THE HEALING GODS

COMPLEMENTARY AND ALTERNATIVE MEDICINE IN CHRISTIAN AMERICA

CANDY GUNTHER BROWN

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For Josh, Katrina, and Sarah

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Abbreviations

ACA	American Chiropractic Association
ACS	American Cancer Society
AHNA	American Holistic Nurses Association
AHRQ	Agency for Healthcare and Research Quality
AMA	American Medical Association
AME	Association for Mindfulness in Education
ANA	American Nurses Association
AYA	American Yoga Association
CAM	complementary and alternative medicine
CCA	Christian Chiropractors Association
CDSR	*Cochrane Database of Systematic Reviews*
CEU	continuing education unit
CMAN	Christian Martial Arts Network
FDA	Food and Drug Administration
FTC	Federal Trade Commission
ICA	International Chiropractors' Association
JAMA	*Journal of the American Medical Association*
MBSR	Mindfulness-Based Stress Reduction
MMA	mixed martial arts
NACM	National Association for Chiropractic Medicine
NANDA	North American Nursing Diagnosis Association
NCCAM	National Center for Complementary and Alternative Medicine
NCI	National Cancer Institute
NIH	National Institutes of Health
OAM	Office of Alternative Medicine
PHS	Public Health Service
POCA	People's Organization of Community Acupuncture

RCT	randomized controlled trial
TCM	Traditional Chinese Medicine
TM	Transcendental Meditation
WCA	World Chiropractic Alliance
WHO	World Health Organization

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Introduction

WHY IS COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) SUPPOSED TO WORK?

IF YOU ARE like most Americans, you or someone you care about has probably tried complementary and alternative medicine (CAM). Maybe you sought relief from back pain by visiting a chiropractor, treated the common cold with an over-the-counter homeopathic remedy, or coped with workplace stress by practicing yoga. The choice of CAM made sense as an inexpensive, natural investment in your health that promised a reprieve from suffering or enhanced wellness for body, mind, and spirit. You may have wondered whether CAM would work and whether it was worth your time and money. But your healthcare provider or Internet advice pointed to scientific evidence, so you gave it a try. You probably did not ask *why* CAM is supposed to work. To ask this simple question—and to insist on getting more than superficial answers—is to open a fascinating window onto how CAM may influence not only your health but also your religion.

This book explains how and why CAM entered the American cultural mainstream, most remarkably finding a niche among evangelical and other theologically conservative Christians, although much of CAM is religious but not distinctively Christian and lacks scientific evidence of efficacy and safety. Most CAM advertisements stress natural, scientifically validated health benefits. But whether or not they tell you this, many CAM providers make religious or spiritual assumptions about *why* CAM works, assumptions inspired by selective interpretations of multifaceted religious traditions such as Hinduism, Buddhism, and Taoism (Daoism) that developed in Asia or metaphysical spirituality that grew up in Europe and North America.[1]

Popular interest in CAM has never been greater than it is today. Surveys show that 38 percent of Americans use CAM, and almost everyone has a

relative or a close friend who is a CAM user. Perhaps 80 percent of Americans have tried CAM at least once. Use of CAM is not in itself a new development. Surveys conducted in 1924 and 1990 both reported that 34 percent of Americans used CAM that year. But the perceived boundary between conventional and alternative medicine appears to be loosening. In 1990, Americans made 425 million visits to CAM practitioners, compared with 388 million visits to conventional medical doctors. In 1997, 32 percent of patients had during the previous year consulted both an M.D. and a CAM provider for the same condition, compared with 1990, when only 20 percent combined visits to both provider types.[2]

The recent integration of CAM into the mainstream health-care market and conservative Christian subculture is an extraordinary development. Before the 1960s, most of the practices considered in this book—yoga, chiropractic, acupuncture, Reiki, Therapeutic Touch, meditation, martial arts, homeopathy, and anticancer regimens—if encountered at all, were generally dismissed as medically and religiously questionable. Conventional medical doctors disparaged CAM as quackery, and Christian clergy denounced CAM as idolatry because it seemed tainted by "Eastern" religions or "New Age" spirituality. Today, CAM fills growing niches in Walmarts, YMCAs, public schools, hospitals, business corporations, and Christian churches. Medical doctors are reassessing CAM as cutting-edge, "integrative" medicine. Evangelical Christians are reclassifying CAM as religiously neutral "science"—indeed, as better than biomedicine, because it is more "natural" and free of the atheistic bent of medical materialism.

By the twenty-first century, CAM had moved from the peripheries to the center of culturally accepted health-care practices. This book poses a pivotal question: What causes practices that most Americans once classified as illegitimate for medical and religious reasons to be redefined as legitimate routes to physical and spiritual wellness? My basic answer is that CAM promoters strategically marketed products to consumers poised by suboptimal health to embrace effective, spiritually wholesome therapies. Once-suspect health practices became mainstream as practitioners recategorized them as nonreligious (though generically spiritual) health-care, fitness, or scientific techniques—congruent with popular understandings of quantum physics and neuroscience—rather than as religious rituals.

This development is noteworthy because certain CAM claims are similar to religious claims, but CAM gained cultural legitimacy because many people interpret it as science instead of religion. Examining this process of cultural redefinition illumines how Americans navigate the relationship between the "religious" and the "secular." This leads to broad questions, such as: What is

religion? What is science? How are scientific vocabularies and methods used in cultural, religious, and legal debates, and how do religious and commercial motives shape understandings of science? What happens when people transpose religious/secular categories? Ultimately, what difference does it make if CAM is understood to be science but functions like religion?

