

The Work of Andrew Weil and Deepak Chopra: Two Holistic Health/New Age Gurus

A Critique of the Holistic Health/New Age Movements

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Abstract: Despite the popular roots of the holistic health/New Age movements, a growing number of biomedical physicians have become proponents of holistic health as well as New Age healing. Over the past two decades, Andrew Weil and Deepak Chopra, two biomedically trained physicians, have emerged as the visible and financially successful spokespersons of the movement. This article provides brief biographical sketches of Weil and Chopra and compares and contrasts their respective views on health, illness, healing, and health care. It also considers the response of various biomedical parties to these holistic health/New Age gurus who have attempted to integrate biomedicine and various alternative healing and metaphysical systems. Finally, this article argues that Weil and Chopra both epitomize the limitations of the holistic health/New Age movements, albeit in different ways.

Topics: holistic health/New Age movements, Andrew Weil, Deepak Chopra
Although biomedicine emerged as the dominant medical system in the United States at the beginning of the 20th century, the appearance and growing interest in the holistic health movement or complementary and alternative medicine since the early 1970s constitutes perhaps the most recent evidence that medical pluralism is alive and well here. The holistic health/New Age movements contain a diverse cast of players, including lay alternative practitioners, psychic or spiritual healers, professionalized heterodox practitioners (such as chiropractors, naturopathic physicians, and acupuncturists), and, last but not least, a growing number of biomedical and osteopathic physicians.

Although some holistic biomedical physicians, such as James Gordon (1988, 1996), a Harvard-trained physician and the director of the Center for Mind-Body Medicine in Washington, D.C., have captured some public attention, Andrew Weil and Deepak Chopra have emerged over the past two decades as the most visible spokespersons of the holistic health movement. They have been propelled into fame as holistic biomedical physicians as a result of their success at manipulating the organs of mass communication—books, audiotapes, videotapes, and appearances on television.

Weil has published eight books, some of which have been bestsellers. Chopra has authored some 25 books and produced more than 100 audio, video, and CDROM titles. In a special issue published on June 14, 1999, *Time* designated both Weil and Chopra as among the “Top 100 Icons and Heroes of the 20th Century” and referred to Chopra as the “poet-prophet of alternative medicine” (1999:206). A critical analysis of these two figures provides us with an excellent vehicle for examining broader issues and trends within the holistic health/New Age movements, and, in particular, understanding how what emerged as a popular movement is increasingly becoming incorporated into biomedicine.

In this article, I provide brief sketches of Weil’s and Chopra’s careers and compare and contrast their respective views on health, illness, healing, and health care. I also discuss the response of various biomedical parties to these two holistic gurus who have attempted to integrate biomedicine and various alternative healing systems. I argue that both Weil and Chopra represent the limitations of the holistic health/New Age movements, such as their tendencies to downplay the role of social structural

and environmental factors in the etiology of disease, particularly as manifested in the United States. They also fail to suggest substantive remedies for improving access to health care, biomedical or alternative, to millions of people who lack any type of health insurance or face difficulties accessing health care, such as Medicaid, that were created with them in mind. Finally, Weil and Chopra have contributed to a long tradition of entrepreneurialism in the U.S. medical system.

The Holistic Health/New Age Movements as a Mass Phenomenon

Although a wide variety of alternatives to regular medicine or biomedicine has existed in complex societies around the globe, including the United States (Baer 2001), many alternative medical systems made a strong comeback under the umbrella of the “holistic health movement,” particularly in Western societies, such as the United States, Canada, Britain, Germany, the Netherlands, the Scandinavian countries, and Australia (Cant and Sharma 1996; Kelner et al. 2000; Schepers and Hermans 1999; Sharma 1992). The holistic health movement is by no means a monolithic phenomenon and varies considerably from society to society where it has emerged. It encompasses an extremely variegated assortment of alternative medical therapies and practices with divergent philosophical premises. Although it appears to have its strongest expression in Western societies, it draws heavily on various Eastern healing systems, such as Ayurveda, Chinese medicine (particularly acupuncture and acupressure), shiat’su, and Reiki. It tends to ignore a wide variety of indigenous or folk medical systems, but it has attempted to create a type of core neoshamanism that draws from various shamanic healing traditions, particularly those of Native American cultures in both North and South America.

