

CHRISTOPHER J. FRIES

Ethnocultural Space and the Symbolic Negotiation of Alternative as "Cure"

ABSTRACT/RÉSUMÉ

This paper examines the ideological processes whereby ethnicity is implicated in the growing popularity of alternative medicine in North America. It is argued that while the social theory of Pierre Bourdieu is useful in this regard, in order to better understand this issue, ethnocultural factors are better conceived of, not as 'habitus' linked with the body, but rather as a Bourdieuvian 'field' located within social space where agents vie for symbolic capital and struggle over meanings. The concept of 'hybridity' as associated with postcolonial theorists such as Appadurai (1996) holds promise of complementing Bourdieu's work and thereby moving towards a fuller understanding of this issue. It is demonstrated that in an increasingly transnational world, hybridity becomes a mechanism whereby the habitus encodes novel cultural understandings relative to the ethnocultural field, thereby contributing to ideological reproduction. Examination of the ideological struggle between biomedicine and alternative medicine is used as an illustration of the utility of this reconceptualization of the Bourdieuvian framework and to demonstrate how this allows constitution of ethnicity as a dimension of social space in which cultural meanings, such as 'cure', are symbolically negotiated. In light of the weakening hegemony of biomedicine amid globalization, deterritorialization, and the hybridization of cultures, further research into the social processes and mechanisms whereby ethnocultural factors motivate the use of particular types of alternative medicine is warranted.

Cet article examine les processus idéologiques par lesquels l'ethnicité est impliquée dans la popularité croissante de la médecine alternative en Amérique du nord. Je propose que, tandis que la théorie sociale de Pierre Bourdieu est utile à cet égard, afin de mieux comprendre cette question, des facteurs ethnoculturels sont mieux conçus, non comme 'habitus' liés au corps, mais plutôt comme un 'champ' Bourdieusien situé dans l'espace social et dans lequel des agents luttent pour le capital symbolique et combattent au sujet des significations. Le concept d' 'hybridité' (lié aux théoriciens postcoloniaux tels que Appadurai [1997]) peut être le complément du travail de Bourdieu et mène ainsi à une meilleure compréhension de cette question. Dans un monde de plus en plus transnational, je démontre que l'hybridité devient un mécanisme par lequel l'habitus encode de nouvelles compréhensions culturelles relatives au champ ethnoculturel et contribue ainsi à la reproduction idéologique. J'examine la lutte idéologique entre la biomédecine et la médecine alternative comme illustration de l'utilité de cette reconceptualisation du cadre Bourdieusien et pour démontrer comment ceci permet la constitution de l'ethnicité comme une dimension de l'espace social dans lequel des significations culturelles telles que le 'traitement' sont négociées symboliquement. Avec l'affaiblissement de l'hégémonie de la biomédecine au milieu de la globalisation, la déterritorialisation et l'hybridation des cultures, les recherches sur les processus sociaux et les mécanismes par lesquels les facteurs ethnoculturels motivent l'utilisation des types particuliers de médecine alternative sont justifiées.

Canadian Ethnic Studies/Études ethniques au Canada XXXVII, No. 1, 2005

INTRODUCTION

Initially, sociology presents itself as a social topology. Thus, the social world can be represented as a space (with several dimensions) constructed on the basis of principles of differentiation or distribution constituted by the set of properties active within the social universe in question, i.e., capable of conferring strength, power within that universe, on their holder. Agents and groups of agents are thus defined by their relative positions with that space. (Bourdieu 1985, 723–24)

It is better to die according to the rules than to recover against the rules. (Moliere *L'Amour Medicin* 1665)

Following Pierre Bourdieu's death from cancer on 23 January 2002, sociology as a discipline has been afforded an opportunity to reflect upon the influence the famous French sociologist had on the social sciences in general and on sociology in particular. With concepts such as habitus, field, cultural capital, symbolic violence, doxa, and social space, Bourdieu's work has become central to contemporary understandings of culture and society. As Bourdieu himself points out, much of his work can be understood in terms of an effort to address the subject of ideological reproduction. "I have tried to substitute concepts like 'symbolic domination' or 'symbolic power' or 'symbolic violence' for the concept of ideology in order to try to control some of the uses, or abuses, to which it is subject... Sometimes we must refurbish concepts—first, to be more precise, and second, to make them more alive" (Bourdieu and Eagleton 1992, 112). Yet in the body of his social theory, we find only the beginnings of an answer to what Bourdieu refers to as "the paradox of doxa" (Bourdieu 2001, 1–3).

