



Saúde e Sociedade

ISSN: 0104-1290

saudesoc@usp.br

Universidade de São Paulo

Brasil

Eglen, Elisabeth

Alternative medicine in Paris and Rio de Janeiro: a study on transformative health
experiences

Saúde e Sociedade, vol. 23, núm. 2, abril-junio, 2014, pp. 404-417

Universidade de São Paulo

São Paulo, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=406263654006>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org



Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative

Alternative medicine in Paris and Rio de Janeiro: a study on transformative health experiences

Medicinas alternativas em Paris e no Rio de Janeiro: um estudo sobre as experiências transformadoras de saúde

Elisabeth Eglem

PhD in Business Sciences. Lecturer at Le Havre University.

Address: 89 rue Pelleport, 75020, Paris, France.

E-mail: elisabeth.eglem@gmail.com

Abstract

The purpose of this paper is to explore the practice of alternative medicine as an experience capable of modifying the very perception of the body and body feeling, based in a two-field research in France (Paris) and Brazil (Rio de Janeiro). In this research, the resort to alternative medicines was considered as urban practice and a possible response to emotional needs, beyond the curative specificities of these medicines. The two countries were chosen for their supposed complementarity concerning the perception of spirituality and therefore, the perception of holistic health concepts. The study relies on an inductive approach and a qualitative methodology: introspective interviews with consumers and professionals, as well as participant observations. After a review of the theoretical aspects on the subject – concepts related to health, alternative medicine, transformative experience –, empirical results are presented. They show that the experience of alternative medicine tends to modify body perception, understood as how individuals define their own body. It also tends to modify body internal feeling, literally how people feel their body. The second conclusion that can be drawn from our study is that, beyond cultural specificities, some similarities appear in the way the practice of alternative medicine impacts on body perception and individual values. In that sense, alternative medicine practices in big urban centers appear to be related to a global consumer culture. However, alternative health behaviors rely on a subjective quest of sense which can be expressed through a variety of practices related to better health, not necessarily involving consumption.

Keywords: Complementary Therapies; Holistic Health; Consumer Behavior; Qualitative Analysis.

Resumo

Este artigo tem por objetivo estudar as práticas de terapias complementares (também chamadas de medicinas alternativas) vistas como experiências que modificam a percepção do próprio corpo e a forma de senti-lo. Nesta pesquisa, conduzida na França (Paris) e no Brasil (Rio de Janeiro), o recurso às terapias complementares foi considerado como prática urbana e resposta potencial às necessidades emocionais, além das especificidades dessas terapias no que tange à cura. Os dois países foram escolhidos pela sua suposta complementaridade a respeito da percepção da espiritualidade e, portanto, dos conceitos da saúde holística. O estudo está caracterizado por uma postura indutiva e uma metodologia qualitativa: entrevistas introspectivas com pacientes e profissionais, bem como observações participantes em consultas e em uma conferência. Após revisão de alguns aspectos teóricos do assunto – conceitos relacionados à saúde, a terapias complementares e experiências transformadoras –, os resultados empíricos são apresentados. Primeiro, eles mostram que a experiência de consumo das terapias complementares tende a modificar a percepção interna do próprio corpo, ou melhor, como a pessoa sente o seu corpo. Segundo, além das especificidades culturais, similaridades se destacam no impacto do consumo de terapias complementares sobre a percepção do corpo e sobre os valores individuais. Nesse sentido, o consumo de terapias complementares em grandes cidades do mundo apresenta características de uma cultura de consumo global. Entretanto, terapias alternativas também têm a ver com uma busca subjetiva de sentido manifestada por uma variedade de práticas relacionadas à saúde, o que não necessariamente envolve o consumo.

Palavras-chave: Terapias Complementares; Saúde Holística; Comportamento do Consumidor; Análise Qualitativa.

Introduction

This paper investigates the resort to alternative medicine as a health practice that transforms body perception and body feeling, according to the conception of holistic health (Thompson and Troester, 2002). Through a multi-field research (Belk et al., 2005) the objective was to study the individual practices of alternative medicine in two complementary contexts: Brazil, characterized by a certain banalization of the spiritual discourse which renders easier, to a certain extent, the access to holistic health, and France, explicitly more distant to these representations but implicitly receptive to them, as shows the development of the market of alternative practices. The objective of incorporating two contexts was to get a more meaningful and complete idea of the practice of alternative medicine in the frame of holistic health.

Holistic health is expanding the field of what can be considered as health behaviors. Thus, individuals follow a logic of “bricolage” of both contemporary and traditional practices (Levi-Strauss, 1962; Laplantine, 1999; Nogueira et al., 2007), resorting to practices related to health, well-being or spirituality, in a global quest for a better quality of life. The common point between the various health care methods found throughout this research is probably the focus of patients in the individuality of his body and mind.

Consequently, the experience of alternative medicine leads to a transformation of body perception (how does the patient define his body?) and of body feeling (how does the body feel?). Resorting to alternative medicine appears as a source of experiences leading to a more or less profound transformation of body perception and body feeling, and of the health and world vision (Astin, 1998). Beyond this, alternative medicine consumption is anchored in different, local cultural backgrounds which are likely to impact in body perception, even if the medicine concerned is quite the same in both fieldworks.

This study uses a qualitative methodology to explore some complementary therapies as practices that transform patient's body perception and body feeling, in two complementary fieldworks. The paper starts with a review of theoretical concepts on health, alternative medicine and experience. Secondly, the methodology is explained. Thirdly, an analysis of the main field data followed by conclusions is presented.

