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An Exploratory Analysis of Participation in the Laetrile Movement

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AN EXPLORATORY ANALYSIS OF PARTICIPATION IN THE LAETRILE MOVEMENT

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I accept full responsibility for this document's contents.

Yvonne M. Vissing

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CHAPTER I

THE PROBLEM AND ITS BACKGROUND

The Purpose

The purpose of this thesis is to examine factors leading individuals to participate in the laetrile movement. Laetrile, a substance obtained from a variety of foods including apricot kernels, has been termed by the Food and Drug Administration (FDA) to be both ineffective in the treatment of cancer, and even dangerous when taken in large amounts. Even so, over 50,000 people in the United States are estimated to use this substance for the control and prevention of cancer. They do so without the support of the orthodox medical profession, and may face federal prosecution for becoming involved with this substance.

Cancer victims have a variety of conventional cancer treatments at their disposal. The decision to use laetrile can be seen to be deviant from the traditional medical profession both in philosophy and in practice. Even the etiology of cancer as viewed by laetrile advocates differs dramatically from those beliefs held by the medical authorities.

The belief in laetrile and this alternative view of cancer is at the basis of the movement to legalize laetrile. In order to further the fight for laetrile legalization, advocates of this substance have come together in both self-

help types of organizations and in political lobbies. These organizationa advocate the use of laetrile and oppose the views held by medical and governmental authorities. Laetrile legalization has passed in over one fourth of the states despite governmental opposition. The individuals who have come together to support laetrile can be seen to support a deviant medical practice. The study of persons involved in similar kinds of deviant groups has long been an area of interest in Sociology (Schur, 1965; Sagarin, 1965; Becker, 1963).

What kinds of people are the laetrile advocates? What kinds of political philosophy do they hold? How do they learn about and obtain laetrile? How do they view the medical profession? Are they uneducated on the laetrile issue and being led into using a quack treatment? Are they political radicals? Why do they choose laetrile, a substance reported to be worthless, over conventional cancer treatments which are purported to be successful?

These are but a few of the questions that can be raised concerning the laetrile advocates. But these questions and more must be raised for understanding to occur. Many cancer victims who use laetrile have been portrayed by the government and medical profession to be under too much stress to have made a rational decision to use laetrile. (Klagsburn, 1977:61). Other cancer victims are seen to be coerced - even forced - by advocates to use laetrile (Kennedy, 1977:

39799; Kelly, 1977).

This impressionistic picture painted of laetrile advocates may not be accurate, since it is not based on scientific inquiry. This thesis will explore attitudes, beliefs, and practices of persons who advocate laetrile. This thesis does not attempt to determine if laetrile is effective in the treatment of cancer. It merely seeks to understand what kinds of people use laetrile, and why.

Cancer: Some Statistical and Research Considerations

Cancer is the second most deadly disease in the United States - only heart disease kills more people. Cancer will kill 385,000 people this year - that is one death every minute and a half (American Cancer Society, 1977). It has been estimated that the direct costs for this disease are over $3 billion, and the overall costs are around $20 billion annually (Diamond, 1977:17).

A variety of research on cancer is conducted annually, yet one in four people will develop cancer (American Cancer Society, 1977). The National Cancer Institute (NCI), a scientific institute that also funds research projects, has a budget of $810 billion annually. Most of its money is spent on viral research; only 6 million is spent on nutritional aspects of cancer, although there is a link between our food consumption and cancer (Diamond, 1977:20).

The medical and scientific professionals constantly

reinforce the idea that a cancer cure can and will be developed, given enough time and money. Yet Nobel Laureate James D. Watson noted in 1975 that:

> "The American public is being sold a nasty bill of goods about cancer. While they're being told about cancer cures, the cure-rate has only improved about 1%." Diamond, 1977:17.

Many doctors have openly stated that we deceive ourselves to think a cancer cure is just right around the corner; there is no cure at this time (Pilgrim, 1971 Coe, 1971).

The most common treatment for cancer used by members of the orthodox medical profession are surgery, chemotherapy, and radiation. However, only one third of the people who get cancer this year will be alive after five years of conventional treatment (American Cancer Society, 1977). One noted physician found that 67% of the cancer patients using orthodox therapies did not show any signs of cancer remission (Rosenbaum:1975). Another physician, Dr. Hardin Jones, conducted a long term study with cancer patients and found that orthodox therapies do little to prolong life. In fact, he found that patients who did not take orthodox treatments lived an average of 12½ years after their diagnosis, whereas patients using conventional treatment lived an average of 3 years (Diamond. 1977:17).

The relative ineffectiveness of orthodox cancer treatments, their horrendeous side effects, and the unknown cause of the disease are all contributing factors to the develop-

ment of cancer as the most dreaded of diseases. Cancer effects the patient's life so totally, and the fear of it is so great that one physician has labeled this fear as "cancerophobia" (Inglefinger, 1975). Some physicians feel that cancer need not be this dreaded, since up to 60% of all cancers could be avoided on a personal/industrial level (Pilgrim, 1971:234). Yet cancer remains to be the most dreaded of diseases. Goldsen, Gerhardt and Handy (1957) suggested that patterns of help seeking for cancer are the same as for other diseases. Other researchers, however, (Kutner and Gorden, 1961, Levine, 1962), have challenged the notion of nondifferentiation of response. Cancer evokes a greater sense of fear than other diseases. Thus, it results in a different kind of response. One treatment that is purported to successfully treat cancer and provide cancer patient's a greater sense of well being is laetrile.

Pro-Laetrile Information

Laetrile and the trophoblastic theory of cancer

Even though the causes of cancer are uncertain, the laetrile advocates hold a very different view of its origin than do the majority of medical professionals. The advocates rely on a theory of cancer that dates back to 1902 and the work of embryologist John Beard. He conducted cancer research, and noted that while various forms of cancer exist, all are the result of a pancreatic enzyme disease. He developed

what is known as the trophoblastic theory of cancer. Beard viewed the trophoblast as the outer layer of a forming embryo. As pregnancy continues, this trophoblast is destroyed.

Ernst T. Krebs Jr. (1950) refined this theory and applied it to his father's research with amygdalin. Krebs Sr. found that amygdalin (a substance found in 1200 plants containing nitrilosides) seemed to produce an antitumor effect in test rats. However, amygdalin was found to be too toxic for use in humans. Krebs Jr. pruified amygdalin for human consumption, and expanded Beard's theory. Krebs felt that trophoblasts were primitive cells that may survive pregnancy and lodge in various tissues of the body. Cancer develops when trophoblasts go wild, destroying body tissues while growing larger. Krebs hypothesized that amygdalin (now renamed laetrile due to its chemical make up) would prevent or halt the growth of cancer cells.

The laetrile molecule contains glucose, benzeldehyde, and cyanide, the latter two substances being very toxic to humans. Krebs asserts that normal body cells contain the enzyme rhodanese, which protects them from these toxic substances. However, he thought the cancer (trophoblast) cells do not contain rodanese, but the enzyme beta glucosidase, which releases the cyanide and benzeldehyde to kill off the cancer cell.

Nutrition and Cancer

Krebs claims that cancer is due to a vitamin deficiency, and that tumors and manifestations of a total body disease. He reported that primitive tribes who have diets high in nitrilosides also have very low cancer rates. Some of these tribes are the Hunzas, Eskimos, Hopis, and Navajos. Krebs reported that through the processing of foods, our diets have become deficient in nitrilosides. Laetrile (or Vitamin B-17) is seen to fight off cancer in the same way that Vitamin C prevents scurvy or that Niacin prevents pellagra. Orthodox medicine does not view laetrile as a vitamin, or cancer as a result of a vitamin deficiency.

The use of Vitamin B-17 is seen to keep the trophoblasts in control, thus reducing the development of cancer. When our diets become deficient in laetrile and body injury develops, our body cannot always fight off the growth of trophoblasts; thus cancer results. Chemical additives found in our food and environment are also seen as conducive to trophoblast production. Therefore, a natural foods diet that is high in nitrilosides and low in animal protein (which vie for important pancreatic enzymes during digestion) is advocated. The diet should contain fresh vegetables and fruits, whole wheat products and raw nuts. Avoidance of eggs, dairy products, sugar, coffee, alcohol, processed, and fried foods is also recommended. The use of this diet in conjunction with other vitamins and enzymes is termed

"metabolic therapy" and refers to the treatment of the entire body, rather than isolated, sympotamatic areas. Richardson and other laetrile advocates promote the use of the diet as a crucial part of the laetrile program. Richardson has stated:

> "No laetrile clinician would ever advocate laetrile without also prescribing panacreatic enzymes supplements, other vitamins, minerals, and a low protein diet." Richardson and Griffin: 1977:21.

Laetrile Clinics

Thousands of people have tried laetrile and the metabolic approach for cancer control. In the United States, one can obtain laetrile in the states where it is legal, or at clinics like physician John Richardson's in California. However, many patients go directly to laetrile clinics in Tijuana, or to Germany to visit Hans Neiper, MD. The Clinica Del Mar in Tijuana, operated by Ernesto Contrearas, MD, estimates it receives ten thousand inquiries and seven thousand patients each year (Newsweek, 1977).

The cost of laetrile and the visits to these clinics are reported to be much less expensive than traditional treatments and visits to orthodox medical facilities. One woman reported spending $35,000 a year on orthodox cancer treatments for her husband. When he tried laetrile, they spent $4,000 a year on laetrile, and he felt much better (FDA oral hearings, 1977:288). An average weekly cost at

the Clinica Del Mar is $350 for all services (Newsweek, 1977). In a recent study of cancer costs for traditional treatments, it was found that cancer costs a family an average of $19,000 within twenty-four months, regardless of the end result (Diamond, 1977:17). Therefore, laetrile costs are less than half of orthodox cancer treatment costs.

The Laetrile Controversy

While many cancer therapies that are not supported by the orthodox medical profession have been developed (like Hoxsey therapy and Krebiozen), laetrile has gained the most publicity. Advocates of laetrile report that it is effective in reducing the pain of cancer; it increases the appetite; it increases energy; and in some cases with a controlled diet, cancer remission may even be possible (Richardson & Griffin, 1977). Laetrile is seen to provide a greater sense of hope for many people who have cancer. Hundreds of people have testified that laetrile has been an effective cancer therapy for them and for their relatives (FDA hearings, 1977).

Reports indicating laetrile is effective in the treatment of cancer have been provided by: the McNaughton Foundation; N.R. Bouziane, MD of Montreal; Manuel Navarro, MD of the Phillipines; Ernesto Contrearas, MD of Mexico; Shigeaki Sakai, MD of Japan; and Etore Guidetti of Brazil (Diamond, 1977:18).

Despite these reports of laetrile's benefit in the treatment of cancer, the government and orthodox medical profession has reported that laetrile is worthless (Federal Register, 1977). Laetrile has even been termed as quackery by many persons (Ann Arbor News, 1976; Schultz, 1973). The FDA has seized laetrile from laboratories and suppliers (Trux, 1977; Herald Telephone, 1977), and even gone so far as to mass produce anti-laetrile posters. These posters resemble "Wanted" posters, and bear the words, "Warning: Laetrile can be fatal for cancer patients who delay or give up regular medical treatment to take laetrile instead" (Drug Survival News, 1978). It is interesting to note that some definitely harmful substances do not receive half as much as publicity as laetrile, which many report to have no negative side effects at all.

This difference of opinion concerning laetrile's efficacy, coupled with differences in the freedom of choice issue, has escalated onto a controversy of significant magnitude. The advocates of laetrile are opposed to the stance taken by governmental and medical authorities, and are fighting for their beliefs. Just as the authorities have launched a campaign against laetrile, so have the advocates declared war on both the medical and governmental authorities.

Contrearas has stated that laetrile got off to a wrong start with the orthodox medical professionals. He felt it was developed in a non-professional way, and was put in the

hands of chiropractors and general practitioners, which produced an initial prejudice against laetrile from the oncologists and cancer research centers (Contrearas, 1976).

Therefore, prejudice against laetrile by the orthodox medical profession is one reason cited for the medical profession's stand against laetrile. Another reason for hostility from the medical profession toward laetrile is frequently provided. The laetrile advocates feel the medical profession profits financially by treating cancer patients, opposition to laetrile by the medical profession is seen to be at last a means of self-interest, if not professional survival. As John Little, the Director for Citizen's Truth About Cancer states:

> "What we are confronted with is a scandal of Watergate proportions, in which the truth about cancer is being systematically repressed. The fact that prevailing orthodox therapies do more harm than good has been well documented.... The plain fact is that the truth is not available to the American public.... The motives for this (cover-up) involves greed, avarice, and a degree of desire on the part of those who see themselves in authority to maintain their position to resist attempts to present new evidence and retain the priviledged position of being regarded as authorities." FDA hearings, 1977:293.

At the FDA hearings in Kansas City (1977), Dr. John Yarbo asked a group of advocates if they honestly thought a quarter of a million U.S. doctors would let people die because they wanted to make a monetary profit off of them. The crowd enthusiastically replied with shouts of "Yes!".

Advocates have also attacked the role of the federal

government in this laetrile controversy. The government has stated that animal tests have shown laetrile to be of no value. Advocates report that it is the refusal of the FDA to allow testing on humans in conjunction with the necessary metabolic diet which indicates they do not want to see laetrile work (FDA memo 6/6/77).

Michael Culbert, author of Vitamin B-17: Forbidden Weapon Against Cancer, carries the argument further.

> "By what right does the state get off interfering with the doctor-patient relationship, particularly when under their informed consent they want access to a nontoxic cancer therapy?"
> Kansas City Hearings, 1977:56.

This freedom to choose one's doctor and treatment has become a crucial issue in the laetrile controversy. Advocates argue that it is their decision to choose whatever treatment they want, especially when confronted with a killer disease like cancer. "Who knows what is best for me but me" has become a central theme.