In this paper I first present a brief discussion of the basic features of Bourdieu's theoretical apparatus, which I characterize as an effort to address ideological reproduction. I argue that while Bourdieu points toward possible solutions of the paradox with concepts of habitus and bodily hexis, the theorist's own efforts to understand reproduction are ultimately unsatisfactory due to the often noted deterministic vision implied by his use of these concepts. Then, using the concept of hybridity as associated with post colonial theorists such as Appadurai (1996), I present a reconceptualization of the Bourdieuvian framework in which ethnocultural factors are better conceived of, not as habitus linked with the body, but rather as a dimension of social space (what Bourdieu calls a field) in which ethnicity serves as a repository of symbolic capital. The utility of this reconceptualization for ethnic studies is demonstrated through examination of the ideological struggle between biomedicine and the "heresy of alternative medicine" (Wolpe 1990; 1994) which focuses on understanding how, in the highly differentiated era of globalization, deterritorialization, and the hybridization of cultures (Papastergiadis 2000), ethnicity becomes a field in which cultural meanings, such as cure, are symbolically negotiated. The paper concludes with a brief consideration of the implications of the proposed reconceptualization of Bourdieu's framework for understanding the growing popularity of alternative

medicine as a symbolic revolution against the doxa nature of biomedical knowledge and suggesting a need for further research into the processes whereby ethnocultural factors motivate the use of particular types of alternative medicine.

BOURDIEU AND THE "PARADOX OF DOXA"

Bourdieu's conception of symbolic violence reminds us that to say ideologies tend to reproduce themselves is to misspeak. It is more accurate to say people tend to reproduce ideologies. And how do they do this? For Bourdieu, the social practice of individuals and groups of individuals is inextricably linked with deeply felt "corporeal dispositions" (1998, 54–55). Through reoccurring patterns of interpersonal relations, people reproduce ideological structures. "The social world doesn't work in terms of consciousness; it works in terms of practices, mechanisms, and so forth. By using doxa we accept many things without knowing them, and that is what is called ideology" (Bourdieu and Eagleton 1992, 113). Bourdieu refers to a "set of basic, deeply interiorized master-patterns" (1971, 192–93) which are the cognitive schemata with which an individual organizes their practice in terms of their beliefs about the nature of social reality. These patterns are constituted by the beliefs, values, attitudes, and attributes that an individual absorbs in the course of their social existence in society. Objective realities become internalized by individuals, find bodily expression, and are thereby reproduced. For Bourdieu, with such symbolic violence, "domination tends to take the form of a more effective, and in this sense more brutal, means of oppression (Bourdieu and Eagleton 1992, 115). Thus, ideology speaks through individuals who are never entirely aware this is happening.

Symbolic violence, then, can be understood as domination based upon the deployment of symbolic capital. In the field of medicine, for example, symbolic violence operates not so much by the doctor speaking "ideologically" to the patient, but by the doctor being perceived as possessing an amount of symbolic capital that the patient needs to acquire (the health of the body depends upon it). "[T]he physician who signs a certificate (of illness, invalidity, etc.) mobilizes a symbolic capital accumulated in and through the whole network of relations of recognition constitutive of the bureaucratic universe" (Bourdieu 1998, 51). Medicine thus contributes to reproducing the dominant social order, not so much by the viewpoints it fosters, but by this mediated distribution of symbolic capital.

Central to Bourdieu's sociology is his conception of habitus, which he uses to describe the unconscious internalization of objective social structures that appear spontaneous and natural, but which are, in fact, socially conditioned and that encode particular cultural meanings. For Bourdieu, habitus is a concept designed to overcome that "most ruinous" of "oppositions that artificially divide social science" – the subjectivist/objectivist dichotomy – through a linking of the macro with the micro (1990b, 25). Yet in such deployments of habitus, as many commentators argue, Bourdieu often appears to be caught up in the rationality of the dichotomy he seeks to overcome (de Certeau 1984; Jenkins 2002, 1993; King 2000).

In Bourdieu's accounts of bodily hexis, the body appears as a sort of physiological template that is "written by" culture and that reciprocally reproduces culture.

Submission to the established order is the product of the agreement between, on the one hand, the cognitive structures inscribed in bodies by both collective history (phylogenesis) and individual history (ontogenesis) and, on the other, the objective structures of the world to which these cognitive structures are applied. (1998, 55)

From this the leap of thought that has led commentators such as de Certeau to criticize the over determination of the prison house of the habitus (1984) seems slight. "The doxic attitude does not mean happiness; it means bodily submission, unconscious submission, which may indicate a lot of internalized tension, a lot of bodily suffering" (Bourdieu and Eagleton 1992, 121). As Swartz (1997) notes, there is vacuity in Bourdieu's theoretical attempts to elucidate these processes. Bourdieu himself seems ambiguous on the mechanisms of reproduction (see, for example, Bourdieu 1977, 95). I agree with Swartz that what is clear is that, for Bourdieu, "[h]abitus is fairly resistant to change" (1997, 107).

