Stress Relief through Leisure and Complementary and Alternative Medicine

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When thinking about Complementary and Alternative Medicine (CAM), many times people tend to think about health. This article discusses the need to start thinking about these health practices as leisure pursuits as well. This qualitative study used interviews of CAM practitioners to learn why people seek alternative therapies and to show the close relationship between leisure activities and CAM. The leisure literature shows gaps by not including various alternative modalities that are considered as leisure by others. This article aims to fill this gap between leisure and health, or more specifically, the relationship between leisure and Complementary and Alternative Medicine.

**Keywords:** Leisure, Complementary and Alternative Medicine, stress, health, practitioners, recreation

A qualitative study involving interviews with three providers of Complementary and Alternative Medicine (CAM) will be presented. Due to the high levels of stress reported in modern citizens and the negative effects of stress on human psychological and physical health, the researcher was interested in what providers felt were the benefits of the CAM modalities that they provided. Since these practices are offered to people during their leisure time, the author felt that CAM should be examined as a component of leisure. This paper provides a review of the literature on stress and leisure and presents the results of a qualitative case study.

The Nature and Impact of Stress

Stress is a state of anxiety that is produced when events and responsibilities exceed one’s coping abilities (Seaward, 1999). Stress is a mind-body arousal (Girdano, Everly, & Dusek, 2005); it is a reaction of the body and mind to change (Gregson, 2000a). The word stress is used to describe external events and internal responses to it (Donatelle, Snow, & Wilcox, 1999). Stress is caused by stressors, which vary according to individuals’ life circumstances. Girdano et al. stated that “stressors can be physical, emotional, intellectual, social, economic, or spiritual” (p. 1).

Stress can be caused by numerous factors that include family, work, personal relationships, and money, to name a few. These factors are everyday things that affect most people. For students in academia, sources of stress can come from organizations, examinations, long hours of study, assignments, grades, lack of free time, and lack of timely feedback from faculty (Jones & Johnston, 1997). Perceptions of stressors, personality disposition, and organizational climate can determine behavior, and in the work force, stress can be determined by the structural, legal, economic, and political processes which lead to power inequalities (Brooker & Eakin, 2001). Today’s workers feel they work at a higher pace and stress-related conditions in the workplace have increased by 500 percent in the last decade (Girdano et al., 2005). With the growing number of people feeling the pressures related to life stress, it is essential that individuals learn and continue to develop ways of managing their stress and ultimately, their health.
People who have had to contend with stress have probably witnessed how their bodies under stress can lead to illness. Stress is known to be implicated in at least 80% of the illnesses that plague modern society (Girdano et al., 2005). Iwasaki and Mannell (2000) stated that stress is known to be a major contributor to coronary heart disease, cancer, lung illness, accidental injuries, and suicide; these made up five of the leading causes of death in the United States. Long-term stress can cause many unwanted conditions including depression, backache, hypertension, asthma, migraine headaches, skin rash, ulcers, other digestive tract disorders, impaired immune function, and sexual dysfunction (Coleman & Iso-Ahola, 1993).

Depressive illness, hopelessness, pessimism, high fat diets, and being sedentary have been noted as behaviors and ecological variables that are associated with distress (Stansfeld, Fuhrer, Shipley, & Marmot, 2002). Social isolation, constraint, smoking, and drinking excessive alcohol have all been associated with distress (Lewis & Rook, 1999). These conditions can be debilitating and fatal, causing early or premature death. Taking into consideration these dangerous illnesses and health conditions, many people are at risk of developing serious health problems.

Stress is a phenomenon of assorted stressors that provoke a physiological and psychological response beyond homeostasis (Donatelle et al., 1999); homeostasis is “a state of physiological calmness” (Seaward, 1999, p.6). Chronic stress has been known to cause major problems with physical and psychological health (Donatelle et al.). For people to keep equilibrium within their lives, they must use coping mechanisms, which are needed when stressors are present. Coping is an attempt to lessen the physical and/or psychological stressors or negative feelings associated with problematic circumstances (Kleiber, Hutchinson, & Williams, 2002). Coping can also be thought of as an individual constantly changing his/her cognitive and behavioral efforts to “manage specific external and/or internal demands that are appraised as taxing or exceeding the person’s resources” (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986, p. 993).

