Abstract

The objective for conducting this research is to greater comprehend what determines how people in the alternative health medicine group socially unite, disunite, and reunite in their relationships with others through the social uniting process. This research is being done to figure out how doctors involved in alternative health care successfully achieve social unity, how they overcome disunity, and reunite. Through this research all aspects of the three hypotheses of the social uniting passage were evident. It was made clear that through maintaining conscious, consensual, positive valuing, communicating, and connecting health care professionals are best able to achieve social unity. When there is a low degree of these variables being exhibited, social disuniting may occur causing a distrusting, exclusivizing, disempowering, and less productive relationship. This in turn creates feelings of negativity and distance. To combat this and reunite with those you have previously disconnected from, you must then reopen awareness, compromise, reconnect, and rebuild trust. The social uniting process is evident regarding success in the social world of health care. It is important to better understand the process of social unity to achieve maximum success in social uniting. After conducting this research, three recommendations I have to suggest to achieve optimum establishment of positive conscious and consensualizing social uniting would be: connecting and communicating with patients and providers on a more personal level in order to establish a deeper bond, collaborating with patients to figure out what they would prefer, and putting in effort to maintain relationships rather than allowing them to dissolve. Taking these recommendations and incorporating them into practice in the world of health care, health care providers will find it effortless to build and maintain a positive, empowering, and productive social world.
Methodology and Research Design

Two interviews with alternative health care providers were conducted as part of this research. One interview took place at the provider’s office and the other was done in a public setting. I was able to observe my first interviewee at work in his office as I walked in and he was saying goodbye to the patient. I was not able to observe my second interviewee in a different setting. These interviews were done to determine the different ways alternative health care providers unite, disunite, and reunite with patients and with other health care providers. Both interviewees were given the same questions yet provided completely different answers. Both interviewees signed a consent form before the interviews to guarantee that I will honor the anonymity and confidentiality of all concerned with the research and interviews. This consent form stated that participation in this research is completely voluntary and that all information that is obtained will be kept strictly confidential and anonymous. This agreement allowed the interviewees to feel comfortable answering the questions in an honest way, which guarantees accurate, reliable, and dependable research. Value neutrality was practiced in both interviews. Value neutrality is the practice of not allowing personal feelings to influence the interpretation of the data received from research. Value neutrality is important to provide an unbiased, unprejudiced, and neutral conclusion at the end of the research. The interviewee’s names are replaced with acronyms that state their gender, age, ethnicity, marital status, and employment status. This research paper is composed of two interviews that are labeled as follows:

1. Male, age 65, White, Single, Employed-M65WSE
Analysis

**Hypothesis #1 of the Social Uniting Process:**

“The higher the degree and number of defined conscious (open awareness) consensualizing (mutual) unconditional positive valuing, caring, communicating, committing, collaborating, compromising, connecting, and confirming interactions between participates in any given social world, the higher the probability of those participants constructing defined social uniting selves, giving, trusting, inclusivizing, equalizing, empowering, productive, and peaceful relationships.”

Those in the field of alternative medicine utilize this paradigm in regard to their relationships with patients and other health professionals. It is necessary for those in the health care field to successfully unite with their patients to keep a close and open relationship with them. Patients must be able to trust and confide in their doctors and know that they will not be judged or ridiculed. This happens by doctors showing understanding, empathy, caring, and trying their best to form a connection with each patient. Doctors constantly utilize this first hypothesis in their daily interactions with patients.

