

Chapter 15

THE WELLSPACE MODEL FOR DELIVERY OF COMPLEMENTARY AND ALTERNATIVE MEDICAL SERVICES

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INTRODUCTION

WELLSPACE FRESH POND opened in Cambridge, Massachusetts in July 1998 with the intention of providing Complementary and Alternative Medical (CAM) health care services for the community. Since then, this Center has employed naturopaths, chiropractors, acupuncturists, massage therapists, somatic/movement educators, registered dietitians, and an aesthetician. Free introductory lectures for chiropractic, acupuncture, naturopathy, Feldenkrais®, yoga, and meditation are offered and classes are taught in health-related topics as Feldenkrais® somatic/movement education, yoga, Pilates exercise, meditation, infant and couples massage wellness and self-care. Although WellSpace has chosen not to employ any allopathic physicians, the intention is to foster collaborative and adjunctive, rather than adversarial or competitive, relationships with practitioners of the mainstream Western medical model. Inspired by an interdisciplinary perspective, WellSpace hopes, by bringing together a variety of CAM practitioners to provide clients with the benefits of being able to combine different treatment modalities. As a practitioner

employed there since October 1998, I have been a participant-observer in the unfolding of WellSpace's interdisciplinary approach. In the discussion that follows, I offer my perspective along with those of other members of the WellSpace community. I have shared case material from my own clients/students and have also included client feedback from surveys undertaken in WellSpace's interdisciplinary Back and Neck Pain Relief (BNPR) Program.

GENESIS OF WELLSPACE

The opening of WellSpace Fresh Pond was the result of years of planning. Mort Rosenthal, the CEO of WellSpace, and his staff organized focus groups in the fall of 1997 in order to sound out different CAM practitioners and community members as to perceived needs. These were followed by open houses in the spring of 1998 at which Rosenthal and others laid out the WellSpace vision for prospective practitioners. According to its mission statement WellSpace was "to provide knowledge leadership and a careful experience" in meeting client needs and providing a professional working envi-

ronment for practitioners. The latter would include an aesthetically pleasing environment with laundry and room cleaning services, as well as medical, dental, retirement benefits, and stock options. Another aspect of the Wellspace vision is to foster collegiality and professionalism among practitioners.

At a time when the public continues to seek out the services of complementary and alternative medical practitioners (Eisenberg, Kessler, Foster, Norlock, Calkins, & Delbanco, 1993, pp. 246-252; Eisenberg, Davis, Ettner, Appel, Wilkey, Van Rompay, Kessler, 1998, pp. 1569-75; Landmark, 1998) Wellspace offers an example of a corporate-based model for the delivery of CAM services that appears to be succeeding. Wellspace welcomed its 10,000th client in February 2001 and has been able to turn a profit within its first two to three years of operation. As a result, this new business venture is beginning to gain nationwide attention. Rosenthal was invited to the White House in December 2000 to report on the Center's "success" at a meeting attended by members of the National Institutes of Health, Office of Alternative Medicine and the Congressional Health Commission. According to Rosenthal, Wellspace was the only for-profit CAM center represented at this meeting, while there was discussion concerning the failure of several other for-profit CAM centers. Serving as a panelist along with Robert Atkins, M.D. (originator of the Atkins diet), among others, Rosenthal explained that "in addition in trying to understand our formula for success, the commission is also interested in our sense of policy considerations" (Rosenthal, email to Wellspace employees, November 29, 2000).

Not surprisingly, the original Wellspace vision has undergone some changes as the result of the realities presented by its economic niche, the individual needs of its employees and clients, and the timing of its

opening. While many of the original employees continue at Wellspace, others have moved on to other jobs. Wellspace Fresh Pond remains thus far the only Wellspace Center that has opened, but Wellspace as a "brand" is still a possibility, with a business plan that calls for expanding the Wellspace name and quality of CAM services into other venues.

Wellspace offers a business model that is new to the holistic health community and because it appears to be succeeding as a business venture, it warrants a closer look. How did Wellspace come about? What is the philosophy guiding its operation? How is it currently functioning? Where is it headed? How did its opening affect the local and national holistic health or CAM community?

There were a number of co-existing factors that created an interest regarding the opening of Wellspace within the greater Boston holistic health community: (1) there had been a local effort underway for some years to network across alternative disciplines and to upgrade hands-on professions with a state license; (2) practitioners were generally working as sole proprietors rather than as salaried professionals with benefits paid for by employers; (3) interest in complementary alternative practices was growing among the public; and (4) a large holistic educational center, Interface, where many local as well as national practitioners had offered classes and workshops, had closed its doors in the spring of 1997. At the same time, the arrival of Wellspace on the scene created some ambivalence among members of this community. Some felt threatened and wondered what it would mean to their own businesses. This included many qualified practitioners with full practices, who were not drawn to join Wellspace since they already had viable businesses and did not wish to become employees,¹ as well as owners of CAM-based centers who initially wondered

1. Many of us in the local CAM community, in fact, have remarked that the field tends to attract independent, entrepreneurial individuals who have sought out CAM so as not to have to answer to anyone in running their own practice.

if WellSpace would take away business from them. After WellSpace had been in operation for a couple of years, I asked two respected owners of such longstanding holistic CAM centers how they now felt about WellSpace Fresh Pond; interestingly, both replied that they felt that their centers had benefited from the extensive advertising and marketing effort WellSpace Fresh Pond had made in educating the public about CAM services. One remarked that he "... was thrilled to see someone putting more resources into the profession, thus elevating it in bringing more awareness to it." In so doing WellSpace had also helped to bring their CAM centers and services even more to the public's attention.

The proliferation of holistic or alternative medicine in the United States, which began in the 1960s and 1970s in conjunction with the growth of the human potential movement and incorporating aspects of cross-cultural transpersonal psychologies and mind/body/spirit integration (Berliner & Salmon, 1980; Hastings, & Gordon, 1980), has continued to grow throughout the 1990s and into the present (Leviton, 2000). Recently, however, the term "alternative medicine" has begun to give way to "complementary and alternative medicine" (CAM), a shift that represents holistic practitioners' growing desire to view their services as adjunctive to those of allopathic medical services, rather than seeking to replace those services; this in turn entails cultivating mutual respect and collaboration between the practitioners of these two different medical models for the good of the public. "Integrative medicine" is another term reflecting this desire for collaboration among practitioners of both allopathic and complementary alternative medical paradigms that has recently come into use. Two examples of this are the recent establishment at Harvard

Medical School of the Division for Research and Education in Complementary and Integrative Medical Therapies by the Bernard Osher Foundation² and a collaborative, cross-disciplinary, nonprofit group of conventional and CAM health care providers in and out of hospital settings in the Boston area called the Integrative Medicine Alliance (IMA). Among the very important goals of this collaborative effort is the sharing of information between conventional health care professionals and CAM health care professionals who are working with the same patients/clients, thus reducing the likelihood that they will be inadvertently harmed due to interactive effects of medications and herbal supplements.

HOLISTIC AND SYSTEMS THEORY PARADIGM SHIFT

These nonallopathic approaches are part of a paradigm shift that began early in the twentieth century. The holistic perspective has found a place in mainstream Western scientific thought in the form of systems theory, a cross-disciplinary perspective that has evolved since the 1930s. Bertalanffy (1950; 1968), the originator of general system theory (GST), believed that this way of thinking constituted, when it was first proposed, a departure amounting to what Kuhn (1970) would later call a "paradigm shift." Defining GST as the "scientific exploration of 'wholes' and 'wholeness' which, not so long ago, were considered to be metaphysical notions transcending the boundaries of science," Bertalanffy (1968, p. xx) noted that GST arose simultaneously within and affected many disciplines, offering "a new scientific paradigm (in contrast to the analytic, mechanistic, one-way causal paradigm of classical

2. In 2001, the Bernard Osher Foundation gave \$10 million to Harvard Medical School for the study of integrative medicine, leading to the recent establishment of a Division for Research and Education in Complementary and Integrative Medical Therapies and additional plans for the establishment of the Harvard Medical School-Osher Institute for Research and Education in Complementary and Integrative Medical Therapies (*Harvard Gazette* May 10, 2001).

science)" (p. xxi). According to Bertalanffy, "Modern technology and society have become so complex that traditional ways and means are not sufficient anymore but approaches of a holistic or systems, and generalist or interdisciplinary nature became necessary" (p. xx). Moreover, with twentieth-century discoveries such as Einstein's theory of relativity and quantum mechanics, Newtonian views of reality have been challenged.

According to Ferguson (1980), holistic medicine also had its philosophical roots in the concept of "holism," a term that was introduced in 1926 by Jan Christian Smuts, a Boer general, philosopher, and twice prime minister of South Africa, to describe a "powerful organizing principle inherent in nature" (p. 49). With this theory, Smuts sought to explain the rapidly emerging, paradigm-shifting scientific discoveries of his day, such as quantum mechanics and the Heisenberg uncertainty principle, asserting that "if we did not look at wholes, if we failed to see nature's drive toward ever higher organization, we would not be able to make sense out of our accelerating scientific discoveries" (Smuts, cited in Ferguson, 1980, p. 49). Ferguson points out that Smuts also observed that "there is a whole-making principle in mind itself. . . . Just as living matter evolves to higher and higher levels, so does mind, [which is] inherent in matter, Smuts [in *Holism and Evolution* (1926)] was describing a universe becoming ever more conscious" (p. 49). Gordon, a Harvard-trained holistic physician who examined the paradigm of holistic medicine, stated that "to Smuts, holism was an antidote to the analytic reductionism of the prevailing sciences . . . [and] a way of comprehending whole organisms and systems as entities greater than and different from the sum of their parts" (Gordon, cited in Hastings, Fadiman, & Gordon, 1980, p. 3). In other words, holism is a synergistic model (Benedict, 1970).