In the United States, where it began to emerge in the early 1970s, the holistic health movement includes aspects of humanistic and psychosomatic medicine, parapsychology, folk medicine, herbalism, nutritional therapies, massage, yoga, and other forms of bodywork, meditation, and the martial arts (Berliner and Salmon 1979, 1980). The holistic health movement appears to be the outgrowth of several other movements, particularly the counterculture of the late 1960s, with its emphasis on “getting back to nature” and disenchantment with mainstream culture, the human potential movement, humanistic medicine, the wellness movement, Eastern mysticism and medicine, 19th-century Western heterodox medical systems (e.g., homeopathy, osteopathy, chiropractic, and naturopathy), the feminist movement along with the associated natural birthing movement, and the environmental movement. The hippie counterculture sought health care that was compatible with its values of egalitarianism, naturalness, mysticism, and vegetarianism. The “free clinic” movement of the 1960s and 1970s embodied many of these values. Concurrent with these trends, a growing portion of the

general public experienced disenchantment with the high cost, bureaucratization, specialization, reductionism, and iatrogenesis of biomedicine. Many of these people were predisposed to the concepts and values of the holistic health movement. Foci of the holistic health movement have included stress and stress reduction, reliance on natural therapies, therapeutic eclecticism, the notion of healer as a teacher rather than a medical authority figure, the belief that the body is suffused by a flow of energy, the belief in vitalism, and individual responsibility for one's health.

To a large extent, the holistic health movement overlaps with the New Age movement, which also has become very popular particularly in Western societies and varies in its expression depending on its national context. As Melton, Clark, and Kelly observe, the "New Age and Holistic Health movements in theory exist independently, but they are united philosophically by one central concept: that the individual person is responsible for his or her own life and for seeking out the means of transformation needed to achieve a better quality of life" (1991:169).

The New Age movement seeks to create a "new planetary culture" that emphasizes inner tranquility, wellness, harmony, unity, self-realization, self-actualization, and the attainment of a higher level of consciousness (Grossinger 1990). Levin and Coreil (1986:894–895) delineate three New Age healing approaches: (1) body-oriented ones that emphasize the achievement of somatic and psychosomatic health, (2) mind-oriented ones that emphasize esoteric teachings as a means for achieving health, and (3) soul-oriented ones that emphasize meditation and other contemplative techniques. Like the holistic health movement, New Ageism focuses on a balance of interaction of mind, body, and spirit in its attempts to achieve experiential health and well-being. New Age healing incorporates many therapeutic techniques and practices, including "centering, channeling, astral projection, guided visualization, iridology, reflexology, chromotherapy, rebirthing, shiastu, and healing with the power of pyramids and crystals" (Danforth 1989:253). Despite its apparent origin in the United States, the New Age movement has diffused to other parts of the world, particularly Canada, Australia, and Europe, and undoubtedly has assumed culture-specific colorations.

At any rate, the establishment of the American Holistic Medical Association in 1978 indicated the growing interest of biomedical and osteopathic physicians in what had initially emerged as a popular health movement. In addition to Weil and Chopra, various other MDs have emerged as leading proponents of the holistic health movement or what has increasingly become referred to in various circles as "integrative medicine" or "complementary and alternative medicine" (CAM). These include Herbert Benson (1975), the developer of the "relaxation response"—the practice of repeating a word, a mantra, prayer, or a muscular activity as a means of achieving calmness and an early proponent of mind/body therapies; David Eisenberg, the director of the Center for Alternative Medicine at Harvard Medical School and the principal consultant to the Public Broadcasting System series, "Healing and the Mind with Bill Moyers" (see Moyers 1993); Larry Dossey, the past president of the Isthmus Institute of Dallas, an organization dedicated to exploring the impact of prayer on healing and the author

of numerous popular books, including *Recovering the Soul* (1989) and *The Power of Prayer and the Practice of Medicine* (1993); and James S. Gordon, the director of the Center for Mind-Body Medicine in Washington, D.C. (1988,1996).

In interviews with 34 holistic physicians, Robbie Davis-Floyd and Gloria St. John (1998:208) found that none of their subjects were AMA members and most were not members of state, county, or local medical systems. They delineated the following factors that prompted these physicians to make a paradigm shift from biomedicine, or “technocratic medicine,” to holistic medicine: (1) an experience with the limits of biomedicine; (2) an encounter with a patient who informed them about the merits of holistic medicine; (3) a personal illness that biomedicine could not adequately treat; and (4) a social and spiritual experience that altered their relationship with friends, family, and society (Davis-Floyd and St. John 1998:150–169).

Career Paths of Two Holistic Health/New Age Gurus

A critical analysis of the views and writings of Weil and Chopra as the most visible proponents of the holistic health/New Age movements gives us insights into roots in biomedicine as well as similarities and differences between them.

Andrew Weil earned an M.D. from Harvard Medical School in 1968. On completion of an internship at Mt. Zion Hospital in San Francisco, he worked for a year at the National Institute of Mental Health. After experiencing opposition to his research on marijuana and other drugs at NIMH, Weil retreated to his house in rural northern Virginia where between 1971 and 1972 he began to practice yoga, vegetarianism, and meditation and composed *The Natural Mind* (1986). His disillusionment with biomedicine prompted him to investigate indigenous healing systems. As a fellow of the Institute of Current Affairs from 1971 to 1975, he collected information about medicinal plants and healing in numerous countries around the world. From 1971 to 1984, Weil worked as a research associate at the Harvard Botanical Museum and investigated the properties of medicinal and psychoactive plants.