Taking care of one's health: a multi-sided concept

The many conceptions of health

The concept of health implies several visions of how to maintain the integrity of the individual and his organism (Tesser and Luz, 2008). Health can be considered as the result of interactions between the individual's perceptions and those of others, mainly professionals and the media. All these perceptions make up a certain vision of health which appears as dominant in a given society, at a given time (Calnan, 1987). Other conceptions focus on health as the primary condition to human bliss, stressing the search for hedonism in everyday life (D'Houtaud and Field, 1989). This vision also corresponds to an individual quest of well-being and dynamism, justifying consumptions that reinforce health (Featherstone, 1991). With the expansion of dedicated products and services, health becomes part of a chosen life style (Giddens, 1991), and strategies for treating one's own body as an object subjected to care and well-being are a way to create and maintain one's identity (Nettleton and Gustafsson, 2002; Azevedo, 2005).

The holistic vision of health focuses on the link between body and spirit. Therefore, it relies on a global conception of well-being associating physical, psychical, emotional, spiritual and environmental aspects (Perls, 2003). The concept of holistic health implies a plurality of references, beliefs, consumption behaviors, practices and experiences. Practices to be included in the field of holistic health belong to several areas: medicine (both conventional and alternative), food, spirituality (Rossi, 2002).

Definitions and explanation factors of alternative medicines

Alternative medicine is understood as a set of curing resources including health systems, modalities, practices, theories and beliefs different from the dominant health paradigm in a given society at a given time (Pal, 2002). This medicine is defined as "alternative" and therefore "other, different", in a context characterized by the domination of conventional medicine as the official source of health care and cure. It is also qualified as "holistic", since it involves practices that are related to various dimen-

sions of care (physical, psychological, spiritual), are part of a health system and give an important role to daily life environment (Spence and Ribeaux, 2004). Acupuncture, for example, is part of the Chinese health care universe, made of a complex philosophy of nutrition, the use of plants, a cosmology, etc. The relation to complementary therapies was studied from various angles: "push" and "pull" factor explaining patients motivations (Furnham, 1996); consumer philosophical values (Astin, 1998); quest for relaxation and well-being related to a hedonic consumption of health (Mak et al., 2009); sensitivity to syncretic mystical references (Garrett et al., 2011).

Definitions of experience and experiential consumption

The characteristic of experience is to submerge the subject in a particular state which absorbs him. Csikszentmihalyi (1990) describes optimal experience as the engagement in an activity giving immediate retroaction and demanding total concentration of the subject. It appears as an intense moment, which takes the individual out of other preoccupations and put him in a state of profound satisfaction. In marketing, the concept of immersion is related to an intense moment experienced by consumer and resulting from a partial or complete process of individual appropriation and to the extent to which the individual is more or less active in the experience process (Carù and Cova, 2006). The study of experience can be focused on its physical environment, described as a specific and dedicated place (Ferreira-Freitas, 1996; Bardhi and Arnould, 2005), in a particular social environment, collective (Kozinets, 2001; Schouten et al., 2007) or solitary (Sirieix and Filser, 2003).

Understanding the transformative nature of experiences

The practices targeting transformation can be considered in a more or less abstract or concrete way and complete each other. On a more abstract level, spiritual practices aim at transforming the individual and can be defined as "transformative of the self" (Camus and Poulain, 2008). Concretely, the sympathetic magic process of food incorporation and contagion (Rozin, 1994) defines the

constant transformation linked to eating, in its purifying (Rozin and Nemeroff, 2002) or fortifying aspects (Ohnuki-Tierney, 2008). Likewise, the body is the target of multiple transformation practices: through intensive sport practices (Azevedo, 2005), bodybuilding or ingestion of products reducing or increasing its volume (MacNevin, 2003), plastic surgery (Bernuzzi de Sant'Anna, 2008) or tattoo (Mendes de Almeida, 2006). Finally, consumption of various products and services were interpreted as transformative experiences (Arnould and Price, 1993; Kleine III et al., 2009). As a global system combining physical, psychological and spiritual aspects of health, alternative medicine tends to transform patient's vision of the world. This transformation can be more or less profound, be limited to a specific domain or lead to a general evolution of the way of life, for example, eating behavior, relaxation practices, new interest for New Age spiritual trends, etc.

This paper focuses on the experience of alternative medicine practices as a transformation of body perception and body feeling factor. The transformation of body perception and body feeling is indeed an important determinant of patient's adhesion to a particular type of alternative medicine. Therefore, to study the characteristics of this transformation can lead to a better understanding of individual behaviors in the current healthcare context, characterized by a diversity of health methods. We intend this research to have a positive impact on the comprehension of patients' motivations for seeking alternative medicines, and on the understanding of individual representations of health. Finally, we hope that this research can lead to increased consideration of patient's expectations in relation to health offerings and management (Tesser and Barros, 2008).

Methodology

A "framed" interpretation of the inductive approach

The inductive approach implies, to start with the study of a particular case before taking some distance to this case to let theoretical elements emerge (Thiétart, 2003; Badot, 2005). Also, according to "grounded theory", the building of theory is based on data coming from the field (Glaser and Strauss, 1967;

Pettigrew, 2000). Priority given to ethnographic immersion and information feedback from the field (Mariampolski, 2006; Trad, 2012) to theory construction can be combined with previous knowledge on the subject as "theoretical orientation" (Dumez, 2004). The association of consumer interviews, professional interviews and participant observations result in complementary data and point of views, according to the logics of triangulation (Hudson and Ozanne, 1988; Arnould and Wallendorf, 1994) and therefore in a richer fieldwork.

Healthcare and prevention practices have been growing in France and consumers have become more aware of the presence or absence of product attributes related to health (Euromonitor, 2013a). Besides, the use of alternative medicine has increased, and practices such as astrology and card-reading have a quite important public (Camus, 2002; Schmitz, 2006) even if these practices tend to be criticized, considered misleading or simply not serious. Finally, Paris enjoys a wide network of organic shops and therapists.