In both interviews the first hypothesis was clear to the doctors’ work-life. Both men explained how they achieved successful unity with others and built consensualizing trusting relationships within their workplace. Health care workers who are conscious of the importance of self and other mutual valuing, consensualizing communicating, connecting, and creating a consensualizing trusting relationship with others are rehearsing the first hypothesis. I recognized this first hypothesis of social uniting when M65WSE talked about how he smiled at patients, so they saw him as a friend and not solely as a doctor. Being able to see your doctor as someone friendly is important to be able to communicate effectively without feeling uncomfortable like you’re talking to a stranger about your problems. Another way he utilized the uniting process
was by hugging them. He explained that physically connected was another way to make the patient feel comfortable and welcomed. M65WSE stated that without uniting with his patients he would not have anybody to practice on. The success of his business depends on having a good relationship with all patients as they keep his business going through finances and good reviews. He states, “There are many doctors for my patients to choose, yet they continue to choose me over and over. I must be doing something right.” When asked about what he thinks it is he is doing right he lets me know that every patient he sees, no matter how he’s feeling that day, he always gives his best effort to have them walking out feeling better than they were when they came in whether it be physically or mentally. The relationship he carries with his patients demonstrates a caring and positive bond that is needed for the uniting process. M65WSE talked about how he likes to converse with his patients more than just a patient-to-doctor conversation. He talks to them about their personal lives in an effort to build a deeper, trusting, and substantial relationship. Having good communication and relationships are essential in the social uniting process. M65WSE making an effort to build a bond with patients shows strong connecting techniques that is useful in the uniting process. M65WSE also displayed characteristics of the first hypothesis when he had stated that he tries to build better relationships with other doctors and health care professionals by communicating openly about shared patients and not harshly criticizing the way other professionals treat patients. This corresponds with the first hypothesis because he is not concealing any important information that other doctors may need and by doing this, he is building trust with the other professionals. Not harshly criticizing other doctors’ practices shows mutual valuing even though his opinions or outlooks on certain treatments or recommendations may differ. This is an example of collaborative and attentive behavior which is associated with the first hypothesis. Additionally, M65WSE refers to the other
doctors’ opinions as helpful to his practice: “Doctors who challenge my views help me open my awareness to practices that differ from my own, and those who agree with my practices often contribute to figuring out a more efficient way to do something.” His colleagues and associates can help his work by offering suggestions or opinions that cause him to ponder other possibilities when he is stuck at a crossroad on how he can help a patient. By being open minded and by keeping open, non-judgmental communication, he allows the first hypothesis to take place. The last way M65WSE described uniting with conventional health care professionals was by not making decisions about a patient he shares with another doctor or doctors by himself. He stated he always takes other doctors’ care plans for the patient into consideration before making any recommendations. This illustrates a high degree of consideration, consensualizing, and collaborating which are all key elements of the first hypothesis of the social uniting process. M39AAME also illustrated hypothesis one of the social uniting process by stating he connects with patients through social media by holding polls on potential deals and offers they should have that week. This demonstrates a high level of collaboration and consensualizing which allows for a high degree of social uniting. Another way he connects with his patients is by making sure his security guards provide a sense of safety without intimidation. M39AAME states, “You’ll notice our security guards are welcoming, inviting, nice, and non-confrontational. In other places security guards will pat you down or wand you, our guards will smile at the patients and try to make them feel comfortable by conversating and asking if it’s the patient’s first time visiting.” This shows he is committed to maintaining a peaceful relationship with his patients and it also shows that he is building a trusting relationship by not patting down or wandng customers. I believe this also shows he is being mindful and conscious of how new patients would feel being approached by confrontational security guards knowing this particular
alternative medication used to have such a negative stigma. Another way M39AAME connects with his patients is by making sure each patient has one budtender just for them offering their undivided attention. “...when [patients] walk into the actual dispensary there is one budtender per client ready to help in any way possible by answering questions which helps, or patients feel more comfortable and provides them with a pleasant experience.” This puts the first hypothesis into practice by connecting with every patient individually and building productive relationships. M39AAME also shows a high degree of social uniting with other alternative health care providers by attending “vendor days” at his dispensary where he spends the day connecting, communicating, and collaborating with other providers. M39AAME remarks: “a lot of the ways you connect is by simply communicating with others, you never know who you’ll be talking to.” Additional ways he connects with other providers is by attending meetings, conventions, or through social media. To summarize, alternative health care providers are best able to achieve high degrees of social uniting when they are conscious, consensualizing, communicating, collaborating, and connecting with others to build and maintain productive, trusting, and open relationships.

_Hypothesis #2 of the Social Uniting Process:

