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## **Alternative health protagonisms – the theoretical context of a comprehensive research program**

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### **Abstract**

The emergence of alternative health systems has given rise to a plurality of methods of care due to the reflexive construction of pathways that lie beyond normative medicine. These lay choices stem from rationalities that are divorced from scientific reason and are instead tied to complex explanatory systems based on subjective experience. This article discusses the phenomenon of what we call 'alternative protagonisms in the trajectories of health', which involves promoting one's health using approaches that are not part of biomedicine. What makes individuals seek alternative systems for promoting health and coping with disease? How do individuals integrate these systems into their daily lives, and how do they articulate them within the biomedical system? What are the lay rationalities that privilege alternative systems in explanatory and interventional contexts? Because this is a relatively recent phenomenon in Portuguese society and it has not been assessed from a sociological perspective, we identify the analytical pillars that form the foundation for this approach to health. Toward this end, this article summarizes the classical dichotomies that have shaped the debate on the production of knowledge, particularly regarding health and disease. This summary includes the dichotomies between science and common sense, between nature and culture, and between medical and lay rationalities.

**Keywords:** Health; lay rationalities; alternative medicine; promotion of health

### **Introduction**

Health has transformed from something that is received, almost like a family inheritance, to something that is cultivated during everyday life. In modern times, health has acquired increasing value and importance due to the secularization of society, which has led individuals to distance themselves from religious beliefs as compared to earlier times (particularly regarding the promise of an eternal life) and instead focus their lives on the "here-and-now". This shift has caused people to focus on health as the main means of prolonging life and improving welfare (Giddens, 2001; Turner, 1995). Health is strongly valued in political and professional discourses as well as in lay discourses; in an individual's everyday life, it is portrayed as a "duty" or responsibility (Herzlich and Pierret, 1991). Health pervades all dimensions of individual and collective life, including well-being, work, family life, body care, and so on. It enjoys an intricate relationship with all of these dimensions of life, particularly in light of the complex, modern interactions between structure and action as well as between objectivity and subjectivity.

In modern societies, reflexive health emerges within a range of social and cultural contexts that intersect with respect to the construction of perceptions, representations, attitudes, and practices. Modern life is imbued with biopower as an embedded system of thought, and as such, health is a social space for the expression of postmodern volatility. The concept of health is subject to reflexivity, which means that individuals consciously negotiate the construction of their experience with varying sensitivities. The expansion of medical technology, which can help anticipate disease conditions and

monitor health risks, has produced greater control while also generating new opportunities for action, novel dilemmas, and conflicting choices (Beck and Beck-Geinsheim 2002; Mendes 2007).

In recent decades, a new debate has centered on a paradigmatic crisis in science, as indicated by increasing criticisms and suspicions regarding the risks and benefits of scientific and technological progress. Key to this crisis is the link between scientific knowledge and lay knowledge (Bourdieu 2001; Berthelot 2000; Nunes 2002). In the realm of medicine, organizations of lay people who question medical knowledge have become active in the public sphere. Some work within the medical paradigm (e.g., through patient and user associations), but others move away from it, turning to alternative paradigms. A diverse body of representations and health practices, replete with referentials, constraints, and seeming inconsistencies, exists at the intersection of biomedical scientific rationality (which is foundational to diagnosis and evaluations) and lay rationality (which is used to process medical information and is subject to social and cultural constraints).

An individual actively builds health through the interaction between the structural discourses governing the official regulation of health behaviors and the alternative, lay discourses that exist. The positions of actors within these various systems reveal the rationales on which their choices are based.

The starting point of the present study is the distinction between three types of lay rationality within health: health as passive welfare, health as healthy behaviors, and health as self-construction (Silva 2008). We have chosen the third category – health understood as a process of self-construction – to deepen our understanding of the multiple meanings of lay agency in the construction of individual health. Alternative protagonisms are situated within health as self-construction; they emerge as new social inscriptions that involve reflexive attitudes and actions surrounding issues of health.

