

Interactions Between Alternative Therapies and Mental Health Services in Public Hospitals of Argentina

Mercedes Saizar and Guido Korman
SAGE Open published online 24 July 2012
DOI: 10.1177/2158244012454438

The online version of this article can be found at:
<http://sgo.sagepub.com/content/early/2012/07/20/2158244012454438>

Published by:



<http://www.sagepublications.com>



Additional services and information for *SAGE Open* can be found at:

Email Alerts: <http://sgo.sagepub.com/cgi/alerts>

Subscriptions: <http://sgo.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Interactions Between Alternative Therapies and Mental Health Services in Public Hospitals of Argentina

SAGE Open
July-September 2012: 1–13
© The Author(s) 2012
DOI: 10.1177/2158244012454438
<http://sgo.sagepub.com>


Mercedes Saizar¹ and Guido Korman¹

Abstract

In this article, the authors describe the phenomenon of therapeutic complementarity between alternative therapies and biomedicine in public hospitals of Buenos Aires (Argentina). They contextualize the phenomenon in a global and local field. Features specific to Argentina make this phenomenon interesting. The first of these is that biomedicine is the only type of medicine that is legally authorized to act on the body; nevertheless, alternative practices have flourished not only in the private health sector but also in the public hospitals run by the state. A second feature refers to the alternative practices in the Mental Health Area that bring about a singular interaction between two different therapeutic models. Based on a qualitative study in public hospitals, the authors look into the reasons that generate the phenomenon, underlining the forms in which it expresses itself and the complexity of a field under construction that implies the resignification of the concepts related to health and disease.

Keywords

mental health, public hospitals, alternative and complementary therapies, Argentina

During the last decades, the boom of alternative therapies in western societies has drawn the attention of researchers of diverse disciplines in the field of social sciences, especially sociology and medical anthropology. Its increasing use is shown in different studies, both the use of complementary therapies strategies with biomedicine as well as parallel and exclusive use. The reasons for the selection of the unconventional therapies have been attributed to different factors, mainly to the dissatisfaction with the biomedical model of attention to health disease (Boon, Brown, Gavin, Kennard, & Stewart, 1999); the demand for a new type of relationship with the therapeutic specialist and the limits of biomedical paternalism (Montgomery, 2006); the apparition of new subjectivities that, in the postmodern context, give a central role to the responsibility of the individual in his or her health care (Bakx, 1991; Siahpush, 1998); the search of new styles of therapy, softer and more holistic styles, and less invasive than allopathic biomedicine (Douglas, 1998; Furnham & Bhagrath, 1993; Vincent & Furnham, 1996); the arrival of social movements related to the New Age (Albanese, 1990, 1992; Carozzi, 2001; Shimazono, 1999); among others.

The crucial role played—from the standpoint of the users—by these medicines was also pointed out facing the treatment of severe or chronic diseases such as cancer (Broom & Tovey, 2008; Singh, Maskarinec, & Shumay, 2005; Tavares, 2003), diabetes (Schoenberger, Stoller, Kart, Perzynski, & Chapleski, 2004), asthma (Freidin & Timmermans, 2008), and diverse mental disorders. In fact, according to various

international studies, most patients with mental disorders resort to a more extensive use of alternative therapies (Jorm, 1994, 2000; Jorm, Angermeyer, & Katschnig, 2000; Jorm & Griffiths, 2006; Mamtani & Cimino, 2002) or an unconventional type of medicine. In a study made in Brazil, Tovey, de Barros, Hoehne, and Carvalheira (2006) stated that 63% of the population uses some kind of complementary/alternative medicine (CAM) to treat cancer. However, this study does not make a difference between the percentages of consumption of both kinds of medicine. As Thomas and Coleman (2004) observed in the United Kingdom, 46% of the population declared to have the intention to use one or more CAM at a certain time in their lives, whereas 10% effectively visited a CAM practitioner during the year in which they were surveyed. In addition, in the United Kingdom, Cartwright and Torr (2005) pointed out that these therapies have a key role in enabling patients not only to face the stress caused by long-term or invasive treatments but also—and mainly—to be more actively involved in the process of treating the disease.

Percentages that show the use of alternative therapies in the treatment of cancer have been especially underlined:

¹National Council of Scientific and Technical Researches, Buenos Aires, Argentina

Corresponding Author:

Mercedes Saizar, Centro Argentino de Etnografía Americana—CONICET, Avenida de Mayo 1437 1° A, Buenos Aires (CP 1085), Argentina
Email: mercedessaizar@conicet.gob.ar

Diverse studies (Cassileth, Lusk, Strouse, & Bodenheimer, 1984; Downer et al., 1994; Ernst & Cassileth, 1998; Yates et al., 1993) report that more than 60% of people suffering from cancer have turned to alternative therapies at different stages of their treatments.

Apart from what this study showed, the use of alternative therapies has also been detected facing a more general search for health. In this direction, Ernst and White (2000) noticed that in England, users spend 1.6 billion pounds a year in the consumption of alternative and complementary therapies, destined to treating different illnesses and the search of well-being.

Now, although the use of complementary–alternative therapies is a widely proven fact about which there is consensus in the social scientists community, the definition of what (or which) is considered an alternative therapy and in which categories to group them is still one of the main objects of debate on the matter—a debate yet to be concluded (Broom & Tovey, 2008).

One of the most broadly used definitions, found in numerous studies, is the definition by the World Health Organization (WHO; 2002) that proposed to call them *complementary/alternative medicine* as for its use regarding biomedicine. In the United States, the National Center for Complementary and Alternative Medicine (2002) defined alternative medicine as “a group of medical and health care systems, practices and products that are not currently considered as part of conventional medicine” (National Institute of Health, 2003). Some authors have problematized this category stating that the use of therapies in individual trajectories is what allows appointing them as complementary or alternative to the biomedical treatment (Broom & Tovey, 2008; Idoyaga Molina, 2005), showing the limits of the classifications of the *etic* type and underlining the importance of taking the social actors’ experiences into account when considering such distinctions. Other lines of analysis have called “alternative medicine” to all medicines that are presented as a parallel resource for health care for mid and mid-high urban sectors that also show a convergent alternation between biomedical attention and exotic resources (Alexander, 1992; Heelas, 1996; Martins, 1999; Shimazono, 1999). Regarding this matter, it has been shown that given the expansion of the consumption of this type of therapeutic practices during the last decade and by virtue of their inclusion in diverse public health systems—Canada, the United States, Germany, Australia, the United Kingdom, Brazil, and Israel—preference for such therapies is apparently not exclusive of certain social strata (Mc Guire & Kantor, 1988; O’Connor, 1995) but rather associated with certain cultural styles (Douglas, 1998) and new ways to understand health, disease, and the therapeutic process (Furnham & Smith, 1988).

Facing the difficulties to establish a specific definition, certain general parameters have been suggested that allow distinguishing alternative therapies from the rest of the therapeutic offers. For this article, we agree with the definition

suggested by Idoyaga Molina (1997, 2005), who defines alternative therapies as those that are not part of conventional medicine (biomedicine), not traditional in our country, and usually associated with the New Age phenomenon and the globalization processes.