It should be noted that experiencing stress is actually normal and although some stress, eustress stimuli, may be good for individuals, certain kinds of stress, distress stimuli (bad stress), may be unhealthy. The presence of stress alone may not be negative. How people respond to that stress is what determines its effect on their lives. It is only when people respond in unproductive and negative ways that stressful events become detrimental to their health (Kanters, 1996).

The Importance of Leisure

Why is leisure so important to the world today? Why do leisure professionals seem to care so much about providing resources and educating the public about leisure activities? As one can imagine, there are a variety of ways to answer these questions. Today, people work longer hours, perceive themselves as having less free time, and with the accumulation of other aspects of life, people are perceiving themselves as being more stressed (Robinson & Godbey, 1997). With the impact of stress being so pervasive in peoples’ lifestyles, it is essential that they understand how to manage the stressors in their lives. To answer the questions above, professionals in the field of leisure behavior argue that leisure is important because it is used as a tool for people to restore health (Edington, Hudson, & Ford, 1999; Kelly & Godbey, 1992). Leisure professionals are working to be providers and educators of leisure activities because leisure can help people to successfully manage their stress, thereby preventing illness.
Within the last 20 years, leisure researchers (Iwasaki & Mannell, 2000; Kleiber, Hutchinson, & Williams, 2002; Ulrich, Dimberg, & Driver, 1990) have given attention to concepts and theories that conceptualize leisure as a means of coping with stress and prolonging good health. These concepts and theories have the potential to describe and explain the nature of the relationship between leisure and stress. Explanations can be used to predict health outcomes and leisure professionals can apply this to what they do on a daily basis. Along with being useful tools for understanding and predicting behaviors, concepts and theories of coping can assist leisure practitioners by helping them to positively change the behavior of the clientele with whom they interact.

Theories and Concepts about How Leisure Can Prevent or Reduce the Dangers of Stress

Although there are numerous concepts and theories that relate to stress and leisure, only five relevant ones will be addressed here. Escape-avoidance, physical activity, relaxation, the buffer and coping model, and Thayer’s Multidimensional Activation Theory will be reviewed. The concepts and theories chosen are not meant to be exhaustive; the intent is to present some of the related ideas that should be considered when discussing stress and leisure.

Escape-Avoidance

One interesting concept relevant to coping with stress is that of escape-avoidance. In essence, the focus is on the idea that when people experience stress, one way or another, whether it is an internal or external stressor, they find some means of getting away from that stressful environment. This concept describes wishful thinking (e.g., wishing a situation would go away) and behavioral efforts to escape or avoid (e.g., trying to make myself feel better by drinking) (Folkman et al., 1986). This form of coping allows an individual not to think about a troubling situation through distancing himself/herself.

It is thought that taking a short trip may provide a temporary escape from stressful circumstances and allow an individual to regroup and feel refreshed to better handle problems (Iwasaki, 2002). An escape does not have to be active though; it may take the form of a passive mental escape such as the acts of meditation, daydreaming, or enjoying the view of nature (Ulrich et al., 1990). Callaghan, Tak-ying, and Wyatt (2000) found that, to cope with their stressful daily routines, nurses from Hong Kong who were working in intensive care units commonly used escape by not thinking about work when they were off duty. No matter how people choose to use escape as a coping mechanism for stress, they are sure to distance themselves from the negative experience through some type of diversion.

Physical Activity

The literature on leisure substantiates the well-established position that physical fitness has a stress-buffering effect on health and well-being (Caltabiano, 1995; Driver, 1990; Paffenbarger, Hyde, & Dow, 1991). Traditionally, recreation and leisure were viewed as an opportunity to engage in physical activity and consequently, recreational services were designed to provide opportunities for physical activity (Kanters, 1996). Physical exertion reduces the stress reaction (Cleaver & Eisenhart, 1982), lowers the heart rate, increases oxygen consumption, strengthens muscles (including the heart muscle), stabilizes blood pressure, and burns calories (Caltabiano; Paffenbarger et al.). Exercise promotes longevity by having the potential to increase average life expectancy by as much as two years (Kanters; Paffenbarger et al.; Zuzanek,
Robinson, & Iwaki, 1998). There are, of course, cardiovascular benefits to engaging in physical leisure activities (Ajzen, 1991). Physical leisure activities clearly have a beneficial effect on physical health.