This study attempts to theoretically frame these alternative health protagonisms. It is organized into three parts with three corresponding analytical axes. The first accounts for the dichotomies between science and common sense by focusing on new dialogues between various forms of knowledge in the construction of health. The second discusses the dichotomies between nature and culture and emphasizes the demand for and development of holistic health. Finally, the third focuses on the socially imposed dialogue between medical rationality (i.e., medicine as an institution rather than just a profession) and the lay rationalities that shape alternative choices.

### **Science and common sense: new dialogues between different forms of knowledge in the construction of health**

Science provides the main foundation of the dominant form of social discourse on health, which is based on the 'ideology of competence'. As such, science is liable to focus on reality and thus reduce public debate (Gonçalves, 2000). Within the context of health, science is viewed as part of the problem; worries about a crisis in science are emerging in the scientific community and in the media, and perceived risks and disadvantages have become associated with scientific approaches to health. Health is no longer seen as tied exclusively to the doctor-patient relationship; instead, it is increasingly seen as a subjective product of individuals working within multiple discourses and contexts. The line between science and common sense has become blurred within a subjective, reflexive dialogue constructed by individuals who now determine their own health care options.

This questioning of science is enhanced by mass access to consumption (Costa, 2002), which is a characteristic of postmaterialism. In the context of science (with biomedicine serving as an excellent example), there is conflict between the high expectations placed on individuals and growing suspicions regarding the possible risks and effects of consumption. Similarly, there is a conflict between an individual's capacity for action and an individual's ability to predict the consequences of such actions (Santos, 2000).

The loss of regulatory, normative power on the part of medical science is a consequence of medical risk exposure and uncertainty, expectations that cannot be met, and the distance of the medical discourse based on the allocation of power and authority in a time of increasing democratization (Lupton, 1994; Sharma, 1992; Siahpush, 2000; Webster, 2002).

Souza and Luz (2009) refer to this scenario as the " 'crisis of medicine' [which] is a set of factors acting at various levels of signification, both in socioeconomic and cultural terms, namely 'corporate, educational, ethical, institutional, of the medical institutional effectiveness, medical knowledge and medical rationality' " (p.398). This crisis in modern medicine is explained by the contradictory coexistence of three dichotomies: that between the science of disease and the art of curing the patient; that between diagnosis and therapy; and within clinical settings, that between the doctor

and patient (Souza and Luz, 2009).

By enhancing scientific knowledge about the diseases on which it focuses, modern Western medicine reproduces these dichotomies, but it also allows space for other types of rationalities that legitimize the presence of alternative knowledge in social life. Such knowledge provides an alternative to scientific knowledge in that it involves systems and practices that are not subordinated to the biomedical paradigm; these alternative systems and practices, moreover, are excluded by the hegemonic biomedical system, which has only recently begun to soften its boundaries.

Transformations in the health field reflect the fragmentation of experience, consumerism, individualism, and the aestheticization of postmodern social life. This is where the expansion of various medical, spiritual, and relaxation practices have become integrated to form a health discourse centered on the idea of overall positive well-being, which is defined as an existence that is closer to both nature and an individual's subjectivity. These practices have encroached on what was once the exclusive domain of traditional medicine; they have become increasingly widespread, with 1/5 to 1/2 of Europe's population already using such practices (Fisher and Ward in Saks, 2001). Unlike medical knowledge that is exclusively based on the legitimacy of science, lay knowledge also accepts the authority of experience (Robinson and Cooper, 2007:133).

Alternative lay choices are informed choices based on various sources of information (e.g., doctors and pharmaceuticals, alternative professionals, social networks and electronic databases, and self-help books). As modern societies become more reflexive, individuals are becoming more informed about and critical of specialized knowledge, and as a result, they (in some cases, actively) seek health care alternatives.