“The lower the degree and number of defined conscious (closed awareness) consensualizing (mutual) unconditional positive valuing, caring, communicating, committing, collaborating, compromising, connecting, and confirming interactions between participants in any given social world, the higher the probability of those participants constructing defined social disuniting selves, getting, giving to get, distrusting, exclusivizing, dis-equalizing, disempowering, less productive, and more conflicting relationships.”
Although both interviewees exhibited great knowledge of the first hypothesis, social disuniting was apparent. Interviewees provided me examples of when they have been disconnected from their patients or other health care providers. M65WSE said, “One of the main challenges I experience that disconnects me from my patients is my patients’ personal health issues that get in the way of them being able to make their visits or change the type of treatment they seek.” This demonstrates a lack of consciousness on his part and shows he isn’t making an effort to connect, compromise, or confirm interactions. This doctor is aware that they may not be able to make a visit due to personal issues but does not show a desire to connect and communicate about how this can be solved. Another origin of social disuniting is exclusivizing. For example, M65WSE mentioned, “Another challenge I face that disconnects me from my patients is if I personally don’t like them and I don’t feel like the connection is right.” This shows he is excluding patients (exclusivizing) due to his own closed awareness and isn’t positively valuing, caring, or connecting with them. M65WSE stated: “The last challenge that disconnects me from my natural health care clients is if I feel like I can be of no help to them or I recommend an alternative type of care or treatment that I believe would benefit them better.” This also demonstrates an exclusivizing, less productive, and dis-equalizing relationship. If the patient went to him in the first place because they believe his services could be beneficial it is offensive for him to turn them down. It is difficult to maintain a positive and caring relationship without communicating and connecting in order to consensualize the best form of treatment for the patient. M65WSE may not believe he could help the patient, but the patient might think that his services could be of significant help. M65WSE also described ways he disunited from conventional health care providers: “One of the challenges I experience often that disconnects me from conventional medical health care providers is not being able to get ahold of them.” He explains that some
decisions are urgent and cannot wait, therefore not being able to reach a provider can disconnect them. This shows a low degree of collaboration and communication from the conventional health care provider which in turn creates a less productive and disempowering relationship. M65WSE also said, “Another way I get disconnected from other conventional providers is by not attending seminars.” By not participating in seminars attended by professionals from a variety of different medical health fields he excludes himself. It is understandable that some days he may not want to attend, but when asked if he enjoys the seminars when he does attend, he stated that he mostly keeps to himself or talks to people he already has a connection with. Lack of socialization and interaction is one major cause of social disuniting. Other health care providers may feel as though he believes he is too good to interact with them. This may create more conflicting relationships in turn. M65WSE also demonstrated social disuniting through saying, “Lastly, I disconnect from conventional medical health care providers sometimes by not returning their calls or maintaining sufficient communication with them.” This shows a lack of valuing, caring, communicating, collaborating, and connecting on his part. When other doctors reach out and he ignores them this may make them feel disvalued, distrusting, disempowered, and constructs a less productive relationship. This doctor is exercising the second hypothesis by displaying a lack of consciousness, consensualizing, valuing, communicating, collaborating, and connecting. M39AAME explains one of the reasons he is disunited from his patients is due to banking: “Due to the fact that this business is not federally legal we have to operate through cash only which disconnects us by retarding growth.” Some customers may not have any cash on hand or may come in with only their credit card. Having to operate a cash only business creates a less productive and dis-equalizing relationship. This also puts a strain on big business transactions, doing big deals with cash only may create a sense of distrust and could create more conflict.
M39AAME also states, “Having it federally prohibited disconnects us in another way because now we can’t operate our sales online or ship products to clients in different areas of the state or country.” This also demonstrates an exclusivizing relationship, although not by choice. This issue exhibits a low degree of consensualizing, communicating, collaborating, and compromising between this specific alternative medical health care business and the federal government. It makes it difficult for providers in this business to create equalizing and inclusivizing relationships. Both M65WSE and M39AAME experienced situations where they disunite by not returning messages. M39AAME explained, “The last thing that disconnects us from our customers is that often times we receive so many messages on social media we aren’t able to respond and have conversations with each individual person which is really unfortunate.” Due to the high volume of messages they are receiving on their social media platform it makes it difficult for M39AAME to connect and communicate with every customer. This may cause the customer to feel disvalued and creates an exclusivizing relationship by only replying to a select few patients. M39AAME illustrates the second hypothesis in his relationship with conventional health care providers. He provides an example by stating: “One thing that disconnects me from conventional health care providers is that some just don’t agree with medicinal marijuana having any benefits or have a stigma towards it, which is okay.” This displays a low degree of consciousness from conventional medical health care providers because they aren’t open minded about the medical benefits of this alternative medication. This also signifies an absence of valuing, communicating, and connecting from conventional health care providers who don’t open their awareness. When asking for another example M39AAME tells me, “Another thing that disconnects us is that in our business we don’t really see too much of conventional doctors around anyway, so they aren’t really involved in this type of business.” This indicates a low
degree of collaborating, caring, and connecting and creates a dis-equalizing, disempowering, exclusivizing, and more conflicting relationship as well. The final reason M39AAME becomes disunited from conventional health care providers is due to opposing viewpoints. “The last thing that disconnects us is that some conventional doctors may even argue that smoking marijuana will cause different medical issues just like how those who are for medicinal marijuana may argue that prescription or pharmaceutical drugs may have negative side effects.” Having opposing views is a normal thing because not everyone will agree on everything, however there are still ways to unite despite this. This shows a lack of understanding and compromising between both parties. Evidently, relationships that exercise a low degree of valuing, caring, communicating, collaborating, compromising, and connecting contribute to negative feelings that make for less productive, exclusivizing, dis-equalizing, and more conflicting relationships with other health care providers which cause social disunity.

