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The provider's body in the therapeutic relationship: how complementary and alternative medicine providers describe their work as healers

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ABSTRACT

Although the body is central to health outcomes, the provider's body has been largely absent in the provider–patient relationship. Drawing upon semi-structured interviews with complementary and alternative medicine (CAM) providers (N = 17), this study examines how CAM providers use their body to characterize their work as healers. The findings suggest the provider's self-reflexive awareness of their own body's illness and faith experiences informs their understanding of the patients' experience of health and disease. The study foregrounds the intersubjective nature of the provider–patient relationship as an embodied interaction in the mutual construction of therapeutic goals. Provider reflection on their own bodies to make sense of their patients' experiences emphasizes provider–patient coproduction of meaning and suggests ways for including the provider's self-reflexive awareness of their own body in a patient-centered healthcare relationship in ways that benefit both the patient and the provider.

KEYWORDS

Complementary and alternative medicine (CAM); provider–patient communication; provider; patient-centered care; embodiment; health; healing; therapeutic relationship

The body is central to the experience of health and illness. A substantive body of research has focused on how providers seek to understand the intersections of the patient's body, lifeworld, and identity in provider–patient talk (du Pré, 2002). However, the provider's own body has remained largely absent in such examinations. The complementary and alternative medicine (CAM) practitioner's openness to complex and contradictory understandings of their own and the patient's body helps situate the patient's experiences in the context of their lifeworld (Ho & Bylund, 2008; Sharf & Vanderford, 2003) and suggests an entryway for the examination of the provider's body. While attributes like openness, perceived control, and provision of chronic care management support have been examined individually as contributing to the increasing use of CAM approaches by patients (Thomson, Jones, Browne, & Leslie, 2014), few studies have examined the role of the provider in the therapeutic relationship in meeting patient needs. With the recent move to integrate CAM in medical education (IOM, 2005), an examination of the provider's body in the therapeutic relationship can help envision a healthcare process that is inclusive of diverse understandings of health and illness. This examination of how CAM providers reflect on their body in their work as healers contributes to understandings of how provider self-reflexivity can help them make sense of their clients' experiences and address their physiological symptoms.

The body in medicine has been recognized as the site of physiological, cognitive, and affective experiences where the meanings of health and disease are constructed and experienced (Lupton, 2012). Considering the provider's body in the provider–patient relationship opens up inclusive spaces for integrating health in the context of the patient's lived contexts as experienced through the body. Focusing on the body implies attending to the components of the physical body, the codependence between bodies, and the social and lived contexts within which the body is situated (Krieger, 2005). Thus, attending to the provider's body in healthcare interactions can deepen understandings of the body as a site for "acknowledging the embodied production of knowledge [and for] its focus on [those] whose own bodies are marked by illness or injury" (Ellingson, 2006, p. 299). The idea of embodiment conceptualizes the relationship between body-stories and the construction of health and sees the body as the site of expression of the individual's thoughts and meanings of health (Krieger, 2005). This study examines CAM provider's discourse to understand how providers use their bodies to characterize their work as healers and contributes to patient-centered understandings of an embodied healthcare interaction.

The body in the healthcare relationship

The human body in the healthcare context comprises not only the physical and material aspects but also the patient's emotional, cognitive, and sensory perceptions of health and disease as experienced through the body (Wilde, 1999). Contextualizing a patient's medical history through understanding the patient's meanings of health can help providers and patients "truly hear one another and synthesize ideas" (Geist-Martin, Bollinger, Wiechert, Plump, & Sharf, 2016, p. 549). Most examinations of the provider's role in the provider–patient interaction have focused on provider behaviors in

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the communicative interaction. For example, health communication scholars have examined how provider training can focus on recognizing their patients' verbal and nonverbal expressions in order to understand the patients' perceptions of pain (Ruben & Hall, 2016). However, few studies have examined the provider's own body as a site for production of meanings of health and disease. By attending to the embodied nature of the medical interaction, health communication scholars can better understand how patient needs span their spiritual, emotional, and physiological dimensions in important ways (e.g., in palliative and chronic care contexts or in discussing treatment options for patients with terminal illnesses).

Provider recognition of "their own personal journeys through medicine" (Charon, 2001, p. 1897) through their body aids in myriad ways by listening to the body communicating its needs (e.g., constructing body-stories) within the interactional processes of the healthcare encounter (Gale, 2011). Focusing on body discourses as sociomedical narratives, for example, highlights the relationality of bodies in provider–patient mutual construction of health and illness experiences (Charon, 2001). Alongside the emphasis on diagnoses, treatments, and outcomes, bringing an awareness of providers' experiences of their bodies in the healthcare relationship has the potential to facilitate mutually constitutive understandings of health for both providers and patients. By examining the provider's experience of their own body in the healthcare interaction, health communication scholars can conceptualize the embodied interaction in ways that includes both the provider and the patient journeys. Further, centering the embodied interaction supports theorizing that conceptualizes how health and disease experiences are constructed through the body and manifest through relational, intersectional, and social expressions of the self.

