

C H A P T E R I

The Study of Alternative Health

In a study in the *New England Journal of Medicine*, researchers discovered that Americans spent nearly \$11.7 billion on alternative health treatments in 1990, much of which was out of pocket. These treatments included chiropractic, massage therapy, homeopathy, lifestyle diets, among other approaches. Most patients used unconventional approaches along with more conventional allopathic treatments but rarely told their doctors that they were seeing an alternative practitioner. Overall, one in three Americans in 1990 reported using at least one unconventional therapy in the past year and one-third of these saw providers for unconventional therapy. Use of unconventional treatments was more prevalent among those with some college education, contesting any simple equation between alternative health practices and lack of sophistication about the modern world. In a follow-up study, seven years later, researchers found even greater interest in alternative health. In 1997, 42 percent reported using an alternative therapy and over the seven-year period from the first study there was a 47.3 percent growth in the number of visits made to alternative practitioners.¹

A Bill Moyers PBS series (and best-selling book) explored sympathetically a variety of unconventional treatments for chronic diseases,² and this series has spawned a number of CNN and other special documentaries on alternative medicine. At the same time, books presenting holistic and alternative approaches to health from Dean Ornish³ and Andrew Weil⁴ to Depak Chopra⁵ have made the *New York*

Times best-sellers list. On the legislative front an effort by the Federal Food and Drug Administration (FDA) to regulate vitamins and other health products was defeated by a coalition of conservative and some liberal legislators with the support of a variety of alternative health care oriented organizations. All of this is occurring while the National Institutes of Health (NIH) has established the Office of Alternative Medicine (OAM), which has been the target of ridicule by some members of the medical establishment.⁶ Nevertheless, its budget has increased from two million dollars when it first started to fifty million dollars in 1998 when it was upgraded from a program office to a full center (now called the National Center for Complementary and Alternative Medicine).

According to some this explosion of interest in non-allopathic forms of health care is in part rooted in a perception that various chronic and degenerative diseases ranging from severe allergies to AIDS to cancer have eluded successful conventional medical treatment. Ivan Illich's classic critique of medicine, *Medical Nemesis*, goes much farther in claiming that improvements in the health and well-being of modern societies is not the result of conventional medicine and its reliance on drugs and surgery. In fact, according to Illich, increases in longevity have occurred in spite of biomedicine, primarily as a result of improvements in nutrition, sanitation, and economic and technological advances.⁷ Since Illich's work, other critiques of biomedicine have pointed to problems of unnecessary surgery, a rise of doctor-induced illness (iatrogenesis), and the overuse of antibiotics drugs, producing new strains of drug-resistant pathogens.⁸ A recent study published in the *Journal of the American Medical Association* estimated that 106,000 hospital patients die and 2.2 million are injured each year by adverse reactions to prescription drugs, even if properly prescribed. Another study found that 6.5 percent of patients at two teaching hospitals in Boston had been injured by their medicines and one-third of these cases involved mistakes. This study became the basis for a front-page article in the *New York Times*.⁹

Until the last fifteen or twenty years it had been widely believed that acute infectious illnesses that terrified Western industrialized societies from cholera to tuberculosis to polio have been contained or cured through the use of antibiotics, vaccines, and public health measures.¹⁰ Instead, chronic diseases, ailments that may have an acute phase but typically last for many years and can be medically managed but rarely cured, have become dominant.¹¹ Yet, if we take a global perspective, it is now no longer quite so simple. The return of malaria,

legionnaire's disease, toxic shock, tuberculosis, the Ebola virus, and most significantly AIDS shows that infectious diseases are still with us, although most of these infectious diseases can be treated and managed.¹²

Nevertheless, in the more developed nations of the world, it is still largely accurate to talk about the rise of chronic disease, especially the "autoimmune disorders" such as asthma, rheumatoid arthritis, lupus, MS, and Crohn's disease.¹³ The success as well of biomedicine (arguably) means that more patients with heart disease and cancer can survive for long periods. While rates of heart disease have just begun to decline, there is no evidence that the multibillion dollar war against cancer has achieved any but the most modest of successes. Indeed, it is estimated that one out of every three Americans will be afflicted with cancer in their lifetime.¹⁴ These chronic and degenerative diseases have been resistant to the "magic bullet" approach of biomedicine. Even in the case of AIDS where a virus and mode of transmission have been identified, a cure is not in sight. In the case of other chronic diseases, there is a growing recognition that there are multiple factors, many of them environmental and social, that must be taken into account in understanding disease etiology.

In addition to these larger social and environmental factors, chronic disease foregrounds what Aronowitz calls "the problem of idiosyncrasy," what individuals bring to disease by virtue of their unique experience. Why, for example, does one HIV positive patient remain AIDS free for twenty years while another succumbs to the disease within a few months? Why do some patients with severe asthma do well with steroid inhalers while others fail to improve despite the treatment? What about those patients whose suffering does not have a name, or in other words does not lend itself to medicalization, until recently patients with "Chronic Fatigue Syndrome"? The inability to fully resolve the problem of idiosyncrasy is why historians of medicine have discovered a tension within biomedicine between those who adopt the now dominant reductionist project, which seeks to link every disease to a pathogen and a gene, and, on the other hand, the more holistic approach within biomedicine, represented by an earlier tradition of "psychosomatic medicine," the more recent risk factor approach to disease and the type A explanation for heart disease (linking heart disease to certain personality types and lifestyle patterns). In other words holistic and reductionist understandings of disease have coexisted even within biomedicine, although holistic views have been marginalized.¹⁵