The field of alternative therapies has been defined as a growing and changing set of practices and disciplines that, having refigured notions coming from different backgrounds, interprets health and disease in holistic terms (Maluf, 2005; Saizar, 2009). Referring to our subject of study specifically, it is interesting to single out the impact that alternative therapies have in the field of health care and the search for well-being. Carozzi (2001) observed, in a complete study on alternative therapies and practices associated with the New Age movement in Argentina, the constant growth of the offer of an important variety of therapies, among which we can find yoga, acupuncture, tai chi chuan, meditation, Bach flower remedies, harmonizing dances, and so on. Carini (2005) showed the impact of practices associated with Zen Buddhism in Buenos Aires, whereas Freidin (2010) analyzed the case of ayurveda in Argentina. One of us has specifically analyzed the growing presence, diffusion, and permanence of yoga in Buenos Aires (Saizar, 2009).

Alternative therapies coexist in this complex field with other therapeutic offers (such as biomedicine, traditional medicine, religious medicines, and different self-treatments), participating as an ethnomedical configuration (Idoyaga Molina, 2008) in which the phenomenon of complementarity is inscribed, as we will see in detail next.

Therapeutic Complementariness

Therapeutic complementariness has been well documented in different societies. It implies the combination of diverse therapeutic strategies given a certain disease episode (Fadlon, 2005; Sharma, 2000). In Argentina, different researchers have pointed out the existence of therapeutic complementarity in individuals belonging to diverse social sectors in urban and rural societies (Bordes, 2007; Freidin & Timmermans, 2008; Korman & Idoyaga Molina, 2010; Luxardo, 2011; Saizar, 2009), among which various strategies concerning selection, combination, and rejection of different offers have been identified. They have been explained by the incidence of cultural, economic, political, ethnic, and religious ways of thinking factors (Idoyaga Molina, 2005). Regarding therapeutic complementarity, the general rule in every case studied seems to indicate a pluralist use rather than an exception.

However, despite the existence of this phenomenon and the recommendations the WHO made in 2002 regarding promoting respect for different cultural forms of medicine, in Argentina—a country with an outstanding cultural diversity—biomedicine is the only health option offered by the state and officially regulated. The public hospital—the domain where the state offers free health care for every inhabitant—becomes the place par excellence where biomedical logic operates;

regulating the offer of medical practices and being the only “art for healing” enable to intervene on the bodies of the patients, according to that established in the national law for the practice of medicine, dentistry, and auxiliary activities (Law No. 17.132), passed in 1967.¹

In this context, in the last few years, some hospitals from the Autonomous City of Buenos Aires have developed and implemented alternative therapies workshops that are offered free for the attending population. The distance between written law and real offer leads us to some questions: How can these two different approaches coexist in the public sphere? Which institutional framework contains them? What’s the biomedical specialists’ perspective on this phenomenon? What’s the alternative specialists’ perspective about their insertion in the hospital? What’s the workshops users’ experience?

In an attempt to analyze this matter, in this opportunity, we want to investigate the use of alternative therapies in the context of hospitals. In the search of an explanation on why hospital health care workers propose in their institutions alternative therapies workshops and why users attend them, we believe analyzing the decision-making process in both groups of involved actors is necessary.

Method

The methodology used to develop this work is based on a phenomenological and qualitative approach, and is aimed at understanding the meanings of health and well-being between alternative therapies users and providers of the hospitals of the Autonomous City of Buenos Aires.² This methodology uses inductive reasoning prioritizing field-collected data to generate a hypothesis. This research is based on the idea that interpretative understanding is only possible by deconstructing the phenomenon’s meanings (Dixit, 2005; Thorne, 2000).

For this study, we selected two out of the four acute hospitals offering alternative therapies workshops for the general public in the Autonomous City of Buenos Aires. In both selected hospitals, the workshops are organized by the Mental Health Area. The approximate sum of patients a year in both hospitals is around 120,000.³

For this study, we interviewed the general coordinators (in one case a psychiatrist and a psychoanalyst in the other) who act as a link between the mental health services and the alternative workshops. We also interviewed eight workshop leaders—four in each hospital—among which we found alternative specialists in the following therapies: circular dances, Tibetan singing bowls, yoga, tai chi chuan, transcendental meditation, bioenergetics, and reflexology.

The number of participants of the workshops in the selected hospitals is approximately 270 people. Users belong to the middle and lower middle sectors, and their education level varies from incomplete secondary school to university graduates. Ages include 42 to 81 years with a majority of

women older than 65 years. Interestingly, out of the 270 participants, only 32 were male and all of them were older than 65 years. We contacted and discussed related issues with most of the users; however, we selected through participant observation a 10-person population sample—5 from each hospital—to make in-depth interviews. Selection was based on active participation in the workshops, and availability and good disposition toward interviews, which were carried out outside the hospital.

Interviews to coordinators, alternative specialists, and users were semistructured on the base of a series of open questions about the use of these strategies in the hospital context. The following topics were considered for coordinators/alternative specialists: (a) organization of the workshops, (b) reasons to create the workshops, (c) the reasons for referring to these workshops, and (d) ideas on health and disease.

The following aspects were considered regarding users: (a) reasons to attend the workshops, (b) ideas on health and disease, and (c) reflections of users about complementarity.

The field work took place between April 2009 and August 2010. The interviews were recorded and transcribed literally. Duration varied from 30 to 90 min. Authorizations and informed consents were signed by every participant before interviews and participant observation. Informants’ names were changed to preserve their identity.

Alternative Workshops in the Context of the Health Care Field

Even if the appearance of some practices associated with the field of alternative therapies can be singled out in the beginnings of the 20th century—as is the case of yoga—it wasn’t until the 1990s that such therapies were established and had a wide offer addressed to diverse sectors of the society, which even implied the appearance of cost-free offer for their practice. Among the therapies with a higher impact in Argentina, we can name yoga, acupuncture, reiki, and reflexology. The spreading of the philosophical principles and notions that generally support the practice of alternative therapies found, without a doubt, a solid ground and support, and the mass reach in the phenomena of the New Age and globalization. Nowadays, there is an extensive offer of diverse alternative therapies (yoga, reiki, reflexology, tai chi chuan, shiatsu, aromatherapy, past lives therapy) of easy access and a broad range of costs for people living in urban areas.

As precedents for the creation of the workshops offering alternative therapies in hospitals, we can point out two scenarios that allow us to contextualize their emergence. On one hand, since the mid-1990s and as part of local development policies, different municipalities of the province of Buenos Aires provided, through different regional agencies, the possibility to practice—free of cost—yoga or tai chi chuan. Activities took place in cultural centers, and even if they were addressed to the local population, they were designed as strategic actions tending to improve the quality of life of the elderly (Saizar,

2009). Simultaneously, hospital institutions in Argentina began to offer health care–related activities in the format of group workshops. Such offer, inscribed in the context of different areas of biomedical specialization, has the goal of providing spaces for the containment and psychoeducation of the patients who resorted to the institution for the treatment of chronic diseases (diabetes, obesity, alcoholism). In the mid-1990s, the offer extended to include group activities that allowed hospital professionals to respond to the demands of an increasing and new group of users, formed by middle class people left out of the work market as a result of the crisis that took place during that decade (Saizar, Bordes, & Sarudiansky, 2010). As we can observe in the next paragraphs, these last two issues cross the accounts of the informants—especially coordinators—which place the creation of the alternative therapies workshops in a continuum of public policies tending to adapt to the changing needs of the users.