My agenda is to tell the intriguing and sometimes astonishing story of the mainstreaming of CAM in America. A significant aspect of this story is that CAM is a charged issue that evokes powerful emotional responses from supporters and critics. Many people have unmet health needs that occasion physical and emotional suffering, experiences exacerbated by uncertainty, fear, repeated attempts and failures to find help from medical or religious sources, and implicit or explicit judgments from others that one is thinking about or pursuing health the wrong way. Although certain readers may have strongly positive or negative emotional reactions to the content of this book, I do not intend to make normative claims about what Christians or other Americans should believe or practice. I do, however, voice concerns about the *processes* and *contexts* through which CAM's mainstreaming has occurred, because these mechanisms can hinder people's agency to make the health-care and religious decisions they want to make and intensify rather than alleviate human suffering. I hope to provide insight into the complex cultural, ethical, and legal issues involved as Americans navigate the health-care market.

What Is CAM?

Common definitions of CAM encompass any healing practice not "included in mainstream health care in the United States," because it "lacks or has only limited experimental and clinical study" indicating medical value. Many therapies labeled as "alternative," "complementary," "integrative," or "holistic" share more than a lack of conventional medical validation. Conventional medicine, or biomedicine, constructs human bodies as biological organisms and employs material treatments to cure individual diseases, while also, at least as an ideal, attending to patients' mental, emotional, and social-cultural needs. By contrast with the materialistic premises of biomedicine, holistic (from the Greek *holos*, or "whole") worldviews presume that health entails much more than absence of disease and that humans—as complex interrelationships of mind-body-spirit—possess vast self-recuperative potential. Concepts of humans as inseparable units of soul, spirit, and flesh (Hebrew *nephesh*, *ruach*, *basar*) can be found in ancient religious and philosophical traditions, including Judaism and Christianity, but the term *holistic* was coined by the South African philosopher Jan Smuts in 1926 and popularized by the

holistic health-care movement of the 1970s. *Holism*, as the term is often used today, presupposes that all reality is essentially one (monism), and matter and energy, physical and nonphysical entities, exist in a continuum and constantly affect each other.[3]

Holistic ideas permeate American culture. It has become commonplace to speak of health for body, mind, and spirit—so commonplace that one may not notice the significance of the last term in this trinity. Use of the term *spirit*, as with *spiritual* and *spirituality*, implies that living beings have an "immaterial aspect" that is "radically nonmaterial." Such an idea may lead into *metaphysical*—beyond physical—concepts of "correspondence" between mind and spirit (or communication across natural and spiritual realms), psychic intuition, clairvoyance, and use of nonmaterial energy to change the material world.[4]

A central assumption unifying diverse CAM practices is the existence—and possibility of redirecting—universal life force or vital energy. This "energy" is variously termed *qi* (pronounced "chee"), *ki*, *prana*, *animal magnetism*, *vital force*, *biofields*, or *Innate Intelligence*, concepts that may sound familiar to those introduced to "the Force" by *Star Wars*. Blockages or imbalances in the flow of vital energy from the universe through the human body presumably cause disease, often written as "dis-ease," or lack of ease. Holistic healing may involve opening blockages or redirecting flows of energy through the body's energy channels (*nadis* or *meridians*, joined at *chakras*), rebalancing opposing energy principles (*yin* and *yang*), or restoring harmonious equilibrium between human bodies and a divine principle that indwells the cosmos and flows through all things. Techniques include physical touch of the body or redirection of energy fields beyond the body using one's hands or instruments such as needles, or ingestion or external application of substances intended to restore energy balance. Some practices combine handling energy fields with invocation of aid from personal deities or spirits and rituals to protect against maleficent spirits or dangerous energies. Other practices take for granted the existence of vital energy but can be employed without reference to energetic principles.[5]

The term *energy* has positive connotations. People feel well when they're "energetic" or "energized"; "energy drinks" appear in impulse-buy sections of grocery stores; "energy" evokes images of a valuable resource that does useful work and increases human comfort. Energy is an expansive concept, broad enough to appeal generally while allowing room for divergent, even contradictory interpretations. The same word refers to measurable wavelengths and frequencies of electricity, light, sound, and magnetism and to invisible forces undetectable by conventional scientific instruments. The flexibility of the energy label obscures a fundamental difference between biomedical and

holistic concepts. *Vital* energy is more than a physical force. It is alive and life-giving, intelligent, and goal-directed, beneficently promoting homeostasis or balance. Vital energy is "subtle," meaning that it cannot be proven to exist. People claim to know it is real through intuitive perception or observation of apparent effects. While performing healing rituals, people report physical sensations such as warmth, tingling, or vibrations akin to "electricity."[6]

Electricity is a compelling modern metaphor that bridges physical and spiritual notions of energy. Electricity is an invisible force that can be felt, does work, and can be detected and measured using modern technology, but electricity was no less "real" before scientists discovered instruments to measure it. People sometimes reason that if they sense something comparable to electricity, then—even though this energy cannot be detected or measured by technology—it, too, is a real, natural, though invisible, force. The National Center for Complementary and Alternative Medicine (NCCAM) differentiates "veritable" energy fields, those that can be measured, from "putative" energy fields, those that "have yet to be measured." Implicitly, if scientific instrumentation becomes sufficiently sophisticated, it may become possible to measure, and establish the existence of, putative energy.[7]