Bourdieu was aware of the often expressed criticisms that with habitus, his social theory lapses into determinism (see, for example, 1989, 14). King (2000, 423) offers an apt portrayal of Bourdieu's social theory as comprised of two strands; his "practical theory" and the theorizing of the habitus: "Bourdieu's theoretical pusillanimity, when he fails to take the implications of his 'practical theory' seriously, marks his retreat to objectivism, and the habitus becomes the key vehicle for that retreat." Throughout the body of his work, Bourdieu fails to defend himself from such criticisms beyond offering anything other than the vagaries contained in his many elaborate theoretical explications of the habitus interacting with structures (see, for example, Bourdieu and Wacquant 1992, 40). Yet, with these, the author himself admits to a lack of satisfaction and instead refers his critics to empirical applications of his theory, such as *The State Nobility* (1996). As much as he tries to overcome the subjectivist/objectivist dichotomy with habitus and the bodily hexis, for Bourdieu, the social (culture) remains analytically distinct from the natural (the body).

Bourdieu presents us with a sophisticated, yet deterministic, cycle of causation that runs from culture to the body, and back to culture. "The passions of the dominated habitus, a somatized social relationship, the law of the social body converted into the law of the body, are not of a kind that can be suspended by a simple effort of will, founded on a liberatory awakening of consciousness" (2000, 179–80). Yet objectivism, no matter how sophisticated, is still objectivism. As such, Bourdieu is modernist in his thinking, splitting the social from the natural. Rather than overcoming the subjectivist/objectivist dichotomy, he reproduces it. A central contention of this study is that such an accounting does not seem an apt description of ethnicity and ethnoculture experienced by a global population inhabiting an increasingly deterritorialized world.

BOURDIEU, ETHNICITY, AND HYBRID FIELDS

A conventional reading of Bourdieu with his emphasis on the deployment of symbolic capital for the purposes of symbolic domination leads one to associate ethnicity with habitus (Stone 2003). Bourdieu refers to ethnicity as merely a

theoretical division, along with divisions, such as sex or class, which are viewed by the theorist as “fictitious regroupings existing only on paper, through an intellectual decision of the researcher”(1998, 10–11). Indeed, many researchers have employed the concept of *habitus* to understand ethnicity (see, for example, Bentley 1987 or, 1987 or, for a more recent example, Panagakos 2003). Yet while never a central focus of Bourdieu's own work (Jenkins 2002), it is his somewhat static conception of *habitus* that leads the theorist himself (and researchers drawing upon his concept of *habitus*) to produce accounts of ethnocultural exchange that appear overly bleak and deterministic: “in modern States, at least, the possibility for the dominated to reappropriate something like a culture of their own with the aim of ennobling it is more or less totally ruled out by the effect of the forces of cultural imposition and deculturation” (Bourdieu 2000, 76–77).

Calhoun et al. (1993) note that, as an analytic, *habitus* is more readily applied to undifferentiated societies, wherein domination operates through direct interpersonal relations, than to highly differentiated societies, in which domination emanates from putatively macro locales. The development of Bourdieu's work seems to acknowledge this shortcoming with the theorist's later focus on those “arenas of conflict” which he calls fields (Swartz 1996, 9). The “field of power” (Bourdieu and Wacquant 1992, 114–15) is now characterized by highly differentiated societies themselves characterized by globalization, deterritorialization, and hybridization of cultures (Papastergiadis 2000). Appadurai notes that, within the highly differentiated societies of today, “As group pasts become increasingly parts of museums, exhibits, and collections, both in national and transnational spectacles, culture becomes less what Pierre Bourdieu would have called a *habitus*...and more an arena for conscious choice...” (1996, 44). In the same volume he notes that within the contemporary context of globalization, deterritorialization, and hybridization, *habitus* is not a “glacial force” that is subject to gradual modification and change. Rather, it is fluid and dynamic; continually negotiated and re-negotiated. This is a more satisfactory account of the processes of reproduction because it leaves room for “the miscalculations of objective probabilities that are also a common feature of group and individual aspirations” and “the varying degrees of incongruity between hopes, plans, and chances for different groups” (Swartz 1997, 111). In a globalized and deterritorialized world, ethnic identity can no longer be conceived of as an ascribed status. Rather, it is a negotiated achievement, a form of symbolic capital finding not merely expression, but also reflexive and calculative deployment, in social practice.

Within contemporary society, ethnicity often serves as a repository of symbolic capital which social agents consciously, reflectively, and strategically deploy within their social practice. Pitts' (2000, 444) example of this kind of reflexive deployment of ethnicity in deployments of the body, which have been linked with practices of “ethnic Otherness,” is illustrative and worth quoting at length:

Preceded by a longer history of tattoos in the West, and accompanied by a renaissance in their popularity, the last three decades have seen a rise in the invention, revival, appropriation, and deployment of other body technologies, such as scarification, branding, binding, subdermal implants, and earlobe stretching ...

Modelled after the body rituals of non Western groups, body markings also implicitly and explicitly recirculate images of ethnic Otherness. Scarification, branding, and other body modification technologies are employed, then, as limited practices of agency within normalizing and hegemonic discourse that construct, link, and regulate categories such as sexuality/health/perversion and nation/race/ethnicity.