Relaxation

It should be reiterated that maintaining good health requires that people learn to deal with stress. People should consider pursuing leisure interests, whether physical or mental, that they enjoy and which will restore them for work and provide a state of physical and mental relaxation (Cleaver & Eisenhart, 1982; Hull & Michael, 1995). Relaxation is one of the best ways to reduce stress (Gregson, 2000b) and it not only allows for physiological recuperation from stress, but also provides a psychological escape from stressful situations (Hood & Carruthers, 2002). One component that contributes significantly to perceived wellness is relaxation (Ragheb, 1993; Siegenthaler, 1997). When life becomes too stressful, parks and open spaces can serve as safe havens for many because, if they are well supervised, they can offer opportunities for personal reflection, fantasy, and relaxation (Zoerink, 1996). When people are in relaxed atmospheres such as socializing with friends, dining out, and resting, they are able to show their true self-expression while combating the effects of high stress levels.

Thayer’s Multidimensional Activation (Arousal) Theory

Robert E. Thayer (1978) gave an overview of his activation or arousal continuum, Thayer’s Multidimensional Arousal Theory. As opposed to falling under the category of a fundamental theory, this is a multidimensional theory that suggests a relationship between mood and stress. Stress is generally characterized by the presence of negatively toned emotions and the absence of positively toned emotions (Hull & Michael, 1995). According to this theory, patterns of feelings are associated with differing levels of stress (Figure 1).

![Diagram](image)

**Figure 1.** An adaptation of Thayer’s (1989) model of mood and arousal

When experiencing low levels of stress, feelings of energy (e.g., lively, vigorous) and tiredness (e.g., drowsy, sluggish) can be moderate, and feelings of tension (e.g., fearful, jittery)
tend to be low. With moderate levels of stress, energy increases (apparently to cope with the stressor), tiredness decreases dramatically, and tension increases.

At high levels of stress, energy begins to diminish, tiredness increases dramatically, and tension reaches the highest point. In line with this theory about mood affecting stress, leisure is capable of positively affecting mood through the provision of mental relaxation that is needed to restore and compensate for stress (Hull & Michael 1995). In a study done by DeLongis, Folkman, and Lazarus (1988) which investigated daily stress on health and mood, they found that the participants whose mood fluctuated more from day to day tended to have symptoms and mood disturbances that coincided with stressful days. If individuals’ levels of stress and mood are correlated, then people can learn to identify thoughts and beliefs that interfere with positive experiences, and maybe they can learn to decrease their stress levels and promote better health (DeLongis et al., 1988; Folkman & Moskowitz, 2000).

The Buffer and Coping Model

Coleman and Iso-Ahola (1993) developed the buffer and coping model, a theoretical model of the relationship between leisure and health. It is now known that illness is not necessarily caused by stress. Illness may or may not develop depending on one’s self-determination disposition and social support system. According to the model of buffering and coping, social support and a self-determination disposition are the two mediating factors that can directly or indirectly influence health (Caltabiano, 1995; Coleman, 1993; Coleman & Iso-Ahola, 1993; Iso-Ahola & Park, 1996; Iwasaki & Mannell, 2000).

Self-determination Disposition

Coleman and Iso-Ahola have been recognized as being “among the first researchers to systematically conceptualize the use of leisure as a method of coping” (Iwasaki, 2002, p. 94). This model of buffering and coping makes the assumption that participation in leisure and recreation counteracts against the negative experiences of personal stressors and helps to maintain good health (Coleman, 1993; Coleman & Iso-Ahola, 1993; Iso-Ahola & Park, 1996; Iso-Ahola & Weissinger, 1984; Iwasaki & Mannell, 2000).

Self-determination has been found to contribute to individuals’ coping capacity and health (Mannell & Kleiber, 1997). A self-determination disposition refers to “people’s general beliefs or orientations that their actions are mainly self-determined, freely chosen, or autonomous” (Iwasaki & Mannell, 2000, p. 164). Researchers have presented arguments of the relationship between health and self-determination in a leisure context explaining that people who perceive their actions as self-determined seemed to be less likely to experience stress (Hood & Carruthers, 2002; Iso-Ahola & Park, 1996). Self-determination is believed to be a common dispositional outcome of many leisure experiences (Coleman & Iso-Ahola, 1993). Hood and Carruthers also noted that self-determination is seen as a central determining quality of leisure. Leisure not only provides an avenue for people to develop relationships, but it also provides an opportunity to develop a sense of self-determination. Given that leisure environments promote self-determination, it is important to look at how these elements relate to each other.
Social Support