Chronic illness often oscillates between periods when symptoms worsen and other periods of remission, when the ill person can function in a more or less normal fashion. It is quite common for patients with problems such as chronic back pain, arthritis, asthma, and Crohn's disease to see a variety of doctors, to experiment with a wide range of treatments and to see alternative practitioners.¹⁶ The fact that these and other chronic illnesses can only be managed by conventional medicine (if that) and not cured means that people with these illnesses never feel entirely satisfied with the treatments they receive at the doctor's office.¹⁷ Moreover, the persistence of chronic illness means that its effects will seep beyond the body into the person's relationships and self-identity. There is evidence that damage to the self and to a person's social networks can loop back into the experience of illness.¹⁸ It is not surprising under these circumstances that there is increased interest in alternative health, in part because it offers a range of treatments that conventional medicine does not offer but also because of the emphasis in alternative health on healing as a change in how one lives as well as a change in the body. In short, the "epidemiological transition" from acute infectious diseases to chronic disease may be one of a number of factors explaining the growing challenge to biomedical hegemony.

This challenge to biomedical hegemony has other sources as well. Clearly, there are larger changes in American culture that have produced a climate or sensibility conducive to challenging medical authority. Alternative health's emphasis on patient empowerment is consistent with the larger critique of professional expertise and the medicalization of suffering in the feminist, hospice, and self-help movements.¹⁹ Anyone taking a childbirth class in a major hospital will be exposed to these ideas in the form of Lamaze classes. In a subdued manner, women are encouraged to trust their bodies, rely on the wisdom of their mothers and grandmothers, and view childbirth as a natural process and not pathology. They and their partners learn various breathing exercises that the instructors hope will reduce the need for medical intervention. The best-selling *Our Bodies, Ourselves* is a manual of self-care and a critique of medicalization. The opening chapter in the latest edition is entitled, "Taking Care of Ourselves."²⁰

In addition to this cultural emphasis on self-care, the spiritual renewal of the past forty years is another cultural resource that has encouraged a challenge to medical authority. Only here the point is not the reappropriation of skills monopolized by experts but the

search for meaning. What McLoughlin calls “the fourth Great Awakening,”²¹ beginning in the 1960s, challenged religious and scientific authority by reintroducing elements of Eastern and Native American spirituality, seeking a sense of God’s immanence in the world through various experiences of mysticism and intimate forms of community (“*communitas*”).²² This yearning for connection to nature and the wider universe is a central feature of much of alternative health. Evangelical Christianity also experienced a rebirth during this period and though its political implications depart from the radicalism of the counterculture, born-again Christians sought a more intimate and emotional connection with God, in contrast to the formality and emphasis on God’s transcendence in mainline Protestant denominations. In short, the movements that emerged from the “fourth Great Awakening” sought to reintegrate everyday life with larger horizons of meaning and establish new connections with the past and with diverse traditions.

To summarize, there are a number of factors contributing to the challenge to the hegemony of biomedicine. First, there is the changing nature of disease and the stubborn persistence of old forms of infectious disease that are becoming more difficult to manage. Second, cultural mutations rooted in the sixties provide pressure to reembed disease in frameworks of meaning and significance, that is, to respiritualize disease and loosen the grip of mechanistic models. Third, the resistance to authority that swept over the culture during this period also challenged medical authority and its monopoly over the definition and treatment of disease. The growing prominence of alternative health can be traced to this concatenation of changes.

What is Alternative Health?

How should alternative health be conceptualized? There are significant differences among the many approaches that are loosely labeled under the umbrella term *alternative health*. Some forms of alternative medicine emphasize the spiritual, psychological, and attitudinal bases for disease and healing. Attitudinal healing, past life regression, various forms of meditation, reiki, Christian Science, all point to a person’s attitudes or spiritual condition as a central source of disease and the primary path to healing. Some spiritually oriented approaches claim that diseases are chosen by people as a way of experiencing and working out existential problems. On the other hand, approaches

such as naturopathy, homeopathy, Ayurvedic medicine, and oxygen therapies, while recognizing psychological and spiritual dimensions, emphasize physical interventions such as the ingesting of herbs, drinking hydrogen peroxide, eating organic food, administering infusions of vitamin C, and taking homeopathic amounts (very low levels) of toxic material to stimulate the immune system. In addition, some forms of alternative medicine tend toward monocausal explanations of disease and their cure—oxidation approaches—while other approaches are more catholic in their understanding of disease and their remedies. In all these orientations the background intellectual traditions they draw upon vary widely and at times may conflict. For example, some approaches attempt to ground alternative health practices in biblical teachings and principles while others draw upon eastern religious and healing traditions and still others on Western metaphysical traditions.

The conflicts within alternative health do not just refer to disparate understandings of the field but extend also to the appropriate relationship to biomedicine and its associated institutions and to scientific approaches to health care claims. Schools of naturopathy offer a standard array of courses, similar to what one might find at a medical school, although the curriculum also includes courses in nutrition, botanical medicine, and Ayurvedic medicine. In contrast, training for other health care practitioners de-emphasizes science and focuses on either spiritual or exotic healing strategies and courses. For the School of Holistic Theology, alternative health is more akin to steps in the process of spiritual understanding than a scientific enterprise. They also oppose accreditation and therefore the official recognition and legitimation of their movement. Some alternative practitioners we talked to would like very much to see some of their claims subjected to standard scientifically controlled double blind studies, which they cannot conduct because of the enormous expense involved. On the other hand, more spiritually oriented practitioners and other more militant sectors oppose any contact with biomedicine and view standard scientific modes of verification as deficient because one cannot quantify and capture all the variables involved in true healing.

