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ALTERNATIVE MEDICINE AS COUNTER-CONDUCT: THERAPEUTIC SPACES AND MEDICAL RATIONALITY IN CONTEMPORARY ROMANIA

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Abstract. This study analyses the practice of medical pluralism in contemporary Romania, addressing the phenomenon of alternative medicine through the Foucauldian concept of counter-conduct. Employing in-depth interviews with general and alternative practitioners from two towns in Transylvania, and participant observations in spaces where they practice their knowledge, I describe how certain discursive acts reformulate the body and the subject-patient. Alternative therapists construct their practice in direct opposition to several parameters of biomedicine, such as the logic of diagnosis, treatment, and the praxis of patient's visit to the general practitioner's office, discussed in the paper. They define their approach as psychosomatic, and set-up the medical space as a confessional space, envisioning a holistic corporeality and the idea of the "inner doctor" in each patient. This conduct would supposedly make the subject "active" and "empowered", as opposed to the "passive" patient succumbed to the diagnosis of conventional doctors.

Keywords: counter-conduct, biomedicine, alternative medicines, patient subject

Introduction

Postsocialist Romania, especially in the last decade, opened up to a breadth of non-conventional medicines, also named holistic, alternative or complementary medicines. Romania accommodates a wide range of such practices, mainly clustered around big cities; in 2009, 7% of the population resorted to alternative medicines within the last 12 months (Dragan and Madsen, 2011). The possibility of diversity made way for new therapeutic figures on the medical market – naturopaths, homeopaths, osteopaths, Reiki therapists, modern shamans - all of them working next to family practitioners, popular healers and plastic surgeons. Looking into this space of medical pluralism, this

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study examines the discourse and practice of alternative medicines through the conceptual framework of *counter-conduct*. I claim that, in a governmentality that promotes mostly conventional medicine, alternative practices respond as counter-conducts, having an inherent critical positioning towards biomedical conduct. This becomes apparent in the new, reorganized therapeutic spaces, and in the discursive constitution of alternative practices.

In response to the scarcity of ethnographic studies concerning medical practices in Romania, and in particular alternative ones, I have used a combined methodology of empirical observations in the medical rooms, exploratory discussions, semi-structured and in-depth interviews with 25 patients, family practitioners and complementary/alternative doctors, taking place in 2011-2012. The majority of family practitioners interviewed were middle-aged women, while alternative practitioners were males and females, in equal distribution, with ages ranging between 25-55 years old. I visited six individual surgeries and three alternative medical centres in Cluj-Napoca, the second largest city in Romania, and Mediaş, a smaller-town in Transylvania. The time spent in the offices of family practitioners and alternative ones, allowed me to observe in a comparative way the interactions between doctors and patients, the temporal organization of medical visits, and the spatial distribution of therapeutic facilities.

In a manner that takes into consideration all therapeutic possibilities, by alternative medicine I mean practices and products of healthcare that are not included or are rarely included within conventional biomedicine, such as homeopathy, acupuncture, osteopathy or Ayurveda[2]. Although there are some differences in nature, yet lacking a definitional consensus, I chose to use the terms alternative, naturist, complementary, holistic in an interchangeable way. In practice, medical pluralism is a syncretic phenomenon, a combination of different "schools of thought", rather than a process that requires either separate or hierarchical use of various kinds of therapies (Leslie *apud.* Lock and Nichter, 2002)[3]. Biomedicine is understood as a system of knowledge and practices

[2] Law no. 118/2007 is the formal framework that organizes alternative medical practices in Romania. These are grouped in six categories: pharmacological and biological practices (immunity-boosting therapies, argil therapy, apitherapy etc.); herbalist practices (aromatherapy, oligotherapy, algotherapy, herbal therapy); diet, nutrition, lifestyle (Gerson therapy, macrobiotic therapy, vegetarianism, Feng Shui etc.); alternative systems of medical practices (acupuncture, homeopathy, naturopathy, Yoga, Ayurveda, Su Jok, medical astrology, etc.); manual therapy (acupressure, chiropractic therapy, osteopathy, reflexology, etc.); bio-electromagnetic and energetic applications (electro-acupuncture, spectroscopy, magnetic resonance therapy, crystal therapy, color therapy, Reiki, holographic therapy etc.).