Those interested in finding evidence of vital energy experiment with novel technologies. Energy-detection devices include a superconducting quantum interference device (SQUID), a gas-discharge visualization device (GDV), a scintillation counter to quantify "tiny flashes of light" generated by "gamma rays," and Kirlian photography (named after Russian inventors Semyon and Valentina Kirlian). Kirlian photography, for instance, is a technique of "high-voltage photography" that purportedly captures changes in the "electrodynamic field" that permeates and surrounds objects following energy treatments. Critics object that apparent variations in "aura" can be accounted for by mundane physical factors, such as variable moisture levels of objects photographed, pressure exerted on films, and exposure length; *any* moist or conductive object appears to have an aura when touching a photographic plate connected to a high-voltage source of electricity, but the aura disappears when photographs are taken in a vacuum, since no ionized gas is present. Surveying the state of research on putative energy, the NCCAM concludes that "neither the external energy fields nor their therapeutic effects have been demonstrated convincingly by any biophysical means" to exist.[8]

In the absence of evidence that putative energy exists, supporters imply that all energy, whether or not its existence can be verified, is essentially similar. Holistic-healing publicist Kay Koontz suggests that "the idea of using energy to diagnose and heal isn't completely foreign to Western medicine. After all, electrocardiograms and electroencephalograms have long been used to record

the electrical energy of the heart and brain, respectively." If medical doctors can use one form of energy, Koontz reasons, why not integrate other forms into medical treatment? James Oschman, who advertises his scientific credential of a Ph.D. in biological sciences from the University of Pittsburgh (but who left academia before receiving tenure), asserts that all "healing energy, whether produced by a medical device or projected from the human body, is energy of a particular frequency or set of frequencies that stimulates the repair of one or more tissues." Fernan Poulin, the producer of a "Chakra Meditation CD," defines all energy as "vibrational frequencies that travel on filaments of ether and are directed by focus and intent." Poulin implies the biomedical reality of subtle energy by hinting at its involvement in biological processes of the central and peripheral nervous systems, since cerebrospinal fluid and electrolytes conduct electricity over the nerves. Borrowing terminology from physics and chemistry, Poulin claims that "prana (a light particle attached to an oxygen molecule) fuels the energy fields by the way we breathe. . . . The vibrations that constitute thoughts and emotions enter the body via energy centers called the chakras. These seven centers are located along the spinal cord where there is an increase in volume of nerve ganglia and plexus plus endocrine glands." In Poulin's account, distinctions between veritable and putative energy disappear.[9]

Using contemporary scientific language to market metaphysics as a superior form of medicine is nothing new; it dates back at least to the fourteenth-century Renaissance. Today's privileged vocabularies—quantum physics and neuroscience—lend plausibility to claims that CAM is frontier science. The "new physics" allegedly provides an "explanatory model" for energy healing by demonstrating the equivalence of matter and energy or that reality consists entirely of energy. A guide to Christian Reiki stresses that "physics has clearly proven that the entire universe is composed of energy and physical matter is a concentration of energy." Actually, the m in Einstein's famous equation $E = mc^2$ refers to mass, which physicists distinguish from matter, and there is disagreement among physicists about the sense in which mass and energy can be viewed as equivalent. Physicists do not have in mind "subtle" energy. A textbook on *The Theory and Practice of Therapeutic Touch* (2001) asserts that "this new physics believes that energy and mass are the same thing, every living thing in the universe is a pattern of moving energy and that all living beings are interconnected to all other living things and interacting with them all the time." The authors reason that because humans have mass, they must also have energy; energy is always in motion interacting with other energy; therefore, and here is the logical leap, humans can affect the subtle energy fields of other humans. Distant healing through nonlocal (and nonphysical)

"intentions" invokes the idea that subatomic particles affect one another at a distance. The premise that an observer affects the outcomes of experiments bolsters the inference that human consciousness directs energy and even creates matter. The concept that everything in the universe is connected seems to support the interchangeability of matter and consciousness. Such claims reflect imprecise applications of physics to nonphysical concepts of energy in a manner that resonates with popular understandings of science.[10]

Nonscientists have similarly become fascinated by recent research in neuroscience investigating the physiological basis of religious experiences. Functional magnetic resonance imaging (fMRI) tracks changes in the brain produced by prayer and meditation. The Dalai Lama invited neuroscientists to study effects of Buddhist meditation on brain structure and function. Sympathetically reporting on this research, Amit Sood, M.D., associate professor of medicine at the Mayo Clinic, calls attention to a "startling and exciting discovery—the mind can change the brain. Software can indeed transform the hardware. Training our mind using mind-body approaches can soothe the limbic areas of the brain such as the amygdala, and engage areas of the brain such as the prefrontal cortex, whose activity enhances resilience and happiness, and trains executive functions." Exponents of CAM interpret such findings as evidence of a mind-body-spirit continuum and of the inadequacy of materialistic brain models.[11]

Who Uses CAM, and Why?

Although newly integrated within the biomedical mainstream, CAM usage in America is anything but new. The basic story is that holistic and biomedical healing have coexisted all along, but their relationship changed in three stages: first, consolidation of a medical mainstream against which to define CAM; second, differentiation of CAM from the mainstream; third, reintegration of CAM within the mainstream. This narrative is not wholly linear. There were two waves of popular interest in metaphysical healing, in the mid-nineteenth and mid-twentieth centuries. Both waves reflected widespread disillusionment with dominant medical and religious models and offered means of coping with losses incurred in national wars, during which modern scientific technologies brought death rather than healing, raising questions about the value of scientific "progress."

