

# Remaining Audible to the Self: Women and Holistic Health

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## ABSTRACT

As the hallmark of the alternative health movement, holism is examined in terms of its appeal to the bodily concerns of contemporary North American women. Based on qualitative data collected within two health club settings, women's perspectives on holism are explored and linked to the expansion of health awareness referred to as healthism.

## RÉSUMÉ

Étant la marque du mouvement de la santé alternative, le holisme est étudié pour ce qui est de son intérêt sur les questions sur le corps qu'ont les Nord-américaines contemporaines. Basé sur l'étude qualitative des données recueillies dans le cadre de deux clubs de mise en santé, la perspective des femmes sur le holisme est explorée et reliée au développement de la sensibilisation à la santé qu'on appelle le holisme.

We live in interesting times. Never before have people in Western society lived longer or healthier lives, yet this has produced a growing segment of the population Fitzpatrick refers to as "the worried well" (2000, 1). Particularly prevalent among the younger and more materially advantaged segments of society (Coward 1990; Crellin et al. 1997) this affliction is the consequence of healthism - an increasing preoccupation with individual health coupled with the conviction that the modern Western diet and lifestyle are unhealthy (Edgeley & Brissett 1990; Glassner 1990). Whether an expression of societal angst resulting from the decline of traditional values or simply the need to create danger as things become safer (Bogard 1996), healthism holds a special appeal for women with particular consequences.

Women constitute a unique sort of "worried well." Still primarily judged by their ability to control their own body weight and appearance, their paid and unpaid work continues to involve close contact with the unruly bodies of others. Typically the primary nurturers within families and pair bonds, women also constitute the majority of health care workers in Canada (Coburn et al. 1998). Tending to the manifestly problematic bodies of infants, the elderly, the ill and the dying, women socially and practically manage the bodily chaos of others in the midst of strong social injunctions to control their own bodies through perpetual abstinence and vigilance. Thus the daily activities of many women involve the cultural management of bodies along several social planes. Expected to embody symbolically the values of self-control, order and physical perfection they are simultaneously privy to and responsible for containing the physical frailties of others.

This paper adopts a social phenomenological and symbolic interactionist perspective to consider how

alternative health approaches attempt to solve women's bodily dilemmas through the plural and highly individualizing health ethic of holism. Drawing from qualitative data collected from a group of thirty-six women involved in physical fitness programs, the character of holistic imagery in women's body narratives is examined. This paper argues that holism has a special appeal for women grounded in respect for their roles as caregivers in combination with a profound skepticism of the mainstream health and beauty standards that are associated with female oppression. While alternative health practices commonly refer to acupuncture, yoga, homeopathy, and the like, women's contemporary approaches to exercise and diet regimens increasingly draw from alternative or holistic discourse. Promoting women's right to engage in self-care and an acceptance of a plurality of body sizes and shapes in its redefinition of female beauty, holistic health philosophy at first glance appears to challenge the narrow and punitive versions of health, beauty and fitness promoted by mainstream media and health and beauty industries. Upon closer examination, however, the individualizing ethic of holism coupled with its naturalistic view of women not only perpetuates women's lives as body-directed but substantially expands them under the seemingly benign rubric of holism.

To begin, a discussion of the concepts that inform the theoretical foundation of this paper is provided, followed by a research note explaining the methods used to elicit the body narratives of women presented. The former specifically focuses on social trends and somatic concepts that link the rising popularity of the so-called alternative or holistic health perspective with women's lives as quintessentially body-dominated. Combining mind, body and spirit in its

definition of the human being with the notion of positive health status as indicated by a balance among these three elements, holism is shown to constitute a persuasive expression of healthism well-suited to women's roles and concerns in contemporary Western social contexts. To illustrate this claim empirically, subsequent sections of this paper examine the holistic imagery in the narratives of selected women interwoven with discussion of alternative health philosophy. Finally, the role of holism in the expansion of healthism versus its potential as an avenue for meaningful political critique of the female body is considered.