Systems and the Research Study Model

What a holistic or systems perspective offers is a way to deal not only with the many "elements" within a given system (such as WellSpace Fresh Pond), "but [also] their interrelations . . . say, the interplay of enzymes in a cell, of many mental processes conscious and unconscious, the structure and dynamics of social systems and the like" (Bertalanffy, 1968, p. xix). Dealing with the interrelationships between variables also offers a new way to deal with problems or outcomes, one that takes into account synergistic effects where the whole is not merely the sum of the parts. Applying a systems approach to this self-study thus deals with the complexity of a multilevel system like WellSpace. Each member of the WellSpace community is considered not only as a separate individual, but also synergistically in relation to various elements: a given healing environment, the healing energies of particular practitioners' bodies of healing knowledge, other modalities, clients, colleagues, and community.

I have utilized a relational "connected knowing," as contrasted with a "separate knowing," perspective (Belenky, Clinchy, Goldberger, & Tarule, 1986; Goldberger, Tarule, Clinchy, & Belenky, 1996) in my role as participant-observer to delineate my biases and to help me empathize with the differing viewpoints of respondents within the WellSpace system. I also use "connected knowing" in my individual and group work with clients/students. Both "separate" and "connected knowing" are a kind of "procedural knowing." "Procedural knowers' end their isolation and engage in the procedures that allow them to enter the realm of discourse and evaluate and create knowledge" (Wright, 2000, p. 3). In contrast to "separate knowing . . . reflect[ing] a 'masculine' ethos of the autonomous self: objectivity, impersonal reasoning, doubt, argument, judgment,

and control, . . . connected knowing reflects our culture's 'feminine' ethos, involving a self-in-connection and the valuing of personal experience, empathy, trust, understanding, acceptance, and collaboration" (Wright, 2000, pp. 3-4). Connected knowing depends on the knower's being able to empathize with others, which, in turn, implies their being "developmentally ready" (Nesbit, 2000, p. 13). Otherwise, we may remain inside of our subjective knowing rather than testing our knowledge in relation to others' through procedural connected knowing. This involves, in part, learning not only to empathize with others but also to empathize with oneself.

WELLSPACE RELATIONALLY CONNECTED KNOWING GENESIS RESEARCH STUDY

To better understand the Wellspace vision and how it is being actualized, I interviewed members of its corporate and support staffs, practitioners, and clients while continuing to teach and conduct my private Feldenkrais® somatic/movement education, massage, and integrative bodywork practice at Wellspace Fresh Pond. Wellspace Fresh Pond interests me as both practitioner and researcher, as the Center has sought to be—and apparently is currently perceived to be—in the vanguard of providing interdisciplinary CAM holistic health services to the public as an adjunct to conventional allopathic medicine.

Selection of Subject for Study

Respondents for the current study were solicited and/or volunteered to be interviewed. Names of staff and practitioners were used with the respondents' permission, but clients' names have been not been used to protect their confidentiality. In conducting these interviews, I am attempting not only to elucidate Wellspace's strengths, but also to provide feedback from a wide range of par-

ticipants that can help to shape its future. I also hope that this will illustrate the potential for Wellspace to serve as a resource for ongoing study of the delivery of CAM medical services to the community.

At this beginning stage of the research, I wanted particularly to learn about the earliest days of Wellspace, including its development phase and how the original vision had manifested in determining the physical and organizational environment of the Center. I therefore chose to interview the CEO and several other key people both inside and outside of the corporate structure who were influential in bringing this about. I then juxtaposed the comments of several clients, gathered from both interviews and survey results. In so doing, I hoped to see what kind of fit there was between clients' experiences and perceptions and Wellspace's original vision. How did clients describe their experience and what did they consider "success"? How has connected knowing, in addition to subjective knowing and meaning-making, been a part of their experience?

What have they learned, if anything?

Each respondent, with his or her own version of the vision of Wellspace and how it has changed as well as a particular way of articulating it, offered different facets of the greater whole. When each individual's vision is seen as part of this greater whole, one begins to get an idea of the complexity and richness of the "Wellspace vision." For instance, in my interview with Mort Rosenthal, the CEO of Wellspace, he spoke of the Wellspace vision largely from the economic viewpoint, but a fuller picture of Rosenthal emerged as others recounted their relationships with him and the Wellspace idea.

CEO of Wellspace

Rosenthal, who holds an MBA and described himself to me as one who likes to invent and to create new ventures, noted that he had developed an interest in CAM

while using the services of many CAM practitioners to help him manage his stressful life as an entrepreneur. In the mid-1990s, having already made a success in software, he "was looking around for new, largely untapped markets and found one where on the one hand, there was a need for a brand, on the other there was a need for professionalism, and there was an unusual circumstance of both undersupply and overdemand," but people often did not know a trusted source of these CAM services.

Continuing, Rosenthal recounted how he had observed the complementary needs of CAM practitioners and the public. On the one hand, he had noted both that many CAM practitioners were having difficulty making a good living and that there was a need to upgrade the CAM professions for more efficient and accessible delivery of service. CAM practitioners were, in his experience, "competent and skilled, but poorly consolidated and not professionalized." On the other hand, he had noted that, although CAM services had captured the interest of the public and were frequently in the news, he doubted that people were able to get very far with the many self-help books on the market without the help of an expert, and "there was no Harvard teaching hospital that you could go to to make sure whom to go to for help." Having thus determined his new market, he began to consider how he could use his entrepreneurial talents to develop it. The idea, hatched in 1996, expanded in 1997 and 1998 by interesting a group of investors in his idea and hiring a corporate staff to bring the idea of WellSpace to fruition. The team he assembled consisted of some people he had known and worked with before, as well as a number of new consultants. Their first goal was to come up with an appropriate business plan and criteria for hiring practitioners.

V-P of Design and Experience

Peter Agoos, Vice President of Design and Experience, found himself interested by

Rosenthal for a new business venture in the field of CAM and, when invited, decided to join him. He felt this would be an opportunity to be part of a different vision, one that ensured much more open access to practitioners than the allopathic model offered and that put the needs of the patient, rather than the system, first. According to Agoos, "the vision is to promote widespread acceptance of CAM and to prove that there is an economic way to deliver services that provide excellent care for patients and work for practitioners without many of the hassles and pitfalls of managed care."

In his new position, Agoos worked closely with the architect of WellSpace, Douglas Lemle, to create a facilitating environment both outside and inside its doors. Agoos' job was to bring the perspective of design into these initial conversations about WellSpace—"the look and feel" of the space and how that would affect one's experience. He described how, for an early brainstorming session during which the group was trying "to write the program of the design of WellSpace" as a facilitating environment, he had written three different "stories" describing a typical WellSpace experience to get the ball rolling.

V-P of Therapeutic Practices

Rosemary Drinka, Vice President of Therapeutic Practices, made a point of mentioning one of these stories that had made a particular impression on her. Agoos envisioned a space that "would allow one to disconnect for a while from what was outside its walls" and offer "an enfolding kind of experience where clients would feel well cared for." As he put it, "we were trying to create something that was quite transparent for patients, easy to access and self-directed." During our interview, Agoos underlined how important the issue of choice would be at WellSpace in contrast to managed care facilities and made the point of tying WellSpace's "success" to its different way of treating patients:

Managed care does not allow one to make the choices of one's care. If you are insistent you can get what you need maybe, but only after a lot of work, and experiencing a lot of roadblocks. There are so many steps involved, which only complicate the process and divide the dollars up. To the extent that Wellspace is not like that, we can speak in terms of some "success."

Agoos also spoke about the fact that Wellspace was trying to provide a different way of orienting clients to different modalities than the triage system in allopathic managed care. In listening to him, it was apparent how much his opinion had been formed by frustration with managed care:

It's the difference between someone doing triage as a barrier, versus someone doing it as an entry point to help you get informed to make decisions. If you end up in an ER, you will be investigated and find only the minimum intervention. At Wellspace you will be offered some understanding of all the options that are open to you for your problem and the different paths they will take you down—and make a choice from there. There are different ways to address tough issues, and choices can be very personal depending on how you wish to engage with yourself and your own body so you can make a more informed choice. Allopathic medicine does not do this. It uses a more mechanical model.

After Agoos and others began to join in the early talks, Rosenthal hired Rosemary Drinka, a nationally certified licensed massage therapist, to assist in the development of the therapeutic side of Wellspace; she has since become Vice President of Therapeutic Practices. Drinka had extensive training and experience in teaching massage. Her initial role was to oversee the hiring of qualified practitioners for all practice areas and be responsible for therapeutic quality within the center. This entailed speaking for both the practitioner's and the client's point of view, hiring "coaches" to supervise practitioners, and program development.

In our interview, Drinka stated that the idea of Wellspace was to create "an exceptional, honoring environment for practitioners to do their craft, to raise the bar professionally and to create an interdisciplinary health care practice where practitioners understood, learned from and integrated other practices into their client's treatment plans, where appropriate." Wellspace was to be "a vehicle through which someone could find a higher level of health. On the client side, the vision was to create a safe and healing environment where they are supported as they move along their continuum to better health." She recalled how one of Agoos's proposed scenarios for Wellspace had struck a chord with her. It pictured a scene "where clients' needs were anticipated even before they realized them": "a mother coming with her little daughter, helping herself to a healthy fruit drink for her daughter before receiving a massage or acupuncture treatment and a well-deserved break."