Interpretation of complex patient experiences through the provider's body foregrounds the intersubjective processes of the provider–patient interaction (Charmaz, 1990). Recognizing the body highlights the embodied nature of healthcare interactions and advances a view of medicine as culturally constructed and illness experiences as shaped by their articulation and reproduction in unique, lived contexts (Lupton, 2012). The intersection of the body and socially constructed meanings of health is exemplified in the long-term management of chronic conditions and their accompanying disabilities that uniquely disrupt the patient's sense of bodily wholeness and identity continuity. In these contexts, collaborative decision-making based on shared provider–patient understandings is vital to the provider's ability to provide care that addresses the patient's unique life contexts. In managing chronic conditions, patients need to continually make sense of their evolving self-identity alongside complex and contradictory bodily experiences (Wilde, 2003). To illustrate, women with cancer draw upon metaphors that reference the embodied experiences of a healthy body to communicate disruptions in their own evolving bodily narratives (Gibbs & Frank, 2002). Examining the provider's body focuses attention on how an embodied interaction can support the processes of relationality and connectedness in ways that can empower patients to own their healing experience.

Recent research in related health disciplines has argued for recognition of the provider's body in the healthcare relationship. In the holistic nursing literature, embodiment is constructed through the interdependent relations of empathy and compassion (e.g., Suchman, Markakis, Beckman, & Frankel, 1997) and envisages the provider and patient as interconnected in contextual and relational ways. In both CAM and non-CAM systems, embodiment has been defined as the connectedness of the body with the construction of care (Cahill & Farley, 1995). For example, embodied care in holistic nursing[3] is constructed through communication that emphasizes an awareness of empathetic provider–patient relations (where empathy is defined as listening or responding to others on their own terms; Held, 2006). In this instance, empathy is one way through which the construction of care can be communicatively embodied through provider attentiveness and responsiveness to one's own and the other's body (Agarwal, in press; Tronto, 1993). Including the provider's body brings the intersubjective processes of shared meaning making and interdependence in the provider–patient relationship to expand diverse ways of understanding and accomplishing health.

Intersubjectivity in the healthcare relationship provides a venue to examine how the providers' and the patients' bodies allow for "processes through which discrete narrative meanings influence one another … to give rise to newly derived significance" (Sharf, Harter, Yamasaki, & Haidet, 2011, p. 41) in ways that are contingent upon the integrity and wholeness of both the providers' and patients' experience. Because CAM practices emphasize the subjective experience of the body in everyday contexts, examining that the CAM provider's discourse foregrounds provider subjectivity in understanding the patient's health experience. The CAM provider seeks to establish an enduring and meaningful connection with patients as an empathetic partner in a healing relationship by attending to the patient's everyday experiences of health and disease (Stockigt et al., 2015). Foregrounding the provider's experience of their own body in the healthcare interaction positions provider intersubjectivity as an agent in a healing process focused on the construction of shared understandings of patient experience.

Reading the embodied healthcare interaction as a space for constructing intersubjectivity by including the provider's body can allow for inclusive understandings of health and illness. For example, the CAM provider's approach emphasizes multiple perspectives that usefully complement the tasks of gathering, organizing, and summarizing patient information to support clinical workflow tasks. By examining provider recognition of their own body in the healthcare interaction, greater attention can be paid to how the provider can experience the patient's body to open up a space of mutual vulnerability. For instance, Thompson's deep listening practice, "one that requires an uncompromising attention—a reflexive, visceral presence" (2012, p. 837) suggests how providers can connect their own listening in an embodied interaction to create shared understanding with their patients. This study argues that a recognition of the provider's own body in the healthcare interaction can enhance understandings of how the provider can reflect upon their own lived experiences to

Table 1. Participants.

#	Name, gender	Age (yrs.)	Experience^	Education	Race/marital status*/religious beliefs
1	Alice, F	58	O, 10 years	Community College, Massage certification	White/M/Christian
2	Halen, M	23	O, 2 years	Some college, Bikram Teacher Training	Jewish/S/No beliefs
3	Carly, F	63	O, 10 years	Masters, Oriental Medicine	White/W/Buddhist
4	Madison, F	39	O, about 10 years	College	Armenian–Irish–German/D/Spiritual
5	Bob, M	63	P, 31 years	Two masters degrees	Asian–Caucasian/D/No religious affiliation
6	Max, M	59	P, 42 years, O	Some college	White/M/No religious affiliation
7	Phillip, M	56	O	Doctor of Chiropractic	White/S/No religious affiliation
8	Harry, M	61	P, 36 years, O	Doctor of Chiropractic	White/M/Presbyterian
9	Alexis, F	40s	P, 16 years, O	Doctor of Chiropractic	White/M/Christian
10	Karl, M	43	P, O	Doctor of Chiropractic	White/M/Methodist
11	Ellie, F	N/A	Recording glitch, unable to transcribe	Doctor of Chiropractic	White/M/No religious affiliation
12	Charles, M	32	5 years, O	Masters, Acupuncture	White/S/Spiritual
13	Catherine, F	63	O	Reiki, some college	White/M/Episcopalian
14	Amy, F	51	Part of a practice, 4–5 years	Orthobionomy, student: MA, Education Technology	White/M/No religious affiliation
15	Ana, F	56	8 years, part of a practice	Reiki master, hypnotherapy	White/M/Spiritual
16	Dick, M	Mid-40s	O, 25 years	Yoga instructor, college education	White/M/Spiritual
17	Abby, F	55	37 years, studios	High school	White/S/Spiritual
18	Brianna, F	40–45	N/A	Reiki, Bachelor of psychology, certified, hypnotherapy	Hispanic/M/Spiritual