### **Nature and culture: the search for a holistic health**

Emancipation from nature has been a fundamental aspect of the modern individual, whose rationality was assumed to be an instrument for distancing him/herself from both the natural world and common sense. The civilizing process that marks modernity is characterized by the denial of man's instinctual life through emerging demands for self-control that regulate social life (Elias, 1990). In this emancipation of individuals from the disorder of nature, reason has assumed the role of the primary guarantor of this process. In health, this emancipatory rationalization is expressed through the dominance of modern medicine, which has invalidated mystical, popular, and religious beliefs about health and disease, normalizing and regulating knowledge and behavior (Foucault, 1976). In recent decades, this paradigm, which is based on a cognitive-instrumental form of rationality, has been increasingly questioned; these criticisms have given rise to alternative perspectives that attempt to link the world of science with the popular knowledge of lay people, incorporating nature, culture, emotion, and reason in a new, emancipatory form of knowledge or common sense (Santos, 2000).

Carvalho and Luz (2009) have identified two models that can describe the divergent development of health practices. First, the classical/modern paradigm values science and biomedicine. It reproduces *"hegemonic conceptions of fragmentary and specialized knowledge of subjects that work with the split nature/culture, object/subject, body/mind"* (p: 317) and favors medical professionals and patients as social actors. Second, and in contrast, the vitalist paradigm values vigor, strength, and beauty, and it emphasizes with the concepts of integrality and vitality by focusing on positive representations of balance and harmony within the 'whole' individual. The porous boundaries between these two paradigms with regard to health practices are indicative of the complexity and connectivity of modern life; the same practice may emerge in both paradigms, although it would assume different meanings.

In the field of alternative health protagonisms, the literature is organized around two complementary axes. The first axis focuses on cultural distancing from modern values such as self-control and rationality, a return to what is characterized as natural and integral, the questioning of traditional forms of authority, and the rejection of 'artificiality' in all forms (Taylor, 1984).

The current popularity of alternative medicine is part of a broader cultural movement that emerged in the 1960s known as the so-called 'new age' cultural trend, which has influenced health practices and promotes a new understanding of the individual as closer to nature and the environment. Such an individual should be capable of and responsible for maintaining his/her optimum physical and mental health. Thus, the demand for alternative medicine is part of a broader social transformation. Relevantly, this new counterculture also includes ecological and environmental movements and feminist movements, and it expresses a sense of detachment from or even rejects some of the dominant characteristics of Western societies, including individualism, the mechanization of the body, artificiality, pollution, and urbanization (Luz, 2005). The ideas of 'holism', 'natural treatment', and 'non-toxicity' are fundamental in the search for and use of alternative medicine (Bishop et al., 2007).

Despite the constraints limiting the empirical investigation of this subject, Siahpush (2000) performed important research to categorize the state of the art of the sociology of alternative medicine. The author summarizes the main reasons for the use of alternative medicine, which include dissatisfaction with orthodox medicine, dissatisfaction with the doctor/patient relationship, satisfaction with relationships with alternative medical therapists, the emergence of new philosophies linked to 'postmodern' values, the heterogeneity of the social networks of users of alternative medicine, and responses to psychological/individual needs.

The second axis involves the incorporation and reproduction of the ideals of consumer culture, including notions of health and well-being that favor activity, connectivity, reflexivity, and agency (Sointu, 2005). The demand for alternative medicine is justified by spiritual beliefs or beliefs about body care that reference popular attitudes about "taking care of yourself". In contrast to these attitudes, in an alternative health framework, health is conceptualized as a human being's natural state, which involves a state of harmony and communion with nature and the environment and creates a sense of well-being characterized by self-comfort. The interdependence of body, mind, time, environment, and nature is emphasized in a view similar to what Luz defines as the paradigm of health utopia, which is a universalist and fragmentary paradigm that situates the classical/modern and vitality paradigms within the context of a health utopia that cultivates individualism (Carvalho and Luz, 2009:322 and 323).

Users of alternative medicine focus on the body as holistic, uniting the body, the mind, and often the spirit. Holistic health refers not only to the physiological health of the body but also to the subjective experiences of agency and even 'empowerment' in an individual's relationship with his/her body at different stages of life (Sointu, 2006). The holistic viewpoint requires health answers that conceive of and treat the body in a gentle, non-invasive, massified, or fragmentary manner. The subjectivity of the individual is embodied in the body, which seeks a contextualized means of treating its mode of being, existing, and feeling. In alternative medicine, bodies are considered capable of capturing and expressing feelings and, thus, of telling stories different from those that can be verbalized or explained in the medical reports used in conventional medicine.

