

David J. Hess

Department of Sociology Vanderbilt University

Notes on the Relations between CAM and the Social Sciences

Hans Baer and colleagues (this issue) argue that critical medical anthropology (CMA) can help naturopathy to develop a more holistic concept of health that includes the role of environmental and social structural factors. On the basis of the reactions of three naturopaths who were his students in Australia and the reception to talks that he gave at naturopathic colleges in the United States, he suggests that naturopaths and other practitioners of complementary and alternative medicine (CAM) may be open to the proposition of a CMA–CAM synthesis.

Although I am sympathetic to the general proposition that much is to be gained from a dialogue between social scientists and CAM researchers and professionals, I suggest three cautions about the specific proposition that a CMA–CAM synthesis has long-term potential. The first caution comes from personal experience that draws attention to some of the divisions within CAM fields. I was once invited by a prominent member of the chiropractic research community to present my research at a leading conference on chiropractic research, which included reports by the top researchers on their clinical trials research and other forms of evidence-based research. My work on the history of intellectual suppression for medical researchers who operated outside the mainstream of cancer research and therapy was invited to be part of a plenary session on bias in medicine. The session also included discussions of chiropractic researchers who had experienced hostile reviews and a broader discussion of the industrial connections of researchers and editors at leading medical journals. Notwithstanding the prominence of my host in the chiropractic research community and the importance of bias against chiropractic research in mainstream medical journals, the topic of our session became controversial. Some of the chiropractic researchers who were gaining a position in the clinical trials research funding system and winning acceptance for their work as a complementary modality were concerned with the potential negative implications that a critical analysis of bias in clinical trials research and journal publications would have on their inroads into mainstream medical research. They also were concerned that discussions of publication bias and intellectual suppression would fuel antiresearch sentiment among rank-and-file practitioners. As a result, the session was pushed off the program and offered as a rump session for those who wished to stay after the conference ended. The example suggests that when discussing issues of the integration of social science research into CAM fields, attention must be paid to divisions within the CAM fields. As medical integration proceeds, the

MEDICAL ANTHROPOLOGY QUARTERLY, Vol. 26, Issue 2, pp. 283–286, ISSN 0745-5194, online ISSN 1548-1387. © 2012 by the American Anthropological Association. All rights reserved. DOI: 10.1111/j.1548-1387.2012.01208.x

dominant research networks of the CAM community may find critical perspectives, especially those perceived to be critical of mainstream biomedicine, to be threatening.

The example may also be used to draw attention to the reciprocal issue of divisions within the medical sociology and anthropology research fields, and here I discuss my second caution about a possible CMA–CAM synthesis. CMA offers intellectual resources to CAM that are, at least to some degree, shared with various other theoretical frameworks or schools of medical anthropology and sociology. For example, the critique of the individualist assumptions that naturopathy shares with mainstream biomedicine is found in a wide range of cultural analyses of modern society, including some of modern medicine. Likewise, attention to inequality and social structure as factors in disease causation is shared by a wide range of social-science theories and methods. Much of what Baer and colleagues argue that CMA has to offer CAM is not necessarily unique to CMA. Although CMA may have a “first-mover” advantage for partnerships with CAM, it may lose that advantage over time when and if competition from more mainstream approaches within medical anthropology and medical sociology emerge.

As a research program, CMA is different from other approaches in medical anthropology because it foregrounds class conflict and corporate power, and it adopts an explicitly normative stance in favor of a “global democratic ecosocialist order,” to use Baer and colleagues’ phrase. Although in my experience many anthropologists would agree that class, inequality, and corporate power are important for understanding health disparities as expressions of broader social inequality, and many would also agree that greater public ownership (incl. for health insurance) would represent a generally positive policy shift, at least in the United States, there is less interest in general in the focus on class conflict, corporate power, and a socialist normative stance. In this sense, CMA is not a dominant theoretical framework in medical anthropology.