### ALTERNATIVE HEALTH DISCOURSE AS HEALTHISM

The body's significance as cultural indicator and intimate vehicle for self-transformation now extends broadly to Western culture and can be understood, in part, as a collective response to the widespread human and environmental decay created by industrial capitalism (Turner 1984). North American disenchantment, particularly with the invasive and mechanistic approach of biomedical science, is evidenced by the fitness craze that began in early nineteen eighties and by the increasing popularity of holistic remedies and therapies. The redefinition of health and fitness as one's private concern, the status of which has inextricably linked psychological, physical and spiritual dimensions, creates holistic self-monitoring as the latest North American middle class preoccupation.

Healthism can be seen as the logical consequence of the medicalization process that has characterized Western society beginning in the early nineteenth century (Skrabanek 1994, 85). Arguably a corollary to the rationalization and secularization process noted by Max Weber with the coming of modernity (Turner 1992), medicalization emerged out of the growing authority of biomedical science to speak on and administer to human bodies. As the process through which more and more problematic human behavior is attributed to organic causation, medicalization results in the labeling of such behavior as pathological, regardless of the capacity of biomedicine to treat it effectively or to cure it (Zola 1974).

As a powerful factor behind the contemporary "wellness" movement and the mixture of practices viewed as "New Age" (Sharma 1992, 21), medicalization can be credited for greatly extending the range of human behaviour placed under the rubric of health. Distinctions among the fitness and wellness movement, New Age approaches, and alternative practices are often difficult to draw. Sharma argues, but as an indicator of healthism, these social trends all encourage taking responsibility for maintaining one's

own health. They also focus on searching for self, achieving a balance among mind, body and spirit and a oneness or totality to life in a New Age, drawing from conventional religion, mysticism, paganism, cosmology, spirituality, notions of energy, and other such concepts. One of the hallmarks of alternative care is the concept of holism and despite its ambiguities and the fact that it means different things to different people (Crellin et al. 1997), the term commonly refers to the total care of the body, mind and spirit.

In Canada, the alternative health scene is referred to as a polymorphic social movement that has regional rural-urban and ethnic differences that compound the extreme diversity of its alternative health practices. "*Medecine douce*," the term used in Quebec for alternative practices or practitioners, is best translated as "natural medicine," reflecting the commonly held view that a valuable characteristic of alternative medicine is its avoidance of the synthetic drugs associated with regular medicine (Crellin et al. 1997, 15). While the precise number of users is uncertain, it is reported that one in five Canadians in 1990 were participating in alternative practices (one in seven in Quebec at the same time) and one in three citizens in the US in 1993 (Eisenburg 1993, 328).

It is also commonly claimed that alternative treatments are more popular in urban centers, partly because of immigrant groups. While there is more visibility and a greater variety of ethnic groups in cities such as Toronto and Vancouver, elsewhere, such as rural Alberta, 32.3 percent of adults at least on occasion use alternative practitioners, notably chiropractors (an insured service under their province's health care plan). Mail order and pyramid selling on self-care in rural areas also should not be overlooked, nor the way rural culture may encourage the introduction of alternative medicine practices such as herbs (Verhoef et al. 1994).

The increasing popularity of alternative health attitudes and practices is attributed, in part, to a desire for more personal control in the diagnostic and healing process and to a general disenchantment with the invasive ways and hurried manner of conventional practitioners. The need to spend more time with health practitioners and to be more involved in the medical process reflects the increased expectations of the well-educated (Crellin et al. 1997; Shaw 1994). As well, the alliance of the wellness movement with alternative medical concepts appeals to those who are concerned with the health of the environment. While women's interest in alternative medical treatments is understandable for all of these reasons, it especially attracts those who suffer from chronic conditions and have been disappointed in conventional medical approaches to treat them (Coward 1989; Crellin et al. 1997; Sharma 1992; Verhoef et al. 1994).