In light of these differences, should the category of “alternative health” still be used? Does its use obscure more than it illuminates? Is there nothing that unites these diverse approaches other than their difference from the dominant system of biomedicine? Moreover, does this negative definition obscure the fact that biomedicine is not monolithic and, as was discussed earlier, has a holistic dimension? In the end we

are convinced, along with many others, that the term must be used, although with some caution not to reify it, treating “it” as a unified rather than diverse and contradictory phenomenon. It is the term most widely used today by health activists and professionals, government officials, and others even though we are also seeing a new term, “complementary and alternative medicine,” used in some contexts. Across Europe as well, “alternative health” or “alternative medicine” is the most widely used characterization.²³ Moreover, with the reemergence of alternative health, we now find growing connections between various alternative health professions and among various groups. Alternative health participants share a collective identity, a sense of “we,” and see themselves as members of a common community and movement. There is also some organizational coherence as diverse segments of the community form alliances with one another in common organizations in order to advance their collective interests. This reflects not only the need to unite against a common opponent but the development of a critique of biomedicine that is quite similar across the many branches of alternative health. At least part of the reason for the emergence of this collective identity may be that the medical establishment, since the 1970s, has largely chosen to characterize various groups of non-allopathic professionals under the generic term *alternative* rather than referring to a specific modality (such as acupuncture or chiropractic). This was, as Cant and Sharma argue, a response to the perception of a new challenge, the reemergence of alternative health.²⁴ In a more positive sense, there is also a common philosophy that underlies the varieties of alternative modalities and settings within which alternative practitioners work. Despite the real differences in the set of protocols they are committed to, what tradition they have been trained in, and the institutional setting in which they work, the practitioners and activists we interviewed can provide a coherent approach to health and illness.²⁵

At the core of alternative health is a commitment to an ecological conception of the body, in which biochemical processes, emotional states, beliefs, lifestyle practices (especially nutrition), and spiritual phenomena are thought to be interconnected. While we will argue that this holism is incomplete and often fails to appreciate the social and class dimensions of illness, everyone in the alternative health community espouses the principle. A wide range of alternative healing systems posit an interconnected world, in which biological states are expressions of interactions with wider systems. Disease is not so much an attack by an outside agent but a disruption of an inherent balance

between body, self, spirit, and wider environment. According to one writer,

Good health—in its broadest sense—occurs when we live in harmony with our selves and our environment, maintaining a balance in the face of changes, growing with challenges, and developing our innate healing powers. In essence, to be healthy is to be integrated and whole.²⁶

Beyond this emphasis on holism, there is also a commitment to low-tech care, individualized treatment regimes (treating the person not the symptom), in which the patient's experiences, intuitions, and perceptions of his or her illness are an important part of diagnosis and treatment. To the extent to which this principle fully informs practice, alternative health relentlessly opposes the "medicalization" of a patient's distress. A person's symptoms—lower back pain, allergies, and intestinal pain—are related to larger elements of the person's life. More often than not, the practitioner refrains from using a diagnostic category to characterize the symptoms, in part because of the belief that this will only trap the person in the "sick role" and at the same time limit the practitioner's effort to uncover wider connections.²⁷

There is also an emphasis on the self-healing capacities of the body. Here, all varieties of alternative health posit some fundamental state of balance between the person and nature that allows for healing. For many in alternative medicine, this idea is expressed through the modern scientific language of psychoneuroimmunology, the claim, which is now receiving serious scientific attention, that there is a strong relationship between one's emotional state and the healing capacities of the body and that activating this internal healing capacity through inducing certain emotions or states of mind can have a healing effect.²⁸ For others, recourse is made to categories that come from traditional healing systems—the *qi* of Chinese medicine, or the "vital breath" of Ayurvedic medicine. Here, vitalism replaces the mechanistic view of biomedicine. There is a flow of life or energy that connects the person to the wider universe. It follows that healing is more a function of what the person does to regain a lost state of balance, or to "activate the immune system," than it is the function of the expert to cure a diseased body.

This emphasis on the self-healing capacities of the body implies a commitment to something more than the absence of disease—to "wellness" or some positive conception of health. We will discuss this

positive conception of health in more detail in chapter 4, in terms of our notion of alternative health's "classical aesthetic project." In some respects this can be understood as a greater emphasis on preventive medicine but it is important here not to confuse this term with the way it is commonly used in biomedicine. Prevention, in alternative medicine, refers to the totality of how one lives one's life. The food we eat, our posture and how we hold our bodies, the quality of our relationships, the pace and stress of our work, the state of our "soul" are all part of the process of staying healthy. Prevention, here, is more than coming in for the yearly medical checkup.

Self-healing and a positive conception of health require a different model of expertise than the dominant one in biomedicine. There is a desire in alternative medicine to narrow the power imbalances between practitioner and patient. It is common in alternative health to refer to patients as "partners" in the healing process. Usually this means that patients are expected to be active in suggesting treatments, asking questions, looking up the latest information on the Internet, and in general educating themselves about their illnesses. The notion of partnership also refers to the expectation, especially for serious illnesses, that patients will engage in "self-care," daily healing regimes that are more or less tailored to the specific needs of each person. The expert may help the patient in devising her regime but ultimately it is up to the person to make the daily adjustments and changes and of course to do the work of shopping, juicing, cooking and preparing, fasting and cleansing that is an integral part of this process of self-care. Finally, patients in alternative health are "partners" with their practitioners because healing is thought to involve an examination of how the person lives her life—her thought patterns, eating habits, relationships, and lifestyle. Getting healthy often involves a fundamental reexamination of all these things. The practitioner can point the way but only the ill person can accomplish this.