The advocates are opposed to governmental control over this freedom of treatment, laetrile use, and laetrile testing. An undercurrent that is apparent in the laetrile movement charges the government with putting business before the needs of the public. It is a fact that the FDA has been recently charged with catering to pharmaceutical and food industries at the expense of consumer interests (New York Times, 1977). To what extent the consumer interests have been put aside is undetermined. However, it does seem that

some of the attacks launched by laetrile advocates against the government are grounded in documented fact.

Groups and Lobbies

The advocates of laetrile have come together to further the cause of its efficacy. Organizations like the Committee of Freedom of Choice in Cancer Therapy, Cancer Control Society, International Association for Cancer Victims and Friends, and Citizens for Truth About Cancer have sprung up across the country. The Committee for Freedom of Choice claims over thirty thousand members in five hundred local chapters. These organizations often provide emotional support to cancer victims and their families, as well as information concerning laetrile and nutrition.

Members of these organizations, as well as other laetriel advocates, have played an important role in the legalization lobby for laetrile. Petition signing, testimonies, letter writing to officials and gatherings at state and federal laetrile hearings are but a few of the activities used to promote legislation. The efforts of the laetrile advocates have successfully paid off, for laetrile is now legal in 14 states, and legislation is pending in several others (Petersen and Markle, 1977).

Anti-Laetrile Information

While advocates of laetrile feel this substance is beneficial in the treatment of cancer, there are many people who

do not share this enthusiasm for laetrile. The American Cancer Society, American Medical Association, National Cancer Institute and Committee of Neoplastic Diseases, plus a variety of other medical professionals, cite evidence that laetrile has produced no inhibitory effect on cancer (Federal Register, 1977). Memorial Sloan-Kettering Cancer Center conducted a four year study on laetrile and a series of animal tumor systems, and found there was no evidence laetrile cures, prevents, or controls malignant tumors (Altman, 1977). Other studies have been condusted with similar results (Medical World News, 1977).

There also exist reports that laetrile may be too toxic for human use. Several persons are reported to have died or suffered extreme toxic reactions of cyanide poisoning after consuming large amounts of laetrile (Van, 1977; FDA Drug Bulletin, 1977; Morse, 1976).

In order to determine the status of laetrile - to see if laetrile is a new drug or exempt from current new drug standards due to its 1938 grandfather clause - the FDA has solicited testimony from individuals supporting and opposing the legalization of laetrile (FDA hearings, 1977). After hearing the evidence submitted by both sides, the FDA determined that laetrile not be exempt from new drug regulations, and has no beneficial effect in the treatment of cancer (Federal Register, 1977).

Freedom of choice

Laetrile advocates promote the philosophy that what goes on in the doctor patient relationship is a private, personal matter. However, the government does not believe that doctors and patients have the freedom to be involved with a substance that can be harmful. Stephen Barrett, author of Health Robbers, asserts the real issue in the laetrile movement is whether the government should protect people from worthless, dangerous, and ineffective health products of all types (FDA hearings, 1977:128).

Since the FDA believes laetrile is worthless, the pro-laetrile information read by laetrile advocates is seen to be highly deceptive. If one has deceptive information, how can one make a "free", unbiased choice regarding laetrile? Dr. Yarbo stated at the FDA hearings that "it is not freedom of choice, but freedom to swindle" that is behind laetrile promotion (1977:195).

The FDA also report that promoters of the laetrile movement exert pressure on the cancer victims to use laetrile instead of orthodox cancer treatments (Federal Register, 1977:39799). Other persons have reported that they were led to use laetrile, even when no cancer was apparent (Kelly, 1977).

The family of John L. Scott, a cancer victim who was treated with laetrile by Georgia Representative Larry McDonald, MD, recently took the laetrile issue to court. The

family felt Dr. McDonald hastened Scott's demise by administering laetrile, so they took McDonald to court for malpractice. Mrs. Scott disapproves of the laetrile advocates argument of freedom of choice, and indicated that it is no freedom to choose to be treated with laetrile if it doesn't work (Grand Rapids Press, 1978; Today, 1978).

Samuel Klagsburn reports that the freedom to use laetrile is not a freedom at all:

> "...it is the same argument that my seven year old daughter tells me when she takes matches and says, "Daddy, I am grown up enough to use matches, and don't worry, I won't burn myself". I would no more allow my daughter to play with matches as I would allow...(someone to yell) "fire" in a crowded theater.... We are dealing with a situation where yelling fire kills in the same way as allowing people to use nonconventional methods of treatment, to choose suicide. It is suicide we are talking about. And suicide...is against the law." FDA hearings, 1977:62.

Other information supported by the FDA regarding the freedom of choice issue concerns the past histories of laetrile promoters, and the sense of quackery that surrounds the movement.

Why Cancer Victims are Easy Prey for Quack Cures

One of the government's main contentions is that laetrile is a quack therapy which is taking advantage of persons with cancer. As discussed earlier, cancer is a dreaded and feared disease. Having that cancer produces a severe form of stress for the person, according to psychologist Morton Bard:

> "Cancer patients must be regarded as people under a special and severe form of stress.... In addition to the expectation of prolonged and intense pain, it carries the threat of disability, and worst, recurrence and the repeated threat of death. Thus cancer becomes an unusually stressful experience which disrupts most important lifelong patterns of behavior. Each cancer patient's behavior is designed to prevent, avoid, minimize or repair injury, not only to the body or psyche, but to his basic adaptive patterns and all their social implications."
>
> Bard; 1973:166

Klagsburn has noted that rational, sensible, careful thoughtout judgement is not available to the cancer patient, due to all of the stress involved (FDA hearings, 1977:61). Therefore, cancer victims become the easy prey of quacks, since they grasp at "straws", or quack therapies, when conventional treatments are of no help (Cobb:1958:283). Klagsburn has stated that laetrile users are "gullible, vulnerable, and desperate". (FDA hearings, 1977:67).

The laetrile movement has similarities to other "quack" treatments in terms of its method of promotion and arguments for its use (Federal Register, 1977:39795). Coe notes that nutrition and foods have been popular areas for quack cures in the past, and one main method of advertisement of such "cures" are personal testimonies (1971). However, laetrile is said to have nothing in common scientifically with any of the other unproven cancer remedies of the past (Federal Register, 1977:39795). Laetrile leader Michael Culbert admits being a quack:

"We usually say we're all "quacked up", because

> that puts us in pretty good company; Lister, Pasteur, Gallaleo, and both Krebs."
> FDA Kansas City Hearings, 1977:46

Laetrile leaders questionable characters

Most of the national leaders of the laetrile movement have no professional medical or scientific research training. Only Richardson is a physician. Other major leaders are: Robert Bradford, Ernest Krebs, and Andrew McNaughton. Three of the leaders are life members of the John Birch Society, and all have had trouble with smuggling laetrile illegally (Holles, 1976). Bradford founded the Committee for Freedom of Choice in Cancer Therapy after Richardson was arrested for using laetrile at his clinic.

Due to their involvement with this illegal substance, lack of medical and scientific professionalism in the development and use of laetrile, plus their John Birch Society ties, the legitimacy of the laetrile movement has been questioned (Lyons, 1977).

Also, the income increase received by these men also makes one suspicious of the legitimacy of their purpose. Richardson has deposited $2.5 million in a bank over 2 years - a substantial increase over past incomes (Newsweek, 1977). Even though laetrile is reported to be much less expensive than other cancer chemotherapy, it still sells for six hundred percent above the manufacturer's cost (Newsweek, 1977).

Laetrile's testing problems

The accurate testing of laetrile for its effectiveness in cancer treatment is very important in ending this controversy. However, the exact substance used in many of the laetrile tests is unknown, making replication impossible. Laetrile has gone under many names (Laetrile, laetrile, vitamin B-17, amygdalin, sarcancinase) and the exact chemical make up of it is often unclear, or may have varied across time (Federal Register, 1977:39771). Since laetrile is mostly smuggled in blackmarket, the purity and content of laetrile is often varied or is unknown (Lyons, 1977). Therefore, results of laetrile studies, especially foreign pro-laetrile studies, are highly questionable.

Persons who testify that laetrile is effective in the treatment of their cancer are often thought to have experienced a placebo effect (Federal Register, 1977:39777). Through review of cases treated successfully with laetrile, most of the patients had used other, orthodox treatments in the past, making it impossible to say that laetrile caused the cure. Spontaneous remission is often credited for the cases in which laetrile could have produced the positive effect. Other patients who were "cured" by laetrile may have never had cancer at all (Federal Register, 1977:39799).

Summary

Both the laetrile advocates and their opposition - the FDA and medical profession - have expert opinions and documentations to support their positions (Petersen & Markle, 1977). Both sides advocate their position is the correct one to follow, and try to persuade others to their way of thinking. The government tries to persuade individuals that laetrile is worthless and unsafe by prosecuting those involved in the manufacture and distribution of laetrile, by printing anti-laetrile posters, and by making their opposition documented fact in many publications. The laetrile advocates, on the other hand, hope to see laetrile legalized, and use political lobbies, petitions and meetings to spread the word. Television, radio, newspapers and magazines further facilitate the controversy by their reporting of laetrile related events.

I cannot determine which of these two groups is "right", since that question is answerable only when scientific research proves solidly laetrile's effectiveness or ineffectiveness. We know a great deal about why the federal government and scientific community are opposed to laetrile. We know only vogue generalities about those individuals who advocate the use of laetrile. To know more about the advocates of laetrile and their role in the laetrile movement will help us understand why they fight so strongly for this deviant health practice. Let us now look at what the lit-

erature has to say about laetrile advocates and those who participate in deviant forms of organizations.

CHAPTER II

REVIEW OF THE LITERATURE

Theoretical Orientation

Little research has been conducted on the characteristics of individuals who participate in the laetrile movement. Similarly, the process whereby they become members of the movement has also been ignored. However, the study of individuals involved in deviant organizations has been a topic frequently studied in Sociology.

Laetrile has been regarded as a form of medical quackery, according to governmental and medical authorities. Julian Roebuck and Bruce Hunter (1972) interviewed 104 urban Texas respondents to determine their awareness of health-care quackery as a form of deviant behavior. They assert that often individuals are unaware of the actions of the authoritative bodies regarding health quackery, and even when they are aware of adverse judgements toward a health care technique, they may reject the negative view. They also note that detection and control of health care quackery is weak. In fact, health care quackery can be seen to be a "folk crime" in that the health care norms and sanctions are weak and involve a large number of offenders. Since medical advances today are so complex, the general public and even authoritative bodies may be faced with a

quandry of what actually is effective health care.

The authors found that the mass media (especially TV and magazines) and the primary group (family and friends) are the leading sources of information about healers and healing techniques. The respondents lack of knowledge concerning health care practices did not vary by SES, occupational level, race or ethnicity, educational level, area of residence, age or sex. A significant number (30%) of the respondents expressed a great deal of confidence in healers and remedies defined as deviant by the American Medical Association, state and federal government, scientific community, and commercial associations. The authors note that it is clear that authoritative groups have failed to promulgate and enforce normative controls to health care quackery. Therefore while authoritative groups have defined certain health care remedies and healers as deviant, this does not mean that the general public defines them as deviant.

Edward Sagarin (1969) has studied organizations of deviants in America, and has determined some general characteristics of deviant organizations that may prove useful in understanding the laetrile movement. Sagarin views deviant groups as

> "A collectivity of persons who share some trait, characteristic, or behavior pattern in common - in fine, any attribute that is defined negatively and that is of enough significance to themselves and to others to differentiate them from

> all those persons not sharing the attribute" (1969:25).

Individuals who join such organizations expend great energy seeking to fight the stigma placed on them, rather than internalizing that stigma. For them, the organizations provide mutual support in the fight for a common cause. But such organizations should never be taken to mean that the members have nothing to lose but the chains that bind them. Just the opposite is true, in Sagarin's estimation.

> "Their rising social expectations have provoked both the need to attain greater dignity and the belief in the possibility that such attainment is within their reach. For almost the first time in any large scale, these people, formerly leaderless, mute in a society that was deaf to hear their cries of tragedy, have demanded to be heard" (1969:241).

While these organizations provide utility and unity for groups of deviants who desire to make the rest of the society aware of their plight, they attract only a fraction of those persons sharing the deviant attribute. Therefore, some "deviants" join organizations while others do not. This fact creates difficulty in making statements about the entire group of individuals who share a deviant characteristic on the basis of research on deviant organizations. The results of research conducted on deviant organizations must be contained for the individual group studied, with care being taken not to infer characteristics on other individuals which may not in fact be true.

Sagarin also reports that one of the curious ironies

of deviant organizations is that while they may be hostile toward one authority group, the popularity of the organization may actually be aided by the group in authority. The authority group under attack by the deviants may strengthen and perpetuate the deviant organization by its own popularity, and the stands it takes toward the deviant group.

Sagarin believes that it is good for American society for people labeled as deviant to fight back through the development of such organizations. These organizations can provide success in providing a change of self image and lifestyle for the deviant. This is produced in part by changing how the deviant is viewed and labeled by the society. The organizations also provide success in shaping the currents and directions for the entire society. Sagarin asserts that it is essential to present the view of the deviant as real and legitimate.

> "The fact that we are on their side, that we portray the world as they see it, should not prevent us from understanding that not every action of the deviants in dealing with both their problems and the hostile public is necessarily in the best interest for themselves or the public. We must not be seduced either by our sympathy for the sufferer or by the hostility to the perpertrators of injustice which we share with him, into fighting with weapons we have not forged, ones which could well lead only to defeat" (1969:238).