In Brazil, health preoccupation has become a growing trend (Euromonitor, 2013b). For example, the consumption of products linked to prevention strategies has increased as well as the consumption of light and diet products, as part of a widespread trend towards more self-care, well-being and better appearance. The awareness of the risk of related to food and nutrition is bigger, as well as the quest for a better quality of life (Euromonitor, 2014b). Supermarkets and restaurants invested in health products: functional food, organic and diet products (Euromonitor, 2014a). Martins (2003) describes a "dehumanization" of modern medicine which entices patients to turn to alternative health-care solutions, able to give more importance to patient's feelings and more positive representations of health, body and healing process. Finally, many natural shops (for example, the Mundo Verde network, particularly visible in Rio de Janeiro) sell products associated to health and appearance such as organic, light and diet products and food complements, as well as esoteric products. As a big city with a strong alternative culture, Rio de Janeiro seemed to be a good field for this research.

Methodology of patient interviews

60 respondents were interviewed. They were met directly in organic shops or through other contacts considered as “key-contacts” to meet other respondents (Foote Whyte, 2002). Patients interviews had duration of 1h30 on average, were semi-structured, and relied on a thematic interview guide (Evrard et al., 1993). The choice was made to interview only women, for several reasons. First, alternative health practices are still more widespread among women (Rodrigues-Neto et al., 2009; TNS, 2011). In the household, the wife is generally in charge of the health of her family (Saillant, 1999). Finally, the fact that the researcher is a woman seemed to make contact with other women easier, and helped to create a friendly relation for the interview (Colic-Peisker, 2004; Kurotani, 2004). All interviews (patients and professionals) were recorded with a dictaphone with respondent consent. All respondents were told about the context of the interview, that is, the fieldwork of our doctoral research.

Methodology of therapist interviews

11 therapists of different areas (acupuncture, homeopathy, osteopathy, aromatherapy, holistic therapies) were met on the recommendation of their patients. Due to our wider therapist network in Brazil, there are 7 therapists interviews in Rio and only 5 in France. Interviews were carried out with a specific guide for each interview, according to the professional specialization of each respondent. The analysis was done interview by interview.

Methodology of participant observations

Participant observation relies on strong interactions between the researcher and the subject (Arnould and Wallendorf, 1994). The objective of this method is the immersion in the consumption context to better understand the various levels of perception of consumers (Kates, 2006) and try to grasp the feeling of respondents “with one’s body” (Wacquant, 2002; Lepisto, 2006). Moreover, resorting to an alternative medicine is a way to become familiar with it, resulting in increased respondents’ trust (Glaser and Strauss, 1967). Observations were described in a diary (Miles and Huberman, 2003; Penalzoza and Cayla, 2006).

Etiomedicine is a method working on the link between particular points of the body and emotions. The physical reactions perceived by the therapist are associated to emotions thanks to a special body map. That way, body language can be verbalized, which helps the patient to understand how he feels. After a few researches and a first “exploratory” visit, the decision was made to follow the therapy for a while (six consultations) to experience this method. The objective is not to analyze, but rather to feel what the body is trying to express. Therefore, the choice of this therapy as a participant observation seemed to be pertinent.

The second participant observation was done in a center for Chinese culture in Paris. This center proposes many classes, conferences and workshops (Qi-Gong, massage, meditation, etc.). The event chosen for the observation was a conference on shamanism in South America. The first part is a theoretical presentation of shamanism, and the second is an application with public participation and experience sharing. This 3 hours conference takes place on a monthly basis and enjoys a regular public. After the theoretical presentation, participants lie down on carpets, light is being turned off, and the animators of the session play shamanic drum, the sound of which influences the physical and spiritual perception.

The building of content analysis

A content analysis was done with the data extracted from the interviews (Miles and Huberman, 2003; Spiggle, 1994).

Findings

The transformation of the representations of the organism

The organism becomes a subject of experience as the individual looks at himself as an exterior observer trying to understand the functioning of a system.

She does Chinese medicine...she says that you can see what you eat in your stool...the state of the organs appears there... (S., 34, Paris); She's got a map and sees the traumas you can't get rid of... you can't release these energies because the body is resisting... (F., 53, Rio de Janeiro).

The transformation of the “machine-body” perception

Although conventional medicine is often criticized for turning the body into a machine, it appears paradoxically that respondents often have a mechanical perception of their body, which should be “repaired”, “restored”, deciphered”. However, even if the organism is thought of as a system that can break down and be repaired, the connotation of therapist’ discourse is always perceived as empathetic. Thus, the body is indeed a machine, but with an affective dimension.

Acupuncture points are a bit like switches, they enable us to open, speed, slow energy, to fix the breakdown... (L.S., acupuncturist, Paris); We use the muscular test...everything we feel is kept in muscles and can be measured and tested (A. P., holistic therapist, Rio de Janeiro).

The expectation of feeling no pain or constraint and the generalization of the demand of constant well-being creates the need for frequent reparation or improvement in order to reach the highest level of physical convenience. Thus, the objective is to maintain a machine at the highest performance level, beyond the expectation of well-being.

I go there once a year, I say I want you to put everything back in the right place...with the life we have nowadays, lots of things are deregulated (S., 32, Paris); You have to think about the body as a machine which should be fuelled (T., 31, Rio de Janeiro). (Nevertheless, this expectation is frequently expressed through the global quest of holistic health: feel whole, experiencing the unity of body and spirit).

The transformation of the relationship with the body: the perception of a “partner-prescriptor body”

While the body-spirit holism seems to be essential for respondents and is also at the core of holistic health, interviews express a detachment between “me” and “my body”. This body is described as a partner or an internal therapist who makes decisions.

You should not listen to yourself, you should listen to your body...when it’s telling you something, it has got his reasons (N., 42, Paris); I try to give less work to my body (F., 30, Rio de Janeiro).

This attention given to the feeling of the body implies a wish to come closer to a more instinctive logic. Thus the patient assumes the role of the assistant who has to help his organism with adapted health behaviors. As for the therapist, he becomes an intermediary in the communication process between the patient and his body. The deciphering is done through pulse taking, thanks to a measuring device, or to boards representing the body and organs, or to meridians observation. Respondents have a positive perception of these devices which increase therapist efficiency.