Medical and religious healing intermingled from the start in colonial America. European colonists brought with them a mix of empirically derived medical knowledge and folk healing then associated with "witchcraft," "astrology," and the "occult." Europeans consulted Native American and African folk healers,

perceiving them as possessing not only natural knowledge but also special access to supernatural power. Christian clergy warned parishioners to beware religious contamination but did little to inspire hope of healing from the Christian God.[12]

The sixteenth-century Protestant Reformation and the eighteenth-century Enlightenment discouraged—but did not quench—"superstitious" expectations of nonmaterial healing. One of the most influential reformers, John Calvin (1509–1564), developed the doctrine of "cessationism" to argue (against Catholic miracle claims) that miracles had ceased with the biblical era because they were no longer needed to confirm the gospel. God might still heal in response to prayer, but such healing was not miraculous, and most healing should be expected through medical means. Clergy influenced by Calvin taught that God sends sickness to prosper the souls of his children, so the proper response is passive resignation. Notably, however, a fifth of Puritan church-membership candidates described their conversions as fulfilling healing vows. Regardless of clerical teachings, people experiencing physical and emotional suffering sought healing wherever they thought they might find it, whether from European doctors, Christian prayer, or recourse to non-Christian healers. By discouraging expectant prayers for healing, Calvinist clergy pushed colonists to seek healing resources beyond Christianity.[13]

Promoters of Enlightenment science denigrated recourse to the supernatural to explain or cure disease, yet metaphysical healing did not disappear with the rise of modern medicine. Colonists attempted to use their growing understanding of natural law to wield material and nonmaterial forces to heal. Medical textbooks recommended astrologically proper herbal preparations and spiritually premised Native American recipes.[14]

Before the late eighteenth century, there was no uncontested "conventional" medical system against which to define "alternatives." Rival practitioners and medical sects competed for clients. Benjamin Rush (1745–1813), a signatory of the Declaration of Independence and a religious Universalist, has been credited with founding the first conventional medical system in America. The "heroic" medicine advanced by Rush made the patient the hero, enduring invasive "therapies"—such as bloodletting, intestinal purging (using calomel, a mercury derivative), sweating, and blistering—to "deplete" the body of excess substances. The heyday of heroic medicine coincided with unsettling social developments, including industrialization, urbanization, communications and transportation revolutions, and deployment of new technologies in warfare to kill more efficiently.[15]

Popular dissatisfaction with Calvinist theology, heroic therapeutics, and the social costs of modernization had by the post-Civil War era fed the growth of "nature cures," such as mesmerism, homeopathy, spiritualism, vegetarianism,

mind cures, osteopathy, chiropractic, and Christian Science. Health reformers decried the corrupting influences of sedentary, indoor lifestyles and unnatural food and drink produced by "artificial civilization" and distributed by the market revolution, a world populated by anonymous, untrustworthy manufacturers and tainted by invisible poisons. Sylvester Graham (1794–1851), a Presbyterian minister best remembered for the graham cracker (which today bears little resemblance to the whole-grain, unsweetened original), warned that commercial bread made from processed white flour symbolized the nutritional and moral bankruptcy of modernity. Graham's interest in "natural" foods, such as freshly baked, homemade, whole-wheat bread, arose primarily not from chemical properties but from a view that natural foods preserve "vital energy" needed for both spiritual and physical sustenance. The label of "natural" accumulated more-than-physical valences that persist today, as vaguely spiritual, better than "artificial" or "materialistic," harking back to an Edenic era uncorrupted by the Fall to sin and sickness. More Christians also prayed for divine healing, paving the way for the early-twentieth-century rise of Pentecostalism.[16]

The prestige of conventional medicine improved during the second half of the nineteenth century. Forming the American Medical Association (AMA) in 1847, regular physicians sought to obligate patients to obey their authority and avoid practitioners the regulars considered "quacks." Americans enjoyed better health, in part through medical discoveries related to anesthesia and the germ theory of disease, public-health measures for sewage disposal and water purification, and building modern hospitals. In a landmark judicial ruling, *Dent v. West Virginia* (1889), the Supreme Court upheld the authority of a state medical examining board to prohibit an inadequately trained irregular physician from practicing, solidifying the ascendancy of regular medicine. The publication and widespread adoption of William Osler's medical textbook, *Principles and Practice of Medicine* (1892), brought consistency to conventional diagnostics.[17]

By the twentieth century, biomedical science had matured, and the materialistic paradigm of scientific naturalism predominated. Thomas Huxley coined the phrase *scientific naturalism* in 1892 to describe an empirical approach to gathering knowledge about the material world that rejected supernatural explanations; although scientific naturalism can simply denote empirical methodology, Huxley had in mind a broader, philosophical commitment to materialism that a growing number of regular doctors—in the wake of Charles Darwin's publication of *The Origin of Species* (1859)—found appealing. The AMA's membership rolls and cultural influence increased following its reorganization in 1901. In 1910, Abraham Flexner published a report on medical

education that endorsed restructuring medicine as a modern "profession." Individualized clinical approaches declined in favor of standardized diagnosis, instrumentation, therapies, and a "clinical gaze" that perceived human bodies as biological organisms that function in predictable ways. Medical authority increased with the introduction of sulfa drugs in the 1930s, antibiotics in the 1940s, and "wonder drugs" in the 1950s. By the mid-twentieth century, scientific medicine had become the most influential profession in America.[18]

As the medical profession became a more unified and culturally powerful force, it also became a clearer target against which those dissatisfied with the status quo reacted. Holistic healing persisted but outside the consolidating mainstream. As of 1930, 25 percent of American healers were "irregulars," many of whom were self-styled "doctors" who lacked in-depth medical training in any school of practice and who disseminated metaphysical ideas of "spirit" at odds with medical materialism and dominant strains of Christian theology. Alternative healers survived the regulatory assaults of medical and religious authorities by forming alliances with oppositional political cultures. Whole-foods and dietary-supplement movements became popular in the 1950s. The political pull of alternative healing increased dramatically with the rise of the "counterculture" of the 1960s and the holistic health-care movement of the 1970s.[19]

