

Postmodern values, attitudes and the use of complementary medicine

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SUMMARY. Objectives: To examine the relationship between postmodern values, demographic variables and people's attitudes towards and use of acupuncture, aromatherapy and naturopathy. Design: One hundred and seventy-one adults completed a survey measuring postmodern values about health, attitudes towards and use of complementary and alternative medicine (CAM), age, gender, education, and current and recent health. Setting: Griffith University, Gold Coast, Australia. Main outcome measures: Attitudes to CAM and use of CAM. Results: Postmodern values significantly predicted attitudes to CAM and actual use of CAM. Age also significantly predicted attitudes to CAM. Conclusions: The results highlight the importance of patients' belief in natural remedies and in their active involvement in the healing process. © 2003 Elsevier Science Ltd. All rights reserved.

INTRODUCTION

Several explanations have been proposed for the steady gain in popularity of complementary and alternative medicine (CAM). These include dissatisfaction with orthodox treatment and with general practitioners¹⁻³ and the emergence of a new set of health beliefs and values in society, entitled the postmodern philosophy.⁴ This view contrasts with the biomedical approach of modern times, and reflects a sense of alienation from medical structures and authorities that have tended to govern the individual's decision-making in relation to health.⁵ Studies have suggested that users of CAM are not 'pushed away' from orthodox medicine, but may be instead 'pulled towards' CAM because of a belief in its effectiveness and underlying philosophy.^{2,6} Bakx⁷ has identified three shifts in cultural emphasis that tend to signify a transition from the late modern era to this 'postmodern' philosophy. These are a rejection of authority—especially scientific authority; an increase in consumerism; and the importance of individual responsibility for health. In an investigation of an Australian sample, Siahpush⁸ identified three more emerging ideas as 'postmodern': the emphasis on nature and natural remedies, anti-science sentiments and a holistic view of health. Adherents of the postmodern philosophy tend to regard nature as benevolent, hold anti-science sentiments, believe in a

holistic approach to health, reject scientific authority, emphasise the individual's responsibility for achieving good health and hold consumerist attitudes.⁹

Siahpush⁸ examined the relative importance of dissatisfaction with the medical outcome, dissatisfaction with the medical encounter and postmodern values as explanations for people's attitudes towards CAM. After controlling for sociodemographic variables, he found that dissatisfaction with the medical outcome did not predict attitudes whereas dissatisfaction with the doctor-patient relationship and subscribing to postmodern values of health were significant predictors. In a later study, it was found that the unique contribution of postmodern values in explaining attitudes towards CAM was about 20 times larger than the unique contribution of dissatisfaction with the medical encounter, highlighting the importance of further examination of these values.

CAM users may also be differentiated from others in terms of demographic characteristics. Studies in America,^{10,11} Canada¹² and Australia¹³ have reported that CAM users are more likely to be younger, better educated, wealthier, of poorer health status and female. Societal differences, however, are reflected in other research on British samples showing that demographic variables were not powerful predictors of attitudes, beliefs and behaviours.¹⁴ This suggests a need for further investigation of this issue.

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The present study extends previous research^{8,9} by using postmodern values to predict attitudes as well as actual behaviour, and by also examining the influence of variables such as age, education and health status. First, it was hypothesised that postmodern values as a whole would be significant predictors of positive attitudes to CAM. To examine whether the increase in CAM use is explained by a greater prevalence of postmodern values about health, it was further hypothesised that postmodern values as a whole would be significant predictors of use of CAM.

METHODS

Participants

Participants consisted of an opportunistic sample of 171 adults from the Gold Coast, Australia (61 males) ranging in age from 16 to 65 years (*M* = 29 years). All of the participants volunteered to complete the survey although 123 were contacted by means of their enrolment at Griffith University, Gold Coast and received 1.7% credit towards a first-year psychology subject for their participation. The remainder were approached by one of the researchers in a local suburban area and asked to participate.

Measures

Participants were asked to indicate their gender, age, level of education, and their health currently and

over the past 12 months. This was rated on a 3-point scale consisting of above average (1), average (2) and below average (3). This scale was included to examine possible confounding effects of health status on use of CAM. Respondents were then asked to indicate how often they visited any of the following practitioners: acupuncturist, aromatherapist, naturopath and medical doctor, using a 4-point response scale (0: never, 4: weekly). This was used as the measure of actual behaviour.

Postmodern values about health and attitudes towards CAM were measured using scales developed by Siahpush.⁹ All items were measured using a 4-point scale from strongly disagree (1) to strongly agree (4). The six postmodern values scales were: natural remedies, anti-science sentiments, holism, rejection of authority, individual responsibility and consumerist attitudes to health care (see Table 1). Attitudes towards CAM consisted of six items as follows: Overall, I prefer alternative medicine to orthodox medicine; I would recommend alternative medicine to anyone of my friends who might get ill; I think most alternative therapies do not work; I would never use the services of alternative therapists; I trust most alternative therapists; and I think most alternative therapists are quacks.

