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Investigating the Hybridity of ‘Wellness’
Practices

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Abstract

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I map out a program for investigating ‘hybridity’ and discuss the theoretical significance of such a project. Because ‘hybridity’ is not a property inherent in the practices themselves, but a relational concept that requires comparison between practices, I locate these practices by mapping out their structural positions within the complex multi-sectored institutional landscape. Two theoretical contributions follow from the findings of this investigative strategy: 1) It adjudicates the contrasts between theories that assert increasing homogeneity, de-differentiation, or institutional isomorphism against those that suggest greater fragmentation and differentiation; 2) It provides a corrective to the professionalization literature.

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ABSTRACT

Theoretically significant relationships between different categories of phenomena remain undetected because of the division of disciplinary labor. The research domains of particular subdisciplines are often bounded by common sense notions of societal sectors. In this paper, I discuss how sector-specific studies of a wide range of ‘wellness’ practices fail to recognize and address a phenomenon that cuts across sectors despite ample evidence of its existence: the hybridity of ‘wellness’ practices. Hybrid practices and establishments emerge as practitioners combine ideas and techniques from diverse sectors such as medicine and healing; counselling and psychotherapy; management, personal development and motivation; exercise and fitness; beauty and personal care services; and religion and spirituality.

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INTRODUCTION

In developed countries, there is increasing visibility of what can be sweepingly called ‘wellness’ practices that combine techniques and ideas from across societal sectors ranging from (but not limited to) healing and medicine; psychotherapy and counseling; motivational and personal development practices; fitness and exercise regimes; beauty and personal care services; as well as spiritual and religious movements.¹ Sometimes this borrowing results in hybrid establishments and practices that defy easy classification into any one category or clear membership status in any one societal sector.² For example, some practitioners may simultaneously use crystals and aromatherapy³ for healing; engage in business planning and conflict mediation for organizations; yet offer divination services such as the channeling of ‘spiritual masters’ for guidance in everyday affairs. Practitioners and clients dabble in a variety of different categories of practices—visiting alternative healers, experimenting with New Age spirituality, reading popular psychological self-help books, trying various fitness exercises, taking nutritional supplements, and engaging personal coaches or psychotherapists to motivate them in life and work. Explicitly or tacitly, these practitioners espouse a ‘holistic’ philosophy, claiming to integrate multiple approaches towards diverse ends that are perceived to be intimately interrelated—making use of an eclectic approach or synthesizing strategy towards the promotion of physical, mental, emotional and spiritual well-being.

¹ For North America: on the rise of alternative medicine, see Eisenberg et al (1998); on the rise of self-help and mutual aid movements, see Katz (1981); on new religions, see Wuthnow (1976); on rise of Americans seeking therapy, see Veroff et al (1981:166-167, 176-177). On the rise of consulting in Germany, see (Kellner and Heuberger, 1992: 54-58). On complementary medicine in the UK see Sharma (1992).

² I define an ‘establishment’ as a corporate entity that has a formal organizational structure and shop-floor to dispense services to clients. ‘Practices’ are unique assemblages of ideas and techniques, sufficiently crystallized and identifiable by a distinct label and associated with an occupational group. For example, one can speak of the practices of aromatherapy and acupuncture.

³ For brief descriptions of holistic wellness practices mentioned in this paper, see Appendix A.

Examining hybridity is pertinent there is a relationship between diverse categories of practices that is often not recognized. Empirical studies of wellness practices have not noticed, much less addressed, the theoretical significance of hybridity and hybrid establishments. Because the empirical domain and theoretical focus of many studies are bounded within a common sense understanding of societal sectors, they fail to recognize the significance of processes that transcend those sectors, including notably, the cross-sector borrowing of techniques and practices that has led to hybridity. Some more encompassing studies acknowledge the convergences between wellness practices from different sectors, but the issue of hybridity itself has not been systematically investigated. While there are broad and creative cultural interpretations of hybridity, these do not offer an analytically precise framework that can be used to pursue an adequate sociological explanation of hybridity.

This paper demonstrates a means of overcoming such limitations by mapping out the complex institutional landscape of these wellness practices and thus offering a structural explanation of hybridity. This explanation is necessarily couched at an abstract level because it deals with the broad institutional field made up of multiple sectors and a wide range of practices.

In order to do this, I offer an analytical description of these practices by synthesizing various monographic studies of particular practices, as well as more general studies of peripheral practices framed within sector-specific categories such as ‘alternative healing’, ‘eclectic psychotherapy’ or ‘the new age movement’. Although these categories of practices are affiliated, they have not been theoretically examined in relation to one another except in vague conceptual terms. The analytical description of the complex field is formulated using specific examples culled from this wide range of literature from the US and UK, and my own ethnographic research. The ethnographic research was conducted over a period of two years in Singapore,

from July 2000 to 2002. I began with participant observation in various talks and therapeutic sessions, followed by more intensive in-depth interviews with various healers, therapists and spiritual teachers.

1. BEYOND DISCIPLINARY DOMAINS

i. Abstract, polymorphous meanings of hybridity

Originally a biological term, ‘hybridity’ is now used by various disciplines to “designate processes in which discrete social practices or structures, that existed in separate ways, combine to generate new structures, objects, and practices in which the preceding elements mix” (Garcia-Canclini, 2001). Broadly, the concept suggests the blurring of some kind of boundaries. This idea, if not the term itself, has been used in the study of religion (religious syncretism), sex and sexuality (transgenderism, alternative sexualities, androgyny), race (miscegenation, mestizaje), ethnicity (assimilation, panethnicity), nationality (transnationalism, cosmopolitanism), language (creolization), cultures (hybrid genres of art, music, fashion), and organizations (hybrid organizational forms).⁴

Since hybridity involves some ‘blurring of boundaries’, it seems useful to incorporate the concept of de-differentiation into the discussion—hybridity can be abstractly defined as a *condition* or a ‘state of affairs’ that is achieved through the *process* of de-differentiation. In this context, de-differentiation occurs when wellness practitioners borrow or co-opt aspects of practices from other sectors into their own. De-differentiation has occurred to the extent that the

⁴ On religious syncretism, see Droogers (1989); on transgenderism see Califia (1997); on androgyny, see Weil (1992) and Singer (1976); on miscegenation, see Lemire (2002); on mestizaje, see Samora (1996); on assimilation, see Gordon (1965), Brubaker (2001), Alba and Nee (2003); on panethnicity, see Espiritu (1992); on transnationalism, see Andersen (2002); on cosmopolitanism, see Vertovec and Cohen (2002); on creolization, see Andersen (1983), on art, see Papastergiadis (1995); on hybrid organizational forms, see Powell (1987).

borrowing results in a practice or establishment that presents problems for neat categorization into specific societal sectors.

Unfortunately, ‘hybridity’ and ‘de-differentiation’ are polymorphous and multidimensional. ‘Hybridity’ is often used loosely to refer to the blurring of boundaries between various types of analytical units, including concrete *practices* and *groups*, cultural *forms*, *domains* such as societal sectors, or even more abstract structures such as *sub-systems* or *functions*. The concept of de-differentiation itself is also not well-defined and can refer to structural, cultural or sectoral de-differentiation.⁵ Many have made broad claims about de-differentiation without specifying the unit of analysis. For example, O’Brien (1995: 192) has posited the de-differentiation between ‘health’ and ‘social life’ in general, because the development of lifestyle practices has led to the ‘opening up’ of health to “exogenous social, cultural, economic and political interests.” This does not clarify whether it is the health sector, the medical and health occupational groups, specific types of health practices, or ideas and symbolic meanings pertaining to health that is being de-differentiated. On the other hand, the observed fragmentation and bricolage by some postmodern theorists are usually those of ‘cultural forms’. The de-differentiation of cultural practices such as religion and art in terms of the syncretism or the mixing of genres resulting in ‘pastiche’ is theoretically different from claiming the functional de-differentiation between sub-systems such as the economy and culture.

