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Striving for Self-Improvement:

Alternative Medicine Considered as Technologies of Enhancement

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The notion of medical enhancement technologies has drawn attention to optimization techniques within the health area (Rose, 2007). However, this notion has evolved at the level of governmental programmes, with very little attention directed towards people's own practices. Using a social scientific body of knowledge about enhancement technologies and a Foucauldian analytical framework, this article explores how users engage with alternative medicine. Drawing on in-depth interviews with Danish users and observations of their treatment sessions, the article demonstrates how they embark on a voyage of discovery with the body to enhance their own selves and bodily resources. The discussion centres on Nikolas Rose's approach to medical enhancement technologies and Foucault's notion of 'technologies of the self'. A wider field of tension is outlined in which embodied alternative treatment practices play a role in various modalities of transforming and controlling bodies and selves. It is argued that such practices can be conceived of as enhancement technologies at the users' level by showing how they not only concentrate on treatment and body maintenance, but also foster the enabling processes of changing habits, preferences, and attitudes, and creating a subjective sense of their bodies.

Keywords: Medical enhancement technologies, alternative medicine, self-care, technologies of the self, sociology of the body, Foucault

More options than ever are available now to improve and modify the body, with private providers entering healthcare in increasing numbers and offering new health technologies. Many people are continuously striving to act to their best advantage in everyday life. Among the many new health providers, alternative practitioners have seen a dramatic increase in popularity since the 1970s (e.g., Ernst, 2000; Hansen *et al.*, 2005; Ekholm *et al.*, 2015). The most recent (2013) representative national Health Interview Survey in Denmark estimates that 53.2 percent of the respondents are current or previous users of alternative medicine; 27.0 percent have used such services within the preceding year, compared with 10.0 percent in 1987 (Ekholm *et al.*, 2015, p. 2).¹ It might seem anachronistic that alternative modalities such as acupuncture, reflexology, meditation, healing, and other low-tech forms of treatment are growing in popularity parallel to the increasing development and use of biomedical high-tech. This article embarks on the thesis that alternative medicine not only is used as treatment, but also to enhance health and lifestyle, body and self.

Sociological and cultural studies have already shown that – and how - alternative medicine is used in multiple ways, often in ways that are not taken into account when measuring treatment ‘effects’ determined by randomized controlled trials (e.g., Johannessen, 1994; Ziguras, 2004; Barry, 2006; Pedersen, 2012; MacArtney and Wahlberg, 2014). This might help to explain the co-existence of multiple alternative modalities alongside biomedicine. The tendency to move between alternative medicine and biomedicine (e.g., Kelner and Wellman, 1997; Ekholm and Kjølner, 2007) indicates that most people are not turning their backs on biomedicine in favour of alternative medicine. The main argument of this article is that alternative treatments are also an overall designation for individual bodily projects aimed at body maintenance and, ideally, for the identification of various techniques that will engender enabling practices applying to the body and the self. Drawing on phenomenological first-hand accounts by users of session-based alternative medicine, that is, alternative treatments involving client-practitioner encounters, the analysis will

illustrate how users of three different alternative modalities work on themselves while generating new skills, often in close collaboration with practitioners. The analysis takes a bird's-eye view of the empirical findings in order to discuss users' accounts in light of the development of a health-oriented consumer culture in which medical enhancement technologies play a central role.

Foucault's notion of self-techniques is addressed in order to move away from Rose's focus on medical enhancement technologies, where, seen from a neoliberal, bio-political perspective, life is made knowable, calculable, and maybe controllable at cellular and molecular levels (Rose, 2007). Instead Foucault's latest work concentrates on how users participate in creating a subjective sense of their bodies. Whereas governmentality studies have focused mostly on how 'to create self-responsible health subjects' and to bring 'life' into the realms of 'calculation and intervention' (Villadsen and Wahlberg, 2015, pp. 2-3), this article supplements Rose's study and others by demonstrating how users work with their bodies and selves. Users' work accounts for considering alternative medicine not only as engendering treatment and body maintenance but also enabling practices.