^ O: Own studio; P: practitioner.
* M: Married; S: single; D: divorced; W: widowed.

understand the patient experience. Further, by facilitating the provider's awareness of their own body, health communication scholarship can help providers make sense of their patients' health and disease experiences in ways that view the patient as a whole person in the healthcare relationship. This study examines how providers describe their use of their own bodies as healers to increase their understandings of the patient's experience with health and disease in an embodied interaction. The study poses the research question: How do CAM providers describe the use of their body in their work as healers?

Methods

Participants

Participants (N = 18, M = 8, F = 10) encompassed a range of modalities (Table 1) and were recruited through purposive and snowball sampling from the mid-Atlantic region of the United States. Participants distinguished their practice within modalities and were trained in their modality through obtaining certifications or degrees (Appendix 1). Because one participant's interview recording had a glitch, it could not be included in this study (thus, N = 17).

Procedures

After receiving Institutional Review Board approval for the study, data were gathered through conducting in-depth, semi-structured qualitative interviews with CAM providers (protocol available upon request from author). Interviews ranged from 48 min 53 s to 2 h 16 min 23 s with average interview duration of 2 h 12 min (total duration: 31 h 33 s. Participants were provided and read a copy of informed consent, and consent was recorded on tape. Interviews were audio-recorded at the participants' practices (e.g., wellness centers, chiropractic centers, acupuncture clinics) and transcribed verbatim by a professional agency resulting in a total interview data of 1,272 double-spaced pages. The researcher spot-checked random sections of the completed transcripts against the audio recordings for accuracy and assigned participants pseudonyms to preserve anonymity.

Data analysis

Understanding participant interview texts as self-reflexive and descriptive discourses, data analysis was conducted in accordance with the process suggested by Lincoln and Guba (1985). The first pass through the data focused on first-order codes that emerged based on the literature guiding the overall study. In reading through the texts, attention was paid to examining the provider's discourse for textual representations of physical and verbal instances and knowledges inscribed or disrupted in relation to provider–patient identity constructs and relationships (Ellingson, 2017). An interpretive approach to data analysis was employed to understand the ways individuals "define and make sense of health and illness through factors such as personal experiences, interpersonal negotiations, [and] cultural backgrounds" (Zoller & Kline, 2008, p. 98). Interpretive research assumes that perceptions are constituted as individuals attach meaning to phenomena to "provide in-depth understanding of lived experience … or interpretation of a discourse to impart … insight into the multiple ways in which communication fosters particular meanings" (Zoller & Kline, 2008, p. 93).

Multiple iterative passes were taken to refine and collapse the themes through recursive parsing and reexamination of the data in light of the research questions (e.g., from materiality and care to relating, experiences, and the body). The categories were grouped into higher order themes and compared and collapsed until no new themes emerged (i.e., the data reached saturation). In participant interaction, the researcher chose to privilege the positionality of a learner (from providers who were experts practicing in the field) and action-researcher (the researcher embodies in personal

life two of the modalities alongside earning formal certifications and training in the CAM modalities). Thus, the researcher was mindful of contextuality, foregrounding contributions to praxis or theory, and of maintaining openness in the relationship with providers of the researcher's own learner and action-researcher positionality to help establish the reliability and validity of the findings (Zoller & Kline, 2008). This approach allowed representations of participants' own voices and description of patient perspectives in discursive engagement with each other and the researcher (Denzin & Lincoln, 2008).

The findings provide illustrative quotes while privileging the lived experiences of the participants to facilitate the reading of participant discourse as it relates with their own and their patients' bodies and patient experiences. Given the intimate connection of the participant lived context and histories with their healing discourses and descriptions of patient experiences, participant life stories and experiences are presented alongside data claims and interpretations. This study presents part of the findings from a larger dataset (Agarwal, 2017).

Findings

Thematic analyses reveal CAM providers describe the use of their body in their work as healers through self-reflexivity of their own (a) illness and (b) faith experiences to help their clients achieve healthful outcomes. Both the themes are described in detail in the section below.

Provider self-reflexivity of their own illness experiences

CAM providers used their own body's subjective illness experiences as patients to relate with and interpret their clients' unique illness experiences by serving as a refuge, as learners, and by providing a social community in their work as healers.