**Hypothesis #3 of the Social Uniting Process:**

“The higher the degree and number of redefined conscious (reopening awareness) consensualizing (mutual) unconditional positive valuing, caring, communicating, committing, collaborating, compromising, connecting, and confirming interactions between participants in any given social world, the higher the probability of those participants constructing redefined social reuniting selves, giving, trusting, inclusivizing, equalizing, empowering, productive, and peaceful relationships.”

Connections are everything and maintaining peaceful and productive relationships is important in the world of health care. It is normal for humans to become disconnected, but it is vital to know how to reunite after that disconnection in order to be successful. M65WSE and M39AAME both exhibited awareness of how important it is to reunite with those you have
previously disunited with. M65WSE started off by saying: “I believe reconnecting is all about being mature enough to understand human beings don’t always agree, but we can always have effective communication.” Communication is one of the easiest and best ways to reunite with someone. Listening to how patients feel, like M65WSE explains he does, shows the other that you value their feelings. He then explains another way he reunites with patients is through phone or mail. “Another way I reconnect with patients is by phone contact or mail inviting patients to come back or reminding them that they are due to be seen again soon.” This exhibits a committing relationship. Confirming interactions is also a positive way for those in health care to reunite with patients. The last example M65WSE gave for reuniting was apologizing. M65WSE said, “The last thing I do to reconnect with patients is apologize to them if I had offended them or hurt their feelings in any way.” Apologizing is essential in the third hypothesis in order to maintain a caring, empowering, and peaceful relationship. When asked how M65WSE reconnects with other conventional medical health he mentioned two of the same ways, by email or phone and by communicating. M65WSE stated he also attends seminars in order to reunite with doctors he had previously been disunited with. “When I get disconnected from those in conventional medical health care, I attend seminars to reconnect.”, he states. Attending seminars shows an effort to reform positive collaborating, connecting, inclusivizing, and equalizing relationships. M39AAME showed a great deal of knowledge in the third hypothesis. The first example M39AAME provided was: “We reconnect with our patients by texting them specials or through social media.” This is a perfect way to reach out these days considering our increasing use of technology, unlike M65WSE who reaches out by phone or mail which may not be as effective anymore. Texting patients specials to reunite conveys a committing, compromising, and giving relationship. M39AAME then went on to say, “Other ways we reconnect if a patient gets
upset is by offering them free product and being understanding about why the customer is upset.” Being understanding is important in the third hypothesis because it displays that you value their feelings and care about why they are upset. Listening to somebody means nothing if you make no effort to understand them. Offering a free product to a patient after they have had a bad experience shows you value them as a customer and want them to leave happy and trusting they will come back and be happy with the service. There are both examples of ways to create a trusting, valuing, and compromising bond. The last example provided by M39AAME in order to reunite with his patients was by apologizing to them. Clearly, apologizing is one of the major ways to reunite with people. It lets them know you feel bad about upsetting them and shows you are taking initiative in rebuilding a caring and empowering connection. M39AAME has also had experience in reuniting with his fellow alternative health care providers. He offers an example of this by explaining a time he made a massive deal with another provider that failed to pass the mandatory state-imposed testing. “The first thing we did was apologize for our mistake, bite the bullet and take whatever losses we have to in order to correct the mistake and get them their product as quick as possible.”, he explained. This shows that he is committed and wants to restore a trusting and peaceful relationship with this provider. Resolving the issue as quickly as possible is important so the other provider doesn’t feel that he does not care about his mistake. The next step he took to correct his issue was this: “Secondly, we sent our executives over to meet with theirs to communicate in person, make it known that fixing this problem is at the top of our priorities, and go out of our way to make the problem right.” Communication is significant in order to successfully reunite with other health care providers. It is important to verbally convey that you realize you messed up and take responsibility for it. Owning up to mistakes and communicating about where things went wrong and how that can be avoided next time shows an
empowering and productive relationship. Lastly, M39AAME finishes off by stating, “An easy way for us to reconnect with other providers that we have been disconnected from is by simply calling them, talking about business, and offering them a better deal different from one they are currently getting.” This approach is an example of consensualizing collaborating, connecting and equalizing. Knowing all of this information, it is logical to conclude that people are best able to achieve the third hypothesis of social uniting through mindful communication, consensualizing, compromising, and giving in order to maintain a productive a peaceful relationship with others and an absence of these traits may cause disconnection.
Conclusion