Medical enhancement technologies as enabling practices

From a sociological perspective, medical technology embraces not only techniques and knowledge but also all the methods, materials, tools, and processes that contribute to solving a medical problem. Moreover, medical technology is a culture-creating activity that is in turn created by different kinds of cultural activities. Thus, the forms and impacts of technologies are not isolated from the needs and preferences of ordinary people. In what follows, Rose and his concepts related to the development of biotechnology and policy (Rose, 1996, 2001, 2007), in particular his notion of medical enhancement technologies, will play a central role in expressing a growing tendency within the field of health to see medical techniques and technologies not merely as a means of

treating and preventing illness, but also of optimizing the well-being of people who are in principle healthy.

With his notion of medical enhancement technology, Rose does not fully theorize the micro-practices of power that make up the everyday practice and experience of optimization techniques. He stresses governmental aspects of medical enhancement technologies compared with enabling aspects that guide towards better self-use, for example, improving capacities for pleasure practices applied to the self. The ‘superman thinking’ in neoliberal tendencies valorizes the human being in economic terms within the discursive construction of the fit, healthy, and well-trained body (Chrysanthou, 2002). In this thinking - and the critique of it - the risk of reproducing only docile bodies is well-rehearsed in sociological and cognate social science literature (e.g., Ziguras, 2004). However, the topic of medical enhancement technologies and optimizing life has often been related to high-tech means and has focused less on what people actually do than whether they can, in theory, do it.

Tracing the trajectory of Rose’s work beginning with his thinking on optimization, this article will argue that Foucault’s last work on ‘ethics of pleasure’ and ‘care of the self’ enables a more dynamic approach to working on the self (e.g., Foucault 1990[1984]). With a similar focus to Heyes’ work on self-transformation (2007, see also Race, 2008), the analysis of users’ experience with alternative medicine will concentrate on practices for taking care of one’s self and one’s body. Foucault’s notion of technologies of the self implies particular forms of knowledge and attitudes to attaining ‘certain forms of happiness’ (Foucault, 1988, p. 18), in line with his final work where he explored care of the self as a practice of freedom (1990[1984]). As examples of technologies of the self, Foucault suggested training, meditation, confession, asceticism, and dream analyses, and in his later essays and interviews, he approached practical training of the self in aid of developing an art of living that is not far from trends in some spheres of alternative medicine (e.g., Foucault, 1988).

When in 2006 I started studying alternative medicine from users' perspectives, the impetus was to understand why so many people pay out of their own pockets for non-authorized treatments with no regulation and very limited scientific evidence for their effects. Abductively (Peirce, 1934, p. 117), I wanted to find some answers to an apparent riddle: When so many people use alternative medicine in spite of very limited established scientific evidence for the effects of treatments, people may have other reasons for choosing it. If indeed these therapies do enhance people's health, performance, achievements and lives, their popularity would be a matter of course. This article will supplement existing critical accounts of the use of alternative medicine, which typically rely on the central explanation of 'false beliefs about the possibility of getting cured', 'faith can topple mountains' or 'placebo' better to understand what could be termed *enabling* moments. Critical accounts are not necessarily wrong but certainly partial. Ethnographic studies interested in accounting for the use of alternative medicine have demonstrated processes – not just 'cure' as a projected outcome – and activities that construct certain bodies and selves (e.g., Johannessen, 1994; Ziguras, 2004; Pedersen, 2012). To approach the use of alternative medicine as enabling – without prescribing whether or not it should be used in a particular case or context – is to make it more reasonable to embrace the capacities within its scope and thereby to understand its popularity.

Inspired by Rose's work, the analysis will focus on self-practices and experiences among users of alternative medicine and develop this approach by exploring such practices as self-technologies, that is, how living is handled and may be enhanced. In his work on medical enhancement technologies, Rose refers only sporadically to Foucault's notion of technologies of the self (see note 1, *Afterword*, 2007, p. 304). Foucault's 'Technologies of the Self' (1997[1982]) says that his objective from the 1960s until his last work was to 'sketch out a history of the different ways in our culture that humans develop knowledge about themselves ...' (Ibid., p. 224). He

outlined four major types of technologies: production; sign systems; power; the self (Ibid., pp. 224-5). Although these four types do not function separately in Foucault, the fourth was the most significant in his last work. Technologies of the self:

... permit individuals to effect by their own means, or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality. (Ibid., p. 225)

This notion opens up the question of which concerns bodily practices aspire to and is a dimension of Foucault's governmentality concept that tends to be lost in many governmentality studies. In 'Technologies of the Self', Foucault defines governmentality as an 'encounter', namely: 'the encounter between the technologies of domination of others and those of the self' (Ibid., p. 225). The practice of occupying oneself with oneself was from Socrates' perspective (Ibid., pp. 226-7) taught in order to occupy oneself with the city. Thus, this practice should make people good citizens. Foucault emphasizes that the imperative 'know yourself' has obscured 'take care of yourself' in the moral principles of Western society. Taking care of oneself is seen as a form of immorality in the Christian tradition, 'as a means of escape from all possible rules' (Ibid., p. 228), but also in theoretical philosophy from Descartes to Husserl, where '... knowledge of the self (the thinking subject) takes on an ever-increasing importance as the first step in the theory of knowledge' (Ibid.).

By focusing on the principle 'take care of yourself', as well as on the active body and self, this article will broaden the notion of medical enhancement technologies in line with Foucault's later expansion of types of technologies explored in his work to include 'operations on their own bodies and souls, thoughts, conduct, and way of being' (Ibid., p. 225). However, given that the theoretical framework also embraces an approach in which the body is seen as shaped by

external tendencies within the wide spectrum of treatments on the market and offered by the welfare state, the analysis operates in a field of tension between the active (insider's point of view) and the regulated body (Rose's body-power; see also Crossley, 2001, for a combination of these two theoretical perspectives). The 'insider's point of view' will be set in the context of social forms of constitution and reproduction in the light of which different forms of medical enhancement technologies can be examined. The follow-up discussion section will characterize how some practices in the field of alternative medicine can be considered as enabling medical technologies.

Methods and material

The best-known and most prevalent alternative session-based therapies in Denmark are acupuncture and reflexology and, within the last decade, mindfulness meditation as well. However, it has been debated whether or not, for example, mindfulness meditation qualifies as an alternative therapy and whether acupuncture always can be considered alternative. This discussion has largely occurred within the last decade since acupuncture has been used (experimentally) in many hospitals (Salomonsen *et al*, 2011) and mindfulness meditation has become a popular method among psychologists for managing clients' distress and depression. However, to give an example, the chosen definition here (see note 1) implies that acupuncture practised in officially subsidized healthcare by authorized health professionals is not considered alternative medicine, whereas privately operated acupuncture clinics at which users pay for treatments by non-authorized practitioners fall under this category.

This joint study² was designed to reflect the wide variety in the nature of the treatment (indirect touch: acupuncture, direct touch: reflexology, and cognitive techniques: mindfulness meditation); the immediate reason for seeking alternative treatment (a broad spectrum of illnesses, ailments, problems, and challenges); the age, gender, education, and employment of the

participants. Forty-six users (a minimum of 15 from each treatment), none of them simultaneously involved in another form of alternative treatment, were individually followed over six treatments and interviewed three times: after the second, fourth, and sixth treatments respectively (138 interviews). The interviews were conducted immediately following treatment in the clinic and varied in length from 20 to 90 minutes. They were carried out on the basis of semi-structured interview guides, in which the questions were shaped in part by Gendlin's concept of 'felt experiences' (1997).

In particular, we encouraged users to comment on their bodily reactions and practitioners' handling of specific situations. All interviews were transcribed and coded in dimensions and categories (Nvivo) to generate more generalized themes (Charmaz, 2000). Overall themes were 'treatment' (of specific ailments), 'maintenance' (seeking 'balance', preventing illnesses, or managing chronic illness), and 'enhancement' (fortifying, strengthening, or enhancing health), each related to 'felt experiences'. Although located along a continuum, the theme of 'enhancement' is here the focus.