Providers cultivated an awareness of, and engagement with, their own body's experience of its illness in constructing the therapeutic relationship. By reflecting on their own experiences as a patient, providers sought to understand their patients' subjective illness experiences in describing their work as healers. Alice, a massage therapist, described her subjective experience of her cancer diagnosis and treatment:

> Just three years ago, I developed cancer, and I thought they had misdiagnosed me. I was like: this can't be, I am very healthy, I've always been healthy, I've never even been in the hospital, never had a broken bone, never had any surgery, never taken any medicines, it was like: How did I get cancer? And, so, I had to rally all my inner strength and all my wellbeing, to get through that surgery and chemo.

Alice brought her awareness of the inner strength she gained through her own illness experience to understand and relate with her patients' illness experiences in her work as a healer. Using her own body (e.g., hands), Alice sought to relate with and interpret the experience of her clients who "are very depressed if they are in chronic pain … there is the whole … pain cycle that goes along with fatigue, anxiety, depression" to address their physiological and mental experience of pain. In turn, Alice sought to "take extra care of myself, so I can help others and be strong and capable for them … I can't be all stressed out either, and expect to help them." By recognizing the pain cycle and the accompanying anxiety and depression of her patients, Alice sought to bring in awareness of her illness experience as a patient and her own healing journey.

Brianna practiced Reiki on herself for a persistent shoulder pain or "anytime that my body was aching or hurting and I couldn't fix it." Brianna described how her body was "sick when I first started," and how consequently, being aware of, and attending to her body through healing the internal environment of her body helped her overcome sickness. Brianna sought to

> Take care of the environment of each cell of my body–I'm not going to have that illness. First I have to believe that too, so I would not be in that place, and then I pay attention to what I eat, exercise that I do, the thoughts that I think … and that creates a new environment of the genes that totally changes the course of that decision.

In her sessions with her clients, Brianna sought to bring in this awareness of her own internal environment and its ability to heal her to help them heal themselves through being aware of attending to the internal environment of their body.

CAM providers reflected on what worked for their own body's illness experiences to understand and create a tailored care plan for their patients. Describing her work with her patients, Alice, a cancer survivor, described how she sought to

> Help people with their stress and their pain, and very carefully, [h]elp connect them to wellness, because often times they come in or not, just–it's a mind, body, and spirit experience, because we are all connected, all three of those, or one.

Alice's patients often seek massage alongside their cancer treatment. She described how "they are exhausted already, and everything is depleted in between their chemo sessions." Alice drew upon her awareness of her own body's struggles as a cancer survivor to relate to her patients' illness experiences and provide care in her work as a healer:

> I just try to encourage them, and I just speak what works for me, or what has worked for me in the past, or just how I see it, and it gives them a little inside idea–you know, food for thought, it's like, we might want to think this way about it.

The quote below illustrates how Alice was self-reflexive of her own body's illness experiences with cancer and her own struggle with cultivating strength to relate, in turn, with her patients' struggles with cancer:

> I have tried to be a refuge for those who are hurting, and for their pain … a safe place to come and be. It's also provided that for me. [D]uring my troubled time, I've had the cancer, my clients were so supportive [a]nd … encouraging me to take care of myself.… And, I mean I know they also wanted me to stay strong, so I'd be there for them.…[So] my work has become my refuge.

CAM providers reflected on their own illness experience to understand their work as healers. In doing so, they saw themselves as patients and learners in ways that helped them, in turn, understand their patients and construct their work as healers. Carly, an acupuncturist, described carrying a

"picture in [her] mind" of her teacher: "a beautiful Chinese woman … there she would be in the lunch room with her … little bowl of rice with vegetables … or few little bits of meat … in beautiful shapes." Carly reflected upon her awareness of her body: "if I eat something that is not good for me … my mind … It can make me angry, it can make me distressed … and you don't even know it." When she was ill, Carly described her own body's experience with treatments such as Jin Shin Jyutsu: "one time I was worried about my heart. I told my therapist … I wanted to have a heart treatment … so she did a heart flow on me. And I could feel the energy moving." First, she felt it up "here in my left shoulder. It was like a sharp little pain … and then my wrist started burning. Burning, burning, burning, really, like someone had a fire on it." Later: "that stopped, and … I got the aching up my jaw.… That's where in Chinese medicine … the heart channel flows, so, what was happening was, she was opening that up." Carly's reflection upon her own illness experience as a patient and learner as a client of Jin Shin Jyutsu illustrates her work as a provider in understanding the connection between the physiological (heart as organ) and subjective (heart as energy flow) experience.

CAM providers described how they saw their own illness experience in the context of their life and relationships to relate with their clients' experiences of their body and its illness in their life contexts in their work as healers. Madison was an aerial yoga instructor. When her father, an alcoholic, died, Madison her struggle with forgiveness in her work as a healer:

> I listened to myself a lot, I prayed a lot, and I was very grounded … it's because of my yoga practice, and because of my meditation practice, I have an amazing, amazing support group of friends. When you go through living life where you really … don't feel whole … you really embrace all of it … you learn how to forgive … and I look back and I think if I had never forgiven my father the day that he died, how would I carry that?