⁵ For Durkheim, Parsons and other theorists going back to Spencer, the focus was on a ‘structural’ or ‘functional’ differentiation that results from the division of labour in society and the attendant benefits of specialization. De-differentiation has been defined in contrast to this, and is regarded as the counter tendency to structural differentiation, as “the structural fusion of functions” (Rueschemeyer, 1977), which implies the de-specialization of functions, roles and institutions. Similarly, the units of analysis for systems theorists such as Luhmann and Munch is the ‘subsystem’, and de-differentiation can be defined as a process whereby differentiated subsystems lose their normative autonomy, distinctiveness and the boundaries between different subsystems become unclear because of the use many kinds of codes (Sevanen, 2001: 98). De-differentiation is said to occur when a subsystem is no longer clearly defined from its environment. Others have applied this idea substantively to the blurring of boundaries between vague analytical units such as ‘health’ and ‘social life’ (O’Brien, 1995), or ‘economy’ and ‘culture’ (Lash and Urry, 1994).

ii. Division of disciplinary labor: sector-bounded studies and their lack of peripheral vision

Studies of specific categories of ‘wellness’ practices are usually theoretically framed and empirically bounded by conventional understandings of societal sectors. A societal sector is “defined to include all organizations within a society supplying a given type of product or service together with their associated organizational sets: suppliers, financiers, regulators and so forth” (Scott and Meyer, 1991: 108).⁶ It is therefore possible to identify the ‘healing’ or ‘medical’ sector to include the range of biomedical institutions, the suppliers and companies that are part of the medico-industrial complex, pharmaceutical companies, medical equipment manufacturers, as well as the range of practices commonly categorized as complementary and alternative medicine. The religious or spiritual sector is conventionally understood to include the range of orthodox religions, the variety of denominations and sectarian movements, as well as new religious practices, indigenous spiritual traditions and different types of divinations. Similarly, the psychotherapeutic sector is conventionally understood to include the services provided by psychiatrists, clinical psychologists, psychotherapists from different schools of thought as well as occupations that engage in some form of counseling, such as social workers and educators.

⁶ An ‘organizational field’ has been defined in very similar terms as a societal sector, denoting “organizations that, in the aggregate, constitute a recognized area of institutional life: key suppliers, resource and product consumers, regulatory agencies, and other organizations that produce similar services or products” (DiMaggio and Powell, 1983). I would like, however, to distinguish between societal sectors and organizational fields, the key difference pivoting on the distinction between ‘sector’ and ‘organization’. The former term more adequately refers to a ‘categorical unit,’ the latter, to a ‘corporate unit’ (Hawley, 1986: 86). A sector is defined crucially by the *type* of services offered by the group of corporate units, for example, the ‘health’ or ‘spiritual’ sector. An organizational field, on the other hand, is defined by the range and network of other corporate units involved or implicated in the exchanges with an organization. Therefore, an organizational network *necessarily cuts across* societal sectors. For example, a surgical equipment manufacturer is a corporate unit within the ‘health’ sector as well as the ‘manufacturing’ sector.

The research boundaries of sociological subdisciplines typically correspond to the boundaries of such societal sectors. This is why the literature on ‘wellness’ practices is framed by various categories such as ‘religion’, ‘psychology’ or ‘alternative healing,’ although these distinct literatures sometimes describe the same practices. A significant number of practices can be described with such overlapping categories. Taken as a whole, this set of ‘wellness’ phenomena has been variously studied as a form of complementary and alternative medicine⁷; as part of psychology—the ‘human potential movement’ or ‘humanistic psychology’⁸; as part of new religious movements,⁹ or as a type of charismatic ‘cult’¹⁰. These studies struggle with categorization because many of these practices do not belong unambiguously to any specific sector. For example, meditation is considered a ‘religious’ phenomenon by students of religion (e.g. Ellwood and Partin, 1988), and ‘healing’, by students interested in complementary and alternative medicine (e.g. Milburn, 2001). McGuire’s (1988) ethnographic study of the healing practices in suburban American communities of New Jersey conveniently classifies Christian, Eastern and psychic and occult healing as ‘nonmedical healing’. The difficulty with the categorization of these practices suggests that hybridity is an issue, yet the issue itself has not been studied systematically.

Such studies frame their investigation according to ‘domain-bounded’ concerns; that is, the range of relevant phenomena is demarcated by conventional subdisciplinary preferences

⁷ Medical sociology in the past was concerned mainly with biomedicine and only gave serious attention to certain alternative healing traditions such as chiropractic, osteopathy, homeopathy, while relegating other forms of healing e.g., faith healing, as ‘quasi-practitioners.’ For example, see Wardwell’s (1979) chapter on “Limited and Marginal Practitioners” in the Handbook of Medical Sociology. Medical sociology’s interest in alternative healing has since expanded towards those forms of practices once dismissed as quackery or magic.

⁸ See Cushman’s (1995) cultural history of psychotherapy.

⁹ See Barker (1989) on new religious movements.

¹⁰ See Galanter (1999) on ‘cults’.

organized around certain naturalized ‘categories’. For example, medical sociology has mainly examined ‘alternative healing’ in relation to ‘biomedicine’¹¹, and similarly, the sociology of religion has examined ‘new religious movements’ mainly by orienting them with established ‘orthodox religions’¹². Subdisciplines have often examined the cultural and social significance of such peripheral phenomena by looking at the relationship they have with their associated dominant elite ‘core’ institutions who occupy the same societal sector. Mostly, the periphery is regarded as marginalized and competing sects, whose significance is understood only in relation to this ‘core’.¹³

Some sector-specific studies—of psychotherapy and religious syncretism, for example—do address a form of boundary-crossing.¹⁴ But the borrowing that they address is primarily *intra*-sectoral, involving, for example, religious movements borrowing from other religious traditions. Hybridity can be the result of *intra*-sectoral blurring of boundaries, for example, religious syncretism, whereby different discrete practices *within* the same sector are combined. However, this does not address those processes that run *across* sectors. The empirical and theoretical focus of this paper is on a different category of hybridity—one that is the outcome of *inter*-sectoral borrowing—whereby discrete practices from across sectors are combined.

¹¹ See, for example, Goldstein’s (1999) study of alternative health care in America.

¹² See Barker (1989); and Ellwood and Partin (1988). Interestingly, the Human Potential Movement, which does not sit easily with other more typical exemplars of new religious phenomena, is classified as a ‘quasi-religious movement’ in Glock and Bellah’s (1976) edited volume, *The New Religious Consciousness*.

¹³ Usually the investigation is concerned with whether these peripheral practices are the nascent signs of an emerging social trend, or the insignificant epiphenomena of developments at the core. The distinction between core and periphery will be further discussed later in the paper.

¹⁴ See Hollanders (2000a, 2000b) on the rapprochement between different psychotherapies. In the 1980s to 1990s, eclecticism and integration in counselling and psychotherapy became central themes. Eclectic psychotherapy is not limited to any one theoretical orientation (such as psychoanalysis, behavior therapy, or cognitive therapy). Instead, the therapist can select and use any therapeutic procedure or combination of techniques that he believes is best suited for the treatment of the individual patient.