[3] This is particularly visible in Romania because medical legislation authorizes the exercise of these practices by doctors, dentists and pharmacists, psychologists and other university graduates, provided they have permits and certificates approved by the Ministry of Health and the Romanian College of Physicians.

that establishes a specific way to look at the body, suffering and healing, and at the same time institutes the patient as a subject with a certain conduct. This biomedical "culture" has been historically analysed by Michel Foucault, whose work provides our main conceptual frame. In this sense, I have examined the discourses that define, redefine and categorize medicines, and connect or differentiate one from the others. I depart from a binomial approach that opposes modern medical knowledge to traditionalist knowledge (folk medicine), and assimilates alternative medicine with the latter. In the current alternative practices, we cannot speak about a regression to a premodern view of the body and illness; but, at least as far as my fieldwork has revealed, these practices act out a critical reflection on modern medical knowledge and practice. Postsocialist pluralism allowed the existence of multiple approaches to the patient and its body, and these have easily found a niche in the current capitalist economy, which commodifies healthiness and promotes consumer-oriented medical services and a neoliberal governing of health.

Knowledge and biomedical surroundings

Proponents of alternative practices bring forward a series of critiques to biomedicine: the technical nature of diagnosis and care; the negative effects of using (chemical) pharmaceuticals and excessive pharmacological treatment; the rigidity of the doctor-patient relation; the ignorance of psychosomatics and the envisioning of the body as autonomous to the individual; the portrayal of patients as ignorant subjects (as opposed to the medical specialist) and passive receivers of treatment.

To understand how biomedicine has managed to impose its discourse upon subjects who had been already governmentalized as patients of conventional medicine, some contextualisation is needed. As Conrad (2007) rightfully argues, holistic approaches propose a reformed medical model, one that actually supports a process of de-medicalization concerning diagnosis, doctor-patient relationship, and the view of the body and disease. The medicalization of society, as Conrad (2007) defines it, is the expansion of the medical jurisdiction onto a variety of aspects of human experience, a jurisdiction that exceeds pathology and thus the demand of the patient. This view assumes a conceptual triad: knowledge, authority and subjectivity (Foucault, 2003). In other words, to govern the health of a population, starting with the eighteenth century to the current period, means to incorporate a system for the production of medical truth: anatomy-physiology, hygiene, medical casuistry, treatment schemes, prophylactic programs etc. Because governmentality asserts the norm, its operability and deviations from it (Miller and Rose, 2008: 6), medical knowledge is based on compared dichotomies: normal -

abnormal, pathological - healthy, true - false. The disease presents itself to the eyes of the clinician (*the medical gaze*), his smell, ears and hands, through signs and symptoms that separate pathology from normalcy. In order to diagnose, the medical practitioner combines examination techniques with the confessional account of the subject (case anamnesis); first encoding the signs and symptoms, then reinterpreting the patient's narration. For a more extensive surveillance, a whole system of registration is organized: visit records, prescription records; the individual files of patients, which in turn, must include: personal data, the diagnosis received, the doctor's instructions, the investigations that were carried out, treatments and reactions to the treatments.

This alternation of sight, touch and listening compared with the informational baggage of formal medical education, is the protocol for establishing a disease diagnosis. This process is supplemented with the information provided by a number of devices: ultrasound, endoscope, electrocardiograph etc. that, because of their "objective" character, employing machineries in trend with the latest discoveries of natural sciences, make medical interpretation more "scientific". Because a disease consists of an ordered set of symptoms, with a detectable cause, the individual is no longer a sick person but a "pathological fact indefinitely reproducible in all patients similarly affected" (Foucault, 1998: 130). Medical casuistry uses a probabilistic logic; the effectiveness of a treatment is revealed with statistical evidence as well. So, most often, the lack of this type of evidence, the proof of numbers, is used as a ground to discredit the therapeutic results of alternative medicines.