Incorporating Alternative Therapies in Hospital Contexts

Alternative therapy workshops' institutional link depends on, in every case, the Mental Health Area of each institution. It is mainly based on the Health Prevention and Community Wellbeing Promotion Program of the Community Programs Secretariat of the Autonomous City of Buenos Aires. The aforementioned program suggests, among many other possible actions, creating health promotion spaces for the community. Buenos Aires city's website promotes the workshops as

group spaces to promote mental health aimed at taking care, developing and improving Buenos Aires community members' healthy state of mind. The workshops are coordinated by professionals and community members who have been trained for the task; all of them are overseen by the area supervisors. Exchange or support groups are spaces for emotional support, social bond strengthening and finding solutions for certain problems that affect community members; they are neither treatment nor psychotherapy groups. The workshops' goal is promoting participants' well-being when facing the particular situations they go through.⁴

The workshops' offer is presented by the hospital as a homogeneous series of free services aimed at "promoting participants' well-being when facing the particular situations they go through." Within that offer, we found three group types.

We'll briefly mention that the first group type includes workshops' offering spaces to reflect and support the patient and his or her family when facing critical vital situations derived from illnesses defined by biomedicine, for example, living with HIV/AIDS, groups for diabetic patients, recovered from obesity, among others. Their main goal is delivering emotional support and psychoeducation

for the patient and family by applying different tools to face disease and reach a better life quality. Even if these groups tend to be coordinated by biomedical mental health experts, they are defined as support spaces to strengthen social bonds and search for solutions to certain problems, rejecting being framed as "treatment or psychotherapy groups."

The second group type addresses conflictive life experiences that go beyond the merely biological ones, including emotional and relationship aspects as well as development of social skills. Among them are relationship with adult sons and daughters, relationship to the opposite sex, mourning after beloved people passed away, partnership, and everyday life.

In Illouz' (2010) terms, both modalities present a heterogeneous composition—gender-, age-, and education wise—but share the same thematic narrative that can be obesity, the loss of close people, and so on. They all share the condition of structuring or delimiting the narratives of the participants through a discursive axis that defines *normal* and *pathologic* in a biomedical sense (Saizar et al., 2010).

The third group type includes workshops offering alternative/complementary therapies that are unconnected to the local biomedical field. In this context, there are different workshops such as shiatsu, Tibetan bowls, biodance, circular dance, yoga, holistic reflexology, shantala massage, tai chi chuan, meditation with mandalas, bioenergy, astrology, digitopuncture, and so on.

Results

Aiming at analyzing the alternative workshops' incorporation in hospital contexts, we will now go over the guidelines that structured our investigation, including the testimonies.

Workshop Organization

In both hospitals, the workshop organization and coordination depend on a health care worker from the Mental Health Area. His or her specific tasks include choosing the alternative specialists, planning annual activities, and checking their credentials.

Every year, at the beginning of the year, we organize the activities' offer. We open a call for persons who are interested in teaching workshops. We ask them to bring their resumes and then we interview them. It's very important for us that they have credentials guaranteeing their training in the practice they are about to teach; that they have studied and obtained credentials. We want serious people that can perform responsibly. (Julieta, coordinator)

I call people recommended by the persons who are already working here who I know are good and serious at what they do. I interview them, ask them to bring their credentials and then inform the Board who the

selected ones are. It's really important for me having a good team of workshops instructors, qualified in their art. (María, coordinator)

This process carried out by the coordinators regarding the applicants' backgrounds implies an evaluation method assuming that a biomedical specialist is titled to evaluate the suitability of an alternative discipline specialist. This regime implies a minimum action framework the coordinators refer to, to fit their work to institutional regulations.

Reasons for Creating the Workshops

In the interviews carried out with the coordinators, we could detect two main ideas explaining the existence of the workshops. The first idea is that they create a space that goes together with the therapies of the Mental Health Area, offering the patients activities that allow them to join a group, establish social bonds, and (re)create healthy habits, working as a complementary strategy to mental health practices.

The idea that led us to the creation of these spaces was offering workshops that would allow working group-ality as a complement of the psychological and psychiatric treatments but from a wider perspective. (María, coordinator)

Communication arises as a possibility, persons feel they are not alone, they realize their problem is not as bad as they thought it was, they realize other persons are going through similar experiences. Moreover, the group works as a mirror . . . to see you're not alone. (Julieta, coordinator)

Promoting the search for well-being and health rather than the diseases' specific treatment arises as a second idea.

These spaces allow thinking about the hospital from a different perspective, it's not associated to being sick any more but to trying to feel better, reach a better life quality . . . it changed the image of the hospital as a place associated to death people have and there is a government policy promoting these actions, however, and before politicians thought about it, we were doing it spontaneously. (Julieta, coordinator)

We could say that these spaces' main goal according to their coordinators is promoting mental health emphasizing the group-related therapeutic aspect as the basis of these spaces' efficacy regardless of the specific content of the workshops. From the coordinators' perspective, we could observe a complementary therapies' psychologization process, explaining the therapeutic models through psychological notions (Korman & Saizar, 2006) and the workshops' efficacy attribution from a psychological explanation (Korman & Idoyaga

Molina, 2010). According to the accounts, the workshops began to work previously, before the implementation of the health policy concerning well-being. They were designed and implemented by mental health professionals as a way to promote group activities, emphasizing the therapeutic aspect of group activities as the foundations of the effectiveness of such spaces. It is in a second moment that the activities at hand were included in the context of a political decision to promote the "mood health" of the population. From the coordinators' perspective, we can observe a process of "psychologization" of the alternative therapies, whose therapeutic model is explained through notions of the psychological-psychiatric field (Korman & Saizar, 2006).

Workshop instructors attribute the creation of these spaces to the coordinator's particular interest. They refer to them as persons with a holistic perspective regarding health and illness that allow broadening traditional hospital perspectives. In the case of the alternative specialists who conduct the workshops, we have found differences regarding the reasons to create them.

María has a very open overview on health. When she called us she explained she was interested in offering a different space where patients could work on their health from a holistic point of view, based on the idea that health is a lot more than not being sick. (Betina, circular dance instructor)

María called me after we met at a private yoga institute where I work. She told me she was organizing at the hospital some workshops for patients and the general hospital community . . . I thought it was a great idea doing something for those with fewer resources, offering them a therapy they could otherwise not afford. (Carmen, yoga instructor)

Julieta always says that the hospital needs to change, to take care of the community members' well-being and not just treating diseases . . . On our Saturday meetings for instructors she stresses that we should not go for psychotherapy and that we should promote healthy behavior using simple and clear language and avoiding technical jargon. (Roberto, transcendental meditation instructor)

There are differences on what the workshops mean to the coordinators and the instructors. Biomedical specialists propose a domestication of alternative therapies logic—in terms of Fadlon (2005)—which could be accepted as long as their effects were understood as contributing to biomedical treatment, removing esoteric aspects, and highlighting empirical ones. In terms of Fadlon, domestication is a process by which the foreign is rendered familiar.⁵ However, from the alternative specialists' point of view, it is a possibility to legitimate alternative therapies negotiating with the

biomedical field reaches and limitations of their incorporation to the hospital system (Broom & Tovey, 2008); this attitude is clear in the limited acceptance showed by the possibility of treating the illness but not legitimating the therapeutic model.