Weil is the director of the Center for Integrative Medicine, a clinical professor of internal medicine at the University of Arizona, and the editor-in-chief of the *Journal of Alternative and Complementary Medicine*. He established the Program in Integrative Medicine at the University of Arizona in 1994. Due to financial difficulties, the program was discontinued and assumed under the funding-raising umbrella of the University of Arizona Foundation.

Weil’s first three books represent the “early Weil” in that they focus on his research on the role of drugs in raising human consciousness around the world as well as the dangers associated with the misuse of drugs (Weil 1980, 1986; Weil and Rosen 1983). The publication of *Health and Healing* (1995a) marks the beginning of the “late Weil,”

namely the *good hippie doc* [my terminology] and a prominent holistic health guru. In addition to several books that elaborate and expand on points made in *Health and Healing*, Weil has evolved into a virtual one-man industry that includes a website and “Andrew Weil’s Self Healing” electronic newsletter that reportedly has some 450,000 subscribers (Weil 2001, 2003). Weil presents an image of a jovial aging hippie doctor with his bald dome and full white beard. He generally wears casual clothes in the portraits that appear on his books and websites.

Deepak Chopra was born in 1947 as the son of a New Delhi cardiologist and he graduated as a biomedically trained physician from the All India Institute of Medical Sciences in 1968 (Chopra 1988). After completing an internship at a New Jersey hospital, he did a residency at the Lahey Clinic and the University of Virginia Hospital and obtained board certification in internal medicine and endocrinology. Chopra established a successful private practice and served as chief of staff at New England Memorial Hospital. His disenchantment with biomedicine prompted him to turn to Ayurvedic medicine in the wake of his conversion to Transcendental Meditation (TM) (Chopra 1988). After reading a book on TM, Chopra (1987:193) attended an introductory lecture on it in Cambridge, Massachusetts. Like Weil, Chopra underwent a transformation in his lifestyle by turning to TM, which reportedly helped him to stop drinking within a week and smoking within two weeks. Shortly after meeting Maharishi Mahesh Yogi in 1985, he followed his guru’s instructions to establish the Maharishi Ayurveda Health Center for Stress Management in Lancaster, Massachusetts, and dedicated his earliest books to the Maharishi.

In 1993, Chopra abandoned his Massachusetts connections and apparently his connections with the TM movement. He moved to San Diego where he became the executive director for the Sharp Institute for Human Potential and Mind/Body Medicine and the chief consultant to the Center for Mind/Body Medicine. He left Sharp in 1996 and became the educational director of the Chopra Center for Well Being in La Jolla, California. The center advertises that it is “dedicated to a holistic view of life that sees human beings as networks of energy and information, integrating body, mind and spirit.” It offers five-day programs on topics such as the “Creating Health Program,” “The Return to Wholeness Program” (for cancer patients), the “Emotional Wholeness Program,” the “Creating Health Purification Program,” and the “Vital Energy Program.” The center offers courses, workshops, and seminars on topics such as the “Path of Inner Peace,” “Ayurvedic Cooking and Nutrition,” “Primordial Sound Meditation,” “Knowing God,” and “SyncroDestiny” (or “Spontaneous Fulfillment of Desire”). It also offers massage therapy, facials, meditation, and corporate stress management courses on a daily or weekly basis. In contrast to Weil’s more casual presentation of self, Chopra with his ruggedly handsome appearance and full head of black hair is usually shown wearing a conservative, but fashionable, business suit that exudes success and material prosperity.

Concepts of Health, Disease, Healing, and Health Care

Most of Weil's and Chopra's views of health, disease, and healing are unique to them but are part and parcel of concepts widely promulgated within the context of the larger holistic health/New Age movements. These two health gurus have been the leading disseminators of these concepts in the United States.

Weil (1997:13) asserts that health is "wholeness and balance, an inner resilience that allows you to meet the demands of living without being overwhelmed" and that "optimum health" entails a sense of strength and exuberance. He delineates "ten principles of health and illness": (1) "Perfect health is not attainable"; (2) "It is alright to be sick"; (3) "The body has innate healing abilities"; (4) "Agents of disease are not causes of disease"; (5) "All illness is psychosomatic"; (6) "Subtle manifestations of illness precede gross ones"; (7) "Every body is different"; (8) "Everybody has a weak point"; (9) "Blood is a principal carrier of healing energy"; and (10) "Proper breathing is a key to good health" (Weil 1995a).

Weil focuses on the "diseases of lifestyle" (1997:15) that, he argues, result from failure to eat and exercise properly and maintain one's body and mind. Again in keeping with his machine analogy, he asserts that "most bodies come with warranties for eighty years of productive, relatively trouble-free service, if basic requirements for preventive maintenance are followed" (Weil 1997:19). Although Weil tends to focus on lifestyle as the root cause of disease, here and there he does acknowledge the role in disease of environmental "toxins," such as air pollution, contaminated water, toxins in food, drugs and cosmetics, nuclear radiation, and X rays.