While Sagarin made these generalizations before the laetrile movement developed, his comments are still very useful for the understanding of it. The laetrile advocates are deviant because they do not adhere to orthodox cancer

therapies, or to orthodox views concerning cancer etiology and prevention. The authority groups - the medical profession and the federal government - insist that the laetrile advocates are misinformed, gullible, and thus are unable to make rational decisions about laetrile use. They have associated laetrile with quacks and hoaxes, thereby stigmatizing the persons who support laetrile.

The laetrile advocates do seek to attain the dignity and credibility they feel they deserve in this issue, and believe that by their group efforts that the efficacy of laetrile will finally be established. They no longer are mute, and the media and scientific community are no longer deaf to their assertions. The leadership of the laetrile movement has been quite successful in bringing the laetrile issue to the forefront of the political arena.

Sagarin's observation that deviant organizations are often facilitated by the groups they are most hostile to is borne out in the laetrile movement as well. The increasing medical costs, poor survival rates for cancer victims, devastating treatments, and the lack of interest in prevention and nutrition by the part of the orthodox medical profession all help strengthen the cause for which the laetrile advocates fight. If the orthodox medical profession were better able to deal with these issues, the advocates would not have as much of a case, or be able to attract as much attention to their cause. The fact that the actions of the medi-

cal profession effects everyone helps the laetrile movement gain both individual support and media popularity.

Sagarin recommends that viewing deviant movements from the perspective of the deviant is the most useful approach for gaining general understanding of the movement. Since I feel that the information currently available on laetrile has been written from the perspective of the authority groups, I feel it is necessary to look at the laetrile movement from the deviant's perspective as well. Sagarin's point that one cannot make general statements about individual deviants from the observation of one group is well taken. Indeed, each individual of the laetrile movement is unique, and the organizations they form will thus be unique as well. But even though we cannot make macro level generalizations from micro level data, research on this group of laetrile advocates can at least provide us a better understanding than the ones presently available concerning the movement.

The laetrile movement has not been analyzed extensively, but there exist other articles that can be useful in understanding how individuals become involved in deviant organizations. One article by Lofland and Stark (1965) examined the process whereby an individual became involved in a deviant religious group. The authors looked at how 15 persons became involved in a West Coast religious cult led by Ms. Yoon Sook Lee (This group seems to be the forerunner

of Rev. Moon's Unification cult). This involvement was defined as "conversion", or the process of giving up a widely held perspective for an unknown, obscure, and often socially devalued one. The authors analyzed this conversion process over one year, through participant observation in the religious cult, and with interviews with converts. They determined that in order for the conversion process to be complete, a series of necessary conditions should occur. These conditions:

1. Tension: Tension is defined as a felt discrepancy between some imaginary, ideal state of affairs and the circumstances which these people saw themselves caught up in. One major source of tension listed was "a disabling and/or disfiguring physical condition". Preconverts experience problems similar to other significant proportions of the population, but pre-converts feel that their problems are quite acute, with tension lasting long periods of time.

2. Problem Solving Perspective: A person in a stressing condition seeks ways to end this tension. Because people have so many conventional and readily-available means for dealing with problems, in the end there were proportionately few converts to the religion group. While restrictions to the available solutions may exist, other alternatives are to be noted. First, people in stressing situations can persist for long periods of time with little or no relief. Second, persons often take specifically problem-directed ac-

tion to change troublesome portions of their lives without adopting a different world view. Third, one can become immersed in other activities to put the problem out of mind.

3. Seekership: When preconverts fail to find a way out of their difficulties described in step two, the search for an alternative that does have meaning for them exists. Religious seekership emerges as another part of the path through life contingencies leading to religious conversion. It can be seen as a floundering among religious alternatives, an openness to a variety of religious views, and a failure to embrace the specific ideology and fellowship of some orthodox sets of believers.

4. The Turning Point: While the tension and attributes had existed for the pre-convert for quite some time, the time becomes right to do something about the problem. The significance of the turning point is that it increased the preconvert's awareness of and desire to take some action about the problem, as well as providing an opportunity to do so.

5. Cult Affective Bonds: If a preconvert goes through all four of the previous steps, and is to be further drawn down the road to conversion, an affective bond must develop with the older members of the religious group. The development of positive, emotional and interpersonal relations seem necessary to bridge the gap between the first exposure to the religious doctrine and the acceptance of it as truth.

6. Extra-Cult Affective Bonds: In order for the pre-con-

vert to continue in this conversion process, bonds with non-religious group people must develop that do not discourage the pre-convert's interest in laetrile. Persons outside the underground who are close to the preconvert do not intervene in the participation of the pre-convert for a variety of reasons, from geographic distance to a lack of intimacy with each other.

7. Intensive Interaction: The final step of this conversion process occurs when the pre-convert accepts the doctrine of the religious group and increases participation and interaction with the group. This interaction goes to strengthen the two kinds of converts. These two kinds of converts are: 1. the verbal convert, who exhibits overt dedication to the group, but whose loyalty disappears when under attack, and 2. the total convert, who has incorporated the religious doctrine into the value structure as well as into the behavior.

This article gives an outlined approach to determining the process whereby people searching for a religious truth come to be involved in this deviant, unorthodox religious group. This article may also prove useful for examining the process whereby cancer victims and other interested persons become members of the laetrile movement. As the religious pre-converts are looking for an effective religious truth that will alleviate their tension, so are the laetrile "pre-converts" looking for an effective treatment that

will alleviate their source of tension - the fear of cancer. When the cancer victim first learns of his or her plight, it is necessary to take some steps to curb the disease. Other persons in the laetrile movement feel it is necessary to ward off cancer before it strikes. Just as the religious converts have conventional solutions for their problems, the laetrile advocates have a variety of conventional treatment at their disposal. However, both groups of people instead choose to become involved in "deviant" movements to combat their source of tension.

Due to the fact that specific information about laetrile is difficult to obtain without the help of members in the laetrile movement, interaction between the preconvert and older movement members is vital for this conversion process to develop. This is similar to the interaction described by Lofland and Stark between the religious preconvert and the older religious converts.

The process described by Lofland and Stark presents some variables that I see could also apply to the laetrile movement. I wish to explore the role of interaction between the preconvert and older members of the laetrile movement, and what effect it has on the conversion process to the movement.

Previous Research of Cancer and Laetrile Users

Morton Bard (1973) has focused upon the survival proc-

ess of the cancer victim. Cancer is an unusually stressful experience that disrupts most of one's lifelong patterns of behaviors. Bard notes that each individual develops a system of beliefs and behaviors designed to bring his physical and emotional needs into harmony with the demands of the environment. When these patterns are threatened, as with the incidence of cancer, the individual often becomes unable to engage in customary activities which have always fulfilled emotional needs. Depression and dependence are appropriate and temporary reactions for most cancer patients. Often these reactions are a prelude to the process of emotional repair. To what extent these feelings persist depends on the amount of help the patient gets in solving these new problems. Unless the patient gets adequate help to deal with his/her feelings, the patient may not be able to solve the problems. The family, social, economic and ethnic groups to which the individual belongs will influence ones view of this threatening experience, determines the confidence felt for doctors, and defines acceptable ways for expression of emotional reactions that occur. The problem of emotional adaptation to cancer and its treatment is seen to be inseparable from the larger problems of human communication. Bard sees the anxiety that cancer produces to be a huge barrier between the patient and those around him/her. Bard concludes his work by encouraging us to devote as much energy and resources to preserving psychic in-

tegrity as we devote to preserving physiologic integrity.

While many journalists have written articles concerning the laetrile movement, few have attempted to study the members in a strict sociological manner. Three works have attempted, in varying degrees, to study the actual members of the laetrile movement. One article concerned with characteristics of the laetrile advocates is written by three sociologists; one orthodox physician reports his views of cancer patients who abandoned orthodox cancer therapies in favor of laetrile; and the last work is by a physician who runs a laetrile clinic in California.

I wish to focus next on an exploratory paper concerning the characteristics of participants in a symposium on laetrile (Markle et al, 1978). Two hundred and fifty-two responses were obtained via questionnaire at a Cancer Control Society symposium where national leaders of the Laetrile movement spoke. It is reported that the speakers were critical of both the orthodox medical profession and of the government. Often notions of conspiracy, right wing politics, and a sense of persecution by the "establishment" were apparent. There was also heavy emphasis placed on the importance of nutrition. The respondents were mostly white, female, middle-aged and highly educated, with 62% having some college experience. Almost half of the participants used laetrile as a cancer cure or preventive, and many persons were very involved in the use of health foods. They

were seen to reject orthodox medicine by exhibiting doubts in medical wisdom and efficacy. Medical doctors were seen as much less able to prevent disease than were chiropractors (a profession condemned by the orthodox medical profession). The authors see the laetrile movement as an active component of an anti-cancer counter-culure. The most prominent values found in this movement were great importance on nutrition, opposition to orthodox medicine, and political radicalism. They report that users of laetrile do not hold MD's in high esteem, and oppose fluoridation of water, an issue often opposed as well by the John Birch Society.

I think it is necessary to further explore the contribution of right wing political philosophy and the rejection of orthodox medicine to the laetrile movement. To what extent these factors are important, and how they effect one's participation in the laetrile movement are factors that I feel need clarification and elaboration.

One article written from the perspective of an orthodox medical authority seeks to give insight into laetrile users. Wallace Sampson, MD, Clinical Associate Professor of Medicine at Stanford University School of Medicine studied fifteen cancer patients who had rejected the orthodox cancer therapies in favor of laetrile (Sampson and William, 1977). The major focus of this study was medical and not sociological, although Sampson did report sociological characteristics of laetrile users at FDA hearings on laetrile.

Sampson sought to determine the effectiveness of laetrile from studying laetrile users as experimental subjects, and non-laetrile using patients as control subjects. This study did not use uniform testing procedures between the experimental and control studies, and does not pretend to have selected the subjects randomly. From his study, Sampson found that laetrile users had shorter life spans than the control subjects, and that laetrile in no way reduced the size of the cancer. He also concludes that due to toxicity of laetrile, its use can be more detrimental than beneficial.

Sampson made no reference to sociological characteristics in his report. However, at the FDA hearings on laetrile (FDA hearings, 1977), Sampson verbally reported conclusions on sociological characteristics of laetrile users. His results are highly speculative due to no uniform instrument, or actual breakdown on subjects for the items he discusses. Sampson reports from his interviews that seventy-five percent of the patients had serious relationship problems with their physicians. He also reports that seventy-five percent of the patients believed in laetrile's efficacy, and were involved in other unorthodox medical therapies besides laetrile. He feels this is due to the fact that they seek nonrationale, magical solutions to the problems and dread of their incurable illness. Sampson, showed that a majority of his subjects believed in a conspiracy to keep

laetrile out of the medical scene. He also found that less than ten percent of the patients tried to inform themselves on laetrile from nonlaetrile sources, indicating that this may be due to the patient's unwillingness to see how ineffective laetrile may be.

I wish to focus upon the frustration with the orthodox medical profession in more depth than Sampson did, and to see in general, if his impressions are accurate accounts of the laetrile users that I will be encountering.

The third major work concerning laetrile users was a book written by laetrile leader John Richardson, MD, on some of the experiences with laetrile at his cancer clinic. This book does not portray itself to be a research study, but a review of cases treated with laetrile. It is largely concerned with the type of cancer the patient had, the effectiveness of previous cancer treatments, and the result of intervention with laetrile. It too has, admittedly, problems with the objectivity and validity of the presented cases. However, the book presents an excellent overview of the laetrile movement as seen by the leaders of the movement. Two overriding themes of the book are: the failure of orthodox medicine to adequately treat cancer; and the legal and unethical harrassment of laetrile advocates by the government and the medical profession. Neither the orthodox medical profession nor the government are portrayed positively for the actions concerning laetrile, and Richardson presents

evidence to support his views. His portrayal of the laetrile users is sketchy at best; age and sex were the only demographic variables provided. Richardson does note that most of the patients had tried some form of conventional treatment before trying laetrile. This book provides insight into the philosophy of the movement, as the leaders see it. It also provides a wealth of information concerning the importance of political and medical attitudes in the laetrile controversy. Therefore, this work reinforces the necessity of exploration of these variables in this thesis.

The final work I wish to focus on deals with the sociological implications of being a cancer victim. The sociological implications of having cancer have only recently been considered of grave importance (Severo, 1977). The New York Times conducted interviews with thirty-eight cancer patients from across the country in order to learn more about the problems they encounter socially. It was found that the social problems associated with cancer to be of considerable magnitude; the emotional problems associated with having cancer are seen to surpass the physical problems associated with the disease. Some cancer patients even speak of themselves as "the new lepers", and discuss how they are rejected, overprotected, and misunderstood at the same time by the very people they look to for support. Family members, friends, and even medical personnel tend to shun the cancer victim, just when the person may need help

the most. This is the case even among persons who know the disease is not contagious. There is a strong stigma associated with cancer that cannot be erased, and the effects of this stigma can be very damaging. Severo cites the positive aspects of organizations like Make Today Count, which provide social and emotional support to the cancer victim. The isolation that frequently accompanies the incidence of cancer can be lessened by sharing experiences with other people in the same situation.

Severo shows how many cancer victims come to view themselves as the new lepers - the incidence of cancer somehow makes the individual different. The sick role that the cancer victim is forced to adopt reinforces the fact that he/she is different; Parsons notes the sick role itself is a form of defiance (19). Bard shows that the cancer victim to be in need of emotional support, but this support is often difficult to find in ones usual social realm. The need to share with others in a similar situation is psychologically important to the cancer victim; by the uniting together, the victim feels less different and less alone. Sagarin's description of deviant groups hostility toward authority groups, and the social-psychological benefits from belonging to such groups is useful in understanding the organization of cancer victims. Cancer patients often view themselves as deviant, and the decision to use laetrile over other cancer treatments is seen to be even more deviant.

To what extent the laetrile movement helps alleviate the isolation of being a cancer victim will be looked at in this study, as well as the movement's role toward laetrile legalization.