Such practices highlight the manner in which ethnicity is contemporarily used as a symbolic resource in the negotiation of identity in which individuals consciously and purposefully embark on a process of “taking control over one’s body, of making a gesture against the body natural and the tyranny of habitus formation” (Featherstone 2000, 2). In a globalized, deterritorialized, and hybridized world, habitus can be consciously re-written by strategic deployment of the body. In this context, the body becomes “a plastic resource” (Sweetman 2000, 68) to be deployed in a reflexive manipulation of the habitus which can, in turn, hold promise of intervening in what is all too often conceived of as the macro-structural process of hegemony. Within a Bourdieuvian framework ethnicity, as it is contemporarily experienced, is better conceived of, not merely as habitus deterministically connected with the body, but rather as yet another field alongside other fields in which agents struggle over meanings and vie for symbolic capital; the ethnocultural field. On ethnicity Bourdieu himself rejoins, “One of the dimensions of symbolic capital, in differentiated societies, is ethnic identity which, with names or skin colour, is a *percipi*, a being-perceived, functioning as positive or negative symbolic capital” (1998, 104). Utilizing this reconceptualization of ethnicity as the ethnocultural field, I now turn to an explication of how alternative medicine is exploiting “ethnocultural capital” to challenge the hegemony of biomedicine.

THE ETHNOCULTURAL FIELD AND THE NEGOTIATION OF ALTERNATIVE AS “CURE”

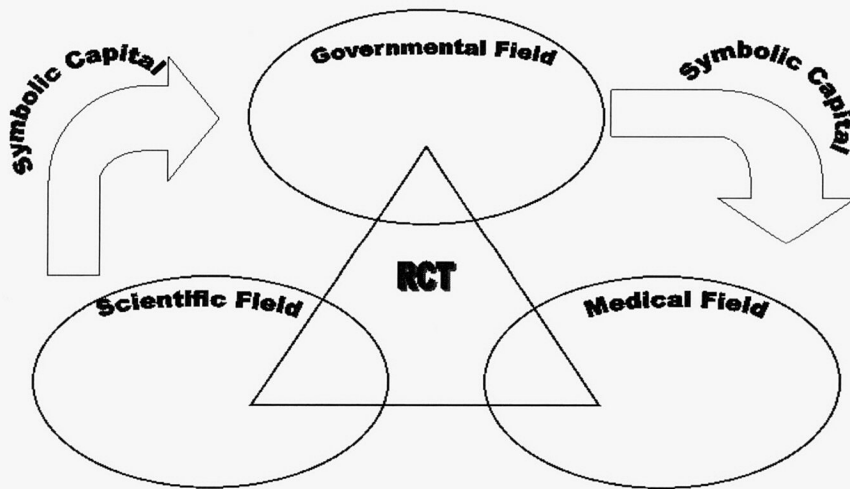
The categories of perception that agents apply to the social world are the product of a prior state of this world. When structures are modified, even slightly, the structural hysteresis of the categories of perception and appreciation gives rise to diverse forms of allodoxia. Classificatory schemata originating in common perception of the former state...lead to representations of present reality that do not account for new realities. (Bourdieu 1996, 219)

Bourdieu presents a model of society based upon a Weberian vision of rationalization in which the social world is seen as a multi-dimensional space increasingly differentiated into separate but interconnected fields or social contexts, each with its own associated type of capital. Bourdieu’s field analytic approach to the study of the social world highlights that a diversity of power relations are played out within overlapping fields, which are themselves the locale of competitive power struggles amongst agents and institutions with varying social interests (Swartz 1997). This approach provides a framework that allows analysis

of conflict between biomedicine and the ideological “heresy” (Wolpe 1990; 1994) represented by alternative medicine within the medical field.

In these power struggles, the state is a crucial source of symbolic capital: “The construction of the state goes hand in hand with the constitution of the field of power understood as the space of play, in which holders of various forms of capital struggle in particular for power over the state, that is, over the statist capital that grants power over the different species of capital and over their reproduction” (Bourdieu and Wacquant 1992, 114–115). On conflict within fields Swartz notes that “established agents tend to pursue conservation strategies, while challengers opt for subversive strategies” (1997, 124). As an established agent, biomedicine has secured its ideological domination of the medical field through co-optation of the state and procurement of considerable state capital (for descriptions of this process, see Baer 1989; Coburn 1993; Moran and Wood 1993). This symbolic domination of the medical field has been achieved by utilizing the Randomized Control Trial (RCT) to symbolically link that field with the scientific field in order to appropriate statist capital of the governmental field (see figure 1). These strategies of symbolic domination have been so successful that they have had the effect of leaving little symbolic capital unappropriated by orthodox medicine in either of the scientific or medical fields. Wolpe notes that “it is almost inconceivable to imagine a successful heretical challenge to biomedicine without a concurrent crisis in science as a whole” (1994, 1133). Yet as Bourdieu notes, “As the field of power becomes differentiated and as, correlatively, the circuits of legitimating exchanges become longer and more complex, so the cost in social energy expended on the labour of legitimation increases, as do the threats of crisis” (2000, 106).