In contrast to Weil who views health as a relative matter, Chopra asserts in *Perfect Health* that "perfect health" is a state found in every person "that is free from disease, that never feels pain, that cannot age or die" and is an entity that every person must choose for himself or herself. He maintains that the physical body functions as the portal to the "quantum mechanical body" that exists at a subatomic level where matter and energy are interchangeable (1991a:3).

In *Ageless Body, Timeless Mind* (1993a), Chopra adopts an even more metaphysical view about the mind-body connection, in which the human body consists of energy and information rather than solid matter. He asserts that "human aging is fluid and changeable; it can speed up, slow down, stop for a time, and even reverse itself," depending on one's mental framework (Chopra 1993a:5). At a more mundane level, Chopra believes that bodily toxins adversely promote biological aging.

Healing and Health Care

Weil asserts that "good doctoring requires all the wisdom of religion, all the techniques of magic, and all the knowledge of small-m medicine to be most effective" (Weil

1996:2). He asserts that most regular physicians focus on physical bodies while ignoring their patients' mental and spiritual states (Weil 1995a:83). He also criticizes biomedicine for performing an excessive number of surgeries and overdrugging its patients, adding that many prescription drugs are "worthless" (Weil 1995a: 107). Weil maintains that alternative medical systems offer worthwhile techniques, such as the spinal manipulation performed by chiropractors and some osteopathic physicians. He particularly singles out Chinese medicine as an "elegant" complement to biomedicine that has "much to teach allopaths and scientists" (Weil 1995a: 151). In contrast to biomedicine, which focuses on the structural systems of the body, Weil asserts that Chinese medicine focuses on bodily functions, especially those by which the body defends itself against external threats to its equilibrium (Weil 1997:13–14).

Like many other holistic MDs, Weil prefers to refer to his approach to healing as "integrative medicine," in that it blends components of both biomedicine and alternative medical systems of different sorts. He makes the following assertions about the nature of medical systems in general: (1) "No system of treatment has a monopoly on cures"; (2) "No system of treatment has a monopoly on failures"; (3) "There is a great inconsistency among existing systems of treatment"; (4) "New systems of treatment work best when they first appear"; and (5) "Belief alone can elicit cures" (Weil 1995a: 191–195). He also maintains that practitioners of all medical systems need to focus more on preventive than curative approaches (Weil 1995a:272). He further argues that biomedicine needs to reclaim its ancient roots in magic and religion (Toms and Weil 1997:31). Since publication of *Health and Healing*, most of Weil's writings, such as in *Eight Weeks to Optimum Health* (1997) and *Eating Well for Optimum Health* (2000a), focus on preventive health measures such as nutritious eating, breathing, exercise, relaxation, rest, and sleep.

In *Spontaneous Healing* (1995b), Weil calls for the creation of a new type of health care institution—one that would resemble a spa rather than a hospital and would integrate both biomedicine and alternative medical systems. He also favors a "radical reform of medical education," which would incorporate instruction of a philosophy of science based on quantum physics; a history of medicine that takes into account alternative systems; an emphasis on the "healing power of nature and the body's healing system" and mind/body interactions; instruction in psychology, spirituality, nutrition, exercise, relaxation, meditation, visualization, and the "art of communication" (Weil 1995b:279–280). Weil admits being cynical about the possibility of incorporating such reforms into the biomedical curriculum. He asserts that physicians need to function as exemplars of healthy living. He favors universal health care of some sort but has not been specific on the form that it should assume (Weil2000b:2).

In contrast to Weil, who attempts to synthesize biomedicine and an array of alternative medical systems in the healing process, Chopra initially favored Maharishi Ayurveda and later came to promote his own brand of positive thinking as the primary vehicles for improving health and overcoming disease. In his autobiography, Chopra asserts that "Ayurveda contains the spiritual element that Western scientific medicine

jettisoned three hundred years ago” (1988:vii). He is a staunch proponent of what he terms *quantum healing*—a method that entails a shift in the fields of energy information to facilitate correct thinking. In *Quantum Healing*, Chopra (1991b) maintains that individuals need to identify their *dosha* or body type before beginning an effort to improve their health.

In recent years, Chopra has come to place increasingly less emphasis on Ayurveda in his publications, although his center does continue to rely on Ayurvedic techniques. According to Goldstein (1999:112), whereas Chopra makes 16- page references to Ayurveda in *Quantum Healing* (1991b), he makes only a one- page reference to it in *Ageless Body, Timeless Body* (1993a). As opposed to the first work, which is dedicated to the Guru Maharishi and asserts that Ayurveda constitutes the best alternative medical system, the second work places considerably less emphasis on Ayurveda. Conversely, in *Boundless Energy* (1995), Chopra does recommend various Ayurvedic dietary procedures, exercises, breathing methods, sleeping patterns, and other techniques for overcoming chronic fatigue.

