and medical practitioners could utilize this information to help them better understand the CAM population that they may or may not be serving. Research could also be applied to help a medical clinic establish a CAM program based on the interests and expectations of local CAM users.

Future Research

This evaluation only begins to define the population who is engaged in the complementary health movement. This is a very complex movement that cannot be deciphered through the use of a singular evaluation. There are several research studies that could be continued based on the findings within this evaluation.

Future research, which would strongly benefit the medical community, could be directed towards establishing

the reasons why CAM users are not likely to inform their medical practitioner of their CAM practices. The study could also be expanded to determine what needs to be done in order for them to feel comfortable addressing their medical practitioner of their CAM use. This research would also help define the population of CAM users more clearly while helping to identify why they are seeking the help of a CAM practitioner more often.

Future research could also be done to help identify the impact spirituality has on CAM users. The evaluation findings indicated a wide array of religious beliefs, which were often combined with more than one belief system. It would be interesting to know how spiritual beliefs impact the beliefs and experiences of CAM users. Again, this research would help define the differences among the CAM population.

Finally, it is recommended that any future research on the complementary health movement be used to help track the movement. Currently, research studies on CAM have been inconsistent in method and duration. In order to have a more consistent and solid understanding of this continually changing and evolving system of healthcare, one must perform research that follows and understands the changes within the movement. It is suggested that a group of CAM

users and non-CAM users be enrolled in a longitudinal study, which follows changes in attitudes and experiences towards the CAM movement.

In conclusion, "The Movement with No Name", "The New Age", "Integrative Medicine", or "The Turning Point", have given no indication that it is about to disintegrate with the changing times. This is a movement that is moving forward at a rapid pace. In order to attain comprehension within the medical community, the CAM community, and the general population, research will have to prevail in all areas within this movement.

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APPENDIX A

March 6, 2001

Dear UW-Stout Body, Mind and Spirit Conference Attendee:

We hope that this letter finds your life to be happy and healthy as we enter into the New Year.

We are writing to request your help for this evaluation, so that we may help ensure the continual success of the UW-Stout Body, Mind and Spirit Conference. You have been selected along with several other past conference participants to complete this survey. Your participation in this evaluation will help establish a more accurate account of the characteristics and interests of those who participate in this conference. The information that we are requesting will include demographic information, information sources for complementary health practices, feedback from previous conferences, expectations for future conferences, and overall healthcare practices. The results of this evaluation will be incorporated into the development of future UW-Stout Body, Mind and Spirit conferences.

Enclosed you will find a survey, which should take approximately five minutes to complete. **Please be sure to complete both the front and backside of the survey.** You will notice that while you read the survey we have chosen the term "complementary practices". As you are aware, there are several terms that may be used in the place of "complementary practices". Other terms could include holistic health, alternative medicine, New Age healing and integrative medicine...to name only a few. Yet, for the sake of simplicity we have chosen to use the single term "complementary practices". You may wish to apply whichever term you are most comfortable with as you read through the survey.

You will notice that the questionnaire is to be returned to Dr. Tom Franklin, the co-founder of the UW-Stout Body, Mind and Spirit Conference, whom you may remember speaking during the opening sessions. Dr. Franklin is working with a graduate student in the Applied Psychology program to conduct this evaluation. The results of this evaluation will also be incorporated into the development of a thesis paper. Your participation in this survey will remain strictly anonymous. There is NO tracking system being used in this evaluation to match your name with your response. Please mail the completed survey in the enclosed envelope no later than April 1, 2001.

Thank you very much for helping us complete this very important evaluation. Please feel free to contact us if you have any questions about the survey or the evaluation.

Respectfully,

Dr. Tom Franklin
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UW-Stout
Menomonie, WI 54751
(715) 232-2242

Marie Krueger
Graduate Student, MSAP
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Denver, CO 80203
(303) 332-8711

I understand that by returning the questionnaire, I am giving my informed consent as a participating volunteer in this study. I understand the basic nature of the study and agree that any potential risks are exceedingly small. I also understand that the potential benefits that might be realized from the successful completion of this study. I am also aware that the information is being sought in a specific manner so that confidentiality is guaranteed.

APPENDIX B

UW-Stout Body, Mind and Spirit Conference Evaluation

Please answer the following questions by identifying the answer that best describes you

Section I: Demographics

Sex:

Male Female

Ethnicity:

Caucasian Hispanic
 African American Asian
 American Indian Other

Age:

18-25 46-55
 26-35 56-65
 36-45 66 +

Primary Vocational Focus:

Student Social Work
 Educator Business/Industry
 Physician Office Work
 Religious Service Nurse (Please Specify) _____
 Administration Alternative Healthcare (Please Specify) _____
 Unemployed Other (Please Specify) _____
 Retired

Do you serve others as a complementary healer or practitioner?

Yes, as a primary source of income
 Yes, as a supplemental source of income
 Yes, not typically as a source of income
 No

If yes, please describe the primary type of service you provide:

Number of years of formal education beyond high school:

Years

Household Income:

\$20,000 or less \$55,001-75,000
 \$20,001-35,000 \$75,001 or more
 \$35,001-\$55,000

Religious Preference:

Atheism Judaism Shamanism
 Buddhism Mysticism Taoism
 Christianity Native American Unitarian-Universalism
 Hinduism New Age Wicca
 Islam Paganism Other (Please Specify) _____

Section II: Sources of Information on Complementary Health

How many conferences related to body, mind, and spirit topics have you attended in the past three years, not including the UW-Stout Body, Mind, and Spirit Conference? Indicate the number of each type of conference in the space provided.