We can observe in the accounts how the creation of these spaces is attributed to the specific interest of the coordinators as the holders of a holistic perspective in terms of health and disease that allows to expand the traditional hospital perspective.

We can see that, from the coordinators, there is a perception of a logic of domestication—in terms of Fadlon (2005)—of the alternative therapies, which can be accepted as long as their effects can be understood as contributors to the biomedical treatment, deprived of their esoteric aspects and highlighting their more tangible aspects. Hence, from the alternative specialists' perspective, this would be a possibility to legitimate these practices, negotiating with the biomedical field the reach and limits of their inclusion in the hospital system (Broom & Tovey, 2008), an attitude that, we believe, is manifested by the limited acceptance that underlines the limits on the access to the body of the sufferer, which implies treating their condition but not legitimizing the alternative therapies model completely.

Reasons for Referring People to the Workshops

Coordinators agree that the main reason for transferring patients to alternative groups is to offer them an activity that will complement psychological or psychiatric treatment, and which they regard as positive in different ways: to provide the patient with a place to socialize, share similar circumstances and experiences with other peers, benefit from relaxation techniques, and perform light physical exercise.

Psychotics should go to a workshop where there's no talking, like tai chi chuan or yoga, and that's it. When it comes to depressed people, don't let them talk, because they'll drown you in nostalgia and pain and everyone will start crying, and that's not the place for that. You have to recommend them physical activity, like yoga or bioenergy. (Julieta, coordinator)

I have a lady who came in from a divorce, a psychotic son who killed himself, a husband who cheated on her while she watched everything . . . She came looking very upset, under medication of course . . . And well, I kind of offer them a combo . . . "Go to this workshop, and this one, and this other one too." I recommended her three which I thought would be good for her. (Maria, coordinator)

As we can read in this last testimony, benefits are associated with the combination of psychotherapeutic or psychiatric treatment with specific disciplines that share a will to provide techniques related to group and physical activity.

However, coordinators explain that, as a side effect, these workshops addressed the chronic patients' demand for attention, but mostly their need for emotional support.

This began when I started noticing that chronic patients, the psychotic ones, came in and stayed around. One day they came in for a prescription, and later another day because they had forgotten something, and then another day because of something else. So I realized patients came because the hospital was a place of reference, a place to be, specially for chronic patients who don't have their own place in the world, because their chronic condition makes them loose their work or academic reference spots, their families keep them distant. (Julieta, coordinator)

She talks here about chronic patients, the ones who should come for psychiatric or psychological treatment 1 or 2 times a week but instead come regularly and cramp the service as they stay wandering through the institution. Coordinators include these users as workshop attendants, making the most of their stay and offering them a place for therapeutic activities that go along the development of their prescribed treatment.

In addition, following the analysis of the reasons for the creation of the workshops, coordinators mention the impact of the social and economic crisis Argentina went through in the late 1990s (Belmartino, 2005) and the appearance of a new type of patient:

We began to notice that a totally new kind of people was coming to the hospital, mostly men who had lost the jobs they have had maybe for 20 or 30 years, and who now at the age of 40 or 50 found themselves unemployed with no health insurance. They showed depressive conditions triggered by the lack of work, a pathology they had never shown before, and also a lot of organic situations appeared in parallel to organic diseases. I mean, there was depression and a whole range of psychosomatic diseases like hypertension, gastrointestinal problems, a fear of the outside, with all the organic components this brings along . . . and the truth is we couldn't handle that much, and we began to feel we didn't have enough resources. And that's when we started including body workshops, which I believe is pretty unprecedented in hospitals. Gym, physical theater, or yoga lessons, all open to the community. We usually address the body simultaneously. So that's how this thing was shaped. Lots of body work. (Julieta, coordinator)

With the effects of economic crisis and the changes in the access to the job market, the hospital began to receive a different kind of demand, one that couldn't find an answer in

the area of mental health. So a series of workshops were implemented to address the needs of the community.

Referrals to alternative workshops satisfied an unprecedented kind of demand that grew in the 1990s. Professionals in the area are not directly associated with this care—because they're already saturated with work—and so this enables them to provide care for different types of patients. We should mention, however, that the population this story refers to—unemployed males older than 40 years—is not significant in terms of their participation in the workshops, which as we pointed out is welcoming mostly women older than 60 years.

The Notions of Health and Disease

Coordinators pick up the definition proposed by the WHO (1946) and agree on a definition of health as a complete state of physical, mental, and social well-being, rather than the mere absence of disease.

Disease is no longer the center, since the WHO focused on health as a state that covers the physical, emotional, and social aspects, so we must think about how to preserve and maintain healthy conditions instead of how to address sickness. (Julieta, coordinator)

We believe, and this is hard to accept especially for us, that a hospital is a place for sickness and death; Foucault says it in *The Birth of the Clinic*: Hospitals are places where people go to die. So, a hospital is a place associated with sickness and death. Workshops work on prevention, which is different. It's a pity that a lot of my colleagues don't understand this. (Maria, coordinator)

From these testimonies, we can infer that professionals in charge of coordinating the workshops stress the need to prioritize healthy conditions and the well-being of users, and not just the particular care of a diagnosed disease, a logic that is part of a change present in the debates within the biomedical field in the last few decades (Rizzi, 1999). In this sense, coordinators say that the usefulness of workshops lies on promoting healthy conditions and accompanying the different problems related to a disease. Another issue they stress is the use of available resources, not only biomedical agents but also members of the community who carry out practices that can contribute to these ends.

The alternative specialists we interviewed express an idea of health and disease that widens the WHO definition by adding into the equation biopsychosocial well-being, spiritual issues, and notions about the balance of energy:

Tai chi chuan is a millenary Taoist practice that aims to cultivate the body, the mind and the spirit in order to have a better everyday life, but also to prevent, and

this is very important: preventing before curing, although this also cures. Through this idea of preventing and strengthening, tai chi chuan contributes to health care. (Carlos, tai chi chuan workshop teacher)

Health is a state of continuous change and search for balance. It's the balance between the physical, psychic, and social aspects, which includes a spiritual and energetic well-being, being at peace with your surroundings. (Omar, Tibetan bowls teacher)

For us, coming from bioenergy, the idea of health is the continuous search for harmony between body, mind and spirit. Energy is there, in all those parts of a person, it runs among us, the others, and the universe. Energy changes and gets unbalanced for many reasons. Our idea from the bioenergy perspective is to harmonize the energy of the body with those of the mind and spirit through a mostly physical work. (Rosa, bioenergy workshop teacher)

Just like the notions of harmony, holistic medicine, and softness, the ideas of energetic balance and spiritual well-being that were mentioned lie at the core of alternative therapies (Douglas, 1998). The category of well-being has been extensively worked in social sciences (Elliot et al., in press; McNulty & Fincham, 2012; Ryan & Deci, 2000; Taylor & Brown, 1988). In this article, we refer to well-being according to the definition that plants the WHO (2012):

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

From the perspective of alternative specialists, they are qualified to act in the face of sickness and stress levels that surpass the strictly biological aspects, and fall into the areas of energy, emotion, and balance of the trinomial body–mind–spirit. Such areas allegedly mark a specific point in their knowledge and skill, which would justify their need to participate in the health care process as a way to provide a perspective that would include every aspect of a person's well-being.