Returning to the conceptual triad mentioned earlier, medical knowledge becomes performative when regimes of authority are employed: a series of experts - the medical personnel - and premises - hospital, clinic, ambulatory. At the same time, this type of government enables technologies of subjectivity: the patient-subject has and *is expected* to have certain behaviour inside therapeutic spaces, towards medical professionals, regarding his body and the way *his body* deals with *its* ailments. This topic will be discussed in more detail in the subsequent paragraphs.

The offices of conventional general practitioners (or "family doctors" in the Romanian medical vocabulary) that I have visited are disciplinary spaces, and certain elements encountered are common to all. The whiteness of the walls, robes and shoes, the presence of a sink and soap provide the space with a visual portrayal of hygiene as the highest norm. The room is symbolically dominated by the doctor's desk, a symbolic barricade in front of which the patient sits. This reaffirms the practitioner's authority in this space. His healing power is doubled by a bureaucratic power, suggested by the stacks of registers, patients' records, prescriptions, and exclusive access to the on-line register of patients.

This bulk of paperwork, performed in a coded system hardly known to laypersons to the profession, materialize the physician's knowledge and supervising authority. This multi-record keeping provides also the basis for potential controls of the doctor's activity by other medical authorities, which still hardly ever occur in front of the patients. Consequently, his exhibit of professionalism, materialized in books, medical and pharmacological treatises, deposited randomly on shelves or the occasional library found next to the desk, remains an unchallenged proof of medical authority. Walls are enlivened by either anatomical representations of the body, posters containing prevention messages, or by advertisements for different medications. In this space, one will also find the most common medical paraphernalia: stethoscopes, sphygmomanometers[4], blood glucose devices and consultations beds. As in a laboratory, the information provided is unaltered, objective, the diagnosis thus gaining credibility. The uninterrupted presence of a medical assistant, and her position (in all cases the assistant has been a woman, moreover, in colloquial Romanian this position is called "medical sister") in this hierarchical space, usually occupying a side or corner of the desk, reinforces the superior status of the doctor. Her activities, as I observed during my visits, are those of a clerical worker: if not inviting patients to step into the treatment room, the assistant is almost always seated at the desk, silently dealing with records and centralizing data.

The visit to the family doctor is entirely ordered, technicalized and timed, as one of the practitioners admits: "we do it… how to say… like on a conveyer belt, like in a factory" (dr.G; female, 40 years old). The number of patients per day is regulated "from above" and is an average of 20 patients in the five hours spent in the office (although in practice this number is often exceeded, particularly during outbreaks of viral diseases); to this number then adds those "from the field", the patients visited at home by the doctor. Similarly, for each patient, the visit is strictly timed: up to 20 minutes, but in all cases doctors admit that more than half of this time is spent with registering their actions into various databases. The protocol for the medical visit is precise:

> First, a rapid history, because we're on the clock, and then the consultation, physical examination, treatment, prescription and then home (Dr.O; female, 45 years old).

For a productive efficiency, time is measured to the minute:

> About 5 minutes case history, about 5 minutes examination, and the time left is spent discussing with the patient, understanding what it is that he wants to do next. And then all the writing down... this is how it was set-up by the National Health Insurance House. There are exceptions, of course, if I have a special case and need to clarify it, I'll stay more (Dr.G, female, 40 years old).

[4] Instruments for measuring blood pressure in the arteries.

For the sick person, the medical visit actually means receiving a diagnosis and a written down treatment to be carried out outside their interaction, and occasionally a reference-letter for consultation by a specialist.

Diagnosis, in turn, is clear-cut, ordered and follows a predetermined route: anamnesis, perceptual examining of the body, and a possible reference for further inquiries (specialist consultation, blood tests, imaging techniques). For an allopathic doctor, to treat means to prescribe a treatment, most often a pharmacological cure. Using a diagnostic scheme, one that traces the cause and symptoms of the disease, exceptions and complications that may intervene, the doctor tries to alleviate a depersonalized illness through a standardized therapeutic reference system, which is called a therapeutic guide. A disease corresponds to a medication: a series of drug formulas enhanced by a certain regime of daily life (diet, rest and work habits). The treatment is indicated for each disease and adapted to other factors of the case: other diseases, age, constitution, financial capacity to afford certain medication.