All names used in the analysis are pseudonyms. Observations of the second and fourth treatments (92 observations) aimed at gaining insight into the actual practice of the treatment, the users' reactions as it was carried out, and the kinds of advice and guidance given. In addition, users and practitioners were asked to keep diaries between treatments. Of course limitations exist to exploring experiences via interviews and observations. However, when relying on a set of methods - herein diaries, visits to clinics, and observations of therapeutic encounters - the findings section below strives to present a relevant spectrum of illustrative accounts as starting points for the discussion.

Alternative medicine is marketed and sold in a way that deploys the discourse of self-care long encouraged by public health politics: the discourse of 'individual responsibility for your

health', 'living a more healthy life', 'respect for autonomy', and 'keeping alive longer', even with a disease (Wahlberg and Rose, 2015). Such conjuncture might seem paradoxical, since Danish health politics and recommendations from the Danish Health Authority are grounded as far as possible in evidence-based medicine. Our study indicates that people need some 'tools' for practising self-care when they suffer from health problems without any evident or available cure. The following illustrates, by drawing on users' accounts and field notes from observations, how alternative treatments can be incorporated into enabling practices that are not reducible to talk of cures or treatments of ailments.

Alternative medicine turned into enabling practices

Users within all three modalities regarded the treatments as a means of taking good care of themselves. Several of the reflexology users said: 'I'm doing something for myself'. Others said that in seeking alternative medicine their purpose was to 'listen to my own body' or 'get the body back in balance' and 'become whole again'. Their 'body' prevented them from leading a good life or the kind of life they would like to have. They suffered from a variety of ailments: 'You can't eat liquorice or drink red wine' (because of migraine); 'you get restless legs, so you can't sleep at night' (sleeplessness); 'it just about kills you' (chemotherapy). Two of the acupuncture users said: 'it ruins your social life' (allergies to chemicals). Mindfulness meditation participants described 'thoughts' and 'feelings' as destructive or problematic. Their motives for a treatment course were to 'gain control' over such thoughts and feelings: 'I spread my energy too thin', or 'I'm trying to pause and not just respond automatically'.

Overall, the users' motives, understood as the subjective views on which they based their choice of alternative treatment, can be seen in terms of a desire to change their bodies or lifestyles. For most users, the principal desire was to improve their health or well-being, whereas for

others, primarily those who attended meditation, the main desire was to learn to behave differently. Most of them had thought long and hard before finally consulting an alternative practitioner. However, they shared a widespread belief that ‘at least it can do no harm’ to undergo treatment (Pedersen, 2013). These examples illustrate the range of motives expressed in the interview material. The following accounts exemplify how users found that alternative treatment sessions provided a way of working on the body and self.

Agnes, who suffered from rheumatoid arthritis, attended an acupuncturist to avoid possibly taking painkillers for the rest of her life. She picked up some techniques to understand what was happening in her body:

Yet, I want to be aware of ‘things’ ... because right now it’s not obvious to me (...).

[The acupuncturist] has the feeling that, well, something’s going on, which causes these ‘things’ not to change. Like it’s kind of stuck.

Her pains varied in intensity and Agnes wanted to find out whether the pain could be relieved. However, she was particularly interested in finding out the specific problem and getting support for how she herself could listen to her body:

I don’t know how or why it happens, but it’s as though – well, there’s a feeling of presence (...). When the first needle is put in my skin I get very ... then it’s like I feel the presence very intensively. I can feel: Wow, something’s happening! And I get forced to feel what’s happening inside me. So when I’m following – when more needles are put in, and for longer, it’s like ... then suddenly, I’ve got room naturally for letting those everyday thoughts disappear.

When I observed Agnes, I could see that she was responding to the acupuncturist’s work with the needles, either with words or bodily signals, as well as that the acupuncturist was responding by changing the pressure points through tacit communication with Agnes. Agnes was indeed aware of

what was happening with her body. When she spoke to the acupuncturist, she was explicit also about her feelings and health problems. She told me, though, that it was difficult for her to put into words what was happening in and between the sessions. Agnes continued:

I like acupuncture for giving life to the whole body and not only focusing on a particular area (...). In general, I feel it's very diffused (...). However, afterwards there's often this [feeling] like: There was some damn thing happening! A feeling of greater well-being in the body. I can feel the energy more permanently (...) I can feel my body vibrating more generally after treatment.

