

NOTES FROM THE CANCER UNDERGROUND: HEALTH ATTITUDES AND PRACTICES OF PARTICIPANTS IN THE LAETRILE MOVEMENT

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In an earlier paper in this journal we presented data on the social characteristics of participants in the Laetrile movement [1]. In this note we present data on the health attitudes and practices of these people. A description of the symposium at which the data were collected and details of the methodological procedures are contained in the earlier paper. It should be emphasized that the data should be viewed as exploratory. Completed questionnaires were obtained from 252 people. Virtually all were white, most were female (60%), middle-aged (the mean age was 44 years), highly educated (61% had some college experience and 15% had done post-graduate work), and rural or from small towns (65%). A number of the items on health attitudes and practices were taken from the National Health Survey, thus allowing comparisons with national norms.

As Table 1 indicates, approximately half of the respondents queried by the National Health Survey reported that their health was "excellent" in contrast to only 28% of the symposium participants. Although symposium participants would be presumed to be at least *interested* in Laetrile, they might be heterogeneous with respect to use. Accordingly, participants were dichotomized as "users" and "non-users". Table 1 shows that differences in perception of health were quite small.

The routine physical checkup has, until very recently, been regarded by orthodox medicine as a cornerstone of appropriate preventive health behavior. The National Health Survey asked respondents about the importance of these regular physical examinations. As indicated in Table 1, symposium participants—especially Laetrile users—appear to be less convinced that regular physicals are "very important" when compared to the NHS respondents. They are less likely to regard them as "very important," and also more likely to reject them as "hardly important."

An additional index of health practices on which comparative national data were available was consumption of cigarettes. Data from the National Health Survey queried respondents by sex on whether they were "Present," "Former" or "Never" smokers. Our questionnaire asked respondents whether or not they were smokers and, if yes, the quantity consumed. In order to make the NHS data as comparable to ours as possible, "Never" and "Former" were collapsed and our data were similarly dichotomized. Table 1 shows that, with respect to smoking, symposium

participants differed vastly from the national norm: overwhelmingly, they were not smokers. Not surprisingly, Laetrile users were less likely than nonusers to be smokers.

Finally, Table 1 shows that a majority of respondents (62%) opposed fluoridation, while over three-quarters of the Laetrile users were opponents. The degree to which Symposium participants deviate from national norms may be seen by comparing them with responses from 1965 Gallup Poll. Nearly two-thirds (63%) of respondents approved of fluoridated water and 80% of those living in communities with fluoridated water supplies were in favor of the practice. Although the two groups are not comparable, the magnitude and direction of the difference is striking.

Attitude toward fluoridation may be viewed as a health issue, but one with political overtones. It has, of course, been a major cause of right-wing political groups. On the other hand, one could argue that fluoride represents an additive and that persons interested in Laetrile would also evince concern with any additives. Thus, fluoridation could be opposed on health, rather than political grounds. Additional data [4] from interviews with persons who attend Cancer Control Society meetings suggests that the latter explanation may be correct. The fact remains, though, that symposium participants—on this item—do deviate from the population at large.

We also examined attitudes toward chiropractors since they are the leading practitioners of alternative medicine, espousing an elaborate ideology that rejects much of the orthodox views of disease etiology. National survey data [5] indicate that only a very small proportion of the population (2.3%) use chiropractors. Symposium participants differ markedly from national norms in this regard. 21% use chiropractors.

The rejection of orthodox medicine is further seen in Table 2. Respondents were asked to evaluate the efficacy of both M.D.s and chiropractors in preventing and treating disease. Our respondents believe that M.D.s are ineffective in preventing disease: less than 2% rated them as "very effective," while two-thirds evaluated them as "ineffective." On the other hand, almost 14% rated chiropractors as "very effective," while only one-third rate them as not effective in prevention. A number of critics have charged that orthodox medicine, for a variety of reasons, has neglected prevention. The data from our respondents seems to confirm that this perception is widely held by Laetrile Movement participants.

By comparison, M.D.s seem to fare much better in the evaluation of treatment. While less than 4% rated M.D.s as very effective, threequarters of the respondents believed that they were somewhat effective in treating disease. In controlling for third variables, we found that education was related to the evaluation

Table 1. Percentage distribution of health perceptions and practices: participants in Laetrile symposium and national samples

Health perception/ practice	National data	Laetrile users	Non-users	All symposium attenders
<i>State of health</i> [2]				
Excellent	49	29	28	28
Good	38	55	59	57
Fair	9	13	10	12
Poor	3	3	3	3
<i>Importance of regular checkups</i> [2]				
Very important	75*	54	67	62
Fairly important	18	30	23	26
Hardly important	3	16	9	12
<i>Smoke cigarettes</i> [2]				
Yes	43/31t	2/16	18/12	11/14
No	59/69	98/84	82/88	89/86
<i>Approval of fluoridation</i> [3]				
Approve	63/81t	1	18	11
Disapprove	20/12	77	51	62
Not sure	17/7	22	31	27

* The NHS reports data in terms of those examined and unexamined. Since percentage differences are negligible, data for those examined and unexamined are combined. .1 Figures to left of diagonal are male; to the right, female.

t:Figures to left of diagonal are general population; to the right, communities with fluoridated water.

of the efficacy of M.D.s. Better educated respondents were less likely to believe that M.D.s were effective in preventing or treating disease.

A major social movement has emerged from the controversy over Laetrile [6-8]. We have previously argued that this movement is characterized by a unique ideology : a blend of belief in the overriding importance of nutrition, opposition to orthodox medicine, and acceptance of officially condemned health beliefs [9]. In this note we show that interest in or use of Laetrile is not an isolated act of medical deviance. Symposium attenders and Laetrile users differed from the national norms on a number of health attitudes and practices. An awareness of such differences is essential to those who wish to understand the Laetrile phenomenon.

Table 2. Chiropractors (DC) vs medical doctors (MD): perceived efficacy in the prevention and treatment of disease

	Laetrile Users				Non-Users				All Symposium Attenders			
	%	MD N	%	DC N	%	MD N	%	DC N	%	MD N	%	DC N
<i>Effectiveness in prevention of disease</i>												
Very effective	1	(1)	15	(12)	2	(2)	13	(14)	2	(4)	14	(27)
Somewhat effective	24	(25)	57	(47)	36	(48)	45	(48)	31	(73)	50	(95)
Not Effective	75	(77)	28	(23)	62	(83)	42	(45)	67	(161)	36	(68)
	100	(103)	100	(82)	100	(133)	100	(107)	100	(238)	100	(190)
<i>Effectiveness in treatment of disease</i>												
Very effective	2	(2)	15	(12)	6	(8)	9	(10)	5	(11)	11	(22)
Somewhat effective	77	(78)	64	(52)	76	(99)	52	(58)	76	(178)	58	(112)
Not effective	21	(21)	21	(17)	18	(24)	19	(43)	19	(45)	31	(60)
	100	(101)	100	(81)	100	(131)	100	(111)	100	(234)	100	(194)

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