> I mean, medicine is nevertheless a science and we conform to the treatment guides, we don't invent the treatment schemes, we just adjust them to the associated pathology, age etc. (dr.H, family practitioner; female, 50 years old).

In this circumstance, the role of the doctor is to uncover the correct diagnosis and to prescribe the corresponding medication. The duty of the patient, being an ignorant figure, is to accept and follow the professional's advices, and to wait the effects of medication. The passivity of the individual in the process of healing his body can be observed in practice. The sick person patiently waits its turn in the waiting room until he/she is called in by the medical assistant. Inside the medical office the space is configured in such a way, that he/she is directed to sit before the professional. The patient is then polled with a rapid, yet precise series of questions. During the physical exam, his/her body is free from its mind, emotionality or cultural customs of privacy and shame, becoming an anatomo-pathological alien, an object to be seen, touched, handled and measured. The next step is to be either forwarded to a specialist, subjected to further technical investigations, or to retire with a piece of paper, the prescription that promises healing.

The alternative therapeutic space: a space for counter-conduct

In order to understand how alternative therapeutic spaces function, it is useful to focus on the elements that breach the mainstream governmentality of the patient-subject and the conventional sources of medical authority. The notion of *conduct* is a main feature of governmentality, a political technique inherently

modern that was shaped over the XVII-XVIII centuries. The term captures the complex meaning of governing: to govern others, to govern oneself, to allow yourself to be governed in a political, ethical, spiritual and civic way. Counter-conduct is then an opposition to the mainstream, socially legitimated conduct.

In his courses delivered at Collège de France in 1977-1978 and later included in the book *Security, territory, population* (2009), when discussing the extent of biopower and possibilities of resistance, Foucault mentions the largest and well-known counter-conducts in modern history – Luther's Reformation. Author considers that this schism contested mainly the pastoral organization, rather than the doctrinal theological system of the Catholic Church. This movement challenged the importance of the shepherd figure as mediator of everyday experiences and of the transcendental, once these relationships exercised a priest-lay dimorphism. Luther and Calvin's religious renewal repealed the sacred-secular distinction regarding things, behaviours, spaces and people; they claimed that divinity is omnipresent in everyday life.

In a similar way, biomedical institutions were targeted by a series of smaller counter-conducts: rejection of medications, refusal to vaccinate or to participate in medical monitoring programs (Foucault, 2009). Power is not omnipresent and omnipotent; resistances occur. When analysing the phenomenon of medicalization in recent decades, Conrad (2007) also mentions the social implications of this development; one social echo takes the form of resistance. Without naming them explicitly as counter-conducts (these movements being of such nature) examples range from the campaign for gay rights, aimed at de-pathologizing this social category, to the movement reclaiming natural births, that promotes ways of giving birth less medicalized (mainly non-hospitalized).

My view is that alternative medicines work as counter-conducts in two ways. First, they profess certain knowledge and practices that are infrequent or even publicly discredited by the conventional medical establishment. Second, the alternative discourse builds itself by referring in a critical manner to several crucial aspects of the biomedical conduct: diagnosing techniques, doctor-patient interaction, patient position, design of the treatment space, recovery methods employed. Consequently, alternative medicine results from discontent and appears as a reaction, a challenge to the medical status quo and to the legitimacy of treatment.

There are two social logics by which to determine the legitimacy of treating: the doctor ensures his knowledge through formal education and clinical practice, proved by his diplomas; the folk healer, either mentored or self-educated, relies on the social recognition of his therapeutic work. For the alternative/ complementary practitioner, these two ways of legitimating are tied together. He holds a formal proof of his medical training, but his reputation is that of a healer (not only an "expert"), and it is transmitted verbally, between relatives, neighbours, acquaintances or through forums and virtual communities.

In order to analyse how the dominance of conventional medicine has declined, my first move was to index all "alternative" offers on the medical market of the second largest city of Romania, Cluj-Napoca, also a university centre in medical sciences and the location of numerous public and private clinics and hospitals[5]. I have identified 24 units of alternative medicine[6], and out of these, 16 have been individual medical offices and 8 medical centres. A medical centre consists of a space that offers multiple healing and healthcare techniques performed by two or more therapists: converted doctors and non-doctors, physiotherapists, psychologists, masseurs, reflexologists and healers with skills that are not formally indexed, but who have graduated from a higher education institution (as mentioned in Law No.118/2007).