Chopra’s break with Maharishi Ayurveda per se is strongly suggested by his failure to make a single reference to this branch of Ayurveda. In keeping with Ayurveda, both of the Maharishi or non-Maharishi genres, and New Age healing approaches, Chopra continues to recommend meditation as a very significant technique of quantum healing and an important means for lowering one’s biological age. Although Chopra continues to promote Ayurvedic healing techniques at his center in La Jolla, he does not refer to it in his seminars and workshops and no longer refers to Maharishi Ayurveda in either context.

In contrast to Weil, Chopra has become the most preeminent figure in a long tradition of positive thinkers in American society over the course of past decade or so (Meyer 1965). In *Creating Affluence—Wealth Consciousness in the Field of All Possibilities* (1993b), Chopra delineates the steps that individuals can take in their efforts to attain material prosperity and success in various pursuits. In *Unconditional Life—Discovering the Power to Fulfill Your Dreams* (1992), he presents case studies that purportedly demonstrate that “the outside world—even so-called ‘material reality’ can be altered radically by the changing world within.” For Chopra, the path to a healthy and fulfilling life is integrally intertwined with prayer and the broader quest for spirituality. Chopra asserts that “God is another name for infinite intelligence” (2000:16).

A Critical Perspective of Weil and Chopra in the Context of the Larger Holistic Health Movement

In this section, I argue that both Weil and Chopra exemplify many of the contradictions of the holistic health/New Age movements. They also replicate several patterns

characteristic of biomedicine, namely the individualization of health care, its commercialization, and problems of access to it.

The Focus on Individual Responsibility for Health and the Slighting of Environmental Factors Contributing to Illness

Like the larger holistic health movement, both Weil and Chopra engage in a rather limited holism in that they both focus largely on the individual rather than society and its institutions. Rather than encouraging people to become part of social movements that attempt to either reform or revolutionize society, they take the larger society as a given to which one must adjust. Indeed, Weil asserts that healing of chronic illness may require a “total acceptance of the circumstances of one’s life, including illness” (1995b: 100). He notes that most people eschew an “accepting mode” and adopt a “state of perpetual confrontation” with their illnesses. Both Weil and Chopra provide an alternative form of medical hegemony by reinforcing individualizing patterns in U.S. society. Like many other holistic health practitioners, their discourse does not take into consideration “such things as class, race, age, or the like” (Montgomery 1993:83).

Like most holistic health practitioners, Weil and Chopra tend to either downplay or ignore occupational and environmental factors, such as air and water pollution and toxic waste. Crawford observes that although proponents of self-help and holistic health agree that environmental and occupational factors adversely impact health, they emphasize a form of pragmatism that stresses individual responsibility for one’s lifestyle and encourages the “overworked, overstressed worker ... TM, biofeedback, psychological counseling, or some other holistic approach” (1977:261). In a similar vein, Freund observes that although holistic approaches often are sensitive to environmental factors in disease etiology, most holistic practitioners do little to change the environment and “instead resort to individualistic treatments such as rolfing, biofeedback, etc” (1982:31).

Despite the growing recognition that many health problems are related to stress in the workplace, socioeconomic inequities, racism, and environmental pollution, the individualistic approach of most holistic health practitioners precludes the possibility of forming social movements to address these problems through collective efforts. Notwithstanding its seemingly avant garde demeanor toward disease, the holistic health movement, much like the popular health movement in the 19th century as well as a rejuvenated biomedicine that emphasizes healthier lifestyles, engages in a form of moralism that places the onus of responsibility for wellness on the individual rather than the larger society. So, although the holistic health movement has managed to retain some of the tenets of the paradigm shift associated with the 1960s, it tends to downplay the social etiology of disease—an approach associated with social medicine in the late 19th century and the political economy of health perspective that has emerged since the 1970s. Ironically, this was about the same time that this movement began to emerge, a reflection of the ability of capitalist institutions to co-opt progressive phenomena.

Indeed, although Weil acknowledges that environmental pollutants may play a role in producing disease, he does not encourage his readers to become involved in the environmental movement. Instead, he appears to resign himself to the status quo by noting, “Toxins, both chemical and energetic, are more and more a fact of life in our industrial world... My suggestions for self-defense are reasonable and practical [such as the utilization of tonics]; even if you implement only some of them, you will be protecting your healing system from harm” (Weil 1995b: 170).

Weil’s advice corresponds to Kopelman’s observation that “although holism gives providers the responsibility to teach individuals and society about these hazards, providers are not solely responsible for bringing about social and environmental change” (1981:215). As part of his eight-week program of optimal healing power, he advises his readers to gradually diminish their habit of listening or watching the news, apparently to avoid negative thoughts.