Unlike many CAM practitioners, Drinka was aware of the business end of starting a center. Drinka stated that she now understood how difficult it was for CAM practitioners who lacked the necessary business background to attract investors to back such a venture; it had taken someone of Rosenthal's caliber to accomplish this. With Rosenthal's expertise, reputation, and backing, Drinka remembers appreciating Rosenthal's term "at Wellspace we can be 'high touch' and 'high tech' at the same time."

Drinka described how they each had to learn to think from a business perspective as well—for example, the cost of adding several square feet to each treatment room. She spoke of the challenges she initially encountered in representing the practitioner point of view.

The corporate staff was interested in understanding what practitioner client needs are but we came up against the conflicting needs of different priorities, like controlling

build out costs combined with making sure the treatment rooms were comfortable to practice in. How to balance cost with treatment room needs like natural light, ample space, and fresh air. One example of a great collaboration was the resolve around the desire for treatment rooms to have as much natural light as possible. Agoos, and Lemle, designer and architect, utilized an opaque treatment room ceiling material that allowed natural light into the treatment rooms via the skylights within the center.

Practitioner Management Inclusion Group

Drinka also spoke of the difficult period in the first year of operation when it had become clear that downsizing at all levels—corporate staff, support staff, and practitioner—was imperative to maintain the organization's financial viability. After an initial period of awkwardness while all were figuring out the best way to bring in a practitioner voice, the Practitioner Management Inclusion Group (PMIG) was created out of a collaborative effort between practitioners and management. Representatives were chosen among practitioners by practitioners to present their point of view regarding compensation, benefits, and work environment at meetings with management. Since the spring of 2000, this group, comprising of practitioner representatives and members of management, have met once a month to discuss common needs and concerns. Furthermore, with the downsizing of corporate staff, some new opportunities have arisen for practitioners to take over aspects of some of those roles: one has been hired part-time to introduce new practitioners to WellSpace's computerized record-keeping system; another has taken over outreach. Since then, Drinka has also welcomed initiative from practitioners in other ways. For instance, two practitioners have volunteered to organize a formalized exchange system among practitioners, both to help acquaint them with each other's work in order to facilitate the making

of referrals and to prevent burnout. Drinka believes that joint efforts like these on the part of all WellSpace staff have largely been successful. She marvels at how, "There is a flame here."

It gives me pause . . . it can still takes my breath away . . . what happens on a daily basis in our treatment rooms [how] someone's quality of life can change and improve via the quality of their health. And we are some of the providers for that. It's an incredibly satisfying experience to be part of something that good.

Health Guide

In July 1997, Rosenthal also hired Joyce Singer, an acupuncturist he had known for several years, to help envision the WellSpace business plan, actualize the client/practitioner environment, and build the acupuncture practice. The role of WellSpace "Health Guide" was created in the early talks to help with consultation and referral of the public to the appropriate practitioners and modalities.

Coaches

Elizabeth Valentine, a teacher and practitioner of massage and integrative body work with 20 years' experience, had met Drinka when both were practicing massage and leasing space in the 1980s at Market Street Health in Brighton, MA. Drinka recruited her and she joined WellSpace in February 1998 in a supervisory capacity as the first of four "coaches" who were eventually hired. Initially, she was to be responsible, with Drinka, for envisioning the WellSpace experience for massage practitioners and clients and hiring and helping to supervise 35 to 40 qualified and certified practitioners in bodywork, massage, and somatic/movement education by the following September. She also helped to tailor the language of WellSpace's secure, computerized record-keeping system to fit practitioners' needs. After the hiring

phase had been completed, she and three other coaches would act in a supervisory capacity with practitioners. She was also to help build a client base by transferring her well-established practice to WellSpace; once here, these clients were to be treated by other practitioners of her designation.

Valentine was drawn to WellSpace because of her own vision of wanting to be a bridge to the allopathic medical world. "The timing was right for me when, after practicing for 20 years, WellSpace came along with the vision of integrating various hands-on movement reeducation modalities along with Eastern viewpoints in the context of addressing the whole person." In addition, they were open to considering the possibility of thinking in terms of an adjunctive relationship with the mainstream medical world. "I was thrilled they wanted to articulate and create a new term for alternative medicine." With her progressive educational experience and dance background, Valentine was also drawn to "the creative quality of WellSpace" and inspired by the planning team's "imaginative outlook." She found that this group's "extremely thoughtful and artistic background" jibed with her own. Among other things, "They were . . . being creative about the relationship with clients." According to Valentine, the physical environment was another piece of the WellSpace "thoughtfulness": "The environmental piece added dimension for me, and I like the fact that we envisioned WellSpace from the very beginning as a transformational and educational model."

Kate Davies Rivera was hired in June 1998, as the second coach. She already had experience overseeing massage and bodywork practices but would now be working with practitioners of additional modalities and utilizing an interdisciplinary approach. "This truly excited me. I was eager to help create a community of healers working collaboratively and sharing their talents. I also had a strong interest in helping to create a healthy working environment that could

enhance the life of both practitioners and clients!"

In our interview Rivera recounted how, when approached to join the management team at the newly forming WellSpace, she had been an active participant in the CAM field for 25 years, first as a massage therapist and, over time, as teacher, workshop leader, and coach in many settings in both the United States and in Europe where CAM offerings were presented. During these years, she had become increasingly aware of the importance of two aspects of practicing in the CAM field that she believed needed to be developed substantially in order for CAM to reach its full potential as part of the overall health delivery system: the importance of the relational aspect of healing (both the relationship between practitioner and client and the relationship of the client to her or his own body/mind) and the importance of collaboration (both between practitioners of different forms of CAM therapies and between the CAM world and that of allopathic medicine). She understood that the vision offered by the founders of WellSpace supported both of these areas of concern.

Rivera also believed that two other aspects of the WellSpace plan offered great promise for the further professional development of CAM. WellSpace offered its practitioners support in the form of coaching. She was hired originally as one of a team of four coaches whose function it was to help each practitioner reach her or his full professional potential as a therapist and as part of the WellSpace team, while at the same time identifying and sustaining a quality of life that allows for balance and fulfillment. This willingness to take into account the full personhood of each practitioner matched what Rivera had come to believe would optimize the chances of success for both individual therapists and for WellSpace as a viable business. Rivera was also excited by the plans to bring WellSpace into the forefront of the use of communications technology to support the CAM field. All told, WellSpace offered

great professional opportunity, and Rivera was excited to become part of it.

Rivera had conducted her massage practice in many environments including the choir loft of a church, a private home-based practice, hospitals, clinics, retreat and fitness centers, and holistic massage centers in the United States and Europe. "I watched massage grow from the time when the inspectors from the Cambridge Health Department had difficulty understanding that massage could possibly be occurring in a church setting (I reminded them that "laying on of hands" was mentioned in the Bible) to today's widespread acceptance." As a seasoned massage practitioner she knew that it was difficult for many practitioners to create and maintain a successful practice on their own and was committed to developing ways in which this important work could be made more widely available, and at the same time provide therapists with a high quality of life.

General Manager Insurance and Managed Care Liaison

Jamie Barber, Vice President and General Manager of WellSpace since January 2001, was originally hired in November 1998, shortly after WellSpace had opened, to work with insurance and managed care. Barber had had experience in the managed care field, both with hospitals and payers, serving as a liaison between senior management and providers. Barber underlined the existing problems vis-a-vis managed care in the delivery of conventional medical services that made him shift his career to further CAM and integrative medicine—where conventional and complementary medicine would work hand in hand. While working in conventional medicine, he nonetheless was pursuing studies to become more knowledgeable regarding CAM services in relation to conventional medicine, having come to feel that the allopathic system for delivery of health care was "broken" with the advent of and dominance of managed care in its cur-

rent iteration. In 1994, he took a class on alternative health care at BU School of Public Health, where initially it "seemed alien to read about homeopathy" and other CAM models, but his interest grew the more he read about results and his own initial skepticism had been affected by becoming acquainted with existing research in CAM. "I find the findings regarding the efficacy of using moxabustion to turn breech babies and in using acupuncture with infertility impressive." He noted that working with different CAM paradigms also necessitated different research designs—such as with acupuncture.

"We view our services in the way that we have been brought up in our Western ways of thinking. Acupuncture has been around thousands of years. But we cast our 'scientific' doubts on everything and classify disease according to the ICD9 codes." Barber began to look around for opportunities in CAM. After seeing an article in the spring of 1998 in the *Boston Globe* concerning new examples of CAM services and mentioning WellSpace as one of a couple of different CAM service-providing models, Barber decided to check WellSpace out. Barber shared with me his "WellSpace 'wow' experiences" when he first walked in the door of the corporate headquarters in nearby Somerville, and then at Fresh Pond. This was the term that he chose to encapsulate the total effect the WellSpace Fresh Pond environment had on him, where earth tones are contrasted with bright calendula and Feng Shui, the Chinese art of placement. "Mort was very clever in having me come to the second meeting at WellSpace Fresh Pond. This 'WellSpace wow experience' played an important part in my decision to accept Mort's offer."