Related to the relationship between nature and culture, the experience of time and temporality emerges as another critical dimension within alternative health protagonisms. Fox (1999) has provided an excellent analysis of temporality in health. Following authors such as Weber and Foucault, who associate rationalization with the history of modern capitalism, he describes the importance of time and temporality in the control of individuals as the "*imposition of culture on a disorganized nature*" (p.10). He regards the modern health system as equivalent to an assembly line where the patient is the raw material and the cured individual is the product.

By taking a critical distance from the healing process, alternative medicine deviates from *monochronic* time, focusing on individuals in their life contexts through *polychronic* time. From the perspective of alternative medicine, the prevalence of *monochronic* time in modernity is seen as detrimental to health because it is linear, absolute, and restrictive (Hellman, *apud* Fox 1999). As such, time, a structuring and defining element of the lives of individuals, is a subjective resource that can constitute an instrument of power.

Space is another dimension that emerges in this problematization of scientific medicine. Foucault (1963) outlines a history of medicine that details the range of social locations and interactions that medicine has historically entailed. For Foucault, medicine was initially located at the patient's "headboard", where the doctor listened to the symptoms reported and established the corresponding diagnosis, but it would later be located in the injury or disease existing in the patient's body. Finally, medicine would become centered in the context of healthcare activities or, more concretely, in the physical and organizational space of the hospital. This progression not only implied a variety of physical locations but also entailed the gradual incorporation of biomedical rationality and its associated power (namely, biopower) into social and collective life.

With the proliferation of alternative medicine, which deemphasizes 'medical efficacy' and instead focuses on 'user satisfaction', the concept of health gained ground, while the concept of disease broadened until it included all areas of existence, including physical, metaphysical, and even virtual life. Consumer products and practices associated with alternative medicine (e.g., massage oils, fragrances, dietary supplements, environmentally friendly cleaning products, relaxation and therapeutic toiletries, and ergonomic pillows) have transformed domestic areas (e.g., the kitchen, bathroom, refrigerator, and bedrooms) by changing the 'geography of health' and 'health consumption' (Doel and Segrott, 2003).

### **Objectivity and subjectivity: a confrontation of rationalities**

By lay rationalities, we mean logical 'practices' that organize thought, drawing on Bourdieu's theory of practice (2002). These practices provide meaning and direction to the experience of phenomena, while the social and cultural order serves as a point of reference. Moreover, these practices emerge along the multiple dimensions on which life unfolds (e.g., the natural, the magical-religious, the sociopolitical, and so on).

Lay knowledge is diametrically opposed to scientific knowledge from the point of view of the construction of symbolic meanings. In the search for neutral and objective certainty, science reduces phenomena to those dimensions that can be controlled, thereby separating contexts and cultural meanings from its analytical field. Lay rationalities consider health and disease as total phenomena (Mauss, 1985) and integrate knowledge from a variety of sources in a holistic approach that contrasts with the biomedical paradigm. Lay health is a subjective form of health that incorporates scientific information, particularly its translation into practice, although it also distances itself from this information by adapting to the contingent and structural realities of the world (Silva, 2008).

The processes of perception, expression, and experience in an individual's relationship with his/her body are fundamentally social and cultural, as they reflect an individual's position in the social structure. Moreover, these processes emerge through socialization, which can determine an individual's interpretation of his/her situation as well as his/her choices and actions (Zola 1966; Silva 2008). Reflexive experience is implied in this process, which uses multiple information sources, including scientific knowledge, that are updated through social interaction. In this way, strategies for promoting health and disease prevention are negotiated and discussed (Lopes, 2007). The courses of action chosen by individuals thus emerge from this lay understanding of health.