During the process of this research of the social uniting process in the world of health care the importance of consensualizing, communicating, valuing, and trusting was transparent in interviews from both M65WSE and M39AAME. Both interviewees provided examples where using or neglecting these traits affected their relationships with patients, conventional medical health care providers, or other alternative health care providers. It is obvious that in order to foster and preserve a positive, productive, and peaceful relationship with patients and providers these positive traits were necessary. An absence of these positive traits resulted in a low degree of valuing, inclusivizing, and collaboration. Building social uniting networking relationships is vital to success inside of the health care world. Positive relationships created between patients and providers is important to the success of business and to the success of connecting with others.

I have learned a lot of information regarding the social uniting process in health care through this research and three recommendations I have to suggest to achieve optimum establishment of positive conscious and consensualizing social uniting would be: connecting and communicating with patients and providers on a more personal level in order to establish a deeper bond, collaborating with patients to figure out what they would prefer, and putting in effort to maintain relationships rather than allowing them to dissolve. Connecting and communicating with patients and providers on a more personal level shows that you aren’t just after money or benefitting yourself. It exhibits genuine caring and valuing. Collaborating with patients to hear their feedback and understand their thoughts or what they would rather have shows that their thoughts are important to you and exhibits an equalizing relationship. Lastly, putting in effort regarding
returning phone calls or messages in a timely matter provides a sense caring and positive communication.
Appendix A: The Interview Questions and Answers

INTERVIEW #1 with 65MWSE

1. What is your age?

I am 65 years old although my practice has allowed my body to continue to feel as though I am still 35.

2. Are you married?

No, I’ve never been married. I never felt like I found the right person and I am content being alone now.

3. Are you parenting dependent children who live with you?

No, I’ve never had any kids. Having kids was never something I wanted or planned for.

4. Is English your native language?

Yes.


White.

6. How would you describe your alternative natural health care career or service?

I offer a variety of different alternatives. I would say my service focuses on providing holistic health care, chiropractic medicine, and complementary medicine.
7. How does your alternative natural health care and service compare with that of conventional medical health care? Please give three examples.

My alternative natural health care differs from conventional medical health care because it offers alternative all-natural supplements rather than pharmaceutical drugs that have harmful side effects. It also focuses on relieving the problem permanently by finding out the root cause and targeting that, whereas conventional medicine mostly numbs the problem or gives temporary solutions. My alternative health care also differs from conventional medical health care due to the fact it offers many natural, cheaper preventative measures that can help prevent diseases or pains (back pain, cancer, etc.) that is not completely understood in health care.

8. What training and education have you gone through relevant to your alternative natural health care career and/or service?

I attended college at the National University of Health Sciences and received my Doctorate of Chiropractic there.

9. What certificates or credentials do you have?

I don’t have any special or extra certificates besides my doctorate degree.

10. How long have you been practicing your alternative natural health care profession or service?

I have been practicing alternative health care for 32 years.

11. Do you have a religious or spiritual preference? If yes, how does this support your natural health care career and/or service?

Yes, I have a spiritual preference. This supports my services because it provides a context to my patients on how your spiritual well being can help you to maintain your physical health.
12. What are the most common health concerns that your clients and customers bring to your alternative health care services? Please give three examples.

The most common health concerns patients come to me with are back pain, mental distress or suffering, and fatigue.

13. What are the positive ways you connect with your alternative natural health care clients and customers that you service? (Hypothesis 1) Please give three examples.