Development of the Hypotheses

From the review of the above literature, I have determined several variables which merit investigation in terms of participation in the laetrile movement. Richardson and Griffin (1977), Markle, Petersen and Wagenfeld (1978), and Sampson (1977) have all documented the importance of political attitudes in the laetrile controversy. The evidence available, especially that on fluoridation of water and John Birch Society leadership of the movement, indicates that political conservatism is one factor involved in the advocating of laetrile. Therefore, I have developed the following hypothesis to be tested:

Hypothesis 1: Political conservatism is directly related to participation in the laetrile movement.

Richardson and Griffin (1977), Markle, Petersen and Wagenfeld (1978), and Sampson (1977) all also indicate that ones medical attitudes also play a role in participation in the laetrile movement. Richardson discusses the failures of orthodox medicine to treat cancer successfully, and emphasizes the importance of the metabolic diet. Observations by Markle et al and Sampson indicate that individuals who use laetrile are unhappy with traditional medicine. I

purpose that these individuals are frustrated with orthodox medicine, and are participating in the laetrile movement because of frustration.

Hypothesis 2: Frustration with orthodox medicine is directly related to participation in the laetrile movement.

Lofland and Stark (1965), Severo (1977), and Bard (1973) all noted the importance of interpersonal relationships with others in similar situations. Roebuck and Hunter (1972) found that primary relationships were important in providing information regarding health care techniques and healers. Therefore, I have developed the following hypothesis to be tested:

Hypothesis 3: Positive relationships (friendships) with laetrile advocates have a direct relationship to participation in the laetrile movement.

Severo (1977) discussed the grave social isolation that cancer patients suffer. As shown earlier through the works of Roebuck and Hunter, Severo, and Sagarin, the ill individuals can be considered to be deviants. Therefore, I assume that participation in social activities among cancer patients is low; participation in the laetrile movement is one of the few and important social outlets the victim has.

Hypothesis 4: Social activity has an inverse relationship to participation in the laetrile movement.

The purpose of these hypothesis is to assess why the respondents participate in the laetrile movement. In the following chapter I shall discuss the methods for testing these hypotheses.

CHAPTER III

METHODOLOGY

In order to investigate the characteristics of laetrile advocates and how they became members of the laetrile movement, a research strategy had to be developed. The sociological literature regarding laetrile is scarce, therefore I chose to conduct interviews with advocates in order to get the most accurate, exploratory information regarding the persons who participate in the laetrile movement. I felt that interviews would provide me more information about the subjects and how they got involved with laetrile that would other research strategies.

I decided to obtain a sample largely from the Kalamazoo, Michigan area since it was convenient for me and it seemed to have an active chapter of the Cancer Control Society. A random sample was not feasible, since the Kalamazoo Cancer Control Society does not keep a membership list. The secretary of the organization stated this was because of the nature of their members; many people come only one or two times, some come out of curiosity, while others come just long enough to obtain specific information regarding laetrile. Realizing that any sort of random sample would be impossible, I decided to use a snowball approach to sampling in this exploratory thesis.

The secretary provided me with the names of five persons who had continued to attend the Cancer Control Society for at least one year. After I interviewed those people, I asked if they could provide me with any other names so to continue my sample. Usually I did get one or two names to continue with. I also obtained one fifth of my sample from the Indianapolis, Indiana area from persons who I knew were active in similar programs there. The twenty-seven Michigan and Indiana subjects came from similar philosophical and geographic areas, and appeared to be similar enough as to not impair my study by their combination. All of the subjects were viewed to be fairly active or interested in the laetrile movement.

I was assisted in the interviews by an assistant, Roger Nemeth. On a few occasions we interviewed a husband and wife simultaneously, with Roger talking privately with one respondent while I interviewed the other. He was trained in the interview process, on the instrument, and what probing statements to use, helped provide confirmation of many of my observations.

Interviews may provide researchers a multitude of excellent data, but are, like any research strategy, subject to error. Error can occur for a variety of reasons, from researcher bias to subjects not telling the truth. In order to avoid many of the pitfalls of interview research, I decided to use a form of triangulation (Denzin, 1972).

The type of strategy that I felt would best complement my interview strategy was participant observation in the Cancer Control Society itself. By observing the movement as a participant, I felt I could gain much firsthand insight into what the laetrile movement is really all about. Participant observation would allow me to get to know some of the members interests and vocabulary before I developed my interview schedule. In this way I could create questions that were more to the points I wished to study. I could also watch the laetrile movement in action; I could see how the laetrile advocates respond to one another, to the issues raised at the meetings, as well as why they come to the meetings.

Of the many kinds of participant observer roles, I chose to use the "participant as observer" role (Denzin: 1972:190). The subjects would know that I was a Sociology student interested in laetrile and that I may be conducting a study. I did not advertise my purpose, but was straight forward about my intentions when asked.

I also was aware that my role at the Cancer Control Society meetings would probably be a unique one. Oleson and Whittaker (1967) indicate that there are several phases a participant observer usually passes through while conducting research on a group. In these phases the researcher becomes more incorporated into the group through time. I allowed myself six months in order to participate in the

Cancer Control Society and conduct my research.

Interview Schedule

Being a participant observer did in fact help me to create my interview schedule more effectively. I was thus able to skip over mechanical issues and get more to the heart of the phenomenon I chose to study. Realizing that in this exploratory study I would be dealing with a relatively small sample size, I wanted to obtain as much relevant data as possible. Maccoby and Maccoby (1954) report that the use of more unstructured interviews are suited better to exploratory studies than highly structured interviews. I built in considerable flexibility into my interview schedule in order to allow the subjects to elaborate on concerns and points of personal interest. However, closed ended questions were also derived in order to ensure comparable data for hypotheses testing.

The majority of my questions were self originated and did not come from earlier studies. This was due to the lack of studies conducted on laetrile, and the lack of relevance of questions asked in other kinds of studies. See Appendix 1 for the schedule of questions.

I saw political philosophy as consisting of attitudes towards issues the government has control over. The issues determined to be of most importance in this study were those which would directly effect the consumer. The questions

measuring political attitudes were derived from a variety of political questions used in other studies, and from my observations of political issues that may be of importance to my subjects. I asked the subjects in closed ended questions how they would rate their political philosophy (31), attitudes toward socialistic medicine (21), drug legalization (20, 32, 36), energy conservation (35), welfare (33), fluoridation of water (37), and helping countries opposed to communism (34). While the questions were structured, the subjects were also allowed to expound on their feelings concerning these issues. Comparable national data will be available for political philosophy.

I saw frustration with orthodox medicine as consisting of attitudes opposing the philosophy and/or treatments of orthodox medicine, or the manner in which treatment is provided. Frustration of the subject toward orthodox medicine was measured with both open and closed items. Questions measuring interest in preventive medicine (30B) and the busyness of doctors (30A) were taken from a 1970 Harris poll, thereby providing me comparable data. I also asked open ended questions concerning the relationship with their family doctor (27, 28, 29A), how the subjects view doctors (29A, 29B), and the role of chiropractors in providing treatment alternatives (27C).

I saw relationships between the respondents and other laetrile advocates as consisting of contacts outside of Can-

cer Control Society functions, and information sharing; in short, friendships. The importance of the relationship between the subject and other laetrile advocates was measured by the use of open ended questions, from which categories were derived. I asked questions pertaining to how they heard about laetrile (12), where to get laetrile (13), if they knew many laetrile users (14, 23), if they have friends who use laetrile (24A), and the frequency they visit with them (24B).

I saw social activity to be a broad category which could provide tension outlets in a variety of ways. Churches, organizations, clubs, civic affairs, and so on were seen as possible sources of social involvement. To measure their involvement in these social activities, I asked both open and closed ended questions. I asked more closed ended questions regarding their involvement in political activities (2) and church participation (6, 7). I asked open ended questions, like "What kinds of activities, clubs or groups do you regularly take part in?" (4, 5) to determine how the subject spends his/her spare time.

Participation in the movement was seen as consisting of laetrile's use, involvement in the Cancer Control Society, or efforts toward laetrile legalization. For this dependent variable of participation, I asked closed ended questions. I still allowed the subject to interject points when they felt like it. I asked questions regarding their

frequency of attendance of the Cancer Control Society (1), their involvement in the legalization aspect of the movement (3), if they used laetrile (3), if they saw the filmstrip World Without Cancer, lobby at the state capitol (25), petition for legalization, read materials on laetrile, support the movement in written ways, and if they kept the Cancer Control Society operating (25).

Since I was unable to obtain set scales for my variable combinations, I chose to see which variables fit together the best, and to test my hypotheses with a new variable that combined several of my original variables. This was done with the help of factor analysis. Factor analysis provides a linear combination of variables, such that much of the variance in original scores as possible is obtained. This is a common practice when one wants to work out different facets of a concept one wished to clarify (Loether and McTavish, 1974). In short, the vari-max factor rotation of the variables gives me more reason to combine certain variables with others. Since my data are ordinal in nature, the use of this interval measure was used strictly as a guide for me to choose systematically variables that fit together more appropriately than other combinations. See Appendix 2 for the results of the varimax rotated factor analysis.

For my six variables measuring political attitudes, three factors resulted. The variables measuring attitudes

toward welfare (33) and socialized medicine (21) fit together the strongest of all the variables, occuring on factor 1. There was a .48 correlation between these two variables. This indicates that these variables were significantly related to combine them for my new measure of political attitude.

My five variables measuring frustration with orthodox medicine resulted in two factors. The variables that fit together the best were the two measuring the interest of doctors in general (29B) and the busyness of doctors (30A). A .47 correlation between them was found to be significant. These combined variables provide a better picture of the degree of their personal frustration with orthodox medicine than would other items taken individually.

To determine which of my independent variables fit together best to give me a stronger combined variable to measure the relationship between the respondent and the laetrile advocates, three factors resulted. Factor 1 produced the strongest fitting variables, measuring how many users the respondent knew (14), how many laetrile-using friends one had (24A), and the frequency they saw those friends (24B). The correlation between these variables were: items 14 and 24A = .60; items 14 and 24 B were .50; and items 24A and 24B = .83. Since these items fit together strongly on the factor matrix and also correlate well together, they are appropriate to combine as my new measure of relation-

ships between laetrile advocates and my respondents.

In order to measure involvement in social activities, four factors were produced. None of the nine variables appeared to be similar enough to combine on any of the four factors. Therefore, I chose to go with an individual question, measuring their involvement in other political issues and activities as my variable. This question (2A) loaded at .98 on one factor, while the remainder of the variables loaded very poorly. Item 2B was dropped although it loaded well on that factor, due to an insignificant number of cases. The individual item chosen produced data on the point of social activity that I was most interested in for this paper, that is, political activity involvement.

My dependent variable of participation in the movement proved to be very interesting, according to the results of the factor analysis. Instead of coming up with a single measure of participation, I ended up with three measures. The eight variables broke into two factors, which separated organizational participation items from political participation items. Use of laetrile, the ultimate indication of participation in the laetrile movement, loaded poorly on both factors. Therefore, I decided to use my independent variable of laetrile use (3) as one measure of participation. I chose the following variables to measure organizational participation: attending Cancer Control Society meetings (1B), seeing the filmstrip (25), and keeping the Cancer Con-

trol Society operating (3). The correlation coefficients between them were: items 1B and 25 = .65; items 1B and 3 = .71; and items 3 and 25 = .37.

The variables measuring political participation that fit together best were: involvement in the fight to legalize laetrile (3A); lobbying (25); and writing materials in support of laetrile (3B). The correlation coefficients between these variables were: items 3A and 25 = .62; items 3B and 25 = .49; and items 3A and 3B = .52. In short, I found I had not one but three separate measures of participation in the laetrile movement to test in independent variables against.

For my analysis, I shall use contingency tables, computing percentabes down the independent variable and comparing across the rows. This method takes out the effort of different raw scores and allows comparisons to be uniform. I shall also use a nonparmetric statistic, Kendall's tau, to help test my ordinal level data. Tau $_b$ will be used on my two-by-two tables, while tau $_c$ will be used on my rectangular tables. These statistics will provide me indication of how strong my associations are. The observational data I collect is of monumental importance in this analysis as well. By attending Cancer Control Society meetings and watching this component of the laetrile movement in action will allow me to make conclusions based on my observations. I shall use these three methods of analysis to determine

if there is any relationship between variables.

I shall not use significance tests for testing my hypotheses, since I do not feel they are appropriate for my data. Morrison and Denton (1969) note that significance tests are not legitimately used for any purpose other than that of assessing the sampling error of a statistic designed to describe a particular population on the basis of a sample. Since I do not have a random sample, I cannot infer that my results are indicitive of laetrile advocates on a national level. Morrison and Denton also state that to use significance tests to assess the substantive significance of a finding is a mistake of methods rather than the purpose of such tests. I would be in violation of this assumption as well should I use significance tests. Therefore, by using triangulation with qualitative and quantitative data, I shall determine the validity of my hypotheses.

CHAPTER IV

DATA ANALYSIS

Observations on the Cancer Control Society

Role of the Researcher

During the six months I observed the Cancer Control Society, my role changed, in phases almost identical to those described by Olesen and Whittaker. Initially, while I was treated with courtesy, not many of the members went out of their way to meet me. The only information that I was able to obtain about laetrile came from the speakers at the meeting; no one offered me information individually. As I kept attending and as the members learned who I was and what my interest in laetrile was, more people began to talk to me. Often, though, I had to initiate these encounters. There was an overriding suspicion of newcomers to this organization. Even though newcomers are welcome to the group, they are treated with suspicion until their credibility becomes established. I feel this suspicion is due to their fears of being exploited by nonbelievers or federal agents who are opposed to laetrile. As one woman later explained to me:

> "We don't talk about laetrile to too many people we don't know. We need laetrile in order to live, and for someone who doesn't believe it works to have our supply taken away or have us put in jail where we can't get laetrile, it is just not worth talking to strangers. We stay pretty much to our-

> selves, and to those who understand us and our situation."