Holism also resonates with women's lives as quintessentially body-directed in ways conventional health and beauty practices do not. Lupton (1996), for example, points to the conflation of women's health, beauty and fitness in consumer-oriented culture as a serious problem for women trying to love their bodies in spite of their lack of conformity to the idealised images depicted. Mainstream health promotion campaigns directed toward women typically belie the role of women's bodywork in enforcing the social imperative that women control their body weight and expend considerable effort to look attractive.

Alternative health philosophy, in contrast, confers aesthetic standards for the female body seemingly different from those modelled on technical-medical definitions of physical perfection. As developed by Schneirov and Geczik (1998), the alternative health patient/practitioner works on her body as the artist works on a canvas in order to rediscover a sense of balance and harmony pre-existing in the world. Unlike postmodernist constructions, "the prior model is not a copy of a copy that slides toward infinity" (Glassner 1990, 241) but an original. The alternative health practitioner's task is to recover the body's latent self-perfection through the midwifery of her regimes (Schneirov and Geczik 1998). Because the natural body is outside of history, its perfection (however conceived) can provide a critical standard against which modern eating, dietary, and medical practices can be judged (Coward 1990; Spitzack 1990). If recovered, a natural form of health and beauty provides safety in a technologically-driven world that is understood to be increasingly losing contact with it (Fitzpatrick 2000).

Giddens' (1991) and Beck's (1992) works are particularly useful for this discussion. "Late" or "high" modernity is characteristically described as a period in which the scientific imperative of all knowledge being temporary until proven false is ingrained in each and every person to the point that all of us are not passive actors at the mercy of dominant powers but rather critical evaluators of information and options presented to us. We are also becoming a society in which we no longer evaluate our life chances according to fate or gods but to risk assessment (Beck 1992). This is important because as we critically evaluate risk it reveals the limitations of modern medicine and we grow increasingly more receptive to other forms of medicine (Coward 1990). If we add into the mix the arrival of multi-media, the Internet, etc., the lay population begins to develop the skills of "reskilling" ("the requisition or reappropriation of knowledge and skills") and life politics ("a politic of life styles as it concerns disputes and struggles about how we should live in a world where what used to be fixed by tradition is now subject to human decisions") (Fitzpatrick 2000, 47). Thus, alternative medicine, these authors argue, becomes a

welcome choice amongst the plethora of choices available.

Schneirov and Geczik describe health and beauty in this alternative way of thinking as something recovered, not invented, which results from removing layers of "toxicity" that may come from drugs, improper nutrition, and the stresses of everyday life. A body that is properly balanced and "naturally aligned" is also externally beautiful. The notion of the aesthetic in the alternative health version is therefore the outward expression of a deeper structure of order and balance. Unlike the postmodern aesthetic project where transgression leads to danger and uncertainty, Schneirov and Geczik describe this as a classical project where the goal is grounded in the certainties of nature. Appearing as an aesthetic escape from the grip of power regimes alternative health and beauty feel liberating because these explorations are uniquely created and therefore cannot easily be codified and subjected to bureaucratic supervision (1998).

The appeal of alternative beauty/health for many women is that it constitutes an ongoing project of body - self-building that appears to re-skill or increase individual competence through a hyper-awareness of how the body is reacting. In contrast to conventional notions of beauty, the alternative variant is self-selected, uniquely applied, and thus removed from bureaucratic supervision and narrow definition. Moreover, since the person must "work on herself" with knowledge and skill, the process is analogous to Foucault's (1984) notion of technologies of the self - the paths contemporary subjects choose in their ill-fated attempts to escape from the microphysics of power because they are felt to be liberating.

The term "embodiment," taken from the phenomenological movement in philosophy (Csordas 1992), guides the understanding of the human relationship to the body in its acknowledgement of the complex relationship between human corporeality and consciousness. The body is the locus for sensation, perception, and interaction (Merleau-Ponty 1962; Sartre 1957) and experiences of the world presuppose an embodied consciousness - an apprehension of the fact that we are bodies, we have bodies and that we employ them creatively in social interaction (Turner 1992; Vlahos 1979). Self, power and agency are therefore active forces that must be sought in the active body, the body that lives in time and moves through space (Merleau-Ponty 1962).