Figure 1
The Scientific Field and Reproduction of Biomedical Hegemony



As a strategy of staving off such crises of legitimation, employing state capital can only ever be a partial success for biomedicine, given that the state in any Western industrial society is much more than just a source of symbolic capital for biomedicine. As Baer (1989, 1103) notes, "the state increasingly has come to act as an arena of class struggle and to assume the role of pacifying social dissent and resolving the contradictions of a capitalist society, including those in the health sector." Because of its role as keeper of the social contract, the state is forced to balance the many competing ideological demands of an ever more complex field of power. Within the complex social forms of contemporary society, the ethnocultural field is one such source of "competing interests" (ibid.). The domination biomedicine has achieved over the medical field "is delegated, rather than absolute" (ibid.). In the greater interests of social cohesion, government increasingly finds itself in a position in which it "periodically must make concessions to alternative health practitioners and their clients" (ibid.).

One subversive strategy (ibid.) left available to alternative medicine is to deploy the significant symbolic capital it has within the ethnocultural field, transforming this capital into statist capital with which to colonize the medical field. This is a potentially effective, counter-hegemonic strategy, given the co-optation of the state by biomedicine. As a new century characterized by globalization, deterritorialization, and hybridization of cultures dawns, "diffuse notions of identity, the deterritorialized links between members of groups, the globalizing patterns of communication, and the hybrid process of cultural transformation" (Papastergiadis 2000, 105) stand poised to once again reconstruct the identity of what it means to be human, and thereby challenge the ideological supremacy of biomedicine. As Berliner notes, "Scientific medicine is under assault from a wide spectrum of alternative healing practices. Some of these pose legitimate threats to the hegemony of scientific medicine, others do not" (1984, 52). Commentators have implicated both a "shift to a postmodern society" (Easthope 1993, 293; see also Siahpush 1998, 1999, 2003) and a rise in consumerism (Fairclough 1992; Sampson 1994) in the growing popularity of alternative practices. And in *Shopping for Identity: The Marketing of Ethnicity* (2000, 5), Marilyn Halter causally links "the evolution of consumer capitalism" to the use of ethnic identity for the expansion of the consumer society. Cultural changes attending the emergence and development of contemporary, consumer society in the West have facilitated the emergence of new identities surrounding health and illness issues. Due to the centrality of ethnicity in the development of these new societal forms, one of the sites at which the effects of this identity construction can be readily evidenced is in the differing symbolic constructions of those therapeutic practices viewed as legitimate, efficacious, or cure. Lyon (1994, 55) notes that "in the contemporary creation of the new consumer lies a crucial clue for understanding postmodernity... What may be fairly obvious in a world of rock videos, theme parks, and shopping malls also seeps into domains once thought somewhat beyond the market, such as science, religion, gender, and ethnicity." In such a context, ethnoculture becomes a variety of symbolic capital.

During the hegemonically imposed therapeutic certainty associated with modernity and the biomedical identity, cure amounted to a cultural arbitrary

(Bourdieu and Passeron 1977, 30–31); it was that which was offered by Wople's "white-robed physicians" (1987, 194) and the symbolic violence of the randomized clinical control trial, the gold standard of efficacy within biomedical science. But, in the new globalized context, therapeutic certainty has given way to symbolic renegotiation. In this context, as Philip Sampson notes, "such a culture of consumption is quite indiscriminating, and everything becomes a consumer item, including meaning, truth, and knowledge" (1994, 31). A person currently facing a health concern must address a bewildering array of therapeutic possibilities.

In a field of power now characterized by globalization, deterritorialization, and hybridization of cultures, the ethnocultural field is a potential source of some of the "outside, previously-established channels" that Degutis (1993, 14) observes alternative practitioners "must mobilize" as they seek to challenge the culturally arbitrary status of what counts as cure, thereby expanding alternative medicine's popularity in the face of the symbolic domination of biomedicine. As Lyon (1994, 60) adds, "from television ads to soap operas, mediated experience is involved in contemporary constructions of the self. The global and the local have never before interacted in such intense ways in routine, daily experience." Alternative medicine is drawing upon the cultural uncertainty attending these cultural shifts to attempt the symbolic construction of novel cultural arbitraries and identities favourable to its colonization of the medical field. Hybridity, in effect, becomes a mechanism whereby the habitus encodes novel cultural understandings relative to the ethnocultural field, thereby contributing to ideological reproduction.