Madison's reflection on her illness experiences as patient informed how she, in turn, guided her patients' experiences of their bodies struggling with high blood pressure, hypertension, anxiety, and depression to heal through creating a social community. In Madison's healing community: "everybody hurts from something, and we all as a team, as family here, are using yoga and meditation to heal … and to be a community." Her patients included: "K, who just had a miscarriage. D lost her husband after 34 years, T, who's going through breast cancer, or has beaten breast cancer, but just got a double mastectomy." Thus, Madison connected her own illness experience with her work as a healer through forgiveness. Although her patients' treatment journeys did not always achieve their desired outcomes, Madison's description draws attention to the healing experienced by the patients in emotional and psychosocial ways.

CAM providers reflected upon their own illness experiences to relate with their patients' illness experiences in characterizing their work as healers through seeing their own body in complex ways as a patient, as a learner, as a refuge, and as a part of a community for helping their patients find forgiveness. CAM providers' self-reflexive awareness of their own body's illness experiences helped them relate with their patients' unique illness struggles, communicate their healing approach, and be present for their patients.

Provider self-reflexivity of their own faith experiences

The theme, provider self-reflexivity of their own faith experiences, describes how CAM providers use their body to express their belief in the healing power of theistic or nontheistic contexts to characterize their work as healers. In this context, faith is conceptualized as a form of feeling, knowledge, trust, commitment, or hope exemplified in theistic or nontheistic contexts (e.g., belief in a higher power; Bishop, 2016).

CAM providers described faith as their belief in the healing power of the body's spiritual energy to open their patients' bodies to their own healing processes. For example, Ana, a Reiki master, received a diagnosis at Johns Hopkins: "that there was no cure for it, and I would just have to cope with that." Her body experienced "chronic, very chronic pain. Pain and exhaustion, chronic fatigue syndrome.… My whole body just hurt all the time. I would have periods where I couldn't even get out of bed for days in a row." When she found a Reiki practitioner, it was "almost at the end of the road for everything else, I jumped on it." Ana described her belief in her own body's power to heal itself through her experience with Reiki: "some of us have gone through some very complex situations in our lives … experiences that have molded and shaped us." Ana described how, when her cancer patients come in "dragging on the ground, they don't smile … they look terrible," her faith as her belief in the healing power of Reiki, in turn, helps her provide them that ability to heal: "they got some balance in their step, they smile, they glow," because, "your body [is] in alignment, your energy is balanced, your body is able to heal itself."

Ana described her faith in the power of her body's capacity to heal itself as a belief in the connection between the body and the mind: "what we manifest inside of our own heart and our own mind," is "exactly what comes to us … I really believe that because I've lived it." Her goal:

> during the whole treatment is deep relaxation because it's the only way that our body can [heal] and the mind can heal … It promotes deeper circulation … breathing, oxygenation … and that's the physical level of how it works. Then, there is an underlying spiritual level [that] can't be really explained; it can only be experienced.

Ana's description of faith as her belief in the power of the body to heal itself enabled her to heal her patients by opening them up to their own body's healing energy. She gave "Reiki to patients that were recovering from heart attacks and cardiac work." She described her experience giving Reiki to a man whose oxygen levels were "92 or 89 … they couldn't get any higher with the mask on." Soon "we stood there and watched his oxygen saturation go up to 98%, and … he said, 'I am amazed.'" When the nurse took the mask off, and he said, "'Wow, what was that!' He could feel the energy." Ana's self-reflexive awareness of her faith as the body's capacity to heal itself helped in her work to heal her patients. This was one instance when Ana felt her belief was evidenced through: "proof on the machine [that] we're all energy."

Ana described her faith as belief in the healing power of the body ("our DNA is the god gene") as energy and that "people just shut it down because they're afraid, or they don't believe." Thus, she sought to use her faith in the body's capacity to heal by helping her clients heal through cultivating a belief in their own body's capacity to heal. When her brother was diagnosed with prostrate cancer and depression, Ana gave him Reiki. In describing how she used her faith in her work as a healer, Ana noted her brother "had to see the change happen gradually … and it worked with him the first time, but it scared him," because he experienced a "little current going through his body." For Ana, this was evidence of her faith in the power of the body to heal itself: "doctors told him, actually, that he would be incontinent for the rest of his life, and he is not." Ana used her body in her work as a healer to illustrate her faith in how "our brains have so much power. And, I think if you tap into that positive road in the brain–that thought: I can do it–you can do it, I really believe in that." For Ana, in her work as a healer, faith was exemplified as her belief in: "using the energy that's around us in the universe, because it's all we are, everything is just energy, and learning how to use that, and make a profound difference in somebody with somebody's health."

Brianna, a certified Reiki practitioner and hypnotherapist, drew upon her belief in the spiritual power of her own body to achieve her healthcare outcomes. When her body did get sick, Brianna reflected upon her body and its sickness as a

> Spiritual thought that I have to go through, but I keep myself in a good place. I'm constantly reconnecting in my body, I know through that when I wake up this morning, I was paying attention to my legs, my knees, how do they feel.

