



## 'It can do no harm': Body maintenance and modification in alternative medicine acknowledged as a non risk health regimen



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### ABSTRACT

This article proposes the notion of a non-risk health regimen as a mode of recognising more dynamic aspects of risk-awareness in health care, in this case alternative medicine in Denmark. Danish users of alternative medicine are in an ambivalent position. They are responsible citizens who care about their own health. On the other hand, they are doing this by paying out of their own pockets for attending non-authorised treatments with very limited scientific evidence for their effects. This article draws on 138 qualitative in-depth interviews conducted in 2006–07 with 46 Danish users of different forms of session-based alternative medicine. A recurring theme throughout users' accounts is found to be that the treatments 'at least can do no harm'. Many of the users regard pharmaceuticals or surgery as an artificial impediment and a threat to overall health, whereas the energy-stimulating processes initiated by the alternative practitioner are not considered risky. The no harm discourse constitutes a sophisticated lay-explanation that brings together a wide range of explanations within which three themes are identified: responsibility; optimization; desperation. By informing these findings with the concept of reflexive body techniques, it is shown that use of alternative medicine is a process of working on the self and body in a spectrum between transition (i.e. pain relief or self-development) and continuity (i.e. well-being or prevention of illness) and not only a quest for cure. In this process 'non-risk' emerges as a lay explanation in the efforts of users to construct coherent self-narratives as agents in a risk-aware environment. The development of the notion of a non-risk health regimen invites and facilitates further studies on various lay motives within health care in general and contributes to explaining the popularity of alternative medicine in particular.

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### Introduction

The popularity of alternative medicine is both undeniable and puzzling. Defined as treatment not usually offered within the ordinary health service and without public support or control, but offered on a fee-for-service basis by non-authorised practitioners with varying types of training and certification, alternative medicine is widespread in Denmark. The most recent (2010) representative national Health Interview Survey in Denmark estimates that 52.8% of the respondents have drawn on alternative medicine that is not part of state-authorised biomedical services. 26.3% responded that they have used one or more modalities of alternative medicine within the preceding year, compared with 10.0% in 1987 (Christensen, Ekholm, Davidsen & Juel, 2012). This tendency of prevalence and growing popularity is also reflected in research

results in other Scandinavian countries, the USA, the UK, Canada, and Australia (Connor, 2004; Eisenberg et al., 1998; Ernst, 2000; Hansen et al., 2005; Thomas, Nicholl & Coleman, 2001; Tindle, Davis, Phillips & Eisenberg, 2005; Wiles & Rosenberg, 2001). It is puzzling because there is very limited scientific evidence for the effect of alternative treatments (see i.e. Ernst, 2011) and many users appear to be aware of this fact (Pedersen & Baarts, 2010). Also, these therapies were developed outside orthodox health-care systems and have often been objects of distrust by public bodies; indeed, state-sanctioned biomedical professions have described alternative practitioners as practising quackery (Dew, 2003; Wahlberg, 2007). Finally, people seek out alternative practitioners themselves on the 'grey' market with no official control and they have to pay out of their own pockets. Users of alternative medicine grope around in the dark when exploring the health care market.

To explain the popularity of alternative medicine, a growing body of literature has focused on 'what works'. Here it has often been linked to rehabilitation, the amelioration of pain, and even individual experiences of being cured (i.e. Ahn & Kaptchuk, 2005;

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Arman & Rehnsfeldt, 2003; Ong & Banks, 2003; Skovgaard, Launsø, Pedersen, Bjerre & Haahr, 2011). Ethnographic studies include also themes such as transcendent, transformational experiences, changing lived-body experience, and the acquisition of meaning (i.e. Barry, 2006; Connor, 2004). Other studies are centred in wellness or wellbeing and health care or prevention of illness (i.e. Baarts & Pedersen, 2009; Baer, 2003; Sointu, 2006). In these studies, alternative medicine is approached as a set of practices of health care and body maintenance, not a process towards some ultimate cure. But in all this research the explanation for its popularity is sought in its positive effects.

This article suggests another source of the popularity of alternative medicine. Based on in-depth qualitative interviews, it shows that the appeal of alternative treatment lies not just in the promise of positive effects, but in the absence of imagined negative effects. In short, users believe that 'it can do no harm'. But why is alternative medicine considered a relatively safe area of health care? Given that clients certainly expect the treatment in question to have *some* effect, the puzzle is why they do not fear any negative effects whatsoever. The solution is to be found in the users' accounts of their quests to maintain or improve their health. Interviewees were selected from the clientele of three of the most popular session-based alternative treatments in Denmark (acupuncture, reflexology, mindfulness meditation) and phenomenological first-hand accounts were elicited from them. Crossley's work on 'reflexive body techniques' (2005) provided a conceptualization of the social processes implicit in body *maintenance* and *modification*, which was used in the analysis. The 'no harm'-discourse, it turns out, is more complex than it at first appears. In practice, it is a sophisticated lay explanation for using alternative medicine that brings together the themes of responsibility, optimization and desperation in particular ways to support its legitimacy.