Theorizing women's orientation to body-self building is well served by the phenomenological concept of embodiment but also by symbolic interactionist approaches that acknowledge the body-self relationship as gendered. Resting on Mead's (1962) concept of self as continually developing through a social, reflexive process and Young's (1990) emphases

on the dialectical relationship between the body and self and also its gendered dimension, women's body-self transitions through the life course can be subject to analysis. March's (2000) engagement with Young's (1990) notion of the self-body relationship as a dialogue is also central to this undertaking. This is the idea that because our bodies have a material base, we can act toward them as we would toward other objects and a self-body dialogue occurs when the body's physical attributes (its material base) and its symbolic meaning are mutually engaged. The unity between the body and the self is the means whereby each mutually engages the other (March 2000).

## METHODS

Owing to the body-self building focus of this study, a biographical narrative approach to data collection was chosen to examine the telling of the relationship between the body and self at women's various life stages. As a personal-historical account it showed not only how the body was perceived as fitting into the person's life but also how that life affected the body. Further, defining the narrative as "the telling of the significant actions of character over time" (Taylor 2001, 15) it allowed women to tell their stories of a self embodied, drawing from important personal events and concrete knowledge as thinking and feeling beings. Three psycho-social domains guided the individual interview process to elicit themes from the narrative: the participant's diet, exercise and health history, her recollections of the bodily changes associated with puberty and her current motivation for and level of participation in health and beauty practices.

Data were collected during a six-month participant observation study conducted in two fitness clubs located in Nova Scotia, Canada during the summer of 1996 and the winter of 1997. Recruitment was based on a combination of convenience and purposive sampling, i.e., while initial contacts were made at the fitness centers, to obtain a broader range of women with respect to age, levels of commitment to physical fitness and socioeconomic means, the personal contacts of club members were also recruited. The Research Ethics Board at Memorial University of Newfoundland reviewed and approved all aspects of the research project.

While the study did not investigate healthism in alternative medical discourse per se, its investigation of self-perceived identity vis-à-vis current involvement in various fitness pursuits (aerobic fitness classes, weight training, cross training, jogging and power walking) uncovered a preoccupation with holistic health as a dominant theme in women's accounts. Notions of self-perceived identity through the life course also brought to the fore the salience of traditional caregiving

roles within families and in paid work. Coupled with a strong sense of accountability for one's own health, responsibilities for the bodily concerns of others resulted in accounts of women's body - self relationships characterized by a remarkable degree of healthism.

The following discussion of the women's alternative health discourse in practice draws from narratives to illustrate the use of holistic imagery when women talk about their lives and body-related conflicts. In particular, accounts that are exemplars of bodily directed lives are highlighted; especially those of women working in the public health care sector and others coping with chronic disease.

## ACCOUNTS FROM THE "WORRIED WELL"

As advocates of alternative health practices to varying degrees, the women interviewed constitute a unique kind of worried well because they daily confront the physical frailty of others first hand. As the material container of the self, the body symbolises for the vast majority of the women a potential avenue for resistance against external elements in their lives that threaten to throw them off-balance. The pursuit of individual health is reported to offer a real return on the time invested in this respect, and efforts spent pursuing health and fitness also constitute a rare opportunity for women to overtly self-nurture. Claiming time away from the care of others is identified as, in itself, an extremely symbolic step toward self-care for many of the women. It is noteworthy that, regardless of marital status or the responsibility for caring for dependants, all of the women interviewed consider the expectations and demand levels placed on them by paid work and intimates as unrealistically high. Taken further, women's health pursuits simultaneously represent socially acceptable expressions of self-absorption, even narcissistic attention to self, with a sense of having achieved a moral responsibility to do the right thing by caring for their own body so they may continue to care for those of others.