Over the months I was involved with the Cancer Control Society members, I began to see them loosen up around me. They became much more open, and seemed more willing to say what they really thought about different issues. They understood that I had no intention of exploiting them; indeed, this study merely seeks to understand them. While I do not think I was ever regarded as a main member of the organization, I do think I was as much a part of the organization as a majority of its members. The president of the group asked me if I could use my research knowledge to help them organize materials for their campaign to legalize laetrile on the state level. I think that I was trusted by them, and that they saw my expertise as valuable to them. However, this request occurred at my final meeting of the group, and I did not fulfill this request, nor see that as my role to. I feel feel the Olesen and Whittaker steps were relevant for my role as a participant-observer.

History of the Cancer Control Society

The Cancer Control Society was founded in California by Betty Morales in 1973. Ms. Morales had previously been on the Board of Directors of the International Association of Cancer Victims and Friends, and she is the current director of the national Cancer Control Society.

According to their Articles of Incorporation, the Can-

cer Control Society was founded to "give comfort, solace, information of nontoxic cancer treatments, and release from fear to the cancer victim" (1976). It also seeks to restore the cancer victims and their families constitutional right of life and free choice of treatment and doctor.

Chapters of the Cancer Control Society have sprung up across the nation. The secretary of the Kalamazoo chapter of it provided me a historical background of their organization. The Kalamazoo chapter was founded in 1974 and operated by a man whose wife had cancer. The organization was loosely structured and had no officers or regular meeting times. The leader moved away in early 1976, and the members of the group decided they wanted better organization. They decided to establish set meeting times, and the appointment of officers. There was no election for officers, two willing persons agreeable to the rest of the group, volunteered for the positions of president and secretary. No other officers were seen as necessary.

The president is a white male in his 40's; he used to be a lawyer but presently works at a pharmaceutical company. He is a college graduate, wise in the field of public relations, and politically active. He became interested in laetrile when his wife, who had cancer, was getting progressively weaker with chemotherapy and radiation therapies. He was told about laetrile from a friend at work; his wife tried it, and has gained most of her strength back, and re-

ports she feels great.

The secretary is a white female in her late 20's. She too is a college graduate who wanted to persue the field of nutrition; she reports becoming frustrated with home economics and dietary curriculums because of their lack of concern for proper nutrition. She is employed at a local health food store where she feels she can put her knowledge about nutrition to good use. She met many of the members of the Cancer Control Society when they shopped at her store.

Structure of the Cancer Control Society

With the appointment of officers, the Cancer Control Society began to have monthly meetings. Two kinds of meetings are held each month. One meeting is held in the community room of a local mall, and is geared toward providing information about laetrile and the metabolic diet to newcomers. The G. Edward Griffin filmstrip "World Without Cancer" is shown, which gives a history about laetrile and how it is believed to control cancer.

The other meeting is held in the conference room of a local bank. This meeting is for the actual members of the group; organizational business is taken care of, as well as dealing with concerns of the members. This meeting is not closed to newcomers, but is really geared toward meeting the problems and needs of the regular members. Much interaction between members occurs, and I seen this meeting as the real

core of the movement. These organizational meetings are the ones I attended, since this is where the "conversion" to the movement would logically occur.

Usually twenty-five to thirty people attend these meetings, which usually last three hours. Books and literature on laetrile and nutrition are displayed on a table and sold. A jar for donations is also on the table; members contribute willingly, and donations are seldom solicited. A blackboard stands to one side of the room with names and addresses of state senators and representatives who have influence over the Michigan bill for laetrile legalization. Members can thus write letters expressing their position on laetrile to the politicians who have control of the bill. Chairs are placed in straight rows in the dimly lighted room, with the table at the front. The room is not conducive to intimate socializing between members, but appears rather cold and rigid. While foods are discussed in lieu of the metabolic diet, no refreshments are ever served.

The members

The individuals attending the meetings are predominately white, middle class in appearance, and middle aged. Often the members come with relatives; spouses are most common, but siblings often come together. I would estimate that one-third of the people come alone.

Ten to twelve people come consistently to all the meet-

ings; other members only come to a few. A handful of new people always attend the meetings, usually remaining quiet and isolated in much the same fashion that I was. Some of these newcomers that I observed became regular members of the Cancer Control Society. I was able to watch their development into the group stage by stage. Initially, these people were quiet, obviously cancer victims, because of their sallow appearance and strained behavior. Their concern about the cancer was great; it was as if they came with their lives in their hands, offering themselves to this treatment that they heard might be able to save them. But by the end of my observations, these people reported feeling much better, and indeed, they looked much better. They had become verbal during the meeting, expressing both problems and concerns. Often the spouses (in these cases, males) became more verbal and assertive of their beliefs than the cancer victims themselves. Both the political and medical beliefs held by the group had been incorporated into their attitude system, and they certainly appeared to believe in the efficacy of laetrile. These once passive people had become opinionated and aggressive to further the laetrile movement. This process could be labeled as "conversion", and was largely due to the concern that the other members exhibited toward them. This process only took four to six months to occur; this is a relatively short time to come to believe in something as fully as they appeared to.

Other newcomers do not become a part of the movement, as the aforementioned members did. Some people come merely out of curiosity. Others come looking for information concerning where to obtain laetrile, or about the diet, and once this information is obtained, the people do not return. There is a constant flow in and out of members, making a membership list virtually impossible to keep. People come to the meetings for information; the most regular members keep contact with the secretary and provide supplementary information and support to others between meeting times.

The meetings

During the meetings, the president always welcomes everyone and recites part of the organization's purpose from the Articles of Incorporation. He points out that he is merely one to direct questions and answers, and that the meeting belongs to the members. He is very informal in his manner of leadership, but is well informed on the issues discussed. He is so informal, in fact, that he loses the interest of many members while he addresses one person's question. Six or seven small conversations may go on simultaneously while he is making a point. These smaller conversations occur every week; it appears that many of the people come as much for these little discussions with fellow members as they do for the business of the meeting. While the room is not conducieve to interaction, this does not stop

the members from talking to one another. Their smaller conversations range from sharing of information about foods and vitamins, to wondering about how somebody has been feeling, to sharing articles or concerns about a recent government statement concerning laetrile. Only under encouragement from the president do the majority of members openly share points of views. They appear to be much more willing to share their information on a more private level.

The members seem very interested in one another, and in their state of health. This is apparent from both their conversations and attitudes toward one another. The president asks at each meeting if anyone needs help obtaining laetrile, and usually some do. One woman found a new source of injectable laetrile, and offered this information to interested persons. Other members have given up their own supply of laetrile to give to others who they felt "needed it more than I do". One married couple who I interviewed expressed their concern for fellow members in the following statement:

> "We first went to the Cancer Control Society for information on laetrile. Now we go so we can keep up to date, and to help others who may need it. These people (cancer victims) have been through such traumatic experiences, they have developed compassion for others in similar situations. We are so grateful to live, we help others to maybe get along a little easier."

While information on the diet was openly provided during the meetings, it seemed like the information on how to di-

rectly obtain laetrile tablets or liquid was given privately, after the meetings. It was obvious that the members wanted to take care of themselves, and would help each other whenever necessary. When a member became ill or missed a meeting, other members always wanted to know if the person was well. Much of the meeting is spent on personal testimony of the efficacy of laetrile. Perhaps it is because the laetrile movement does not get much official support that cause these people to reinforce each other's use of laetrile and the diet so much. One woman stated, "For cancer victims who want to try laetrile, we'd do anything on earth to try and help relieve their pain and suffering. We want to help them so that maybe they won't have it as hard as we did".

In general, the members of the Cancer Control Society do not appear to be avid political activists. Few overt signs of activism are apparent, except for the occasional laetrile-slogan T-shirt worn by a few members. One T-shirt reads, "Laetrile Works: You Bet Your Life", while another states, "I conquered cancer with B-17 (laetrile)". The use of T-shirts donning laetrile slogans was originated by the Richardson Clinic staff, who have been shown wearing T-shirts reading "Apricot Power: It's the Pits". Members do sign and circulate petitions favoring laetrile legalization, write to political figures, and occasionally go to the state capitol to lobby. They are willing to show their

discontent with the government's view of laetrile only along accepted, reputable ways of dissent. They try to work through the system; they sign petitions, write letters, lobby, attend hearings, and testify wherever appropriate. They do not take part in activist behaviors like picketing, boycotting, bombing, or kidnappings, because they know these would not help their cause in any way. Besides, that would not be the manner of the Cancer Control Society Members. If anything, the members impress me as trying to be "good Americans" who are trying to keep the power in the hands of the people where it belongs.

The members also impressed me as being well informed on the laetrile controversy and issues. Much of the content of these meetings dealt with discussions of research reports, newspaper articles, or information seen on TV or radio. Medical and scientific studies on laetrile are frequently cited, and the members attempt a rather sophisticated analysis of them. The members are aware of the necessity of scientific adjudication of laetrile, and attempt to use what information they have. The sources of information most readily available to the members are the television, radio, newspapers, magazines, and books. Much of the pro-laetrile material is endorsed by the John Birch Society; however, the members are just as familiar with the negative reports endorsed by the federal government.

As mentioned earlier, the laetrile advocates spend a

considerable proportion of the meetings discussing issues in health and nutrition, the medical profession, and the political system. I wish to now expand on each of these areas.

Health and nutrition

The importance the members placed on proper nutrition cannot be overemphasized. At no time did I hear laetrile use encouraged without the mention of the metabolic diet. The diet is considered vital for the prevention and treatment of cancer. One woman told me:

> "If I had to do without laetrile or the diet, I'd do without the laetrile. I can always get Vitamin B-17 through foods I eat."

If any of the members were having trouble obtaining oral or injectable laetrile, the president always encouraged the maintenance of a diet rich in foods containing nitrilosides until the laetrile could be obtained.

The use of various vitamins and enzymes, especially the combined enzyme product wobe mugos, were encouraged. Members felt our diets do not contain enough of these substances, so supplements are essential. I had always tried to maintain a properly balanced diet, but began to feel I knew virtually nothing about nutrition when I listened to the members converse. They appear to know a phenomenal amount about vitamins and enzymes, and tend to go to health food stores to purchase them.

Common reference to the health benefits of coffee enemas were made. Maintaining good bowel movements was seen to be very important, especially for the cancer patients. The coffee is reported to travel upwards in the body, and is viewed as an excellent cleaning agent for the liver. If one wants to be void of cancer, the liver must be kept healthy and functioning well.

The use of juicers, organic foods, distilled wated water and natural foods was encouraged; avoiding PBB's, sprayed foods, food additives and fluoidated water was also recommended. On one occasion a spokeswoman from a local food co-op gave a presentation on the highly dangerous PBB levels still allowed in beef and dairy products. Her presentation could only add to the concern of the members about what they consume. One older man, a regular attendee, spoke almost weekly on the evils of fluoridation. His favorite story dealt with a truck carrying fluoride to the city water supply. It seems this truck accidently spilled some of its contents onto the pavement; within minutes the fluoride ate right through the concrete! The fluoride issue often became very political, with respondents varying in attitudes from it being a helpful additive, to it being another means of government regulation of private concerns.

The Medical Profession

The members of the group often voiced discontent with

the orthodox medical profession. The members appeared to feel that the medical profession does not know all it could about nutrition and prevention of disease. For many ailments, they feel they can care for themselves as well as doctors could. One woman reported that her husband was almost dead and the doctors didn't know why. She took him off of his chemotherapy and started giving him high doses of vitamins and health drinks that she would make. To the doctor's amazement, he is back to good health.

Furstration with the current cancer treatments that conventional medicine offers is clearly illustrated in one woman's statement:

> "You know, I trusted the treatments used by my MD. But radiation was a nightmare, and chemotherapy fell onto my hand before I got the injection. Oh, how that little drop burned! I wondered, if that little drop hurt my tough skin like that, what were all of those injections doing to my body? It can't kill just cancer. Chemotherapy was killing me. After I decided to try laetrile, I was no longer being poisoned to death. I grew stronger and healthier day by day. I feel pretty good now. And the doctors tell me the cancer has stopped and actually regressed 80%.

The doctors were looked down upon for not taking the time to look into proper nutrition, and for not looking deep enough for the cause of disorders. The advocates resent being treated with drugs for every disorder, when they feel a variety of nondrug treatments must be available. The doctors were seen to treat symptoms, and not the whole person. The Cancer Control Society members highly valued preventive

medicine, and could not understand why physicians did not expand these skills.

While doctors were highly criticized for their lack of prevention knowledge, some of the members did have sympathy for them. They realize that many doctors do not support laetrile because it is not endorsed by the medical profession; they also realize that bucking the profession would be detrimental for their career.

But other members do not provide physicians with the same sympathy. Some members thought that if doctors prevented diseases, they would have no patients; therefore it is in their best interest to keep the public sick. Other members saw physicians as "gutless" for not trying to find out for themselves if laetrile was an effective cancer treat-treatment. One woman pointed out "with all their money, why don't they hop a flight to Tijuana and see for themselves if laetrile works".

The members also criticized the medical community for their bias against laetrile. Members feel laetrile is so biased that even if positive results were found in a research project, the results may be interpreted differently, or even covered up. Frequent references were made about a coverup of Dr. Kantsumu Surguria's study at the Sloan Kettering Institute. The members would like input into research studies by laetrile advocates; many of the research studies are seen as failures because the important metabol-

ic diet is not used in conjunction with the laetrile.

Politics and Laetrile

The political overtones at the Cancer Control Society meetings are always present to one degree or another. I think this is largely due to the fact that since they endorse laetrile, and laetrile has become such a highly political aspect of the controversy. Governmental involvement in other health related issues like Hoxsey therapy, vitamin B-15, pollution, and so on are also frequently discussed. Political issues outside of those relating to health or laetrile were seldom mentioned.