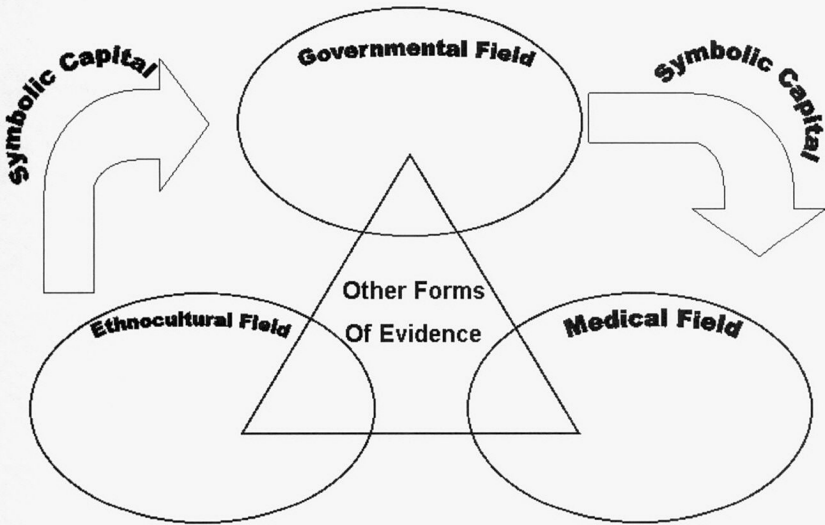
These processes are evidenced by findings of research into people's health care practices. In testing the hypothesis that "[u]sers of alternative health care will be more likely to be part of a cultural group," described by Ray (1997) as "cultural creatives," Astin finds that "those categorized as cultural creatives were significantly more likely to use alternative health care" (1998, 8). In describing the social practices of these cultural creatives, Ray highlights the development of a "Trans Modern world view" associated with the development of a global culture (1997, 56). What is it about alternative medicine that renders the development of ethnoculture such a fruitful resource to exploit in its hegemonic struggle with biomedicine amid a context of the transnational globalization of culture?

Much has been made of the promise of alternative medicine and the holism its supporters contend to be embodied in it (see, for example, Hare 1993), namely, to reconnect us with the forgotten spiritual dimensions of our human condition. For instance, Salmon (1984, 271) notes that "[t]he critique of scientific medicine by these new paradigm builders essentially represents an attack on Western thinking ... In reducing healing to mainly therapeutic regimens to alter the physio-chemical body, due attention has been neglected toward the psychosocial, cultural, ecological, spiritual, and even nutritional aspects of human health." Halter provided a description of "the ethnic revival" in which the symbolic capital embodied in ethnoculture offers a means of anchoring both a sense of self and meaning "amid the vast chaotic landscapes of consumption" characteristic of the transnational, globalized culture of our particular historical moment (2000, 12). In holding out the promise of restoring crucial but lost aspects of our identities to us

and re-constructing cure around them, alternative medicine is able to exploit the symbolic capital of the ethnocultural field for its continued expansion in a consumer society evermore characterized by globalization, deterritorialization, and hybridization of cultures.

For this to occur, alternative medicine has had to achieve a means of linking the ethnocultural field with the governmental field for the purpose of procuring statist capital with which to re-colonize the medical field currently dominated by biomedicine. In effect, agents from alternative medicine need to renegotiate a new symbolic definition of cure with the state. This is no small task, given the reality constructing power entailed in the RCT as deployed by biomedicine to link the medical, scientific, and governmental fields and symbolically define cure. However, there is evidence that this process is underway within Canada (see fig. 2).

Figure 2: The Ethnocultural Field and Negotiation of Alternative as “Cure”



On 20 November 2000, the Health Systems Division of Health Canada convened a seminar in which invited representatives of national alternative and orthodox professional organizations, voluntary health organizations, and organizations providing information on alternative health care to the public met with government officials to discuss “information and informed choice in the use of complementary and alternative health care (CAHC) with respect to practitioners, users, and the health care system” (de Bruyn 2001, V.53). The report of the seminar notes that in discussing evidence upon which alternative health information is based, some participants expressed the view that “categories of evidence should be more flexible” and should include “experiential evidence as well as scientific evidence; evidence gathered within different cultures or paradigms of health (for example, evidence in China regarding traditional Chinese medicine or in India

regarding Ayurvedic medicine); or anecdotal evidence and non-traditional evidence" (ibid, V.57). The strategic introduction of non-traditional evidence, found not within the scientific field, but rather, within the ethnocultural field, as proof of therapeutic efficacy and safety by agents of alternative medicine has, as its purpose, a symbolic renegotiation of just which medical practices are to count as cure. It is a tactic by which ethnocultural capital can be used to procure statist capital and re-colonize the medical field.