In so far as they fall within the ambit of subdisciplinary concerns that are usually bounded within sectors, most studies neglect the phenomena and processes that cut across these organizational fields and institutional environments, rendering such inter-sectoral hybridity invisible. Focusing on the phenomena through sectoral lenses can result in the loss of peripheral vision crucial for detecting such processes.

iii. Limitations of cross-sector analyses

1. Under-theorized

While sector-specific studies ignore hybridity, those that do perform some cross-sector analysis are largely theoretically weak and analytically imprecise. Some of these studies are framed in more encompassing terms—such as ‘holistic health’ or the ‘New Age movement’—without being limited to sectors.¹⁵ But while there is a vague sense in these studies that the phenomena are somehow related, these studies simply enlarge the boundaries of their research domain to be more inclusive without any theoretical justification. For example, Barker’s (1989: 2-3) study of new religious movements suggests that it is more fruitful to account for a wider variety of movements that we have little information on instead of arbitrarily bounding research with a priori criteria of selection. This sensible justification to enlarge the scope of analysis nonetheless leaves the relationships between the diverse set of practices under-theorized, even though the net has been cast wider.

2. Broad cultural interpretations

Other more encompassing studies that examine different categories of ‘wellness’ practices only offer broad cultural interpretations that fail to provide analytically precise sociological explanations of hybridity. ‘Wellness’ practices have also been discussed as a social movement

¹⁵ See, for example, Alster (1989), English-Lueck (1990), Ross (1991), and Hess (1993)

with links to the 60s counter-culture¹⁶, and have also often been invoked broadly in analyses of the larger cultural zeitgeist.¹⁷ Other studies focus on how some of these now distinct practices were historically un-differentiated.¹⁸ This cluster of work mainly elaborates on the *cultural significance* of such hybrid practices by placing them within a larger cultural or historical context.

This set of literature characterizes modernity as corresponding to structural and cultural changes such as the increasing division of labour, specialization and differentiation. In this era, there is increasing risk and uncertainty due to continuously changing conditions that fall beyond human prediction and control.¹⁹ The psychological consequence of hyper-differentiation is fragmentation—the loss of meaning and coherence. The proliferation of choice, and the lack of an overall coherent organizing frame of reference results in a self that is characterized by multiplicity, mutability and the lack of coherence. Therefore Miztal (2000: 47-67) appropriately characterizes the two dimensions of late modernity as the growth of “formlessness and unpredictability”—the dual loss of meaning and certainty.

¹⁶ See Gitlin (1993: 424-427). These peripheral practices that I describe have, however, lost all semblance of a social movement because they do not have explicit political goals, or mobilize others for collective action. Many of them regard their practice as a business enterprise or spiritual service, which now exist in a form estranged from their more politically motivated origins.

¹⁷ Rieff (1977) asserts that there has been a ‘triumph of the therapeutic’ in contemporary culture where increasingly people seek to order their lives in accordance with a commitment to psychological self-affirmation and personal fulfilment. Similarly, Lasch (1979) describes how “the contemporary climate is therapeutic, not religious. People today hunger not for personal salvation, let alone for the restoration of an earlier golden age, but for the feeling, the momentary illusion, of personal well-being, health, and psychic security” (Lasch, 1979: 7).

¹⁸ Religion and healing in some traditions (such as Navajo spiritual practices and traditional Chinese medicine) are not clearly differentiated—etiology is closely tied to cosmology.

¹⁹ See Beck (1992) and Giddens (1991). Giddens argues that the “sureties of tradition and habit have been replaced by the certitude of rational knowledge”, but in late modernity, it is the proliferation of competing claims to knowledge from expert systems and choice that creates a sense of anxiety and uncertainty. Although modernity reduces the overall riskiness of certain areas and modes of life, it at the same time produces new risk parameters unknown to previous eras (Giddens, 1991: 2-4).

The literature on these developments can be differentiated between those that characterize on the psychic *consequences* of late modernity and those that elaborate on the *responses* to these psychic consequences.²⁰ The consequence of late modernity is the fragmented and uncertain self. The response to these consequences is the desire for greater self-reflexivity and self-monitoring. To counter unpredictability, consumers attempt to incorporate various technologies and expertise so as gain a greater sense of control in as many fields of expertise as possible in an unpredictable world. Consumers search for control and well-being in various different aspects of life (which they understand as the physical, emotional, psychological and material), as well as cultural resources to *make sense* of the relationships between these different aspects.²¹ Hybrid establishments ensue because the rise of risk society leads to the increasing desire for different categories of expertise and the loss of meaning due to fragmentation leads to the desire for coherence and the receptiveness to a holistic philosophy.

While these meta-cultural interpretations offer a window into the motivations of clients and thus the demand for these hybrid services, they are too ‘epochal’ to be useful for an adequate

²⁰ The self that emerges as a *consequence* of late modernity has been described by Gergen (1991) as multiphrenic, protean and de-centred—meaning that we have multiple, disjointed and therefore incoherent selves which are very malleable to change. While Gergen’s narrative positions the self as an outcome of larger structural forces, Giddens’ (1991) concept of self-reflexivity and self-monitoring underscores the role of individual agency in the construction of the self, and is really identifying the *response* to these consequences. In order to deal with the new and constantly changing conditions, institutions and individuals are forced to be reflexive and engage in greater degrees of self-monitoring so that they can modify and update their knowledge and orientation of the world in light of new information. While these accounts at first glance seem contradictory, they are reconcilable. The fragmented self and de-centredness are consequences which suggest the need for increasing self-reflexivity and self-monitoring.

²¹ This new concern and orientation is adequately captured by Bauman’s (1995) explication of ‘fitness’: “*Fitness*—the capacity to move swiftly where the action is and be ready to take in experiences as they come—takes precedence over *health*, that idea of the standard of normalcy and of keeping that standard stable and unscathed” (Bauman, 1995: 89). Fitness stands for the individual’s bodily and spiritual capacity to absorb, and creatively respond to a growing volume of new experiences, an ability to withstand a fast pace of change and the capacity to ‘keep on course’ through self-monitoring and correcting the inadequacies of performance. This new ‘fitness’ orientation is a function of reflexive modernity and risk society. The new economy requires workers who are ‘fit’—people who are able to be self-reflexive, mobile, trainable and capable of doing different things at different times in different places. Fitness is a capacity that can be increased with the techniques that therapeutic, healing and spiritual movements provide. Instead of being emotionally stable, one now seeks to be emotionally adaptable, pro-active, capable of sustaining higher levels of stress, and are determined and driven.

explanation. “Epochal social theories are those which seek to encapsulate the *Zeitgeist* in some kind of overarching societal designation; that we live in a postmodern society, a modern society, an information society, a rationalized society, a risk society and so on.” Such theories tend to “set up their coordinates in advance, leaving no ‘way out’ from their terms of reference” (Osbourne, 1998:17). Even though grand cultural interpretations go beyond the domain-specific horizons that characterize much of the literature on ‘wellness’, they do not proceed beyond the recognition that boundaries are permeable and categories problematic. The problem is only unearthed, not resolved. What is missing is the complex structural landscape offering obstacles and opportunities, which individual practitioners and establishments have to manoeuvre within, whatever cultural frames they may invoke to account for their actions.

3. Theorized comparisons but in vague terms

Although couched at a less abstract level of analysis, those studies that do examine the specific relationships between practices from different sectors suffer from a similar methodological flaw. Some of these studies elaborate on the convergences between different categories of practices, such as those between religious sects and healing groups²²; or, more broadly, between psychology/psychotherapy and religion²³. These studies acknowledge the trans-sectoral nature of these phenomena, but they describe the similarity of the characteristics or traits that these practices share in terms too broad to be useful. Such abstract descriptions are encompassing by virtue of their vagueness but are devoid of content. For example, Jones (1975: 205) argues that therapeutic groups have religious-like sectarian characteristics because they are

²² See Jones (1975, 1985), Beckford (1985), McGuire (1988), Fuller (1989) and Galanter, (1999: 185-225).

