



Older adults' use of complementary and alternative medical therapies to resist biomedicalization of aging

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ABSTRACT

Taking its cue from Estes and Binney's (1989) assertion that individual and subjective views of aging often reflect a hegemony characteristic of biomedicalization, this study assesses the subjective views that a group of older adult users of CAM therapies have of aging, health, healing, and self care. Reflexive sociological interviews with 24 men and women over the age of 55 are used to show how participants use CAM as an embodied means to resist biomedicalization of aging. Four themes emerge as in part explaining the appeal of CAM therapies for older adults: "intergenerational angst"; "iatrogenesis"; "aging as deterioration"; and "optimistic alternatives". In a cultural context in which aging has been transformed into a medical matter, older adults who seek out CAM do so as part of an effort to gain individual control over their aging bodies and health. These findings provide further evidence that older adults have adopted discourses of individual responsibility for health through self care behavior and that the growing trend towards therapeutic pluralism entails both elements of medicalization and demedicalization.

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Introduction

The public appears to have been convinced of the primary and rightful place of medicine in the management of the "problem" of aging. This process of hegemony extends to the individual and subjective experiences in which the biomedical view of aging is reinforced by family, friends, and personal contact with the medical profession and by one's own belief system. Alternative views of aging become inconceivable.

[Estes and Binney (1989, p. 594)]

Almost twenty-five years ago Estes and Binney drew attention to the dangers and dilemmas associated with the hegemony of what they termed "the biomedicalization of aging". Fifteen years later, Kaufman, Shim, and Russ (2004)

noted "The ways in which this discourse is made manifest in clinical activities today and the ways in which it is reshaping the social and ethical landscape of old age in the United States could only be hinted at by Estes and Binney" (p. 732). The term "biomedicalization" has since been used to describe "the increasingly complex, multisited, multidirectional processes of medicalization that today are being both extended and reconstituted through the emergent social forms and practices of a highly and increasingly technoscientific biomedicine" (Clarke, Shim, Mamo, Fosket, & Fishman, 2003, p. 162). The distinguishing feature of "biomedicalization" is thus the application of a complex assemblage of biomedical knowledge and techniques to human problems and experiences that have been redefined in bioscientific terms (Clarke & Shim, 2011). Despite the cultural and clinical dominance of biomedical approaches to health and aging, to which Estes and Binney allude, there is increasing evidence from the study of lay health beliefs and behavior that many people are adopting holistic perspectives towards health, which position individuals as central in health maintenance and management (Jedema & Veljanova, 2013). The increasing prominence of lay directed

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care is evidenced by international comparative data showing that in the multicultural societies of the US, the UK, Australia, and Canada between 12 and 44% of the general population consult complementary and alternative medicine (CAM)¹ therapists and that the use of such therapies appears to be increasing since the publication of Estes and Binney's article (Harris, Cooper, Relton & Thomas, 2012).

In the last two decades, social and behavioral health research on CAM has progressed to the point where general demographic and health status correlates associated with the use of alternative practices have been identified (Bishop & Lewith, 2010). Among the general population, existing research shows that more women than men use CAM; rates of use increase as one heads west in North America; users tend to have higher socioeconomic status and poorer health status than the general population; and CAM practices are usually used in combination with biomedical health care (Fries, 2012; Fries & Menzies, 2000; Metcalfe, Williams, McChesney, Patten & Jetté, 2010). Adams, Lui, and McLaughlin (2009) note that the correlates of CAM use among older individuals appear to correspond with that of the general population.

However, Turcotte and Schellenberg (2007) found that "the proportion of individuals who use alternative medicine was significantly smaller in older than younger age groups" (p. 61). These researchers found that 5% of those aged 75 and over consult CAM therapists compared to 16% in the 25 to 54 age group. Turcotte and Schellenberg (2007) suggest that "these differences between age groups are not necessarily a sign that the demand for alternative health services will decrease as the population ages" (p. 61). A growing body of research shows that baby boomers' self care behavior includes the use of CAM therapies (Hurd Clarke & Bennet, 2012). As they continue to age, it is likely that the baby boomer generation will continue to make use of CAM to deal with aging related health challenges (Adams et al., 2009; Turcotte & Schellenberg, 2007). The review paper by Adams et al. (2009) argues that "there is a need for qualitative and in-depth studies that situate CAM consumption in an analysis of the life course and the social world of older people" (p. 232–233). Thus, the use of CAM as a form of self care health behavior among older persons is an area of growing research significance. More research is needed to understand how social and cultural factors intersect across the life course to influence the use of CAM at different stages of life. Taking its cue from Estes and Binney's above quoted assertion that individual and subjective views of aging often reflect a hegemony characteristic of biomedicalization, this study assesses the subjective views that a group of older adult users of CAM therapies have of aging, health, healing, and self care.

I proceed by first briefly summarizing explanations for the use of CAM practices among older adults that predominate in the research literature. Next, I detail the methodological procedures underlying the reflexive sociological interviews used in this analysis before showing how participants of this research project use CAM as an embodied means to resist

biomedicalization of aging. While biomedical approaches tend to biomedicalize aging as being accompanied by natural deterioration, CAM therapies offer a self-directed, proactive health care alternative for dealing with health issues other than seeing them as "age related". Four themes emerge as in part explaining the appeal of CAM therapies for older adults: "intergenerational angst"; "iatrogenesis"; "aging as deterioration"; and "optimistic alternatives". Each of these is detailed in the Findings section. I conclude by situating this information in the context of neoliberal strategies for the governance of health that are characterized by what Crawford (1980, 2006) has termed "healthism" and comment on the relevance of these findings for medicalization–demedicalization debates. First though, I review explanations for the use of CAM in later life provided by social and behavioral scientists.

Explaining the use of CAM among older persons

Adams et al. (2009) provide a useful review of the existing research, which highlights three interconnected trends that together help explain the use of CAM among older persons: population aging; growing medical consumerism; and the prominence of anti-aging medicine.

Population aging

The first factor that Adams et al. (2009) identify as explaining the popularity of CAM among older adults is population aging in which more individuals are living into a "third age" that is accompanied by a compression of disability and chronic disease into later life. These researchers argue that, "the traditional biomedical model of disease management has been identified as poorly equipped to deal with the new contexts of population ageing" (Adams et al., 2009, p. 228). In response older persons are turning towards CAM as a self-health management heuristic. Recent support for this explanation is provided by Hurd Clarke and Bennet's (2012) study of self care among older adults with multiple chronic conditions, which found that CAM practices were used as a self-health management strategy by those coping with chronic disability and illness. Beyond this, widespread public health discourses concerning the social and policy consequences of an aging population has brought concerns over aging to the forefront of the public consciousness (Katz, 1992; World Health Organization [WHO], 1999). The culture is replete with ageist stereotypes that depict aging as an unhealthy, yet inevitable part of the natural life course (Haber, 2001–2002). Combined with individuals' personal experiences of their parents' aging, these cultural scripts engender widespread anxiety with regard to aging as a process of bodily deterioration (Taylor, Morin, Parker, Cohn, & Wang, 2009).

Medical consumerism

Adams et al. (2009) also point towards growing medical consumerism as a related explanation for CAM's growing popularity among aging baby boomers. Segall and Fries (2011) define medical consumerism as "a tendency to view health as a commodity and encourage health-care consumers who want to preserve their investments in the commodity of health to purchase health-care products and services" (p. 11).

¹ Note that while the acronym, "CAM" is often used in research concerning western medical pluralism, each term used to describe non-biomedical healing practices has embedded within it sociopolitical meaning, which has policy consequences. For more on this, see Fries (2009a).

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