The symptom is interesting, and it should be respected, because it is the sign that our body is telling us that something is wrong (L. L., acupuncturist, Paris); I had huge skin problems... my organism was trying to tell me something (C., 43, Rio de Janeiro).

The transformation of the meaning of sensations

In the case of alternative medicine consumption, the quest for sensations is literally a rediscovery of sensations in the first place, more than a quest for hedonic experiences. Thus patients realize that their body is truly a living and reactive body. To feel one’s body means to be one with it, which corresponds to the body-spirit logics.

Therapists help you rediscover your body, your feelings...and then feel whole (D., 27, Paris); I’m receiving therapeutical massages, and my body feels different...I have a more subtle connection to my body (S., 35, Rio de Janeiro).

Manual treatments aim at restoring the energetic flow, particularly through massage or magnetism. This results in sensations modifying body feeling. Some of these feelings were experienced during the participant observations in etiomedicine.

Sometimes you feel like you are two meters long simply because she is holding your heels while you’re lying...she moves your feet a little and you feel like a rubber! (N., 42, Paris).

From physical sensations to perception of the body as vector of spirituality

Relaxation, yoga and meditation methods can be an entry to a metaphysical universe through the body.

When I was doing yoga, I was looking for something more spiritual... (C., 58, Paris); I do yoga, I swim... Sport helps you in spirituality... you feel more peaceful (M., 52, Rio de Janeiro).

The feedback on participant observation during the conference of shamanism is convergent. For about twenty minutes, participants listen to the drum and concentrate on their feelings. The sound of drum provokes vibrations altering physical perception and puts participants in the right condition to be attentive to the emotions felt during the session. The body becomes a vector of access to a different dimension. The question of how to define these emotions remains. Thus, the very perception of drum can be influenced by the context. However, perceptions exist: fleeting images, sensation of weight in the legs, etc. During the debrief phase which starts after the drum session, each participant talks about his own experience with one of the animators who translates this subjective experience into a symbolical and psychological language. In particular, animal images which may have been reported by the participant are associated to shamanic totems which could then have a special role in the participant's life. Each participant describes what he felt and saw and can listen to the experiences of others.

Discussion

A transformation of self-perception through ritualized exploration practices

Care practices offer the opportunity of daily discoveries based on sensations related to gratifying experiences, many of which are now channelled by the market (Holt, 1995; Maffesoli, 2007). However, in a society based on a profusion of consumption products and experiences suggested by the market (Carù and Cova, 2006), self-exploration is maybe the most exciting, because it can be the less trivial: the body is the place for adventures in which subject and object are one. This comes as an echo of the theory of the body as the ultimate individual locus of control and identity (Giddens, 1991).

The ritualization (Rook, 1985) appears as an important factor of practices. The conference of shamanism is organized according to a regular pattern: theoretical presentation, drum listening part

on the floor, back to reality and debrief. Likewise, the consultations at therapists' take place according to a regular process, which was observed and confirmed by patient descriptions. Finally, the growing interest for shamanic practices in big cities among people who do not necessarily have cultural links with them (Bois-Mariage, 2002; Deshayes, 2006) confirms the attraction of ritualized practices offering the exploration of different spiritual ways and putting the individual in contact with nature and physical experience.

Self-exploration can also be interpreted as a form of regression (Winnicott, 1971; Ebguay, 2002) to cope better with life: thanks to these exploratory behaviors focused on body care, individuals feel more satisfied, which give them more energy to face daily challenges.

The natural-sophisticated body and the development of a well-being fashion

The body appears as the most natural system. At the same time, body perception is also submitted to attempts of sophistication. One of the main objectives of alternative methods is the return to sensations, instinct, intuition, trying as much as possible to disregard "mental pollution", representations and values carried by society. Besides, respondents discourse can be interpreted as an attempt of sophistication of their organism, the complexity of which is highlighted. This ambiguity also appears in the marketing and mediatization of product ranges and life styles related to well-being practices (yoga, pilates, meditation, etc.): these products and practices rely on the concept of "aestheticization of daily life". This concept is based on the association of two potentially contradictory elements: a practice oriented to simplicity and natural thinking and the expectation of product sophistication and elegance, altogether.

The perception of a positive "machine-body" and the valorization of machines consumption

The analysis leads to an ambivalent conception of the body, both "non-machine" since it cannot be considered only an object of care, and a living machine whose conception becomes positive through the eye of the therapist. Beyond the cure, the role of the therapist is to teach patients to integrate a positive

attitude about their body. However, this positive, friendly attitude of patients towards their bodies masks a continuity of the performance discourse behind the quest for well-being. For example, sport for the sake of it is associated to search for superficial perfection and rejected. At the same time, the search for another perfection made of well-being, personal balance and body-spirit union justifies prevention consultations and various self-help practices. This ambivalence also exists in the relation to daily products related to holistic health practices (Warnier, 1994; Gage, 2006), such as centrifuges for fresh juices. Holistic health consumers may value “sticking to the basics” and are often critical of what they consider senseless, superficial consumption. Hence, these machines are appreciated because they turn consumers into artisans of their natural health. In a similar way, thanks to therapists’ use of devices to measure body reactions, the body can express itself and be listened to, which is for patients an important asset of alternative medicine: a direct relationship with the body. Thus, individuals reject certain consumption patterns and adopt others considered more meaningful since they lead to more self-empowerment and a feeling of independence from consumption society. In that sense, consumption in itself is still valued, but is re-oriented to other priorities: spirituality, natural eating, link body-spirit, etc.