²³ See Benner (1988), Bilgrave and Deluty (1998), Fuller (2001: 124-151) and West (2000). Certain hybrid forms of guidance combine psychological counselling techniques with religious ideas; this can be done either by psychologists who incorporate religious ideas into their practice (see West, 2000), or by clergy who acquire psychological counseling techniques (see Fuller, 2001: 124-151).

“small, value-oriented groups possessing a voluntary membership which is conditional upon some mark of merit.” These characteristics are encompassing only because they are vague and broad enough to be applied to almost all organized subcultural groups. In a similar vein, Galanter (1999: 185-225) argues that organizational similarities exist between self-help groups and religious organizations: ‘strong similarities’ exist between healing movements and charismatic groups because they both have a ‘deep commitment to group philosophy’, have ‘mutual support from their members’, ‘relieve pathology using a cognitive and behavioural framework’ and have charismatic leaders (Galanter, 1999: 188). In this manner, he regards Christian healing, Eastern spiritual approaches, Holistic medicine and self-help groups such as the Alcoholic Anonymous under the umbrella term, ‘Spiritual Recovery Movements’. It is only by organizing the study around abstract organizational properties and vague concepts like ‘charisma’ that allows him to group ‘religious’ movements as well as ‘healing’ practices under the same banner. Such studies do not adequately theorize the origins of inter-sectoral hybridity.

2. PROGRAM FOR INVESTIGATING ‘HYBRIDITY’

To investigate the origins of hybridity, it is necessary to go beyond sector-bounded studies. Furthermore, in order to bring greater analytical precision to the study of hybridity, it is necessary to specify the parameters of hybridity—the units of analysis, the types of boundaries around those units, and the different levels of analysis. The focus of this paper is on ‘inter-sectoral hybridity’. In place of vague formal definitions, I offer an analytical description of hybrid establishments and practices to illustrate the empirical occurrence of this form of hybridity, as well as the processes of cross-sector borrowing and co-optation that generate it. This analytical description sets the stage for the subsequent characterization of the institutional landscape, which is crucial for explaining hybridity.

i. Specifying the parameters of hybridity

To achieve greater analytical precision, the analytical unit should be specified. Even though the ‘unit of analysis’ at the street level of analysis may be ‘practices’ or ‘establishments,’ the actual ‘analytical unit’ in question when investigating hybridity could refer to one or more of the following: 1) the function of the practice (healing or salvation or profit), 2) role of practitioner (healer or priest or businessman), 3) cognitive category (medicine or religion or business), 4) organizational unit (clinic or church or shop floor) 5) techniques (healing techniques or spiritual techniques), 5) ideas (health or spiritual related ideas). To invoke the concept of ‘hybridity’ would involve some implicit reference to the de-differentiation of one or more of these related analytical units. An ‘establishment’ could be hybrid because it houses healers, spiritualists and spa specialists under one roof, or, because it offers services in a tradition that is nonetheless difficult to classify into any one category of service. Similarly, a ‘practice’ (as a whole) may be considered hybrid if a practitioner offers, among his repertoire or portfolio of services, healing, psychotherapeutic and spiritual types of services, or when the practitioner provides a single service or technique that cannot be clearly classified into any specific category.

Moreover, there are different kinds of boundaries around these analytical units and it is important to consider what type of boundary is being implicitly referred to when boundaries are said to be blurred. Symbolic boundaries are conceptual distinctions made by social actors for the purposes of classification and they are pertinent for the construction of definitions of reality, while social boundaries are those that determine group membership and are a means of determining access to status and resources (Lamont and Molnar, 2002). When symbolic boundaries achieve a high degree of intersubjectivity, they begin to take on a constraining character and may become social boundaries, which are “objectified forms of social differences” and manifested as “groupings of individuals” that have differential access to resources and

opportunities (Lamont and Molnar, 2002: 168-169).²⁴ Certain analytical units only have such symbolic or cognitive boundaries (such as ideas), while others have both symbolic and social boundaries (such as organizations). It is important to understand what analytical unit we are referring to and what type of boundary is being de-differentiated when we speak of the hybridity of practices. We may be referring to symbolic, representational, cognitive reality, or to social, objectified reality.²⁵

Having specified these boundaries, it becomes possible to examine the *degree* to which they can become blurred. One can distinguish, in particular, between the partial blurring and the complete dissolution of boundaries. Or, in a different formulation, we can consider the extent to which de-differentiation has occurred, once the unit of analysis has been identified.

ii. Analytical description of wellness practices

Having specified the parameters, I can now proceed to illustrate what I have identified as ‘hybrid’ practices and establishments, by offering an analytical description culled from 1) monographic studies of particular practices, 2) more general studies of peripheral practices framed within sector-specific categories such as ‘alternative healing’, ‘eclectic psychotherapy’ or ‘the new age movement’, and 3) my own ethnographic research from Singapore. The following discussion, I should emphasize, is not meant to be a systematic documentation or representative account of the actual range or incidence of hybridity.

²⁴ For example, classification systems are socially constructed and designed to achieve certain social consequences (see Bowker and Star, 1999).

²⁵ This distinction is important because symbolic categories can be blurred even as social boundaries remain distinct and impermeable. For example, despite the tendency in New Age ideology to collapse the distinction between physical healing, spiritual growth and emotional well-being, access to the roles of healer, spiritual leader and psychotherapist is still policed by some training and credential mechanisms.

The analytical description is couched at a ‘street’ level of analysis—the level of common, everyday reality that is empirically observable and experientially familiar to suppliers and clients. Some of the wellness practices I consider in this paper are properly termed ‘hybrid’ because they emerge from the combination of discrete practices from different sectors or domains. Others are more accurately described as ‘undifferentiated,’ for they are part of traditions that made no such distinctions in the first place. Since both occupy the same structural position (and have similar cultural meanings), I consider them together in the following.

1. Hybrid practices and establishments

Borrowing across sectors at the periphery can lead to the blurring of symbolic boundaries and result in a hybrid practice that cannot be unambiguously classified into one category, or slotted into a specific sector. Practitioners and clients in these domains mix and match techniques, practices and knowledge that cut across not only other practices *within* these conventional categories—for example a Reiki practitioner may combine aromatherapy and massage together for greater healing effect—but also *across* the various categories or domains. That means that motivational practices may borrow techniques from complementary medicine while making use of spiritual ideas and vice versa.

Even though it is not obvious, some form of ‘counseling’ is an important aspect of the work of many alternative or spiritual healers, whether they take up formal training in psychological counselling or not. Some alternative healing practitioners and spiritual healers are formally trained, or show an interest in counseling because many of these clients have ‘emotional’ problems in addition to their ‘physical’ ailments.²⁶ Some holistic lifestyle shops that offer

²⁶ It is therefore no surprise that one educational center offering psychology and counseling courses set up a stall at an annual holistic fair in Singapore, amongst New Age and alternative healers offering services such as Reiki, crystal healing and meditation classes. One of the spiritual practitioners I spoke to proclaimed an interest in such counseling courses as she felt that it would improve how she understands and help others.

healing and meditation classes also provide divination services such as tarot or psychic readings by astrologers, tarot card readers and clairvoyants. These spiritual guides also take on the role of counselor themselves and provide a form of emotional support and guidance.²⁷ Certain types of business consultancy provide a team of experts that can include sports coaches, physical therapists, psychologists, psychotherapists, communication and behavioral trainers who aim to instill “sensitivity, creativity, conflict management, motivation, personal self-management, body language, body language, positive thinking, and mental and physical fitness” (Kellner and Heuberger, 1992: 74-76).