Brianna's reflection on her own illness experience constituted her healing approach: "Heaven has given me just a window, and this life coming in, every single morning it's like he says, Brianna, I'm here, sunshine is here for you." In her treatment sessions with her clients, Brianna sought to convey this belief in their own body's spiritual power to heal itself.

Madison, an aerial yoga provider, described faith as her belief in the power of meditation to connect with her body in therapeutic ways and heal it without medication. She had two heart surgeries and a broken shoulder. When she got a pacemaker, she did not use any medication: "because I'm so in tune to my body … I just used straight meditation… [Later] the stitches ruptured and … they had to re-stitch me, [her doctor] asked: now do you want the pain-meds, I'm like, nope." During her post-surgery recovery, Madison described her faith in the healing power of meditation: "[I] had John Coltrane playing most of the time, or meditation music, and I just, when it got very intense, and very painful, you just breathe." Describing her faith in the healing power of meditation as exemplified by the belief that the mind and the body were connected, Madison cited studies where, for patients' who meditated: "their healing skyrocketed because they were–they visualized their cancer cells turning into beautiful new cells, and that's freaking powerful." Madison described her faith in meditation as a healing power to self-treat her spondylolisthesis and vertebrae fracture (L5). Using yoga and meditation, Madison made her "back stronger … to the point that I don't go to the chiropractor … which is something that they [her physicians] all said would never, ever, happen." She was treated for tuberculosis when she was 15 years old. Her last chest X-ray showed her how, as a result of meditation: "they had to take two [X-rays], one was the top, and one was the bottom, because my lungs had got, they're so big, they [her physicians] said, 'these are the biggest lungs we've ever seen.'" Thus, Madison described faith as her belief in the power of meditation to heal through visualization.

CAM providers' self-reflexive awareness of their faith as belief in their body's ability to heal itself was described through visualization. Catherine, a Reiki provider, described faith as helping her patients experience healing through using her own body's energy centers (*chakras*) to open their body to healing. She described her faith in the healing process of visualizing the body and, in it: "each one of those *chakras*, and actually visualizing the color, and visualizing it being open and white, allowing the energy to flow…[It] is a belief, but I have seen … the results for myself and others." Catherine described her faith in her own body's power to heal through its *chakra*'s in her work as a healer. She described how she helped her clients visualize their healing experience through opening their bodies to her by walking them "into a picture, or a field, or going up to a door, and opening the door. Sometimes people need to see pictures [to allow] them to open up, to give themselves permission to receive Reiki." At cancer centers, Catherine described how she used her faith as a belief in the body's ability to heal through the *chakra*s to enable those who had chemotherapy, mastectomy, or reconstructive surgery constitute their own healing by "providing them a way, a means [to heal] without having the medical procedure … provide them a means themselves to get them through recovery, less pain, and … to a better state of mind of wellness."

Alexis, a chiropractor, described how she used her faith as belief in the power of touch through her body in her work as a healer. Alexis had chronic post-surgery back pain when she was 21 years old. She was introduced to chiropractic when it helped eliminate her pain and "that's how I fell in love with chiropractic." Now, a chiropractic provider herself, she often saw patients who were on diabetic or high blood pressure medications. She described her faith as her belief in her own body's power to through touch: "We are touching people. So, we are changing their cells that [are] affecting the nervous system, so, it is changing the way energy is flowing through their body." Alexis described her experience of faith as her belief in the healing power of intentions when expressed as touch through the body:

> Interviewer: Now, in terms of your religious belief, does it fit in that energy medicine? Does it [go] beyond it–does it contradict it? Do you see it aligning?
>
> Interviewee: It depends upon your focus and your intention of it, I believe … With being a Christian, you can counter spirits, you can cause bad things to happen. I've seen that with people, and [it] just depends upon your intention, and where your

> heart is. So [religion] can be incorporated, but you've got to have that right intention with it.

Alexis' self-reflexive awareness of her faith in the power of the body to heal by communicating intention through touch is illustrated in her decision not to vaccinate her children: "God makes us perfect … if we allow the body … to heal, it can fight off whatever comes it way." At her personal mentor training, Alexis learned to "recognize things with what you are seeing in your mind … just getting those negative thoughts out of our life." However, Alexis teaches positive mentor training "to our staff, but not our patients. Because when people see a change in us, they know it, they feel it when they walk in that door, because there is that connection." Alexis saw faith here as exemplified in the patients' belief in the connection with the provider that had the power to heal through their touch. Alexis' description of faith as belief in the healing power of touch as it helped her work as a healer is excerpted below:

> Interviewer: I would like to hear it in the context of how do you see your way of understanding disease aligning with chiropractic–the way you understand health.
>
> Interviewee: We never say we cure anything. We know that the God does the healing. So, we are the conduit. We are the people that allow that communication, allow the body to do the healing. We are not doing the healing.

Faith was described by CAM providers as their belief in the healing power of prayer. Alice, a massage therapist, described her faith as belief in the healing power of prayer as intention in her journey recovering from cancer:

> Prayer got me through, and I noticed I spoke freely and openly to all my doctors … I just said: you know, if you don't mind, I am going to pray through this, and I believe that it's going to get me through. We had people come in right before my surgery, and we all prayed and the doctors are very understanding of that.