The Entrepreneurial Nature of Health Care in U.S. Society

Weil and Chopra exemplify par excellence the increasing entrepreneurialization of the holistic health movement (Brennan 2002). Chopra’s enterprises reportedly bring in about \$15 million a year (Power 1997:55). Robert Todd Carroll in his *Skeptics Dictionary* website observes the following about Chopra’s financial situation:

Chopra spends much of his time writing and lecturing from his base in California where he is not licensed to practice medicine. He charges \$25,000 per lecture performance, where he spouts a few platitudes and give [51c] spiritual advice while warning against the ill effects of materialism. His audiences are apparently not troubled by his living in a \$2.5 million house in La Jolla, California, where he parks his green Jaguar. [Carroll 2002:4]

Practitioners such as Weil and Chopra indicate that the holistic health movement has evolved into a “marketed social movement” (Goldstein 1992:151). In a similar vein, Melton (1988:51) observes that the New Age movement “has welcomed a large number of entrepreneurs—alternative health practitioners (from chiropractors to masseurs), publishers, organizers of retreat centers, independent writers and teachers, health-food storeowners, etc.”

While recognizing that New Age consciousness contains some positive elements, such as emphasis on exercise and organic and natural foods, Parenti argues that it exhibits a form of self-centeredness that “resembles the hyperindividualism of the free-market society” and neglects the “common struggle for collective empowerment and social betterment” (1994:17–18). Although a fair number of biomedical physicians have become spokespersons for alternative medicine, a perusal of books and websites on alternative medicine indicate that Weil and Chopra have managed, through astute marketing, to transform themselves into the leading gurus of holistic medicine or New Age healing.

The ability of Weil and Chopra to capitalize on the popularity of the holistic health movement over the past three decades also reflects the growing entrepreneurialization of biomedicine on a number of levels, ranging from the emergence of health care corporations and health maintenance organizations (HMOs) to physicians and hospitals advertising their services, which, at one time, the biomedical profession would have deemed unethical, unprofessional, and crass. Indeed, the biomedical profession appears to have undergone an internal class bifurcation. On the one hand, some MDs have become highly successful “entrepreneurs who launch clinics, preferred provide organizations, and other new forms of medical practice” or “top managers [who help] large insurance and other corporations” (Andrews 1995:23). On the other hand, a growing number of MDs have become employees, albeit still relatively highly paid, for hospitals and managed care corporations. In keeping with the overall corporatization of U.S. health care, James Gordon, a leading holistic MD in his own right and an enthusiast of holistic health centers, warns that there is a danger that they “will continue to be primarily a luxury for the wealthy, that their doctrine of self-help and individual responsibility will be perverted to public neglect” (1984:246).

Problems of Access to Health Care in U.S. Society

As holistic health services are generally not covered by insurance policies, Medicare, and Medicaid, they tend to cater primarily to white, upper and uppermiddle-class people, and to members of the counterculture who have chosen to funnel their often limited financial resources into alternative medicine. In an early survey of consumers of alternative therapies, Mattson identified 35 percent as “professional” workers, 17 percent as “helping” workers, 15 percent as “clerical” workers, 7 percent as “housewives,” 8 percent as “students,” and 10 percent as “others” (1982:116–122). Surely, very few working-class people have the financial resources to visit Chopra’s healing center in La Jolla. Indeed, in his social profile of New Age adherents, Danforth (1989:254) describes them as generally white, upper-middle-class urbanites who often grew up during the 1960s but have been trying to adjust to the more individualistic ethos of the 1980s (and, presumably, subsequently) by seeking emotional intimacy in small groups. Kyle (1995:11) maintains that “New Agers usually possess a better-than-average education and are urban, middle-class, upwardly mobile, and not particularly alienated from society.”

In keeping with the general orientation of the holistic health/New Age movements, both Weil and Chopra either ignore or downplay community service, social reform, and other collective goals. Danforth asserts that the New Age movement legitimizes “utilitarian individualism” and a “materialist concern for upward social mobility” (1989:260) in contrast to the countercultural ideology that many of its adherents learned during the late 1960s. He asserts that despite their purported concern with social problems such as racism, poverty, and environmental degradation, New Agers generally

fail to realize that it requires more than personal growth and self-transformation to change long-standing public policies and powerful social institutions, nor do they realize that their idealistic and utopian visions for social change are doomed because they fail to take into account the oppressive aspects of the social, political, and economic order that are ultimately responsible for the problems of so many people. [Danforth 1989:284–285]

In a similar vein, Ivakhiv (1997:379) observes in his overview of the New Age community in Sedona, Arizona, that its *Sedona Journal of Emergence* rarely urges its readers to become involved in environmental politics.

