

The gift of salt¹: Motives for halotherapy

A client-perspective ethnography of a salt chamber in
the Netherlands

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Abstract

The aim of this thesis is to study the organizational field of halotherapy in the Netherlands, consisting of a salt chamber, its clients, healthcare insurance companies and medical staff to create a better understanding of this field and the motives of clients to start, continue and end halotherapy. This client perspective is constructed by using an ethnographic research method, including participant observations, field notes and interviews and the non-ethnographic method of review analysis. Diverse motives of clients to start, continue or end halotherapy are found. For example, dissatisfaction of medication and the desire to start an alternative or additional treatment to medicinal treatment are motives of clients to start halotherapy. Motives to continue halotherapy are to reduce or maintain the experienced alleviation, considering clients' chronic ailments. Clients are motivated to end halotherapy if halotherapy is no longer needed when clients are cured or have not felt satisfactory alleviation. In addition, it is found that the low professional status of halotherapy may negatively influence the acknowledgement of halotherapy as a treatment.

Keywords: halotherapy, salt chamber, client perspective, motivation, professional status

Preface

In front of you is my Master thesis, a product of six months' worth of hard work, dedication and the occasional frustration. Based on my experiences with writing my Bachelors thesis I did not look forward to writing this thesis, however, this time around was a far more positive experience than I expected in advance. When my supervisor introduced the subject of halotherapy as a possible subject for my thesis, I was immediately interested. Having worked in a hospital for several years, I was fascinated by the idea of this alternative treatment to medication and also a bit sceptical of its benefit. However, this scepticism quickly vanished as I emerged myself in the field of halotherapy and found out that halotherapy offered real alleviation to clients, essentially life-changing alleviation.

Hereby, I would like to thank the owner and all clients of HaloSalt, who were willing and trusted me to share their experiences and personal stories, which have contributed to the most crucial findings of this research. I would also like to thank the representative of a healthcare insurance company and three general practitioners whom have taking the time and willingness to speak to me, resulting in valued findings. Furthermore, I thank my supervisor Dr. H. Koerten for his guidance, feedback and support. Lastly, I thank my family and friends for their support and comfort during these last six months.

I hope you enjoy reading my Master thesis.

Marlijna Driessen

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Part 1: Introduction, theory and methodology

In the first part of this thesis, the introductory chapter, theoretical framework and methodology are presented. With this first part, I attempt to create a better understanding of halotherapy in the Netherlands and theory regarding type of treatments, entrepreneurship and professions. Furthermore, the methodology section provides insights in how this study has been executed and how the research data has been analysed.

1. Introduction

*Halotherapy makes you human*². Around 1840, a Polish doctor named Felix Bochkovsky noticed that salt mine workers did not suffer from respiratory- or skin ailments and discovered that air filled with salt particles has a healing effect on these sort of ailments. After his discovery, Bochkovsky opened the first salt mine accessible for people with respiratory ailments, a treatment called speleotherapy. Speleotherapy is performed in a natural underground salt cave or -mine (Chervinskaya & Zilber, 1995) such as the Wieliczka salt mine in Poland, one of oldest salt mines in the world. In contrast to speleotherapy, halotherapy is performed in a man-made salt chamber. Both therapies are an alternative, medicine-free method of treatment (Chervinskaya & Zilber, 1995) and rely on the inhalation of salt particles (Rashleigh, Smith & Roberts, 2014). Halotherapy could help treat respiratory- and pulmonary conditions such as asthma and chronic obstructive pulmonary disease (COPD) and integumentary (skin) conditions such as eczema, psoriasis and dermatitis (Rashleigh et al., 2014).

Various scientific research has been conducted on halotherapy, its effects and possible benefits. These clinical studies have focused on different ailments that halotherapy could help treat, such as, but not limited to: respiratory diseases (Chervinskaya & Zilber, 1995); bronchial hyperresponsiveness (Hedman, Hugg, Sandell & Haahtela, 2006); COPD (Nurov, 2010); asthma (focusing on children) (Bar-Yoseph et al., 2017); adenotonsillar hypertrophy (Gelardi et al., 2013); cystic fibrosis (Donaldson et al., 2006; Achkar, Geller, Slanely & Layish, 2015); skin ailments (Chervinskaya, 2006) and comparable COVID-19 diseases (Uysal & Ulusinan, 2020).

These studies all show positive effects of halotherapy on ailments as mentioned above. As an example, the study of Chervinskaya and Zilber (1995) shows that halotherapy positively affected participants with respiratory diseases in the following ways: a decrease of bronchial obstruction, medication use and fatigue and participants coughed less frequent and easier. Comparably, Gelardi et al. (2013) and Hedman et al. (2006) state that halotherapy could be an effective complementary method to treat adenotonsillar hypertrophy and bronchial hyperresponsiveness, along with medical treatment. Despite the positive results of the studies mentioned in the last paragraph, all studies advocate for more scientific research on these topics.

Even though halotherapy finds its origin in Eastern Europe, the treatment has become increasingly more popular as more and more salt chambers can be found in the rest of Europe and other parts of the world (Rashleigh et al., 2014). For example, the number of salt chambers in America has grown up to 300 in four years time (Kaufman, 2017). The first salt chamber in the Netherlands – HaloSalt³ – opened its doors ten years ago and since then about 30 salt chambers can be found all over

the country. Today, HaloSalt is the leading salt chamber in the Netherlands and can be found in two locations in the centre of the Netherlands⁴.

1.1 Research question

Although halotherapy is performed in the Netherlands for about ten years and is becoming increasingly popular, the treatment is still relatively unknown, underexplored and raises skeptical reactions among non-clients and the medical world (Zajac et al., 2014). Besides, halotherapy is often compared to a spa-resort due to its calming and pleasant environment (Chervinskaya, 2006). Additionally, salt chambers could be considered as commercial businesses as the treatment requires no medicines nor education of the salt chamber practitioner.

Interestingly, in Russia halotherapy is an acknowledged medical treatment since 1995 meaning that the treatment is compensated by healthcare insurance companies and salt chamber can be found all over the country, including Russian hospitals (Ministry of Public Health of the Russian Federation, 1995). Contrary to Russia, in the Netherlands halotherapy is not an acknowledged medical treatment and not compensated by any Dutch healthcare insurance company, despite the scientific evidence of the beneficial effects of halotherapy on various ailments.

In addition to previously conducted scientific studies using a clinical perspective, this research contributes to the subject of halotherapy adopting a client perspective. Therefore, the research question of this thesis is:

What motivates clients to start, continue and end halotherapy?

An ethnographic research method is used to answer this research question, as this is an appropriate research method to create a better understanding of halotherapy in the Netherlands. Halotherapy is a complex subject to unravel, as it possesses many characteristics and finds itself in a constant state of ambiguity for its entrepreneurial versus professional and non-medical versus medical aspect, which will be further illustrated in the following chapter. To create this better understanding, observations have been conducted to construct the experiences of clients of HaloSalt and the day-to-day business of managing a salt chamber in the Netherlands. During and after these observations, field notes have been written to keep up with the observations and to help with the eventual data analysis. Furthermore, a review analysis has been done using the Google reviews of HaloSalt, to create a more objective image of the experiences of (former) clients of halotherapy at HaloSalt. Lastly, interviews have been conducted with HaloSalt's clients to uncover their experiences with halotherapy, a representative of a healthcare insurance companies about the (non) compensation of halotherapy and

general practitioners about the referrals of patients to HaloSalt. A more detailed description of the used research methods is presented in the third chapter.

1.2 Introducing HaloSalt

Ten years ago, HaloSalt was founded. The owner is of Israeli origin and moved to the Netherlands. In contrast to Israel, no salt chambers were located in the Netherlands at that time. The owner decided to open a salt chamber relying on the technique of salt diffuse machines and attended some lectures of an Israeli professor whose work focused on halotherapy and salt chambers. Furthermore, he learnt to build salt chambers in Israel so he could built his own in the Netherlands.

Since opening the doors ten years ago, HaloSalt is the most renowned salt chamber in the Netherlands. Two years after the first location of HaloSalt opened its doors, a second location was opened. After another few years, the first location moved to a bigger location in the same city. In both locations, a total of three man-made salt chambers can be found, of which two are located in the bigger location and one in the smaller location. A halotherapy session lasts for an hour during which clients take place in a lounge chair and inhale salty air that is distributed in the chamber by diffuse machines that regulate the right amount and size of salt particles in the air. A more elaborative description of HaloSalt is given in the fourth chapter.

1.3 Relevance

Salt chambers are mostly studied from a clinical viewpoint, meaning that previous studies have focused on measurable data and quantitative research using target- and control groups to assess the effects of halotherapy on various ailments. As mentioned, these studies found beneficial results but encourage more scientific research. In contrast, this study aims to shed light on halotherapy from an organizational viewpoint, meaning that the organizational field of halotherapy will be explored, including: a salt chamber and its clients, a representative of a healthcare insurance companies and medical staff such as general practitioners. In addition to this organizational viewpoint, a client perspective will be adopted. An interesting fact that might not be considered in a clinical study is that HaloSalt opened its doors ten years ago and its clientele exists of many long-term clients. Adopting this client perspective, this fact could demonstrate the positive effects of halotherapy on various ailments, considering: would clients pay a considerable amount of money if halotherapy is not beneficial to their health? And would HaloSalt celebrate its ten-year anniversary if halotherapy would not be beneficial to clients' health?

In addition, a considerable number of Dutch citizens suffers from respiratory- or skin ailments. In 2019, almost 585.000 citizens suffered from COPD (De Staat VenZ, n.d.), 586.000 citizens suffered from asthma (Volksgezondheid en Zorg, n.d.) and in 2014 more than one million citizens suffered from eczema or psoriasis (CBS, 2015). Considering the considerable costs of halotherapy and the fact that healthcare insurers do not compensate these costs, halotherapy is only accessible to those who can afford it. If halotherapy would be compensated by healthcare insurers, it would be accessible to more Dutch citizens who suffer from respiratory- or skin ailments.

1.4 Thesis structure

This thesis is structured in the following manner. First, a theoretical framework is presented in which literature is discussed about the concept of entrepreneurs and professions as well as three types of treatments and the acknowledgement of medical treatments. Second, the used research methods, data analysis and a notion of reflexivity are described in the third chapter. Third, the findings of this research are presented in the fourth and fifth chapters. Lastly, the conclusion and discussion are described in the sixth chapter, followed by the limitations and recommendations in the final chapter.

2. Theoretical framework

As stated in the previous chapter, halotherapy is not an acknowledged medical treatment and in a constant state of ambiguity for its entrepreneurial versus professional and non-medical versus medical aspect. Therefore, some literature regarding entrepreneurs, professions and professional associations is presented. Furthermore, different types of treatments are explicated followed by literature concerning the acknowledgement of a medical treatment. Finally, a summarizing overview and theoretical guidance is described, which is used to shape this research.