In other words, the ecological view of the body is embedded in an ongoing practice. In contrast to the passive role of the patient in allopathic medicine, the patient plays an active role in her recovery and maintenance of health. This involves a greater reciprocity between health provider and patient and may involve forms of self-administered care. Patients are no longer recipients of expertise and therapies, monopolized by the provider. In this way persons are thought to regain "responsibility for their health." Patients actively administer protocols in individualized ways depending on the context and the health problem. This is possible because alternative medicine does not

depend on complex technological interventions, allowing anyone with reasonable skill to engage in self-care.

Finally, alternative medicine draws upon traditional practices and beliefs, many of which are not based on the dominant model of scientific testing. Instead, the apparent effectiveness of these treatments is attributed to their use over long periods of time. Protocols are legitimated by virtue of their endurance, an evocation of the authority of tradition. The reliance on the wisdom of the past does not mean that treatments are employed uncritically or without attention to whether or not they work for particular patients. Indeed, even traditional healing systems are not oblivious to the efficacy of their healing practices. Instead, at least part of the attractiveness of alternative health is that it relies on a scarce commodity in the modern world, the “wisdom” of the past, in coping with one of life’s fundamental exigencies.

Lowenberg calls this understanding of health and illness the “new model of health care.” This model is consistent with the philosophy just outlined and has the following constituents: illness as imbalance or “dis-ease”; treating the cause of the disease not symptoms; illness as opportunity for self-growth and self-discovery; individual responsibility for health; practitioners as educators, consultants, facilitators; the practitioner mobilizing the innate healing capacities of the body; the practitioner and physical setting is to be warm, caring, and encouraging the patient to feel highly valued; an egalitarian relationship between practitioner and patient (in fact, most practitioners do not call the people they work on patients); and finally, the practitioner as a role model, embodying the health he is trying to stimulate in the patient.²⁹ While we use the term *alternative health* throughout this book, we also use the term *complementary medicine* to refer to the use of non-allopathic approaches to healing in a medical setting, and we use the term *holistic* to refer to one way in which alternative health practices are understood.

One way of illustrating the contrast between biomedicine and alternative medicine is through a review of strategies for treating cancer as well as “candidiasis,” an overgrowth of yeast in the intestinal system. There is much debate among medical researchers, and a lack of consensus about the etiology of the many forms of cancer. While diagnosis remains technologically sophisticated, treatments center around the use of radiation, surgery, and chemotherapy. Treatment has had some success, but death rates for the major killers such as lung, colon, and breast cancer have remained high over many decades. According to one study only 2 to 3 percent of all cancer patients diagnosed each year are

cured using chemotherapy, radiation, or surgery (or some combination).³⁰ Underlying these older and emerging treatment regimes is a focus on disease isolatable to a particular organ or process in the body even though treatments are nonspecific in their effects, killing both healthy and cancerous cells. Interventions such as chemotherapy are designed to attack a particular form of cancer as it manifests itself in a specific location.

On the other hand, alternative health practitioners, whether located in an alternative cancer clinic or elsewhere, focus on enhancing the body's immune system through dietary regimes (such as macrobiotics and the supersaturation of the body through the juicing of organic fruits and vegetables), megavitamin therapy, oxidation therapy, lifestyle changes, psychological and spiritual approaches such as guided imagery and meditation.³¹ While there are differences in emphasis among practitioners of these various therapies, all agree that the cancer is not in the tumor but in the breakdown of the harmony and balance of the body. Treatment, therefore, must not be limited to the removal of tumors but to general bodily rejuvenation and reestablishing a proper balance between the person and the wider world.

Candidiasis, according to alternative health practitioners, is a chronic problem that can be either specific to the intestines or can be systemic, causing generalized problems in the body ranging from allergies to sleep disorders to malabsorption of food. Conventional treatment attempts to kill the yeast through drug specific intervention such as the use of Nistantin and Nizoral, among others. In contrast, alternative health practitioners employ more holistic protocols. Many practitioners will recommend an alteration of diet that includes elimination of sugar and simple carbohydrates and an emphasis upon vegetables, complex carbohydrates, and protein in proper combinations. Also, what is needed, in the alternative view, is the repopulation of the intestinal track with favorable flora that help to eliminate the yeast overgrowth. Supplements such as garlic and grapefruit seed extract may be also be recommended. In one case the object is to eliminate the pathogen while in the other the object is to rebuild the immune system so that the body itself can restore the proper balance of bacteria in the intestinal track. As we will discuss later, the alternative health protocols recommended to eliminate candidiasis do not end when the symptoms are longer present. Instead, they become incorporated into an ongoing practice that changes the person's life.

As we will discuss later, biomedicine is particularly interested in the diagnoses of disease and it is this process that most interests physicians.

After all, diagnosis provides puzzles, for which biomedicine has a wide range of tools with a high degree of technological sophistication. But, by and large, treatment is less refined. There are limited tools here, in the biomedical arsenal. Antibiotics and drugs are the principal forms of biomedical intervention but according to recent studies there is little understanding of why drugs work when they do and even less understanding of interaction effects between drugs when they are prescribed. Surgery is the other major intervention but here too recent studies show that this therapeutic tool is often overused and many forms of surgery are of questionable value (surgery for back pain).