The first way that I am able to connect with my patients are by smiling at them as soon as I see them, so they know I am friendly and feel comfortable talking to me. Another way I connect is by conversating with them about their personal life outside of just business communication so that I am able to build a relationship with them. I also try to connect by hugging them when they come in to make them feel welcomed and cared for.

14. What are the positive ways you connect with participants from the conventional medical health care professions? Please give three examples. (Hypothesis 1)

One way I connect with doctors in conventional health care is by talking over cases and knowing both of our main priority is to help the patient feel better and not focusing on our differences. Another thing we do is share concepts and theories with each other while keeping an open mind when receiving feedback or opposing opinions. Doctors who challenge my views help me open my awareness to practices that differ from my own, and those who agree with my practices often contribute to figuring out a more efficient way to do something. Lastly, I connect with doctors from conventional medical health care professions by not making any decisions with a shared patient alone. I make sure to take their thoughts and their treatment plan into consideration and make consensual agreements regarding treatments.
15. What are the challenges you experience that disconnect you from your natural health care clients and customers you service? (Hypothesis 2) Please give three examples.

One of the main challenges I experience that disconnects me from my patients is my patients’ personal health issues that get in the way of them being able to make their visits or change the type of treatment they seek. Another challenge I face that disconnects me from my patients is if I personally don’t like them and I don’t feel like the connection is right. The last challenge that disconnects me from my natural health care clients is if I feel like I can be of no help to them or I recommend an alternative type of care or treatment that I believe would benefit them better.

16. What are the challenges you experience that disconnect you from the conventional medical health care providers? (Hypothesis 2) Please give three examples.

One of the challenges I experience often that disconnects me from conventional medical health care providers is not being able to get ahold of them. Sometimes decisions that need to be made are urgent and not being able to reach another doctor can disconnect us. Another way I get disconnected from other conventional providers is by not attending seminars. Lastly, I disconnect from conventional medical health care providers sometimes by not returning their calls or maintaining sufficient communication with them.

17. When you become disconnected from your alternative health care clients and customers how do you reconnect? (Hypothesis 3) Please give three examples.

I believe reconnecting is all about being mature enough to understand human beings don’t always agree, but we can always have effective communication. So that’s the first way that I am able to reconnect with my patients. I listen to what they have to say and respond appropriately. Another way I reconnect with patients is by phone contact or mail inviting patients to come back
or reminding them that they are due to be seen again soon. The last thing I do to reconnect with patients is apologize to them if I had offended them or hurt their feelings in any way.

18. When you become disconnected from the conventional medical health care providers, how do you reconnect if you do? (Hypothesis 3) Please give three examples.

When I get disconnected from those in conventional medical health care, I attend seminars to reconnect. Another way I try to reconnect with other doctors is by talking on the phone or emailing them and communicating to resolve the problem.

19. What do you value most about your alternative health care service? Please give three examples.

The thing I value most about my alternative health care service is helping people who are suffering. A lot of the people who come to me have tried numerous different methods to try to relieve their pain, all to no avail. So, when they come to me and my services actually do help, even if it’s just a little bit, then that’s the most amazing feeling. Another thing I value about my service is that I meet so many different people and no patient is the same, there’s never a boring day. I also value being able to make my own schedule and to be my own boss.

20. What do you value least about conventional health care services? Please give three examples.

The thing I value least about conventional health care is that they see so many people in so little time they might not take every patient’s individual differences into account. As a result of that, they offer quick or temporary fixes through prescriptions instead of getting to the root of the problem and permanently relieving it. That leads to my second issue with conventional health care which is how harmful pharmaceutical drugs truly are. It’s difficult for a patient to get better if they are putting harmful drugs into their body which may cause a whole new problem they
never had before due to the side effects of the drug. The last issue I have with conventional health care is how expensive it is and the financial issues that come with being treated. It explains why so many people seek alternative health care due to the affordability of the treatment.

INTERVIEW #2 with M39AAME

1. What is your age?

39.

2. Are you married?

Yes.

3. Are you parenting dependent children who live with you?

Yes, four children.

4. Is English your native language?

Yes.


Arabic-American.

