Who is Being Studied?
Women in south-east England who consider themselves to be suffering from distress – either as a primary complaint or associated with another condition – and are seeking the services of a herbalist practising western herbal medicine (WHM) as part of their self-care strategy.

Research Aims
Determine how women define and experience their distress.
Investigate women’s experience of seeing a herbalist as part of a self-care strategy, and how they perceive the consultation and treatment with WHM may or may not affect their wellbeing.
Ascertaining whether their perceptions and experience of distress and WHM change over time.

Why Women With Distress?
Women are reported as suffering with distress more than men, and are the main users of WHM.
Common mental health disorders can include depression and anxiety, which can cause appreciable emotional distress and interfere with daily function.
In the UK, common mental health disorders account for one in five of all work days lost and cost UK employers £25bn each year.

Why Herbal Medicine?
Herbal medicine has the potential to be of use in conditions associated with distress, such as depression, anxiety and insomnia.
UK herbal medicine use is widespread – in 2008 35% of British adults surveyed claimed to have used herbal medicine. However, there is little research into how users experience the practise of herbal medicine.

What is Western Herbal Medicine?
WHM is the traditional form of healthcare in the UK.
Today, WHM utilises plants from all over the world, but is distinct from other herbal practices (such as Ayurveda).
Herbal medicine practice is typically described as person centred, as it focuses on illness causation and its significance to the individual patient.

Interviews
Participants were interviewed at two time points, approximately six months apart.
The interviews were semi-structured, with a topic guide to initiate patient narratives. Themes emerging from the narratives guided subsequent interviews.

Data Analysis
The interviews were transcribed, cleaned of identifying data and sent to the participants to check for accuracy.
The transcripts were analysed using thematic analysis.

Emerging Findings
Women can see their distress as embarrassing and so socially unacceptable. In order to cope with their embarrassment, women can deliberately isolate themselves as a way to “save face”.
Whilst used as a coping strategy, isolation can increase the negative impact that distress can have on a woman’s wellbeing.
Seeing a herbalist is one of a number of self-care techniques utilised by women to manage distress, and can help them retain some feelings of control.
Whilst the use of herbal medicine is generally seen as being effective, the herbalists can also have a role to play in reframing the women’s narratives, and so help them to “regain face” rather than just “save face”.

This project is kindly being funded by:

Make My Day Better
(UK charity reg: 1139533): www.makemymdaybetter.co.uk
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