A common theme throughout the meetings was the need for freedom of choice; for self regulation instead of governmental control. They all understand that the government is trying to protect them from a "quack cure". But the advocates do not see laetrile as a quack cure. One member summed up his feelings about this issue by stating "the government is making me pay for protection that I never asked for, don't need, and don't want."

The members seem to resent being "criminals" for using laetrile. Most report never being involved in any illegal activities until now. Many members state the main reason they are so involved in the legalization issue is so they no longer have to be subject to criminal activity.

The members are angry that politicians usually take

negative stands on laetrile, or take no action. One older man of the group said that "politicians are like elephants in a circus: they hold on to one another's tails and go nowhere". They see politicians like doctors, in that none will stand up for laetrile because of what they have to lose. If laetrile was endorsed by the government, they felt all of the politicians would be "jumping on the bandwagon" to endorse it.

Sometimes the members showed humor while discussing their frustration with the government. One man wanted to know why cherry pies weren't banned; after all, cherries contain laetrile. Another woman mused if George Washington, the father of our country, was a laetrile user too.

While members may verbalize discontent with the government and politicians on a general level, their attitudes seemed somewhat different the evening that Michigan State Senator Jack Welborn spoke with them. He met with the Cancer Control Society on the evening before he presented a bill before the state legislature to legalize laetrile. This was considered the "kick off" for the laetrile campaign in Michigan. Welborn watched the filmstrip World Without Cancer, and spoke to the members about laetrile and the course of action that would be occuring in the Michigan legislature. It was obvious that most of what he knew about laetrile medically came from the filmstrip that he had just watched. He said he wanted to compare laetrile

to sugar and aspirin during the press conference the following day, to indicate that laetrile was the less harmful of the three substances. He was very interested in pleasing this group of people, and did evoke enthusiasm for his cause. Before he left, many of the members stood up chanting "We want laetrile now; we want freedom of choice". While the members were obviously supportive of his stance on laetrile, it was unclear to what extent, if any, that Welborn increased the credibility of politicians.

When Cancer Control Society members frequently discuss political aspects of the laetrile controversy, elements of conservative ideology are present. References opposing the fluoridation of water and the powerful role of the federal government over individual rights were common; these are also issues of the John Birch Society. One meeting the members discussed a newspaper article linking laetrile leaders and the John Birch Society. The president stated that he "used to think the Birchers were a bunch of way-out radicals. But the more I see of the stands they take, they're not as crazy as I once thought." Yet I would not say that the majority of members hold Bircher philosophy; many would be upset to be compared with the Birchers, I think. Yet a few members with interest in Bircher ideology consistently lead segments of the meeting. The most prominant aspect of Birch ideology held by most all of the members is the need for self regulation over federal government regula-

tion. Since these people want so much to have control over aspects of their own lives, it may be only coincidential that they support beliefs that are also supported by the John Birch Society.

Statistical Analysis

Characteristics of the respondents and general findings

Of the twenty-seven respondents, all were white. The majority (56%) were female. While the ages of the respondents ranged from 27 to 85, the majority were older; fifty-six percent were age 51 or older. All of the respondents were of middle class socioeconomic status, who lived in or near cities of 100,000 or more. The respondents were highly educated, with almost half having attended college. For the educational breakdown, see Table 1.

Table 1: Educational Attainment of Laetrile Advocates

Years in School	N	%
0 - 8	1	3.7
9 - 12	13	48.1
13 - 16	11	40.7
17 +	2	7.4
	27	100%

The majority of my respondents (67%) use laetrile in one form or another. However, the majority of respondents were not actual cancer victims. Fifty-six percent (15) reported to have never had cancer, while forty-four percent (12) have had cancer. The high number of noncancer participants in the Cancer Control Society is partly due to participation

by family and friends of cancer victims, and partly due to interest in preventing cancer. The most frequently cited reasons for the use of laetrile were: cancer control and cancer prevention. Forty-five percent (12) of the respondents use laetrile for cancer control, while eighteen percent (5) use it for cancer prevention. Thirty-seven percent (10) had no cancer, and did not use laetrile. Of those respondents who use laetrile for cancer control, almost half (5) did so after their regular doctor gave up all hope for their remission. All but two of the cancer victims had used orthodox cancer therapies before trying laetrile. As one man reported:

> "I didn't want to try laetrile since it was illegal, and I believed the doctors could help me. But when my doctors gave up on me, I had no choice but to try it. I'm so glad I did; I feel better than I have in years."

How did the respondents learn about laetrile and where to get it? Friends, family members and media coverage (TV, radio, newspapers, magazines, etc.) provided the initial information regarding laetrile. Sixty-three percent (17) of the respondents knew actual laetrile users before they decided to try it; another thirty percent (8) had at least heard stories from friends about people who used it before they made their decision. The remainder had only read information concerning laetrile's efficacy before trying it. Therefore, most of the respondents were familiar with people who used laetrile before they decided to try it.

The decision to use laetrile is not an easy one to make, according to my respondents. The legal and medical aspects of this treatment have more severe implications than orthodox therapies usually do, so the decision to use laetrile should be well thought out. Seventy percent of my respondents see the decision to use laetrile as a private one that only the individual can make. The majority of respondents (81%) are willing to provide information regarding laetrile to persons who want to know more about it. As one respondent reported:

> "I give them my laetrile information to read, and I leave. If they have questions or interests in laetrile, they can contact me, and they usually do. I don't try to "push" laetrile on anyone. Let the facts speak, and let the person make his own decision. If I pushed my views, why, I'd be like the FDA!"

Once the decision to use laetrile has been made, finding where to get it was the next step. Friends and the Cancer Control Society were the most frequently cited disseminators of information on where to obtain laetrile, according to my respondents (see Table 2).

Table 2: Sources of Laetrile Information

Source	N	%
friends	11	40.7
family	3	11.1
Cancer Control Society	11	40.7
written material	2	7.4
	27	100%

The Cancer Control Society is important in the dissemi-

nation of laetrile and nutritional information, and in providing emotional support to its members. The organization appears successful in carrying out those functions from my observations, and from the frequency of the respondent's attendance. In a three month period of time, the respondents were asked to count how many Cancer Control Society functions they had attended. The majority of respondents who attended the meeting kept coming regularly. For the breakdowns, see Table 3.

Table 3: Frequency of Cancer Control Society Attendance

Frequency of Meeting Attended	N	%
few (0-2)	10	37.0
most (3-4)	6	22.2
all/almost all (5-6)	11	40.8
	27	100%

The respondents (85%) generally see themselves as very knowledgeable about laetrile; no one saw themselves as knowing little about laetrile. Ninety-seven percent of the respondents report frequently reading laetrile information, both pro and con. As shown during the meetings, the members are well versed on both sides of the laetrile controversy.

The respondents generally have a keen interest in nutrition also. Ninety-six percent of the respondents adhere to some form of the metabolic diet. The majority (67%) also shop at health food stores frequently. Only one respondent

did not shop at health food stores. See table 4.

Table 4: Health Food Store Shopping Behavior

How often shop	N	%
very often	18	66.7
some	8	29.6
not often	1	3.7
	27	100%

While some of the respondents have always been interested in nutrition (41%), the majority of respondents (56%) became interested in nutrition after learning of laetrile and the benefits of proper nutrition. The importance placed on proper nutrition is evident during the meetings, from talking with respondents and observing their lifestyles. World Without Cancer, a filmstrip that discusses how laetrile works and the need for good nutrition has been seen by eighty-two percent of the respondents.

While almost all of the respondents (96%) report seeing benefits from the use of laetrile, no one cited laetrile as a miracle cure. Laetrile was seen to be an alternative cancer treatment by most respondents; only two respondents were uncertain that laetrile could be effective in the treatment and prevention of cancer. In short, almost all of the respondents believed that laetrile use could be beneficial.

The respondent's interest in nutrition seems to pay off for them in terms of how they see their health. They see

themselves in much better health than does the general public. In fact, none of my respondents, not even cancer victims, saw themselves in even "fair" health, much less "poor" health. These results are above the national average, as shown in Table 5.

Table 5: Self Report of State of Health

health status	respondents	National Health Survey
excellent	55.6%	49%
good	44.4%	38%
fair	0%	9%
poor	0%	3%

Both chiropractors and MD's were visited by the majority of respondents. Eighty-five percent of the respondents see an MD for medical treatment (Table 6). Also, fifty-two percent of the respondents regularly see chiropractors. When asked if chiropractors were more open than MD's to different treatment alternatives, the majority (56%) of the respondents answered to the effect that:

> "Chiropractors are not in so much of a hurry, and will take the time to find out your problem. They are willing to use other kinds of treatments that MD's won't look at, if they feel those remedies might help."

Table 6: Perception of Openness of Chiropractors

Openness of Chiropractor	N	%
more open than MD	15	55.6
unsure	10	37
less open than MD	2	7.4
	27	100%

The respondents were asked to determine if their own doctor was genuinely interested in them. They were also asked to rate the interest of MD's in general (Table 7). While the respondents generally seem to view their doctor as concerned about them, they report in general that doctors are overly concerned with money and prestige. They do not see the doctors as heartless, incompetent, unconcerned people, according to my observations. However, they do see them as concerned with other factors that are irrelevant to but effect the doctor-patient relationship.

Table 7: Perception of doctor interest in patients

doctor interest in patient	N	%
own doctor - interested	23	85.2
own doctor - unsure	1	3.7
own doctor - not interested	3	11.1
general - interested	4	14.8
general - interested, but too money and prestige interested	21	77.8
general - not interested	2	7.4

The respondents were also asked to provide answers to two 1970 Harris poll items. These items compared general public health attitudes against those of doctors (Table 8). When the respondents were asked if they felt the statement that doctors tried to see too many patients at the expense of time and attention was justified, the respondents were less likely than the general public to view this statement as "completely justified". However, they cited the state-

ment as "somewhat justified" much more frequently than did the general public or doctors.

Table 8: Perception of Physicians Office Practices

Item	Respondent	Completely Justified	Somewhat Justified	Unjustified
Doctors try to jam so many patients in office hours they do not give enough time and attention to anyone.	Respondents	11%	78%	11%
	Nationwide Public	28%	36%	31%
	Nationwide Doctors	7%	56%	35%
If doctors paid more attention to preventive medicine, their patients could avoid a lot of illnesses.	Respondents	93%	7.4%	0%
	Nationwide Public	27%	26%	32%
	Nationwide Doctors	17%	28%	53%

*Harris poll percentages may not add up to 100% due to a number of respondents who were unsure how they felt on these items.

The respondents were asked similarly to rate if doctors paid more attention to preventive medicine, patients could avoid many illnesses. This item produced the greatest differences from both the general public and nationwide doctors (Table 8). Almost all of my respondents saw this statement as "completely justified"; no one saw it as an "unjustified" statement. Yet over half of the doctors saw the statement as "unjustified", while the general public appeared evenly split across items.

The respondents were also asked a variety of questions to determine political attitudes. They were asked to rate their involvement in the fight for laetrile legalization. Almost all of the respondents saw themselves as involved, with the majority viewing themselves as "very" involved (See Table 9).

Table 9: Self Report of Laetrile Legalization Effort

Involvement	N	%
very involved	18	66.7
somewhat involved	8	29.6
not involved	1	3.7
	27	100%

The respondents were also asked if they felt there should be any governmental control over laetrile. The majority (56%) felt there should be no control since laetrile is a vitamin, and since one should have one's freedom of choice in cancer treatment. The respondents who did sup-

port governmental control (26%) did so in order to keep laetrile pure and potent, to avoid exploitation of it, or to keep it accessable through prescriptions.

I found that my respondents rate themselves as somewhat more politically conservative than does the general public (Table 10). While forty-one percent of the general public rated themselves as conservative (Stewart, 1974:103), fifty-six percent of my respondents rated themselves as conservative. My respondents were also less likely to view themselves as liberal. However, this difference is not great enough to be considered substantial.

Table 10: Self Report of Political Philosophy

Philosophy	Respondents	Nationwide
Conservative	55.6%	41%
Middle of Road	29.6%	31%
Liberal	14.8%	23%

The majority of respondents (63%) do not support welfare, were opposed to decrimalization of marijuana (85%), and all were opposed to fluoridation of water. While fluoridation of water is a common John Birch Society issue, and while the leaders of the laetrile have John Bircher ties, the members are not necessarily John Birchers or their supporters. The split in opinions is shown in the following two statements by respondents concerning John Birch Society Members:

"I respect the John Birch members. Used to be one my-

self once."

"I think John Birchers are wierd and they scare me."

The respondents also seem to not have a history of political involvement. Only five of the twenty-seven respondents had been active in political issues previously.

Testing of the hypotheses

My four original hypotheses have been expanded into twelve hypotheses, due to the three aspects of the dependent variable of participation. Therefore, I shall analyze my four basic hypotheses as individual units with varying aspects of participation.

Hypothesis Unit 1: Political conservatism is directly related to participation in the laetrile movement.

From observing Table 11, I found that as political liberalism increases, so does participation in the organizational component of the laetrile movement. In like fashion, as conservatism increases, organizational participation decreases. This is opposite my original hypothesis. I found a tau $_c$ of .47, indicating a strong association between political liberalism and organizational participation. I also found as political liberalism increases, so does participation in the political aspects of the laetrile movement. The tau $_c$ calculated was .20, indicating a somewhat weak relationship. This finding is also opposite my original hypothesis. I found that political attitudes have no sig-

nificant association with laetrile use. From analyzing my contingency table, it appears that political liberalism is only slightly more indicative of laetrile use than is political conservatism.