The perception of the body as a factor of self-help and immediate fulfillment

Beyond the acknowledgement of the link between body and spirit, the physical body is a bridge towards a deeper understanding of the self. Some problems cannot be verbalized by patients but can be approached through the body since it is immediately apprehendable. Thus, as alternative medicine is a door to the universe of holistic health, the body is the door to the deep cause of the psychological difficulty. It is also a path to concrete personal satisfaction “here and now”, in a hedonistic perspective of fulfillment (Baudrillard, 1970).

The quest for direct relationship with the body and the valorization of intuitive thinking

Direct sensorial contact is particularly important in alternative health practices, through massage,

hand pressure or magnetic stones. Also, this direct contact exists between raw products such as a plant decoction and the organism, in the case of Chinese medicine or naturopathy. As for the therapist, he becomes the intermediary of the body: he translates body messages into diagnostics and prescriptions, and his mission is to teach patients how to better decode their body. This reinforces patients self-empowerment (Whiteford, 1999) since they gain more confidence in their ability to understand the needs of their own organism. This valorization of direct relationship to the body results in a parallel valorization of intuitive thinking, understood as a compass helping individuals to make the right decisions for their well-being. It can be noted that intuition has become a popular subject also in the management area (Sadler-Smith and Shefy, 2004; Haag, 2011). However, holistic health discourse tends to underline the fact that human instinct has got lost, which leads to the incapacity to know how to take care of oneself. That way, the valorization of sensations can be interpreted as a search for comfort through the concentration on the sensorial experience, on letting go in the hands of the empathic therapist. The tendency to an increased patient self-empowerment is indeed accompanied by therapist’s influence on the way the patient defines healthcare and well-being. It shows that even in a context of generalization of self-medication due to the profusion of health information available, patients still expect therapists to play a coaching, advising and even leading role. However, this very much depends on the patient-therapist dialogue, and on the therapist’s attitude both teaching and tolerant. Paradoxically, the objective of the therapist is therefore to teach patients how to “listen to their instinct”, or “listen to their intuitions”.

The quest for a “soft initiation” through alternative health practices

The sensorial dimension of treatments is underlined by respondents and considered as a positive element of alternative practices: they are opposed to “anaesthetizing” conventional methods limiting the organism’s natural expression. This brings the experience of painful practices, whose value lies precisely in pain, like tattoo or piercing (Mendes de Almeida, 2006). However, contrary to what has been

written about initiation (Eliade, 1959; Van Gennep, 2004), here, the process does not need be difficult: it can be surprising at the sensorial level and in the body and healthcare conceptions explained by the therapist, or the result of a long-lasting patient quest for alternative care, but it does not necessarily involve overcoming something. It may be the case, though, when the patient is making links with a past painful experience, or when a treatment involves the possibility of physical pain: some people said that acupuncture could be painful. However, the initiatic dimension remains in the transition to another vision of body, care and sickness, in the reevaluation of representations and behaviors to meet new values and in the role given to environment in the building of well-being.

The valorization of individual experience in a collective context

The experience is solitary before being shared, and therefore, first narcissistic and “self-sensorial”, then tribal (Maffesoli, 1988). Even in the case of the observation during the conference on shamanism, the individual experience remains the source of meaning. Then this experience is shared with others, but still, the interpretation by specialists seems to be more valued than the sharing with other participants. In that sense, it is close to a “patient- therapist” relationship. The search for bonding is mainly a search for bonding with oneself, between body and spirit, beyond the limit of the physical body, in order to try and reach, if not spiritual knowledge, then self-knowledge. Nevertheless, the group has a facilitator role in the experience, which is not a consultation since it is called “conference”. However, it is possible to make an appointment for a later consultation.

Final considerations

The objective of this research was to study the practice of alternative medicine in the global frame of holistic health in France (Paris) and in Brazil (Rio de Janeiro), and the consequences of these practices on body perception and body feeling. First, our results seem to show that beyond the curing dimension of the treatments, at the individual level, alternative medicines have an impact on how patients literally define and feel their body and on how they experience the connection between their body and their spirit. Second, at a global level, beyond different cultural perceptions of spirituality and health practices in Brazil and France, some similarities exist in the types of alternative medicine people resort to, and in the way these medicines impact on body perception and individual values. It appeared that beyond health in itself, the practices related to holistic health respond to the same quest for self-help, daily adventure and hedonism in both fields. Hence, from a market point of view, holistic health has got characteristics of a global consumer culture (McCracken, 1986) it relies on the diffusion of a certain way of life and concepts of health and meaningful life among a global consumer segment (Kjelgaard and Askegaard, 2008). Our research shows that the search for a deeper meaning of life through health practices can be related to different choices, involving the consumption of specific products and services granted by the market system. This goes hand in hand with a certain comodification of health, especially in big urban centers. However, alternative health behaviors rely on a subjective quest of sense which can be expressed through a variety of practices related to better health, not necessarily involving the purchase of a marketed product: for instance, cultivating one's own medical plants, praying, doing yoga or physical exercise at home, etc. (De Certeaux et al., 1994). That way, experience is transformative in the sense that it modifies individual concept of personal care, as daily practices are progressively infused with health and global well-being conceptions.

Patients' interviews (France)

24-35 years old		
C.	26	teacher
D.	27	unemployed
S.	34	project manager
S.	31	maternity leave
K.	30	cinema
L.	26	student
A.	27	research assistant
E.	25	assistant manager
F.	35	student
L.	32	designer

36-45 years old		
A.	41	account manager
B.	41	singer
N.	42	account manager
S.	43	Air France
C.	45	singer
E.	43	communication
M.	44	photograph
N.	42	publishing assist.
A.	45	project manager

46-55 years old		
M.	52	teacher
L.	51	association
P.	46	consultant
H.	50	secretary
A.	47	script editor

+ 55 years old		
S.	63	retired
O.	59	consultant
C.	58	retired
L.	65	retired
J.	57	secretary
M.	57	psychoanalyst

Therapist interviews (France)