Stress management was voiced as the major motive for exercising and otherwise caring for the body followed by the desire to control body weight and to appear physically attractive. The women reported that they seek to achieve "balance," "harmony" or "integrity" through eating practices, beauty and exercise regimens and the use of herbal supplements. Their multiple roles and caregiving responsibilities make the achievement of holistic integration challenging, and, coupled with social conditions including underemployment and unemployment, translates for many of the women into a strong reliance on the pursuit of holistic health for stability in an otherwise unstable life.

The women's body narratives overwhelmingly confirm the idea that during periods of

psychological-emotional crisis, body practices of vigilance and abstinence are proximate and effective means through which order can be re-imposed from the inside out. Marianne expresses this motivation as: "While all around me is in chaos at least I can look good and feel good in the midst of it." The rhetoric of the wellness movement reinforces the efficacy of individual health practices as important coping mechanisms for women and as a significant and immediate way to change one's life. This reinforces the strong sense of personal satisfaction women report from having imposed personal will against something as immediate as the body.

Among the women employed in health and fitness-related occupations at the time of the study - including nursing, respiratory technology, and fitness instructing - the investment in personal health was identified as a significant way to assuage the ongoing stress of direct contact with the ailing and aging bodies of others. For example, Emily is a twenty-eight year old registered nurse who lives by the credo that "I want to live to be a hundred and die on a ski lift." A nurse in the intensive care unit of a cardiac ward, she is acutely conscious of the deleterious effects of lifestyles involving cigarettes, high fat diets and stress. She credits regular aerobic work-outs, a whole food diet and the practice of "doing stomach crunches in front of the TV instead of eating potato chips" with helping her to keep psychological distance from seriously ill patients and overweight colleagues. Maggie, a fitness instructor at a senior citizens' centre, is similarly confronted on a daily basis with "people who haven't aged well because of their bad habits, like smoking." Aging and ill clients are not so much reminders of her own mortality as of the human penchant to be idle and over-indulgent.

The expansion of individually-focused health awareness as the indicator of healthism has been associated with the more general anxieties and insecurities of late modernity (Bordo 1990; Fitzpatrick 2000; Turner 1984 & 1992), and as the above examples show, women who work in the fields of health and fitness confront the bodily transgressions of many other bodies on a daily basis. In particular, smokers and the conspicuously obese have become convenient pariahs in modern society and are regularly met with explicit social disapproval from others (Edgeley & Brissett 1990; Fitzpatrick 2000). Healthism thus operates not only to monitor an individual's state of health as manifested in the state of their own body but it also provides a sphere in which everyone can be held accountable for their personal behaviours.

Hygiene and cleanliness metaphors were not uncommon in the narratives of women who otherwise deal with illness and disease, typically taking the form of physical exercise as a way to cleanse the mind, body and spirit of contaminants. References to the natural

body archetype (Schneirov and Geczik 1998) also emerged in some women's reports of the benefits of diet and exercise and in the fitness goals they currently hold for their bodies. Ranging from explicit references to others that only hint at holism, the natural body ideal was especially prevalent among women who worked in health care settings. For example, interviewed after aerobics class about the goals she has for her body, Jodi, a thirty-two year old nurse states, "I'm not just looking for gorgeous [anymore], I'm looking for in control. When I do this [aerobics] I feel everything get cleaned out. It makes me feel fresh and full of energy. I think of it as good hygiene for my head and my body."

### ACCOUNTS FROM IMPATIENT PATIENTS

Exercise regimens understandably have a strong association with wellness generally, but in cases where the women themselves were coping with chronic ailments such as diabetes mellitus, heart disease, bone density loss associated with menopause, etc., all such conditions were openly acknowledged as better-managed through the implementation of regular physical exercise and proper nutrition. Interestingly, in almost all cases where women are coping with chronic disease, the holistic connection between the mind and body is underscored. Tending to holistic health is reported to function as a way to control not only physical symptoms, but also the psychological stress associated with the illness, especially the duress surrounding the knowledge that the illness has rendered the body inherently flawed.