There is considerable evidence in the literature confirming that social support is a significant moderating factor that buffers negative life events (Hood & Carruthers, 2002; Iwasaki, 2001; Kleiber et al., 2002; Wethington & Kessler, 1986). Social resources are often referred to as social support; these resources are simply interpersonal connections that provide support. The buffering effect of social support benefits health the most when stress levels are high (Coleman, 1993; Iwasaki & Mannell, 2000). When people are not stressed, social support does not appear to be beneficial to the enhancement of health. Studies have found that high social support appears to help individuals deal with stressors (Hood & Carruthers; Iso-Ahola & Weissinger, 1984) and people with these relationships are more immune to the effects of stress than those lacking such relationships (Wheeler & Frank, 1988).

When examining the ways that social relationships influence health, researchers have looked at how these relationships can be health-promoting by influencing physical and mental health (Berkman & Glass, 2000). Social support is typically divided into subtypes which include emotional (provisions of empathy, love, trust, and caring), instrumental (provision of help, aid, or assistance with tangible needs), appraisal (provision of specifics that are useful for decision making and self-evaluative purposes), and informational support (provision of advice, suggestions, and information) (Berkman & Glass; Glanz, Rimer, & Lewis, 2002; Lepore, 1992; Shaw, 1999). These subtypes of social support influence health by improving access to resources and material goods, and by providing individuals with emotional support. Regarding cardiovascular reactivity, social support can protect against the increased blood pressure response associated with stressful situations; regarding susceptibility to the common cold, those with more types of social ties were less susceptible to the cold, produced less mucus, and fought infection more efficiently (Berkman & Glass).

Friendship and companionship.

How do people find these social support systems? On a daily basis, social support may manifest itself through companionship and friendship in shared activities. “A need for companionship and friendship is one of the fundamental needs that drives people to participate in shared activities” (Iso-Ahola & Park, 1996, p. 170).

Leisure companionship is a discretionary, intrinsic, enjoyable shared leisure experience that is a form of social support. Leisure friendship refers to the belief that people’s friendships developed through leisure provide them with social support (Iwasaki, 2001, 2002). Although leisure friendship and companionship are both forms of social support, the former is a belief while the latter is a behavior; when people actually experience stress, they seek out companionship (Iwasaki, 2001, 2002; Iwasaki & Mannell, 2000). Some researchers argue that friendships generated through recreation and leisure are closer than those generated in other life situations. Companionship chosen in free time reflects a greater degree of sincerity and has the potential to result in closer relationships. In times of distress, people turn to relationships developed in social leisure situations because these discrete and genuine relationships may be characterized by perceived freedom and intrinsic motivation, and they involve people with whom problems can be discussed (Caltabiano, 1995; Coleman & Iso-Ahola, 1993; Hood & Carruthers, 2002; Iwasaki & Mannell, 2000; Kanters, 1996).

The leisure literature has shown that leisure-generated companionship and friendship buffer against the adverse effects of life stress on physical and mental health. Leisure companionship and friendship helped people to cope with excessive life stress and thereby
helped maintain or improve health (Hood & Carruthers, 2002). Iso-Ahola and Park (1996) found that participants with low levels of leisure companionship had increased life stress that was associated with enhanced depression, whereas those participants with many leisure companionships had no change in their depression level. Similarly, those subjects who felt that their leisure friendship was relatively low experienced an increase in life stress that contributed more to physical health problems than those who had a high perception of leisure friendship. In summary, Iso-Ahola and Park found that leisure-generated social support buffered the stress-illness relationship, but had differing effects on health; leisure friendship buffered the effects of stress on depression whereas leisure companionship buffered the effects of stress for physical illness.

Zuzanek et al. (1998) suggested that social leisure may reduce health risks and the effects of Type A behavior indirectly by providing an effective buffer against life and role stress. They also stated that leisurely recreational pursuits such as socializing with friends had beneficial effects on higher stress better than physical exercise only. In the field of health, network participation provides opportunities for companionship and sociability. It is interesting to note that the measure of companionship was more of an important antidote to minor life stresses than was social support (Berkman & Glass, 2000).