E. Z.	acupuncturist
N. S.	homeopath
L. S.	acupuncturist
L. L.	Acupuncturist
E. L.	shiatsu therapist

Patients' interviews (Brazil)

24-35 years old		
R.	24	student
T.	31	student
I.	34	cultural center
R.	28	student
C.	24	student
F.	30	teacher
C.	33	computer assistant
G.	33	manager hair salon
D.	30	student
L.	31	architect
M.	28	event company
S.	31	architect

36-45 years old		
P.	41	teacher
M.	36	social worker
L.	37	teacher
P.	37	psychoanalyst
C.	43	housewife
C.	43	dance teacher

46-55 years old		
N.	51	dentist
F.	53	teacher
A.	51	psychoanalyst
E.	56	retired
L.	55	lawyer
R.	53	university professor
S.	53	retired
M.	52	aromatherapist

+ 55 years old		
S.	59	retired
J.	63	retired
M.	59	retired
L.	59	psychoanalyst

Therapist interviews (Brasil)

M. I.	"self-healing" therapist
V. S.	holistic therapist
A. P.	holistic therapist
M.	massage and aromatherapist
C.	acupuncturist and astrologer
S. B.	Acupuncturist
E.	movement therapist

References

- ARNOULD, E. J.; PRICE, L. L. River magic: extraordinary experience and the extended service encounter. *Journal of Consumer Research*, Boston, v. 20, n. 1, p. 24-45, 1993.
- ARNOULD, E. J.; WALLENDORF, M. Market-oriented ethnography: interpretation building and marketing strategy formulation. *Journal of Marketing Research*, Chicago, v. 31, n. 4, p. 484-504, 1994.
- ASTIN, J. A. Why patients use alternative medicines?: results of a national study. *Journal of the American Medical Association*, Chicago, v. 279, n. 19, p. 1548-1553, 1998.
- AZEVEDO, S. O corpo no pós-modernismo: obra sempre inacabada. In: GUINSBURG, J.; BARBOSA, A. M. *O pós-modernismo*. São Paulo: Perspectiva, 2005. p. 533-558.
- BADOT, O. L'autre raison du succès de Wal-Mart: une rhétorique de l'infra-ordinaire. *Revue Française du Marketing*, Paris, n. 203, p. 97-117, juin 2005.
- BARDHI, F.; ARNOULD, E. J. Thrift shopping: combining utilitarian thrift and hedonic treat benefits. *Journal of Consumer Behavior*, Boston, v. 4, n. 4, p. 223-233, 2005.
- BAUDRILLARD, J. *La société de consommation*. Paris: Denoël, 1970.
- BELK, R.; MORCK, M.; EKSTROM, K. M. Collecting of glass: a multi-sited ethnography. *European Advances in Consumer Research*, Londres, v. 7, p. 404-408, 2005. Available in: <<http://www.acrwebsite.org/search/view-conference-proceedings.aspx?Id=13792>>. Access in: 23 Apr. 2014.
- BERNUZZI DE SANT'ANNA, D. Brésil: le beau, le mince, le sain. In: FISCHLER, C.; MASSON, E. *Manger, français, européens et américains face à l'alimentation*. Paris: Odile Jacob, 2008. p. 298-316.
- BOIS-MARIAGE, F. Ayahuasca: une synthèse interdisciplinaire. *Psychotropes*, Paris, v. 8, n. 1, p. 79-113, 2002.
- CALNAN, M. *Health and illness: the lay perspective*. London: Tavistock, 1987.
- CAMUS, D. *Voyage au pays du magique*. Paris: Dervy, 2002.
- CAMUS, S. ; POULAIN, M. La place de la spiritualité dans la consommation: un début de perspective. In: JOURNEES DE RECHERCHE EN MARKETING DE BOURGOGNE, 13., 2008, Dijon. *Actes...* Dijon: Cermab, 2008. p. 12-29.
- CARÛ, A.; COVA, B. Expériences de consommation et marketing expérientiel. *Revue Française de Gestion*, Cachan, v. 3, n. 162, p. 99-113, 2006.
- COLIC-PEISKER, V. Doing ethnography in one's own ethnic community, the experience of an awkward insider. In: HUME, L.; MULCOCK, J. *Anthropologists in the field, cases in participant observation*. New York: Columbia University, 2004. p. 82-93.
- CSIKSZENTMIHALYI, M. *Vivre, la psychologie du bonheur*. Paris: Pocket, 1990.
- DE CERTEAUX, M.; GIARD, L.; MAYOL, P. *L'invention du quotidien*. Paris: Gallimard, 1994. t. 2, Habiller, cuisiner.
- DESHAYES, P. Les trois mondes du Santo Daime. *Socio-Anthropologie*, Nice, n. 17/18, p. 61-83, janv. 2006.
- D'HOUTAUD, A.; FIELD, M. G. *La santé: approche sociologique de ses représentations et de ses fonctions dans la société*. Paris: L'Harmattan, 1989.
- DUMEZ, H. Elaborer la théorie à partir des données: un retour sur la théorie ancrée en gestion. *Revue des Sciences de Gestion*, Epinay Sur Orge, n. 44, n. 1/2, p. 139-155, 2004.
- EBGUY, R. *La France en culottes courtes*. Paris: JC Lattès, 2002.
- ELIADE, M. *Initiation, rites, sociétés secrètes*. Paris: Gallimard, 1959.
- EUROMONITOR. *Health and wellness in France*. London, 2013a. Available in: <<http://www.euromonitor.com/health-and-wellness-in-france/report>>. Access in: 31 mar. 2014.