Analyzing what does constitute a dominant position in the medical anthropology field is not an easy matter. One might argue that the field structure in anthropology is anomic in the sense that few people read much outside their narrow areas of topical research. However, if one were to explore some of the metrics of field position—number of publications associated with a research program, prizes, citations, and institutional position of the researchers—a case could probably be made that the field structure in medical anthropology is at least somewhat hierarchical and that CMA occupies a relatively marginalized or subordinate position in the field. Candidates for dominant network position run probably along a spectrum from an interpretivist–semiotic pole to a feminist–Foucauldian pole.

I can only suggest here a possible topic for more research and leave it as undone social science, but if one were to accept the proposition, at least for the sake of argument, that CMA represents a relatively marginal position within medical anthropology, then a fully sociological or anthropological analysis of CMA would include asking why it is marginalized. Those positioned in the more prominent or mainstream frameworks in medical anthropology could argue that the reason for their relative success is that their frameworks are in some way intellectually or methodologically superior to “clunky” Marxist or critical analyses, but such explanations have long been suspect in the sociology of scientific knowledge.

Instead, one would look for a more symmetrical explanation that begins with the subordinate position of anthropology and sociology in the social sciences (e.g., with respect to economics, the most prestigious of the social science fields and the most successful at marginalizing heterodox perspectives) and also the subordinate position of the medical social sciences in the broader biomedical research field.

From this field sociological perspective, the rather direct confrontation of industrial power that one finds in CMA is likely to draw skepticism and even suppressive responses from three types of powerful extrafield positions: social scientists in more prestigious fields such as economics and political science, in which antisocialist sentiment is more closely monitored and more severely marginalized than in sociology and anthropology; social scientists in medical sociology and medical anthropology who see CMA as potentially disruptive to their extrafield alliances with medical scientists and public health researchers; and scientists in mainstream medical fields who do not share the socialist vision of CMA. As a result, there is a broader institutional pressure that would tend to marginalize CMA within the medical social sciences and to favor the development of less direct explorations of power, especially approaches that are accompanied by self-censoring on normative or policy issues. Approaches within medical anthropology and sociology that are less overtly critical of the linkages between biomedicine and capitalism, less directly focused on class conflict, and less overtly normative about the need for a socialist transition are likely to float to the top of the field. In other words, a complete analysis of the long-term potential of the proposed CMA-CAM synthesis requires a reflexive appreciation of the institutional conditions of the marginalized position of CMA within the medical social sciences. Although research fields such as medical anthropology have a degree of autonomy in which the dominant networks can claim to occupy their position due to the “force of arguments,” and likewise they can claim that subordinate networks are properly marginalized due to conceptual and empirical shortcomings, one should be careful about the exercise of symbolic violence that may appear in the justifications that emerge for the marginal position of CMA. Instead, a complete analysis of the position of CMA must also take into account the interfield relations between the medical social sciences and the medical sciences, and with them the potential for the “arguments of force” to provide insight into the marginalizing practices of an apparently autonomous social science field (Bourdieu 2000).

If one accepts the plausibility of this line of analysis, then one can end with a third caution: that as CAM researchers become more aware of the divisions within and among the social science research fields, the dominant networks of the CAM field may tend to find elective affinities with the dominant networks of the medical anthropology and sociology fields. The less radical dominant networks of the social sciences can offer the holism of social structural analysis without the intellectual baggage associated with CMA, including its normative statements about the need to replace capitalism with socialism. My diagnosis is not a normative statement about how the world should be; I am sympathetic to Baer and colleagues’ vision of a holistic social science that includes a greater balance between institutional and cultural analysis, a role for the social scientist who engages in normative inquiry, and policy analyses that reopen the issue of public ownership. Rather,

my diagnosis represents the somewhat distanced view from afar of an analysis of the politics of interfield relations and the long-term potential for a CMA–CAM synthesis.

Reference Cited

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2000 *Pascalian Meditations*. Stanford: Stanford University Press.