

Out of the Frying Pan and into the Fire? The Alternativization of Women's Health

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Case 1: Irene is a 54-year-old menopausal single mother. She is often embarrassed by the visible signs of her frequent hot flashes. Based on a story in a women's health magazine, and the recommendation of several friends, she starts taking black Cohosh root to treat her symptoms.

Case 2: Claire is a 21-year-old university student. Troubled by low marks and a rocky romantic relationship, Claire seeks help from alternative therapies. She tries extract of St. John's wort, then reflexology, then homeopathy, and finally Qigong (the traditional Chinese art of manipulating the Qi or vital force).

There is a growing literature about the medicalization of women's health.¹⁻³ Medicalization is the tendency in contemporary medicine (and society) to understand normal events as pathological states requiring medical attention. (In women's health, the normal events most often referred to as having been "medicalized" include menstruation, pregnancy, childbirth, and menopause.) The term "medicalization" can be used neutrally — as a shift in focus from the personal or social to the medical or clinical — but more often, it is used to imply the worrisome phenomenon of reducing political, personal, and social issues to medical problems, thereby giving scientific and clinical experts the authority to "solve" them within the boundaries of medical practice. Partly in response to the claim to authority implicit in medicalization, many women, and feminist scholars in particular, are turning their attention to alternative health care. Homeopathy, herbal medicine, reflexology, and therapeutic touch are finding favour among women (and men) who are disenchanted with modern high-tech medicine. The appropriateness of this shift toward alternative therapies can be (and typically is) debated in terms of different evidential standards,⁴⁻⁹ and debates about the "true" goals of health care.

My concern lies not with their relative merits, but with the move toward alternative health care as a reaction to medicalization. In trying to avoid the negative aspects of medicalization (the "frying pan" referred to in the title of this article), women are being subjected instead to the "fire" of "alternativization," a process with its set of questionable underpinnings and its potentially negative consequences. "Alternativization" is the tendency to understand normal events (for example, menstruation, pregnancy, childbirth, menopause) as pathological states requiring intervention by practitioners of alternative therapies. Alternativization gives practitioners of various art-forms — sometimes poorly understood art-forms — control over women's health, and authority to "solve" therapeutically what might otherwise have been seen as political, personal, or social issues. Not all alternative therapies will be equally subject to this worry.

Alternative medicine - like modern biomedicine - may embody a world view and value set that are foreign to the health-related beliefs and values of the women who seek help. There is empirical evidence to suggest that the choice of alternative therapy is affected by such value-laden factors as ethnicity, educational level, age, and membership in a church.¹⁰ Kaptchuk and Eisenberg argue for the significance of the shared culture of alternative medicine in affecting consumer choice: "It may be that independent of...efficacy, the attraction of alternative medicine is related to the power of its underlying shared beliefs and cultural assumptions."¹¹ The values most often associated with alternative medicine include holism, vitalism, valorization of the "natural" over the "artificial," and the importance of patients' understandings of their illness. Consumers are unlikely to seek alternative therapies if they do not share one or

more of the underlying values. Yet given the diversity of alternative therapies, and the haphazard ways in which many consumers acquire information about these therapies and the values on which they are based, it is reasonable to assume that consumers will sometimes opt for alternative therapy based on one associated value (for example, the focus on patients' understandings of their illness) without knowing of — much less endorsing — other associated values (for example, vitalism or the deprecation of scientific evidence). Thus, value divergence between patient and practitioner is as much a worry with regard to alternativization as it is with regard to medicalization.

My second concern is that we must ask whether alternative medicine, like modern biomedicine, requires — rhetoric aside — the substitution of an arcane body of knowledge for women's understandings of their bodies, and constitutes yet another unnecessary attempt to turn normal states and processes into pathologies. Despite its frequent focus on patients' understandings of their bodies and of their illnesses, practitioners of alternative therapies still make claims to indispensable expertise. Proponents of alternative therapies, for example, have claimed that "it is only traditional medicine that can heal conditions whose roots can be traced to social and spiritual disorders" (emphasis added).¹² Alternative medicine, after all, still claims to be "medicine." And practitioners of alternative therapy are held up as "experts" and "trained professionals."¹³ Alternative therapies are also offered as appropriate responses to normal female processes and states such as stress, seasonal affective disorder, insomnia, depression,^{14,15} menopause,^{16,17} pre-menstrual syndrome,¹⁸ menstruation,¹⁹ and infertility.²⁰ The ethos of alternative medicine — including its focus on individuals' understanding of their bodies — may limit the extent to which we worry about this clinical intrusion into otherwise private spheres. But we should remember that clinical intervention "pathologizes," regardless of whether the clinic is a physician's office or an herbalist's foyer.

Finally, and perhaps most worrisome, alternative medicine is becoming a corporate enterprise, and like modern biomedicine, involves an increasing commercialization of normal events in women's lives. In competition with your local herbalist, pharmaceutical companies market herbal remedies, and health-care corporations in the U.S. are seeking to capitalize on the growing "market" for alternative therapies. Total (U.S.) 1997 out-of-pocket expenditures related to alternative therapies has been estimated at \$27 billion.²¹ Health-care organizations are encouraged to "capitalize on the market for" these therapies.²² Practitioners are lured into integrating alternative medicine with their practices.²³ And as Radford notes, "major health care companies that ten years ago wouldn't try to sell unproven...remedies now do so openly."²⁴ If women are turning to "alternative" medicine as a way to avoid the commercialized health care of big biomedicine, they are sometimes not getting what they are paying for.

Some forms of alternative therapies hold the promise of helping women — and people in general — to reclaim ownership over their health. Alternative therapies often involve a more participatory role for the patient than does traditional biomedicine.²² As Iwu and Gbodossou note, "[b]iomedicine has often failed in conditions where behavioural, emotional, or spiritual factors have a dominant role in disease causation."¹² Furthermore, the better forms of alternative therapy can stretch the boundaries of modern biomedicine in useful ways — a few therapies once considered "alternative" therapies (including visualization and acupuncture) have been integrated into the armamentarium of the mainstream medical community. But we should not be blind to the possibility that alternative therapies still represent "technological" interventions. If care is not taken, the "alternativization" implied by some forms of alternative therapies runs the risk of being just as damaging to women, and to the control they exercise over their bodies, as medicalization is said to be. I do not intend this to be a general criticism of alternative therapies. I seek instead to understand the implications of the

substitution of one commercialized expert understanding of women's health and bodies for another.

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Received May 1, 2001

Accepted May 3, 2001

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