During my fieldwork, I carried out regular visits to three alternative medical centres and one individual office. In each of these spaces, various types of therapies are simultaneously practiced: homeopathy, biofeedback, acupuncture, Bach floral remedies, apiphytotherapy, Reiki, detox etc. Some of the therapies, like homeopathy or acupuncture, use different methods of diagnosing. The alternative centres consist of treatment rooms, toilets and a waiting room, where the atmosphere is often animated by ambient music at a low volume. From the beginning, the place is organized and decorated so as to create a calm, relaxed climate, to be perceived as an intimate space, and this is achieved through pastel walls and decorations, plants, music and by burning incense. Daily schedule depends on how many appointments have been previously made, but the place is very rarely crowded. The visit usually lasts one hour, or more if it's the first consultation. The timing is in fact versatile, depending on which therapy will be employed. For example, in dr.M's office, an acupuncture session lasts 30-40 minutes, a hirudotherapy (leech therapy) session extends up to an hour, and for mesotherapy, injecting homeopathic remedies, 5-8 minutes suffice. Dr.M. also mentioned that almost in all cases patients stay longer for friendly talks.

> We've made our schedule in such a way so they [the patients] do not suffer, do not have to wait, or become impatient, so as they can make their own schedule and be prepared for this kind of consultation; because it is different and the type of treatment we do here is different. And the time for each patient has to be a full hour. So that he will have an hour to confess, to detail his symptoms and benefit

[5] Because of the fact that the Internet web is an important space for promoting these medical offers, a detailed search was deemed necessary, one that includes: sites of alternative medical centres and of practitioners' offices, forums, urban guides, medical sites and sites that only register the legality of firms. The results obtained correspond to the period of December 2012 – January 2013.

[6] The number of complementary medical offers is certainly higher because these are also embedded into the public health system, particularly in individual medical offices; this is made possible by the fact that the Ministry of Health recognizes acupuncture, homeopathy and apiphytotherapy as additional medical competences.

> from a treatment in silence, not pressured by other patients who stand by the door, emergencies (...) I thought of it this way because I know from my experience that the patient should leave the office 50% healed and cleared; the rest of it, he will figure out for himself and the medication. A good word and the psychotherapy that we start here, in the office, is 50% of the treatment effect (Dr.R, general practitioner, homeopath, apiphytotherapist; male, 50 years old).

The emphasis is on communication and a close interaction with the patient; this is pursued even before patients step into the treatment room itself. Dr.R. tells me that he prefers to greet the patient personally, and lead him into the treatment room, while performing a series of techniques that have a relaxing role: from the first physical contact (shaking hands with him), conducting a brief amiable chat, to performing certain subtle movements, like pressing "spots learned from Bowen (therapy) and acupressure, between the shoulder blades". Once the patient is in the treatment room, the appearance seems familiar: the sanitary whiteness of the robes, sink and soap, the desk, diplomas and certificates hung on walls. Some of the medical gear found in surgeries of family practitioners, such as consultations bed, electrocardiograph or stethoscope, occurs in alternative spaces as well. Even if the look is familiar, or more accurately, precisely because the look is familiar, these elements have the role of investing the space and therapist's actions with credibility, his knowledge being intensely repudiated in other places. The position of the patient in this space follows the logic of horizontality; usually, the room is organized in such a way so as the patient will sit in an armchair next to the therapist. This will create the impression of equality and cooperation, involving the patient in the process of treating. Sensing the inequality of the doctor-patient relationship, and the passive character contained by the word "patient", some alternative practitioners discard it altogether, using instead the term "client".