2.1 Entrepreneurs

Due to the contradiction of halotherapy's entrepreneurial versus professional aspect, the concept of entrepreneurship is explored. As mentioned, salt chambers can be considered as commercial businesses wherefore salt chambers' owners can be thought of as entrepreneurs. The concept of entrepreneurs can be diversely defined (Lazear, 2005; Constant, Shachmurove & Zimmermann, 2007; Shane & Venkataraman, 2000). A first definition by Lazear (2005) is that entrepreneurs are individuals who have established businesses, meaning the development of the starting product or service, bringing in staff members and collecting financing (p. 3). A second possible definition is that an entrepreneur is "an individual who organizes, operates, and assumes the risks of a business venture" (Constant et al., 2007: p. 2). Building on this definition, Lazear (2005) proposes another definition, namely that a CEO who "reinvents" a company could also be considered as an entrepreneur. According to Santini (2021), the related concept of entrepreneurship is hard to define. Nevertheless, Shane and Venkataraman (2000) suggest that entrepreneurship is the identification, evaluation, and exploitation of opportunities.

2.2 Professions

Elaborating on the contradiction between the entrepreneurial and professional aspect, literature regarding concept of professions is presented. MacDonald (1995 in Oomkens, Hoogenboom and Knijn, 2015) suggests four characteristics of professions, which I will complement with an example of a profession: a doctor. First, professions rely on their knowledge and qualifications for control and power. According to Oomkens et al. (2015), this emphasis on knowledge as a characteristic of profession is used in all sociological theories on professions. Second, professions are in conflict with other groups in society, as they try to improve and legitimize their position. Third, the collective actions of professions can be used as a strategy to control the access of the profession. Fourth and lastly,

professions do not only exist for financial reasons, but also for providing services that are of high quality and of crucial importance to their clients and society (MacDonald, 1995 in Oomkens et al., 2015).

The profession of doctors relies on a long and extensive academic education, for a minimum of six years to be a general practitioner in the Netherlands. This education does not only involve the acquirement of knowledge and skills, but also a new identity (Wagner, Hendrich, Moseley & Hudson, 2007). Furthermore, doctors improve and legitimize their position in society, for instance by means of ongoing scientific research and the treatment of (life-threatening) diseases. Additionally, the access of the profession doctor is controlled by the BIG-register which provides clarity about the authority of a healthcare provider and contains doctors, pharmacists, physiotherapists, healthcare psychologists, psychotherapists, dentists, midwives, physician assistants and nurses (Ministerie van Volksgezondheid, Welzijn en Sport, n.d.). Lastly, the professions of doctors exists for providing high quality healthcare to patients which for example suffer from life-threatening diseases.

Additionally, Anteby, Chan and DiBenigno (2016) have identified three lenses to study and understand professions, namely: profession as ‘becoming’, ‘doing’ and ‘relating’. Firstly, the ‘becoming’ lens focuses on processes of newly inducted members of professions and individual changes that may be the result of this induction. Secondly, the lens of ‘doing’ focuses on the execution of activities by profession members that can influence individual, occupational or organizational consequences (Anteby et al., 2016). The last lens of ‘relating’ focuses on the collaboration of different professional groups by understanding when and how these groups collaborate (Anteby, Chan & DiBenigno, 2016).

2.2.1 Professional associations

According to Wilensky (1964), professional associations are constructed through a process which consists of five phases. The first phase entails to ‘start doing full time the thing that needs doing’ (Wilensky, 1964: p. 142). In the second phase, the development of training and education is addressed by developing training. Wilensky (1964) states that this training is developed by movement leaders, leaders of a new technique or both. Consequently, a professional association is created in the third phase, composed of members who have developed and followed training. The fourth phase focusses on obtaining legal protection of the profession. Finally, a formal code of ethics is adopted in the fifth phase to eliminate unqualified members, reduce internal competition, protect clients and establish a formal code of ethics, containing the service ideal (Wilensky, 1964).

2.3 Types of treatments

Considering the ambiguity of the non-medical versus medical aspect of halotherapy, three different types of treatment are presented, namely: medical treatment, paramedical treatment and complementary and alternative medical (CAM) treatment.

2.3.1 *Medical treatment*

A medical treatment can be defined as the performance of medical acts such as examining, diagnosing and treating patients (Fovargue & Mullock, 2016). Examples of medical treatments are medicine treatments and surgery. Medical treatments can be performed in private practices as well as hospitals. Medical treatment requires extensive academic education and is based on scientific evidence. Furthermore, medical practitioners are registered in the BIG-register (Ministerie van Volksgezondheid, Welzijn en Sport, n.d.). Lastly, all medical treatments are compensated by healthcare insurance companies in the Netherlands (Zorginstituut Nederland, n.d.).

2.3.2 *Paramedical treatment*

A practitioner of paramedicine performs medical treatments under the supervision of a physician, but does not diagnose patients themselves. Examples of paramedical treatments are: occupational therapy, extramural therapy dietetics, physiotherapy, speech therapy, exercise therapy and podiatry (Nederlandse Zorgautoriteit, n.d.). Paramedical treatment facilities are private practices, but can also be found in hospitals and nursing homes. Unlike medical treatment, paramedicine requires non-academic education which is accredited by the Dutch-Flemish Accreditation Organization (NVAO) (NVAO, n.d. a) and practitioners are registered in the BIG-register (Ministerie van Volksgezondheid, Welzijn en Sport, n.d.). Lastly, all paramedical treatments are compensated by healthcare insurance companies in the Netherlands (Zorginstituut Nederland, n.d.).

2.3.3 *Complementary and alternative medical treatment*

Complementary and alternative medicine (CAM) can be defined as a ‘diagnosis, treatment and/or prevention which complements mainstream medicine by contributing to a common whole, by satisfying a demand not met by orthodoxy or by diversifying the conceptual frameworks of medicine’ (Ernst et al., 1995: p. 506). Due to the lack of scientific evidence of treatments related to CAM it is a controversial topic and provokes debate (Brosnan, Vuolanto & Brodin Danell, 2018). Some examples of CAM treatments are acupuncture, aromatherapy, homeopathy, chiropractic treatment and spiritual

healing and are usually found in private practices. Practitioners of CAM are generally not highly educated in comparison with medical practitioners. In addition, education for osteopath and chiropractor are not accredited by the NVAO (NVAO, n.d. a), meaning that the completion of this education will not lead to accredited diplomas and titles (NVAO, n.d. b). Furthermore, practitioners of CAM are not registered in the BIG-register and are partly compensated by healthcare insurance companies in the Netherlands in additional insurances (Zorginstituut Nederland, n.d.).

2.4 Acknowledged medical treatment

Taking the non-medical versus medical ambiguity into account, the acknowledgement of a medical treatment is examined. In order for a treatment to be medically acknowledged, several matters are of influence to acknowledge a treatment or not. These influences could concern ethical, legal and clinical issues (Fovargue & Mullock, 2016). However, another matter of influence on the (non) acknowledgement of a medical treatment is the professional status of an organization or governance structure (Oomkens et al., 2015). According to the authors, healthcare professions such as a doctor are an example of professional dominance due to their theoretical-based knowledge and high organizational power. This professional dominance entails a dominant position in institutionalized governance structures (such as hospitals) and are therefore more likely to continue to exist, even when new policies provoke changes in hierarchical control or market mechanisms. In contrast to professional dominance of healthcare professions are professions with practice-based knowledge and low organizational power (Oomkens et al., 2015).

2.5 Theoretical overview

To connect the literature discussed in this chapter, the four characteristics of professions as stated by MacDonald (1995 in Oomkens et al., 2015) are applied to the three types of treatments that have been presented in subsection 2.3 in the following table. Based on the applicable characteristics and the comparison of the different treatments, an indication of organizational power is made. This level of organizational power assigned to each treatment influences the (non) acknowledgement of a medical treatment (Oomkens et al., 2015).

Table 1: *The application of the four characteristics of professions (MacDonald, 1995 in Oomkens et al., 2015) and the information presented in subsection 2.3 Types of treatments.*

Type of treatment	1. Knowledge and qualifications	2. Position in society	3. Access to profession	4. Existence of profession	Organizational power
Medical	Extensive academic medical education	Ongoing scientific research on diseases and treatments	BIG-registration	Providing high quality healthcare through medical treatment or surgery	High
Paramedical	Non-academic medical education	Treatment available in private and public facilities such as hospital	BIG-registration	Providing high quality healthcare through medical treatment under the supervision of a physician	Medium
CAM	Basic medical education	Increasing popularity, Treatment available in private facilities	No BIG-registration	Providing treatment that can't be done by orthodox medical methods	Low

2.6 Theoretical guidance

The literature presented in this chapter has helped to construct a frame through which this research is guided and perceived. First, the theory has established a better understanding of the presented concepts which helps to grasp halotherapy's contradictions of entrepreneur versus profession and non-medical versus medical. Second, the theory regarding professions and the acknowledgment of a medical treatment may be used to determine the professional status and organizational power of halotherapy and therefore the likelihood of halotherapy to become an acknowledged medical treatment.

3. Methodology

This research is concerned with an in-depth study of halotherapy in the Netherlands. My supervisor suggested that I could write my thesis on halotherapy by studying a salt chamber (HaloSalt), a topic which was totally new to me. Consequently, I visited the website of HaloSalt on which I found more information on what halotherapy entails, what kind of ailments it benefits and many experiences of clients. Furthermore, I sought scientific information on halotherapy. After this first exploration, I decided to write my thesis on halotherapy and my supervisor arranged that I could contact the owner of HaloSalt.

After contacting the owner, I visited HaloSalt to get acquainted and to discuss my research. Before my visit, I was sceptical of halotherapy and its benefits but during my visit I spoke to a number of clients who all shared similar experiences of how halotherapy has helped to alleviate their ailments. Furthermore, I was surprised by the ambiance at HaloSalt as it was informal, open and sociable. This visit triggered me to choose to approach my thesis from a client-perspective on halotherapy. Because the concepts of halotherapy and salt chambers were still fairly new to me, an ethnographic way of conducting my field work seemed to be an appropriate approach for this research.

First, the used research methods will be introduced followed by a description of the analysis of the gathered data per research method. Also, an account of the ordering of this data is specified. Finally, a reflection is written on my role as a researcher.

3.1 Research methods

Ethnography can be used to create a better understanding of the field of halotherapy, as this research method is a way of studying and representing a culture ‘as used by particular people, in particular places, at particular times’ (Van Maanen, 2011: p. 155). Using ethnography, I intended to fully submerge myself into the field of halotherapy. According to Bryman (2016), an ethnographer engages in a social setting for an extensive period; makes observations on the behaviour of setting members; listens and participates in conversations; interviews setting members; collects documents about the group; creates an understanding of the culture of this group and people’s behaviour in this culture; and writes a detailed account of this setting.

I have used the popular ethnographic research methods of conducting participant observations, field note writing and interviewing (Harrison, 2018). In addition to these methods, I have also used

web scraping to conduct a review analysis. Besides, this research has been conducted in the bigger location of HaloSalt, hereafter only referred to as HaloSalt.

3.1.1 Participant observations

I first started conducting participant observations so I could create a better understanding of the salt chamber and its clients. Also, by first conducting observations clients could get used to me and my role as a researcher. Observations have enabled me to observe the behavior of clients and the owner of HaloSalt and the events that take place within the salt chamber (Bryman, 2016). I positioned myself as a full member of the studied group and strictly observed, which is required of an ethnographer according to Harrison (2018). Furthermore, I used an unstructured manner, meaning that I conducted these observations without any expectations or predetermined behavior or events to observe (Mulhall, 2003).