The quest of post-World War II Americans for deeper spirituality created hunger for a "counterculture." As the Vietnam war aggravated building frustrations, people expressed dissatisfaction with American "institutions," including religious institutions. Some looked for revitalization within the Christian tradition by participating in ecumenical—Protestant and Catholic—Charismatic renewal and "Jesus people" movements of the 1960s and 1970s, which (like the earlier Pentecostal movement) rejected cessationism for renewed expectation of miraculous healing. Others looked outside the bounds of Christianity for fresh spiritual resources. The Immigration Act of 1965, an outgrowth of the civil rights movement, removed restrictions based on national origins, leading, for instance, to a dramatic increase in immigration from Asia. Many immigrants were Christians, but some introduced new neighbors and coworkers to traditions such as Zen Buddhism and Transcendental Meditation (TM). Some Americans learned meditation in the counterculture and later joined the Jesus people movement, bringing new meditation practices with them.[20]

The Catholic church's Second Vatican Council (1962–1965) introduced sweeping changes in church doctrines and practices. Vatican II accepted Protestants as "separated brethren" and authorized Charismatic renewal. A *Declaration on the Relation of the Church to Non-Christian Religions* (1965) affirmed that the church "rejects nothing of what is true and holy" in other

religions. Vatican II pushed some Catholics toward religious practices from other traditions. The Irish Jesuit Robert Kennedy recounts in *Zen Spirit, Christian Spirit* (1995) that Vatican II "swept away my old religious certitudes," making Zen—which Kennedy encountered on mission in Japan—attractive as a new source of "insight and discernment" that "would not be blown away again by authority or by changing theological fashion." Post-Vatican II Catholics were more likely than their predecessors to practice CAM. Reacting against this trend, Cardinal Joseph Ratzinger (later Pope Benedict XVI) issued a letter to Catholic bishops in 1989, warning that efforts to pray with the body through Zen, TM, or yoga can "degenerate into a cult of the body and can lead surreptitiously to considering all bodily sensations as spiritual experiences." In 2003, the Vatican issued *A Christian Reflection on the "New Age,"* which indicts CAM practices, including meditation, biofeedback, yoga, acupuncture, herbal medicine, Therapeutic Touch, polarity massage, psychic and crystal healing, nutritional therapies, homeopathy, and chiropractic. The United States Conference of Catholic Bishops' Committee on Doctrine singled out Reiki in 2009 guidelines, expressing concerns about Buddhist roots and warning that attempts to "Christianize Reiki by adding a prayer to Christ" do "not affect the essential nature of Reiki." Despite such cautionary statements, many post-Vatican II Catholics—who were on the whole increasingly prone to dissent from Church teachings—explored CAM.[21]

Alongside changes in American religious life, the holistic health-care movement cultivated interest in consumer choice and "natural" remedies. By the 1970s, patients were more aware of drug side effects and frustrated by rising costs and limited accessibility of conventional medical treatment, depersonalization of care resulting from medical specialization, and the "presumptive expertise" of physicians who interpreted every illness within a biochemical construct of disease. One acupuncture consumer, whom we will call Maureen, recalls that she began treatment after prescription drugs failed to alleviate headaches. Maureen's favorite aspect of acupuncture is that she no longer needs pills "full of chemicals"—and expensive.[22]

National health-care spending tripled from $41 billion to $140 billion annually between 1965 and 1975, with out-of-pocket expenses doubling. In 2009, Americans spent $2.83 trillion, not including $363 million out of pocket—a 26-percent increase from 2005. In 2012, the average family of four could expect $5,091 in out-of-pocket health-care expenses for the year. Partly as a cost-saving measure, the U.S. government extended support to CAM research. In 1991, Congress established within the National Institutes of Health (NIH) an Office of Alternative Medicine (OAM), with a budget of $2 million. In 1998, Congress upgraded the OAM to a National Center for Complementary and

Alternative Medicine. The NCCAM budget grew from $49 million in 1999 to $128 million in 2013. Funding for CAM research from all NIH programs rose from $116 million in 1999 to $300 million in 2009.[23]

Growing recognition of the limits of biomedicine opened space for alternatives within, instead of as rivals against, the medical mainstream. Practices denounced as "medical cults" in the 1960s became "alternatives" in the 1980s, achieved the status of "complementary" medicine by the 1990s, and shone as "integrative" medicine in the 2000s. Remarkably, the AMA—for decades the most strident opponent of irregular medicine—led the way in this cultural revolution but not at first voluntarily. As late as 1963, the AMA's Committee on Quackery was formed with the mandate "to contain and eliminate chiropractic." The AMA lost a landmark court case, *Wilk v. American Medical Association* (1990), which forbade the AMA to discriminate against chiropractors or other "unscientific" practitioners. Symbolically, the AMA devoted a special issue of its official journal in 1998 to reporting results of clinical trials of seven unconventional therapies, four of which (chiropractic, acupuncture, yoga, and herbs) found positive effects.[24]

The qualified acceptance of integrative medicine helped conventional doctors to domesticate potentially subversive practices within the biomedical paradigm. Doctors worry that many CAM users—more than two-thirds of Americans older than fifty, according to a 2007 national survey—do not tell their doctors. When physicians speak positively about holistic therapies or make referrals, patients are more likely to admit to using CAM, which makes it easier for doctors to watch for potentially dangerous interactions.[25]

