

ALTERNATIVE HEALTH CARE

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The developed world has transformed from industrialized societies organized around the production of goods by machines into technocracies—societies organized around evolution through the development of sophisticated technologies and the global flow of information through these technologies. Thus Davis-Floyd has labeled its dominant health care paradigm “the technocratic model of medicine” to highlight biomedicine’s precise reflections of technocratic core values. The technocratic model emphasizes the separation of mind and body and metaphorizes the body as a machine and the patient as an object (“the gall bladder in 212”). The resultant mechanistic and often impersonal nature of biomedical care have been mitigated in recent years by increasing emphasis on humanism within biomedicine. The “humanistic model” stresses the importance of “mind-body connection,” defines the body as an organism, and sees the patient as a relational subject; it views the relationship between patient and practitioner as an essential ingredient of healing. While encompassing the relational values of humanism, most alternative healing methods are ideologically grounded in a third transnational paradigm, the “holistic model of medicine,” which recognizes mind, body and spirit as a whole, and defines the body as an energy field in constant relation to other energy fields, demanding attention to energy-based healing—a radical departure from the mechanistic approach of biomedicine.

The holistic “revolution” has arisen within the technocracy but outside of technomedicine—in the US since the 1970s—driven by a wide variety of non-allopathic practitioners and consumer activism. In European countries, holistic, energy-based treatments such as homeopathy (all but eliminated in the US in the early 1900s) have been available and widely used for over a century. In the developing world, many elements of traditional and indigenous healing systems are increasingly being incorporated into holistic or alternative health care. Concomitantly, indigenous folk practitioners are actively expanding their knowledge bases to incorporate elements of internationally known alternative methodologies into their folk practices. Such folk practitioners recognize a continuity of ideology between their own traditions (which often include appreciation for the “spirit” or “energy” present in a wild herb, an attentive massage, or a shamanic encounter) and the ideologies behind internationally known alternative systems like homeopathy, reflexology, moxibustion, and iridology.

At present, a small percentage of physicians worldwide define themselves as “holistic,” but in general, biomedical practitioners have been resistant to accepting other knowledge systems as valid, and continue to regard their own system as exclusively authoritative. Nevertheless, as the limits of biomedicine (which cannot cure many common ailments) become increasingly evident, millions of people continue to rely on, or are beginning to revalue, indigenous healing systems and to incorporate holistic or “alternative” modalities into their care.

Various terms have been bandied around over the past several decades for this wide array of heterodox health care systems, which range from professionalised to folk/indigenous. In Australia, for example, the most commonplace term for these is simply *complementary medicine*; in the US, it is *complementary and alternative medicine* (CAM), although many proponents prefer the terms *holistic* or *integral* medicine to avoid the connotations of inferiority to biomedicine that the other terms entail. Medical anthropologists have tended to focus on various folk medical systems, such as *curanderismo* or *espiritismo*; more recently, a growing number have studied

professionalized heterodox medical systems, such as chiropractic, naturopathy, and direct-entry midwifery, as well as biomedical physicians and nurses who utilize alternative therapies.

The medical systems of all complex societies today, from India to Indonesia, Brazil to Bangladesh, consist of both biomedicine and alternative systems that coexist in generally competitive, sometimes collaborative, and sometimes cooptive relationships. This *medical pluralism* is characterized by a pattern in which biomedicine exerts dominance over alternatives, professionalised or not. Patterns of medical pluralism tend to reflect hierarchical relations in the larger society based upon class, caste, racial, ethnic, regional, religious, and gender divisions.

The U.S. medical system, for example, consists of several levels that reflect such hierarchies. In rank order of prestige, these include (1) biomedicine, (2) osteopathic medicine as a parallel medical system focusing on primary care and incorporating spinal manipulation as an adjunct; (3) professionalised heterodox medical systems (chiropractic, naturopathy, acupuncture and Chinese medicine); (4) partially professionalised or lay heterodox medical systems (e.g., homeopathy, herbalism, bodywork, and direct-entry midwifery); (5) Anglo-American religious healing systems (e.g., Spiritualism, Christian Science, Pentecostalism, and Scientology); and (6) folk medical systems (e.g., Southern Appalachian herbal medicine, African American folk medicine, *curanderismo* among Mexican Americans, and Native American healing systems). With some modification, this dominative model can be applied to other modern societies. For example, whereas MDs tend to be upper- or upper-middle class and male, folk healers tend to be working-class members of various ethnic groups. Alternative medical systems often exhibit counter-hegemonic elements that resist, often in subtle forms, the elitist, hierarchical, and bureaucratic patterns of biomedicine.

New medical systems or synthetic ensembles of therapies often emerge as popular health movements that undergo a process of professionalization that may open them to biomedical cooption. The holistic health movement in the US began as a popular movement that challenged the bureaucratic, impersonal, and iatrogenic aspects of biomedicine. Far from monolithic, it encompassed numerous alternative medical systems (listed above). Although the philosophical premises of each of these are divergent, they share in common the holistic definition of the body as an energy field responsive to treatment from the energy in the herb, the homeopathic remedy, the Reiki treatment, the chiropractic adjustment. Practitioners of such modalities today can be found in almost every country.

Beginning in the late 1970s, an increasing number of biomedical practitioners began to adopt alternative therapies for two reasons: (1) recognition of the limitations of the biomedical paradigm and (2) loss of many of their more affluent patients to alternative practitioners. More and more biomedical schools have begun to offer courses on alternative medicine as it became apparent that the bread-and-butter patients of biomedicine, those with disposable incomes, could afford to pay for alternative therapies out of their pockets. In a sense, the alternative health care movement has won its battle, and medical pluralism instead of biomedical dominance is the norm of the day in most contemporary technocratic societies.

In most countries, biomedical practitioners accept the existent medical plurality in their countries, yet work to remain hegemonically reinforced by government policies that pay for medical, and not alternative, care for their citizenry. In the US, biomedicine has fought back by working at various times to remove herbal supplements from health food store shelves, to incriminate particular holistic practitioners, and to prevent insurance companies from paying for alternative care. Nevertheless, today over one-half of all Americans utilize some form of CAM. Around the world, health insurance companies, health maintenance organizations, hospitals, and national governments have become increasingly interested in alternative therapies as a way of satisfying patients' demands and curtailing costs.

When CAM is systematized, although its practitioners often continue to adhere to some notion of holism, it can come to function as a style of health care in which biomedicine treats

alternative therapists as subordinates and alternative therapies as adjunct. Some have even argued that alternative medicine in various national contexts is being coopted by biomedical institutions, including centers of integrative medicine, biomedical schools and hospitals, NIH's National Center for Complementary and Alternative Medicine, and allopathic physicians who advertise themselves as "holistic" because they prescribe a few herbal supplements along with pharmaceutical drugs.

In contrast to the examination of indigenous or folk medical systems, the anthropological study of professionalized alternative health system remains in its infancy. Much remains to be learned about the specific ideologies behind each alternative system, the efficacy of its treatments and to what extent that efficacy depends on cultural or individual belief, and what happens to them in practice when professionalization and integration into "the system" occur.

Further Readings and References

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