### Reflexive body techniques

In Foucauldian terms, alternative medicine can be approached as a kind of self-disciplining practice, a 'regimen', indeed, a 'whole art of living'. It is

'... the way in which one managed one's existence, and it enabled a set of rules to be affixed to conduct; it was a mode of problematization of behavior that was indexed to a nature which had to be preserved and to which it was right to conform.'

Foucault, 1992:101

To address use of alternative medicine as a 'non-risk' health regimen and as enabling, from this perspective, is also to consider that there may be reason to embrace the increases in health capacities permitted by the treatments.

The British sociologist Nick Crossley defines 'reflexive body techniques' (RBT's) as '... those body techniques whose primary purpose is to work back upon the body, so as to modify, maintain or thematise it in some way' (Crossley, 2005:9). This conceptualisation of body modification and maintenance as reflexive techniques plays a central role in the process of interviewing. The interviewees turn back upon themselves in such a way that they become objects of their own perception. Linking the interviewees' accounts in the analyses to this sociological concept allows us to discuss why agents engage in this body work. An approach to body work, centred upon RBT's has the potential to move the analysis further than to 'one size fits all' explanations (Crossley, 2005:15, for a demonstration of this, see Crossley, 2004).

The RBT concept builds on but differs from Mauss' classical concept of 'body techniques': '... ways in which from society to

society men know how to use their bodies' (1973:97). Body techniques are embodied practices (methods of sitting, giving birth, eating, ways of walking, etc.), which Mauss described as 'habitus': forms of embodied, pre-reflective understanding, knowledge or reason, originating in and spread throughout a collective context. Thus, they are social. The 'mindful' aspect of body techniques is not very well developed in Mauss' concept, whereas Crossley has expanded the concept to include not only techniques of the body, but also techniques *for* the body: 'techniques that modify and maintain the body in particular ways' – and '... are practised together for a common *purpose*', for example 'exercising' (2005:10). And the body can be modified or maintained for different *reasons*. In this study the body is modified or maintained by using alternative medicine for reasons of health care.

This article construes attending session-based alternative treatments as a kind of body work. The body is here problematised and reflectively worked upon by the practitioner as well as by the user him/herself. In particular, when consulting alternative medicine, the user is aware of her or his agency and is not just a passive patient. Therefore, in a qualitative analysis of users' accounts, an attempt is made to draw out reflected reasons for submitting to alternative treatments to explore.

### Methodology, methods and material

Ulrich Beck has been concerned with the extent to which technological development sets the agenda for risk concern right down to the private and personal level. In this article, the approach to 'risk' is different from Beck's, where the concept of risk '... is directly bound to the concept of reflexive modernization' (Beck, 1992:21). Whereas he challenges the overall rationale of modern societies, this article aims to make intelligible the alternative medicine users' situated experiences. However, Beck's risk perspective is a broader framework for bringing risk thinking into this article, which explores how users' risk perceptions are constituted as meaningful entities in everyday health practices. Thus, the notion of risk is defined as 'risk-talk' (Vera-Sanso, 2000), contextualised as political and knowledge discourse that reflects the uncertainty and ethos of a particular society or setting, as well as the distribution of power (i.e., scientific power) within that society (cf. Summerton and Berner, 2003:1–23).

In his arguments in favour of a politics based on reflexive accommodation between lay and scientific forms of knowledge, Beck (1992:223–35) focuses on the latter. This article, by contrast, is based on lay knowledge. Interviewees' accounts will be analysed as the individual's own direct verbal reference to what is phenomenologically presented to him or her, i.e., what s/he perceives (Gendlin, 1997:242–43). According to a sociology grounded in phenomenology (i.e. Schütz, 1973), language is the fundamental mechanism for legitimising the social world as an objective reality: meaning resides in the way in which the experienced phenomenon is formulated (Charmaz, 2000).

The fieldwork for this study, carried out in cooperation with a psychologist, an anthropologist and a research assistant, took place in 2006–7 at 14 clinics of alternative medicine in the Copenhagen area. It includes primarily qualitative methods, herein in-depth interviews, observations, and user diaries. Ethical approval was granted by the research ethics committee of the municipality. All interviewees and practitioners completed an informed consent form. The analysis and discussions in this article are based on the qualitative interviews from a large body of empirical material, in which 46 users attending one of three different forms of alternative treatment were each individually followed over six sessions and interviewed three times, after the second, fourth and sixth treatments respectively, leading to a total of 138 interviews. The interviews varied in

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