In biomedical spaces, confession has the role of pin-pointing the elements that make up a pathological case, while in alternative ones confession has an intrinsic therapeutic function, an end in itself. The time provided for each person being longer, patients are able to narrate their sufferings, disclose issues that often are not directly related to the materiality of their body (emotional and personal history), to get the feeling of being listened and understood. These are considered as part of the very process of healing. Stressing the value of communication, dr.R says that the explanations received by the patient are equally important as is the remedy given. So a therapist should be skilful in explaining, in a vernacular language, why the patient is suffering, how to heal, what different therapies and medications are available and suited for the suffering, how do they work etc.

> What does biofeedback mean? It means that…. and then I use different stories. The one with Pavlov, for example (…) So, the dog's reaction to the need of food was greater; here you'll find the principle of resonance: if I give you a substance as information on an electrode, the other electrode will measure your body's reaction (dr.R, general practitioner, homeopath, apiphytotherapist; male, 50 years old).

The alternative practitioner usually practices more than one therapy. Choosing to use one or more therapies is left to his personal experience, what he thinks fits a patient and where he perceives the limits of a therapy: "you cannot treat a fracture with homeopathy. That's absurd! So each therapy has its place" (Dr.E., general practitioner, homeopath, phytotherapist; female, 30 years old). This choice also takes into account the personal beliefs of patients, religious precepts, whether they are sceptics or don't relate to a specific therapy or medication. Complementary practitioners are highly adaptable. For example, dr.R claims: "For me, the patient before me is the king. He guides my choice of treatment. If he says *'Mm, I do not believe in it'* then *I* [interviewee's emphasis] do not believe in it". Treating is a process of negotiation.

In biomedical terms, the body is seen as a machine, an object to be manipulated, brought into a healthy state by doctors. Furthermore, this body is partitioned by biomedical specialties into isolated organs, functions, cells, diseases: neurology, cardiology, urology, oncology etc. Alternative medicines, some even adopting the term holistic, contest this type of knowledge and treatment that divides an individual and its body.

> You reach such a fine and precise diagnostic, but you forget that the body is a whole and that those cells are not functioning on their own, but they function in a whole organism, which has a mind, emotions, it breathes, has a heartbeat and so on. (...) This is the medicine that takes off and grows increasingly far - holistic medicine. Classical medicine has reached a limit, it cannot do more (dr.R, general practitioner, homeopath, apiphytotherapist; male, 50 years old).

Dr.M also shows the benefits of this holism:

> These therapies are global therapies; I mean, a person that comes here to cure a sore shoulder, will also cure his depression, because by means of acupuncture, phytotherapy, through flower or bee remedies an overall balance will occur (dr.M, general practitioner, acupuncturist, mesotherapist; female, 35 years old).

Traditional medicines[7] are based on a similar principle of networking, a network in which all elements of the cosmos are connected to each other: the environment, animals, stars, plants, human beings, bodies and the invisible, spirit world. Acupuncture, Bowen therapy, Ayurvedic medicine, Reiki, crystal healing

[7] In Romania, for example, folk medicine is currently defined as phytotherapy or herbal medicine.

and many other alternative therapies set up a different dimension of physiology, of a body that is not separated from its mind, emotionality, personality and agency, nor from the outside world, visible or invisible.

> So, Man, in its entirety, is not a being limited to the body and psyche, but it is a much more complexly built being, in a permanent state of, say, transformation, in a permanent exchange with what surrounds it, with the animal world, the mineral world, the unseen world - which is increasingly perceived as a living world that hides entities identified by more and more people (dr.F, general practitioner, acupuncturist, osteopath; male, 50 years old).

Le Breton (2009) finds that 'parallel' medicines are treating a patient that is first and foremost suffering in his personal life; this suffering may then materialize on his body. Indeed, since the 1970s, a theory of clinical practice embraced a certain tendency towards holism. George Engel developed the biopsychosocial model of illness intended to replace the dualist, Cartesian view. The model states that biological, psychological and social factors all play a significant role in human functioning in the context of disease or illness. In this regard, alternative medicines validate psychosomatics in the strictest sense of the term, of *soma* and *psyche* in mutual resonance; yet alternative medicines base their practice on holism to a much greater extent than permitted by current medical practice.