- EUROMONITOR. *International health and wellness in Brazil*. London, 2013b. Disponível em: <<http://www.euromonitor.com/health-and-wellness-in-brazil/report>>. Acesso em: 31 mar. 2014.
- EUROMONITOR. *Consumer lifestyles Brazil*. London, 2014a. Available in: <<http://www.euromonitor.com/consumer-lifestyles-in-brazil/report>>. Access in: 31 Mar. 2014.
- EUROMONITOR. *Packaged food Brazil*. London, 2014b. Available in: <<http://www.euromonitor.com/packaged-food-in-brazil/report>>. Access in: 31 Mar. 2014.
- EVARD, Y.; PRAS, B.; ROUX, E. *Market, etudes et recherches en marketing*. Paris: Nathan, 1993.
- FEATHERSTONE, M. The body in consumer culture. In: FEATHERSTONE, M.; HEPTWORTH, M.; TURNER, S. B. *The body, social process and cultural theory*. London: Sage, 1991. p. 18-33.
- FERREIRA-FREITAS, R. *Les centres commerciaux: îles urbaines de la postmodernité*. Paris: L'Harmattan, 1996.
- FOOTE WHYTE, W. *Street corner society*. Paris: La Découverte, 2001.
- FURNHAM, A. Why patients choose complementary and alternative medicines? In: ANDRITZKY, W. *Yearbook of cross-cultural medicine and psychology*. Berlin: IKT, 1996. p. 165-198.
- GAGE, A. S. The wonder of trivial machines: research paper. *Systems Research and Behavioral Science*, Hoboken, v. 23, n. 6, p. 771-778, 2006.
- GARRETT, T. N. et al. Crying for a vision: the native American sweat lodge ceremony as therapeutic intervention. *Journal of Counseling & Development*, Hoboken, v. 89, n. 3, p. 318-325, 2011.
- GIDDENS, A. *Modernity and self-identity: self and society in the late modern age*. Cambridge: Polity, 1991.
- GLASER, B. G.; STRAUSS, A. L. *The discovery of grounded theory: strategies for qualitative research*. New York: Aldine de Gruyter, 1967.
- HAAG, C. *La poulpe attitude*. Paris: Michel Lafon, 2011.
- HOLT, D. B. How consumers consume: a typology of consumption practices. *Journal of Consumer Research*, Boston, v. 22, n. 1, p. 1-16, 1995.
- HUDSON, L. A.; OZANNE, J. L. Alternative ways of seeking knowledge in consumer research. *Journal of Consumer Research*, Boston, v. 14, n. 4, p. 508-521, 1988.
- KATES, S. M. Researching brands ethnographically: an interpretive community approach. In: BELK, R. *Handbook of qualitative research methods in marketing*. Northampton: Edward Elgar, 2006. p. 23-93.
- KJELGAARD, D.; ASKEGAARD, S. The globalization of youth culture: the global youth segment as structures of common difference. *Journal of Consumer Research*, Boston, v. 33, p. 231-247, Sept. 2008.
- KLEINE, III, R. E.; SCHULTZ KLEINE, S.; BRUNSWICK, G. L. Transformational consumption choices: building an understanding by integrating social identity and multi-attribute attitude theories. *Journal of Consumer Behavior*, Hoboken, v. 8, n. 1, p. 54-70, 2009.
- KOZINETS, R. V. Utopian enterprise: articulating the meanings of star trek's culture of consumption. *Journal of Consumer Research*, Boston, v. 28, n. 1, p. 67-88, 2001.
- KUROTANI, S. Multi-sited transnational ethnography and the shifting construction of fieldwork. In: HUME, L.; MULCOCK, J. *Anthropologists in the field, cases in participant observation*. New York: Columbia University, 2004. p. 201-226.
- LAPLANTINE, F. Maladie, guérison et religion dans les mouvements pentecôtistes latino-américains contemporains. *Anthropologie et Sociétés*, Québec, v. 23, n. 2, p. 101-115, 1999.
- LEPISTO, L. The transition to a special needs consumers: my ethnographic journey caused by celiac disease and diabetes. *Advances in Consumer Research*, Cambridge, v. 33, n. 1, p. 660-664, 2006.