Endorsement of CAM by some medical professionals goes beyond grudging tolerance. An American Psychological Association summary of *Complementary and Alternative Therapies Research* (2009) is frankly promotional: "Certain CAM therapies seem to hold tremendous promise for clients with psychological and medical conditions, not only helping them resolve symptoms but also restoring their general health and emotional well-being. . . . My hope is that the research that has been done and reviewed in this volume will motivate clinicians to consider CAM therapies for their clients." The idea that clinicians should consider CAM would have seemed highly unusual, if not perverse, in the 1950s. By the 2000s, times had changed.[26]

The range of commonly practiced CAM options widened, and the popularity of once "exotic"-sounding therapies grew—but not because of mounting scientific evidence. In 2007, the most commonly used therapies were nonvitamin, nonmineral natural products (18 percent of Americans), deep breathing (13 percent), meditation (9 percent), chiropractic or osteopathic manipulation (9 percent), massage (8 percent), and yoga (6 percent). Smaller contingents used special diets (4 percent), homeopathy (2 percent), acupuncture (1 percent),

t'ai chi or qigong (1 percent), energy healing or Reiki (.5 percent), naturopathy (0.3 percent), biofeedback (0.2 percent), or Ayurveda (0.1 percent). Between 2002 and 2007, the prevalence of acupuncture, deep breathing, massage, meditation, naturopathy, and yoga increased significantly. These surges are noteworthy because only 25 percent of systematic medical reviews concluded that these CAM practices were effective for the conditions for which they were used. In other words, the popularity of these once-marginal therapies grew largely independently of scientific validation.[27]

There are important variations to the story of who uses CAM for what reasons. Studies suggest that CAM users are most often white women, ages thirty-five to fifty-five, who are better educated and have higher incomes than the general population. Rocky Mountain residents are two to three times more likely than South Atlantic residents to use CAM. Certain alternatives, such as chiropractic, are favored in rural, educationally and economically disadvantaged areas where there is popular suspicion of medical professionals. As many as 80 percent of conventionally treated cancer patients use CAM. The most common reason given for CAM use is pain (38 percent). This is unsurprising given studies indicating that a majority of Americans "live with chronic or recurrent pain." People in pain may try multiple therapeutic approaches—including medically prescribed drugs, prayer, chiropractic, massage, homeopathy, and yoga—although few people report that any of these remedies work "very well." One survey found that 47 percent of CAM users are not treating any particular problem; they want to maintain health, give themselves a luxurious "treat," or pursue a holistic lifestyle.[28]

People who employ one holistic method are likely to use other CAM approaches. This is because of philosophical similarities and because holistic healing is practiced in the context of relational and institutional networks. Practitioners of various therapies know one another, refer patients to one another, attend the same seminars, and shop in the same health-food stores and bookstores. Experimenting with any one CAM approach can provide a gateway to holistic worldviews. Yet just because CAM practitioners are attracted to a common pool of activities, that does not mean that every activity with a CAM following is inherently metaphysical; not everyone who buys herbal supplements or eats a vegetarian diet is a closet metaphysician.[29]

Christian America's Other Gods

A striking illustration of CAM's newly mainstream status is that it has gained a foothold in the evangelical Christian subculture. According to a 2008 national survey, 76 percent of Americans self-identify as Christians, and

34 percent specify that they are "Born Again or Evangelical Christians." In a 2007 national survey, 36 percent of respondents identified as Pentecostal or Charismatic. Terms for describing Christian identity derive from the New Testament. The Greek *euaggellion* and the Anglo-Saxon *godspel*, or "good news," refer to preaching a message of salvation from sin and death through Jesus Christ. When asked how to attain salvation, Jesus replied that one must be born again through the Holy Spirit. Jesus's disciples reputedly received the Holy Spirit on Pentecost, a Jewish holiday fifty days after Passover, shortly after Jesus's crucifixion. Early Christian writers, such as the apostle Paul, used the Greek *charisma* to refer to gifts of the Holy Spirit, such as healing, miracles, prophecy, and speaking in unknown tongues. Self-described evangelicals are a diverse group expressing a range of theological, political, and social convictions; despite media portrayals, not all evangelicals support the Religious Right. Certain evangelicals pursue Charismatic gifts, whereas others staunchly defend cessationism. Some readers may be surprised that 18 percent of self-identified born-again/evangelicals are Catholic. Many African-American Christians share theological convictions with evangelicals but reject the label because of the historical relationship between many evangelicals and slavery. Nevertheless, evangelical self-identity can be correlated with certain theological beliefs: that God provided a way for forgiveness through the life, death, and resurrection of Jesus; that the Bible is the inspired word of God; that Christianity involves conversion to Christ; and that Christians should encourage non-Christians to become Christians.[30]

This book is about the eclectic healing practices of Americans. I single out evangelical and other theologically conservative Christians as a case study—although other cultural or religious groups could have been selected instead—because evangelicals provide a barometer for the mainstreaming of once-marginal cultural practices. Evangelicals have been described as "culturally adaptive biblical experientialists," who seek a transformative presence in culture while maintaining biblical standards of purity for themselves. These are Christians who appropriate non-Christian resources from their surrounding culture to evangelize outsiders and edify believers and also use the Bible as a safeguard against cultural contamination. Since the mid-twentieth century, evangelicals have been particularly concerned to guard against "Eastern" religions and the "New Age." Yet evangelicals accepted CAM despite its ties to non-Christian religions and metaphysical spirituality.[31]