6. How would you describe your alternative natural health care career or service?

I would describe it as a new industry that is changing laws and perception. From the start to the beginning there hasn’t been any infrastructure previously set up. So, when I say new, I mean
there is no particular consumer imprint, meaning when you think about medical marijuana there isn’t a specific brand that comes to mind. With this particular alternative medicine (medicinal marijuana), the whole process has been new and exciting.

7. How does your alternative natural health care and service compare with that of conventional medical health care? Please give three examples.

It compares because the product is becoming costly now due to taxes, like conventional medical healthcare. Whereas before the product would’ve been relatively inexpensive to consume. It contrasts because there isn’t an insurance or program that helps someone who can’t afford this medication. It’s also similar to conventional medical health care because now it’s regulated by the state and has to adhere to the medical HIPAA law.

8. What training and education have you gone through relevant to your alternative natural health care career and/or service?

Some of the training I’ve gone through was education regarding the science of the plant/medication because we needed to know that to get the regulations and the laws passed in the local municipalities. We had to understand the medicinal benefits of medicinal marijuana in order to demonstrate why the city or the local municipalities needs to have these regulations. In addition to that, I had to be educated on how to grow it right and in a way that meets all of the state and city regulations. There wasn’t any cannabis academy or university that I attended to pick these things up, it was all through going through the process and from being involved with marijuana for so long that I became an expert in it.

9. What certificates or credentials do you have?
We had to get permitted through the city which requires extensive background checks, but there isn’t a specific certificate that says, “You’re an official cannabis connoisseur”. Certificate and credentials aren’t as important in this industry as it may be in others, with the exception of needing a permit to operate.

10. How long have you been practicing your alternative natural health care profession or service?

I’ve been going on five years working at the professional level with marijuana. Prior to that I was dabbling in the grey market if you will, so I had some knowledge in the previous market. But again, we started lobbying for regulations, so it could be a legal business paying worker’s comp, healthcare, and taxes – which we have accomplished, five years ago.

11. Do you have a religious or spiritual preference? If yes, how does this support your natural health care career and/or service?

No preference.

12. What are the most common health concerns that your clients and customers bring to your alternative health care services? Please give three examples.

A lot of the people we see have insomnia or issues with sleep, people who have high stress levels, and back pain. There are so many different types of patients who come in with a variety of health ailments, so I would say the overall theme of our customers is they just want to feel better.

13. What are the positive ways you connect with your alternative natural health care clients and customers that you service? (Hypothesis 1) Please give three examples.
A lot of the connecting we do is now through social media, so that’s the first way we connect with our patients. We hold polls on Instagram every week so that our customers can vote on which deals we should have for the time being. If you go into our dispensary, the second way we connect is through our security guards. Security will be the first thing you see, but we want our customers to feel safe without scaring them. You’ll notice our security guards are welcoming, inviting, nice, and non-confrontational. In other places security guards will pat you down or wand you, our guards will smile at the patients and try to make them feel comfortable by conversating and asking if it’s the patient’s first time visiting. This is alternative medication, so understandably people are scared. We like to make sure that although the security guards aren’t direct employees of the dispensary, they still maintain the same cadence by being friendly and open. The last way we connect with our clients is when they walk into the actual dispensary there is one budtender per client ready to help in any way possible by answering questions which helps, or patients feel more comfortable and provides them with a pleasant experience. This particular medicine had a very negative stigma attached to it, so our main priority is making sure that our patients feel safe, comfortable, and cared for.

14. What are the positive ways you connect with other participants from alternative medical health care professions? Please give three examples. (Hypothesis 1)

We have vendor days at our dispensary where people from different brands will come and show off their products. Even though I don’t work as a part of the dispensary, I’m there on vendor days talking and connecting to everyone because the unique thing about this business is someone that is a vendor is either working with the owner every day or is the owner. That’s one way I connect because going back to the beginning of the conversation, there is no supply chain established so a lot of the ways you connect is by simply communicating with others, you never know who
you’ll be talking to. The second way I connect with other medical health care professionals is by attending meetings or conventions. We also connect with other professionals through social media as well.

15. What are the challenges you experience that disconnect you from your natural health care clients and customers you service? (Hypothesis 2) Please give three examples.

One of the huge challenges we face is banking. Due to the fact that this business is not federally legal we have to operate through cash only which disconnects us by retarding growth. Having it federally prohibited disconnects us in another way because now we can’t operate our sales online or ship products to clients in different areas of the state or country. The last thing that disconnects us from our customers is that often times we receive so many messages on social media we aren’t able to respond and have conversations with each individual person which is really unfortunate.