The acupuncture became a kind of gateway for her to 'feel the energy'. 'Energy' was a phenomenon many of the users registered and commented on: whether they had 'more' or 'less' energy, whether it was 'warm' or 'cold', was 'activating' or made them more 'passive' or 'tired'. Almost all the practitioners had used the term 'energy' in the observed sessions. Although they employed the term in different ways, the users apparently referred to the feeling of 'energy' as a kind of screening instrument for becoming aware of bodily signals and changes.

One of the participants in a mindfulness meditation course, Mona, said that the course had implied that she become active and attentive towards herself:

I've never been good at feeling my body. I've felt everyone else's vibes, but never my own. Now, I'm very aware of my body and how I'm feeling it (...) I have to learn to relax control.

Miriam, another mindfulness meditation participant, was struggling with sleeplessness and stress. She said:

I hadn't believed in this insight into myself (...). I thought that I was just supposed to play a meditation tape and, if everything went well, then I would fall asleep. It's the insight into myself and the tools to assist in everyday life, to be part of the here and

now, to handle different situations, to be better at dealing with things; basically, experiencing a better quality of life throughout the day. And that I don't judge myself. It's best to start afresh each new day and then I find the same courage all over again. I learned all this in addition to the meditation.

Martin, upon retiring early and fighting depression, felt even better when practising mindfulness meditation than before he became ill:

Since I began attending mindfulness, it's practically like a miracle has occurred. Things have been progressing calmly and quietly, or steadily. In fact, it's got better and better! I have more energy, more appetite for life, and I don't have these racing thoughts. Another thing, too – is the problems with concentration. I've walked around all day, not being able to get anything done; it wasn't until evening that I could get anything done. However, I can already feel that this has changed and I have much more presence of mind than before, when I was so absorbed in my own thoughts.

The accounts illustrate how users in the treatment process became more active in listening to their bodies and doing different kinds of exercises. Several of the users phrased their experiences and practices as 'working with their body' or 'self' or 'awareness'. Instead of talking about their state of being or having a body, they told us about their practices for dealing with different kinds of health problems.

Originating in these examples of how users of three different forms of session-based alternative medicine experienced and worked with their bodies and selves, the next section will focus on how alternative medicine can be considered more aptly as practices of self- and body-improvement. In line with the theoretical framework from Rose and Foucault, the discussion will build on an understanding of these practices as embedded across a range of social practices without reducing them to simple voluntarist acts by autonomous, 'choosing' subjects.

Alternative treatments considered as enhancement technologies of the self

Countless modern practices override the localism of face-to-face forms when we have organized and calculated expert systems that produce technologies and disciplinary power (e.g., Thualagant, 2016). However, as Ziguras has emphasized (2004, p. 127), these do not replace the face-to-face level of integration and constitution of embodiment. Thus, the discussion in this section will present Rose's approach to medical enhancement technologies, along with aspects of Foucault's thinking about 'technologies of the self', namely those addressing subjectivity.

Ziguras criticizes Rose for maintaining that the contemporary emphasis on personal autonomy exhibits nothing distinctively new about subjectivity. Rose points to an increase in self-awareness and a focus on personal autonomy, stating also that subjectivity has never been taken for granted as a 'stable ontological foundation' (Rose, 1996, p. 303, cited from Ziguras, 2004, p. 129). Rose and other governmentality scholars overemphasize continuity, Ziguras argues (Ibid.). The problematization of the conduct of the self is not novel, as Rose also points out. However, Ziguras argues that there is something radically new:

... not only the extent of such problematizations (dealing with more spheres of life and reaching the mass of the population rather than the most detraditionalized elites), but also the fact that such problematizations have become routinized and totally enmeshed with systems of expertise, wealth and power. (Ibid., pp. 129-30)

The diacronic issues Ziguras addresses will not be discussed here. Rather, the findings from our study will provide an impetus for discussing technologies of the self on a synchronic, empirical level by outlining a field of tension in which embodied alternative treatment practices play a role in contemporary opportunities to enhance bodies and selves. Ziguras' argument should draw attention to the technologies of the self as a relatively overlooked research area in the social scientific

literature on enhancement technologies and various techniques for optimizing life. Technologies of the self have been explored empirically in the previous section by illustrating how self-care informs the practices and perceptions of users of alternative medicine. The two sections below will discuss how alternative medicine in possibly generating a range of self-techniques can be considered as medical enhancement technologies within a contemporarily wide spectrum of diverse modalities of transforming and controlling bodies and selves.