Barber joined WellSpace Fresh Pond largely because he wanted to take CAM services to the next level of professionalization and because he saw a great market opportunity. He also spoke how he had been drawn to WellSpace because of his commitment to

bringing about a new vision of medicine, one that would emphasize developing wellness as much as or more than treating illness alone. Along with Rosenthal and Agoos, Barber spoke passionately about his disappointment with the way that conventional medicine was currently practiced. He felt that "managed care is a misnomer" and shared his initial pet peeve, "MDeification," where doctors were deferred to whether they deserved it or not leading patients to take little or no responsibility for their own health care. In his opinion, "when you attribute that status to someone, it creates an expectation that one cannot easily live up to." He felt that conventional medicine had suffered and some of the original trust had been eroded between doctor and patient. Barber shared, however, how a more compassionate perspective soon tempered his critical opinion of doctors. By interacting closely with doctors in the hospital as their liaison with insurance companies and HMOs, he came to understand them better and empathize with their plight in a managed care dominated industry.

Barber also raised the issue of "dis-ease" as part of the CAM model and its role in affecting one's health due to the effect mind has on body. He pointed out that a "separation of mind and body have intrinsically been a part of our society in the West [in] that they are two separate things."

The conventional model is based on a model that doesn't work—"sick" care and treating sick people rather than promoting health—and 99% of doctors are trained to combat disease rather than promoting health. *That* should be the ultimate goal of the healer—to help someone understand what health and disease are. It is not necessarily about a particular disease but the state of dis-ease.

Barber noted that often practitioners in working with skeptical clients "have to overcome that mental dis-ease as well as physical dis-ease. "Thus, how we make meaning of

our symptoms influences how we think they "should" be treated and can affect our health in that, our own unchallenged rigid belief systems can get in the way of our seeking help." In talking about his own and others' initial resistance to accepting that CAM services could work, he recounted that he had first tried acupuncture only after he had an acute injury and all the massage therapists whom he would normally work with were busy. He was amazed at the result. "My pain immediately went away. It was miraculous!" Barber raised the interesting point that clients often feel better after receiving CAM treatment at WellSpace in spite of their skepticism about the effectiveness of these treatments. He emphasized WellSpace's role in educating the public, often in spite of themselves: "You can win over a skeptic just by the service offered [for] the greatest selling point is by definitively showing the efficacy of the service— [that] it works." Clients in WellSpace's Back and Neck Program echo Barber's words. MS, surveyed in May 2001, reports feeling "better" with a 70 percent improvement within two months with chiropractic only. However, he is guarded in attributing his "success" to his chiropractor:

I remain somewhat skeptical about chiropractic theory and I am tempted to attribute much of my improvement to the physical exercise taught to me by the chiropractor. But the fact remains that he was able to prescribe effective exercises based on a structural analysis of my body, which is something no conventional doctor has been able to do before.

Barber believed that skeptical conventional physicians also would benefit in "be [ing] educated that it [CAM] is not a threat to their practices, and CAM treatment works whether you call it psychosomatic or placebo effect or what," and he believed that CAM's efficacy would be proven also "if we could get more MD's to get the [CAM] services when *they* are suffering. . . ." He reiterated that WellSpace did not want to alienate

traditional health care or replace it—it sought to forge a partnership for the benefit of the patient “. . . especially in treating such conditions as chronic pain.” Barber expressed surprise that physicians don’t recognize WellSpace’s usefulness except, he averred, that it might be due to the fact that they are aware that patients must pay out of pocket for WellSpace services—“or because MDs are concerned that CAM is taking part of their market share.” Barber also expressed frustration with the fact that managed care too often refuses to cover CAM services—or makes token efforts at best—and underlined how the public’s growth in interest in receiving CAM services is important for the continuing success of WellSpace.

Practitioner Management Inclusion Group

Regarding the morale of WellSpace, and the role of practitioners, Barber pointed toward the positive step of establishing the Practitioner Management Inclusion Group (PMIG) in the winter of 2000-01 as a welcome result that grew out of the practitioners’ desire to have more of a voice in decisions that affected them. “The PMIG was a creative solution that filled a need that had been identified during a time of much change at WellSpace Fresh Pond.” Barber prided WellSpace on its “trying to be different” so as “not [to] get caught in the pitfalls of other systems. We can talk openly about things even when we have heated issues on the table including compensation—and laugh together in the PMIG.” Barber felt that “This shows the evolution of WellSpace, which is due to a conscious evolution, not just by chance, and due to a lot of hard work and dedication to forge this and not let it be a place where people do not feel listened to or feel that they have a voice. This has evolved into something that is more successful because of compassionate listening.”

Achievement Awards

Barber also expressed being pleased at the way a new idea—instituting an “employee of the month” award—seemed to be gathering momentum. He saw this as one of a number of morale-building processes and observed that “this month [July 2001] I heard from more practitioners than ever about their nominations. Moreover, people wrote the longest reasons as to why people should pick their candidate.” Barber saw these descriptions as a way for people to learn more about the talents of their fellow practitioners. He saw this as especially helpful in acquainting new hires with other WellSpace practitioners, thus helping to build community among practitioners—another WellSpace goal.

PERSONAL GENESIS AND JOURNEY TO WELLSPACE

At the time I became aware of WellSpace I was very interested in building community especially among like-minded holistic practitioners. I had been in private practice as a holistic practitioner and psychotherapist for over 20 years. Prior to that, after study abroad and completing a Masters in French, I had been a high school language teacher, and although I found great satisfaction in this work, I realized in the early 1970s that my interests were being drawn elsewhere. A massage session I received as a gift in 1973 turned out to be a life-changing event, leading me to a different way of experiencing my body, my soul, and myself. Massage soon became my healing lifeline, and I decided that I wanted to be able to pass along the benefits of this practice to others. That same year I began to study massage at Ananda in Cambridge and Interface in Newton. Having also decided to obtain the necessary foundation in counseling, I enrolled in a C.A.G.S.

degree program at the Harvard Graduate School of Education. By 1977 I was in private practice as a massage therapist, was licensed in 1980 as a psychotherapist, and became licensed and nationally certified as a massage therapist in 1994. I decided to enhance my practice in both areas by training with Moshe Feldenkrais, D.Sc., becoming certified in 1983 in the Feldenkrais Method® of Somatic/Movement Education, and I received my EdD. in Counseling Psychology from Harvard Graduate School of Education in 1995. This included training in Behavioral Medicine at the Cambridge Hospital in Cambridge, Massachusetts. My private practice and teaching thus derived from my own holistic learning and evolved into ways of teaching and serving the whole person through the use of a variety of different tools.

Prior to WellSpace, interdisciplinary alternative centers had been formed where practitioners of different modalities, including myself, while joining their practices under one roof, continued to conduct their businesses individually. Many of these centers have not only continued to exist, but have been helped by WellSpace's entry to the scene. They are either leased by a group of practitioners or privately owned. Practitioners as independent contractors rent space and are individually responsible for managing their own practices, paying taxes, providing insurance and medical benefits, and saving toward retirement. They may volunteer to attend meetings with landlords to represent their interests, or to help run the centers, or to share approaches and discuss cases. Among the most important benefits of such interdisciplinary centers are the increased opportunities for networking, making and receiving referrals, and arranging for exchanges.

In this spirit, some of us had formed the Massachusetts Coalition for Professional Hands-on Practitioners in 1990 in response to a proposed legislative challenge from massage therapists to require all hands-on practitioners to be licensed in massage ther-

apy. Out of this disagreement, a cross-disciplinary group (of which I was a part) formed, including practitioners of Western massage, somatic/movement educators, body-oriented psychotherapists, Polarity and Shiatsu practitioners, and others practicing Oriental bodywork and massage. Together, we worked to create a licensing bill that would both ensure the quality and scope of practice and protect the public. Although this bill ultimately was not enacted, its "model regulations" for licensing "massage therapy and somatic practice" were adopted by some cities including Cambridge, Massachusetts where WellSpace is licensed as an establishment. The members of the Coalition developed a mutual respect and understanding for each others' differences and practices and learned to work together politically over a period of seven years. Moreover, it was clear that all welcomed a chance to take themselves and alternative practices to the next level professionally.

This next level involved a shift to seeing holistic practices as complementary and adjunctive in relation to the allopathic medical model, and a new term—"Complementary and Alternative Medicine" (CAM)—began to be used. Although the word "alternative" is still part of the term, it was becoming more an acknowledgment of the fact that differences do indeed exist between the two models than a declaration that one should replace the other. The goals of WellSpace as stated by Rosenthal, its CEO, reflected this change in emphasis. Thus, when I was approached in the spring of 1998 by Drinka, to join the WellSpace Advisory Board as the only hands-on practitioner among a mixture of business, medical (including both the CAM and conventional medical fields), and lay people, I accepted willingly because it seemed to provide an opportunity for practitioners to have a voice in shaping the WellSpace model. Then, encouraged by the fact that colleagues I knew and respected had already joined WellSpace Fresh Pond, I, too, decided to attend an Open House that

same spring to see what it might offer to me as a practitioner.