Evangelicals tend to be highly attuned to perceived threats to theological orthodoxy, which is why many of them back public campaigns to reclaim the heritage of a "Christian America." The Religious Right angers progressive America by its crusades against the allegedly national "sins" of abortion,

same-sex marriage, and religious relativism, while calling for a return to a golden age when America was once a Christian nation. Despite such rallying cries, America was not founded by orthodox Christians who set out to base government on Christian principles. Neither the Declaration of Independence nor the Constitution mentions the Bible or Christianity. Most of America's founding fathers, including George Washington, Thomas Jefferson, and Benjamin Franklin, were Deists who denied that God revealed himself in the Bible and rejected Jesus's virgin birth, miracles, atoning death, and resurrection. Many of the founders were also Freemasons. Masonic ritual not only draws on Christianity but also contains references to other deities, including the Canaanite god Baal and the Egyptian god Osiris. When Christian leaders call for a return to America's founding principles, they forget the enslavement of African-Americans and the disenfranchisement of blacks and women.[32]

The Christian America narrative veils one of the most prominent themes in the Hebrew Bible. In the biblical narratives of God's relationship with his chosen people Israel, prophets chastise God's people for repeatedly turning aside from undivided worship of Yahweh to seek help from gods of surrounding nations or through "divination," defined as manipulation of spiritual forces to control the physical world. God even—shockingly, to modern sensibilities—commanded the Israelites to kill Canaan's indigenous inhabitants lest the Israelites be lured into worshipping their Baals and Asherahs, which promised fertility, health, and protection. Moses reputedly warned the Israelites as they entered the promised land that "the LORD your God will cut off before you the nations you are about to invade and dispossess. But when you have driven them out and settled in their land, and after they have been destroyed before you, be careful not to be ensnared by inquiring about their gods, saying, 'How do these nations serve their gods? We will do the same.' You must not worship the LORD your God in their way." Yet the Israelites "embraced other gods," suffered judgment, in desperation sought Yahweh, and, once the crisis had passed, returned to following other gods. Community members responded hostilely to prophets such as Jeremiah who denounced religious pluralism because their neighbors' gods seemed effective. The Israelites did not want to stop burning incense and pouring out drink offerings to the Queen of Heaven, because when they sought help from multiple spiritual sources, they had "plenty of food and were well off and suffered no harm."[33]

Deploying the narrative of America's Christian origins against the idolatry of the "other" eclipses ironies of Christians' own therapeutic and spiritual explorations. The narrative casts modern Christians as successors to biblical characters. In the hermeneutic tradition of typology, seventeenth-century

Puritans became the New Israel, and the New World became the New Canaan. God made room for the Puritans by removing America's idolatrous indigenous inhabitants, through disease and warfare, as God fought his chosen people's enemies and cleared the continent to establish America's manifest destiny. America would be a city upon a hill that all of Europe could see so that they would have a chance to repent of national sins that courted divine judgment. Today, the narrative warns, America is itself in danger of national judgment because of a politically powerful liberal agenda represented by President Barack Obama that supposedly promotes abortion, the idolatry of Molech; same-sex marriage, the idolatry of Sodom; Islam, the idolatry of Ishmael; and the New Age, the idolatry of Egypt and Canaan. The enemies endangering God's blessing on America are said to be those in the liberal fold. All the while unacknowledged is Christian America's invocation of "gods" of health.[34]

The myth of a Christian America makes opaque the enemies within. There is a disjunction between seventeenth-century "jeremiads," Puritan sermons modeled after those of the prophet Jeremiah to lament the present generation's declension from the faith of the fathers, and prophetic denunciations of today that envision conservative Christians as an embattled remnant standing firm against liberal assaults. Modern prophets lament the declension of the other rather than the self. Evangelical sermons warn against making money, work, television, or material goods into "idols," since there are presumably no real idols in evangelical America. No one puts up altars to Baal or erects Asherah poles in backyards these days. Evangelicals would worry about burning incense in a Hindu or Buddhist temple, but these are still viewed as foreign, minority religions on the outskirts and safely disconnected from mainstream Christian America. The idea that America is "God's nation," represented by "God Bless America" and "In God We Trust," solidifies the common though empirically unsupported view that Christianity is American and other religious and spiritual beliefs are un-American. Regardless of whether one thinks evangelicals should be more or less affirming of religious pluralism, it is ironic when the same Americans who publicly display themselves as pillars in a Christian nation pursue health practices that embody divided allegiances.[35]

Who Needs to Know?

This book is for CAM consumers, health-care providers, policy makers, judicial interpreters, and professional scholars. All of these groups need to know not just whether CAM works but also why it is supposed to work, because CAM bears on both health and religion.

A pattern that emerges in the following chapters is that those exploring CAM—often because they are still suffering despite seeking help from conventional doctors or churches—begin by restricting participation to "purely physical" practices or substituting Christian for metaphysical meanings. But the processes and contexts of CAM's mainstreaming constrain consumer agency. This book presents evidence that certain CAM promoters engage in self-censorship, fraud, deception, or manipulation, misrepresenting or delaying introducing metaphysical concepts until after novices have been attracted by physical benefits. As practice deepens, participants experience subtle coercion to incorporate a broader range of meanings, resulting in unintended shifts in beliefs. Imbalances in knowledge and power between CAM providers and clients particularly impede the autonomous decision making of vulnerable groups, such as children, the elderly, and the seriously ill. Many consumers do resist coercive pressures and contest presented interpretations of CAM by ascribing their own meanings. Yet participation in relatively mainstream CAM practices increases comfort with vitalistic premises, providing entry to practices that individuals once regarded skeptically. Because this progression occurs gradually, participants—even those who at the outset reject metaphysics—may slip into metaphysical worldviews without making informed decisions.