On the other hand, alternative health is not particularly interested in the etiology of disease, identifying a precise biological mechanism responsible for an underlying disorder. Nor is there much interest in labeling an illness with a specific disease category. As mentioned earlier, to do so would be to risk trapping the person in a passive role rather than encouraging responsibility for their recovery. Moreover, waiting until someone has a “disease” before offering them care is also outside the framework of alternative health. A person may be “out of balance,” have “trigger points,” or just be out of energy and exhausted without having a legitimate disease. Still, a practitioner will try to devise, with the person’s input, a treatment regime. In other words, most of the effort of the practitioner is dedicated to treatment. Treatment, in alternative health, can range from psychological and spiritual approaches, to nutritional regimes, to the use of herbs and homeopathic remedies. In other words, treatment strategies are not symptom specific since the effort is to treat the whole person and as a result precise diagnosis is not as compelling. Typically, a wide range of treatments is pragmatically employed depending on the idiosyncratic aspects of the individual’s illness. Self-care also requires a fine-tuning of treatment by the patient herself so that it meets her specific needs. So, alternative practitioners employ a two-track methodology. On the one hand, they treat the whole person through a range of protocols that does not require a precise diagnosis. On the other hand, they will fine-tune element of a variety of protocols to meet the specific needs of the patient.

While it’s important to clarify differences between alternative health and biomedicine, the notion of some in alternative health that it is a distinctively new paradigm as well as its characterization of biomedicine should not be accepted uncritically. Biomedicine is not hostile to all therapies considered “alternative” and periodically holistic challenges to biomedical orthodoxy arise from within the dominant paradigm. There

seems to be some divergence between the official stance of biomedicine and the actual practice of many physicians who use some alternative therapies in their practices.³² There are, as some argue, multiple forms of knowledge within biomedicine, “analytic knowledge,” which revolves around the clinical encounter of doctor and patient, as well as the more dominant experimental and “techno-science” forms of knowledge. The emphasis in clinical medicine is on what works with particular patients, understanding disease in the specific biographical context of the patient, even if this form of knowledge is not dominant in biomedicine.³³ Moreover, as we will see throughout the book, the claim of many activists that alternative health is entirely distinct from biomedicine may obscure orientations that it shares with biomedicine and that blind both to a deeper critique of the health care system.

The Study of Alternative Health

There have been a number of academic studies of alternative health care practices. Earlier studies have marginalized alternative medicine through the use of an evolutionary paradigm that saw alternative medicine as a cultural curiosity, a survival from simpler social formations. In this perspective, alternative medicine is a fossil, which illustrates a process of incomplete modernization. Practices that some call “folk medicine” become in this view childish and pre-rational, held by the unsophisticated and those with low social status.³⁴ Functionalist and psychological theories have seen alternative medicine as a response to conditions under which people have lost control of their lives. These practices function to relieve anxiety and stress, restoring a prior balance in relation to the person’s environment. These health practices may also have socially integrative consequences, bringing the patient together with family members and others in the community. But functionalist explanations that explain the consequences of alternative medicine in terms of the needs of larger structures don’t take seriously the claims of actors. In other words, folk medicine is explained away by appealing to a reified view of society as having needs and purposes, independent of actors. Biomedicine is assumed to embody truthful accounts of the world and how it operates. Yet the same functionalist arguments can equally explain the existence of allopathic medicine—with the same unsatisfactory result.³⁵

While research on alternative health within the sociology of medicine lacks this clear and overt bias, much of it examines alternative

health from the vantage point of biomedicine. It assumes that alternative health can be understood as a marginal medical practice focusing on professionalization of alternative health therapies or how patients make decisions about treatment.³⁶ The key questions explored within the sociology of medicine revolve around explaining why patients choose alternative practitioners and how they compare with patients of conventional M.D.s, describing how alternative clinics operate and exploring the relationship between alternative health practitioners and the dominant healthcare system. Rarely is alternative health placed within the context of larger social and cultural change.³⁷

Lowenberg's study is one of the most detailed treatments of the interaction between alternative and allopathic medicine. Lowenberg explores a new model of the patient, which emerges out of alternative/holistic medicine. This new model alters the traditional relationship between patient and doctor by emphasizing new values and responsibilities. For example, patients in the holistic model are required to "take responsibility for their health," which may mean assuming blame for their illness and doing the work required to overcome it. This new model, Lowenberg argues, rejects the "sick role model" formulated by Talcott Parsons. The sick role model posits a set of rights and obligations that are incorporated in the role of the ill person in modern societies. In return for following medical authority and the protocols they establish (which includes the effort to get well), the sick person receives an exemption from work and from responsibility for the cause of the illness.

The core of Lowenberg's book is an examination of a family clinic where allopathic and holistic approaches to health care are combined. Practitioners prescribe drugs and other conventional modalities along with holistic treatments such as acupuncture, biofeedback and stress reduction, colon therapy and nutritional counseling. Lowenberg's chief question is how contradictions in the holistic model are worked out in practice. One contradiction within the holistic model is the assumption of patient responsibility for illness, which may subvert the self-understanding of the practitioner as caring and compassionate. Another contradiction is the attempt to graft onto the holistic model biomedical practices that increase the authority of the doctor as having authoritative expertise and who can unilaterally devise a cure.³⁸ Overall, Lowenberg argues that the allopathic model of medical expertise in relation to the patient is compromised but not overturned in this setting. Practitioners maintain a caring, compassionate stance while

continuing to relieve patients of responsibility for their illness and recovery, thus combining elements of allopathic and holistic models.