At the Open House, I introduced myself by saying jokingly that I had been acting for several years as "my own holistic health center in one" in that I would often use different approaches with the same client at different times in order to address their body, mind, and spirit. Some clients I would refer out, when it was inappropriate for me to be doing more than one thing with them—especially when working with clients who were survivors of sexual abuse where maintaining clear boundaries was particularly important. I networked as much as my schedule allowed with other alternative practitioners, traditional psychotherapists, and allopathic health care providers in working with clients, but managing all the details of my own increasingly busy interdisciplinary practice was very time-consuming and left me with less and less time to network. Although I loved the freedom and creativity of maintaining my own practice, I was finding it increasingly expensive and time-consuming to be a sole proprietor in private practice. In addition to maintaining a bodywork practice as a Feldenkrais somatic educator, I was teaching several weekly classes in different locations and leading workshops for the public and health professionals. After joining the faculty of the Mind/Body Department at the Longy School of Music in Cambridge, Massachusetts, in 1997, I nonetheless still had to pay for my family's medical insurance as an individual and make provisions for retirement on my own.

At the Open House I attended, Rosenthal described his vision of a healing environment, part of which entailed utilizing current technologies in the service of both client and practitioner. As I listened, I saw a possible solution to the problem of communicating with other caregivers sharing the care of a client. Even if one were fully booked, we could correspond about our clients through email and through sharing client records with the secure computerized system that

was being set up. Moreover, WellSpace would potentially provide a site to do research into CAM services, which might allow me to build on my doctoral research. We could easily collect data as to what services clients were using for what conditions, track different combinations of modalities for different conditions, and develop greater clarity about our interdisciplinary approach. This would allow us potentially to further the field of CAM beyond anecdotal evidence and provide better service to the community.

Perhaps most important, however, I joined WellSpace because of valued connections—previous respected relationships with CAM colleagues. As these respected colleagues in various CAM disciplines with whom I wished to collaborate more formally had already decided to join WellSpace, I decided to follow them there in that the Center offered the possibilities of furthering collegiality, and the professionalization of CAM services while promoting a collaborative relationship with allopathic physicians. Furthermore, I could move my Feldenkrais classes to the group facility at WellSpace Fresh Pond, and I welcomed the opportunity to receive medical, dental, liability, disability insurances, paid time off, retirement benefits, and stock options. For all of these reasons, I decided to move my private practice and teaching to WellSpace Fresh Pond beginning in October 1998, shortly after it had opened.

WELLSPACE FRESH POND TODAY

WellSpace seeks to educate the public about self-care including home care/self-care. In addition to private appointments, the Center offers free introductory lectures in chiropractic, naturopathy, acupuncture, Feldenkrais, yoga, etc. as well as a series of classes, and workshops in health-related subjects such as, yoga, t'ai chi, Feldenkrais, med-

itation, nutrition, and the like as a cost-effective way to learn about self-care. Family members or friends who accompany clients can also sit comfortably in the large waiting area, or browse in the retail area where supplements, health aids, and books on health-related subjects are for sale. Wellspace offers several cost-reducing discount programs as well in an effort to make its services affordable to a greater number of people. Clients/students may also participate in any of the Wellspace interdisciplinary programs, such as the BNPR Program described below, to address their health needs. Most Wellspace clients pay for services out of pocket as their insurance most often does not cover CAM services. Recently, however, some chiropractic services have begun to be covered by insurance.

Wellspace Fresh Pond first opened its doors in Cambridge, Massachusetts, in July 1998, offering treatment in Complementary and Alternative Medical (CAM) services. It is housed inside a renovated warehouse (that looked a little like the Musee de Pompidou in Paris!) with bright colors and external pipes. However, renovations by the architect, Douglas Lemle, with the assistance of design consultant and Wellspace Vice President, Agoos, have created an ingenious illusion: when one walks up to the second floor and looks down, the roofs of the individual treatment rooms are visible, reminding one of huts in a tribal village. Initially there were 40 practitioners sharing 27 treatment rooms, offering a variety of approaches based on Eastern and Western holistic healing paradigms, including massage, bodywork, movement/somatic education, naturopathy, and acupuncture. Chiropractic services were added in January 2000. During the first couple of years, the number of practitioners has fluctuated. As

we go to press, however there are once again 40 practitioners including Singer and three chiropractors, four acupuncturists, one naturopath, 28 practitioners under the category of massage therapy, bodywork, somatic/movement education—including two Feldenkrais somatic/movement educators, two registered dieticians, and one aesthetician.³ In addition, there is one large group room where classes are offered and a sauna located between the men's and women's facilities. In between sessions or classes, clients are invited to use the sauna and/or the group room, if vacant. Use of the sauna is included with any visit to Wellspace.

Wellspace Fresh Pond is convenient to community life by being located at the back of a mall; a movie theatre is adjacent to it, and a whole foods supermarket is located at the other end of the mall. Painted in bright cream and yellow, Wellspace stands out from its surroundings due to its bright colors and landscaping with a variety of trees, shrubs, and flowers. Inside, the predominating colors are yielded by cedar floors, and a sunny bright calendula orange-yellow as a backdrop to earth tones. Cushioned benches in the spacious waiting area face a large fireplace and a water cooler, and self-help books and useful health aids are for sale in a retail area near the reception desk as one enters the building. In addition to the fireplace and water cooler, there is a waterfall wall in one of the windows in the waiting area, natural objects from the earth, such as birch bark, cedar, and stones, plenty of open space in the waiting and retail area, and a high ceiling that stretches up above the second floor. Barber spoke of his own "Wow experience" when he first walked in, and Drinka recalled that a lot of attention was paid to creating an esthetic facilitating environment. This included utilizing the principles of Feng Shui,

3. Rosenthal and Agoos readily admit that they and other original planners of Wellspace overestimated the growth of the CAM market, and it was with regret that it was found necessary to let go a few practitioners within the first year. In fact, it has taken three years to find the right balance so that Wellspace Fresh Pond can now operate at a profit.

the Chinese art of placement, and included symbols of the five Chinese elements—earth, air, fire, water, and wood. Wellspace has silk wall hangings and a majestic bronze peacock that oversees all activity from its location on the second floor landing. Wellspace also makes a point of exhibiting the work of local artists throughout, including the artwork of some of its practitioners. Art exhibits are continually changing and carefully chosen to fit in with the facilitating environment of Wellspace. As one of my clients described it, "The atmosphere and physical space of Wellspace is calming and restful. It's very powerful when you walk in the door."

WELLSPACE INTAKE PROCEDURE

All Wellspace clients schedule with practitioners through the front desk and check in at the front desk whenever they have an appointment. Those who are new to Wellspace receive a brochure and an intake form regarding health history to fill out, which is then handed to the Wellspace Health Guide or to the practitioner giving the session. Clients who are new to Complementary Alternative Medicine services and need help deciding who is the appropriate practitioner can schedule a free fifteen-minute appointment with the Wellspace Fresh Pond Health Guide. After meeting with the client, the guide makes a referral and the client returns to the front desk to schedule an appointment. The guide also oversees three interdisciplinary programs, the Back and Neck Pain Relief (BNPR) Program, begun in spring 2000, the Menopause Wellness Program, begun in fall 2000, and the Headache Relief Program, begun in spring 2001 where a client might ostensibly book appointments with more than one practitioner, upon her recommendation.

Not all Wellspace clients feel the need to

schedule an initial appointment with the Health Guide. Many set up their initial appointment with a particular practitioner or for a particular type of treatment because of a friend's recommendation, or because they have been referred by another CAM or conventional medical professional. The practitioner, paged at the time the client checks in with the desk, greets the client and introduces him or her to the facilities before escorting the client to the treatment room to discuss the presenting problem and to begin a session. If they wish, clients may help themselves to robes provided in the changing facilities or the treatment rooms. During a session, practitioner and client come up with a treatment plan for conditions requiring a formal treatment plan. Afterwards, practitioners enter SOAP notes into the computer, entering data under the standard categories used in medical notes: Subjective, Objective, Assessment, Plan for each session in the secure Wellspace computerized record-keeping system. Both CAM and conventional terms are included in the system so as to make the Wellspace record-keeping system compatible with conventional medical record-keeping to facilitate sharing of information when patients/clients are seen by both allopathic and CAM health care providers.

THE BACK AND NECK PAIN RELIEF INTER- DISCIPLINARY PROGRAM

Wellspace's Back and Neck Pain Relief (BNPR) Program began in spring of 2000 and has thus far welcomed 129 participants. According to Singer, it has not been possible to keep track of everyone in the program because respondents do not always return phone calls, or emails. She has been able to be in touch with the 60 active participants and survey 69 inactive participants in the program to find out how their participation in the BNPR affected them. The client feed-

back we received helps to flesh out their experience at WellSpace Fresh Pond in relation to the vision laid out by those who co-created WellSpace.

As Guide, Singer receives referrals for health consultations from practitioners, from the Front Desk receptionists, or directly from answering intake calls. WellSpace offers to new clients who are undecided a free fifteen-minute consultation with Singer about who is/are the best practitioner(s) to see regarding their presenting problem; clients also have the option of coming for free fifteen-minute consultations more than once or of paying for a longer, more in-depth health consultation. For participants in the BNPR program, Singer offers a free thirty-minute session (which can be repeated). Singer keeps in touch with practitioners and clients to facilitate ongoing treatment. Other responsibilities include chairing case discussions and welcoming and introducing new participants to WellSpace classes and to the facilities, as well as gathering survey data.