After some time and several observations, I was ‘part’ of the salt chamber and a familiar face to clients. I have conducted these observations during the months February, March and April. Using this method, I have attempted to construct the experiences of clients of HaloSalt and the day-to-day business of managing a salt chamber in the Netherlands. Despite the effective lockdown during my field work, HaloSalt was still opened and therefore I was able to conduct my observations. I conducted my observations on different days of the week, to guarantee a substantiated and well-developed image of HaloSalt and its clients. Furthermore, on multiple occasions, I visited HaloSalt unannounced, to increase the degree of the objectivity of these observations. During the observations, I have participated minimally in the activities of group members in the field of halotherapy, only interacting with these members in the form of conversations and while conducting interviews, adopting a ‘minimally participating observer’ as identified by Bryman (2016).

Before conducting observations to construct the experiences of clients, I have read experiences of clients on the website of HaloSalt. To further construct these experiences, I have visited HaloSalt to observe clients before, during and after their halotherapy session. I observed and spoke to clients outside of the salt chamber while they consumed a drink before and/or after their halotherapy session. Furthermore, I observed clients during their halotherapy session, as I also took place in the salt chamber during a halotherapy session.

Besides observing clients’ experiences, I also conducted observations to construct the day-to-day business of managing a salt chamber because I wanted to create a better understanding of the field of halotherapy in the Netherlands. To construct the day-to-day business of managing a salt chamber, I

have observed the daily practices during multiple days. HaloSalt opens its doors every day at ten o'clock in the morning, but the owner is present at nine o'clock. Therefore, when observing, I was also present at nine o'clock and helped with the cleaning of the salt chambers and other rooms before the first session started. Throughout the day, I sat in a chair, listened and talked to clients and the owner of HaloSalt and wrote notes in my notebook. Occasionally, I would make a cup of coffee or tea for the clients whom I spoke to. In other words, my observations could be described as 'to waste time just sitting about and listening' (Mead, 1973: p. 138).

In addition, during the observations I formulated a number of questions for the owner of HaloSalt by way of an informal interview. Our conversations were often interrupted by the daily activities such as clients who called or visited the salt chamber. I formulated questions about various topics, such as why the owner has founded HaloSalt, how he envisioned HaloSalt within five years and if he would want to open more locations of HaloSalt.

I have established the number of days of observations by use of data saturation, meaning that I have collected data by making observations until no new relevant information was observed (Bryman, 2016). In total, I conducted observations during eighteen days at HaloSalt.

3.1.2 Field notes

Because a large part of my research data has been collected by use of participant observations, I have used field notes as a tool to keep up with all observations which helped me with the analysis of this data and the writing up of my eventual thesis. I have used the following type of field note as described by Bryman (2016):

- Mental notes – can be used when physical notes are inappropriate, for instance during a conversation
- Jotted notes – very brief notes intended as a mnemonic to use when writing about observed events
- Full field notes – complete and detailed notes, written as soon as possible after the observation

Similar to Bryman (2016), Sanjek (1990) described a process of writing field notes. According to Sanjek (1990), observations of the field are firstly written down in handwritten "scratch notes", which are written during observations or conversations with observed participants and can be compared to jotted notes (Bryman, 2016). Then, these notes are re-written as fieldnotes as soon as possible so the scratch notes do not get "cold" (Mead, 1977: p. 202 in Sanjek, 1990). These fieldnotes are complemented by memories of events or conversations during observations, relatable to mental

notes (Bryman, 2016). Lastly, Sanjek (1990) distinguishes fieldnotes proper as narratives from the field presented in chronological order, similar to full field notes (Bryman, 2016).

Remarkably, I used mental notes more than I intended to. Because I did not want to rely on my memory too much, I intended to use jotted notes more than mental notes. However, many situations during my observations called for a discrete way of taking notes. For instance, when clients told me about their ailments and in what way halotherapy has improved their health and quality of life, I found it inappropriate to write this down while talking to them. Instead, I memorised the stories and wrote them down as soon as possible and as elaborative as I could remember. Mostly, I could write my mental notes down directly after having spoken to a client and rarely, I could write them down an hour or so after the conversation.

Besides mental notes, I have also used jotted notes in situations in which it was appropriate to write notes. For example, when the owner showed and explained the machines used to diffuse salt in the salt chambers, I wrote notes during our conversation. On some occasions, the owner even encouraged me to write information down during a conversation with him or clients because according to him, this was valuable information and this way I could write down the exact statements or information.

Lastly, I have written full field notes using the mental and jotted notes. I have tried to write these notes shortly after my observations, mostly the same day or the day after. In addition to the mental- and jotted notes, I wrote retrospective thoughts of the observations. I had not included these thoughts in the mental- or jotted notes, because these thoughts came to me after a day (or days) of observations, after I had time to process the events on those days. To illustrate, during a day of observations, I was occupied by paying attention to the events and conversations happening and writing these down that sometimes I did not think about the ambiance that was present that day. After having processed these events, mostly the same or next day, I wrote these thoughts and observations down as a full field note.

3.1.3 Web scraping and review analysis

During my observations, I noticed that every client I spoke to was positive about halotherapy and HaloSalt. Moreover, I did not expect to hear any negative experiences of clients, because would these clients continue to pay for halotherapy and thus visit HaloSalt if they are unsatisfied? Therefore, I explored a non-ethnographic way of collecting seemingly more objective data: web scraping. Using

this, I wanted to create a more objective image of the experiences of (former) clients of halotherapy at HaloSalt.

Because the writing of a Google review is accessible to everyone, this data could create a more objective image, because former clients who may be unsatisfied with halotherapy and/or HaloSalt can share their experience which cannot be deleted by, for instance, the owner of HaloSalt. However, as everyone can write a review the reliability of these reviews can be questioned. Nevertheless, I assessed this data as a valuable addition to the other used research methods to create a more objective image of the experiences of (former) clients of halotherapy at HaloSalt, as the observations and interviews are conducted among clients of HaloSalt and could therefore be more subjective or positive towards halotherapy and HaloSalt.

Because of the questionable reliability of these reviews, I examined some additional information on Google's review policy. To write a Google review, one must have created or have access to a Google-account. Then, one can search a business – in this case HaloSalt – on Google, write a review, give a rating with a maximum of five stars and optionally add additional content such as a photo. After having published the review, the writer can edit the review, which can only be deleted by the writer or Google (Google, n.d. a). Google may delete reviews if considered falsified or not compliant with the review policy. This review policy entails that reviews are deleted when published multiple times or from different accounts. Reviews must also be relevant, meaning that reviews of HaloSalt must concern personal experiences and not social commentary. Furthermore, this policy entails that reviews may not contain illegal-, terroristic-, sexually explicit-, offensive- or dangerous content or be implicated with identity theft or conflicts of interest (Google, n.d. b). This Google review policy increases the reliability of these reviews, because the chances of published fake or non-relevant reviews on Google are reduced. However, the authenticity and relevancy of these reviews cannot be guaranteed.

3.1.4 Semi-structured interviews

After the first period of conducting observations, I conducted interviews in the months March and April. I conducted these semi-structured interviews to collect data among the following groups of people: clients of HaloSalt; a representative of a healthcare insurance company; and general practitioners (GPs). These interviews have helped me to delve deeper into the topics of the experiences of clients with halotherapy, the (non-)compensation of halotherapy and the referrals of patients to a salt chamber

or halotherapy. To illustrate the conducting of interviews with clients, I have written the following vignette. The topic lists of these interviews are presented in the appendix.

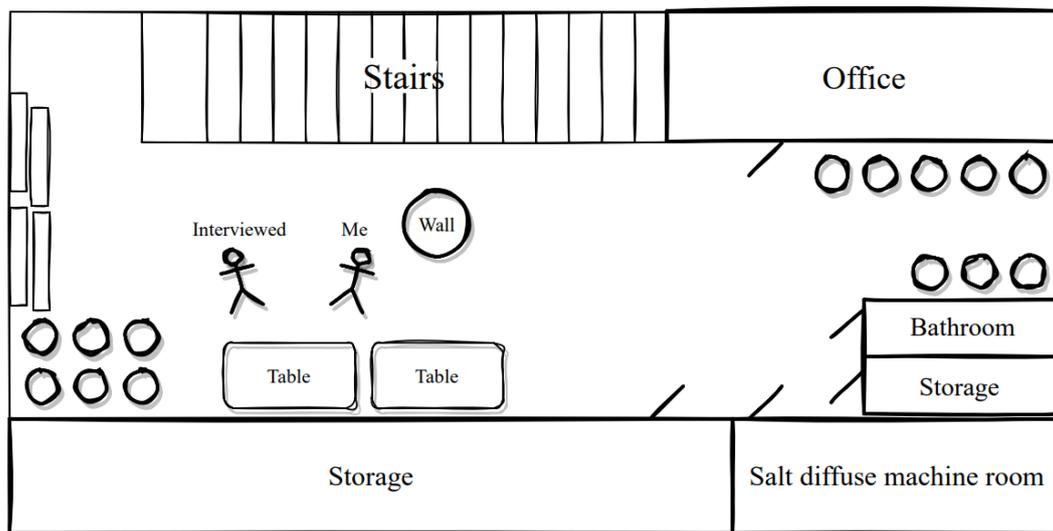
Vignette 1: ‘Conducting interviews’

Fortunately, HaloSalt was opened despite the current lockdown in the Netherlands due to the corona pandemic, which enabled me to speak to clients face-to-face. I intended to conduct these interviews as conversation-interviews rather than question-and-answer-interviews, because the latter ‘mechanistic’ way of interviewing would lead to interviewees whom will not fully open up about their stories (Hermanowicz, 2002). Accordingly, I replaced my interview guide consisting of composed questions with a topic list as a guideline for the interviews.

Furthermore, I intended to conduct these interviews at interviewees’ homes to create a comforting surrounding for them to share their stories and experiences. However, the first two interviewees were hesitant about this and I suggested to conduct the interview at HaloSalt. I conducted these two interviews at the first floor of HaloSalt, which is currently being used as a storage place for lounge chairs and tables and is quiet and secluded from the ground floor. I had arranged two chairs at one and a half meter distance. Before starting, I introduced my research and asked permission to record the interview, adding that the recording would only be used for transcription and would be deleted afterwards. I started both interviews by asking the interviewees to tell something about themselves, for instance their age, hobbies and occupation. This way, both interviews started in a more natural way before addressing other topics.

During the first two interviews, I perceived that both interviewees were willing to share their stories and experiences with regard to their ailments and halotherapy. Consequently, I conceived this as an indication that the first floor was suitable for conducting interviews, to serve as a comforting surrounding to make interviewees comfortable enough to share their stories and experiences. Furthermore, I believe that the informal, open and sociable ambiance at HaloSalt also contributed to this comforting surrounding. Accordingly, I conducted all interviews with clients at HaloSalt.

For clarification, a sketch of the first floor is given which shows the layout of the first floor and illustrates the spot where myself and the interviewees took place to conduct the interviews.

Figure 1: Sketch of interview location

Below, an overview is given of the information of the interviewed clients. To guarantee anonymity the respondents are given nicknames of different types of pastries and desserts because of the authors love for baking.