This way, the idea of a complementary therapy that would link biomedicine and alternative therapies has different meanings for coordinators and alternative specialists. Although biomedicine doctors believe that the effectiveness of these practices lies on the fact that they enable healthy conducts and habits that tend to the promotion of well-being as a side order to psychological and psychiatric therapies,

alternative therapists feel that complementary effect represents a chance to legitimize their role in health care through the very same hospital-based perspective and to offer their activities to a larger audience.

Workshop Participants

Reasons for Attendance

Based on the analysis of interviews with workshop participants, we can identify three types of reasons mentioned to explain participation in these activities, which we present in order of prevalence in the accounts: (a) general well-being, (b) specific health needs, and (c) spiritual pursuits.

The first group refers to attending workshops in search of well-being, which is related to the positive effects of participation in social networks and connecting with peers. Regular attendance in these groups provides a sense of belonging to a social group and promotes, from the perspective of participants, healthy behavior. This last fact is considered therapeutic in itself, as can be seen in the story of Ofelia, a 72-year-old woman, retired and widowed for 2 years:

It's so good for me to go to the yoga workshop. I go because participating in the group makes me get out of the house, to have a schedule, an activity, my own time . . . to escape from my children, who leave the grandkids for me to take care of all day . . . to have my own activities, time . . . and place that are all mine. (Ofelia, yoga workshop participant)

Or in the case of Oscar—72 years old, widowed, and retired—who told us the following:

Though it might seem strange, going to the workshop requires me to take better care of myself, shave, have clean clothes to wear . . . to make myself presentable to go. It does me good, because since I was widowed I tend to stay home and be alone, and that's no good. When I was widowed I began to stay inside, to spend a lot of time sitting in the kitchen, watching the clock and watching life pass me by. (Oscar, tango, links and circular dances workshops participant)

In both anecdotes, which are representative of most participants, the workshops are given value as ways of obtaining a space and time for themselves, which allow the participants to carry out an activity.

The second group associated their attendance with seeking to treat a wide range of ailments, such as chronic diseases and diseases of old age, among others. Given that this second group we work with has been diagnosed with a disease and therefore is going to the hospital for treatment, the effectiveness is attributed to the complementarity of the combination of both types of treatment practices. To give one example,

we cite the case of Nora, 75, who attends the yoga workshop, as recommended by her orthopedic doctor:

When I went to the orthopedic surgeon, he recommended I do Yoga, to help me to improve my posture, because over the years I was shrinking, stooping, from bad posture I guess . . . and from age, too. The doctor told me that at the same hospital they were giving free classes, so I signed up and now I've been going for 2 years. I take pills for my rheumatism and do yoga postures . . . I think all that does me a lot of good. (Nora, yoga workshop participant)

Interestingly, although the workshops arise in the area of mental health, specialists from other fields of biomedicine recommend that their patients use the open workshops, because they consider them to be complementary to the treatments they perform.

I started going because of my neighbor, the lady next door here. I saw she was looking much better, more lively, in a better mood, and one day I asked what she was doing . . . she told me that in the hospital she was going to tai chi chuan classes. At first I didn't know what that was, but since she looked so good, and since she invited me, I went for it. She had a lot of back pain and took lots of medications. And she told me she was taking less medicine, and that excited me. It's also lovely, tai chi chuan, it's amazing how much you improve and it's really allowed me to feel better. I have better posture, I feel stronger and happier thanks to tai chi, I take less medications, and since my body and my mind are stronger, I feel more agile and confident to walk and go out in the street. (Esther, tai chi chuan workshop participant)

The combination of allopathic medicine and alternative therapies seems to act effectively on different levels of disease, so it is not an ambiguous or incoherent summation of therapeutic strategies. In this sense, as noticed by Maluf (2005), users of alternative therapies have a view of health that involves the physical and the spiritual, what is called a *holistic view*. By contrast, the same term in biomedicine is usually attributed to understanding the person as the interrelation of all biological systems, limiting the idea to the tangible body (Douglas, 1998).

Finally, we will examine the third group. Although participants who attend the hospital workshops seeking spirituality represent a minority, it is still interesting to analyze it, because it manifests a resignification phenomenon of the logics and frameworks of both types of medicine, biomedicine and alternative therapies.

I think meditation done in yoga takes you to other states of consciousness . . . more peaceful states where

you can hear yourself and find the root of your emotional problems, which later take on flesh and become sickness in the body . . . it is also the path to get rid of karma, to evolve and prepare yourself spiritually. In the hospital yoga is free, and I can't afford a workshop outside. (Analia, yoga workshop participant)

I work at a food distribution center from very early until seven in the evening. I'm near the hospital and I was excited to be able to do tai chi chuan, it's even free (laughs). Tai chi is different from yoga: Though it's within the same philosophy, you move both the dense body and the subtle body, I think the philosophy is the same, with the same goal, releasing your attachments, what binds you, unite yourself with the energy in the universe, to be one and to be you the same time, like Carlos says. (Paul, tai chi chuan workshop participant)

According to these participants, the reasons for electing and attending these alternative workshops center on the possibility to access a specific alternative therapy that includes a spiritual dimension, without any economic cost. In addition, at times participants mention—in the positive sense—the certainty that the specialist has a solid background in his or her discipline and has also been approved by the hospital institution to carry out his or her activity. The alternative therapies chosen by these participants are yoga, tai chi chuan, bioenergetics, Tibetan meditation bowls, and transcendental meditation. In these cases, we are not dealing with complementary therapeutic strategies in a strict sense, because the use of alternative discipline is associated with individual pursuits related to the spiritual realm and not the selection of practices to treat the disease. Generally speaking, these participants describe their reasons to participate associated with the search of self-knowledge and meditation practices that allow them to reach states of introspection.

Following this line of analysis, it is interesting to note that in the final type of reasons, at least from the perspective of participants, there is no process of domestication which, as Fadlon (2005) noted, damages certain alternative therapies when inserted in biomedical contexts; this process involves an appropriation of knowledge and practices that, while completely outside the biomedical field, are taken and used by it. In this sense, the ritual aspects and philosophical frameworks of alternative disciplines that tend to be masked, liquefied, or erased as a result of institutional contact with biomedicine (Mc Guire & Kantor, 1988) are still present in the perception of these participants, who strictly limit their reasons for choosing and attending these workshops to what has been called the most “esoteric” and “spiritual” aspects of alternative therapies.

This is an interesting fact to note, considering the request of the coordinators of the workshop that the language of instruction is kept simple and dispassionate, avoiding the mention of spiritual and energetic references to other ideas

of health and disease. Despite this, the latter group of participants highlights this content as part of what is learned in the workshop.

Ideas of Health and Illness

In the participants' accounts, it is difficult to identify clear definitions—in the style of specialists—about health and illness. When asked about these issues, respondents reported direct associations with the conditions and characteristics of the age group they belong to. Recall that the majority of attendees are older than 60 years and are retired.

The idea of health includes to the idea of being active, according to one's age. The opportunity to participate in a group, carry out healthy activity, and have easy physical activity, contributes to the idea of well-being in the face of ailments—associated with old age—and to the acceptance of losses and the possibility of creating new connections.