Furthermore, some alternative healing therapies are not just concerned with curing ailments, but can be ‘beautifying’ treatments as well, thus blurring the distinctions between cosmetics and healing.²⁸ Personal care services such as hairdressing also involve emotion work that affirms and celebrates well-being, blurring the lines between personal care, therapy and healing.²⁹ These

²⁷ Various spiritual or esoteric consultants specializing in ‘divination’ such as astrologers, tarot card readers, numerologists, and graphology experts engage in some level of informal counselling. Spiritual consultations or (psychic) readings often provide advice and guidance—in effect, a form of ‘counseling’—in addition to simple predictions. In other words, the work task of these ‘healing’ practitioners is *parallel* to the work tasks of psychotherapists and counselors. Some of these practitioners have said that contrary to popular belief, their work is not so much the prediction of future events, but an attempt to aid clients in finding out what is bothering them and in addressing those problems.

²⁸ For example, Jamu, the Indonesian name for ‘herb’ has been used for centuries in Indonesia for all kinds of injuries, illness, and beautifying purposes for centuries in Indonesia. The Indonesian woman who owns a local Jamu retail outlet in Singapore studied in Australia at a massage and beauty parlour. While Jamu may be thought of as undifferentiated, ‘cosmeceuticals’ now being marketed by the industry (The Economist, May 24, 2003) blur the distinction between cosmetics and non-prescription drugs. While the Food, Drug, and Cosmetic Act does not recognize the term “cosmeceutical,” the cosmetic industry has begun to use this word to refer to cosmetic products that have drug-like benefits.

²⁹ As reported in a Singaporean newspaper: “People are paying a premium for ‘high-touch’ service providers, who double up as confidantes and listeners. Five specialists tell us what it takes to thrive in the attention industry....Affluent and successful professionals are ‘money-rich, time-poor’ and interact mainly in a virtual environment...They can afford attention-givers (personal hairdressers, manicurists, masseur and trainers)...If you are one of the growing number of people who fork out hundreds of dollars each month for a personal trainer, chances are, according to Robert Reich, you are seeking more than just coaching. You may also be paying for a listening ear, or simply, the pleasant feeling of being cared for” (Sunday Times, May 26, 2002).

personal care practitioners act as confidantes and therapists to customers (Gimlin, 2002: 27).³⁰ Spas also now offer an eclectic mix of therapeutic or healing services along with their usual beautifying treatments.³¹

Besides the convergences between healing, counseling and spiritual practices, there are also strong parallels between these and the various forms of motivational coaching and executive training services. Personal coaches may give advice on personal financial management; career choice (based on an assessment of the client's personality)³²; and even stress management techniques that extend to leisure activities, choice of food and advice on relationships. Organizations that offer coaching services also incorporate practices, ideas, and techniques from other categories of practice.³³

There are also radically hybrid establishments that offer coaching, healing, therapy and even spiritual guidance in a package. For example, a practitioner from *Lightwaves* provides an array of 'healing' services such as massages, colour healing, aromatherapy, flower therapies, Reiki, Alexander technique; 'spiritual' services such as 'Divine Revelation Meditation', channeling of various divinities that range from Jesus to Buddhist deity Kuan Yin; and 'counseling' or

³⁰ Wellness in this context is conveyed through appearance (Gimlin, 2002: 30). Customers of such personal care services often want to talk about their personal problems [See Cowan (1979) and Weisenfeld and Weis (1979)].

³¹ Phillip Wain, "Asia's Largest Chain of Ladies Fitness and Beauty Clubs" located in Singapore, advertises on its shopfront: "State-of-the-Art Gym, Aerobics, Yoga, Pilates, KickFit, Kickboxing, Chi Ball, Dance Classes, Facials, Slimming, Massage, Steam Bath, Health Bar, Nutritional Advice, And lots more..." Another Singaporean establishment, Cosmoprof, characterizes itself as a "Beauty and Spa Academy" that offers training on the "art of make-up," while the 'Diploma in Spa Therapy' incorporates "both *body massage* and an *anatomy and physiology diploma*" (emphasis my own, pamphlet).

³² The International Coach Federation explains that "with the line between personal and business life blurring in the 90s, the coach is the only professional trained to work with all aspects of you" (<http://www.coachfederation.org/aboutcoaching/about.asp>).

³³ Such motivational coaches tend to draw upon a wide variety of techniques from different sectors. There are now coaches and trainers that conduct self-improvement and personal development workshops on career-planning and life affairs complemented by spiritual ideas, yoga and meditation to achieve greater spiritual awareness. Such courses may also be supplemented by instruction in nutrition, diet and exercise based on various different healing traditions such as Ayurveda. (See Appendix A for more information on coaching).

'coaching' services such as crisis management, conflict mediation, and the teaching of public speaking skills.³⁴

Hybrid practices develop when practitioners radically combine different healing, therapeutic and counseling techniques to form a new, unique practice. One practitioner working at Love and Light (Appendix B) explained that many healers “carry one label” but they “eventually have to combine and see what is applicable.” She explains by an illustration that a person who has managed to master the art of distant healing in Reiki can combine this with the skills acquired in other healing modalities, so that the healer will not just be able to “send energy”, but “send more things...such as colours, mantras” resulting in an “enhanced” therapy. A practitioner created what she called ‘Transcendental Astrology’ by combining Western and Vedic astrology. The ‘SomEsse® Process’ includes techniques such as Bach Flower Essences and Quantum Touch to effect healing. Likewise, kinesiology is a “holistic system of natural health care which combines manual muscle testing with the principles of Traditional Chinese Medicine.”³⁵

It is possible for such wellness practitioners to provide healing services such as the use of crystals and aromatherapy; engage in business planning and conflict mediation for organizations; as well as provide spiritual services such as the channeling of spiritual masters for guidance or healing. In the course of their practice, some practitioners may find that they want to acquire professional counseling skills because they often find themselves in a position where clients often seek emotional advice from them for personal issues. Many invoke a spiritual framework for healing purposes and at the same time incorporate counseling and psychotherapeutic techniques in their practices. The ‘healer’ can simultaneously occupy the role of the ‘spiritual teacher’, ‘guidance counselor’, ‘motivational coach’ and ‘psychotherapist’, and employ

³⁴ This and other radically hybrid ‘one-stop’ wellness establishments are described in greater detail in Appendix B.

³⁵ <http://www.geocities.com/inkincon/aboutkinesiology.htm>

techniques and ideas drawn from these occupational categories. He can offer counseling on career and social relationships, suggest that it is emotional factors that have led to physical ailments, heal those ailments with ‘energy’, and even channel a spiritual entity for guidance.

2. Undifferentiated traditions

Not all wellness phenomena of interest here are ‘hybrid’. A ‘hybrid’ practice results from the recombination of two or more prior existing practices, generating an emergent entity with new properties. In addition to such hybrid practices, there are those more accurately described as ‘undifferentiated.’ To characterize certain traditional practices as combining ‘healing’ and ‘religious’ aspects would be to make a distinction foreign to the practice itself.

Whether the categories of magic, science and religion are meaningful domains prevalent in virtually all societies—and therefore useful analytical categories for comparative study—has been debated (Tambiah, 1990: 2). Shamans were both priest and physician, with the extra ability to contact and influence the supernatural forces believed to control all events, including the health of humankind. Possible boundaries and distinctions are non-existent or fuzzy because of the lack of differentiation.