Alice described using her faith in the power of prayer as intention to heal through her body in her work as a healer: "even if we don't pray right there, and join hands together, if I say to them [her clients], because they are hurting is, I'll keep you in my prayers, and they'll thank me for that." Alice's description of her faith also meant that, in turn, she believed in the power of negative intentions: "It's so hard … because I am so open-minded and see the big picture [to be] very careful not to take on other people's pain or energy or negative [feelings]." Alice would

> Because my clients are Christian, they'll ask for prayer, and … we'll pray together … so they recognize the power of prayer … but for anyone who is feeling broken at that moment … I will ask them: would you like some prayer? And, I know what it had done for me.

CAM providers use their body through reflecting upon their own faith as their belief in the power of spiritual energy and intention to heal others through touch and prayer. In this theme, providers sought, through self-reflexive awareness of their faith experiences, to heal their clients by relating their faith in the power of their own body with their clients' own experience of faith.

Discussion

This study focused on understanding how CAM providers use their body to characterize their work as healers. CAM providers reflected upon their illness and faith experiences to relate with their patients and connect their patients' illness and faith experiences with their healing. In reflecting upon their own illness and faith experiences, providers sought to serve as a refuge for, and be present for, their patients and to connect their faith in the power of the body's energy and intention to heal with their patients' belief in their own body's ability to heal. The study advances understandings of the use of the providers' body in the construction of disease as a subjective experience and healing as embodied through their illness and faith experiences. Such provider understandings, in turn, inform their understanding of the patients' subjective experience of disease to provide care in their work as healers. By attending to the provider's body as an agent in the healing process, the study explicates how providers can co-construct shared meanings by connecting their own and the patient's lived experiences in meaningful ways. CAM providers seek to construct intersubjective understandings of their own and the patients' illness and faith experiences in using their body as healers. In doing so, the CAM provider's work highlights the contextual and relational praxis of the therapeutic relationship in ways that connects the patient's physiological, spiritual, and emotional healing with their own.

Providers sought to help their patients find meaning in their illness by reflecting upon their own illness struggles as a patient and serving as a refuge where the patient could find strength and learn to forgive. Centering the providers' experience of their own body's illness in interpreting their patients' experiences opens a shared positionality of vulnerability central to patient-centered care (Thompson, 2012). Constructing a space of shared healing through the provider's body by including the provider's experience of their own illness illustrates an embodied interaction that cocreates the subjective experience of healing with the patient. By drawing upon their own subjective illness experiences, provider self-reflexivity helped them in their effort to relate with their patients' unique experiences and to offer themselves as a safe relational space where their clients could find strength and learn to let go in order to heal. The findings draw attention to the contribution of the important role of the provider's awareness of their own body in an embodied therapeutic interaction to provide patient-centered care.

Provider reflection on faith as their belief in the ability of the body's spiritual energy and intention to heal was important to constructing a patient-centered healing process. By connecting their own faith with their patients' faith in their bodies, providers described their work as healers as relating with their patients' experiences through their bodies, mind, and spirit. The healing process serves as a bridge for the social, cognitive, and affective dimensions of the treatment. Connecting healing with faith as belief in the power of the body to heal itself using imagination and visualization allowed the providers to relate with their patients' faith as a healing power in empowering ways. The provider's self-reflexive awareness of their faith experiences illustrates a way for

providers to guide the patient to become aware of, and reflect upon, their belief in their own strength and ability to heal in the healing context. The co-construction of meanings of health and disease achieved by provider self-reflection on their own faith can support the patients' recognition of their ability to define healing in transformative ways.

The findings construct the therapeutic relationship as one that includes the provider's body in an embodied interaction by negotiating intersecting meanings of health and healing. The provider's act of self-reflexivity in engaging their own illness and faith experiences through their body strives to create transformative experiences for the patient by aligning the patient's meanings of health and faith-based experiences to constitute healing. Understanding the healthcare relationship as an embodied interaction by centering the provider's body for co-construction of meaning foregrounds the intersubjective and interdependent processes of healing. Drawing upon a self-reflexive awareness of their illness and faith experiences permits the provider to construct embodied forms of patient-centered care that relate to the patient's construction of disease to heal. Further, connecting one's illness and faith experiences with the patients' has the potential to allow providers to embody care that evolves with the patients' changing notions of self and identity; dimensions of patient well-being and healing that are crucial in palliative and chronic care contexts. Finally, the provider's drawing upon their own experiences to connect with the patient through their body allows health communication scholars to expand the healthcare relationship as an interdependent, embodied interaction.

The study contributes to inclusive understandings of health by focusing on how the provider's self-reflexive awareness of their own bodies can be a site for understanding patient disease experiences in ways that invite multiple meanings of healing in a dialogic process. The provider's self-reflexive awareness of their own illness and faith experiences to make sense of their patients' illness struggles further scholarly understandings of healing as constructed through the body and manifest in the unique relational and intersectional contexts of the patient (Lupton, 2012). CAM providers use their body to understand the patient's construction of illness and faith with their own body and seek to reframe their subjective experiences through drawing upon their own understandings of strength, support, and beliefs. By envisaging the provider–patient relationship as an embodied interaction, health communication scholarship can advance understandings of health and illness in inclusive and patient-centered ways.