Privatized efforts to enhancement of health?

Users' desire or eventual involvement in taking an active role in their own self-care by attending alternative medicine can be traced to a wide array of information available, with the source for most users being their social network; for example, an acupuncturist recommended by friends because of their good experiences. Users are also aware of differences in expert knowledge, as well as opinion. Many criticize biomedicine for being slow or refusing to take on board ailments that cannot be diagnosed. Some users are influenced by particular stories about healthcare related in the media. However, although the media, advertisers, experts, etc., conceal the powers that shape people's choices, as Rose has addressed in his work, we might consider that their choices not only are shaped, but also may be shaping their everyday lives. Whether people are striving to relieve pain, calm myriad thoughts, or develop their selves, they act upon themselves to qualify their lives. Although they seek help from practitioners, they count themselves as key actors, active and responsible for their own well-being.

Rose's notion of 'ethopolitics', that is, 'the politics of life itself and how it should be lived' (Rose, 2001, p. 18), seems to cover such practices. Rose distinguishes ethopolitics from discipline characterized by individualizing and normalizing, as well as from bio-power, which collectivizes and socializes. Instead, ethopolitics 'concerns itself with the self-techniques by which

human beings should judge themselves and act upon themselves to make themselves better than they are' (Ibid.). This is precisely what evolves from users' narratives of their practices and experiences in courses of alternative medicine. Although he presents the notion of ethopolitics to focus on human beings' self-techniques, Rose is more in line with Foucault's earlier work when he does not address the more culturally embedded modes of self-care practices. He states that: 'In this highly contested domain [of ethopolitics], individual actors themselves are key actors' (Rose, 2001, p. 18). But *how* are they key actors?

Alternative medicine is integrated into a 'culture of proactive self-care', Ziguras notes (2004, p. 56). The therapies cover a large and diverse range of interventions, but in general they are presented by the practitioners as working with natural healing forces of the body (e.g., Sered and Agigian, 2008). Thus, the role of the practitioner often is to facilitate the clients' capacities for self-healing. The notion of self-healing is used, as Ziguras puts it: 'to describe the self-active pursuit of positive health in which the patient is expected to be an active agent in all aspects of the healing process' (2004, p. 67). Another commonality of alternative therapies is the understanding of health, taken to mean a state of complete physical and mental well-being in which somatic, emotional, and spiritual faculties work in a balanced and harmonious manner (Coward, 1989, p. 74; Barry, 2006). Whereas the mere absence of pathological symptoms commonly defines health within biomedicine, alternative medicine includes in general the whole person, more than a particular symptom or disease in isolation.³

Rather than a prior natural state that can be regained through cleansing or purification, a concept of health that Ziguras finds in nineteenth-century self-care promotion (2004, p. 73), health in alternative medicine often is thought to be attained through work upon one's self. Health is considered 'the ideal end-point of self-improvement' (Ibid.). However, this self-improvement is best obtained by 'natural' techniques for the care of the self 'to help the user return to a more raw,

pristine and untainted form of embodiment, at the same time as natural self-care promises low-risk courses of action' (Ibid., 74; see also Pedersen, 2013). Within biomedicine and governmental health programmes, most self-care techniques are presented as a means of avoiding identified health risks, whereas in alternative medicine self-care in different ways concentrates on enhancement of health, mostly by activating the body's own capacity for improvement.

Common agenda for enhancement of health through self-improvement?