Table 2: Overview of interviewed clients

#	Nickname	Gender	Age	Type of ailments	Duration of being a client
1	Brownie	Male	70	Asthmatic bronchitis	Three years
2	Tiramisu	Female	51	Psoriasis, corona, respiratory tract ailments	Three months
3	Red Velvet	Female	65	COPD 3	Two years
4	Macaron	Female	47	Asthma	Two years
5	Eclair	Female	50	Asthmatic bronchitis	Six years
6	Cupcake	Male	75	Almost COPD	Six years
7	Madeleine	Female	80	COPD	Four years
8	Crème Brûlée	Female	78	Asthma	Three years
9	Pavlova	Female	62	Regular pneumonias, lung skar tissue, bronchitis	Three years
10	Cantuccini	Male	75	COPD3	Four months
11	Cannoli	Male	70	COPD and corona	Six years
12	Tarte Tatin	Female	42	Hay fever, allergies	Nine years

After I conducted twelve interviews with clients, I intended to interview two representatives of two healthcare insurance companies about the non-compensation of halotherapy. One of these insurance companies (A) has compensated halotherapy for eight years in an additional insurance but no longer compensates it since 2021. The second insurance company (B) has never compensated halotherapy. In both interviews I wanted to uncover why halotherapy is not compensated (anymore). Unfortunately, the insurance company B did not want to schedule an interview but instead briefly explained the reason of this non-compensation by e-mail. Considering the time I had left for completing my field work, I choose to use this explanation as data and to not contact other healthcare insurance companies as a replacement for this interview. Fortunately, a senior product manager at insurance company A was willing to schedule an interview, which took place online using Microsoft teams and lasted for about an hour.

The interviews with the last group of people were conducted in the second half of April, after having conducted interviews with all clients and a representative of a healthcare insurance company. I have interviewed three GPs about their referral of their patients to HaloSalt. According to the owner of HaloSalt, some local GPs refer their patients to halotherapy. The aim of these interviews was to uncover the motives to refer these patients to HaloSalt or halotherapy.

I intended to conduct these interviews face-to-face at the practice of the GPs, but due to corona measures only patients were allowed to visit the practice. Furthermore, considering the corona vaccination programme all GPs had little time to spare but nevertheless wanted to schedule an interview. All interviews were conducted by telephone and lasted for about 20 minutes. However, I believe that these interviews could have produced more valuable data if the interviews would have been conducted face-to-face and if the GPs were less occupied with the vaccination programme. Although the collected data is still relevant and valuable there was limited time in the interviews to go into depth regarding their views on and referrals of patients to halotherapy, resulting in more superficial data than I preferred. Considering the ongoing vaccination programme, I decided to make do with the conducted interviews.

Lastly, I intended to interview other medical staff such as pulmonologists and dermatologists about their views on halotherapy. Unfortunately, after having sent an abundance amount of e-mails to pulmonologists, dermatologists and even lung- and dermatology-clinics from several hospitals, I received a few rejections or in most cases no answer at all. Considering the amount of e-mails I sent and the time I had left to finish my field work, I decided to only focus on the GPs.

Below, an overview is given of the information of the interviewed representative of a healthcare insurance company and the general practitioners. Nicknames are given to respondents for purposes of anonymity. These nicknames regard different types of dishes because of the authors love for cooking.

Table 3: *Overview of other interviewed participants*

#	Nickname	Gender	Occupation
1	Burrito	Female	Senior product manager at healthcare insurance company A
2	Lasagne	Male	General practitioner
3	Curry	Male	General practitioner
4	Moussaka	Male	General practitioner

3.2 Data analysis

During and after having completed the field work, I have analysed the collected data in various ways which is elaborated in the following subsections.

3.2.1 *Observations and field notes*

After the observations, I rewrote all field notes into full field notes, which I manually coded. These codes mainly concerned topics such as clients' experiences with halotherapy and the day-to-day business of managing a salt chamber. I developed these codes as I read my field notes multiple times but also based on recurring topics I found in the review analysis and interviews. The full field notes have been used to write vignettes by way of presenting my the research findings, in particular the findings presented in chapter four.

3.2.2 *Review analysis*

As mentioned, I scraped (or extracted) data from Google using an online tool ScrapeHero. This data was converted into an Excel file and consisted of the following information: author of the review; rating; maximum rating (five stars); date; review; location of HaloSalt; and the average rating of all reviews. At the time of this review analysis, HaloSalt had 59 written reviews with an average of five out of five stars. Twelve out of these 59 reviewers did not write a review but merely stated their rating. Therefore, these twelve reviews have not been used in the review analysis, meaning that the eventual analysis was conducted using 47 reviews.

I have analysed these remaining reviews on a number of elements, namely: the described type of ailments, the number and frequency of sessions, mentioned peculiarities such as reduced medicine

use and the review rating. These elements have been chosen because almost all 47 reviews had included this information in the written reviews.

3.2.3 Interviews

The conducted interviews with clients and representative of a healthcare insurance company have all been recorded and transcribed. I intended to analyse the transcribed interviews using a transcribing software ATLAS.ti but unfortunately I failed to properly install the program, despite my efforts and of the service desk at the VU. Therefore, I coded the interviews by hand. The codes I used for the clients interviews were chosen based on recurring themes in the interviews. These codes concerned the reasons to start halotherapy, the duration and frequency of halotherapy, the alleviation clients experience, their (change in) medication use, their intention to continue halotherapy, the use of an additional insurance for halotherapy, how clients have found halotherapy and lastly some miscellaneous and interesting quotes.

The interview with the representative of a healthcare insurance company has also been manually coded. These codes concerned the reason to start compensate halotherapy, the reason to stop compensate halotherapy and an elaboration of this additional insurance. In contrast, the interviews with the GPs were not recorded because these interviews were conducted by telephone. Therefore, I took notes during the interviews and wrote summaries directly after as detailed as possible. These summaries were not coded due to their small size compared with the other interviews and were therefore more easily incorporated in the results section.

3.2.4 Data ordering

After analysing the data, I organized the data in the following manner: results regarding HaloSalt were combined to one chapter and results regarding the experiences of clients were also combined to another chapter. In both chapters, the results are complemented by several figures, vignettes and tables which serve as illustrations, examples or summaries. In addition, these figures, vignettes and tables have been used to increase the understandability and clarity of the results.

Based on the results, several analysis could be performed. For instance, based on the results regarding the experiences of clients, I was able to distinguish the careers of clients consisting of three phases and illustrated this in a process-like figure. Subsequently, the three phases are described. I organized each phase by first presenting results regarding the phase, then presenting a summarizing table regarding motives for halotherapy and lastly presenting client types per phase. These client types

are also an example of an analysis based on the results. The type of clients of the first phase are constructed by analysing results such as how clients have found halotherapy, their experience with medicine treatment and their reasons to seek an alternative treatment to medicines. Contrastingly, the client types of the second and third phases have been constructed by analysing the summarizing table regarding the motives to continue and end halotherapy.

3.3 My role as a researcher

According to Bryman (2016), social researchers must be aware of their influence on their research and the knowledge they generate by their ‘methods, values, biases, decisions, and mere presence in the very situations they investigate’ (Bryman, 2016: p. 695). According to Ybema, Yanow, Wels and Kamsteeg (2009), my role and position as a researcher can influence the research findings. Furthermore, these authors claim that a researcher must be reflexive of their role and position during the field work and in the writing up of the research findings. Therefore, I will reflect on my role, position and possible influence as a researcher during my field work and the writing up of this data.

Before starting this research, the topic of halotherapy and salt chambers was fairly new to me. Accordingly, to create a better understanding of these topics I read information on websites and scientific research on halotherapy and visited websites of salt chambers. Furthermore, I sought information about ailments that halotherapy could help treat such as COPD, asthma, psoriasis and eczema. Because I have no personal experiences with these type of ailments, I tried to create an understanding of how people who do suffer from these ailments are affected by it. Moreover, before starting my observations I visited HaloSalt to get acquainted with the salt chamber and the clients.

During my field work I was deeply impressed with the personal stories of clients which were mostly painful regarding the impact of the ailments on their lives and overall health. Therefore, I attempted to let the clients speak and to interfere as little as possible, to let the clients tell their stories and to decrease my influence as a researcher during these observations and interviews.

Additionally, I visited HaloSalt many times to conduct observations. This way, I could collect valuable data and the clients could get used to me, resulting in clients who started conversations with me. I believe that at some point during the observations I was fully adopted in the research setting, as “part of the furniture”. Lastly, I have attempted to be reflexive of my influence as a researcher on the writing up of the research findings to increase to reliability of this research.

Part 2: Empirical findings

In the second part of this thesis, the empirical findings are presented which are followed by the conclusion and discussion. The findings are presented in two chapters. The fourth chapter is dedicated to an account of a client perspective regarding HaloSalt. The fifth chapter focuses on the experiences of clients and a three-phase client career is presented. Lastly, conclusions drawn on these results are presented in the sixth chapter and a final chapter is committed to the discussion and limitations of this research.

4. HaloSalt: A client perspective

In this chapter, a client perspective regarding halotherapy at HaloSalt is narrated. Within this perspective, the location of HaloSalt and the salt chambers are sketched, it is described what it is like for a client to start and undergo halotherapy, an illustration of an average visit to HaloSalt is given and the ambiance of HaloSalt is depicted.

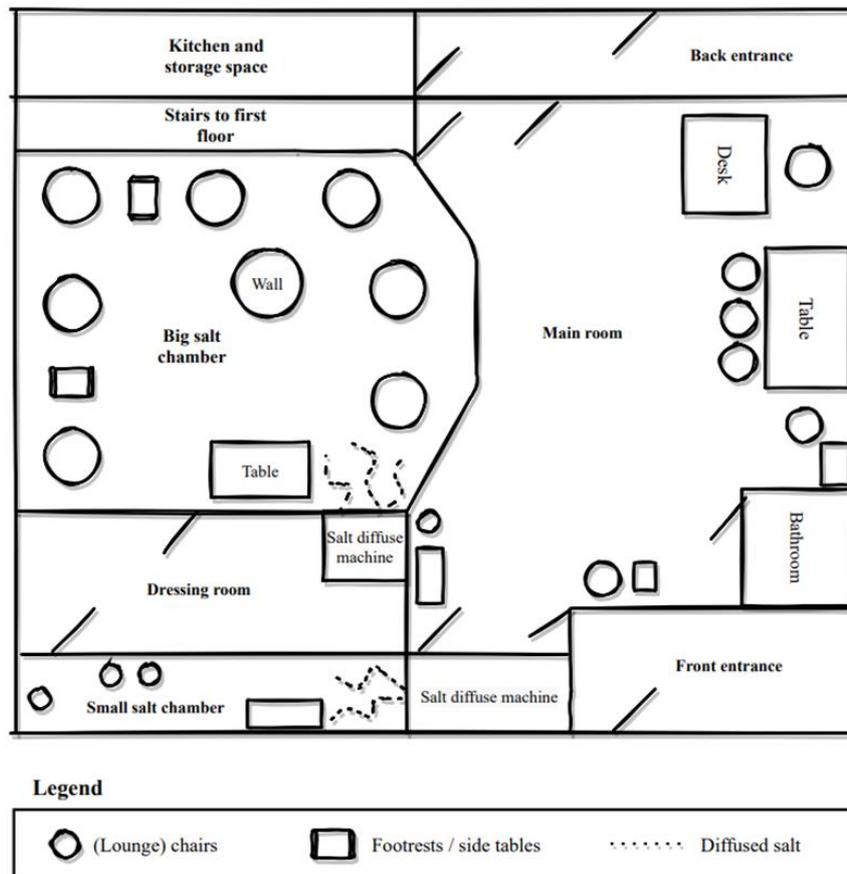
HaloSalt is located in a terraced building in a residential area in a city in the centre of the Netherlands and opened five days per week from 10:00 a.m. until 19:00 p.m. HaloSalt is accessible by car and public transportation as clients can park their cars near the building and the train- and bus stations are within walking distance. Clients can enter HaloSalt from either the front- or backside where they enter small halls located on both sides of the building. Next, clients step into the main room in which a reception and several other furniture is placed.