WellSpace's Back and Neck Pain Relief (BNPR) Program illustrates how clients presenting with similar pain may combine different modalities in treatment for optimum results. Singer remarked on the effectiveness of the BNPR Program in offering treatment that truly helps people: "It never ceases to amaze me how I see people who can barely walk come in here and receive true help so they can walk out of here looking like a completely different person a couple of hours later." Singer, as Health Guide, emphatically stated that she views her role as "primarily educational." This is especially true with the BNPR Program clients. She explained that:

The BNPR Program was designed for several reasons—the first being to use our skills to help people feel better and get to a new level of comfort in their bodies. It was also designed to build team work, collect data regarding the synergistic effect of using more than one modality to heal and allow clients to make an informed choice about their treatments. It seemed important to

educate existing clients and people new to WellSpace that to achieve lasting results, one must commit to 2-3 treatments per week for at least a month to six weeks. Then one can reduce the number of appointments to maintenance only.

She explained that some of the participants in the BNPR Program are already WellSpace clients who, in the past, would occasionally schedule a relaxation massage or a deep tissue problem-specific session to "fix" an acute problem. Singer explained how such clients would then stay away from treatment until pain or discomfort forced them to come in for another appointment. No learning concerning how to change the pattern was taking place, however, and their back pain would recur. Other clients who have been helped by the BNPR have more chronic problems. Participants in the BNPR Program receive individualized treatment plans suggested by each practitioner they are seeing for treatment. Clients learn about self-care and continue to check in regularly with their practitioners and with Singer. They are able to learn new ways of moving and being that reduces their pain and discomfort. Laura whose case follows reports feeling a sense of "success" after continuing to participate in the program for one year.

ROLE OF THERAPIST

In my opinion, WellSpace wishes to foster empathic connected knowing in the way that practitioners seek to educate clients about their presenting complaints. CAM practitioners use procedural connected knowing in examining the whole picture of the client/student's health situation: for example, in understanding the connection between primary and secondary complaints—i.e., between neck and back pain due to nerve pathways and/or body mechanics, or noting how stress and the consumption of caffeinated products affects muscle tension. Practitioners

attempt not only to develop their own capacity for connected knowing, but also to co-create conditions for clients to learn to apply informed connected knowing to their health concerns. Empathic somatically-based connected knowing or "somatic empathy" (Cheever, 1995, Cheever, 2000; Cheever & Cohen, in press) includes aspects of emotional intelligence such as self-awareness and empathy (Goleman, 1995), and includes also kinesthetic intelligence, and spatial intelligence (Gardner, 1999) and the care of the soul (Moore, 1992). Empathy entails "movement-in-relationship" (Jordan, 1991). Somatic empathy entails moving as one whole embodied self in relation to another whole embodied self. This involves teaching clients/students how to empathize with, or feel into, what they are sensing physically and somatically, as well as emotionally and spiritually (Cheever, 1995, 2000), and to understand it in relation to what is known scientifically about their problem. If the client is capable of participating in this type of knowing with a practitioner, it enables him or her to move beyond subjective knowing (Belenky et al., 1986) and respond more fully to what the practitioner knows about treating the client's condition and/or educating the client. In so doing, practitioners attempt to facilitate the clients' healing not only through specific techniques and technologies, but also through the quality of their relationships with clients.

A facilitating relationship that practitioners attempt to build with their clients should provide a safe place for each to look at the meaning for the client of what has led him or her to seek treatment and to continue to seek help. For, the holistic CAM paradigm recognizes that healing for the whole person involves, in part, understanding how the client is making meaning of both the experience of illness, or "dis-ease," and the experience of healing (Benson, 1996; Borysenko, 1987; Dossey, 1991; Gordon, 1996; Kabat-Zinn, 1990; Pert, 1993).

Within the context of a facilitating rela-

tionship, the client/student can be guided into learning how to experience and cultivate pleasant feelings, or a sense of well-being, as an important part of CAM wellness. A CAM practitioner can help the client/student to focus in on his or her somatic experience by guiding the latter into a body scan. For example, when the client says, "I feel good" or "I feel better" after a massage, movement education, or acupuncture session, etc., the practitioner can help the client to sense what his or her experience of embodied well-being feels like in contrast to his or her state of dis-ease. These clients are then better able to recognize feeling better and to be able to return to this state of ease in the future.

When the facilitating relationship works, both the practitioner and the client feel "happy," "good," "well," or "energized." Feldenkrais (1981, p. 8) gave an example of this in describing his form of somatic education. When one connects with a client through the hands-on component of the Feldenkrais Method through it the use of touch to guide the client's movement, is like dancing with someone one wants to dance with and feels good dancing with. In this metaphor, Feldenkrais was also emphasizing the importance of continually learning how to move toward pleasant sensation, through decreasing effort (1980, p. 5) rather than merely being preoccupied with moving out of pain. The following case exemplifies this process.

CLINICAL CASES

Regina

Regina (a pseudonym) provides an example of a student of mine at WellSpace who through the Feldenkrais Method® is learning to use connected knowing to regain functioning by decreasing pain and by moving toward greater ease. Regina, a 37-year-old single instrumentalist, relates the presenting

symptom of chronic myofascial pain of unknown origin since 1995. A professional string player, she at one point had to completely desist from playing for five months due to the extent of her pain (which, in her words, was often at a level of "9.9999 on a scale of 10"). After she was referred to me for Feldenkrais by her psychiatrist, I referred her to a rheumatologist, who ruled out fibromyalgia. Regina shared with me that she had been orally raped when she was five years old. After six years of psychotherapy and one-and-a-half years of participation in a group for survivors of sexual abuse, she was still in chronic pain and despairing of ever being pain-free. Nonetheless, by means of Feldenkrais® lessons where I guided her movement, Regina learned to listen to and experience her embodied self with less or no pain within eight months of coming for lessons once or twice a week. Her health plan was also supplemented by attending my weekly Feldenkrais Awareness Through Movement® (ATM) class; this, in turn, had led her to feel empowered. The Feldenkrais Method® is an educational rather than a treatment model that teaches "students" how to reduce extraneous effort as they move; a certified Feldenkrais® practitioner conveys a sense of easy, comfortable movement kinesthetically to the student through guided movement, and in so doing co-creates the conditions for the student to learn new movement options.

As we worked together it became apparent that her pain related to the areas where she had memories of being held down by her perpetrator. Feldenkrais touch conveys a kind of listening that goes beyond verbal conversation, a process that Feldenkrais practitioners refer to as "conversing with" someone's nervous system. As Regina put it,

I just had the sense that you understood me from the inside out. . . . You listen between the lines. . . . You listen to my body language and everything. So I think I started to value my thoughts a little more because I felt

heard. . . . And that gave me the sense that maybe I should do that for myself. I should really listen to my voice and what I'm really saying. . . . And so I felt that all the cells in my body felt heard. I think for trauma and abuse and maybe life, everyone wants to be known and heard for who they really are. . . . Lots of therapists don't know how to listen and don't have a clue. . . . I started to take that on and started to listen to myself more. (Personal Communication, April 2001)

As I guided this student into new movement patterns in the context of a facilitating relationship, she was learning the difference between moving out of pain and moving toward pleasant sensation. In so doing, she was learning how to empathize with herself and to experience her body or "soma" (Hanna, 1985, 1988) as a safe place, thus engaging in "somatic empathy." This shift in perspective, which other Feldenkrais students have reported as well (Cheever, 2000, pp. 20-22), represents an important part of healing from the trauma of sexual abuse. She was moving beyond her own subjective knowing, which included extremely negative self-criticism and self-talk, and learning how to witness without judgment how she was moving. Subsequently, she has been able to develop a more neutral, less self-punishing attitude toward her playing, and, as she has been able to reduce and manage her pain, she has resumed her career as a professional musician.

Recently, when she had a flare-up, rather than panicking, she engaged in Feldenkrais Awareness through Movement® (ATM) movements:

In the ATM class, I started to really notice that my shoulder blades move and my neck moves a little when I am moving my legs. That has been really helpful to realize that these things are moving even when my shoulders are in tons of pain. Just to know that my shoulders are moving a little when I move my legs is actually a comforting feeling. So I've been able to reverse some of the

pain by doing those ATMs. (Personal Communication, July 2001)

Laura

Laura is a 40-year-old married business consultant who sought help for acute back spasm at WellSpace in the spring of 2000 and was referred by Singer to me for massage therapy and to Dr. Kevin Gregg for chiropractic. When I interviewed her in spring 2001 about her experience in the BNPR, she described a process whereby she had learned to move beyond her own subjective knowing stance—e.g., an initial attitude where: “my back pain [which she had experienced since her teens] is inevitable because I am like my father who suffered from back pain all his life, etc. etc.” to a connected knowing stance—e.g., “I’m trying to pay attention. I can feel it when the ‘big one’ is coming and I take it as a warning and take preventive steps.” Laura has developed connected knowing and somatic empathy—in developing awareness and learning to sense what she is feeling somatically in conjunction with what she is receiving and learning from practitioners of two modalities. This has helped her to make some life-style changes and to focus on preventing the recurrence of back spasms. Laura’s case also provides an example of the need to work from a holistic mindbody approach to alleviate her back pain. For, in order for her to prevent continued reinjury to her back, she had to get in touch with her lack of awareness about her fatalistic attitude that she had no choice but to do as her father had done and give in to her back pain. She came to realize that she had a belief that the problem would continue to recur for the rest of her life and “I would just have to grin and bear it.”