The argument developed above has been that use of alternative medicine may be seen as an expression of a privatized effort to ensure or even enhance one's own good health. While the increasing use of alternative therapies may at first sight appear out of sync with the growth of advanced medical technologies, Chrysanthou has suggested that these parallel developments may in fact reflect the same tendency towards promoting the overall project of *the body healthy* (2002, p. 469). He uses the notion of *Somatopia* to suggest an expression that reflects a form of alliance among health information, medical technology, health consumerism, and self-investigation/treatment. Chrysanthou describes the widespread effort to achieve an indestructible perfect body with the help of numerous different techniques and technologies as an expression of a postmodern utopian telos. Somatopia is an overall designation for the more or less individual bodily projects aimed at identifying the various optimizing techniques that will issue the perfect and, ideally, eternally young and immortal body. Key concepts in the Somatopian world are body maintenance, preventive medicine, regular tests, and constant alertness to the state of the body (Ibid., pp. 472-3).⁴

Transparent, self-regulating, and informed bodies make up the population of *Somatopia*, which is supported by a growing market for home-testing and self-screening equipment, along with various computer-based biofeedback programmes that can be bought to test and check

for various syndromes or symptoms (Chrysanthou, 2002, p. 476). Bearing in mind Rose's concept of medical enhancement technologies from the perspective of *Somatopia*, the question is whether the user's search for expert pressure on the foot (reflexology), meditative techniques, and computer-based biofeedback programmes all can be seen as expressions of the same tendency? Rose and Chrysanthou, among others, emphasize high-tech inventions, such as genetics, neuroscience, and reproductive technologies, as well as advanced scanning equipment, telescopic investigations, or laboratory analyses of gases and liquids contributing to transparent bodies. Alternative medicine is usually performed in a more low-tech form. Many users have chosen alternative medicine to escape from pharmaceuticals or surgeries and as part of seeking more 'natural' ways of developing their health in collaboration with listening expertise. Still, as in *Somatopia*, attending alternative medicine, for some users, builds on a desire to seek out new challenges by embarking on a voyage of discovery to learn more about their own bodies.

Irrespective of the choice of treatment, preventive device, or enhancement technology, users of these widely varying techniques likely share a common agenda. Foucault's notion of technologies of the self can be approached as a prism through which transparent bodies and self-improvement emerge whether the means chosen by users is high- or low-tech. The pictures on the screen, the various figures, or the calculations of probability that are generated by computer-based investigation programmes do not necessarily refer either more or less to an actual physical body than do the acupuncturist's references to currents of energy. Perhaps there is even a paradoxical commonality, as Fadlon has argued (2004, pp. 72-4 and 81-4), between the bodily hyperreality captured by alternative practitioners in their references to life energy and the dematerialized body image that emerges from the calculations of high-tech programmes.

Although differences exist in what is understood as 'knowledge' within alternative medicine and biomedicine respectively, these differing perceptions do not necessarily matter much

to the user. Rather, the way the accumulated knowledge is used, including the techniques applied, may be what users take into consideration. Space does not allow for going more deeply into this question here, but much in our study's material suggests that users' choice of reflexology, acupuncture, or mindfulness meditation and their rejection in some cases of pharmaceuticals or surgical treatment are shrouded in meanings other than those touching upon questions of evidence or epistemology (Pedersen and Baarts, 2010). The pragmatic reasons described by users – including those with serious illnesses such as cancer - suggest that they are testing themselves by trying the given form of treatment. Thus, their agenda sometimes includes how to embody practices that help them discover or create new dimensions of body and self.

Conclusion: Alternative medicine enables somatic lay-experts in search of self-improvement

A growing number of sociological studies, in particular of Scandinavian welfare states (e.g., Larsen and Stone, 2015), have cast light on a decentralization of responsibility for health from the state to the individual. This article has noted how this overall tendency is reflected in people's choices among the multiplicity of offerings on the market for treating and preventing illness, as well as practices for enhancing one's health. However, health consumption as a key point might be too generalized to make claims about the popularity of alternative medicine. First-hand reports from users of three different forms of alternative medicine have illustrated how they experience or develop techniques for enhancing health in an ingenious effort to take care of and maybe improve their bodies and selves. The treatment situations function as a specific frame of reference for challenging the user and integrating his or her experience into everyday life. Practitioners listen to clients and offer guidance, as well as counselling, and the clinics function as a kind of institutional site for developing experienced health enhancement through techniques of self-improvement.