For me, being healthy is feeling the best possible considering my age . . . I'm not young anymore and there are pains and annoyances that are normal for my age. For me, being like I was at 40 is impossible, but I try to do as well as possible. (Oscar, participant of tango, connections and circular dances workshops)

Health is to have my rheumatism hurt less (laughs) . . . and to be able to pick up my grandchildren, to walk with my friends and above all, be independent. (Ana, yoga and tai chi chuan workshops participant)

For me, to get together with a group of people to talk is healthy, it's to be less alone, which as the doctor tells me is very unhealthy. I think that being alone in my house and having nothing to do is what makes me sick and before I didn't realize it. (José, tai chi chuan workshop participant)

From the stories collected in the field and exemplified in the preceding stories, we can conceive of two levels of disease attribution: a first level, associated with the inevitable deterioration and diseases of age, and a second level, associating the disease with the result of inactivity and isolation, which in most cases is in correlation to the loss of work and family activities.

We wish to emphasize that among users of the first two groups—those who go in search of comfort and those who do it for health-specific issues—there is an adherence to the idea of health and disease as mainly biomedical. In the anecdotes, the terms that define the characteristics of situations of health and ailment translate biomedical terminology into everyday language. In this context, there are references to notions from the alternative field, such as harmony, energy, chakras, and aura, which are associated with well-being in the practice with a plain language that is penetrated by the biomedical field where it is carried out.

Participants' Reflections on Complementariness

In closing the interview, we asked participants to comment on their personal experience with the workshops, and to reflect on the complementarity between biomedical care and the alternative workshops. We excluded members who attend as part of spiritual quests, because they do not seek complementarity.

It's useful to me, doing yoga is good for me, it relaxes me and I go home in a new way . . . I sleep better and that makes me feel good . . . the teacher told us something about the health of those who do yoga, the chakras and I'm not sure what all, I don't understand much, but it's an ancient practice from a very organized and tranquil culture, like that of the Chinese. (Laura, yoga workshop participant)

I don't know, with this rheumatism tai chi works well, rheumatism is a bone disease that comes with age, and in this it's very health, since it improves your balance. When I began, each time that I stood up quickly I would fall . . . now I feel more strength in my legs and it hurts less. (Ana, yoga and tai chi chuan workshops participant)

Going to the workshop does me good, I share things with other women of my age and I always have done activities that make me feel better. (Beatriz, Tibetan singing bowls workshop participant)

Regarding the experience of participating in the workshops, the answers make a direct correlation between the reasons for attendance and the concepts of health and disease. In this sense, continuing in the workshop is tied to whether the chosen/recommended practice generates well-being, a term that is associated with a holistic view of health care. The therapeutic complementarity between alternative workshops and biomedicine does not appear, from the perspective of the participants, as an area of tension or conflict; the differences in these two therapeutic fields are irrelevant, because it is experience of well-being that makes these practices complementary.

When reflecting on the phenomenon, tension between the therapeutic fields does not appear evident, and what does appear is the idea of well-being associated with their combination. So, at the discretion of participants of alternative workshops, the combined medicinal practices should act at different levels of the disease, providing the experience of holism in treatment, by allowing attention to be given to different spheres of the ailment.

Participants are distanced from the implicit argument between coordinators and alternative specialists about the legitimacy of one or another therapeutic model. The specificity of biomedicine and its mainly biological understanding of

suffering is balanced through the perspective offered by alternative therapies, which place episodes of discomfort in a context that contemplates but surpasses the manifestation of the body, by including social, environmental, economic, political, and spiritual aspects as causes and manifestations of discomfort or suffering. From the standpoint of participants, the combination of therapeutic practices—from both medicines—consider and pay attention to different facets of the disease and suffering. These are different strategies to search for well-being and health with two different perspectives on the person and the experience of the disease.

As participants, they take a pragmatic view and take advantage of what the system gives them.

Final Words

As we pointed out at the beginning of this article, the law that currently regulates the practice of biomedicine in Argentina describes it as the only "art of healing." The aforementioned law establishes that all actions that implicate accessing the body of the sufferers—during the course of the diagnosis as well as during the treatment of the diseases—are restricted to the participation of biomedical specialists, whose degree in such *métier* has been supported by the state, through the Ministry of Health and the Ministry of Education. Therefore, all activities related to the therapeutic field that do not belong to the gnoseological framework of biomedicine are located—from the legal perspective—on the margins of the field of medical care. The alternative workshops are implemented in the context of hospitals through a health plan of the local government that promotes, among other things, the well-being of the population.

The field of well-being is without a doubt much broader in definition than the specific field of treating disease, because the definition of the object of the latter lies basically on biological facets. On the contrary, the idea itself of well-being refers to the amplitude of a general state of the individual that cannot be measured or standardized, and which implies a variety of intervening factors. During our field research, the recurrence of the idea of well-being in the accounts of users, workshop leaders, and coordinators was remarkable, leaving aside the differences that could be found in the meaning and reach attributed to the term. The search for well-being appears as an important criterion in the reasons to choose, refer, and consume alternative medicines in hospitals.

This is how a sort of contradiction emerges, apparently confronting two fields of meanings. Biomedicine, the only legally accepted medical offer, includes in its field of action a marginal therapeutic practice.

Even if the numerical percentage of people attending the workshops is not significant in relation to the total population of the hospital, the emergence of alternative therapies in the hospital sphere is a fact that we consider a novelty. In this way, in the sphere of alternative workshops in hospitals,

different perspectives on the same phenomenon—health and illness—currently coexist. The differences in attribution and meaning of the different concepts that contribute to understanding the process of disease and therapy are present in the accounts of the interviewed—coordinators, alternative specialists, and users.

From the standpoint of the coordinators, we can see that the workshops are conducted for the population of the psychopathology service and emphasize the concept of well-being that is part of the health policies of the government of the Autonomous City of Buenos Aires.

The different conceptions of health and disease that coordinators and alternative specialists have wouldn't be significant from the viewpoint of users, who attribute efficacy in relation to their own experience and do not need to theorize much about it, thus manifesting the diversity in the etiological attributions of health and disease. In our opinion, it is the perspective of users that allows uniting so different views, a perspective that builds a link between the differences in meaning and theoretical concepts, uniting through the experience of search of well-being and health, dissimilar and even contradictory therapeutic cultures. Each of these disciplines plays a role in a field of complementarity and exchange that is not mediated by theoretical concepts but by the experience of the user.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research and/or authorship of this article.

Notes

1. The Law No. 17.132, in its second article, defines the "practice of medicine" as the activities related to "announcing, prescribing, indicating or applying any direct or indirect procedure of use in the diagnosis, prognosis and/or treatment of the illnesses of people or the recovery, conservation and preservation of the health of people; public or private counseling and the expert examinations performed by professionals and described in the 13th article." The aforementioned article points out, "The practice of medicine will be authorized only to medical doctors, surgeons or physicians, who previously obtained their medical license."
2. Currently, the city of Buenos Aires has 13 general hospitals (or acute hospitals) that depend of the city government. Generally speaking, these are complex units of comprehensive health care that offer free attention to the population of all ages located in their area of influence, through the offer of several specialties in biomedicine, dentistry, and psychology. They are part of the national health care system, which ensures free public attention to all the inhabitants of the country.
3. These data were surveyed from the official website of the autonomous government of the city of Buenos Aires and correspond to the year 2009. It can be consulted online at <http://www.buenosaires.gov.ar/areas/salud/estadisticas/2009/index.php> (accessed on July 3, 2012). The data are approximate to maintain the confidentiality of our informants: If we give the exact number of patients, one could easily deduce to which institution we are referring to.
4. Buenos Aires city's website: http://www.buenosaires.gov.ar/areas/salud/s_mental/talleres_promocion.php (accessed on July 25, 2011).
5. Fadlon (2005) defined the concept according to the Tobin's (1992) definition of domestication as "a process that is active (unlike westernization, modernization or postmodernism), morally neutral (unlike imitation or parasitism) and demystifying (there is nothing inherently strange, exotic, or unique going on around here)" (p. 23).