16. What are the challenges you experience that disconnect you from the conventional medical health care providers? (Hypothesis 2) Please give three examples.

One thing that disconnects me from conventional health care providers is that some just don’t agree with medicinal marijuana having any benefits or have a stigma towards it, which is okay. Another thing that disconnects us is that in our business we don’t really see too much of conventional doctors around anyway, so they aren’t really involved in this type of business. The last thing that disconnects us is that some conventional doctors may even argue that smoking marijuana will cause different medical issues just like how those who are for medicinal marijuana may argue that prescription or pharmaceutical drugs may have negative side effects. I
would say that the main thing that disconnects us is having different views and experiences with this type of medicine.

17. When you become disconnected from your alternative health care clients and customers how do you reconnect? (Hypothesis 3) Please give three examples.

We reconnect with our patients by texting them specials or through social media. Other ways we reconnect if a patient gets upset is by offering them free product and being understanding about why the customer is upset. The last way we reconnect is by apologizing for any mistakes we made and asking them to come back soon.

18. When you become disconnected from other alternative medical health care providers, how do you reconnect if you do? (Hypothesis 3) Please give three examples.

One example of this is when we made a quarter million-dollar deal with a company and the product ended up not passing testing. The first thing we did was apologize for our mistake, bite the bullet and take whatever losses we have to in order to correct the mistake and get them their product as quick as possible. Secondly, we sent our executives over to meet with theirs to communicate in person, make it known that fixing this problem is at the top of our priorities, and go out of our way to make the problem right. Other businesses want consistency and trust and we show that we understand what they expect and why they are angry with us. An easy way for us to reconnect with other providers that we have been disconnected from is by simply calling them, talking about business, and offering them a better deal different from one they are currently getting. Mutually benefitting from a deal is a great way to reconnect with providers you were previously disconnected from.
19. What do you value most about your alternative health care service? Please give three examples.

What I value most is that this medicine actually makes a change that you can see. You actually see the change like in my mother for example, she’s Islamic, covers her hair, prays every day, who takes pain killers for her pain and has now recently switched to topicals and can’t stop talking about how it actually works. Another thing I value is that it releases stigma, just because someone smokes weed or went to jail for selling weed it doesn’t mean that they are a bad person. Seeing all walks of life and all types of people connecting and bonding through this medicine and being more accepting of others is the last thing I value the most.

20. What do you value least about conventional health care services? Please give three examples.

What I value least about conventional health care is the process. For example, you’re sick, you have to call the doctor to make an appointment, wait for the day of your appointment, then on that day you spend the whole day waiting to be seen, and even after that you’re in line at the pharmacy waiting for your prescription. It’s a really long process that a lot of people don’t enjoy going through. Something else I value least is how expensive it is for people who don’t have medical insurance. The last thing I value the least about conventional health care is that there are so many patients that doctors see every day that it never truly feels like they are taking your personal differences into consideration. Sometimes it feels like they just write off your illness as the first disease they can think of, write a prescription, and get you out of there as soon as possible.
Appendix B: The Interview Interaction and Observational Setting

*M65WSE*

I chose this interviewee because my mother had used his services previously to help with her back pain. The interview was conducted at his place of work inside of his office. The interview lasted approximately 40-50 minutes, he seemed preoccupied and it felt as though I was taking up his time despite making an appointment with him. He seemed to not thoroughly understand the questions even asking me if I know the answers I’m looking for. I then explained to him the research paper and social uniting theory further and he elaborated a little more on his answers. On a scale of 1-10 I would rate the interviewees comfort level at an 8, he seemed to be comfortable especially since he was in his own office. Regarding my comfort level, I would rate it at a 4 because like I previously stated I got the feeling that he was in a rush and just wanted to get me out of there.

*M39AAME*

I choose this interviewee because I knew him prior to conducting this research and knew he would provide knowledgeable answers. The interview was conducted in a public setting sitting at a table at a park. This interview lasted about an hour and a half. This interviewee didn’t have any issues regarding the questions, but this also might’ve been due to the fact I took a little more time after the consent form to further explain each hypothesis of the social uniting passage and why the research was being conducted before any confusion came up later on in the interview. The interviewees comfort level as well as mine was at a 10 seeing as we already knew each other, and I have previously asked about his business.