It is great that social leisure has these effects on health, but too much of a good thing can really be dangerous. Apparently, higher levels of social support can have unintended outcomes. Engaging in many social activities may exacerbate the adverse effects of stress rather than be stress-reducing, especially if the activity undermines one’s sense of freedom and control (Caltabiano, 1995; Iso-Ahola & Park, 1996). Going against her hypothesis, Caltabiano found that both men and women respondents with high levels of social leisure had illness symptoms that increased with an increase in negative life events. In a study by Iso-Ahola and Park, they found that well meaning friends may have pushed close relationships too far and unwittingly provided excessive help to their friends. When there is too much togetherness and people’s vulnerabilities are overexposed or some degree of dependency is reinforced, it may at times be a wiser course to have a little social distance (Coleman & Iso-Ahola, 1993; Kleiber et al., 2000). An important function for leisure is that it provides avenues for people to develop these relationships to build robust resources. Leisure and recreation may offer both social and personal benefits (Kelly, 1991).

Purpose of the Study

This study identified, from the perspectives of practitioners of Complementary and Alternative Medicine (CAM), why people seek CAM, which for this study includes Acupuncture, Shiatsu, Yoga, and Qigong. Respondents were informed that the investigation dealt with issues of health (CAM) and leisure. The underlying goal of the interviews was to understand the relationship between leisure and CAM.

The researcher chose to investigate individual practitioners from three of the five domains of CAM. The five domains include alternative medical systems, manipulative and body-based methods (e.g., Shiatsu), biologically-based therapies, energy therapies (e.g., Acupuncture and Qigong), and mind-body interventions (e.g., Yoga) (What is CAM, 2003). Only three domains of CAM were chosen because these forms of therapy require interactions with another individual that can be investigated by the researcher.

As a Reiki practitioner, Massage therapist, Yoga instructor, and student of Leisure Behavior, the researcher was inclined to believe that there is a relationship between CAM and
leisure. Realizing this bias and the emic views of the researcher (Merriam, 1998), a conscious attempt was made to objectively analyze the respondents’ results without overanalyzing and misrepresenting the participants’ views and opinions; member checking was implemented to ensure that the researcher’s interpretations were valid and reasonable (Miles & Huberman, 1994).

Method

This descriptive qualitative case study was completed during a 4-month period. The Human Subjects Committee at Indiana University accepted the researcher’s proposal to interview health practitioners of CAM. In-depth, semi-structured interviews were done. The conclusions from this qualitative study will contribute to the leisure and health literature that is related to managing stress. The findings may be useful for practitioners who provide leisure services for people who are especially interested in preventative health.

Setting and Participants

This exploratory study was conducted in a Midwestern city with a population of about 70,000 people. In this city, many community programs designed to enhance wellness and quality of life are available for the residents. After receiving approval from the Human Subjects Committee, participants of this study were recruited through telephone calls and personal contact. All participants were given a Study Information Sheet, which informed them of the purpose of the study and they voluntarily agreed to participate.

The researcher chose the participants using the purposeful sampling technique (McMillan & Schumacher, 2001) to guarantee that the respondents represented the diversity among CAM modalities that were relevant to this study. The study criteria excluded participants who had less than 5 years of experience as practitioners. All of the participants were practitioners of CAM. Two of the practitioners are people that the researcher knew as academic colleagues and one of the practitioners had no previous contact with the researcher until the interview.

Thomas O’Connor is an Acupuncturist. Acupuncture is an ancient healing technique and was first administered over 3000 years ago in China (Herring & Roberts, 2002). It aims to balance the flow of vital life energy throughout the body (Mason, Tovey, & Long, 2002). The treatment is performed when a practitioner inserts fine needles at key points on the body (Young, 2001). These needles draw excess energy way from organs and redirects it to organs that are deficient.

Rochelle Moon is a Shiatsu practitioner. The Japanese art of Shiatsu is a system for healing and health maintenance that has evolved over the course of thousands of years and has been practiced informally since at least 2500 BCE (Benjamin & Tappan, 2005). Shiatsu means “finger pressure” (Rush, 2000, p. 136). Specialists use thumbs, fingers, palms of the hands, knees, elbows, and feet to manipulate body parts to stimulate inner powers of balance and healing (The Good Health, 1992).