While diabetes mellitus, heart disease, and osteoporosis are reported as mostly controllable through the implementation of regular exercise and diet regimes in conjunction with conventional drug therapies, two other reported conditions - depressive disorder and chronic fatigue syndrome - are not so summarily dealt with through biomedical approaches. An examination of these chronic conditions as lived by two of the women interviewed shows how they differ in important respects from the aforementioned illnesses and how the holistic perspective specifically addresses these ambiguities.

The holistic model views the symptomology and proposed aetiology of all illness as including aspects of mind, body and spiritual balance. As a result, illness categories that are currently under biomedical scrutiny and therefore subject to social controversy often tend to come to the attention of alternative health practitioners. Coping on an ongoing basis with disorders that are not easily understood nor successfully treated by the biomedical realm is difficult but owing to the fact that some conditions are highly stigmatized due to their association with the mind, women with these conditions often seek out help from alternative medicine.

Clark is a thirty-two year old woman with chronic depressive disorder that was diagnosed at the age of sixteen. She describes how for some time she saw herself as "defected," "disabled," as "mentally ill" and how these labels were detrimental to her sense of self and her capabilities. Since getting involved in weight training, yoga and Tai chi, and "exploring the mind-body connection," she has come to see the labelling she gets from the biomedical point of view as very Western, as "just one model." She says,

I've now come to see all physical problems as a result of what's going on up there, in part [pointing to her head]. I mean, we are composed of one body...the Western view is very dichotomised; the body and mind are very opposed quite often in that way of thinking. For me and my problem, the physical exercise is all about getting the control back, taking responsibility for my own health, for what I think and what I say. When you've been labelled as depressed, schizophrenic, bipolar or whatever, it can be an escape. The labels can make you feel like you have a rock to hide under, that you're not responsible, but I know you have to get on with it and have a productive life. The thing about doing physical exercise for me is that even if I'm feeling bad emotionally or mentally, I can still feel good physically while that's going on and I think that it eventually impacts on my brain chemistry or something. All I know is that it helps me.

Clark sees the mind-body connection in a way that contrasts with those suffering from strictly bodily-located forms of chronic disease. They locate the cause of the problem in the region from the neck down and use exercise and diet both to delimit the physical symptoms, and secondarily to handle the psychological/emotional stress associated with feeling the body is inherently flawed and out of control. In contrast, Clark works the body to distract the mind from the symptoms located primarily in the mind and to bring about what she believes are chemical changes to the brain, the identified source and primary site of the disorder.

In contrast, Charmaine, a forty-two year old woman with chronic fatigue syndrome, shares the belief in the direct connection between the mind and body, and more specifically the idea that disturbance in the mind is responsible for distress felt in the body. Having accessed and reflected on an impressive body of literature on the subject of her condition, she has sought out and sampled a variety of therapies from both biomedicine and alternative medicine in an attempt to

get well. Now in the fifth year of the disease, she has much to say on the subject of chronic fatigue syndrome and the contrasting approaches of Western biomedicine and the alternative medical model:

I've always tried to intellectualise this illness I'm experiencing. The only difference is that you can't remove yourself from it in quite the same way as you can intellectualise other things...I mean, it's always there every day, that ill body. At the same time, I can intellectualise the way other people deal with it...the way they respond...what they say to me, their misconceptions, and the attitudes of health care workers. I can see different sides of it; from a feeling state, both emotional and physical and from the intellectual side. It's very interesting because of its mind/body components. Massage therapists are very holistic in their approach for example, in the sense of attending to your emotional and spiritual state as best they can. They can't counsel you regarding your emotional health but will often refer you to someone...they've all seemed very attentive to the need to address that, the relationship between the mind and the body...they view healing in a much broader sense than regular practitioners...to alternative health providers, illness is also of the mind, the spirit and emotions.