The owner greets all clients who enter, knows almost all clients by name, offers everyone a drink and asks every client about their health and wellbeing. Every client is paid attention to, but new clients receive special attention. These clients – who visit the salt chamber for the first time – may be sceptical about the effects of halotherapy but are nevertheless willing to try the treatment because of their need to relieve their ailments. These clients are asked about the nature of their ailments and are shown a big book which contains personal stories of (former) clients out of which the owner usually lets new clients read some stories and experiences of (former) clients who suffer(ed) from similar ailments. After that, the owner escorts clients to the dressing room where they can put away their personal belongings in lockers and put on shoe covers and hair nets after which they can step into one of the salt chambers. Other ‘old’ clients often consume a cup of coffee or tea and engage in a conversation with the owner or other clients before entering the salt chamber. These clients do not need to be escorted to the dressing room.

Both salt chambers contain 4000 kilos of salt incorporated in the floors, walls and ceilings which sterilises and produces a hypoallergenic and hypo-bacterial climate. The used salt is vacuum or pharmaceutical salt, which consist almost entirely of sodium chloride and is also used in the medical world to produce medicines, intravenous (IV) bags and vaccines. This high amount of sodium chloride advances the results of halotherapy. HaloSalt uses high quality medically certified diffuse machines to fill the salt chambers with the right amount and size of salt particles and by regulating the humidity between 35 and 60 per cent, enabling the salt particles to reach the smallest part of clients’ lungs. Normally, the big salt chamber holds place for ten clients however considering the corona pandemic, only seven clients can take place. This chamber is used for adults who are expected to keep quit. The

smaller salt chamber is used for children accompanied by their parents or for two adults who want to talk during a session. A sketch of the ground floor of HaloSalt is presented below, illustrating the main room, dressing room and both salt chambers.

Figure 2: *Sketch of the ground floor of HaloSalt*



After stepping into a salt chamber, clients take place in lounge chairs. During the sixty-minute session clients inhale salty air which is diffused in the chamber by the diffuse machines. When sitting down, clients may listen to relaxing music of crashing waves and screeching seagulls that is played, read a book, make use of their phones or close their eyes throughout the session. Children on the other hand can play with all kinds of toys or read a children's book. After one hour, clients are expected to leave the salt chamber, discard their hairnet and shoe covers and collect their personal belongings. Most clients have a drink while engaging in a conversations and make a new appointment before going home.

To clarify the event of a halotherapy session, I have described my own experience with two halotherapy sessions in the following vignette. During these sessions, I suffered from an ear infection for which I had received medication from my general practitioner.

Vignette 2: 'My own experience with halotherapy at HaloSalt'

I visited HaloSalt to conduct observations and to make use of the salt chamber. After several hours of making observations it was time for me to take place in the salt chamber. Before entering, I placed my bag in one of the lockers and put the key in my pocket. Next, I put the shoe covers over my shoes, tied my hair in a knot and placed the hair net over my hair. I brought a book with me and stepped in the salt chamber. Then, I entered the chamber and sat down in a lounge chair and placed my feet on the footrests. The only sound I could hear was the calming music that was playing of screeching seagulls and crashing waves. I felt very relaxed. During the first half an hour I read the book I brought with me. After that half an hour, I felt a bit tired, closed the book and my eyes and tried to take deep breaths. After one hour in total I left the salt chamber.

I discarded the hair net and shoe covers, took my bag out of the locker, had a cup of tea and continued my observations. During this first session, I did not notice alleviation of my ear infection, but I did notice the pressure on my ear had increased. I also felt a tingling in my forehead cavity as if something was cleaned in there. Afterwards, I tasted the salt on my skin, especially around my mouth, as if I had swum in salt water.

After another few hours of making observations, I took place another hour in the salt chamber. For this second session, I performed the same steps as described above before I entered the chamber. Again, I brought my book and read it for the first half an hour and closed my eyes the second half. I was very relaxed, as were others in the salt chambers. My neighbour even fell asleep and snored. During this second session I felt even more pressure on my ears, comparable to the pressure I experience during the take-off of an airplane. After an hour I left the salt chamber.

During both sessions, the salt chamber was fully booked meaning that seven clients (including me) were present. Some clients read a book or a magazine, were occupied with their phone, closed their eyes, listened to their own music using earplugs while closing their eyes or even fell asleep.

I felt very relaxed during both sessions. During and after both sessions, I experienced more pressure on my ears and felt a tingling in my forehead cavity. Perhaps if I had stayed in the salt chamber for some extra time, I would have felt more alleviation of my ear infection. In advance, I thought the one-hour-session would be very long but afterwards time had flown by as it felt more like fifteen minutes had passed instead of an hour.

In addition to the experiences with halotherapy, a vignette is written to illustrate an average visit of a client to the salt chamber.

Vignette 3: ‘An average visit to HaloSalt’

HaloSalt was opened during the second lockdown in the Netherlands as the owner positions HaloSalt the same as a physiotherapist. Therefore he followed governmental guidelines for paramedical providers and decided to remain open, unlike CAM providers, who had to close their doors over this period. However, on some occasions HaloSalt closes its doors, for instance due to heavy snowfall or during official and unofficial national holidays.

In advance, clients can make an appointment for a halotherapy session by phone, e-mail, via the website or after a previous session. Clients can visit the salt chamber five days per week in the following timeslots: 10:00 a.m. – 11:00 a.m.; 11:15 a.m. – 12:15 p.m.; 12:30 p.m. – 13:30 p.m.; 13:45 p.m. – 14:45 p.m.; 15:00 p.m. – 16:00 p.m.; 16:15 p.m. – 17:15 p.m.; and 17:30 p.m. – 18:30 p.m.

Upon entering HaloSalt, every client is greeted, asked about their health and wellbeing and offered a cup of coffee or tea. Many clients arrive roughly fifteen minutes before their session to consume a drink and to converse with the owner or other clients. Moments of busyness appear when one session has ended and another one started, which one might compare to the ‘Changing of the Guards’ as clients walk in and out of the salt chamber and have a drink before or after their session.

After having consumed a drink or conversed, clients step into the dressing room to put away their personal belongings and to put on shoe covers and hair net, after which they enter the salt chamber and enjoy a relaxing sixty-minutes while inhaling salty air. When sixty minutes have past clients leave the chamber, discard their shoe covers and hair nets, collect their personal belongings and return to the main room for a drink, conversation and scheduling a new appointment. After sticking around for fifteen to thirty minutes, clients head home.

As stated, the owner of HaloSalt positions his salt chamber the same as a physiotherapist. According to the owner, halotherapy does not rely on the actions of the practitioner in contrast to physiotherapists or chiropractors but instead relies on the physiological effects of the used pharmaceutical salt, which is also used in the medical world to make medicines.

Asides from this, the owner makes sure that every session is a positive experience for clients by welcoming everyone, offering drinks, showing an interest in their health and wellbeing and engaging in conversations with them. Additionally, the owner ensures that the salt chambers are clean and neat, the diffuse machines are filled with salt and the coffee machine is filled with beans and water. Lastly, the owner is also concerned with answering telephones and e-mails, making new appointments for clients, cleaning and performing administrative activities.

Since my first visit to HaloSalt, I have compared the ambiance to a community centre by which the community is formed by HaloSalt's clients and owner. This community produces an ambiance that is informal, open and sociable. The owner is friendly, open, helpful, knows all clients by name and is very committed to improve clients' health. Furthermore, he appears to be very client-oriented, which is shown in the following extract from my field notes:

“A client recently started halotherapy and wanted to visit the salt chamber every day. However, because this client was older (I would estimate about 85 years old), the owner told her to not come every day, because the lung capacity decreases when getting older and undergoing halotherapy on a daily basis would mean that her heart would have to work too hard to ‘process’ the session. Therefore, she visits the salt chamber once every two days now.”

Moreover, occasionally clients are given extra sessions by the owner when buying new ones. When an older couple visited the salt chamber for the first time to alleviate residual complaints after corona, the couple bought five sessions each and the owner gave them two extra sessions for free. In addition, considering the costs of halotherapy and the fact that it is not compensated by any healthcare insurance company in the Netherlands, some people cannot afford halotherapy. Therefore, the owner tries to help these people by giving some free sessions and even tries to arrange some financial assistance for these people in collaboration with the municipality.

The ambiance is further noticeable in the fact that many clients drink a cup of tea or coffee before and/or after their halotherapy session and have conversations with the owner and other clients. Furthermore, clients regularly bring the owner food or other items. For instance, every Thursday a client brings freshly fried fish to HaloSalt for themselves and the owner. Another client always brings the owner an apple and orange and a different client sometimes brings smoked mackerel or salmon. Moreover, some clients gift the owner items such as salt that tastes like eggs or a small bottle filled with certain scented substances that helps to improve ones sense of smell. In addition to this, clients help the owner with projects in the building of HaloSalt. For example, one client – who is an electrician

– has helped the owner to completely renew the fuse box during the weekend, free of charge, because according to the client, halotherapy and the owner have helped the client tremendously.

The community ambiance is also notable in the fact that many clients tell other people who suffer from respiratory- or skin ailments to visit HaloSalt (word of mouth) and distribute leaflets of HaloSalt. Some clients put these leaflets in mailboxes in their neighbourhood and some place a stack of leaflets at public places such as the gym, physiotherapy and the waiting room of their general practitioner. Eclair carries these leaflets to people whom she meets who also suffer from respiratory- or skin ailments:

“I often take leaflets with me and yes, if I ever see people, I think, oh dear, it was the same with me in the past, I tell them without obligation have you heard of salt chambers, I happen to have a leaflet - because I carry these with me while working - and then they say: oh yes, I will read it, you know, and there are people who have been to HaloSalt because of my leaflet.”

It seems that clients are grateful and appreciative for HaloSalt and the owner. This is shown in the fact that several clients bring the owner food or other items, but also in the fact that a client has helped the owner to renew the fuse box free of charge and during the weekend.

4.1 Summarizing client perspective

In this chapter, the perspective of clients towards HaloSalt is presented. An illustration has been made of what it is like for clients to visit HaloSalt as a first-time- and an ‘old’ client, as well as of the event of a halotherapy session. Furthermore, the ambiance of the salt chamber is described. This chapter contributes to delving deeper into the perspective of clients with regard to halotherapy which is depicted in the next chapter.

5. Client careers

Based on the clients' perspective presented in the preceding chapter, the careers of clients were constructed. This client career consists of three phases, namely: *starting*, *continuing* and *ending*. These phases are illustrated in the following figure, which shows how the different phases interact with each other. Each phase will be explained in the following subsections.