IMPLICATIONS AND FUTURE RESEARCH

By exploiting its symbolic ties with the ethnocultural field, alternative medicine has been able to threaten a symbolic revolution against the doxa nature of biomedical knowledge. This process is creating both an aperture in the hegemony of biomedicine and a point at which understanding the rise of alternative medical practice in terms of the ideologically contested nature of medical knowledge and practice can spring forth. Biomedicine has reacted to the heretical threat posed by alternative medicine (Wolpe 1990, 1994) by criticizing alternative medicine for not proving its effectiveness in randomized, double blind trials (see, for example, Beyerstein 1997). Individual success stories are interpreted in terms of a placebo effect or the spontaneous improvement of an illness that coincides with the introduction of alternative medicine (Pantanowitz, 1994). In effect, biomedicine has attempted to reassert its hegemony by falling back on the symbolic capital entailed within science and the RCT to reinforce its symbolic definition of cure. My concern here is not to assess the merits of this hegemonic reassertion, but rather, to point out its implications for health care amid globalization, deterritorialization, and hybridization of cultures. Most people are reluctant to report their experiments with alternative health care to their physicians (Montriabrian 1993). *The Report of the National Council for Public Health in Holland* found that most cases of harm from alternative medicine resulted from lack of communication between the biomedical and alternative medical systems (Menges 1994). Thus the prudent clinical approach is for doctors to show themselves open to dialogue focused not on the effectiveness of what they perceive to be unacceptable health care, but rather on implications for the current treatment of their patients. People who utilize such health care have shown themselves receptive to health care advice, and previous research has demonstrated that Canadian physicians are concerned about the possibility of adverse reactions associated with the concurrent use of alternative medicine and conventional health care treatment by their patients and are supportive of the inclusion of aspects of complementary/ alternative medicine in medical education and training (Verhoef, Best, and Boon 2002). Further research into the social processes and mechanisms whereby ethnocultural factors motivate the use of particular types of alternative medicine is warranted. Such knowledge, in turn, can inform both medical education and policies governing physician behaviour. Specifically, this information promises to improve patient health care by allowing physicians to better understand the role that the ethnicity of their patients plays in motivating the use of alternative medical practices.

ACKNOWLEDGEMENTS

This paper was presented at CESA's Seventeenth Biennial Conference, "Ethnicity: Space and Place," held at Banff, Alberta, October 2–5, 2003. The Howard Palmer Memorial Scholarship Graduate Student Paper Award made it possible for me to attend the conference. I would like to thank the association for awarding me that prize, as well as the two anonymous reviewers from *Canadian Ethnic Studies/Études ethniques au Canada* for their helpful feedback and suggestions.

BIOGRAPHIC NOTE

Christopher J. Fries is an assistant professor in the Department of Sociology at the University of Manitoba and the recipient of a doctoral fellowship from the Social Sciences and Humanities Research Council of Canada. His research interests encompass the sociology of health, ethnicity, and identity studies. His dissertation, entitled *Negotiating 'Cure': Alternative Medical Practices, Ethnicity, and the Struggle for Legitimacy*, examines the relationship of the use of alternative medical practices to aspects of social location such as ethnicity. His work has recently appeared in the *Canadian Journal of Public Health* and *Teaching Sociology*. Chris has presented papers at the Seventh National Metropolis Conference in Montreal, the Canadian Ethnic Studies Seventeenth Biennial Conference in Banff, where he was awarded a 2003 Howard Palmer Scholarship, and the annual meetings of the Canadian Population Society in Winnipeg, 2004.

Email: cfries@shaw.ca

REFERENCES

- Appadurai, Arjun. *Modernity at large: Cultural dimensions of globalization*. Minneapolis: University of Minnesota Press, 1996.
- Astin, John. Why patients use alternative medicine: Results of a national study. *Journal of the American Medical Association* 279, 19 (1998): 1548–60.
- Baer, Hans. The American dominative medical system as a reflection of social relations in the larger society. *Social Science and Medicine* 28 (1989): 1103–12.
- Bentley, G. Carter. Ethnicity and practice. *Comparative Studies in Society and History* 29 (1987): 24–55.
- Beyerstein, Barry. Alternative medicine: Where's the evidence?. *Canadian Journal of Public Health* 88, 3 (1997): 149–50.
- Bourdieu, Pierre. Systems of education and systems of thought. In *Knowledge and control*, ed. M. Young, 189–207. London: Collier-MacMillan, 1971.
- . *Outline of a theory of practice*. Cambridge: Cambridge University Press, 1977.
- . Social space and the genesis of groups. *Theory and Society* 14, 6 (1985): 723–44.
- . Social space and symbolic power. *Sociological Theory* 7, 1 (1989): 14–25.
- . *In other words: Essays towards a reflexive sociology*. Stanford: Stanford University Press, 1990a.
- Bourdieu, Pierre. *The logic of practice*. Cambridge: Polity, 1990b.
- . *The state nobility*. Cambridge: Polity, 1996.