In light of these considerations, alternative practices focus on creating a space and a relationship in which the patient will be able to reveal himself, through this open communication the doctor will be able to discover the origins of suffering, most often attributed to mental and spiritual imbalances. But this physiosemantics (Le Breton, 2009), the symbolism of a holistic man, goes beyond the dualism of psychosomatics, as seen earlier in the statements of interviewed alternative practitioners.

The "inner doctor" and medical rationality

Another essential feature of the alternative medical discourse is the vision of an all-knowing body and self. This view is either implicitly accepted or it is acknowledged using the expression "inner doctor", as does dr.R: "Everybody has an inner doctor that knows what it's needed". If it has vitality, that is life expectancy, strong immunity and "energy balance", this integrated body is able to heal itself. This stream of thought is often associated with vitalism, namely the idea that within any living organism there is an energy that gives it life. And the therapists working with such a view (often called "naturopathic"), is intended to guide the body to self-healing through natural, non-invasive methods.

> The healing capacity exists in each patient; the patient has his own doctor. And the doctor should be able to teach the patient how to heal himself. Not with what, but how to heal himself (dr.J general practitioner, homeopath, acupuncturist; female, 40 years old).

Furthermore, dr.J adds that in the healing process a "divine spark" or vital energy is, above all, the most important factor.

Likewise, dr.F declares that:

> The physician is the enzyme that makes this link possible, he is like a binder between phenomena that have long been buried in the inner science of each of us. We have a knowledge that we discarded long ago because we were accustomed to depend on what comes from the outside (dr.F, general practitioner, acupuncturist, osteopath; male, 50 years old).

Thereby, the intervention of a therapy actually works as a stimulator for the body's own capacity. For example, the highly-trafficked online medical guide www.romedic.ro[8] presents various alternative therapies with a similar definition of the body: "Naturopathy is a complete and coherent medical system that focuses on stimulating the natural self-healing mechanisms of the body", "Reflexology aims at mobilizing the body's self-healing processes". Presenting quantum treatments, the site offers this description: "Health consists of the harmonious energy-informational relations between individual and nature. This harmony is expressed by optimizing the mechanisms of self-regulation, self-defence and self-healing of the living organism." Harmonizing, energy rebalancing and adjustment are some of the terms often used in this discourse.

In addition, this "holistic" body has the virtue of manifesting itself, externalizing its imbalances and needs. Dr.R explains:

> This is what Bowtech [Bowen therapy] does. What does it do? By working on specific points [on the body], first the patient relaxes and you prompt him to show you what his priority is and deal with that (...) You let the body tell you. That's holistic (dr.R, general practitioner, homeopath, apiphytotherapist; male, 50 years old).

In crystal therapy a consultation requires the use of a crystal pendulum, which locates, by spinning over body, unbalanced energy points (chakras), points that are related to functions and organs in the area. The body also expresses its needs, such as the need for vitamins or carbohydrates, through various cravings (cravings for sweets, fruits etc.) or other marks. Man has an intrinsic science of the body's needs, but as dr.F said above, he has forgotten it, always receiving a help from outside, or, as dr.R claims, that society and advertising pollute this knowledge of "real" bodily necessities.

[8] Accessed on 12.05.2012.

What is also distinctive about the alternative discourse is the use of the term "healing" with a greater frequency than in other discourses. By contrast, biomedicine uses "diagnosis", a term abused by doctors, according to some promoters of alternative practices. They contest biomedicine's focus on finding an exact diagnosis, at the expense of searching for means of healing and self-healing.

Scientific validation of processes involved in healing does not occupy a central position in this discourse. The fact that a treatment or remedy enjoys a cause-effect type of explanation, proven by positivist criteria, is often surpassed by using different sorts of arguments brought to justify the effectiveness of an alternative practice: seniority and patient feedback. First type of reasoning, most often found concerning folk and oriental medicines, employs the logic of continuity in time, as is apprehended by dr.A's statement:

> In acupuncture, as well, in recent years, let's say in the last 70 years, diverse scientific grounds are brought to traditional Chinese medicine. True, it's nice that we have a scientific basis, but let's not be lost in these. The law of time is very important for therapy. And what does the law of time mean? Something that works for years, for thousands of years, right? (dr.A, general practitioner, acupuncturist, homeopath; female, 35 years old).