The prominence of Weil and Chopra, both trained biomedical physicians, as the leading holistic health/New Age gurus, exemplifies the danger that the holistic health movement as a grassroots phenomenon is increasingly becoming co-opted by biomedicine. Biomedicine has responded to the holistic health movement with mixed attitudes. Despite the growing interest of biomedical and osteopathic physicians in holistic health, as Alster observes, “It is important to recall that physicians were latecomers, arriving to find other groups already well established and claiming to offer different and even superior services than those available from physicians and physician-controlled agencies” (Alster 1989:161).

Within the corridors of biomedicine itself, nurses, occupational therapists, and physical therapists expressed an interest in holistic health well before physicians did. Although some biomedical physicians are undoubtedly genuinely sympathetic to holistic and alternative approaches, patients and other health professionals appear to have created the climate that demanded an increasing number of biomedical physicians would gravitate to the holistic health movement. Biomedical physicians increasingly face the danger of losing many of their most affluent patients, namely white, upper- and upper-middle-class individuals who have become disenchanted with biomedicine and who have the disposable income to seek alternatives to it not generally covered by health insurance plans.

Conversely, there has been a growing corporate and government interest in alternative medicine as a means of cost containment. According to Berliner and Salmon, “because holistic health is generally provided on an ambulatory basis and stresses prevention and health maintenance, alternative modalities tend to be less expensive than scientific medicine interventions; thus, they main an advantage in policy discussions if their efficacy can be assured” (1980:538). As a result of a congressional mandate, the National Institutes of Health created an Office of Alternative Medicine (OAM) in 1992. The office reportedly was created “under pressure from a Congress alarmed by the soaring costs of high-tech healing and the frustrating fact that so many ailments—AIDS, cancer, arthritis, back pain—have yet to yield to standard medicine” (Toufexis 1993:43).

OAM had been designated to explore the efficacy of selected alternative therapies. OAM's annual budget steadily increased, from \$2 million in fiscal year (FY) 1992 to \$50 million in FY 1999. OAM has funded 13 specialty research centers, 11 of which are situated at biomedical institutions. Utilizing biomedical research strategies, such as the double-blind method, each site investigates the efficacy and safety of alternative therapies for various disease or health problems, such as asthma, AIDS, cancer, stroke, cardiovascular complications, and drug addictions.

In 1999, OAM was elevated to a higher status as the National Center of Complementary and Alternative Medicine (NCCAM). Congress appropriated \$68.7 million for NCCAM in FY 2000. All directors of both CAM and NCCAM have been biomedical physicians. Although most members of the National Advisory Council of NCCAM are biomedical physicians and scientists, this body includes two naturopathic physicians, two massage therapists, an acupuncturist, and a chiropractor. Nienstedt (1998:39) asserts that the focus of OAM or what is now NCCAM "appears to be on complementary medicine under the direction of biomedical methods and personnel."

Various health insurance companies and HMOs have expressed a willingness to provide coverage for alternative medicine, in part as an accommodation to consumers who desire alternative therapies and as a means of cost containment. Indeed, the Sharp Health Plan, a southern California-based HMO with some 16,000 subscribers, offers its clients an eight-week wellness program designed by Deepak Chopra (Gordon 1996:261). In 1996, Oxford Health Plan, which provides care to 1.4 million people in the eastern United States, added coverage of chiropractic, acupuncture, naturopathic medicine, massage therapy, and yoga, to some of its health plans (Goldstein 1999:7). Other health insurance plans that cover alternative therapies include Mutual of Omaha, American Life Insurance Company, Blue Cross of Washington and Alaska, Kaiser Permanente, and Alternative Health Benefit Services (Pelletier 2000:275-298; Weitzman 1998). Most insurance companies that provide coverage for alternative therapies tend to favor certain modalities, such as acupuncture, biofeedback, chiropractic, and nutrition, and eschew others, such as herbal medicine, Ayurveda, and craniosacral therapy (Jacobs 1999:416). The state of Washington now requires health insurers to cover acupuncture, naturopathy, massage, and other licensed natural health care.

Within biomedical and scientific circles, both Weil and Chopra have their fans and detractors. The Center for Integrative Medicine at Thomas Jefferson University Hospital in Philadelphia asked Weil to present a lecture at a gala celebration in his honor as both a proponent of integrative medicine and a native of Philadelphia. Arnold Reiman (1996), the editor emeritus of the prestigious *New England Journal of Medicine*, has been Weil's most virulent opponent, however.

Biomedicine and mainstream science also have expressed mixed reactions to Chopra, but generally more negative ones than to Weil. The American College of Preventive Medicine accredited Maharishi Ayurveda courses for continuing education (Wheeler 1997:8). Stephen Barrett, MD, the principal spokesperson of the National Council Against Fraud, accuses Chopra of engaging in "Ayurvedic mumbo jumbo" (2002:4).