Unlike conventional biomedical practice, the alternative approach has broad appeal because it is attentive to the diversity of women's meanings and needs. Because it demands engagement in the form of learning, intuiting, and taking responsibility, it clearly sees each woman as an individual rather than a problem case. Treatment consequently does not involve a loss of self or relegation of the self to an object but rather a sense of heightened individuality owing to the high level of engagement demanded on the part of the client. Whether a member of the young and healthy "worried well" or part of the aging Baby Boomer cohort suffering from chronic disease, work on the mind, body and spirit embellishes rather than detracts from one's sense of individuality.

## CONCLUSION

According to Merleau-Ponty (1962) the body-subject's primary relation to the environment consists of practical competence. In short, for humans there is a primacy of practical over theoretical or abstract ways of being-in-the-world (Crawford 1980). Holistic health philosophy translated into practice offers

women ways to self-nurture, as well as methods of preventive medicine in the form of habits that highlight the individual's action of assuming responsibility for her own health. For women coping with chronic disease, holism is identified as the vehicle through which the flawed body can be temporarily restored to able status and the sufferer can assuage the physical and psychological stress of living with imperfection and chronic pain. Such women voice a general lack of faith in biomedicine, and the holistic approach constitutes a welcome, multidimensional set of actions taken on by the individual to manage one's own condition. Further, the more profound and confounding the experience of chronic disability, the more inadequate the conventional biomedical approach to treating the psychological duress of the sufferer seems to be.

The imagery in the body narratives of the women interviewed promotes a concept of the female body in which nurturing tendencies are turned onto oneself (mothering self, caring for self). As a female-centred variant of possessive individualism, this seems to reinforce the efficacy of self-love coupled with social responsibility. Alternative approaches also support naturalistic notions of femaleness where various female body sizes and shapes can be promoted as acceptable and attractive without explicitly critiquing narrowly defined beauty/fitness standards (a hard body is a healthy body). It rests on and embellishes women's traditional association with reproduction and caregiving, thereby updating the nurturer role and wedding it to women's daily practices of bodily self-surveillance recast as self-mothering.

While holistic health perspectives may offer women a way to reconcile their roles as caregivers to others with concern for their physical appearance and their own wellbeing, it does so within a non-critical paradigm that only further essentializes women. As many other commentators have noted however, (Coward 1990; Edgeley & Brissett 1990; Sontag 1989) the character of the alternative health movement is one of narcissistic self-absorption that reflects the anxieties of an increasingly atomized society. Cultural distress provides the ideal conditions for health scares and for the promotion of virtuous life-styles (Sontag 1989). The fact that health promotion initiatives tend to be taken up

more readily by the more materially-advantaged in society means that the advance of this agenda is likely to intensify social fragmentation rather than help to overcome it (Coward 1990; Fitzpatrick 2000). As echoed by Coward (1990), alternative philosophy of the body taken to the extreme forecloses even the possibility of collective action. One becomes concerned with such things as having access to clean air - not clean air for all, but rather an air purification system for one's own living space; not humane working conditions as the societal standard, but upper mobility for the individual through its healthy, strong working body.

Once health is linked with virtue, the regulation of lifestyle in the name of health becomes a mechanism for deterring vice and for disciplining society as a whole (Edgeley & Brissett 1990; Fitzpatrick 2000). Under healthism, says Fitzpatrick, people no longer confess their sins to a priest in private. The state of their bodies provides public testimony to their conformity with the "new moral code of healthy living, a code which is in many ways more authoritarian and intrusive than the religious framework it has replaced" (70). Injunctions against certain activities - "thou shalt not" - are a feature of both codes, but figure even more prominently in the morality of health promotion. Fitzpatrick points out that whereas Judeo-Christian doctrine emphasized the conduct of individuals as members of a society, the healthy lifestyle commandments have a highly individualistic focus.

Women are not "cultural dopes" (Garfinkel 1967) whose actions are "caused" in a mechanical way by an external force. They are embodied social agents who are communicative, practical and intelligent beings, drawing upon a common habitus (Shilling 1993). The practical freedom at the personal level that the holistic health perspective seems to afford, however, in the end reveals itself as nothing more than an expansion of healthism. It does little to change or challenge the pre-existing macro-social conditions that shape all of the action that is possible.

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