The most recent work within the sociology of medicine framework presents a critical sociological treatment of alternative medicine's relationship to biomedicine, the state, and consumers. These works conceptualize the current challenges to biomedicine as a "reemergence of medical pluralism." Hans Baer's recent work provides a critical and historical analysis of "medical pluralism," the shifting relations between biomedicine and other "medical subsystems."³⁹ He provides a detailed historical treatment of the wide range of alternative systems, their degree of professionalization and the extent to which they challenge the hegemony of biomedicine. Baer's placement of this history in the context of the changing political economy of American capitalism also provides a macro perspective that has thus far been missing in the literature.

Despite this valuable effort to place alternative health systems in a larger political-economic perspective and to understand alternative medicine's shifting interaction with the state, consumers, and biomedicine, alternative health systems are largely treated as embryonic or partially developed professions who are in a subordinate position in a larger system of medical pluralism. While we have found much of value in this work, what is missing is a focus on the lifeworld of patients and health activists, the way alternative health networks transform the identities of patients and the larger political implications of these changes. As we will discuss later, alternative health exists on a variety of levels of power, from the web of connections and associations that exist in everyday life to the level of organization and interest group politics and the level of political elites. What is most significant about alternative health, and the source of its creativity can be found in this first level, the lifeworld. In other words, the "new medical pluralism" perspective still confines alternative health to the institutional sphere of health, and to the levels of organization and elite decision-making processes.

Other approaches view alternative forms of healing as coherent belief systems that have to be grasped in terms of the language internal to them. Here the point is not to judge the truth-value of these systems but to make an effort to reconstruct the actors' interpretation of the world in terms of the standards embedded in its larger cultural contexts. One strategy in reconstructing the actors' interpretation of the world is through the analysis of cultural texts and their meaning. The researcher examines the meanings people construct about their illness

and recovery experiences. For example, O'Connor studied a Hmong man who was diagnosed with severe liver disease. After a stay in the hospital, which included intravenous feeding, he was told that he needed a liver transplant. But for the Hmong, the liver is the seat of the soul and the center of the human personality. Healing for the Hmong is not accomplished through physical interventions, but through shamanic practices, which help to restore a balance between invisible fluids and energies. In addition, intravenous feeding meant that his staple diet of rice was unavailable, which the Hmong believes is an essential part of adequate nourishment. An acceptable medical treatment could only occur after doctors made their own interventions compatible with Hmong beliefs. For example, the patient was fed with intravenous rice water and liver transplant surgery was canceled in favor of protocols compatible with the patient's world view.⁴⁰

Another variant of this approach is the use of narration to explore the cultural world of patients. The researcher constructs a structural model identifying the common property of the stories people tell about their illnesses and recovery. For Arthur Frank, the suffering that accompanies illness creates a need in the self for meaning through narration. Frank develops a typology of illness narratives from restitution stories, which seek through medical treatment to restore a prior condition of health, to chaos stories, which construct a spiral of unmanageable threats that engulf and overwhelm the person, to quest narratives, which find in illness opportunities for learning and integration of the self at higher levels of meaning. Frank argues that in the postmodern era there is a proliferation of self-constructed stories assembled from the wreckage caused by the rationalizing pressures of modernity. While all these stories have different textures, they are all shaped by a sense of "embodied paranoia." Institutions that are designed to help people appear as instruments of torture and threats to bodily integrity (chemotherapy, radiation, and medical life-support technologies).⁴¹ In Scarry's words, these practices are "deworlding." They create levels of pain that make it impossible for people to establish normal connections with themselves and the world around them. Radical pain is privatizing.⁴² What is interesting about Frank's analysis is that it raises an issue that we take up in the course of this work—the relationship among tradition, meaning, and autonomy in connection to health and illness.

In her ethnography McGuire also tries to sympathetically grasp the attraction of alternative health to sectors of the American middle class. She provides evidence and the beginning of an explanation for why

“nonmedical healing” flourishes among an educated group whose sympathies one might assume would be more wedded to the biomedical model. For McGuire, nonmedical healing expresses opposition to “the rationalization of the body and emotions in contemporary society.” Rationalization is understood in a Weberian sense as the absorption of actors into instrumental relationships in which their emotional and spiritual dimensions are erased. The link between a person’s body and his self-identity is severed in conventional medicine through an expropriation of health by the dominant allopathic system. Overall, McGuire’s work is valuable in describing the attachment of sectors of the middle class to a broader conception of healing than the biomedical model. But the institutional and cultural sources of this commitment are incompletely and only intermittently explored.⁴³

There are also those who approach health and illness within a postmodern framework. Other approaches share with postmodernism a concern with questions of power that are implicated in doctor-patient relationships and how patients have tried to contest medical expertise. But postmodernism pushes the analysis one step farther. The very idea of expertise and the discourses that legitimate it becomes another exercise of power, which can claim no privileged status. The focus here is on strategies of evasion and resistance to experts and their medical discourse. These strategies of resistance can be described but not normatively grounded.

Nicolaus Fox, in his study of patients who are being subjected to postsurgical medical rounds, explores the way doctor-patient relationships inscribe a dominant discourse and stabilize a power relationship, which is then evaded in subtle and microscopic ways by patients. For example, subtleties of language and inflection are examined as instances of an ongoing power struggle in which doctors employ biomedical discourse in order to create a particular subjectivity and inscribe this onto bodies through medical practices.⁴⁴

According to Honneth, postmodernism is a project that pursues the intensification of experiences independent of normative constraints.⁴⁵ The goal is simply more experience. This can take any form but in postmodernist texts there is a partiality for the self-experimentation of those on the margins and as a result stigmatized. In the case of illness this means a partiality for those who resist the allopathic model. Modernist medicine is rejected because its hegemonic discourse, based on a narrative of progress, marginalizes all other orientations. Where this leads us in terms of an alternative vision of health is unclear. Postmodernism could not frontally endorse any version of alternative

health without violating its own premises. The notion that there is a conception and a practice of health that is closer to the truth than others violates the postmodern injunction against foundationalism and its connection to the metanarrative of progress. The relationship, therefore, of postmodernism to alternative health is unclear.