Theoretically, the study contributes to conceptualizing the provider–patient relationship as an interdependent space that centers intersubjectivity in achieving patient-centered understandings of health and illness. Including the provider's body in healing contexts deepens the therapeutic relationship as a site for patient empowerment through the embodied interaction. Recognizing provider's self-reflexive awareness of their own body allows researchers to examine subjectivity as a space for constructing patient ownership of healing at the intersection of relational, spiritual, and physiological contexts. By recognizing the need to include provider self-reflexivity as constitutive of shared meaning making in an embodied interaction, the findings suggest ways that providers can construct care based on mutually defined therapeutic goals (Charon, 2001). By drawing upon the providers' experiences of illness and faith, the embodied interaction can expand the provider's role as one of empowering their patients to reframe their subjective understandings of illness and faith. The interdependency of such interactions goes beyond meeting the patient's physiological treatment to address them as a whole person (Agarwal, in press) while envisaging the embodied interaction as a meaningful healing space. Attending to the provider's body in an embodied interaction to create intersubjective understandings of health and illness situates the body as a physiological, social, and spiritual entity intimately connected with the healing experience.

Attending to CAM providers' self-reflexive experiences in the embodied interaction provides insights for constructing therapeutic relationship as an intersubjective site where the meaning of health is continually negotiated. With training, self-reflexivity can be a powerful tool in creating empowering understandings of health and illness experiences and reframing meaning-making from physiological, relational, and spiritual contexts through the body. By understanding self-reflexivity as an agent for constituting healing, the embodied interaction can include both the provider and the patient as partners in co-constructing goals through each other's experiences. In the present study, CAM providers' self-reflexivity of their own illness and faith experiences enabled their work through relating with the agentic capacity of their own and their patients' body in enduring ways. Provider reflection on their bodies to make sense of their patients' experiences emphasizes the embodied nature of the interaction in the co-production of meaning and suggests how envisaging the provider as a whole person (body, mind, spirit) in the healthcare relationship can create an empowered healing space for both the provider and the patient. Furthermore, focusing on provider self-reflexivity through attending to their own body's experiences of health and illness can provide an opportunity to conceptualize intersubjectivity in the healthcare interaction through envisaging both the provider and the patient and construct delivery of care in mutual physiological, relational, and spiritual contexts.

Recognizing self-reflexivity in an embodied provider-patient interaction envisages the providers' role in complex ways that are meaningful for both the provider and the patient and help address provider burnout. The study focused on provider interviews; thus, patient experiences and how the provider-patient interaction was embodied in practice could not be observed. Future studies can extend inter-professional collaboration of researchers to examine the communicative dimensions of an embodied interaction (e.g., to enhance interoceptive awareness scales). Second, examining how the provider's embodied interaction aids self-management of chronic conditions can help address challenges in patient-centered care.

Pragmatically, first, the findings suggest that cultivating providers' self-reflexive awareness of their own bodies' illness and faith experiences can construct a patient-centered space for provider-patient interaction. Second, in certain domains (e.g., palliative care, long-term chronic care, or terminal

illnesses) the provider-patient relationship can be deepened as providers integrate their own health and illness experiences in co-creating treatment plans that empower the patient and address their idiopathic challenges. Third, the CAM provider's self-reflexive awareness of their own experiences can support diverse understandings of care provided in interdisciplinary teams to enrich the therapeutic relationship in integrative medicine.

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Appendix 1: CAM Modalities

(1) Seven preventable chronic diseases: cancer, diabetes, stroke, hypertension, heart disease, pulmonary conditions, and mental economy cost the US economy $1.3 trillion annually, including the cost of lost productivity. Healthy workers account for about 13% of the US workforce. Chronically ill and obese Americans use 3 or more sick days per month compared to 0.3 sick days for healthy workers (Oberg, Guarneri, Herman, & Walsh, 2015).

(2) CAM modalities fall into two categories: natural products (e.g., herbs and dietary supplements) or mind and body approaches (e.g., yoga, chiropractic manipulation, acupuncture). Traditional healing approaches like ayurvedic and traditional Chinese medicine are also included in CAM (World Health Organization [WHO], 2015). The use of natural products is the most popular CAM modality (17.7%), followed by deep breathing, yoga, tai chi, or qi gong (10.1%), chiropractic manipulation at 8.4% and massage at 6.9%, and guided imagery (1.7%). Worldwide, the global market for herbal medicines is reported around $60 billion annually (WHO, 2015).

(3) Holistic nursing is defined as "all nursing practice that has healing the whole person as its goal" and has been officially recognized as a distinct specialty by the American Nurses Association. Holistic nursing utilizes imagery, relaxation, deep-breathing techniques, and stress management among other techniques (Oberg et al., 2015).