Figure 3: *Client career phases*



5.1 Starting

The first phase in the careers of clients is *starting*. This phase entails that people who suffer from respiratory- or skin ailments and seek an alternative or additional treatment to medicinal treatment. These ailments include asthma, COPD, sarcoidosis, eczema, psoriasis, allergies, (chronical) sinus infections, bronchial problems, lung problems, residual complaints after corona, (regular) pneumonias, rosacea, cystic fibrose, lung hyperactivity and tuberculosis (TBC). Many people who start halotherapy undergo long-term medical treatment and use daily medication for their ailments. However, most people want to reduce their medication use due to side-effects of medication and/or that these medications do not provide sufficient alleviation of their ailments, resulting in the increase of medication use in order to achieve the desired alleviation. Illustrating the latter, Brownies' medication use increased over time:

“At that time I got an inhaler which I still use every day. Actually, I was supposed to use it once in the morning and once in the evening, but that grew to a point that I needed it four times. That is the maximum. So the maximum each time in the morning four times and in the evening four times.”

Similarly, Tiramisu and Cannoli experienced that their prescribed medicines were not effective anymore, as Tiramisu explained: *“Yes I used prednisone with some regularity. And last time it just didn't help anymore. And it just doesn't make me feel good either”*. Furthermore, Tarte Tatin said that: *“Medicines destroy more than you would like”*.

In addition, some clients make use of halotherapy for relaxation and to protect themselves for the corona virus. Some clients believe that halotherapy would either help them to not get infected by the virus or reduce the severity of sickness when infected.

Beginning clients find halotherapy and HaloSalt through articles and advertisements in local newspapers, flyers, local radio station, local TV channel, word of mouth and some have searched the internet and have found the website of HaloSalt themselves. Many people are sceptical of the benefit of halotherapy to the improvement of their ailments but despite that start halotherapy with the thought “*if it does not benefit, it does not harm*”, an often recurring ‘slogan’.

Some beginning clients have found halotherapy through their general practitioner. Lasagne refers patients to HaloSalt when traditional medical treatment has proven to be ineffective or does not achieve desired results. Furthermore, Lasagne refers patients to HaloSalt who want to reduce their medication use or who suffer from residual complaints after corona. Lasagne does not refer patients to HaloSalt as a first treatment, but as a ‘last resort’. The two other interviewed GPs, Curry and Moussaka, do not refer their patients to halotherapy because there is no scientific evidence for the benefit of halotherapy and because there are many different alternative treatments for “*anything and everything*”, according to Curry. However, when patients want advice about starting halotherapy, Curry cites the recurring slogan “*if it does not benefit, it does not harm*”.

Additionally, Burrito who works at a healthcare insurance company has regularly received complaints from GPs about the company’s former compensation of halotherapy:

“Well, we regularly received e-mails from general practitioners saying ‘we don't want to refer people to an alternative and halotherapy’. Yes, we, we received quite a few e-mails that they had complaints about it, saying ‘I don't want to refer to something like that at all, because it's not medicine, not scientifically proven and I don't want to waste my time on it’ and even asking us to stop compensate halotherapy at all.”

Considering this, GPs seemingly attempt to influence the choice of patients to start halotherapy, either by giving them advice or to influence healthcare insurance companies to stop compensating halotherapy.

Similar, healthcare insurance companies also influence clients’ decision to start halotherapy, considering the costs of the treatment. Healthcare insurance company A has compensated halotherapy in the past, offering two additional insurances for alternative medical treatment, the “basic” and “premium” insurance. The “basic” insurance offered insured patients compensation of 25 euros per session with a maximum amount of 250 euros per year. Besides, the “premium” insurance offered insured patients compensation of 40 euros per session with a maximum amount of 460 euros per year.

The reason that halotherapy is not compensated is, according to a representative of a healthcare insurance company B, because the treatment does not require specific training and therefore is expected not to be able to provide a specific therapy or treatment and therefore to be regarded as medical care. Contrastingly, Burrito claims that halotherapy is no longer compensated because: *“The fact that we no longer compensate it is actually purely because we cannot process it”*. Because HaloSalt and other salt chambers in the Netherlands are not registered as healthcare providers, halotherapy is not recognized as an alternative medical treatment. Burrito elaborates on the necessity of this registration:

“The consequence of the fact that they are not registered, is that we have to process all declarations manually. Yes, that took us far too much time to do all that manually, while all healthcare providers are registered in the system. Well our system sees that and that checks whether the patients claim is correct and whether the patient is insured with us and then it is simply processed automatically and these types of claims are, it is all manual work and that is really just the reason that we said that we do not compensate it anymore and not necessarily because it is substantively good or bad or whatever. But actually purely, because it can no longer be processed”.

According to Burrito, this registration can be achieved by joining a professional association for alternative medical treatments and a declaration-registration organization. This would lead to the recognition of a registered alternative medical treatment and a healthcare provider. If HaloSalt or other salt chambers would achieve this registration, this insurance company would *“reconsider to continue the compensation of halotherapy”*, as stated by Burrito.

When starting halotherapy at HaloSalt beginning clients are asked to fill out a form to register the starting date, the clients’ gender, name, surname, address, date of birth, phone number, e-mail address and healthcare insurance company. Furthermore, clients are asked to describe their ailments, state if they are allergic to anything, state if they use medication and if so what kind of medication, if they exercise and make use of physiotherapy. Lastly, a place, date and signature is asked to sign the form.

New clients receive their first session free of charge. After that first session, clients can buy session at an average cost of 25 euros. These sessions can be bought in numbers of five, ten, fifteen, 20, 30 or a one year subscription of unlimited amount of sessions. The individual sessions have no expiration date. The bought sessions are noted on a special ‘appointment card’ on which the number of bought sessions, name of client and date and time of appointments are written. Each session is signed off on this card by the owner of HaloSalt until the number of bought sessions is reached and the client should buy more sessions.

5.1.1 Reasons for starting halotherapy

Several reasons to start halotherapy have emerged from the findings and are summarized in the following table. In addition to these reasons, the advice that GPs give to patients about starting halotherapy and the fact that halotherapy is not compensated influences the choice to start halotherapy.

Table 4: *Reasons to start halotherapy*

Reasons to start halotherapy	To reduce or eliminate medication due to side effects
	To reduce or eliminate medication due to insufficient alleviation of ailments
	To reduce or eliminate medication due to ineffectiveness of medication
	To start an alternative or additional treatment to medicinal treatment to (further) alleviate their ailments
	For relaxation
	To be protected from the corona virus

5.1.2 Client types: Starting

Based on gathered data, three different type of starting clients can be distinguished, namely: *alleviation seekers*, *medication-free aspirants* and *halotherapy-hearers*. A description of these types of clients is given in the following table.

Table 5: *Clients types: Starting*

Type of client	Description
Alleviation seekers	For this type of client, the traditional medical treatment provides no or insufficient alleviation and therefore seeks for an alternative to or alongside traditional medicine treatment to (further) alleviate their ailments.
Medication-free aspirants	This type of client is unsatisfied with medication due to side effects and ineffectiveness of medication and therefore seeks a medication-free treatment to eliminate their medication use.
Halotherapy-hearers	This type of client is not necessarily dissatisfied with traditional medical treatment, but has heard or read positive experiences of other clients with similar ailments about halotherapy and therefore decide to experience halotherapy for themselves to possibly (further) alleviate their ailments and/or reduce or eliminate their medication.

5.2 Continuing

The second phase in the careers of clients is *continuing*. After having started halotherapy, clients may feel alleviation of their ailments, which differs per client and sort of ailment. According to the review analysis of Google reviews, halotherapy at HaloSalt has helped clients to breath more easily, relax and improve their energy level and lung condition. Furthermore, halotherapy has either helped clients to alleviate their ailments or they no longer suffer from them. Finally, clients report to have either reduced their medication use or no longer use medication at all.

Additionally, all interviewed clients experience alleviation as they cough less, are less or no longer out of breath, have more “air”, had no colds since starting halotherapy and less (stuck) mucus in the lungs or respiratory tract. Cannoli said the following about this: *“Actually already after the first time the mucus came completely loose. So the effect was immediately noticeable”*. Furthermore, clients report to sleep better, have more energy and can continue their sports and exercises. Also Cantuccini who described his morning routine and how this has changed after starting halotherapy:

“And now I notice. Recently, I get out of bed and I get dressed in one go. And a few weeks ago I first put on my socks and laid down for 15 minutes to catch my breath. And then my shirt and lying down again huh? And after another 15 minutes I put on my pants and went downstairs and I was pretty airless. And now, it all changed.”

Moreover, almost all clients experienced that their overall health has improved. Some respondents who regularly perform lung tests stated that their lung capacity have not decreased or have even improved, as Red Velvet said: *“My lung capacity was 42 and then I came here and suddenly it was 51”*.

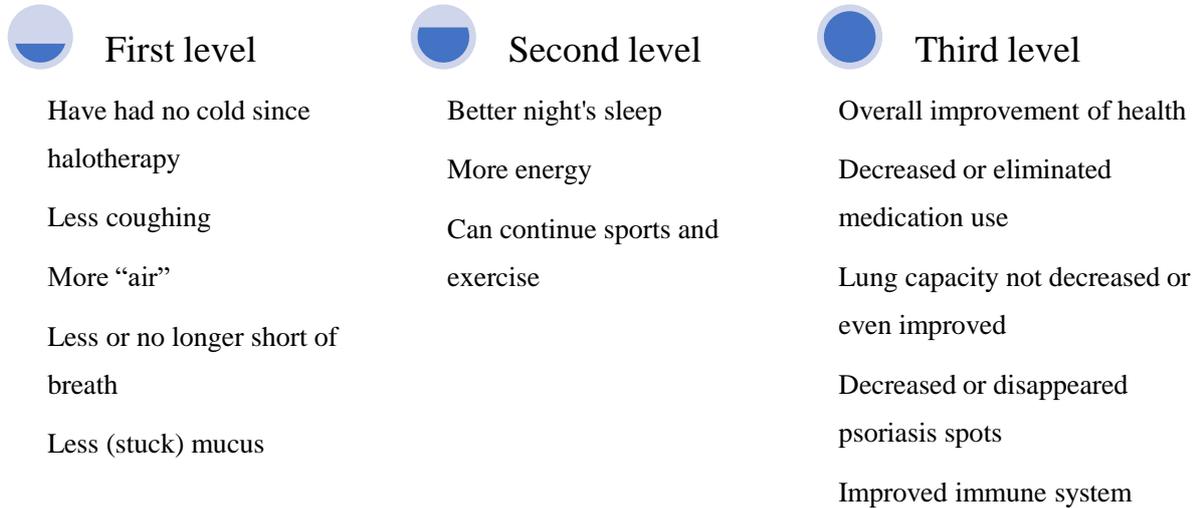
In addition, almost all interviewed clients have either decreased their medication use or stopped using medication at all after starting halotherapy. Crème Brûlée says the following about her decrease in medication use: *“I now use salbutamol which used to be say 6 or 7 capsules while you are only allowed 4 or 5. Now I use at most one capsule”*.

In contrast, two clients have neither decreased nor stopped their medication use. Cantuccini explained why his medication use has not changed, because: *“I have been using medication from an early age, because it started from an early age with bronchitis, asthma, it was predisposed, because that happened to my father and you name it”*.