In this article, it has been argued that alternative therapies can be considered as medical enhancement technologies. To this end, the article draws on Rose's work and notion of medical enhancement technologies (2007) defined as knowledge and techniques for optimizing life with regard to making it knowable, calculable, and maybe controllable at the cellular and molecular levels. It has been demonstrated accordingly that alternative medicine has contributed to the desire for improvements or optimizing by means of low-tech forms of enhancement, fostering processes of changing habits, preferences, attitudes, and practices, which sometimes also are spiritual. The focus has shifted from the Foucauldian governmentality tradition, where 'mentalities' mostly are analyzed at the level of governmental programmes. In exploring *how* living comes to be managed and may be enhanced by using alternative medicine, such enhancement strivings, or 'effects', can be helpfully understood in terms of technologies of the self where 'mentalities' are analyzed at the level of users' perspectives. The 'technologies of the self' concept has been approached as a prism through which transparent bodies and self-improvement emerge, whether the means chosen by users is high- or low-tech. Such an approach has opened up the possibility of considering medical enhancement technologies as enabling practices, in this case illustrated by lay empirical-based knowledge and experiences with alternative medicine.

Self-care techniques learned in the alternative treatments explored here are directed towards enhancement of health in different ways, mainly by activating the body's own capacity for improving. In line with Foucault's late definition of 'governmentality', the findings have been discussed at a level where subjective experience encounters social frameworks, and where specific motives for dealing with health problems or bodily challenges are formed. One aspect of a broader problem has been highlighted: how diverse health technologies enter into the various strategies and new modes of action by which the individual seeks relief from symptoms and enhanced well-being or performance. A field of tension has been outlined between social frameworks and individual

motives, practices, feelings, and life experiences. For example, a feeling of discomfort or limited physical capacity, together with one's own or relevant others' experiences of earlier treatments, also plays a role in practices and making choices, as well as health options invented by the political sector and numerous options on the healthcare market.

Alternative treatments thus are considered as a set of 'techniques', which may appear, to the user, to be marked by a certain ambivalence. When users explore various expert systems and technologies of health enhancement, they are 'hunting' for a solution to diverse types of problems. Among users of alternative treatment, one can discern a search for insight into the body, not necessarily only with a view to curing or treating a given illness, but also – and perhaps to a greater extent – to striving towards enhancement. Many seek to embark on a voyage of discovery within the body and perhaps to develop spiritual resources. Notwithstanding the usefulness of Rose's approach to medical enhancement technologies, Foucault's notion of technologies of the self can help us to account for the popularity of alternative medicine at the level of users' perspectives. Users of alternative medicine might also seek a meaning in different kinds of problems, as well as challenges and enabling practices, in their work with self and body.

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¹ Alternative medicine is here defined as treatments not usually offered within biomedicine and without official support or control, but offered on a fee-for-service basis by non-authorized, self-regulated practitioners with varying types of training and certification. This definition is used both in Danish law and in the national Health Interview Surveys in Denmark, and our study, herein our selection of clinics and practitioners participating, is based on that. 'Biomedicine' refers to the science-based Western medical system.

² The empirical research was carried out from 2006-07 in Copenhagen and adjoining municipalities in cooperation with C. Baarts, R. Stelter, and M. Høybye-Mortensen. For more details on the methods, see Baarts and Pedersen, 2009.

³ Alternative medicine has been criticized (e.g., Coward, 1989; Sered and Agigian, 2008) for fostering conservative or neoliberal ideologies of personal responsibility for health, as well as for medicalizing discomforts that may be better regarded as essential parts of normal human experience – exactly as a consequence of drawing on holism but also on illness narratives within Western discourse about the perfectibility of the body.

⁴ The tendencies summed up in the term *Somatopia* can be seen as following in the wake of the narcissistic trends described, for example, in Lasch's *The Culture of Narcissism* (1980), and with concepts such as 'healthism' (Crawford, 1980) or the 'control society' (Deleuze, 2002), or processes such as the fitness wave (Glassner 1989): tendencies that co-constitute the so-called 'bodily turn'.

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