The second type or reasoning raised by alternative practitioners consists of valuing their individual work experience and feedback received from patients. All that counts is the end result:

> I don't have a scientific explanation, but I did that patient good. Isn't it much more important to make him better than to ascribe a super-fancy diagnosis? (dr.E, general practitioner, homeopath, phytotherapist; female, 30 years old).

Evidence-based medicine does not fully discredit alternative therapies, but not having a somatic way of tracing therapy's effects by conventional methods, what is left is to place their efficacy solely on the placebo effect, namely on the role of autosuggestion in the psyche of individuals[9]. There is a tendency to distinguish two types of rationality: evidence-based medicine and faith-based medicine[10]. Seeking to move away from this explanatory limitation, as it is perceived, a number of alternative practitioners tend to adopt some concepts and laws from quantum physics, claiming that it is this domain that holds the methods to prove the "real" effectiveness of a treatment. In this view, efficacy is revealed by using the same terms and methods as in evidence-based medicine, the search for a scientific explanation gains significance, "proof" prevails, but it differs by what is accepted as proof.

[9] Most often, indicating the placebo effect as an explanation for the results of alternative therapies is accompanied by an attitude that borders on arrogance, as if the placebo effect is not applied to any conventional medical practice.

[10] See, for example, the work of Robert Park (2006) on "Voodoo Science".

Other alternative practitioners, such as dr.F, point out the fact that scientific truth is relative in time, and in fact a matter of belief and social control:

> These scientific bases are actually some game rules established by a handful of people, according to several coordinates. That does not mean that the scientific truth set by a person will be super-imposable to the truth that I see in a certain matter. That's why, for me, to enrol, to enlist, to respect those levels of scientific arguments, it's a choice that limits you... (dr.F, general practitioner, acupuncturist, osteopath; male, 50 years old).

Then, dr.F rejects the universality of scientific grounds, which actually are, in his view:

> ... norms founded by people that are educated in a certain way, with certain creeds, beliefs, certain theses, ideas (dr.F, general practitioner, acupuncturist, osteopath; male, 50 years old).

Conclusion

Speaking about medical practices involves multiple and complex facets from political, institutional, and epistemological standpoints to ethics and worldview, conceptions about man and body. The first part of this paper focused on the practice of conventional biomedicine in contemporary Romania, revealing how the subjectivity of the patient is moulded in the disciplinary space of the family practitioner's medical office, constructed simultaneously as a space of scientific and bureaucratic authority.

The second part analysed the discourse and practice space of alternative medicine, exploring how it delivers a different conception of knowledge (one proven by experience and time, and not by mainstream science) and corporeality (as holistic and interconnected with the psyche). The alternative therapeutic room is an intimate space of confession, of building a close relationship between therapist and patient. Combining different schools of thought, techniques, ways of diagnosis, remedies from various medical systems, the alternative practitioner is open to conceptual syncretism and negotiations with the client-subject over the "best-deal" treatment for her or him. Legitimization coming from traditional medicine (such as phytotherapy) or from academic science (such as quantum physics) is duly accepted. While biomedicine sees the body simply as an organic whole, alternative therapies aim at a holistic conception of the body, guided by the principle of interconnectedness with the psyche, spirit, cosmos and nature. Using the term of "the inner doctor", this body is invested with properties of self-knowledge, self-sufficiency and self-healing.

My ethnography unfolded how alternative medicine functions as a counter-conduct in contemporary Romania and how it opens to door for a new forms of governmentality. Health and medical practices described here happen at the junction of social and ideological developments: patient movements, neoliberal reforms of the public healthcare system and changes in medical management discourse, the commodification of healthiness and the increasing emphasis of brain and body-control, to name just a few. Further research on this topic might focus on the ways in which disciplinary prescriptions are internalized, on patients' motivations and rationales to use alternative remedies and therapies, and on how the notion of freedom of choice is guiding not only the reform of public health services (Miller and Rose, 2008), but also the practice and consumption of alternative or complementary medicines, and the new technologies governing health that seek to "empower" the individual.

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