Twenty-first-century Americans are not unique in their propensity to mix and match therapeutic options from diverse philosophical and religious frameworks or simultaneously to hold incommensurate beliefs that serve different practical functions. When people need healing or desire better bodies and more peaceful minds, it is unsurprising that they look around for help. The impulse to draw eclectically on medical and religious resources to pursue health can be found in all eras and people groups. Indeed, many Americans celebrate pluralism. There is nothing remarkable about combinative practices, except when exhibited by adherents of monotheistic religions that strictly prohibit seeking help from "other gods."[36]

Although evangelicals are in principle committed to shunning religious eclecticism, they can be just as eclectic as anyone else when healing is at stake. When people, evangelical Christians included, need healing or want better health, the urgent—and legitimate—question of which health-care choice works best overshadows theoretical concerns about why therapies work. If Christians experience cognitive dissonance, desire for benefits prompts them to rationalize, rather than change, therapeutic choices. In what scholars term "lived" religion, people select, negotiate, and create from available options as they confront life's complexities. It is, nevertheless, paradoxical when groups that strenuously eschew theological pluralism embrace therapeutic pluralism,

when doing so leads them to engage in the very theological combinativeness they so assiduously sought to avoid.[37]

Noting the general tendency of people to negotiate their own logical inconsistencies does not clarify what it is about a particular cultural context that makes people willing to combine certain contradictory impulses but not others. A primary goal of this book is explanation rather than judgment. Numerous books about CAM have been published in recent years. Many books seek either to promote or to condemn holistic healing. My perspective is rather that of a cultural and religious historian and interpreter puzzling with the incongruities, overlaps, and contradictions that make culture an interesting object of study.

I stumbled on this project while working on a previous book for which I interviewed pentecostals about their divine-healing practices, during the course of which informants surprised me by volunteering information about their love for CAM. Intrigued, I spent nine years combing vast pro- and anti-CAM literatures—books, scholarly journals, popular newspaper articles, Web sites, and audiovisual resources; clinical studies, medical review articles, and theories of informed consent and biomedical ethics; constitutional jurisprudence; and sociological and ethnographic research. I observed CAM practices, distributed surveys, interviewed dozens of CAM participants and critics, and supervised research assistants as they observed and interviewed dozens more. Working on a topic for which new sources appear almost daily feels like trying to shoot a moving target. It is inevitable that this book will leave out relevant sources published too late for my consideration. It is equally impossible to cite even the majority of relevant sources without alienating length-conscious publishers and readers; references are restricted to short-form notes and a pruned-down bibliography.[38]

Rather than render a verdict about whether particular CAM practices are intrinsically good or bad, this book reveals unsuspected implications of *unreflective* therapeutic eclecticism for health, religion, and democracy. At stake are informed decision making in the health-care market and boundaries between religion and government in a pluralistic society. Holistic health care raises ethical and legal questions of informed consent, protection of vulnerable populations, and religious establishment—affecting values of personal autonomy, self-determination, religious equality, and religious voluntarism—at the heart of biomedical ethics, tort law, and constitutional law. On an individual level, health-care consumers need to understand not only medical risks and benefits but also factors bearing on long-term goals and values, including religious commitments. Health-care providers have a responsibility to inform patients if those providers have reason to believe that using CAM may influence

patients to make different religious choices from those they would make otherwise. Patients are responsible for investigating options, because for choices to be free, they must be made with understanding. On a societal level, CAM's mainstreaming presents challenges to those accountable for safeguarding consumer rights and religious disestablishment. Health-care educators, policy makers, and courts need to understand the premises upon which CAM is based to determine how or where CAM sponsorship is suitable.

Overview

Chapter 1—"Is CAM Religious?"—argues that "religion" should be defined broadly enough to encompass both spiritually premised bodily practices and theological creeds. The chapter illustrates how certain CAM providers take inspiration from metaphysical spirituality fashioned in Europe and North America and manifold religious traditions, such as Taoism, Buddhism, and Hinduism, forged in Asia, and it explains why practitioners downplay CAM's religious aspects in favor of efficacy and nonsectarian spirituality.

Chapter 2—"Yoga: I Bow to the God within You"—takes yoga as a case study to develop the claim that CAM is religious. The chapter demonstrates that although practitioners describe yoga as secular exercise and universal spirituality, doing yoga encourages adoption of religious meanings. Because many Christians define religion in terms of intellectual creeds rather than bodily rituals, they do not recognize yoga as religious and are unduly optimistic about the ease of refashioning yoga from "Hindu" to "Christian" simply by relabeling it as such. This raises the more general question of whether CAM and Christian worldviews converge.

Chapter 3—"Is CAM Christian?"—shows how CAM worldviews differ in significant respects from worldviews historically held by many theologically conservative Christians. Yet the reasoning processes used by evangelicals have led increasing numbers of them to CAM. Evangelicals characteristically guard against theological contamination while appropriating non-Christian resources for Christian purposes. They classify practices either as legitimate, religiously neutral science or as illicit "New Age" spirituality or "Eastern" religion based on whether the "roots" and "fruits" are good. Paradoxically, fear of contamination from investigating Eastern religions and the New Age made evangelicals more likely to engage in practices premised in non-Christian worldviews without realizing it, leading to unintended theological shifts.

Chapter 4—"I Love My Chiropractor!"—takes as a case study Christian defenses of chiropractic. Despite rationalizations motivated by unmet needs for effective pain relief, chiropractic philosophy is premised on metaphysical