Procedure

Respondents were informed that the research had been approved by the university’s ethics committee, that they were under no obligation to participate and

Table 1 Postmodern values items

Natural remedies

- I prefer natural remedies to chemical drugs.
- Most prescription drugs have negative side effects.
- Additives such as preservatives and artificial colouring are harmful to health.
- Without medications that doctors prescribe, illnesses can never be cured.
- I think it is necessary for people who are ill to take medications that doctors prescribe.

Anti-science sentiments

- Technological progress creates an environment harmful to people.
- Science is able to provide us with a better world.

Holism

- Health is more than just keeping your body fit.
- Health is about harmonising your body, mind and spirit.
- Imbalances in a person's life are the major causes of illnesses.
- Humans are by nature healthy.
- I think my body has a natural ability to heal itself.

Rejection of authority

- Health practitioners should treat their patients as their equals.
- Patients should be able to have an input in what remedies health practitioners prescribe.
- Health practitioners should ask for patients' participation in the process of healing.
- Patients should have a say over what goes on during consultations with health practitioners.
- Health practitioners should act as authority figures in their relationship with patients.

Individual responsibility

- It is ultimately the individual who is responsible for his/her health.
- Achieving good health requires a change of lifestyle.
- Achieving good health requires hard work and commitment.
- We are what we are because of the choices that we make.

Consumerist attitude to health care

- It is good that nowadays we have so many different types of therapies to choose from.

that their responses would remain anonymous and confidential. This information was also contained in an informed consent form attached to the questionnaire. The questionnaire took approximately 20 min and was completed individually or in small groups of about five, with one of the researchers present in case of questions. In the group format, participants were seated apart from each other and there was no interaction between them.

RESULTS

Sixty-one respondents (36.3%) were classified as users of CAM and 107 respondents (63.7%) were classified as non-users. Thirty-six per cent of respondents reported using more than one method, the most common being naturopathy (72%), followed by aromatherapy (33%), then acupuncture (31%). Users of CAM were more likely to be female (77%, compared to 57% of non-users). The mean age of both users and non-users was 29 years and the average number of years of education of each group was approximately 12.5 years. Users and non-users both rated their current health as somewhat better than average ($M = 1.65$ for both groups). Recent health was rated as slightly better than average ($M = 1.83$ for users and 1.78 for non-users).

The internal consistency of scales with more than two items was assessed using Cronbach's α and resulted in similar measures to those obtained by Siahpush:⁹ rejection of authority ($\alpha = 0.72$); natural remedies ($\alpha = 0.65$); individual responsibility ($\alpha = 0.64$); holism ($\alpha = 0.60$); and innate belief in health ($\alpha = 0.64$). Initially, a low reliability for the natural remedies scale was obtained, however, it was improved by deleting one item.

Predictors of attitudes to CAM

The correlations between all of the variables included in the analyses demonstrated low to moderate relationships (refer Table 2). In order to test the

first hypothesis, a hierarchical multiple regression was performed with the demographic and postmodern values variables being used to predict attitudes to CAM. Gender, education, age, current health and recent health were controlled by entering them on the first step of the regression and the postmodern values factors were entered on the second step. The dependent variable was attitudes to CAM. The regression produced a significant equation, $F(5, 160) = 5.72$, $P < 0.001$, that explained 15.2% of the variance (see Table 3). Gender was the only significant predictor. The postmodern values factors were entered on the second step and this resulted in a significant increase in explained variance ($R^2_{\text{change}} = 0.36$, $P < 0.001$). The final equation was significant, $F(10, 155) = 16.22$, $P < 0.001$, and 51% of the variance in attitudes to CAM was explained. Significant β coefficients were obtained for natural remedies, rejection of authority and age (age $\beta = -0.138$, $P < 0.05$). Gender was no longer significant after the addition of the postmodern values factors (gender $\beta = 0.077$, $P = 0.244$). In sum, the postmodern values variables, together with age, significantly predicted attitudes to CAM.

Predictors of CAM use

In order to test the second hypothesis, gender, education, age, current health and recent health were again controlled for by entering them on the first step of the analysis. The postmodern values factors were entered on the second step. These variables were used to predict use of CAM. Overall, the predictor variables explained 13% of the variability in use of CAM ($F(10, 153) = 2.33$, $P < 0.05$; see Table 4). At step 1, only gender was significant. On the second step, gender was no longer significant (gender $\beta = 0.119$, $P = 0.184$), however, the postmodern values variables made a significant contribution to the prediction of CAM use ($R^2_{\text{change}} = 0.36$, $P < 0.001$). Significant β coefficients were obtained for natural remedies and rejection of authority.