Traditional Chinese medicine (TCM) has aspects of treatment that some commentators now classify as being ‘similar’ to ‘psychotherapy’ (see Lee, 2002) but this does not mean that TCM practitioners borrowed from Western psychotherapeutic traditions. Rather, aspects of talking and consoling the patient have always been integral to TCM, not a previously differentiated activity incorporated into TCM. Similarly, yoga, as part of the Hindu tradition, has been an undifferentiated practice, involving (from the perspective of differentiated ‘modern’ societies) a religion, a philosophy, an exercise regime as well as a healing art. Yoga may be touted and practiced today only or primarily as a form of exercise or relaxation technique, but experienced yoga practitioners recognize that it stems from a rich and in a specific sense undifferentiated

spiritual tradition (See Whicher and Carpenter, 2003). Initially yoga was taught in special yoga schools but because of its current popular appeal, fitness centers are jumping on the bandwagon. In such fitness centers, yoga is performed simply as a form of physical exercise regime, offered by fitness centers as just one amongst other exercises such as aerobics and pilates. This involves a differentiation of the originally undifferentiated tradition.

Entrepreneurs may appropriate such practices and emphasize only specific aspects of the practice, thus transforming and slotting them into specific sectors. This is one way in which such undifferentiated practices can acquire a clearer position within a specific sector. Some traditions such as *qigong* and *Tai Chi* have increasingly become theorized as a form of physical exercise or ‘fitness’ regime and incorporated into health centers, while other practitioners emphasize their ‘healing’ capacity—how they rejuvenate the body by freeing the flow of energy or *qi*. It is possible to classify these practices as forms of ‘spiritual’ practice that have ‘therapeutic’ effects, or as a type of ‘fitness’ or ‘exercise’ regime or even a form of ‘martial arts’ (as in the case of *Tai Chi*, which is commonly compared to other types of unarmed combat).

Depending on the practitioner’s philosophy, even *qigong* may be considered undifferentiated. The nature of a *qigong* master’s work can resemble that of a personal coach, therapist or counselor. One *qigong* master claims that he not only instructs the technique of *qigong*, but also its philosophy, the imparting of general life skills, appropriate behaviours and adaptive responses to everyday situations—remarkably similar in form and function to what life coaches do.³⁶

³⁶ For this reason, this master does not take disciples for periods of less than 6 months because he thinks such a time frame is not sufficient for this type of learning (field notes, ‘Wellness in Orchard’ talk, Singapore National Library, Orchard Road branch).

While many traditions with a long history behind them are undifferentiated, some relatively new practices are also undifferentiated because practitioners of such techniques claim that they achieve many different types of goals. For example, ‘Releasing’, a form of spiritualized psychotherapy, is held not only to heal physical wounds, but also to address emotional issues and fulfill spiritual goals.³⁷ AuraSoma, a form of healing technique involving the use of coloured bottles of cream and scents applied physically to the body, also can be used as implements (similar to tarot cards) for the practitioner to perform psychic-like ‘readings’ more akin to divinations.³⁸

Hybrid and undifferentiated practices occupy similar structural positions

Such hybrid practices and establishments, as well as undifferentiated ones, are those that defy easy classification into any one category or hold membership in any one societal sector. Instead of offering a discrete type of therapy, wellness establishments recognize instead that they can become a one-stop wellness shop for clients, providing counseling services, healing services, spiritual guidance and practical advice on a range of issues. Similarly, hybrid practices emerge when individual practitioners increase the repertoire of their services by incorporating a wide range of practices from across different sectors. Sometimes new, unique practices emerge out of creative combinations of different techniques. Other singular undifferentiated traditions such as TCM or yoga or relatively newer techniques such as Releasing or AuraSoma claim to fulfill various types of functions and goals. Even though de-differentiated practices differ from un-

³⁷ See Appendix A.

³⁸ As an alternative therapy that makes use of colourful bottles of lotions to be used to apply to various areas of the body to be used for various physical ailments, it was surprising therefore, when it was revealed that they could be used for performing ‘readings’ for a person. Such readings are similar to a psychic readings, or those performed by tarot card readers. A client chooses different colours of bottles and the practitioner interprets the meanings of the client’s choice. AuraSoma can simultaneously be categorized as alternative healing, counselling, or divination. A pamphlet advertising a class on Aura-Soma reads, “Aura-Soma is a counseling based way of healing, allowing the client to self diagnose and self prescribe—exactly what their soul is ready to deal with...The intermediate course links Aura-Soma to various other systems, such as Ayurveda, homeopathy, Buddhism, astrology and numerology.”

differentiated ones, neither belongs unambiguously to any specific sector. Effectively, both occupy similar structural positions within the institutional field.

iii. Characterizing the institutional landscape

The analytical description in the previous section has been couched at a ‘street’ level of analysis—the level of common, everyday reality that is empirically observable and experientially familiar to suppliers and clients.³⁹ Speaking at this level, it is tempting to regard hybridity simply as a ‘property’ that establishments and practices ‘possess’, as evident from the ‘street’ level analytical description. It would be more illuminating to consider the larger institutional field as a way of understanding this phenomenon relationally. However, to consider it at a more abstract level requires analyzing hybridity as a ‘condition’ of the larger institutional field instead of a ‘property’ that can be determined from observing the specific practices. To describe practices and establishments at a street level of reality, the language of hybridity is appropriate—we speak of hybrid practices and hybrid establishments. At a more abstract sectoral level, it is more appropriate to speak of the *blurring of boundaries between sectors*.

Where I have been speaking of practitioners, practices and establishments, now I move on to describe the formal qualities of the entire institutional field—one that spans multiple sectors. These levels of analysis are sui generis and cannot be fully translated or reduced to other levels, but they nonetheless correspond in specific ways with one another—hybrid establishments and practices correspond to the blurring of sectoral boundaries. Nonetheless, it would be a fallacy of composition to consider the boundaries around these societal sectors as blurred simply because the practices within those sectors are hybrid. Once the institutional landscape is adequately characterized and a crucial distinction between core and peripheral practices made, it will

³⁹ What Clifford Geertz identifies as ‘experience-near’ as opposed to ‘experience-distant’.

become clear that it is largely marginal practices which are hybrid; and the only sectoral boundaries that are blurred are the ones positioned at the peripheries of these sectors. Societal sectors as a whole remain clearly differentiated from one another.

1. The institutional field spans multiple sectors

Hybrid practices do not unambiguously belong to any one specific sector. The institutional environment they occupy is made up multiple sectors, of which they may only be partially associated with. The relevant institutional field is therefore a complex environment made up of multiple sectors. Because of the interrelationships between a broad and diverse range of practices, establishments and practitioners, the routes that my respondents took marked the boundaries of my investigation. As I talked to clients and practitioners, I began tracing out a range of various activities and practices they actively engaged or took interest in. This led me to a range of other peripheral practices and the domain of research expanded to include multiple sectors. The relevant ‘field’ for these peripheral practices cuts across sectoral boundaries and includes the range of organizations, establishments, regulatory agencies, other practitioners and clients that they have frequent exchanges with. For example, even though aromatherapy is commonly classified as a form of ‘alternative healing’ and aromatherapists therefore occupy a position within the healing sector, they have more interactions with practitioners, clients and organizations involved in yoga, meditation, personal care services and alternative spirituality than it has with biomedicine. Many ‘alternative healers’ have more meaningful interactions with new religions, self-help, beauty and cosmetic practitioners than they have with the biomedical complex, even though they supposedly compete for the same jurisdictional space with the latter.

Sector-specific studies fail to appreciate the relevant field of practice because they classify these practices by the type of services they provide by sector or industry. The range of

establishments and practices are affiliated because they form a network that transcends the boundaries of such societal sectors, thus maintaining a sense of coherence, despite their heterogeneity. These other categories of practices—even though they may belong to different sectors—constitute the institutional environment for one another.

Sectors have symbolic and social boundaries. The symbolic boundary around a sector differentiates it cognitively from other sectors. This is defined by the type of product or service provided by the organizations and occupational groups within it. Sectoral boundaries are also social, and determine not only cognitive membership, but also actual access to status and resources of incumbents. Jurisdictional claims or monopolistic control on different types of services are made by professional groups (Abbott, 1988). Extensive, highly institutionalized training programs reinforce professional boundaries by requiring a high degree of commitment and motivation—in terms of a substantial investment of time, money and cognitive resources—from those seeking entry to the profession. Comparatively, the costs of entry to training programs of peripheral practices are much lower and therefore the social boundaries at the periphery are weaker.