References

- Albanese, C. (1990). *Nature religion in America: From the Algonkian Indians to the New Age*. Chicago, IL: The University of Chicago Press.
- Albanese, C. (1992). The magical staff: Quantum healing in the New Age. In J. Lewis & J. Melton (Eds.), *Perspectives in the New Age* (pp. 68-84). Albany: State University of New York Press.
- Alexander, K. (1992). Roots of the New Age. In J. Lewis & J. Melton (Eds.), *Perspectives in the New Age* (pp. 30-47). Albany: State University of New York Press.
- Bakx, K. (1991). The "eclipse" of folk medicine in western society. *Sociology of Health & Illness*, 13(1), 20-38.
- Belmartino, S. (2005). *La atención médica argentina en el Siglo XX. Instituciones y procesos* [Medical care in the twentieth century Argentina: Institutions and processes]. Buenos Aires, Argentina: Siglo XXI.
- Boon, H., Brown, J., Gavin, A., Kennard, M., & Stewart, M. (1999). Breast cancer survivors' perceptions of complementary/alternative medicine (CAM): Making the decision to use or not to use. *Qualitative Health Research*, 9, 639-653.
- Bordes, M. (2007). *Repensando la construcción del cuerpo en la biomedicina. Aspectos científicos de una práctica social, aspectos sociales de una práctica científica* [Rethinking the construction of the body in biomedicine. Scientific aspects of social practice, social aspects of scientific practice]. In C. Krmpotic (Ed.), *Cuidados terapías y creencias en la atención de la salud* [Care therapies and beliefs in health care] (pp. 121-140). Buenos Aires, Argentina: Espacio Editorial.
- Broom, A., & Tovey, P. (2008). *Therapeutic pluralism: Exploring the experiences of cancer patients and professionals*. London, England: Routledge.
- Carini, C. (2005). *Budismo local, budismo global: Una recorrida por los grupos zen argentinos* [Local Buddhism, Global Buddhism: A review of the Argentine zen groups]. *REVER*, 5(3), 178-195.
- Carozzi, M. J. (2001). *Nueva Era y Terapias Alternativas. Construyendo significados en el discurso y la interacción* [New Age and alternative therapies. Constructing meaning in discourse and

- interaction]. Buenos Aires: Ediciones de la Universidad Católica Argentina.
- Cartwright, T., & Torr, R. (2005). Making sense of illness: The experiences of users of complementary medicine. *Journal of Health Psychology, 10*, 559-572.
- Cassileth, B. R., Lusk, E. J., Strouse, T. B., & Bodenheimer, B. J. (1984). Contemporary unorthodox treatments in cancer medicine. *Annals of Internal Medicine, 101*, 105-112.
- Dixit, S. (2005). Meaning and explanations of mental illness: A social representations approach. *Psychology and Developing Societies, 17*(1), 1-18.
- Douglas, M. (1998). *Estilos de pensar* [Thought styles]. Barcelona, Spain: Gedisa.
- Downer, S. M., Cody, M. M., Mccluskey, P., Wilson, P. D., Arnott, S. J., Lister, T. A., & Slevin, M. L. (1994). Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. *British Medical Journal, 309*, 86-89.
- Elliot, A. J., Sedikides, C., Murayama, K., Tanaka, A., Thrash, T. M., & Mapes, R. R. (in press). Cross-cultural generality and specificity in self-regulation: Avoidance personal goals and multiple aspects of well-being in the United States and Japan. *Emotion*.
- Ernst, E., & Cassileth, B. R. (1998). The prevalence of complementary/medicine in cancer: Systematic review. *Cancer, 83*, 777-782.
- Ernst, E., & White, A. (2000). The BBC Survey of complementary medicine use in the UK. *Complementary Therapies in Medicine, 32*, 237-246.
- Fadlon, J. (2005). *Negotiating the holistic turn: The domestication of alternative medicine*. Albany: State University of New York.
- Freidin, B. (2010). *Difusión transnacional, integración, y adaptaciones locales de medicinas orientales: El caso de la práctica del Ayurveda por médicos alópatas en Argentina* [Transnational dissemination, integration, and local adaptations of oriental medicines: The case of the practice of Ayurveda for allopathic doctors in Argentina]. Prepared for delivery at the 2010 Congress of the Latin American Studies Association, Canada. Retrieved from <http://lasa.international.pitt.edu/members/congress-papers/lasa2010/files/1978.pdf>
- Freidin, B., & Timmermans, S. (2008). Complementary and alternative medicine for children's asthma: Satisfaction, care provider responsiveness, and networks of care. *Qualitative Health Research, 18*, 43-55.
- Furnham, A., & Bhagrath, R. (1993). A comparison of health beliefs and behaviours of clients of orthodox and complementary medicine. *Complementary Therapies in Medicine, 32*, 237-246.
- Furnham, A., & Smith, C. (1988). Choosing alternative medicine: A comparison of the relieves of patients visiting general practitioner and a homeopath. *Social Science & Medicine, 26*, 685-689.
- Heelas, P. (1996). *The New Age movement: The celebration of the self and the sacralization of modernity*. Oxford, UK: Blackwell Publishers.
- Idoyaga Molina, A. (1997). Ethnomedicine and world-view. A comparative analysis of the rejection and incorporation of the contraceptive methods among Argentine women. *Anthropology & Medicine, 4*, 145-158.
- Idoyaga Molina, A. (2005). Reflexiones sobre la clasificación de medicinas. Análisis de una propuesta conceptual [Reflections on the classification of medicine. Analysis of a conceptual approach]. *Scripta Ethnologica, 27*, 9-45.
- Idoyaga Molina, A. (2008). Las medicinas tradicionales en el Noroeste Argentino. Reflexiones sobre síntesis de praxis y saberes biomédicos, rituales católicos y fragmentos de creencias indígenas [Traditional medicines in Northwest Argentina. Reflections on the praxis and synthesis of biomedical knowledge, Catholic rituals and fragments of indigenous beliefs]. *Ketzalkalli, 1*, 69-92.
- Illouz, E. (2010). *La salvación del alma moderna. Terapia, emociones y la cultura de la autoayuda* [Saving the modern soul: Therapy, emotions, and the culture of self-help]. Madrid, Spain: Editorial Katz.
- Jorm, A. F. (1994). Characteristics of Australians who reported consulting a psychologist for a health problem: An analysis of data from the 1989-90 National Health Survey. *Australian Psychologist, 29*, 212-215.
- Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British Journal of Psychiatry, 177*, 396-401.
- Jorm, A. F., Angermeyer, M., & Katschnig, H. (2000). Public knowledge of and attitudes to mental disorders: A limiting factor in the optimal use of treatment services. In G. Andrews & A. S. Henderson (Eds.), *Unmet need in psychiatry* (pp. 399-413). Cambridge, UK: Cambridge University Press.
- Jorm, A. F., & Griffiths, K. M. (2006). Population promotion of informal self-help strategies for early intervention against depression and anxiety. *Psychological Medicine, 36*, 3-6.
- Korman, G., & Idoyaga Molina, A. (2010). *Cultura y Depresión. Aportes antropológicos para la conceptualización de los trastornos mentales* [Culture and depression. Anthropological contributions to the conceptualization of mental disorders]. Buenos Aires, Argentina: Akadia.
- Korman, G., & Saizar, M. (2006). Reflexiones en torno a la inclusión del yoga como terapia complementaria en los tratamientos psicoterapéuticos cognitivos en Buenos Aires [Reflections on the inclusion of yoga as adjunctive therapy in cognitive psychotherapeutic treatments in Buenos Aires]. *Revista Brasileira de Sociologia da Emoção, 5*(13), pp. 97-110.
- Luxardo, N. (2011). *Morir en casa. El cuidado en el hogar en el final de la vida* [Dying at home. The home care at the end of life]. Buenos Aires, Argentina: Editorial Biblos.
- Maluf, S. W. (2005). *Mitos coletivos, narrativas pessoais: Cura ritual, trabalho terapêutico e emergência do sujeito nas culturas da "Nova Era"* [Collective myths, personal narratives, ritual healing, therapeutic work and emergency in the cultures of the subject "New Age"]. *Mana, 11*(2), 499-528.
- Mamtani, R., & Cimino, A. (2002). A primer of complementary and alternative medicine and its relevance in the treatment of mental health problems. *Psychiatric Quarterly, 73*, 367-381.
- Martins, P. (1999). *As terapias alternativas e a libertacao dos corpos* [Alternative therapies and the release of bodies]. In M. J. Carozzi (Ed.), *A nova era do Mercosul* [The New Age of Mercosul]. Petropolis, Brazil: Editorial Vozes.