Katherine Foust is a practitioner of both Yoga and Qigong. Yoga is an ancient practice dating back more than 5000 years (Micozzi, 2001). It focuses on bringing union and harmony to the mind, body, and spirit. Yoga “is a system of psychophysical exercises designed to integrate the physical, mental and spiritual energies that enhance health and well-being” (Goldberg, 2002, p. 465). The Chinese word Qigong has two characters, Qi and Gong. Qi or chi means life energy and Gong means daily effort (Chi-lel Qigong, 2007). Qigong is a practice to use chi for different purposes including self-healing (Chi-lel Qigong).
All of the names of people used in this study are pseudonyms. Data were obtained by interviews from the participants. The researcher chose to interview CAM practitioners to answer the research question. These practitioners are the ones that are most educated on the specific therapy that they practice, they know why people are coming for their services, and quite often, they are aware of the reasons that people continue to come back for their services.

**Interview Protocol**

The data of this study comprised three interviews with complementary and alternative medical practitioners. Each respondent participated in an in-depth, semi-structured, qualitative interview conducted by the researcher. Participants were separately interviewed once for no more than an hour and 15 minutes. On average, the interviews lasted 40 minutes in duration and were conducted in an office of the participants’ primary or secondary place of business.

The participants were asked questions about their involvement with the therapy they practice, some background information on their clientele, and their perspectives on health and leisure. To ensure completeness of verbal interaction, the interviews were audio taped. The audio taping also provided material for reliability checks (Merriam, 1998). Following each interview, the researcher fully transcribed the recorded interviews verbatim and the transcripts were treated as raw data.

**Data Analysis**

To analyze the data, a constant comparison method was used (McMillan & Schumacher, 2001). The interview questions were used as a guide to organize data. The questions were highlighted on paper in different colors. Each interview was read and the researcher highlighted data using the colors that corresponded to the related interview questions to identify concepts. The researcher reread through the original data, and the answers to common questions were then grouped together to form categories. Once the categories were formed, the researcher highlighted categories within the groups, making subcategories, which further differentiated the data. The transcriptions and categories were read and reread to identify any overlooked themes that could be distinguished and/or compared.

To establish credibility, the researcher completed a first and second level member check by sharing the transcriptions and overall findings with the participants to ensure that the researchers interpretations were reasonable and valid (Mamlin, 1999) prior to submission for publication. External auditors examined the final document to confirm that the inferences are sound and grounded in the findings. The researcher incorporated thick, detailed descriptions to provide evidence for the interpretations and conclusions. The investigator was reflexive in considering assumptions and biases, and made those known to the reader.

**Discussion of Results**

The researcher found several emergent themes through the analysis of these results. The practitioners all reported a number of similar characteristics regarding their clientele and their ideas of leisure and health. The interviewers all reported having diverse clientele who seek CAM for many different reasons, but mainly for preventative health reasons and relaxation. Many of their patrons seek CAM for its contribution to their health and leisure needs. Each practitioner felt that there is a relationship between health and leisure, they saw leisure as a necessity, and have seen more of a cultural acceptance of Eastern Medicine in the United States.
Each theme will be covered using quotes from the practitioners and the incorporation of detailed descriptions.

**Clientele**

According to Thomas O’Connor (the Acupuncturist), Rochelle Moon (the Shiatsu practitioner), and Katherine Foust (the Yoga and Qigong practitioner), a wide range of people came for their services. Each practitioner has people of the all ages who receive their services. Although Thomas and Rochelle see both young and older people, Rochelle also has older clientele “who are living in long-term care facilities” (Rochelle, personal communication, November 25, 2003). Katherine’s Yoga clients range between the ages of 20 and 80, and most of the Qigong students are in their 20s, with ages ranging between 20 and 60.

Thomas has clients of every race and Katherine has students who are Chinese, Japanese, Hispanic, African-American, native Hawaiian, but the majority of her students are European-American, which is characteristic of the city where Katherine works and resides. Rochelle’s clientele are slightly different because she has a very mobile business and does not practice in a commercial setting. Her clientele consists of mostly a “circle of friends” (Rochelle, personal communication, November 25, 2003) and family, which includes some African-American, Indian, and primarily European-American individuals.

Each practitioner expressed that she/he worked with more women than men, and their clientele usually earned a high school diploma, had some college education, or had at least a college degree. Rochelle and Katherine worked with practitioners of some type of bodywork and many college students.