Table 11

Political Orientation and Aspects of Participation in the Laetrile Movement

Aspects of Participation	Political Orientation		
	Conservative	Middle of Road	Liberal
Organizational			
high	6 (43%)	6 (75%)	5 (100%)
low	8 (57%)	2 (25%)	0 (0%)
	14 (100%)	8 (100%)	5 (100%)
	$tau_c = .47$		
Political			
high	8 (58%)	5 (63%)	5 (100%)
medium	3 (21%)	1 (12%)	0 (0%)
low	3 (21%)	2 (25%)	0 (0%)
	14 (100%)	8 (100%)	5 (100%)
	$tau_c = .20$		
Laetrile Use			
yes	9 (64%)	5 (63%)	4 (80%)
no	5 (36%)	3 (37%)	1 (20%)
	14 (100%)	8 (100%)	5 (100%)
	$tau_c = .09$		

Hypotheses Unit 2: Frustration with orthodox medicine is directly related to participation in the laetrile movement.

According to Table 12, frustration with orthodox medicine has no statistically significant relationship to participation in the laetrile movement. While respondents who

were very frustrated with orthodox medicine tended to be very active in the organizational aspects of the laetrile movement, the results were less clear-cut than for those who were little or moderately frustrated with orthodox medicine. The tau $_c$ calculated was -.24, indicating a moderate relationship between variables. The associations between the other variables were not as strong. While my respondents who were very or somewhat frustrated with orthodox medicine were also highly involved in political participation in the laetrile movement, this relationship was not found to be significant. Likewise, while those who were very or somewhat frustrated with orthodox medicine tended to use laetrile more, this finding was also found to be weak.

Table 12

Frustration with Orthodox Medicine and Aspects of Participation in the Laetrile Movement

Aspects of Participation	Frustration		
	very	somewhat	little
Organizational			
high	5 (100%)	9 (53%)	3 (60%)
low	0 (0%)	8 (47%)	2 (40%)
	5 (100%)	17 (100%)	5 (100%)
	tau $_c$ = -.24		
Political			
high	4 (80%)	12 (70%)	2 (40%)
medium	0 (0%)	3 (18%)	1 (20%)
low	1 (20%)	2 (12%)	2 (40%)
	5 (100%)	17 (100%)	5 (100%)
	tau $_c$ = -.18		
Laetrile Use			
yes	3 (60%)	13 (76%)	2 (40%)
no	2 (40%)	4 (24%)	3 (60%)
	5 (100%)	17 (100%)	5 (100%)
	tau $_c$ = -.12		

Hypothesis Unit 3: Positive relationships with laetrile advocates has a direct relationship to participation in the laetrile movement.

By observing Table 13, I see that respondent friendships have a direct effect on organizational participation in the laetrile movement, with a tau $_b$ of a very strong .76. High political participation in the laetrile movement and many relationships with other laetrile advocates is moderately associated, with a tau $_c$ of .31. There also appears to be no significant difference between laetrile use and how many friendships one has with other laetrile advocates.

Table 13

Relationships with other laetrile Advocates and aspects of Participation in the Laetrile Movement

Aspects of Participation	Relationships	
	many	few
Organizational		
high	16 (89%)	1 (11%)
low	2 (11%)	8 (89%)
	18 (100%)	9 (100%)
	$tau_b = .76$	
Political		
high	14 (78%)	4 (45%)
medium	2 (11%)	2 (22%)
low	2 (11%)	3 (33%)
	18 (100%)	9 (100%)
	$tau_c = .31$	
Laetrile Use		
yes	11 (61%)	7 (78%)
no	7 (39%)	2 (22%)
	18 (100%)	9 (100%)
	$tau_b = -.17$	

Hypothesis Unit 4: Social activity (previous political activity) has an inverse relationship to participation in the laetrile movement.

It appears from observing Table 14 that previous political activity has little effect on participation in the laetrile movement. There is virtually no difference in organizational participation according to previous political activity involvement. There is also no great difference between political participation and previous political activity. Previous political activity fared better with lae-

tril use, with a tau $_b$ of -30; this difference was substantial enough to indicate a strong relationship between variables.

Table 14

Social Activity (previous political activity and Aspects of Participation in the Laetrile Movement

Aspects of Participation	Activity	
	very	little
Organizational		
high	3 (60%)	14 (64%)
low	2 (40%)	8 (36%)
	5 (100%)	22 (100%)
	tau $_b$ = -.03	
Political		
high	4 (80%)	14 (64%)
medium	1 (20%)	3 (14%)
low	0 (0%)	5 (22%)
	5 (100%)	22 (100%)
	tau $_c$ = .13	
Laetrile Use		
yes	2 (40%)	16 (73%)
no	3 (60%)	6 (27%)
	5 (100%)	22 (100%)
	tau $_b$ = -.30	

Summary of Findings

The majority of my respondents are highly educated, white, middle class people who are age 51 or older. The majority (67%) use laetrile in either tablet, injections or through apricot kernels. Forty-four percent of the subjects are cancer victims; the majority of respondents have interest in the Cancer Control Society either due to interest in

cancer prevention, or because a family member/close friend has cancer. Most of the cancer victims tried at least one form of orthodox cancer treatment before trying laetrile. Friends and the Cancer Control Society are the main disseminators of information regarding where to obtain laetrile, and on information concerning nutrition. The majority of respondents (70%) feel the decision to use laetrile is a private one that only the individual can and should make. Most of the respondents (81%) are also willing to share information with persons interested in laetrile to help educate them of laetrile and the metabolic diet. The persons who attend the Cancer Control Society are active within it, with sixty-three percent attending most of the meetings within a three month period.

The respondents (97%) were very knowledgeable about both sides of the laetrile controversy, and of the scientific basis of laetrile. Sampson (1977) reported that laetrile users are uninformed about laetrile from anti-laetrile sources. I found quite the opposite; my respondents were knowledgeable and felt they had to be in order to successfully wage their campaign for laetrile legalization. As one respondent urged other Cancer Control Society members:

> "We must be sure of our facts; we cannot be irrational in this matter. The government would like to see us ranting and raving nonsense in order to hurt our credibility. So be sure of your facts before you write letters to the senators. The The facts are on our side; let us use them."

Good nutrition is crucially important to the respondents. Ninety-six percent use the metabolic diet and also shop regularly at health food stores. All of the respondents saw themselves in better health than does the general population. Even cancer victims report "good" or "excellent" health; in fact, I did not meet anyone who saw themselves in poor or fair health. The respondent's concern for and benefits of proper nutrition at times seemed to be a personal crusade. However, not all of the respondents appeared to be in excellent health; a few seemed fragile and vulnerable to disorder. Their perception of health is what is important here, not their actual state of health.

Most (85%) of the respondents see MD's for medical treatment, and half of the respondents see a chiropractor. Chiropractors are seen to be more open to treatment alternatives than are MD's. MD's are seen to need more interest and training in disease prevention, however, the majority of respondents still feel MD's are interested in the patient's well being. As one respondent said:

> "I don't believe there is a doctor in town who would knowingly hurt anybody, but they are so busy they can't inform themselves properly on the subject of laetrile. They have been taught drug therapy, not nutrition. I think doctors are interested in your immediate symptom, but I'm so disappointed they don't look into problems beyond the surface disorder. If they would learn more about nutrition, they'd learn more about cancer and other diseases, I'm sure."

The majority of respondents see themselves as politic-

ally conservative (56%), and active in the fight for laetrile legalization (96%). They are generally opposed to welfare, marijuana decriminalization and fluoridation of water. The respondents indicated suspicion that the federal government may not always be acting in the citizen's best interest. Respondent statements like:

> "If the government has the authority to protect me from quack cures, they have the same authority to keep me away from authentic cures".

or

> "The government can't run anything. The government and medical people work together, and the patient is the one who suffers."

were not uncommon. Many respondents verbalized frustration and discontent with the role of the federal government in the laetrile controversy. Some respondents felt the government was involved in a laetrile conspiracy that was even bigger than Watergate.

> "When you say the word "conspiracy", it sounds anti-intellectual. I'm basically not a radical, but I would go so far as to use the word conspiracy about this laetrile situation. It just seems that there are a few people in the know who have so much vested interest in how cancer is treated that the information (about laetrile's efficacy) must be dealt with. They (the FDA) know aspirin is toxic, but it isn't taken off the market. Laetrile is nontoxic and is kept off. How come? I think there are international cartels that are controlling our economy. It's the politics of cancer therapy. To me, there's no other way."

It is interesting to note that most of these laetrile advocates have never been involved in political issues before this controversy. For some personal reason (the perceived

need to use laetrile) these individuals have decided to take a stand against the government to fight for their right to use this substance. One respondent in her late 60's summarized this view:

> "My husband and I don't want to do anything illegal, but since I must have laetrile to live, we fight hard to get it legalized. I've never done anything illegal in my life. And here I am, an old woman, breaking the law to use something I need and have a right to."

There is no evidence to support the notion that laetrile advocates are also supporters of the John Birch Society.

In trying to determine if my hypotheses were valid, I did find that some of my independent variables contributed to my respondent's participation in the laetrile movement. Positive relationships with other laetrile advocates and frustration with orthodox medicine directly influence organizational and political participation of the laetrile movement. The friendships that develop between the respondents and laetrile advocates are important sources of emotional support, nutritional information, and laetrile information. Respondents seem to continue their attendance in the Cancer Control Society and efforts for laetrile legalization because of the above benefits they receive. The respondents also voiced great discontent over orthodox medicine's refusal to use laetrile, as well as for their lack of concern for disease prevention and nontoxic remedies. Because the medical profession appears to be deaf to their concerns, the

respondents come together at Cancer Control Society meetings to discuss: nutrition; health remedies, with laetrile being the predominant remedy; and how they can get the governmental and medical authorities to heed their concerns.

Political attitudes have a relationship with participation in the laetrile movement. While more conservatives participate in the laetrile movement, it is the liberals who appear to be the most active. The proportion of conservatives to liberals is 3 to 1, however, all of the liberals are very active in the organizational aspects of the movement while there is a greater split among the conservatives.

Previous political involvement statistically indicated a moderate relationship with laetrile use. From my observations I cannot provide a reason for this, and urge further analysis of the relationship between these two variables.

I could not definately say from both my qualitative and quantitative data that the rest of my independent variables were associated with the other aspects of participation in the laetrile movement. Relationships with laetrile advocates correlated highest of all the independent variables with these dependent variables, while social activity was the weakest. All of the independent variables I used seemed to have contributing effects on participation when I first observed the Cancer Control Society and laetrile movement. But through my analysis, I have found that relationships with other laetrile advocates and frustration with

traditional medicine seem to have the greatest effect on participation in the movement, especially organizational participation. The rest of the variables were found to have minimal or no significant association with one another.

CHAPTER V

CONCLUSIONS

Laetrile advocates can be seen to be deviant because they choose to be involved with a substance authoratative powers have labeled as a quack treatment. Some of the leaders of the laetrile movement have even labeled themselves as quacks, but draw on comparisons to Lister and Pasteru that almost make it seem honorable to be a quack. However, while I feel the respondents agree their choice of laetrile is not the typical cancer drug of choice, I do not feel they see themselves as deviants. This may be due in part to a conviction that "right is on their side". My data confirms some of the findings by Roebuck and Hunter. My respondents did not view themselves as deviant for advocating laetrile, even though powerful authoratative bodies have tried to portray them and laetrile as deviant. If anything, my respondents saw the authoratative bodies as being wrong in this controversy. Primary relationships and mass media are the main disseminators of information regarding alternative health care practices in both studies. Roebuck and Hunter also note how authoratative medical bodies have been unable to get across their labels of deviance for certain health care practices. This finding is also affirmed in my study. My respondents rejected the "quack" label applied to a var-

iety of nonorthodox treatments as well as to laetrile. The authors also discuss the lack of sanctioning ability for medical deviants that is also apparent in the laetrile movement. While laetrile use is generally illegal, over 50,000 people are estimated to use laetrile, and few have been prosecuted.

The respondents appear to have organized themselves into a deviant type of self-help group, meeting criteria for a deviant group as described by Sagarin. They appear to find support for their cause and medical crisis through the Cancer Control Society. The Cancer Control Society appears to be an important part of the laetrile movement. This movement has been successful in bringing to the attention of the scientific community and general public the side of the advocates in the laetrile controversy. I do not believe the movement would have achieved the kinds of political successes and publicity it has without becoming so well organized.

Lofland and Stark's conditions for conversion proved to be contributing factors in my study. The seven conditions they cite as factors necessary for conversion to a deviant religion could also be applied to conversion to this deviant health care movement. While this model was not precisely tested, it could provide a conceptual framework for understanding how cancer victims come to participate in the Cancer Control Society. First of all, Lofland and Stark's condition of "tension" could be identical to cancer inci-

dence. Having cancer is a situation documented to produce anxiety and stress. When one has cancer, it is usually necessary to undergo some form of "problem solving" to retard its growth. A variety of cancer treatments, orthodox and nonorthodox, are available. For most cancer patients, orthodox treatments are usually tried first. The cancer victims who become interested in laetrile must feel that for one reason or another the orthodox treatment is not curing their cancer. By actively looking for another more effective treatment, or by passively running across information concerning laetrile, the cancer victim begins "seekership", another necessary condition for conversion. Usually one flounders among alternatives before deciding which alternative is best. The "turning point" increases the patient's awareness of and desire to take action about the cancer, at the same time being given an opportunity to do so. The Cancer Control Society, one source that could be found during "seekership", advocates the use of laetrile and the metabolic diet, a treatment that is inexpensive and relatively easy to obtain even though it is illegal. Finding mutual support for laetrile use from those within the Cancer Control Society ("cult affective bonds") as well as from family members and friends outside the group ("extra cult affective bonds") appear to be necessary conditions for continued use of laetrile. For individuals who receive no support from family and friends, or from other laetrile advo-

cates, it would be difficult to adhere to this deviant health care practice. "Intensive interaction" calls for accessibility to other advocates and to laetrile, with the metabolic diet becoming a necessary part of this new life-style. Lofland and Stark discussed the difference between verbal converts and total converts. This distinction is also applicable to the laetrile respondents. I found that one-third of the advocates did not use laetrile at all, but still enthusiastically supported laetrile legalization and the Cancer Control operations - these could be compared to Lofland and Stark's "verbal converts". "Total converts", on the other hand, could be seen to be those respondents who actually use laetrile. The conditions and their applicability to cancer victims provided above appear to be accurate from my observations. Who this model may not hold up quite so well for is the convert who does not have cancer. For some reason, the non-cancer participant in the laetrile movement has followed these steps as if he/she already had cancer. If cancer is as dreaded as Bard and Inglefinger suggest, it could be logical for persons who are supporters of preventive medicine to become involved in those treatments they would implement if they did have cancer. Laetrile, purported to be a cancer prevention as well as a cancer control, thus is unique in its results, and may call for a diverse population who uses it.