- Mc Guire, M., & Kantor, D. (1988). *Ritual healing in Suburban America*. New Brunswick, NJ: Rutgers University Press.
- McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist*, 67, 101-110.
- Montgomery, K. (2006). *How doctors think: Clinical judgment and the practice of medicine*. Oxford, UK: Oxford University Press.
- National Center for Complementary and Alternative Medicine. (2002). *What is CAM*. Available from www.nccam.nih.gov
- National Institutes of Health. (2003). *What is complementary and alternative medicine?* National Center for Complementary and Alternative Medicines. Retrieved from <http://nccam.nih.gov/sites/nccam.nih.gov/files/informaciongeneral.pdf>
- O'Connor, B. (1995). *Healing traditions: Alternative medicine and the health professions*. Philadelphia: University of Pennsylvania Press.
- Rizzi, C. H. (1999). La enfermedad de la atención médica de los argentinos [Disease medical care Argentines]. *Medicina y Sociedad*, 22(3-4), 120-126.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68-78.
- Saizar, M. M. (2009). *De Krishna a Chopra. Filosofías y prácticas del Yoga en Buenos Aires* [From Krishna to Chopra. Philosophies and practices of Yoga in Buenos Aires]. Buenos Aires, Argentina: Editorial Antropofagia.
- Saizar, M., Bordes, M., & Sarudiansky, M. (2010). El cuidado en los márgenes. Nuevas formas de voluntariado en el contexto del Estado Post-Social [Care in the margins. New forms of volunteerism in the context of State Post-Social]. In B. Lorente (Ed.), *Transformaciones del Estado Social. Perspectivas sobre la intervención social en Iberoamérica* [Transformation of the Welfare State. Perspectives on social intervention in Latin America] (pp. 199-254). Buenos Aires, Argentina: Editorial Miño y Davila.
- Schoenberger, N. E., Stoller, E. P., Kart, C. S., Perzynski, A., & Chapleski, E. E. (2004). Complementary and alternative medicine use among a multiethnic sample of older adults with diabetes. *Journal of Alternative and Complementary Medicine*, 10, 1061-1066.
- Sharma, C. (2000). Medical pluralism and the future of CAM. In M. Kelner, B. Wellman, B. Pescosolido & M. Saks (Eds.), *Complementary and alternative health care: challenge and change* (pp. 211-222). Amsterdam, Netherlands: Harwood.
- Shimazono, S. (1999). New Age movement or new spirituality movements and culture. *Social Compass*, 46, 121-133.
- Siahpush, M. (1998). Postmodern values, dissatisfaction with conventional medicine and popularity of alternative therapies. *Journal of Sociology*, 34, 58-70.
- Singh, H., Maskarinec, G., & Shumay, D. M. (2005). Understanding the motivation for conventional and complementary/alternative medicine use among men with prostate cancer. *Integrative Cancer Therapies*, 4, 187-194.
- Tavares, M. (2003). *National guidelines for the use of complementary therapies in supportive and palliative care*. London, England: The Prince of Wales's Foundation for Integrated Health.
- Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin*, 103, 193-210.
- Thomas, K. J., & Coleman, P. (2004). Use of complementary or alternative medicine in a general population in Great Britain: Results from the National Omnibus Survey. *Journal of Public Health*, 26, 152-157.
- Thorne, S. (2000). Data analysis in qualitative research. *Evidence Based Nursing*, 3, 68-70.
- Tobin, J. J. (1992). Introduction: Domesticating the West. In J. Tobin (Ed.), *Re-made in Japan: Everyday life and consumer taste in a changing society* (pp. 1-41). New Haven, CT: Yale University Press.
- Tovey, P., de Barros, N. F., Hoehne, E. L., & Carvalheira, J. B. (2006). Use of traditional medicine and globalized complementary and alternative medicine among low-income cancer service users in Brazil. *Integrative Cancer Therapies*, 5, 232-235.
- Vincent, C., & Furnham, A. (1996). Why do patients turn to complementary medicine? An empirical study. *British Journal of Clinical Psychology*, 35, 37-48.
- WHO (1946). *Constitution. Official records of the World Health Organization*. New York, NY: Archives of United Nations.
- World Health Organization. (2002). *Traditional medicine strategy 2002-2005* (pp. 1-41). Ginebra, Switzerland: Author.
- World Health Organization (2012). *Health topics. Mental health*. Retrieved from http://www.who.int/topics/mental_health/en/
- Yates, P., Beadle, G., Clavarino, A., Najman, J. M., Thomson, D., Williams, G., & . . . Schlect, D. (1993). Patients with terminal cancer who use alternative therapies: Their beliefs and practices. *Sociology of Health & Illness*, 15(2), 199-217.

Bios

Mercedes Saizar, PhD, is a researcher at the National Council of Scientific and Technical Researches and a member of Argentinean Center of American Ethnology. Her research topic is focused on therapeutic strategies of complementariness between biomedicine and complementary, and alternative therapies in urban contexts.

Guido Korman, PhD, is a researcher at the National Council of Scientific and Technical Researches (Argentina) and a member of Argentinean Center of American Ethnology. She is also a professor at the Department of Psychology, University of Buenos Aires, Argentina. His research topic is a history of cognitive therapy and the development of complementary therapies in the metropolitan area of Buenos Aires (Argentina).