

Case Study: Alternative Medicine

For most people who fall ill and adopt Parsons' 'sick role', the normal course of action is to consult a doctor of biomedicine. However, over the last twenty years or so, there has been a resurgence of interest in alternative therapies such as homeopathy, aromatherapy, kinesiology and acupuncture. According to the BCMA (2002), there are now 100,000 practitioners of alternative medicine working in the UK. These forms of health care lie alongside mainstream, clinical medicine and are usually not available through the NHS. This reflects the challenge that they pose to conventional medical knowledge and power: only relative recently did the BMA refer to 'complementary' rather than 'alternative' therapies. Apart from the obvious variation in the technical procedures that are used, practitioners of alternative medicine have a very different set of ideas about how the body works and how patients should be treated, compared to biomedical doctors. The underlying philosophy is one of *holism*: the body is always seen in relation to the mind, spirit and emotions of the person as a whole, and in turn this person is to be understood in the context of their physical and social environments. Consequently, the holistic practitioner recognises the 'client' as a unique individual rather than a passive patient, and works hard to create a warm, supportive atmosphere for the therapy sessions. They spend a relatively long time talking to the client, developing trust and rapport, and believe that they are simply nurturing the person's natural capacity to heal themselves.

For more information, check the website of the British Holistic Medical Association: <http://www.bhma.org> .

Questions:

1. In which ways do you think alternative therapies might pose a challenge to conventional, biomedical knowledge and power?
2. What does the sudden increase in interest in these alternative practices suggest about public attitudes to science and medical authority? (you may want to think about this in relation to the discussion of disenchantment and new religions in Chapter 11).
3. Do you think that access to complementary therapies is equally available to everyone in the population? Which social groups might be excluded from participating in this lifestyle?
4. How does the holistic approach to the client differ from the 'clinical gaze' found in biomedicine? Does this empower the client?
5. Coward (1989) makes a critical interpretation of holistic health care as political rhetoric, claiming that it puts responsibility and blame upon the individual by attributing their illness to moral failures. To what extent would you agree that alternative medicine is simply another form of the disciplinary gaze?