The respondents appear to be highly educated and well

informed on the pros and cons of the laetrile controversy. This finding is opposite that found by Dr. Sampson. Sampson also felt the laetrile using patients had poor relationships with their physicians. I found that while my respondents felt doctors were too concerned with money and prestige, they did not seem to have negative experiences with their doctors, or hold negative views of MD's. In fact, most seemed to have satisfactory relationships with their physicians except for differing opinions on laetrile use, preventive medicine, and holistic medicine. Sampson asserts that his patients who used laetrile sought irrational, magical solutions to their illnesses. I found this too was not the case for my respondents. They seemed to have researched laetrile better than they had orthodox cancer therapies before making their decision to use laetrile. Perhaps they felt forced by their medical situation to use laetrile, but I do not feel other persons were responsible for that decision. They seemed to make the decision to use laetrile in a logical and sensible manner, all things considered. I wonder how well patients who use orthodox treatments are informed of the effects, and how much they are coerced by their physicians to use the treatment he recommends.

My respondents do appear to hold different views of medicine than does the general public. They do tend to see chiropractors more readily than the general public. Nation-

al survey data (USDHEW, 1966) indicate that only a very small proportion of the population (2.3%) use chiropractors while 52% of my respondents saw them. My respondents also saw chiropractors to be more receptive to treatment alternatives than MD's.

My respondents value the importance of proper nutrition, and see themselves as healthier than the general public. Almost all of my respondents view preventive medicine as vitally important, and the metabolic diet as essential in cancer control. They also shop at health food stores regularly. I found that my respondents are more willing to rate their health as "excellent" or "good" than was the national average. In one article by Wagenfeld et al (1977), it was found that participants of a laetrile symposium were more likely to rate their health as "good" than was the national average, yet less likely to view their health as "excellent". It appears that laetrile advocates view their health to be better than does the national average, the degree to which is uncertain.

My results largely compare with those found by Markle et al. I too found a great emphasis placed on nutrition, health food store shopping, and a discontent with the orthodox medical profession. However, some results of my study are contradictory to those found by Markle et al. They concluded that because of strong opposition to fluoridation of water, overt signs of political conservatism, and the

John Birch Society nature of the laetrile leaders in the movement that this indicated the participants lean towards Bircher ideology. I did not find this to be the case. While my respondents totally oppose fluoridation of water also, it is for health related reasons and not for political ones. There does seem to be an overtone of political conservatism in the laetrile movement, with this I agree. The overriding concern of my respondents to take care of themselves - medically, politically, socially and economically - seems to be a central factor involved in participation in the laetrile movement. Therefore, I see my respondents involved in the laetrile movement for predominately medical reasons and as an effort to gain some control over their lives rather than for political reasons.

Today there seems to be a move toward more concern for nutrition and holistic medicine (Lyon, 1977). My respondents feel that nutrition is important, and what we consume will inevitably effect our body. Dr. William SaVille of Wayne State University's Physicology Department reported that the basic four food groups may not at all be adequate for proper nutrition. He also advocates treating the individual as a whole person (Sillars, 1977). This view is consistent with what the laetrile advocates stated at their meetings. They often emphasized how our diets are not nutritionally sufficient, and how poor the federal requirements for proper nutrition are. This view is reinforced

by Dr. Gil Forbes, editor of the American Journal of Diseases of Children. He stated that the Recommended Daily Allowances for necessary vitamins are only recommendations; he felt science does not know the requirements needed for top nutritional health (Sillars, 1977).

In short, my respondents are not the gullible, irrationable people that much of the literature portrays them. They are concerned about their health, and have documented evidence that orthodox medicine may not be as all knowing as the profession portrays itself. When the respondents see the poor cancer treatment rates, the lack of concern for preventive medicine, and the devastating treatments that traditional medicine has to offer, one cannot really blame them for looking at a treatment that boasts of success and no bad side effects. If orthodox medicine could make them the same kinds of promises that laetrile does, I do not think there would be this kind of antimosity toward the medical profession. The advocates want to have control over their lives, to prevent disorders if possible, and to get support for the medical profession for doing so. But when the medical profession opposes even machines like the "do it yourself blood pressure kit" (Grand Rapids Press, 1977), one cannot help but wonder if the advocates have a long fight ahead of them until they can work <u>with</u> the doctor rather than <u>under</u> the doctor. As one of my respondents said:

> "Until the medical profession realizes that there are other forms of treatment around, and until they open their arms to them, they are cheating the American people completely."

Recommendations for future studies

Due to the small amount of literature in this field and the exploratory nature of this study, the variables chosen were based merely on educated guesses. Independent variables of relationships with other laetrile advocates and frustration with orthodox medicine were shown to have a direct association with organizational participation in the laetrile movement. Other variables that may be useful to look at in the future regarding participation in the laetrile movement are: health food store shopping patterns; psychosocial items regarding coping mechanisms; religious convictions; and medical history.

One major fault of this study consisted of too broad a range of my variable measuring social activity. I was unsure what components of social activity I wished to focus on, and my choice of previous political activity proved to be a weak one. Aspects focusing more on how the laetrile movement alleviates the isolation and anxiety of cancer are encouraged for analysis in future studies.

This study, expanded to consist of a larger number of respondents could provide better data on psychological reasons for participation in the movement. A case study approach, focusing on coping mechanisms, health status and

history could be enlightening. Questionnaires that are well constructed would be helpful if one could get hold of a large enough random sample. A path analysis looking at several independent variables effecting participation would be interesting, since it appears that many factors combine to result in participation in the laetrile movement.

In summary, the laetrile advocates reasons for participating in the laetrile movement go beyond the sociological factors I studied. Emphasis on psychological aspects, including locus of control, are encouraged for future studies. Understanding what motivates individuals to use laetrile has implications for understanding participation in other deviant types of self help groups. The laetrile movement will not go away until the medical profession provides successful treatments for cancer. This, I sadly predict, may take years of research and suffering before we are finally free from "cancer ophobia".

APPENDIX 1

Interview Schedule

I am a student at Western Michigan University. I have become very interested in laetrile, but information is not easy to find. Therefore, I am conducting a little study on laetrile, and I need your help. I would very much appreciate if you could answer some questions for me. I assure you, everything you tell me will be strictly confidential.

1A. Have you ever attended a Cancer Control Society meeting?

____yes ____no (if no, go to 2B)

1B. How many Cancer Control Society activities would you say you have attended in the past three months?

1C. What about the Cancer Control Society meetings do you find interesting?

2A. The Cancer Control Society appears to be a sort of action organization; I mean, it is concerned with getting the government to change its attitudes about laetrile. Have you ever belonged to any other groups that were concerned with taking action on some political issue? (If yes, what are they?) Go to item 3.

____yes

____no

2B. Have you ever belonged to any organizations that were concerned with taking action on some political issue? (If yes, what are they?)

____yes

____no

3. Do you see yourself participating in the nationwide fight to legalize laetrile? (If yes, how and in what ways: probe: laetrile use, petitions, Cancer Control Society...)

4. What kinds of activities, clubs or groups do you regularly take part in? (probe - how do you spend your free time)

5. How much time a week do you spend with the activities you just mentioned?

6. Do you happen to belong to any church? Which one?

____yes ____no (if no, go to 8)

7A. How many times did you attend worship services last month?

7B. How many times did you attend other church related activities last month?

8. Do you, or have you ever, used laetrile? Why or why not?

9A. Do you, or have you had, cancer?

____yes ____no (if no, go to 12)

9B. What kinds of cancer treatment(s) have you used?

9C. How effective do you think the treatment(s) were?

10A. Are you undergoing any present treatment? What is it?

10B. Do you think your current treatment is effective in any way?

11. Did you try laetrile before, during, or after you tried other cancer treatment(s)?

____before ____during ____after ____no use

12. How did you first hear about laetrile? (probe - family friends...)

13. How did you find out where to get laetrile? (probe - family, friends...)

14. Did you know anyone who used laetrile before you decided to try (or not to try) it?

15. What was the one thing that made you decide to try (or not to try) laetrile?

16. How well informed do you feel you are about laetrile?

____very ____somewhat ____little ____not at all

17. Do you think laetrile will control cancer, in most cases?

18. Do you think laetrile can prevent cancer?

19. Would you encourage other people to consider laetrile as a cancer treatment? Why or why not?

20. Do you believe there should be any governmental controls on the use of laetrile? Why or why not?

21. Do you feel the government ought to help people get doctor or hospital care at low cost?

____yes ____no

22A. Do you have any close friends or relatives who have ever had cancer?

____yes ____no (if no, go to 23)

22B. How is the person doing now? (if dead, when?)

22C. What kinds of cancer treatment(s) did the person use, to the best of your knowledge?

22D. Was the treatment effective in any way?

23. How many people do you know who use laetrile?

24A. Are any of your friends laetrile users?

____yes ____no (if no, go to 25)

24B. Do you see these friends outside of laetrile related activities?

25A. Do you ever read materials about laetrile? What kinds?

25B. Do you ever talk with other people about laetrile?

25C. Have you ever seen the film "World Without Cancer"?

25D. Have you gone to the state capitol to work for legislation on laetrile?

26. How would you rate your health?

____excellent ____good ____fair ____poor

27. What kind of doctor is your regular doctor? (probe - MD, chiropractor, osteopath...)

28. How long have you had your present doctor?

29A. Do you think your doctor is genuinely interested in you and your health?

29B. Do you think doctors in general are interested in their patients?

29C. Do you think chiropractors are more interested in treatment alternatives?

30. Tell me it you think the next 3 statements are completely justified, somewhat justified, or unjustified.

		CJ	SJ	UJ
A.	Doctors try to jam so many patients into office hours they don't give enough time to anyone.			
B.	If doctors paid more attention to preventive medicine, their patients could avoid a lot of illnesses.			

31. How would you describe your political philosophy?

____conservative

____middle of the road

____liberal

32. Do you feel the government has a right to regulate what drugs we consume?

____yes ____no ____other (specify)

33. Do you think the government should provide all citizens a guaranteed annual income?

____yes ____no ____other (specify)

34. Do you feel the United States should keep soldiers overseas where they can help countries that are against communism?

____yes ____no ____other (specify)

35. Do you feel we should ease environmental standards to increase energy production?

____yes ____no ____other (specify)

36. Do you think the use of marijuana should be decriminalized?

____yes ____no ____other (specify)

37. Do you favor the fluoridation of water?

____yes ____no ____other (specify)

Now I have just a few more questions about laetrile I'd like to know.

38. What are the most common sources of laetrile?

39. What are two other names for laetrile?

40. Can you tell me which states have legalized laetrile?

41. What is a trophoblast?

42. Who was the first US physician to be prosecuted for using laetrile as a cancer treatment?

Before I go:

43. How old were you at your last birthday?

44. How far did you go in school?

45. Are you employed? What is your occupation?

46. Do you shop at health food stores? How regularly?

note:

47. Sex: Male Female

48. Race: White Black Other (specify)

You have been very helpful in providing me knowledge about yourself and laetrile. I thank you very much. Would you know of other persons who are interested in laetrile? (if yes:) Would you give me their names and how I might get in touch with them? (get address and phone number if possible)

APPENDIX 2

Rotated Factor Analysis

Political Attitudes:

Question	Item	Factor 1	Factor 2	Factor 3	Factor 4
31	philosophy	.28	.11	.13	
33	welfare	.80*	.32	.51	
34	communism	- .04	.11	- .60	
35	environment	- .15	- .52	.20	
36	marijuana	.12	.73	.05	
21	soc. medicine	.68*	.06	- .20	
Medical Frustration:					
29A	own dr. interest	.38	.32		
29B	gen. dr. interest	.53*	.45		
29C	chiropractor	.26	.20		
30A	busy dr.	- .88*	.05		
30B	prevention	.05	.83		
Relationships:					
1C	meetings	.07	- .53	- .06	
12	hear	.01	- .03	- .53	
13	where	.27	.39	.58	
14	know users	.68*	- .03	.06	
23	use	.27	.54	.26	
24B	friends	.64*	.70	.16	
24B	see frequency	.65*	.59	.06	

Social Activity:

2A	political A	.98*	.15	- .04	.08
2B	political B	- .96	- .23	- .01	- .06
4	nutrition	- .14	.17	.73	.19
4	clubs	.03	- .02	- .62	.09
4	friends	.11	.09	- .39	.39
4	home	.12	.05	.51	- .04
4	sports	.05	.13	.05	.84
7A	church	.15	.94	.06	.07
7B	church misc	.23	.92	.14	.17

Participation:

1B	attend meetings	.94*	.25
3	legalization	.10	.88*
3	laetrile use	.11	.32*
25	filmstrip	.64*	.20
25	lobby	.48	.63*
3	petition	.58	.61*
3	letters	.32	.53*
3	operation	.64*	.23

* variables chosen for analysis

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