- . *Practical reason*. Stanford: Stanford University Press, 1998.
- . *Pascalian mediations*. Stanford: Stanford University Press, 2000.
- . *Masculine domination*. Stanford: Stanford University Press, 2001.
- Bourdieu, Pierre, and Jean-Claude Passeron. *Reproduction in education, society and culture*. London: Sage, 1977.
- Bourdieu, Pierre, and Terry Eagleton. Doxa and common life: An interview. *New Left Review* 191 (1992): 111–21.
- Bourdieu, Pierre, and Loic Wacquant. *An invitation to reflexive sociology*. Cambridge: Polity, 1992.
- Calhoun, Craig, Edward LiPuma, and Moishe Postone. *Bourdieu: Critical perspectives*. Cambridge: Polity, 1993.
- Coburn, David. State authority, medical dominance, and trends in the regulation of the health professions: The Ontario case. *Social Science and Medicine* 37 (1993): 129–38.
- De Bruyn, Theodore. Invitational seminar on information and informed choice in the use of complementary and alternative health care with respect to practitioners, users, and the health care system—Seminar Report. In *Perspectives on Complementary and Alternative Health Care*, prepared for Health Canada, 2001. Cat. No. H39-572/2001E.
- De Certeau, Michel. *The practice of everyday life*. Berkeley: University of California Press, 1984.
- Degutis, Beth. Healing: Within a multi-layered, multi-dimensional paradigm. Ph.D. diss., University of Michigan, 1993.
- Easthope, Garry. The response of orthodox medicine to the challenge of alternative medicine in Australia. *Australian and New Zealand Journal of Sociology* 29, 1 (1993): 289–301.
- Fairclough, Norman. *Discourse and social change*. Cambridge: Polity, 1992.
- Featherstone, Mike. Body modification: An introduction. In *Body modification*, ed. M. Featherstone, 1–14. London: Sage, 2000.
- Halter, Marilyn. *Shopping for identity: The marketing of ethnicity*. New York: Pantheon, 2000.
- Hare, Martha L. The emergence of an urban U.S. Chinese medicine. *Medical Anthropology Quarterly* 7 (1993): 30–49.
- Jenkins, Richard. Pierre Bourdieu and the reproduction of determinism. *Sociology* 16, 2 (1982): 270–81.
- . *Pierre Bourdieu*. New York: Routledge, 2002.
- King, Anthony. Thinking with Bourdieu against Bourdieu: A “practical” critique of the habitus. *Sociological Theory* 18, 3 (2000): 417–33.
- Lyon, David. *Postmodernity*. Minneapolis: University of Minnesota Press, 1994.
- Menges, Louwrens J. Beyond the Anglophone world. Regular and alternative medicine: The state of affairs in the Netherlands. *Social Science and Medicine* 39 (1994): 871–73.
- Montbriand, Muriel J. Freedom of choice: An issue concerning alternative therapies chosen by patients with cancer. *Oncology Nursing Forum* 20 (1993): 1195–1201.
- Moran, Michael, and Bruce Wood. *States, regulations and the medical profession*. Philadelphia: Open University Press, 1993.

- Panagakos, Anatasia. Downloading new identities: Ethnicity, technology, and media in the global Greek village. *Identities: Global Studies in Culture and Power* 10 (2003): 201–19.
- Pantanowitz, Desmond. *Alternative medicine: A doctor's perspective*. Capetown: Southern, 1994.
- Papastergiadis, Nikos. *The turbulence of migration*. Cambridge: Polity, 2000.
- Pitts, Victoria. Visibly queer: Body techniques and sexual politics. *Sociological Quarterly* 41, 3 (2000): 443–63.
- Ray, Paul H. The emerging culture. *American Demographics*, February 1997.
- Salmon, J. Warren. *Alternative medicines, popular and policy perspectives*. New York: Tavistock, 1984.
- Sampson, Philip. Postmodernity. In *Faith and modernity*, ed. P. Sampson, V. Samuel, and C. Sugden, 29–57. Oxford: Paternoster.
- Siahpush, Mohammad. A critical review of the sociology of alternative medicine. *Health* 4, 2 (1999): 159–78.
- Stone, Tammy. Social identity and ethnic interaction in the Western Pueblos of the American Southwest. *Journal of Archaeological Method and Theory* 10, 1 (2003): 31–67.
- Swartz, David. *Culture and power: The sociology of Pierre Bourdieu*. Chicago: University of Chicago Press, 1997.
- Sweetman, Paul. Anchoring the (postmodern) self: Body modification, fashion and identity. In *Body modification*, ed. M. Featherstone, 51–76. London: Sage, 2000.
- Torrance, George M. Socio-historical overview: The development of the Canadian health system. In *Health and Canadian society: Sociological perspectives*, ed. D. Coburn, C. D'Arcy, and G.M. Torrance, 3–22. Toronto: University of Toronto Press, 1998.
- Verhoef, Marja J., Allan Best, and Heather S. Boon. The role of complementary medicine in medical education: Opinions of medical educators. *Annals* 35 (2002): 166–70.
- Wolpe, Paul R. Shamans of the metropolis: Holistic physicians and cultural movements in modern medicine. Ph.D. diss., Yale University, 1987.
- . The holistic heresy: Strategies of ideological challenge in the medical profession. *Social Sciences and Medicine* 31 (1990): 913–23.
- . The dynamics of heresy in a profession. *Social Science and Medicine* 39 (1994): 1133–48.