Based on the experienced alleviation of clients, three levels of alleviation can be distinguished which clients may feel due to halotherapy. The first level of alleviation entails shallow-natured alleviation

such as less stuck mucus and less coughing which may lead to a better night's sleep, a second level alleviation. Finally, the third level consists of profound alleviation such as an improved immune system.

Figure 4: *Levels of alleviation*



Due to the chronic ailments clients are forced to use long-term, perhaps life-long treatment. Consequently, many clients of HaloSalt are long-term clients, some of whom continue halotherapy for nine years, almost as long as HaloSalt exists.

Almost all interviewed clients are long term clients and use halotherapy for two to nine years and most visit the salt chamber once a week to stay in the chamber for an hour. Some clients receive two hours of halotherapy per week, either visiting HaloSalt two times per week or spending two hours at once in the salt chamber. Other clients visit the salt chamber seasonally, for instance only in the summer months to alleviate allergies or only in the winter months because the other months of the year are spent in warm countries such as Spain. These clients either visit the salt chamber irregularly or regularly, the former meaning only when bothered from their ailment and the latter meaning once or twice a week. Differently, some clients suspend their halotherapy treatment to resume some time later. Because the individual sessions do not have an expiration date, clients can take as long as they please to use all bought sessions.

All interviewed clients want to continue halotherapy. Macaron wants to continue halotherapy and illustrates the effect when HaloSalt was closed because of the first lockdown in the Netherlands due to corona: *“Yes, because I just really noticed that I didn't go because of the lockdown of corona that it just got worse, look, it cost a lot of money, but I think health is more important than money”*. Moreover, Cantuccini does not dare to stop halotherapy for the following reason: *“And by the way, I*

don't even dare to stop, because it is also a bit addictive. It makes you feel so good and healthy. I am almost convinced of that. It is really addictive”.

5.2.1 Reasons for continuing halotherapy

Emerging from the findings, several reasons to continue halotherapy could be distinguished and summarized in the following table.

Table 6: *Reasons to continue halotherapy*

Reasons to continue halotherapy	To maintain the level of felt alleviation
	To further alleviate their ailments
	To maintain the reduced or eliminated level of medication use
	To further reduce or eliminate medication use

5.2.2 Client types: Continuing

Based on the reasons to continue halotherapy, two different type of continuing clients can be distinguished, namely: *reducers* and *maintainers*. A description of these types of clients is given in the following table.

Table 7: *Client types: Continuing*

Type of client	Description
Reducers	This type of client has felt alleviation of their ailments and/or has reduced their medication use and wants to continue halotherapy for further alleviation and/or to further reduce or eliminate medication use.
Maintainers	This type of client has felt alleviation of their ailments and/or has reduced or eliminated their medication use and wants to continue halotherapy to maintain the level of felt alleviation and/or the level of medication use.

5.3 Ending

The third and final phase is *ending*. Some clients do not need a long-term treatment for their ailments and therefore continue halotherapy until it is no longer needed. For example, a client who suffered from COPD stage two visited the salt chamber every day during the course of two months. After those months, his lungs were clean, the client was cured from COPD, was discharged from the pulmonologist and ended halotherapy. In addition, some clients who suffered from hay fever visited the salt chamber

during the summer months and were completely cured from their allergies and therefore also ended halotherapy.

However, not every client ends halotherapy because they were cured or no longer need it, some clients are not sure about whether they feel alleviation and therefore end halotherapy to find out if they feel alleviated when using halotherapy. Some of these clients “restart” halotherapy as they may experience a regression in their ailments and some permanently end the treatment as they may not experience this regression. Moreover, some clients may end halotherapy because they do not feel any or satisfactory alleviation of their ailments and therefore end their treatment. However, no client was interviewed or observed who wanted to end halotherapy due to this reason.

5.3.1 *Reasons for ending halotherapy*

Based on the previously mentioned findings, reasons to end halotherapy surfaced and are presented in the following table. Unfortunately, no clients have been interviewed who have ended halotherapy, meaning that the following table portrays a partial understanding of the reasons to end halotherapy.

Table 8: *Reasons to stop halotherapy*

Reasons to stop halotherapy	Because halotherapy is no longer needed
	Because client is cured from their ailment
	Because client does not feel any or satisfactory alleviation of their ailment

5.3.2 *Client types: Ending*

Based on the reasons to stop halotherapy, two different type of ending clients can be distinguished, namely: *effective enders* or *ineffective enders*. A description of these types of clients is given in the following table.

Table 9: *Client types: Ending*

Type of client	Description
Effective enders	This type of client ends halotherapy because the client is either cured from their ailment or because halotherapy is no longer needed.
Ineffective enders	This type of client ends halotherapy because the client does not feel any or satisfactory alleviation of their ailment.

5.4 Summarizing client careers

In this chapter, the three-phased career of clients is presented, consisting of the phases *starting*, *continuing* and *ending*, which are complemented by reasons to start, continue or end halotherapy and corresponding client types. Examples of reasons to start halotherapy are to reduce medication use due to ineffectiveness of medication or to start an alternative or additional treatment to medicinal treatment. Starting clients are distinguished into three client types, namely: *alleviation seekers*, *medication-free aspirants* and *halotherapy-hearers*.

Reasons for clients to continue halotherapy are to further reduce their ailments, to further reduce or eliminate their medication use, to maintain the level of felt alleviation or to maintain the reduced or eliminated level of medication use. These reasons result in the client types *reducers* and *maintainers*. Lastly, reasons for clients to end halotherapy is because the treatment is no longer needed, the client is cured or the client does not feel any or satisfactory alleviation. This leads to *effective enders* and *ineffective enders*.

Although clients will move through the same phases, the duration of this movement differs per client. To illustrate, the amount of time that clients spend in the continuing phase can differ. Most clients are long-term clients who visit the salt chamber regularly and some long-term clients suspend their treatment to resume it after an indefinite time. Other clients who may not feel any alleviation can move faster through the continuing phase and end halotherapy.

6. Conclusion and discussion

In this chapter, the conclusion and discussion of this study is given. The aim of this study was to examine halotherapy in the Netherlands from a client perspective and to explore the motives of clients to start, continue and end halotherapy. Furthermore, the research question of this study will be answered, which was formulated as follows: ‘*What motivates clients to start, continue and end halotherapy?*’.

Using an ethnographic approach, I have created a better understanding of the field of halotherapy in the Netherlands. This approach consisted of conducting observations, writing field notes and conducting interviews. Furthermore, a non-ethnographic research method – web scraping – is used to conduct a review analysis of Google reviews. Observations have been used to uncover the experiences of clients regarding halotherapy and the day-to-day business of managing a salt chamber. Field notes were written to keep up with the observations. Furthermore, web scraping has been used to conduct a review analysis in attempt to create a more objective image of the experiences of (former) clients regarding halotherapy at HaloSalt. Lastly, interviews were conducted among twelve clients of HaloSalt, a representative of a healthcare insurance company and three general practitioners.

6.1 Research insights

At HaloSalt, halotherapy is performed in two man-made salt chambers. A halotherapy session lasts for an hour during which clients take place in a lounge chair and inhale pharmaceutical salt that is distributed by medically certified diffuse machines. HaloSalt is opened five days per week from 10 a.m. until 18:30 p.m., with the exception of national holidays and bad weather such as heavy snowfall. The owner is in charge of every aspect of the salt chamber such as, but not limited to the administration, cleaning and marketing. In addition, the owner positions HaloSalt the same as a physiotherapist, meaning that during the lockdown in the Netherlands due to corona, he followed governmental rules that apply to paramedical providers, resulting in the fact that HaloSalt remained open in contrast to CAM providers. Furthermore, the ambiance at HaloSalt is described as a community centre, considering that the clients and owner form a community together which creates an informal, open and sociable ambiance. Lastly, clients are grateful and appreciative for HaloSalt and its owner.

Adopting a client perspective, the career paths of clients regarding halotherapy have been constructed, consisting of three phases: *starting*, *continuing* and *ending*. In the starting phase, people who suffer from respiratory- or skin ailments seek for an alternative or additional treatment to medicinal treatment. Clients find halotherapy and HaloSalt through several manners such as advertisements in local

newspapers, local TV channel or word of mouth. Some clients find halotherapy through their general practitioner. GPs may either refer patients to HaloSalt as a ‘last resort’ or do not refer their patients to halotherapy at all, but when patients want advice on starting halotherapy they tell them “*if it does not benefit, it does not harm*”. Additionally, some GPs complained about the former compensation of halotherapy of a healthcare insurance company, asking to stop compensating halotherapy. Since 2021, halotherapy is not compensated anymore because the treatment requires no specific training, is not regarded as medical care due to the presumed incapability of providing a specific treatment and is not registered as healthcare providers and therefore not recognized as alternative medical treatment.

Secondly, in the continuing phase, clients have felt alleviation of their ailments that can be classified in three levels of alleviation, shallow-natured alleviation such as less coughing and less or no longer short of breath. This first level alleviation may lead to the improvement of sleep and the ability to continue sports and exercises, examples of the second level of alleviation. Finally, the third level consists of profound alleviation such as the elimination of medication or improvement of lung capacity. Due to chronic ailments, clients are forced to continue halotherapy and most clients visit the salt chamber every week for one hour of halotherapy.

Lastly, the ending phase involves clients who end halotherapy for various reasons. All clients will move through the same phases, but the pace at which they move through the phases differs per client.

6.2 Theoretical insights

Despite the scientific evidence of the benefit of halotherapy, it is not an acknowledged treatment in the Netherlands. As Fovargue and Mullock (2016) state, the medical acknowledgment of a treatment is influenced by ethical, legal and clinical matters whereas Oomkens et al. (2015) claim that the professional status of an organization or governance structure is another matter of influence.

According to Zajac et al. (2014), halotherapy and salt chambers provoke skepticism among non-clients and the medical world. No education, training or BIG-register is required to found a salt chamber or to practice halotherapy. Moreover, no specific professional association for halotherapy exists. The owner of HaloSalt actively promotes halotherapy through multiple channels such as local newspapers, radio- and TV-channels, aiming to reach people who suffer from respiratory- or skin ailments, to provide quality care when medical treatment is ineffective or does not achieve desired results.

Provided that salt chamber owners could be characterized as a profession, this would rely on practice-based knowledge and therefore possess low organizational power (Oomkens et al., 2015). Assuming that the professional status of a salt chamber owner is low organizational power and thus low professional status, this could be of negative influence on the acknowledgement of halotherapy as a treatment. However, conforming to the four characteristics of professions proposed by MacDonald (1995 in Oomkens et al., 2015), it could be concluded that salt chamber owners cannot be characterized as a profession, considering that two characteristics do not apply, namely the lack of knowledge and qualifications due to the non-required education or training and the free access to become a salt chamber owner due to the lack of BIG-registration and professional association.

Aside from adopting a profession perspective, salt chamber owners can also be viewed from an entrepreneurial perspective. In accordance with the definition of Lazear (2005), salt chamber owners could be considered entrepreneurs. Elaborating on this, the owner of HaloSalt has developed the starting service – halotherapy at his self-made salt chamber –, brought in staff members – himself – and collected financing for the opening of HaloSalt. Furthermore, this entrepreneurial perspective is also demonstrated in the fact that the owner decided to remain open during the second lockdown and is in charge of every aspect of HaloSalt, such as (financial) administration, marketing and cleaning. However, this perspective is contradicted by the decision to close the doors on several occasions and the owners' client-orientation, shown when he offers clients free sessions. This partly contradicts the definition of entrepreneurship suggested by Shane and Venkataraman (2000), namely the exploitation of opportunities. Nevertheless, the owner of HaloSalt can be defined as an entrepreneur.