While the relationship between postmodernism and alternative health remains undeveloped and undefined, this is not the case (according to some scholars) with the fitness and wellness movements. Barry Glassner argues that fitness activities have little connection to earlier “modernist” projects of social regeneration—improving personal health as a path to national revitalization. Instead, the object is to transform the self—to disengage the body rather than put them to the service of building a better America.⁴⁶ Second, fitness is not based on a linear view of progress or individual development. Fitness activities promise an escape from the “narrative of aging.” Third, fitness activities “fragment bodies.” Different body parts can be “worked” with different machines, and images of bodies no longer are structured around the old modernist polarities of inside-outside, male-female, and work-leisure. Finally, fitness activities are a pastiche, “perpetually reconstructed of pieces and colorations added on and then discarded.” These pieces are not originals but are themselves images or “simulacra.”⁴⁷

This analysis of fitness as a postmodern activity falls far short of our earlier description of postmodernism and its underlying cultural commitments. For one thing, fitness is not a movement on the margins. People are not stigmatized who engage in it. On the contrary, dominant institutions positively encourage it, if not compel it and the media celebrates it in a panorama of image. Furthermore, intensification is anemic compared to the Nietzschean inspired concept of intoxication and its associations with madness, danger, and transgression of normal boundaries.

To be sure, this study of fitness breaks out of the narrow institutional model that characterizes some of the alternative health literature. Fitness is examined in terms of larger social and political changes, for example, periods of national regeneration, postmodernism, and changing consumer preferences. While alternative health is at times confused with the “fitness movement” we see fitness as a clearly distinct phenomenon, even if it embodies a weak form of the postmodern sensibility. In contrast, we are interested in alternative health’s relationship to social change from the point of view of its capacity to resist dominant institutions and practices and to serve as a basis for their

transformation. We also will embed our treatment of alternative health in the context of larger institutional dynamics.

All of these more sympathetic studies of alternative health tend to confine themselves to the terrain of health as an institutional sphere or stay on the level of the self and its interactions with medical experts. No doubt these approaches possess considerable value but we want to press the analysis of alternative health in several new directions, beyond the institutional sphere of health and the tribulations of the self. A critical theory of society is either omitted or only indirectly suggested in the work we have summarized. A critical theory of society examines the “total social process” as it is implicated in the contradictions of specific social practices.⁴⁸ Critical theories also thematize the way institutions repress human subjects as well as pointing to sources of resistance and transformation.⁴⁹

We want to locate, in this spirit, alternative health in connection with the institutional and cultural dynamics of modern state-managed capitalist systems. The principal feature of these systems is the growing bureaucratization and commodification of more and more aspects of social life. These processes work their way through the health care system and reach into the lives of patients. Alternative health, as we will argue, occupies a contradictory position in relation to this process, being at one and the same time complementary and source of resistance to it. In existing state capitalist systems, traditional sources of resistance and change—class conflict—have weakened as a result of the growth of the welfare state and the right of workers to bargain for a share of it. At the same time, new forms of conflict have emerged outside of the economic system, which new social movement theorists have tried to conceptualize. Unstudied in this respect is alternative health as an expression of new forms of conflict, which have transformative potential.

While the use of a social movements perspective means that we do not focus on distinct therapies and their efforts to professionalize or on the way individual patients make decisions about treatment, this view does have the advantage of emphasizing the politics of alternative health; the extent to which involvement in this community politicizes participants and the relationship between alternative health and other movements. Despite the organization of alternative health into distinct therapies, many of which have their own professional associations, in practice most practitioners use a range of alternative therapies, and the gap in expertise between practitioner and the committed patient is not great. As we will argue later, a focus on the individual patient or on

professionalization neglects the significance of alternative health as a “cultural laboratory,” where information is shared, identities are transformed, and new values emerge. A social movements perspective can evaluate whether alternative health is part of a larger project of social change and whether it is more than a niche in the health care market.

Within the context of alternative health as a social movement, we are also concerned with alternative health as a source of personal identity, the appropriation of meaning and the ways in which alternative health regimes allow people to “care for the self”—all of which have an internal relationship with the capacities of actors to commit themselves to wider social changes. In this analysis we draw on the works of Walter Benjamin, Michel Foucault, Charles Taylor, and Alberto Melucci in order to comprehend the interaction between the self and alternative health networks.

Loss of Tradition and Autonomy

Alternative health is implicated in the problems of tradition and the transmissibility of the past. Here we will use the work of Walter Benjamin, Max Weber, and the more recent insights of new social movement theory to illuminate how alternative health is a complex response to the loss of meaning or (what amounts to the same thing) the collapse of tradition in modern societies.

Various branches of alternative medicine seek to appropriate and sustain health practices and traditions that in some cases go back thousands of years. In appropriating healing traditions, alternative health participants seek to reestablish a connection with past generations. In this way the “circle of life” is partially renewed at the level of care for the body.⁵⁰ These traditions; Chinese medicine, Ayurvedic medicine, macrobiotics, Native American and other indigenous healing traditions, for example, have been marginalized by the dominance of biomedicine. Biomedicine is an application of specialized research engaged in by experts with institutional support from the state and universities. This research is detached from the self-understandings and conversations of people in everyday life. Moreover, biomedicine’s interventions do not require an understanding of the patient’s subjective world, competencies, and the roots that give it meaning. As a result, the way we care for our physical well-being has become detached from the larger “lifeworld” and its continuities with the past. In other words, expertise becomes increasingly detached from the self-understandings of actors

in everyday life. In this sense, the recovery of alternative health care practices is implicated in this larger crisis concerning the past and its formative influence.