Table 2 Correlations between postmodern values factors and demographic variables

	REJ	NR	IR	HOL	INN	Age	EDU	Sex	H-C	H-R
REJ	—									
NR	0.389**	—								
IR	0.225**	0.101	—							
HOL	0.282**	0.292**	0.359**	—						
INN	0.072	0.201**	0.168*	0.231*	—					
Age	0.116	-0.033	0.114	-0.055	0.172*	—				
EDU	-0.008	-0.151	0.079	-0.011	-0.025	-0.123	—			
Sex	0.404**	0.334**	0.090	0.315**	-0.073	-0.049	-0.078?	—		
H-C	0.280**	0.140	-0.008	0.036	-0.030	0.154*	-0.059	0.221**	—	
H-R	0.225**	0.001	0.049	0.049	-0.136	0.046	-0.084	0.225**	0.650**	—

$N = 171$. REJ: rejection of authority; NR: natural remedies; IR: individual responsibility for health; HOL: holism; INN: innate belief in health; EDU: education; H-C: current health; H-R: recent health.
* $P < 0.05$.
** $P < 0.01$.

Table 3 Hierarchical regression predicting attitudes to CAM

Variable	β	R	R ²	R ² _{change}
Step 1				
Gender	0.327*			
Age	-0.129			
Education	-0.019			
Current health	0.103			
Recent health	0.005	0.389	0.152	0.152*
Step 2				
Rejection of authority	0.192*			
Natural remedies	0.518*			
Individual responsibility	0.039			
Holism	0.051			
Innate belief in health	0.108	0.715	0.511	0.360*

* $P < 0.005$.

Table 4 Hierarchical regression predicting use of CAM

Variable	β	R	R ²	R ² _{change}
Block 1				
Gender	0.232**			
Age	0.054			
Education	0.090			
Current health	-0.100			
Recent health	0.065	0.244	0.060	0.060
Block 2				
Rejection of authority	0.191**			
Natural remedies	0.190**			
Individual responsibility	-0.005			
Holism	-0.027			
Innate belief in health	0.002	0.364	0.132	0.073*

* $P < 0.05$.
 ** $P < 0.005$.

DISCUSSION

The principle aim of this study was to examine the role of postmodern values about health as predictors of attitudes and actual behaviour in relation to CAM. Results indicate that individuals subscribing to postmodern values about health, and younger individuals, hold more positive attitudes towards CAM. Importantly, postmodern values significantly predicted the use of CAM.

The results extend upon Siahpush's^{8,9} research findings in relation to attitudes, further supporting the notion that the recent increase in CAM use may be partially explained by the emergence of a postmodern philosophy of health. Individuals subscribing to postmodern values may hold favourable attitudes towards CAM and may use CAM because the underlying philosophies of many such therapies are congruent with their belief systems. While postmodern values as a whole were associated with positive attitudes towards CAM, natural remedies, rejection of authority and age made significant contributions to the prediction. Natural remedies involve

the belief that such products are safer and more effective than chemical drugs prescribed by doctors. It also refers to beliefs about the negative side effects of prescription drugs and the safer, more effective option provided by natural remedies. Rejection of authority relates to the belief that patients should be able to have some input into their care and to participate actively in the process of healing.

The significant findings in relation to natural remedies, and the related importance of involving the patient and appreciating their contribution to the healing process, may reflect one of the key characteristics of complementary approaches, that is, an emphasis on care rather than a predominant focus on cure.¹⁵ Most CAM patients first sought such treatment after failing to gain relief or a cure from orthodox medical treatment.^{16,17} The increasing technological focus of orthodox medicine may make it increasingly difficult for patients to gain a sense of ongoing care in which they experience an increased sense of control over their illness and its management. The picture is far too complex, however, to simply characterise orthodox medicine as

being at one extreme in terms of *curing* patients and CAM as being at the other extreme in terms of *caaring for* patients. The comparisons between the two are complicated by the variety of practices contained within CAM and the variety of approaches adopted by orthodox practitioners (some of whom have qualifications in the delivery of both types of treatment). Both types of practitioner may benefit, however, from a greater awareness of the importance of the relationship between practitioner and patient, given the significance of the sense of empowerment that CAM patients derive from the relationship between themselves and the practitioner.

Age was the only demographic variable found to be a significant predictor of attitudes to CAM, with younger respondents being more likely to have positive attitudes towards CAM than older respondents. This finding is consistent with previous research on the demographic characteristics of CAM users.^{13,18}

A number of limitations of the study should be addressed. First, postmodern values about health do not account for all of the variance in attitudes towards and use of CAM. This is especially true for the prediction of use of CAM. The nature of the sample is a second limitation. Convenience sampling was employed in the current study, limiting the generalisability of the results to the wider population. Furthermore, an overrepresentation of females and individuals with higher education in the sample may have inflated the estimate of CAM use.

Overall, the present study has demonstrated that postmodern values about health contribute significantly to our understanding of why individuals favour CAM over orthodox medicine. Further research might incorporate a wider range of therapies and take into account the fact that consumers of different types of approaches may not necessarily form a unified group.

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