Previous research effectively demonstrates that lay knowledge is irreducible to scientific knowledge and its production, particularly from the point of view of the normative regulation of behavior (Silva 2008). Marginalizing other interpretative and therapeutic systems, the hegemonic position of biomedicine is imposed as a point of reference, although it has not eliminated other care systems (Clamote 2006).

The relationship between scientific knowledge (which assumes linear rationality) and lay knowledge (which assumes multiple rationalities) involve the competition for the power of control versus the expression of emotions and cultural subjectivity. Moreover, this relationship is marked by the unequal status conferred to lay knowledge by the established hierarchies of power, which classify it as belief, superstition, or ignorance. Lay knowledge – whether popular or professionalized – has generally tended to exist in a semi-clandestine manner that has contributed to the increased silence on the part of those resorting to it. This issue is particularly relevant in Portuguese society, which is highly stratified and features a strongly corporate medical community.

Alternative lay health care systems, both popular and professional, have gained increased visibility and new audiences at the end of the twentieth century. Lay agencies combine these systems with the biomedical system, despite the more or less open opposition of biomedical institutions. The latter are only slowly relinquishing their power in providing exclusive care, and they use numerous strategies to maintain control. In practice, people either work with medical professionals or alternative practitioners, or they seek out those who have 'gifts and virtues', thus designing multiple strategies through which they can use the various systems in a complementary manner (Carapineiro 2001; Lopes 2010; Alves 2010).

We are therefore interested in considering the multiple and interdependent relationships between these two systems, which in turn create health trajectories, as well as the logic through which meaning is produced within lay knowledge. Plural logics, which admit the existence of several possible relationships between cause and effect, are complex because they simultaneously draw on several dimensions of health and are influenced by the subjectivity that results from the internalization of culture (Silva 2008; Alves 2011). Indeed, the study of lay rationalities is the main instrument used to assess alternative health protagonists.

### **Conclusive synthesis**

A Health is a complex and multidimensional reality that mobilizes multiple points of reference in constructing perceptions, representations, attitudes, and practices in the everyday experiences of individuals. The scientific medical community is not the only one that controls the production of meaning, actions, and interactions in health and disease. All individuals are agents who interpret their social world, reflect on it, and intervene in it. In the health field, social agency has diminished the leading role of the medical community while affirming other alternative approaches to health.

Research on health is challenging because it is difficult to examine private health choices as a research object. Unlike disease or other dimensions of social life that are visible in social structures due to discernable actions and events, individual health exists in a private dimension of social life and is often invisible and silent; it resists verbalization, either because there are no symptoms of illness or because of the range of possible perceptions of happiness and well-being.

Another challenge to the sociological approach to health has to do with the diversity of health experiences, i.e., to the prismatic possibilities of focusing the object. There is no universal definition of health; each of us desires something unique from life and thus requires a specific type of health (Dubos, 1963).

In sociology, few studies have focused on the lay perspective on health, especially from the point of view of the active agency that causes people to consciously consider health as a project. However, the choice of alternative medicine as a means to ensure health, and not merely to combat disease, has not been adequately explored.

In addition, most of the studies on alternative medicine in the international sociological literature (which are mainly Anglo-Saxon in origin) are theoretical. The few studies that have empirically investigated this issue have tended to be descriptive studies of the actions and profiles of users and are often limited to patients with a given disease (Broom and Tovey, 2007; Tovey and Adams, 2003).

The object of this study has been to categorize the alternative lay protagonisms involved in the construction of health insofar as they are influenced by lay rationalities. This study aimed to thus help further our understanding of health as a modern project. Thus, it has emphasized the following issues as the key axes of analysis: a) the new forms of knowledge that are consolidated in the construction of health, b) the subjective relationship that health entails, and c) the production of cultural meaning as the foundation of lay rationalities in health. In this context, alternative health protagonisms work to synthesize value systems, incorporate various cultural provisions that are both structured and structuring (in terms of Bourdieu's *habitus*), and integrate social trends that are marked by their opposition to these alternative values and openness to multiplicity, the latter of which makes it possible to take into account the subjective cultural dimension.

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