In our interview, Laura recounted how she, had driven by WellSpace many times on her way to various consulting jobs and always wondered about it, but that she waited until she “. . . was pretty desperate when

I decided to check it [WellSpace] out—in the middle of a really bad episode with my back which was not going away after two weeks.” Laura began her investigation with a free consultation with Singer and then decided to pay for a more extensive evaluation. After going over Laura’s history together, Singer referred Laura to the WellSpace Fresh Pond Back and Neck Pain Relief Program, with a specific recommendation to see me for massage or Feldenkrais and Gregg for chiropractic. Laura explained to me that she would “ignore it until the pain was so bad that I could not stand it anymore. Then I’d go to my brother’s chiropractor for one adjustment. There was nothing offered there about prevention or how to practice self-care.” In contrast, after receiving one massage from me and one chiropractic appointment from Dr. Gregg, she immediately felt relief: “I was amazed at how quickly I felt a difference after seeing you for massage and then Dr. Gregg for chiropractic.”

Laura also learned, however, that she would not be able to effect lasting change regarding her symptoms unless she made a longer-term commitment to meet her needs with regularly scheduled sessions. After coming several times for massage with myself and chiropractic, Laura at first found herself going right back to her stressful life-style, as was her habit. Within days, she found herself back at WellSpace and in a chiropractic session with Gregg. “I broke down in tears. . . . After that I really began to listen to my body and scheduled regular sessions with both of you.” As she was experiencing and learning new options in the way she moved relative to her back, she was practicing on her own at home the exercises given to her by Dr. Gregg and the Feldenkrais Awareness Through Movement® (ATM) sequences she had learned when she attended one of my classes. Informed by her connected knowing, she had subsequently continued to make some life-style changes, including joining a health club taking up walking for exercise, and going back on a

diet.

She reported, since beginning treatment a year ago, "I have not suffered another such pain episode in one year. I'm much, much better, I'm not in that kind of pain anymore, there's been no recurrence, and I do things preventatively, (which is new for me!). I have taken up walking, which helps a great deal."

Besides showing the usefulness in learning to move from subjective to connected knowing, Laura's case also illustrates how working with more than one modality appears to have synergistic effects, since using only one modality in the past—chiropractic—did not shift her pain pattern. In her words:

This was a real learning experience—and I'm taking better care of myself as a result. The key was moving from just pain management to ongoing maintenance of my back. It's made the difference—also the combination of the two modalities—massage and chiropractic—seemed to have a much longer lasting effect, and ultimately has contributed to being pretty pain free most of the time now. Occasionally I have a tough day, but seem to snap back from it quicker.

In working as an interdisciplinary team, some of the logistics still have to be worked out. It has been difficult to schedule a face-to-face meeting between the two practitioners, and/or with the two practitioners with the client. Laura, in her feedback concerning the BNPR Program, expressed the importance of knowing that both practitioners working with her were also in touch with each other and felt that she would have liked more evidence of this. Based on this feedback, I have suggested to her and to Dr. Gregg that we stay in touch with each other via email regarding her process, questions, etc. so as to keep each other in the loop and truly integrate our sharing of information. All three of us have agreed to try this approach. We will also keep Joyce Singer, as the Guide, in the loop.

CAM RESEARCH POTENTIAL AT WELLSPACE

WellSpace is conveniently located near several colleges, universities, medical schools, hospitals, acupuncture and massage schools in the Boston area who are enrolling students interested in some aspect of CAM health care and/or health education. For example, in Cambridge, CAM massage students at the Muscular therapy Institute, and graduate students enrolled in the Holistic Health Studies Certificate Program at Lesley University can observe WellSpace among other models in the area for CAM delivery of services.

WellSpace provides such an opportunity to have its practitioners participate in studies of the effects of different modalities. WellSpace could be a useful site in responding to the call for building CAM research skills into massage and somatic educational training programs. Unlike some other CAM centers, WellSpace has a computerized record-keeping system to organize the data. As an interdisciplinary center, WellSpace could offer researchers of Eastern and Western modalities an opportunity to conduct studies using different paradigms. For example, if a client/student were combining acupuncture and massage, it would be possible to observe the effects on him or her from the perspective of both paradigms.

For WellSpace practitioners to participate in internally and externally-initiated studies will require some coordination in scheduling. Nonetheless, with careful planning, and using appropriate research methodologies to "measure" what happens in sessions, WellSpace can serve as a potential interdisciplinary "laboratory" and as a training ground for CAM and other researchers. One of the challenging questions that faces any researcher in and out of CAM programs, however, is that when dealing with different paradigms in trying to set up "scientific studies"—it is necessary to use the appropriate methodology and outcomes that are appro-

priate for the modality one is researching. Moreover, qualitatively-based findings provide a different, but I maintain, equally important database as quantitative.

If medicine in the twenty-first century is to be truly integrative allowing patients/clients/students to reap the benefits of combining both conventional and CAM approaches, then the research models used to collect the data must also be integrative—taken from Eastern and Western perspectives and based on different paradigms. Building a research base beyond anecdotal evidence is necessary for CAM to gain validity and become accepted in mainstream medical circles. Appropriate outcome studies need to be undertaken. But as Barber points out not all aspects of CAM can be researched according to the Western scientific method—nor should they be. Furthermore, any research must take into account the well-being and privacy of the client and follow protective research guidelines, and not interfere with serving the client.

SUMMARY

In the first part of this chapter some of the planners of WellSpace explored their intentions were explored as they envisioned WellSpace. Certain of these intentions are included in the WellSpace mission statement “to do remarkable things in health care” and in its core values: (1) “to provide knowledge leadership” in CAM in conjunction with conventional medicine; (2) “to provide *careful* experiences for clients” while providing a facilitating environment for clients/students from knowledgeable, licensed practitioners, which would leave clients feeling empowered and cared for. Another intention, voiced by many quoted in this chapter, was (3) to help practitioners make a better living, in professional surroundings and have a balanced life while (4) finding appropriate ways for practitioners to have a voice in shaping policies which affect them. (5) Finally,

WellSpace as a model hoped to take CAM to the next level of professionalism.

Regarding WellSpace’s goal to “provide a care-ful experience” in a facilitating environment for both client and practitioner, I have presented two cases to illustrate a couple of clients’ experiences as an example of learning that may take place in the interaction between client/student and practitioner. This process is helping the client to move from subjective knowing to empathic, informed, embodied connected knowing in relation to their health. We have heard from both clients that they feel a connection that they are learning to change habitual behaviors and learning new options. One client is a Feldenkrais student, the other a massage client. Other clients are appreciative of the service they received but were limited in not having insurance coverage.

Regarding WellSpace’s intention to better the lot of the CAM health care provider, in my opinion, WellSpace provides a very real step up for practitioners in offering a benefits package to full-time employees (including a reduced benefits package for part-time practitioners). This includes medical, dental, disability, and liability insurances, paid time off, family and medical leave (FMLA), and stock options. It is thus perhaps not surprising to note that since its opening, several WellSpace employees have taken advantage of FMLA leave.

I asked Joelle Hochman, a massage practitioner and teacher who joined WellSpace in September 1998, having trained in massage at Kripalu in Lenox, MA, as to whether becoming a practitioner at WellSpace had helped her make a better living. She joined WellSpace, in part, because a friend of hers was joining. Similar to myself, she was tired of the time-consuming tasks in running her own business. After eight years in practice, renting space in a small office with other practitioners, she still felt that she “could have used a fuller practice and had never quite been able to make a living with massage,” so she “always needed to take a sec-

ond job." Hochman, herself, is at this writing, now pregnant and about to go on maternity leave. Prior to her coming to WellSpace, although she and her husband had thought of having a child, they had not felt ready to take on the financial responsibility. Now, however, with the benefit package including FMLA leave offered by WellSpace, they have felt ready to start a family.

Regarding the effort to upgrade the CAM profession in giving practitioners more of a voice in determining policies which affect them: it would seem that with the formation of the PMIG, practitioners are being heard through the PMIG monthly meetings. Practitioners can funnel any concerns regarding compensation, benefits, and the working environment to the PMIG.

Barber and Drinka, especially, made a point of mentioning their support for the effectiveness of the PMIG and supporting this practitioner initiative, among others. Another practitioner initiative, a formalized exchange system, promises to be helpful. Among different groups of practitioners, peers exchange help with each taking turn in helping the other. Exchange sessions are scheduled when practitioners are off the schedule so it does not interfere with their availability to clients during their shifts. Through sharing in this way, information about the work of each practitioner is circulated through the WellSpace system, the better to make referrals, through having experienced each practitioner's way of being vis-a-vis his or her modality. This also helps prevent burnout. WellSpace also tries to do its part in preventing burnout through a special health benefit where full-time employees receive discounted CAM services at the Center up to \$550 and part-time employees receive up to \$250 per annum, at a \$20,000 cost per annum to WellSpace.

Relationship with Allopathic Medicine and Managed Care

Regarding WellSpace's wish to be of ser-

vice to the allopathic community and to be able to work in partnership with them: Barber, like Agoos, expressed regret that WellSpace had not yet been able to forge the alliance with conventional medicine that it wanted to, although certain referrals are happening in that an OB-Gyn Service nearby refers patients to WellSpace for pregnancy massage. Thus, WellSpace has begun to make some inroads in receiving referrals from conventional medical health care providers. WellSpace hopes to continue to expand its role in offering complementary service to allopathic health care professionals, in addition to making appropriate referrals, and working with clients'/students' primary care physicians.

Barber felt that WellSpace's acceptance is, in part, tied to the larger issue that CAM approaches have not been accepted due to the need to accept the validity of other paradigms requiring different methodologies when determining outcomes. As Barber pointed out, the two systems with different paradigms working hand-in-hand could ostensibly provide the patient with more than either one alone: "We don't want to replace conventional medicine. We can work best as a complement and also to be here for patients who are tired of the other system or who want to take more ownership for their health choices." Likewise he pointed out that: "We don't want someone who has cancer to abandon treatment to come here." As an adjunct, "what we can offer is comfort, and additional healing through herbs or body treatment which can add to conventional medicine—especially with chronic pain."