Groups that are successful at the professional project achieve legitimacy and occupy the core of that societal sector. Sectoral boundaries are to a large extent defined by professional elites who occupy that sector, incumbents who dominantly influence the institutional logic of that

sector.⁴⁰ The symbolic and social boundaries between professional groups are clearly demarcated, and to this extent, also demarcate the boundaries between sectors.⁴¹

2. Hybridity and undifferentiated practices at the periphery

Inter-sectoral hybridity is more prevalent at the periphery of these various societal sectors than the core. Practices that are less established and legitimate are the ones that frequently borrow across these sectoral boundaries. Similarly, undifferentiated practices also occupy the peripheries of these sectors. The blurring of boundaries occurs mainly in what has been called movements that operate on “the penumbra of respectability” (Lears, 1983: 6).

Boundaries exist not only between societal sectors, but also within them. As professional elites carve out a jurisdiction—hence differentiating themselves from other elites in other sectors—they also differentiate themselves from more marginal occupational groups who offer the same type of service. Symbolic and social boundaries therefore exist between the core and the peripheral incumbents of those sectors. This distinction between ‘core’ and ‘periphery’ is used only as a heuristic device to establish this general structural position within the sectors in question.⁴² For social and historical reasons, certain practices, professions and organizations have

⁴⁰ “An ‘institutional logic’ is an empirically and historically variable combination of explicit norms governing behaviour (“Every citizen should vote”), a legal rule with a sanction attached (“Nonvoters must pay a fine”), and an implicit premise of action that permeates all social relationships (“All Americans have the right to hire another American to work for them at whatever wage they will accept”). Where an institutional logic is reinforced by explicit norms, sanctioned law, and action premises, it is likely to be relatively stable” (Alford and Friedland, 1985).

⁴¹ I am not suggesting that sectoral boundaries are clearly defined, but that they are *identifiable*. Various corporate units within a sector, such as engineering firms that manufacture medical equipment, while they can be classified as belonging to the engineering or manufacturing sector, may nonetheless be classified under the health sector, *in so far* as they contribute to the provision of that type of service.

⁴² As a heuristic tool, the more complex internal differentiation along various dimensions of the core and the periphery cannot be fully captured by this distinction. For example, Wardwell (1979) distinguishes between *limited practitioners* (whose health services are confined to particular parts of the body or to a partial range of therapies, eg, dentists and optometrists) and *marginal practitioners* (who treat nearly the entire range of bodily functions and disorders, but employ unorthodox therapies, eg, chiropractic). There is a biomedical elite together with a differential prestige ranking of specializations, as well as a heterodoxy of non-biomedical practitioners whose legitimacy vary. For the purposes of this paper, it is sufficient to leave open the degree and dimensions of ‘peripheral-ness’ or ‘core-ness’ (such as legitimacy, formal organization, cultural authority, demonstrable efficacy, degree of intersubjective

gained more general cultural credence, become more formalized, and achieved greater legitimacy than others, emerging as orthodoxy and therefore occupying the ‘core’ of that social sector. At the periphery of that orthodox center are less socially established practices that exist either as antagonistic, competing alternatives or amiable, complementary adjuncts.⁴³ The reference to these practices as *peripheral* is not meant as pre-evaluation of their (actualized or potential) cultural significance but is used as a conceptual tool to designate the structural position of these practices, referring to the level of social legitimacy they hold within their corresponding societal sector or society as a whole.

Within different societal sectors, elites occupy the orthodox core while competitors occupy the periphery: biomedicine and alternative healing; psychiatry and marginal psychotherapies⁴⁴; orthodox religion and new spiritual practices; management consultants and more peripheral life coaches.⁴⁵ They are part of the same sector if they offer the same type of service, or compete for

agreement). The agenda of this paper is to set up a broad framework for analysis, therefore, this internal complexity is acknowledged, but a full account cannot be provided here.

⁴³ For example, the terms ‘alternative’ healing and ‘complementary’ medicine are meant to convey the degree of antagonism or amicability of various peripheral healing traditions. Those that challenge the orthodoxy are ‘alternatives’ while those that supplement it are ‘complementary’ and usually adjunct. This relationship is dynamic, and some practices like traditional Chinese medicine (TCM) offers an alternative and thus competing etiology, but has been increasingly incorporated and regarded as institutionally complementary. It is not yet clear that the etiological differences are fully commensurable. Various controlled studies designed to uncover the scientific basis of TCM are however, fuelling this optimism (from both camps). It is important to remember that technical, technological and epistemological factors also determine whether a practice is regarded as ‘alternative’ or ‘complementary’, even though these are intertwined with social factors.

⁴⁴ The psychotherapeutic sector includes psychiatry and clinical psychology within its core, as well as more popular forms of self-help techniques and less credible psychotherapies such as transpersonal psychotherapy and the range of parapsychological beliefs that occupy the periphery.

⁴⁵ At the core of the ‘management’ and motivational sector are the management consultants who are the “fashion setters” who actively shape beliefs within the management community about the value of new managerial models (Abrahamson, 1996). There is an internal hierarchy of managers that include those who do project management or management consulting, which involve organizational level operations versus those whose who do human resource or personnel management, which involve individual or departmental level operations. This is followed by smaller ‘career management companies’ that may include executive or ‘life’ coaches further from the center, and then ‘fringe’ management practices that are of interest to some, but are not taken seriously, and finally those untrained but highly charismatic ‘motivational’ gurus such Anthony Robbins. At the core of such management knowledge are industry trend setters and academics that specialize in administrative science. It is important to make a distinction

the same jurisdictional space. Keeping in mind that such peripheral practices may legitimize themselves according to alternative value-systems different from the legitimating logic employed by the core, it is nonetheless possible to identify them as being located along a spectrum of being more ‘central’ or ‘peripheral’ within corresponding sectors.⁴⁶

Hybridity and undifferentiated practices occupy the peripheral regions of the sectors. Therefore, at the periphery of these sectors, symbolic boundaries are blurred, and social boundaries are permeable.

3. Systemic integration at the core

To the extent that de-differentiation and un-differentiation imply *blurred or absent* boundaries, they are analytically distinct from ‘integration’. Where the term ‘integration’ has been used, it has referred to a kind of connection, exchange or coordination between social units that keeps the boundaries of such units *intact*. For example, systemic integration refers to how sub-systems in society can communicate and coordinate with one another. Modern societies are *systemically integrated* if they have established functionally differentiated and specified systems like economy, polity, law, science, education, arts, literature and religion and the existence of media

between the popular and very lucrative financial success of these practices and their legitimacy and credibility in the management or motivational sector. Deepak Chopra is a hugely successful spokesman of the New Age movement and holistic health, but his ideas may hold little credibility in the core of the medical sector and orthodox religions. I have loosely classified this range of diverse practices under one sector, given the similarity of the type of service they offer, even though it is possible to conceptualize them in different sectors.

