

## **I2. Expertise Across Medical Boundaries**

**I2:1** Lucas Richert, *"The Physician Is Boss?": Scope Creep, Status Strain, and the Pharmacist–Physician Divide in American Healthcare*

This paper examines the recent resurgence of professional tensions between pharmacists and physicians in the United States, focusing on the contested terrain of “scope creep”—the expansion of professional boundaries. Anchored in the 2024 dispute between the American Medical Association (AMA) and pharmacy organizations like the American Pharmacists Association (APhA) and American Association of Colleges of Pharmacy (AACCP), this talk situates these contemporary debates within a longer historical trajectory of interprofessional rivalry, legal regulation, and identity formation. Drawing on a rich array of primary sources—including 19th- and early 20th-century medical and pharmaceutical journals, advertisements, cartoons, and archival materials—the paper traces how pharmacists and physicians have negotiated their roles and authority over time. It also engages sociological frameworks, notably Andrew Abbott’s concept of “status strain,” and incorporates gender analysis to explore how professional hierarchies have been shaped by gendered assumptions. The paper argues that current scope-of-practice disputes reflect not only historical patterns but also new pressures from corporate actors, technological systems, and regulatory complexities. Ultimately, it advances a historically and gender-informed understanding of scope creep as a persistent and transformative force in shaping the borders of healthcare professions.

### Learning Outcomes

- Analyze the historical evolution of pharmacist-physician tensions through primary sources such as medical journals, advertisements, and archival materials, with attention to how professional boundaries have been negotiated over time.
- Evaluate the role of legal, educational, and corporate structures—including scope-of-practice laws, the rise of the Pharm.D., and the influence of Pharmacy Benefit Managers (PBMs)—in shaping contemporary debates around professional authority and autonomy.
- Apply gender and sociological frameworks (e.g., Andrew Abbott’s “status strain”) to understand how professional hierarchies in healthcare have been constructed and reinforced, particularly through gendered representations of pharmacists and physicians.

**I2:2** Libby O'Neil, *Wired Up: Biofeedback Research between Medicine and Counterculture in the 1970s*

This paper examines the biofeedback research and treatment program at the Menninger Clinic, a psychiatry center in Topeka, Kansas. Modern biofeedback training emerged in the 1960s as a therapeutic technique that enabled individuals to monitor and regulate physiological processes such as body temperature and even brain waves. Blending psychology, medicine, spirituality, and wartime technical know-how, biofeedback researchers Elmer and Alyce Green at the Menninger Clinic promised new forms of self-control at a moment of cultural uncertainty. Drawing on archival materials from the Menninger Foundation, this paper explores how the Greens and their collaborators sought to establish biofeedback's scientific legitimacy while still engaging in a countercultural discourse on "altered states of consciousness" with figures like John C. Lilly. By resituating countercultural medicine in Kansas instead of California, this paper uncovers a drive for psychophysical self-control rather than psychedelic self-exploration. According to the Greens, their research used new electronic technologies to give more control to the patient, lessening the importance of the mental health practitioner. Eventually, even the machines could be set aside once the patient learned to control their mind and body -- patients would no longer be dependent on drugs, doctors, or devices. However, the threat of unauthorized adaptations by technology companies and spiritual gurus strained this non-hierarchical approach. Tracing how Menninger researchers contested the meaning of self-control, this paper situates biofeedback within broader conversations about expertise and authority in postwar psychiatric medicine.

Learning Outcomes

- Understand the dynamic history of biofeedback therapy and its implications for patients and health care providers.
- Recognize the complex history of authority and expertise in doctor-patient-researcher relationships in the fields of psychiatry and holistic medicine.
- Recognize the dynamic interrelationship between medicine, society, and spirituality through history.

### **I2:3** Matthew Soleiman, “*Ten Steps from Patient to Person*”: *Self-Help Activism and the Emergence of the American Chronic Pain Association*

In 1980, Penney Cowan founded the American Chronic Pain Association (ACPA), the world’s first mutual aid organization for chronic pain. Through community organizing, monthly meetings, educational workbooks, and newsletters, the ACPA sought to help those with incurable pain transition from the role of a passive “patient” to that of a “person” who took responsibility for their disability. By the late 1980s, the organization had not only been featured in national publications, but had also come to include hundreds of “self-help” groups scattered across North America, Australia, and New Zealand. This talk examines how a shift in the ideas and practices of pain medicine made the emergence of the ACPA possible. Since the 1960s, physicians within and beyond the United States had begun to meet at interdisciplinary conferences to move beyond the mind-body divide that seemed to plague their diagnosis and treatment of chronic pain. Such pain, many agreed, blurred the boundary between the physical and the psychological. Its management therefore required a holistic approach, one that depended on psychological therapies and the agency of the patient. Encountering this approach at the Cleveland Clinic, Cowan came to believe that it was mind-body dualism that had led her to overlook the role of her thoughts, emotions, and actions in her fibromyalgia. Only by actively controlling these parts of herself could she manage her pain. Ultimately, Cowan’s personal transformation became the foundation for the ACPA’s efforts to, at once, build social support networks and advocate for individualized self-help. By analyzing Cowan’s published account of her time at the Cleveland Clinic as well as archival materials from the ACPA, this talk argues that the ACPA repurposed pain medicine to put patients at the center of their own care.

#### Learning Outcomes

- To describe a shift away from the mind-body divide in modern medicine
- To foreground the role of patient advocates in transforming the management of chronic disease and disability
- To critically examine the emphasis on social support versus individual self-help in patient activism