Some of the voices in this chapter seem to agree with Barber's words that WellSpace can be and has been a helpful adjunct in offering CAM in a healing environment; others speak of connection; many also speak of learning. It would seem that the essence missing in managed care is where WellSpace begins—in connection and caring. As cited above, clients/students mention as one of the

strengths of WellSpace that they feel that they are cared for and paid attention to in ways that they have not been before with their HMO. As one client said, "With my HMO, I got tired of feeling as if I was on an assembly line. I had to continually advocate for my own treatment. It was exhausting and frustrating." In contrast, WellSpace Fresh Pond seeks to create conditions ensuring caring and connection between client and practitioner, or "care-ful experience," as stated in the WellSpace business plan.

Many allopathically-trained physicians are also calling for a change in the way that health care professionals relate to the patient/client/student (Benson, 1996; Hallowell, 1999; Gordon, 1996; Weil, 1995). In our interview, Rosenthal remarked that a doctor he knows who is on the staff of a Harvard teaching hospital and for whom he had "a great deal of respect," was "increasingly frustrated with the managed care system and was thinking of leaving medicine altogether."

Restoring the importance of the relationship with patients/clients/students to its rightful place is perhaps another way that WellSpace and allopathic physicians can find common ground. Historically, this relational value is not new to allopathic conventional medicine. The importance of relating compassionately was the one of the most important core values of conventional allopathic medicine at Harvard Medical School as voiced by one of its most honored physicians and faculty members in 1925. Francis W. Peabody, a graduate of Harvard College and of Harvard Medical School in 1903, was highly influential to medical students of his day through his teaching, both in word and by example, concerning the importance of relational factors in the healing process. His original lecture, "The Care of the Patient," made such a strong impression when it was first delivered at Harvard Medical School in 1925 that it was published in the *Journal of the American Medical Association* in 1927, thus reaching a far wider audience. Subsequently,

this lecture and article have been frequently used in the teaching of medical students, and, indeed, it was reprinted as recently as 1984 as a "Landmark Article" in the same journal (Paul, 1991*, p. 120). What is primary to the practice of medicine, in Peabody's opinion, is the doctor-patient relationship: "the practice of medicine in its broadest sense includes the whole relationship of the physician with his patient" (Peabody, 1923, cited in Paul, 1991, p. 156). He began his 1925 lecture by saying that:

The most common criticism made at present by older practitioners is that young graduates have been taught a great deal about the mechanism of disease, but very little about the practice of medicine—or, to put it more bluntly, they are too "scientific" and do not know how to take care of patients. (Peabody, 1923, cited in Paul, 1991, p. 155)

While Peabody recognized the importance of "an understanding of the sciences which contribute to the structure of modern medicine," he nonetheless felt that "it is obvious that sound professional training should include a much broader equipment" (Peabody, 1923, cited in Paul, 1991, p. 157). His understanding of this situation led to an interest in whether this larger perspective might be addressed from the standpoint of the medical curriculum of his day, including a broadening of medicine's province beyond a focus on any one people or nation. Thus he queried:

Can the practitioner's art be grafted on the main trunk of the fundamental sciences in such a way that there shall arise a symmetrical growth, like an expanding tree, the leaves of which may be for the 'healing of the nations'? (Peabody, 1923, cited in Paul, 1991, p. 157)

This tension in medicine in Peabody's day arose between the necessity to maintain, on the one hand, a caring relationship with patients—Peabody's "art" of medicine—and

the necessity to master a large body of scientific knowledge, on the other—Peabody's "science" in medicine. Currently with managed care, allopathically trained physicians must shorten the amount of time spent with patients. They must conduct an examination in a shorter and shorter amount of time allotted for appointments and, at the same time, maintain a caring, empathic connection with patients. They, too, along with CAM health care professionals are calling for a change due to "medicine's spiritual crisis" (Benson, 1996, pp. 105-107). Perhaps both CAM and conventional medicine are all looking for the same thing—to restore the art to the science of healing—no matter which approach—that which Peabody called "the care of the patient."

CONCLUSION

In the three years since its opening, Wellspace Fresh Pond has become a nexus of educational as well as health services for the community. This chapter has only begun to look at one small part of the Wellspace system—how its original vision—as voiced by some of those who had a hand in shaping it—has played itself out in relation to preliminary client feedback.

Financial Limitations

As a business, notwithstanding the fact that Wellspace Fresh Pond has undergone growing pains, and in so doing has had to amend its original business plan which involved the opening of several Wellspace Centers nationally within the first two years, Wellspace Fresh Pond as a freestanding center seems to be a "success." Rosenthal and Agoos readily admit that they and other original planners of Wellspace overestimated the growth of the CAM market. The original business plan in envisioning several Wellspaces opening up in different geographical areas meant that the monies would be dis-

tributed to several Wellspace Centers. Agoos spoke wistfully about a feeling he had of "still trying but not quite succeeding to reach the brass ring." Thus, it was with regret that after overhiring especially in regards to bodyworkers, and supervisory coaches, a few practitioners and corporate staff had to be let go within the first year.

It has thus taken three years to find the right balance between the different elements so that Wellspace Fresh Pond can now operate at a profit. However, according to Rosenthal, its capacity for further growth is limited. He pointed out to me that "Wellspace Fresh Pond is probably pretty near optimum capacity" with 40 practitioners divided between part-time and full-time. Thus, Wellspace Fresh Pond does have a cap as to the amount that it can bring in financially. He explained that unlike with lawyers, where the public is willing to pay a high price for the expertise of a senior partner in a law firm, a CAM health care practitioner cannot bill out at two to three times the cost for his or her consultation. In providing CAM health care, one bills out at only slightly higher so that the margin for profit is very slim. Unlike with conventional medicine most CAM services are not reimbursed by insurance companies, so the public ends up having to pay out of pocket for CAM services. Rosenthal pointed out that although this might not seem fair when one considers the case of a qualified acupuncturist with as much as 30-40 years' experience in a field that has been existing for thousands of years, and the best education in the field, one nonetheless can only charge as much as the market will bear. Thus, he and his team still wish to expand the Wellspace name into other venues. He is looking to find more cost-effective ways to expand in addition to freestanding centers such as Wellspace Fresh Pond.

It would seem, however, that Wellspace is moving in the direction of fulfilling its goals to: "provide knowledge leadership"; "do remarkable things in health care"—in con-

trast to the erosion of medical services with managed care; and "provide a care-ful experience," in order to take CAM health care to the next level of professionalism. But what about those voices we have not yet heard from—those who do not have access to CAM services as yet? For the most part, WellSpace still remains accessible only to those who can afford its services. CAM/holistic health services are not often covered by insurance and even those who are insured often cannot afford to pay out of pocket for these CAM services. The uninsured remain shut out of both systems. We at WellSpace share the widespread frustration with the unwillingness of the managed care system to cover CAM services and hope that changes will soon be made. In the meantime, we need to continue to find ways to make our services accessible to all. To help reduce the cost, WellSpace offers discounted series, or discounted introductory sessions. Practitioners also have the option to offer discounted vouchers to clients and share with WellSpace the cost of the discount, but these certainly do not provide the degree of accessibility that most of us envision.

In traditional societies, healing is available to all and does not depend on ability to pay. Healers do not receive money for their services; instead, the tribe looks after their needs. To collect money for healing, in fact, is considered to be an abuse of the healing power. Money of course, drives capitalistic economies, but within this context, WellSpace provides a for-profit model of a corporation attempting to use its financial resources to expand the resource of healing to the community by such means as free lectures, discounts, special introductory offers, and a make-up policy between classes.

The Synergy Phenomenon

Nonetheless, as Barber put it, perhaps the most surprising thing about WellSpace is the way that it has flourished in unexpected ways. Barber attributes it to synergy. In gen-

eral terms, synergy describes a pattern by which phenomena relate to each other in a mutually enhancing way: "A synergistic pattern brings phenomena together, interrelating them, creating an often unexpected, new and greater whole from the disparate, seemingly conflicting parts. In that pattern, phenomena exist in harmony with each other, maximizing each others' potential" (Katz, 1983/84, p. 202). Such "phenomena" include human interactions, which have been studied for their synergistic elements by various theorists (Benedict, 1970; Fuller, 1963; Katz, 1982; Maslow, 1971, cited in Katz, 1983/84).

As Barber put it, at WellSpace Fresh Pond, there is no logical reason that such disparate elements "such as a corporate business model and a group of healers who are artists in their own right" when taken separately should co-exist with one another as well as they do at WellSpace. It *must* be due to synergy: "Thus, the fact that it is working must mean that synergy is operating here because the whole must *really* be greater than the sum of the parts in order for that to happen."

It's important to focus on the fact that we are in this as a for-profit business and that we are doing a surprisingly good job at operating as a for-profit business while not losing sight of our mission: to do remarkable things in health care. Practitioners at WellSpace, despite working for a for-profit business, are encouraged to be the individual artists they are while making a better living than most of them would be making on their own—all while participating as part of a true community. Through synergy these disparate parts come together, and I think that is perhaps the most pleasantly surprising result of WellSpace Fresh Pond: the whole *is* truly greater than the sum of the parts.

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