- LEVI-STRAUSS, C. *La pensée sauvage*. Paris: Plon, 1962.
- MacNEVIN, A. Exercising options: holistic health and technical body in gendered accounts of bodywork. *Sociological Quarterly*, Hoboken, v. 44, n. 2, p. 271-285, 2003.
- MAFFESOLI, M. *Le temps des tribus*. Paris: Méridiens-Klincksieck, 1988.
- MAFFESOLI, M. *Le réenchantement du monde: une éthique pour notre temps*. Paris: Editions de la Table Ronde, 2007.
- MAK, A. H. N.; WONG, K. K. F.; CHANG, R. C. Y. Health or self-indulgence: the motivations and characteristics of spa-goers. *International Journal of Tourism Research*, Hoboken, v. 11, n. 2, p. 185-199, Mar./Apr. 2009.
- MARIAMPOLSKI, H. *Ethnography for marketers: a guide to consumer immersion*. London: Sage, 2006.
- MARTINS, P. H. *Contra a desumanização da medicina: crítica sociológica das práticas médicas modernas*. Petrópolis: Vozes, 2003.
- McCRACKEN, G. Culture and consumption: a theoretical account of the structure and movement of the cultural meaning of consumer goods. *Journal of Consumer Research*, Boston, v. 13, n. 1, p. 71-84, 1986.
- MENDES DE ALMEIDA, M. I. Nada além da epiderme: a performance romântica da tatuagem. In: BARBOSA, L.; CAMPBELL, C. *Cultura consumo e identidade*. São Paulo: FGV, 2006. p. 139-157.
- MILES, M. B.; HUBERMAN, A. M. *Analyse des données qualitatives*. Brussels: De Boeck, 2003.
- NETTLETON, S.; GUSTAFSSON, U. *The sociology of health and illness reader*. Cambridge: Polity, 2002.
- NOGUEIRA, M. I.; CAMARGO, K. R. J. A orientalização do Ocidente como superfície de emergência de novos paradigmas em saúde. *História, Ciências, Saúde-Manguinhos*, Rio de Janeiro, v. 14, n. 3, p. 841-861, jun./set. 2007.
- OHNUKI-TIERNEY, E. Du “cru” au “frais” et “vivant” dans les cultures alimentaires au Japon. In: FISCHLER, C.; MASSON, E. *Manger, français, européens et américains face à l'alimentation*. Paris: Odile Jacob, 2008. p. 287-298.
- PAL, S. K. Complementary and alternative medicine: an overview. *Current Science*, Bangalore, v. 82, n. 5, p. 518-524, 2002.
- PENALOZA, L.; CAYLA, J. Writing pictures/taking fieldnotes: towards a more visual and material ethnographic consumer research. In: BELK, R. *Handbook of qualitative research methods in marketing*. Northampton: Edward Elgar, 2006. p. 279-282.
- PERLS, F. *Manuel de gestalt thérapie*. Issy-Les-Moulineaux: ESF, 2003. (Collection Art de la Psychothérapie).
- PETTIGREW, S. F. Ethnography and grounded theory, a happy marriage? *Advances in Consumer Research*, Cambridge, v. 27, n. 1, p. 256-260, 2000.
- RODRIGUES-NETO, J. F.; FIGUEIREDO, M. F. S.; FARIA ANDERSON, A. Prevalência do uso da homeopatia pela população da cidade de Montes Claros, Minas Gerais, Brasil. *São Paulo Medical Journal*, São Paulo, v. 127, n. 6, p. 329-334, 2009.
- ROOK, D. W. The ritual dimension of consumer behavior. *Journal of Consumer Research*, Boston, v. 12, n. 3, p. 251-264, 1985.
- ROSSI, I. Soigner par la parole sacrée: les défis réflexifs du chamanisme américain. In: MASSE, R.; BENOIST, J. *Convocations thérapeutiques du sacré*. Paris: Médecines du Monde: Karthala, 2002. p. 327-350.
- ROZIN, P. La magie sympathique: manger magique: aliments sorciers, croyances comestibles. *Autrement Série Mutations/Mangeurs*, Paris, n. 149, p. 22-38, 1994.
- ROZIN, P.; NEMEROFF, C. Sympathetic magical thinking: the contagion and similarity heuristics. In: GILOVICH, T.; GRIFFIN, D.; KAHNEMAN, D. *Heuristics and biases: the psychology of intuitive judgments*. Cambridge: Cambridge University, 2002. p. 201-216.

- SADLER-SMITH, E.; SHEFY, E. The intuitive executive: understanding and applying gut feel in decision-making. *Academy of Management Executive*, New York, v. 18, n. 4, p. 76-91, 2004.
- SAILLANT, S. Femmes, soins domestiques et espace thérapeutique. *Anthropologie et Société*, Québec, v. 23, n. 2, p. 15-39, 1999.
- SCHMITZ, O. Multiplicité des médecines et quête de soins dans les sociétés occidentales contemporaines. In: _____. *Les médecines en parallèles, multiplicité des recours au soin en Occident*. Paris: Karthala, 2006. p. 2-24.
- SCHOUTEN, J. W.; McALEXANDER, J. H.; KOENIG, H. F. Transcendent customer experience and brand community. *Journal of the Academy of Marketing Science*, Houten, v. 35, p. 357-368, May 2007.
- SIRIEIX, L.; FILSER, M. La valorisation de l'expérience de consommation hors domicile: l'apport des théories de la recherche de variété et du réenchantement. In: REMY, E. et al. *Sociétés, consommation et consommateurs*. Paris: L'Harmattan, 2003. p. 113-124.
- SPENCE, M.; RIBEAUX, P. Complementary and alternative medicine: consumers in search of wellness or an expression of need by the sick? *Psychology & Marketing*, Hoboken, v. 21, n. 2, p. 113-139, 2004.
- SPIGGLE, S. Analysis and interpretation of qualitative data in consumer research. *Journal of Consumer Research*, Boston, v. 21, n. 3, p. 491-503, 1994.
- TESSER, C. D.; BARROS, N. F. Medicalização social e medicina alternativa e complementar: pluralização terapêutica do Sistema Único de Saúde. *Revista de Saúde Pública*, São Paulo, v. 42, n. 5, p. 914-920, 2008.
- TESSER, C. D.; LUZ, M. T. Racionalidades médicas e integralidade. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 13, n. 1, p. 195-206, 2008.
- THIÉTART, R. A. *Méthodes de recherche en management*. Paris: Dunod, 2003.
- THOMPSON, C. J.; TROESTER, M. Consumer value system in the age of postmodern fragmentation: the case of natural health microculture. *Journal of Consumer Research*, Boston, v. 28, n. 4, p. 550-571, 2002.
- TNS. *Observatoire sociétal du médicament*. Paris, 2011. Available in: <<http://www.tns-sofres.com/etudes-et-points-de-vue/observatoire-societal-du-medicament-2011>>. Access in: 31 Mar. 2014.
- TRAD, L. A. B. Trabalho de campo, narrativa e produção de conhecimento na pesquisa etnográfica contemporânea: subsídios ao campo da saúde. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 17, n. 3, p. 627-633, 2012.
- VAN GENNEP, A. *Rites de passage*. London: Routledge Library, 2004.
- WACQUANT, L. *Corps et âme: carnets ethnographiques d'un apprenti boxeur*. Paris: Agone, 2002.
- WARNIER, J. P. *Le paradoxe de la marchandise authentique: imaginaire et consommation de masse*. Paris: L'Harmattan, 1994.
- WHITEFORD, M. B. Homeopathic medicine in the city of Oaxaca, Mexico: patients' perspectives and observations. *Medical Anthropology Quarterly*, Hoboken, v. 13, n. 1, p. 343-375, 1999.
- WINNICOT, D. W. *Jeu et réalité*. Paris: Gallimard, 1971.

Received: 09/20/2012
 Reviewed: 09/25/2013
 Approved: 10/15/2013