Conclusively, salt chamber owners are considered as entrepreneurs, building on the definition by Lazear (2005), but are not considered as a profession, based on the characteristics proposed by MacDonald (1995 in Oomkens et al., 2015).

In order to be considered as a profession and therefore to professionalize salt chambers and halotherapy, two characteristics proposed by MacDonald (1995 in Oomkens et al., 2015) have to be fulfilled. Becoming a salt chamber owner is freely accessible, considering the fact that no training, education and BIG-registration is required, resulting in the expectation of the incapability of providing a specific treatment and the disregard of halotherapy as medical care. Furthermore, as HaloSalt is not registered as a healthcare provider, halotherapy cannot be compensated by healthcare insurance companies. In order to become a registered healthcare provider, HaloSalt can join a professional association for alternative medical treatments or create a specific association for halotherapy.

Furthermore, HaloSalt can join a declaration-registration organization. As a result, healthcare insurance companies might reconsider to continue the compensation of halotherapy.

However, if HaloSalt may succeed to achieve this registration, the lack of required education or training withholds the fulfilment of all characteristics of professions as proposed by MacDonald (1995 in Oomkens et al., 2015). According to Wilensky (1964), this lack of training can be addressed by the movement leaders such as the owner of HaloSalt, as he was the first to open a salt chamber in the Netherlands and is still the most renowned salt chamber in the country. Furthermore, Wilensky (1964) claims that a professional association of halotherapy is created when this training is developed and followed, which can obtain legal protection and a formal code of ethics. This professional association can act as a way of access to become a salt chamber owner or -practitioner. In addition, a code of ethics can distinguish good quality salt chambers from the lower quality salt chambers, resulting in the assurance of the quality of a halotherapy sessions and to ensure clients pleasant experiences and alleviation of their ailments. Examples of professional associations of halotherapy are Canadian Halotherapy Association (CHA) and the Salt Therapy Association (STA). Both associations offer policies, education, research and ‘quality marks’ for membered salt chambers (Canadian Halotherapy Association, n.d.; Salt Therapy Association, n.d.).

6.2.1 Theoretical guidance reflection

The theoretical frame constructed in the second chapter has guided this research in a number of ways. First, this frame has helped to perceive the research findings in light of the contradictions concerning halotherapy, namely entrepreneur versus profession and non-medical versus medical. Furthermore, by adopting an entrepreneur- and profession perspective, the professional status and level of organizational power of halotherapy at HaloSalt could be determined, resulting in the determination of the likelihood of the acknowledgement of halotherapy as a medical treatment.

6.3 Answering the research question

This research has aimed to study halotherapy in the Netherlands from a client perspective and to uncover ‘*What motivates clients to start, continue and end halotherapy?*’.

Reasons for people to start halotherapy is to reduce or eliminate medication due to side effects, insufficient alleviation of ailments or ineffectiveness of medication, to start an alternative or additional treatment to medicinal treatment, to be relaxed or to be protected from the corona virus. Besides these reasons, general practitioners influence clients’ decision to start halotherapy by giving clients advice

on starting halotherapy and attempting to influence healthcare insurance companies to stop compensating halotherapy. The (non-)compensation of healthcare insurance companies also influences clients' decision to start halotherapy considering the costs of halotherapy.

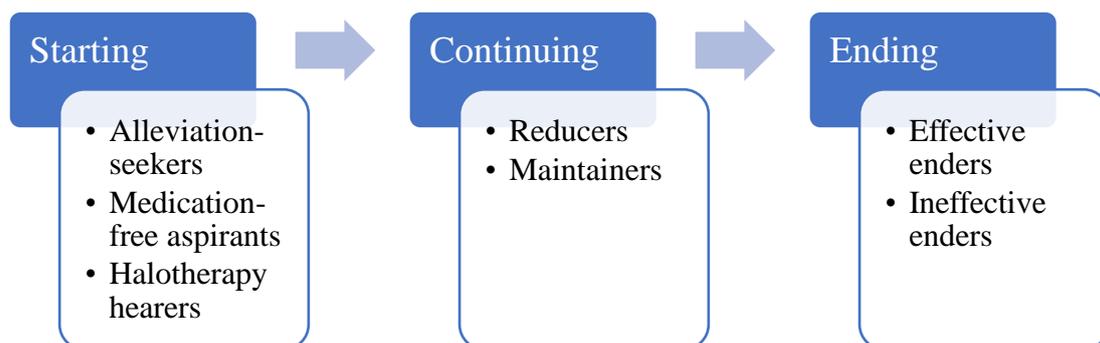
Starting clients are divided in three types: clients that seek an alternative to or additional alongside medicinal treatment to (further) alleviation their ailments – *alleviation seekers* –, clients that seek a medication-free treatment – *medication-free aspirants* – and clients that have heard about halotherapy and want to experience it for themselves – *halotherapy-hearers*.

After a varying number of halotherapy sessions, clients may have experienced first, second or third level alleviation. Reasons for clients to continue halotherapy are to either maintain the level of alleviation, to maintain the level of reduced or eliminated of medication use, to further alleviation their ailments or to further reduce or eliminate the level of medication use. Continuing clients are categorized as *reducers* or *maintainers*.

Lastly, clients are motivated to end halotherapy if the treatment is no longer needed, if the client is cured from their ailment or in the case that the client does not feel any or satisfactory alleviation of their ailment, resulting in the client types *effective enders* and *ineffective enders*.

By way of summarizing, the clients careers phases and client types are combined and shown in the following figure.

Figure 5: Client career phases with corresponding client types



7. Limitations and recommendations

In this final chapter, the limitations of this research are presented, along with recommendations for further research and for HaloSalt.

7.1 Limitations

Importantly, it should be noted that this research was conducted during the corona pandemic and lockdown in the Netherlands. Despite the fact that I was able to conduct my research face-to-face, the pandemic has impacted this research and its results in a number of ways. First, the pandemic has influenced the type of ailments with which clients visit the salt chamber. Before corona, clients visited the salt chamber with ailments such as but not limited to COPD, asthma, eczema and psoriasis, however, some people who were infected with the corona virus have developed residual complaints such as shortness of breath, blockage of stuck mucus in the lungs and/or airways, lost of sense of smell-and/or taste and/or reduced lung capacity. Due to this, more new clients visited HaloSalt to relieve their residual complaints. Moreover, some of these clients have been referred to HaloSalt by their general practitioner. Second, I intended to conduct the interviews with clients at their homes, however, the first two interviewees were hesitant to conduct the interview at home, perhaps due to corona. Therefore, these interviews have been conducted at HaloSalt. Furthermore, the corona vaccination programme caused GPs to have little time to spare, which impacted the level of depth of the interviews and therefore the data.

In addition to the impact of the corona pandemic, a limitation of this research is that only one salt chamber in the Netherlands has been examined. Therefore, the findings of this research can not be generalized to all Dutch salt chambers, because other chambers may differ from HaloSalt in aspects such as the used technique to perform halotherapy, used equipment, used type of salt and ambiances. Additionally, despite the Google review policy, the authenticity and relevancy of the analysed reviews cannot be guaranteed. Furthermore, it is not verified whether the people who have written a review about HaloSalt have actually visited the salt chamber. Even though, this data contributes to creating a more objective image of the experiences of (former) clients of HaloSalt. Furthermore, I have not spoken to clients that have ended halotherapy. The ending client phase is based on data retrieved from observations and field notes, however, interviews with ending clients could have contributed to a better understanding of the motives of clients to end halotherapy.

Despite these limitations, I believe that this research contributes to existing research regarding halotherapy as it created a better understanding of the treatment and salt chambers in the Netherlands.

7.2 Recommendations

Considering the fact that many research on halotherapy has been conducted from a clinical viewpoint, this thesis has studied halotherapy from an organizational viewpoint, examining the organizational field of halotherapy. Due to this wide range of focus, this research has provided a wide understanding of the field of halotherapy, however, it would be valuable to narrow this focus to groups of actors of this organizational field. Therefore, I would suggest to research halotherapy in the Netherlands, focussing solely on healthcare insurance companies about the non-compensation of halotherapy or on medical staff such as general practitioners, pulmonologists and dermatologists regarding the referral of patients to halotherapy. In addition, I would suggest to examine halotherapy from a client perspective once more, but instead focussing on the impact of halotherapy treatment on the surroundings of clients, such as their families and their jobs. Lastly, I would recommend to explore halotherapy by examining various salt chambers which could enable to construct a comparison of different salt chambers in the Netherlands.

Aside from recommendations for further research, some recommendations to HaloSalt are also presented. As stated, halotherapy has low organizational power and this low organizational status which negatively influences the acknowledgement of halotherapy as a treatment. In addition, salt chamber owners are not considered a profession due to the lack of training and access to becoming an owner of a salt chamber.

Considering this, it might be valuable for HaloSalt to create a professional association specifically for halotherapy, develop training or education for halotherapy practitioners and develop a code of ethics of halotherapy. By developing a training and employing a code of ethics, a distinction can be made between good quality- and lower quality salt chambers, in the form of a quality mark, which can ensure clients of good quality halotherapy sessions, pleasant experiences and alleviation of their ailments. An example can be taken from the Canadian Halotherapy Association (CHA) and the Salt Therapy Association (STA) (Canadian Halotherapy Association, n.d.; Salt Therapy Association, n.d.).

These recommendations could all increase the professional status of halotherapy and therefore positively impact of the acknowledgement of halotherapy as a treatment. Lastly, I suggest HaloSalt to join a declaration-registration organization with the purpose of halotherapy being compensated by healthcare insurance companies.

Notes

1. Presenting the gift of salt to someone symbolizes ones wish to preserve their relationship by means of continuity and stability.
2. Quote of participant Cantuccini, retrieved from field notes.
3. For anonymity reasons, HaloSalt is a fictional name.
4. For anonymity reasons, the two locations of HaloSalt are not disclosed.

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Appendix 1: Topic lists

Below, several topic lists are presented which have been used to conduct the interviews among clients of HaloSalt, a representative of a healthcare insurance company and general practitioners.

Topic list: Clients of HaloSalt

Introduction

- Introducing my research
- Asking permission to record the interview
- Assuring anonymity and confidentiality

Getting acquainted

- Age
- Residence
- Hobbies
- Work

Halotherapy

- Why started
- How long and often
- Alleviation and medication use
- Continue
- Insurance

Topic list: A representative of a healthcare insurance company

Introduction

- Introducing my research
- Asking permission to record interview
- Assuring anonymity and confidentiality

Getting acquainted

- Work
- Hobbies

Halotherapy

- Personal experience

Insurance

- Since when, why started
- What entailed compensation
- Use of insurance
- Why stopped
- Which requirements to compensate again

Topic list: General practitioners

Introduction

- Introducing my research
- Asking permission to record the interview
- Assuring anonymity and confidentiality

Getting acquainted

- Choice to become GP
- How long practicing

Halotherapy

- Personal experience
- Patients who use halotherapy
- Referral