**The Driving Force**

As one can image, there are numerous reasons that people seek treatments from these CAM practitioners. People usually have real specific reasons to see Thomas for Acupuncture. Rochelle sees clients who have muscle aches and tension, stress, sleep disorders, sport related injuries, for wellness, pampering, and to address symptoms of some sort. Many of Katherine’s patrons who come to her for Yoga have weight issues, while others have arthritis, musculoskeletal issues, strains, cancer, stress, or fibromyalgia. Her Qigong students also have weight issues, injuries, stress, and other physical concerns. Although each practitioner has seen clients with a wide range of physical conditions, they have all communicated that people do seek their services for preventative reasons. Many people do not want to respond reactively to their health. They want to be able to have some control over their health.

Along with wanting to have some say in their health, each practitioner also said that people come to them because the treatment is relaxing. Thomas mentioned that, “I think Americans work way too much,” (Thomas, personal communication, November 21, 2003) and CAM is one option that these people have to release the stresses of daily life. Furthermore, these practitioners voiced that some people did seek their services for leisure reasons.

It was a part of some of their clientele’s “leisure time activities” (Katherine, personal communication, December 10, 2003) and Shiatsu, Yoga, and Qigong were engaged in for social reasons as well. “I mean several of the people in my Yoga class are retired. And I see the social aspects of it. It’s a place for them to get together with other people, you know, once a week” (Katherine, personal communication, December 10, 2003). “I’ve worked a lot with those type of people, those people seek massage for social reasons…. They want the interaction and the touch for social purposes, I think primarily” (Rochelle, personal communication, November 25, 2003).
Each practitioner thought that their clients viewed Acupuncture, Shiatsu, Yoga, or Qigong as a way of contributing to their health and leisure needs. “I think they definitely see it as a way of contributing to their health because I really put an emphasis on it” (Katherine, personal communication, December 10, 2003). Rochelle said:

I definitely think they feel like it’s impacting them in a physical way, so I think that would be translated to the fact that they’re improving their physical health, I think it’s a positive impact. But I also think that they see massage as you know, I’m going to get my nails done, I’m going to get a massage, as something that they do leisurely and as a pampering of themselves. So I think, yeah – it’s dualistic.

When asked if he thinks his clients view Acupuncture as a way of contributing to their health and leisure needs, Thomas responded, “Well yes. Actually, that’s true. After they get a taste of Acupuncture and they find out that it really is, in addition to being good for their health, it’s typically very enjoyable and relaxing. So, yes” (Thomas, personal communication, November 21, 2003). Again, each practitioner brought up the idea of the therapies being relaxing and enjoyable.

Katherine spoke of an older man who takes her Yoga course with his wife. This man has serious health issues and his wife cannot get him to see a physician, but he goes to the class and he is “doing much better and well, he’s doing better in Yoga class” (Katherine, personal communication, December 10, 2003). This man may very well perceive Yoga as a means of promoting his health while also doing something socially with his wife, something leisurely related.

The practitioners were asked if they thought there is a relationship between health and leisure. They each overwhelmingly saw leisure as a necessity. Rochelle thought that, “leisure is the pursuit of wellness and balance, and I think what we choose to do leisurely is what we have to do to create balance in our lives” (Rochelle, personal communication, November 25, 2003). Thomas spends 20 hours working each week and feels that some focused work is necessary for a balanced life, but he spends a lot more than 20 hours in leisure and thought “it’s vital” (Thomas, personal communication, November 21, 2003). For Katherine, “teaching – the Qigong is leisure for me, Yoga is leisure, my meditation everyday is leisure, but that’s all promoting my health” (Katherine, personal communication, December 10, 2003). She commented that the healthiest people that she meets are those who “use their ‘leisure time’ to take care of themselves” (Katherine, personal communication, December 10, 2003). Leisure seems to be a vehicle used to balance life, which also may promote health.

Rochelle started doing massage when she was a young girl; her father was “a professional athlete and had experienced massage in the 1950s through’60s” (Rochelle, personal communication, November 25, 2003). Although the massages that her father received may not have specifically been Shiatsu, it was still a form of massage that was an acceptable alternative medical practice back then. Katherine recalled that when she was young doing Yoga in the 1950s, people thought she was “really weird” (Katherine, personal communication, December 10, 2003). Thomas went to school for Acupuncture and became a practitioner 23 years ago, and he has seen it go “from people looking suspiciously at me and wondering if I’m peddling
something that’s just practically Voodoo – I mean, I don’t know what they thought, but now it’s
very mainstream” (Thomas, personal communication, November 21, 2003). In concurrence with
Thomas’ point, Katherine stated that 10 years ago, if you mentioned Acupuncture, “people
would have thought you were crazy” (Katherine, personal communication, December 10, 2003).
Rochelle added that within the last 10 years, she thinks that Eastern medicine has become more
culturally accepted.