Various members of the “skeptics network,” particularly certain contributors to the *Skeptical Inquirer: The Magazine for Science and Culture*, a publication of the Committee for the Scientific Investigation of Claims of the Paranormal; *The Scientific Review of Alternative Medicine* published by the Council for Scientific Method; and an anthology titled *Examining Holistic Medicine* (Stalker and Glymour 1985) published by Prometheus Books, a major outlet of skeptical materials, portray a wide array of alternative medical systems as modern-day magic and quackery. In contrast to their jaundiced and often ethnocentric views of alternative medical systems, most skeptics idealize biomedicine as the only scientifically valid health care system and conventional Western science as the only legitimate form of knowledge. Scientific skeptics tend to conform to Midgley’s (1992:25) assertion that “science education is now so narrowly scientific that many scientists simply do not know that there is any systematic way of thinking besides their own.”

Despite ongoing skepticism of Weil, Chopra, and holistic medicine in general within biomedical corridors, biomedicine increasingly has been coming to terms with the reality that many of its patients want alternative therapies. The first teaching program in alternative medicine at a U.S. biomedical institution was established in the 1970s at Montefiore Medical Center in the Bronx (Abrams 1994:9). Since that time, at least 75 biomedical schools have developed courses on alternative therapies (Castleman 2000:5). Biomedical physicians and other biomedically related scientists have established various journals on alternative medicine. The *Journal of the American Medical Association* devoted its November 11, 1998, issue to “Alternative Medicine.”

In other words, holistic health as a popular movement is quickly being biomedicalized and institutionalized. Furthermore, it also is evolving into a professionalized entity increasingly referred to as “complementary and alternative medicine (CAM)” or “integrative medicine”—a style of medicine that, while recognizing the benefits of alternative therapies and mind-body-spirit connections, downplays the role of political-economic, environmental, and social structural forces in contributing to disease. C. Everett Koop, former surgeon general, is developing a medical center at Dartmouth that combines biomedicine and CAM (Castleman 2000:5). Indeed, a growing number of biomedical physicians allude to CAM, while at the same time downplaying the notion of holistic health (Freeman and Lawlis 2001; Micozzi 2001; Novey 2000). In essence, partly spurred by the holistic health movement but also by critics within its own ranks, such as George Engel (1977) (a proponent of biopsychosocial medicine), biomedicine has been gradually shedding some of its traditionally strong biological reductionism by co-opting these perspectives into its mainstream.

Conclusion

Perhaps prompted in part by biomedical attacks on Maharishi Ayurveda, Chopra, an Indian immigrant who has come to exemplify the American success story, has in-

creasingly distanced himself somewhat from Ayurveda, and entirely from its Maharishi variant, as well as from biomedicine. He apparently has discovered that New Age spirituality provides a powerful venue for promoting his entrepreneurial interests. Weil, although apparently not as financially successful as Chopra, continues to provide an aura of respectability for the holistic health movement, which increasingly has shed its popular roots and become part of the biomedical mainstream under the designation of “integrative medicine” or “complementary and alternative medicine,” as attested by the evolution of the National Institute of Health’s Office of Alternative Medicine into the National Center of Complementary and Alternative Medicine.

Various scholars argue that the holistic health movement contains a counter-hegemonic or emancipatory potential for transforming capitalist structures. Berliner and Salmon (1979) argue that during its early stages, the holistic health movement contained the potential to pick up the banner of social medicine and function as a critique of capitalist institutions, despite its apolitical, entrepreneurial, elitist, and authoritarian tendencies. Freund argues that holistic medicine “can offer some of the tools and politically radical consciousness for initiating revolution” (1982:37). Stephen Lyng (1990) describes the holistic health movement as a “countersystem” that challenges, in part, biomedical hegemony by promoting patient control and self-healing.

As we see in my critique of the two leading proponents of the holistic health/ New Age movements, for the most part these movements in their present form have not lived up to such hopes. Instead, they engage in a rather limited holism, in that their focus is largely on the individual rather than on society and its institutions. In emphasizing individual responsibility for health, wellness, and spirituality, Weil and Chopra provide an alternative form of medical hegemony by reinforcing individualizing patterns in U.S. society specifically and in the capitalist world-system more generally, given that both have an international audience. They also serve as modern exemplars of the U.S. success story—a myth that continues to legitimize patterns of social inequality. Whereas the “worried well” found in the upper and upper-middle classes indeed often can offer afford to partake in the various commodities and services that Weil and Chopra promote, it is doubtful whether their advice on health and well-being has much meaning for many working-class people and other people of modest means in the United States and around the globe.

In conclusion, although this article focuses on the two leading exemplars of the holistic health/New Age movements—movements that have become popular in many other countries, particularly in western Europe, Canada, Australia, New Zealand, and even Third World nations (Baer 2001 ; Brown 1997; Davis-Floyd and St. John 1998; Hess 1993)—anthropologists still have much to learn about them.

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