- Half-day workshops
- Full day workshops
- Weekend workshops

Not including conferences, please identify the sources you use to attain information about complementary health practices. Please check all that apply.

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Medical Doctors | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Complementary Health Practitioners | <input type="checkbox"/> Relatives |
| <input type="checkbox"/> TV Programs | <input type="checkbox"/> Books | <input type="checkbox"/> Health Educators |
| <input type="checkbox"/> Journals | <input type="checkbox"/> Counselor/Psychologist | |

Others (Please Specify) _____

Section III: UW-Stout Body, Mind, and Spirit Conference

How many UW-Stout Body, Mind, Spirit Conferences have you attended counting this years 2000 conference?

- 1 2 3 4

Miles traveled to the 2000 conference:

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> <50 | <input type="checkbox"/> 301-1,000 |
| <input type="checkbox"/> 51-100 | <input type="checkbox"/> over 1,000 |
| <input type="checkbox"/> 101-300 | |

Please answer the following questions by circling the response that best describes you.

SD = Strongly Disagree D = Disagree N = Neither Agree Nor Disagree A = Agree SA = Strongly Agree

I enrolled in this year's conference....

- | | | | | | |
|--|----|---|---|---|----|
| to find deeper meaning within my personal life. | SD | D | N | A | SA |
| to find deeper meaning within my professional life. | SD | D | N | A | SA |
| for the opportunity to exchange ideas and philosophies. | SD | D | N | A | SA |
| to gain a greater knowledge about complementary medicine. | SD | D | N | A | SA |
| to learn new ways to improve my own health. | SD | D | N | A | SA |
| to learn new ways to improve the health of a relative, friend, or patient. | SD | D | N | A | SA |
| for academic credit. | SD | D | N | A | SA |
| for professional requirements. | SD | D | N | A | SA |

I was satisfied with...

the costs of the conference.	SD	D	N	A	SA
the content of the conference.	SD	D	N	A	SA
the time of year the conference was offered.	SD	D	N	A	SA
the location of the conference.	SD	D	N	A	SA

The conference enabled me to...

increase my knowledge in the area of complementary health.	SD	D	N	A	SA
find deeper meaning within my personal life.	SD	D	N	A	SA
find deeper meaning within my professional life.	SD	D	N	A	SA
discover new options or techniques that I could use towards improving my own health.	SD	D	N	A	SA
discover new options or techniques that I could use towards improving the health of a relative, friend, or patient.	SD	D	N	A	SA

For future conference topics I would be interested in learning about...

the buying, growing, and consumption of natural and organic foods.	SD	D	N	A	SA
issues that concern the environment and ecological sustainability.	SD	D	N	A	SA
women's issues and roles in today's society.	SD	D	N	A	SA
how to improve caring relationships.	SD	D	N	A	SA
travel to foreign countries.	SD	D	N	A	SA

Any additional comments or suggestion for future conferences including potential resources (practices, people, etc.):

I would recommend the UW-Stout Body, Mind, and Spirit Conference to the people I know

SD	D	N	A	SA
----	---	---	---	----

Section IV: Experiences and Attitudes Regarding Complementary Health Practices

In the past twelve months how many times have you sought help for a physical health concern from a mainstream medical practitioner?
 ___ number of times

In the past twelve months how many times have you sought help for a physical health concern from a complementary health practitioner?
 ___ number of times

In the past twelve months how many times have you sought help for a mental health concern from a mainstream medical practitioner?
 ___ number of times

In the past twelve months how many times have you sought help for a mental health concern from a complementary health practitioner?
 ___ number of times

In the past twelve months how many times have you sought help for a spiritual health concern from a traditional pastoral counselor (priest, rabbi, etc.)?
 ___ number of times

In the past twelve months how many times have you sought help for a spiritual concern from a complementary spiritual counselor?
 ___ number of times

Which of the following complementary therapies have you used in the past twelve months? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Crystal Healing | <input type="checkbox"/> Prayer |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Herbal Medicine | <input type="checkbox"/> Qigong |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Reflexology |
| <input type="checkbox"/> Ayurvedic Medicine | <input type="checkbox"/> Hypnotherapy | <input type="checkbox"/> Reiki |
| <input type="checkbox"/> Body Work | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Shamanic Work |
| <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Meditation | <input type="checkbox"/> Spiritual Healing |
| <input type="checkbox"/> Chiropractic Massage | <input type="checkbox"/> Nutritional therapy | <input type="checkbox"/> Sound/Music Therapy |
| <input type="checkbox"/> Chiropractic Realignment | <input type="checkbox"/> Past Life Therapy | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Color Therapy | <input type="checkbox"/> Polarity Therapy | <input type="checkbox"/> Yoga |

Others (Please Identify): _____

Overall, my experiences with complementary practices have been beneficial to my physical health
 SD D N A SA

Overall, my experiences with complementary practices have been beneficial to my mental health
 SD D N A SA

Overall, my experiences with complementary practices have been beneficial to my spiritual health
 SD D N A SA

Before using a complementary practice I would consult my medical doctor first
 SD D N A SA

I wish my medical clinic would provide options that include complementary health practices
 SD D N A SA

I have integrated complementary practices as a regular part of my lifestyle
 SD D N A SA

Thank you for your time!

Appendix C