Alternative health groups seek to defend the validity of traditional health care practices and the “form of life” that is embedded in them. This form of life, though, is peculiar. It does not mean an actual existing organic community threatened by modernization. Instead, what is threatened is an “imagined community” that traces its roots back to diverse practices of many traditions. The term *imagined community* or what Hobsbawm calls “invented traditions” suggests an invented connection to the past constructed for political purposes.⁵¹ For example, certain myths and rituals connected to the British monarchy were created in order to legitimate existing power relations. But, we argue, this political use of the past does not exhaust the ways in which people gain access to tradition in modern societies. Instead, we claim that in alternative health traditions are transmitted and maintained through the body and its travails. In other words, this contact with the past is not just an intellectual recovery described in books and newspapers or inscribed in state-sanctioned ceremonies but is instead rooted in experience. It was Proust who wrote that we gain access to the past by tasting tangible things, which contain memories in material form. So too, in alternative health the past offers itself up in the form of material things and the memories inscribed in them. The body and its care become the transmitter of the past in usable form.

An example can be found in any of the alternative health fairs that occur on a regular basis throughout the country. Indian music and ancient forms of drumming can be heard while various booths display Chinese herbal health remedies, acupuncture, Native American charms and amulets. All of this takes place in an environment where everyone is selling their wares much like merchants in a market. This is a good example of what Lowenberg calls the “translation of eastern philosophy into western terms of utilitarian individualism.”⁵² Here we find traditions selectively lifted from their original context and redeployed in a Western commercial setting. Continuities with the past here are imagined in the sense that they can be selectively displayed without having a shaping influence on everyday life. What is weakened here is the binding force of tradition, its capacity to obligate us. We reserve for future discussion the question of the significance of the past when it can no longer be drawn upon but merely displayed. This question is the same one that Walter Benjamin raised when he argued that meaning and happiness depends on the renewal of the semantic

potentials embedded in tradition and asked whether that renewal is possible under the conditions of modern life.

In addition to the problem of the past and its transmissibility, we also explore the problem of autonomy in relation to the institutionalized provision of health care. Alternative health practices are one source of opposition to dominant institutions and a vehicle for their potential transformation. In other words, alternative health is implicated in another dimension of modernity that Max Weber emphasized, the loss of autonomy. Insofar as the world becomes rationalized, it becomes locked in bureaucratic forms of control and surveillance—the “iron cage of total administration.”⁵³ In the same spirit Habermas argues that the lifeworld becomes colonized through the media of wealth and power. In other words, instead of people organizing themselves through their own communicative efforts, people become linked behind their backs by administrative power and money. Alternative health, we argue, is a response to the colonization of the lifeworld. This response is enacted through the formation of “subaltern public spaces” where subjects and topics can be freely discussed by participants, providing a space for innovation in health practices. Here alternative health generates “space for more autonomous construction of group identity and political deliberation.”

Food co-ops, alternative cancer groups, study groups, lectures, and alternative health organizations involve sharing information, formulating common values and principles, and deliberating about the impact of legislative proposals and government regulations. In this sense alternative health is not only about the continuation of imagined traditions but the creation of new modes of interaction and contestation. The exchange of alternative health information empowers people to develop competencies with respect to their health and illness and to act upon conditions that endanger them. Alternative health groups seek to reappropriate skills that modern institutions have removed from them, for example, knowledge of food production and preparation, and self-healing techniques. These subaltern public spaces are aimed at self-care (the freedom to supervise one’s health) and institutional contestation (challenging the state and its regulatory and research functions in connection to the medical industrial complex). To be an unconventional health care practitioner is to face numerous obstacles that come from state regulatory agencies. These obstacles include the lack of state-supported funding for alternative health research, problems of licensing and official recognition, and in some cases criminalization of certain alternative health modalities.

We are conceptualizing alternative health as a social movement, rather than consumption choices and lifestyle decisions of individuals. This perspective allows us to explore alternative health's connections outside the sphere of health, to other social movements and subcultures. Our analysis will show that alternative health provides a cultural laboratory or site of experimentation from which social movements draw their energy, purpose, and orientation. At the same time, alternative health has implications for interest group struggles that shape state policies as well as the values and orientations of elite decision makers.

In summary, alternative health is an attempt to protect endangered ways of life through invented traditions and pursues new forms of life through spaces for dialogue and discussion as conditions for individual and collective action. These attempts to pursue both meaning and autonomy create problems and unintended consequences, which future chapters will explore. Do invented traditions really transmit the past in a morally binding way and therefore serve to orient actors in everyday life? Can subaltern health publics generate enough energy to challenge the medical-industrial complex and related institutions? Can alternative medicine fulfill its own potential in challenging biomedicine without going beyond its fixation on the individual and on the market? In other words, how far can alternative health proceed on the path from lifeworld to politics in its present form? The following chapters will explore these questions beginning with the origins and nature of biomedicine, its relationship to the lifeworld of patients and the nature of expertise in alternative health. If alternative health is in part a movement that seeks to reembed health and illness in the lifeworld of patients, then we need to begin by examining biomedicine's relationship to this process.