Acupuncture and Yoga have become more accepted in American society. Katherine
remembered when she started doing race walking 15 to 20 years ago:

You hardly ever saw anyone walking. It was mainly running. And so now, I think
that’s an interesting shift right there. Because walking at one time would have just
been considered, you know, well you just leisurely walk around rather than think of it
as a way to really maintain your health and fitness.

The researcher is inclined to believe that Complementary and Alternative Medicine may
be subject to the same type of shift that was experienced with walking or those type of activities
that did not meet the “no pain, no gain” criteria. The people that Katherine spoke to about
Qigong think, “it’s going to be where Yoga is today maybe in about 10 years. It’s starting to,
you know, sort of open up into the mainstream” (Katherine, personal communication, December
10, 2003)

Conclusion

In looking over the leisure literature and the data interpretation of this study, it seems that
the health related modalities share many similarities with leisure. All of the practitioners
communicated that people seek their services for preventative reasons. Leisure is used as a way
to help people manage their stress and prevent illness. Some of Thomas, Rochelle, and
Katherine’s clientele engaged in CAM as part of their “leisure time activities” (Katherine,
personal communication, December 10, 2003). Shiatsu, Yoga, and Qigong were engaged in for
social reasons. This links to the buffer and coping model which explains how people use leisure
as a means of satisfying their social needs and how leisure is social in nature.

The practitioners thought that people came for their therapies because it was relaxing.
Engaging in leisure activities allows people to become refreshed for work and provides a state of
physical and psychological relaxation. This concept is related to Thayer’s Multidimensional
Arousal Theory. Leisure puts people in a good mood just as Acupuncture, Shiatsu, Yoga,
Qigong, and other alternative modalities.

Each practitioner thought that their clients viewed their alternative practices as a way of
contributing to their health and leisure needs. Physical leisure activities have beneficial effects
on physical health. From the practitioner’s viewpoint, people come for their services for leisure
reasons, and to contribute to their own health needs. During leisure time, people are taking care
of their health needs. Katherine talked about her experiences in China. “You go to the parks in
China, you see people doing Tai Chi Ch’uan foremost, it’s one of their leisure time activities, it’s
how they take care of themselves” (Katherine, personal communication, December 10, 2003).
Logically, all of this seems to make sense.

This knowledge certainly may not seem like it is a big revelation for health and leisure
practitioners. If the leisure scientists are not conducting research that investigates how different
modalities of CAM can also be seen as a form of leisure, then it very well may be a revelation to
leisure researchers. Now, the practitioners actually have a keen awareness of this idea, but as
odd as it may seem, the researchers are not producing information that supports these ideas.
Qigong, Yoga, Shiatsu, and Acupuncture leave people with the same feeling that other leisure activities give people. Clients feel less tense, restored, relaxed, have improved physical health, experienced social interaction, and enjoyed the experience. These modalities may very well fit under both leisure and health and that may be why the researcher’s results look the way they do. The researcher believes that leisure practitioners need to be more willing to work more closely with health practitioners, and the same goes for the researchers.

With the findings from this study, the researcher hopes to contribute to the current research that is looking at leisure as a way of coping or as an attempt to make better lifestyle decisions – healthier decisions. Although leisure is not a component of wellness, this research can contribute to the field of health as well. Both leisure and health researchers and practitioners need to collaborate more and continue to expand on these ideas. The last point is that Reiki, meditation, Pilates, Alexander Technique, guided imagery, color therapy, and so many of the other types of complementary and alternative therapies can be just as beneficial, if not more, than rock climbing, tennis, skiing, intramural sports, and all of the other traditional leisure and recreational activities. Leisure may be a dimension of health and health may be a dimension of leisure, but researchers in these two disciplines need to collaborate and expand on the idea that leisure can be seen as a dimension of health, especially through the use of Complementary and Alternative Medicine.

References


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