⁴⁶ Suchman defines legitimacy as “a generalized perception or assumption that the actions of an entity are desirable, proper or appropriate within some socially constructed system of norms, values, beliefs, and definitions” (Suchman 1995). He surveyed the different approaches towards the analyses of legitimacy and suggests different axes in which pragmatic, moral and cognitive types of organizational legitimacy may be differentiated. Although ‘peripheral’ practices and organizations may challenge the legitimacy of the core, and offer alternative principles or value systems to validate themselves against, their larger social legitimacy must be defined in relation to their position within the societal sector. The ‘marginality’ or ‘peripheralness’ of a movement must be evaluated according to various indicators, some of which include the number of its participants, their level of involvement and the currency of their ideas in organizing social life for these people and in larger society. So for example, although it is difficult to ascertain the status of *feng shui* in Singapore, it is justifiable to assert that it is a more peripheral practice in Singapore than in China, by assessing the legitimacy and orthodoxy of any movement according to its specific social and historical circumstances.

of communication such as money and democratically legitimated political power that serve as the means of this systemic integration (Munch, 2001).⁴⁷

Where ‘integration’ refers to the establishment of relationships between some constituent part, ‘de-differentiation’ refers to the blurring or dissolution of the boundaries between them. Similarly, a state of un-differentiatedness suggests that such distinctions may be non-existent or fuzzy. Therefore, integration should not be mistaken for hybridity, because a high degree of borrowing may result in high level integration yet not lead to any de-differentiation at all.

While peripheral practices tend to be ‘de-differentiated’, core practices in these sectors tend to be ‘systemically integrated’. The core tends to have exchanges between clearly defined establishments, relationships that allow coordination and connections that keep the boundaries between such components intact, *even when they borrow across sectors*. Core practices usually have a kind of referral system whereby problems not resolvable within the jurisdiction of an occupational specialty are referred by that specialty to another occupational group. Doctors who find that their patients’ problems are emotional or mentally related may refer the patient to a psychiatrist or psychotherapist. At the core, this higher degree of formal institutionalization results in co-optations that do not blur categorical boundaries. There are many instances whereby core establishments co-opt the functions of other categories of practice but it still remains relatively clear what the rules of engagement are. For example, hospitals may incorporate spa and relaxation services but this does not ‘blur the boundaries’ —it is still semantically unambiguous what the hospital with a spa is.⁴⁸ The jurisdictional boundaries and division of

⁴⁷ Even *social* integration shares this meaning. As a factor in the determination of social order, social integration is defined as “the extent and intensity of the interlinkages *amongst constituent parts of a social unit*” (Munch, 2001, emphasis my own).

⁴⁸ For example, the Thomson Medical Centre in Singapore has a ‘Lifestyle Centre’ that boasts a spa (Sunday Times, 2 October 2001). It is Singapore’s first ‘boutique hospital’, complete with hair salon, dining facilities and room

labor between physicians and spa therapists within those establishments are still clear. While some may call this a form of ‘hybridity’ on the organizational level, in practice, the scripts and schemas associated with those roles are not rendered ambiguous because they are formalized, made explicit and clearly demarcated between physician and spa therapist. The symbolic boundaries at the core are therefore clear, and the social boundaries are well policed.

4. A few propositions can be derived from the preceding discussion:

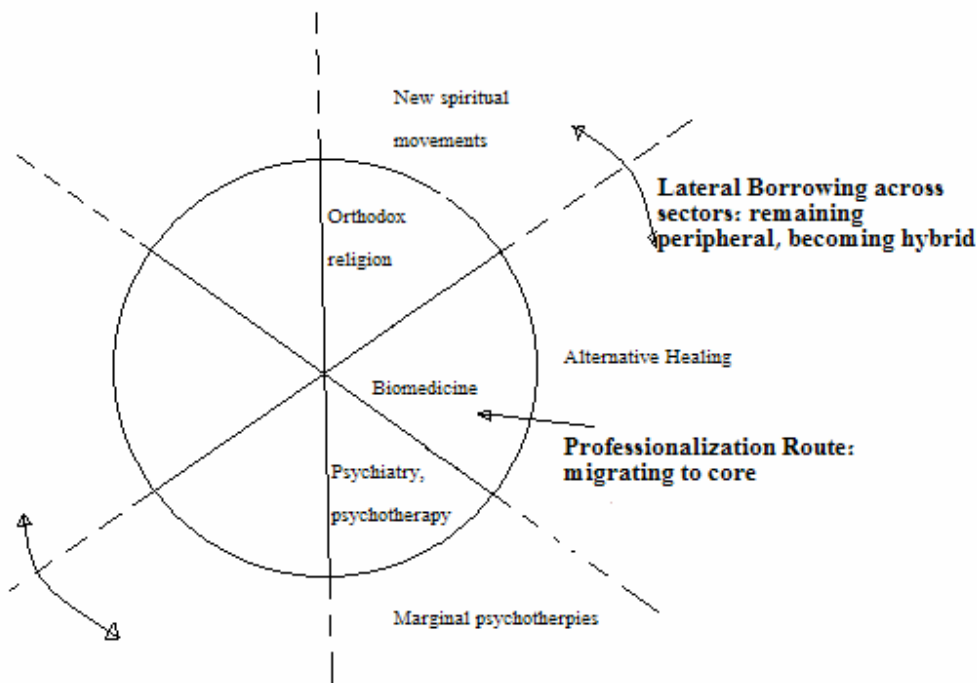


Figure 1: Two orientations, one ‘lateral’ across sectors and one ‘vertical’ towards core

service. The medi-spa (operating in partnership with upmarket St Gregory Spa group) integrates conventional medicine with the therapies already found in a spa setting, so doctors determine the need for and type of therapy. Even though functions are combined within an establishment, the lines are clear within them and the division of labor between a physician and a therapeutic session with a practitioner is clear. The ‘blueprint’ of the hospital system simply adds additional components as a spa is incorporated, but there is no blurring of boundaries in the sense that these functions really are clearly demarcated within those establishments.

1) The social and symbolic boundaries drawn *between* the core of these sectors are more clearly defined and relatively stable. Core practices are formally institutionalized and have explicit referral systems that link them to practices in other sectors.

2) These boundaries are also relatively well-defined but permeable between the core and periphery *within* sectors. The core of each sector is occupied by dominant orthodox establishments and competing marginal sects that have differential success challenging and gaining access to that core.

3) Between the peripheries of these various sectors, however, the sectoral boundaries are more ill-defined. Peripheral wellness establishments combine practices from various sectors and this prevents their easy categorization or claim to membership in any particular sector.

The above propositions are represented in diagrammatic form in Figure 1. Multiple sectors set the institutional context of these practices. The boundaries between different societal sectors are most pronounced at the core: symbolic boundaries are clearly defined and social boundaries well-policed amongst elite incumbents situated at the core. Successful professionalization constitutes 'migrating to the core', which is a 'vertical' march upwards the sectoral hierarchy. The boundaries between peripheries of sectors are not so pronounced: practitioners can borrow, incorporate, mix and match various practices to form hybrid practices with relative ease because of ill-defined symbolic boundaries and permeable social boundaries. There is therefore a 'lateral' orientation.

3. THE STRUCTURAL ORIGINS OF HYBRIDITY

This section explains why the core has more pronounced boundaries and tends to be systemically integrated, while the boundaries at the periphery are less pronounced, fostering hybrid and undifferentiated practices at the periphery. The first part of this section maps out the more immediate institutional landscape so as to account for the structural constraints and opportunities present in the institutional environment of these peripheral ‘wellness’ practices. In the second part, I discuss the structural advantages of staying peripheral and becoming hybrid.

i. Structural opportunities and obstacles

The institutional landscape is characterized by the difficulty of migrating to the core, coupled with the relative ease of borrowing from other peripheral practices across sectoral boundaries. Practitioners who opt to professionalize therefore face more structural difficulties than those that incorporate practices and ideas from peripheral practices in other sectors.

1. Obstacles impeding entry—Institutional constraints at the core

Peripheral practitioners who seek to enter the core attempt to professionalize. Occupations achieve market control and prestige by the exercise of power over others in the process of professionalization. Larson (1977: xvii) sees this process as “an attempt to translate one order of scarce resources—special knowledge and skills—into another—social and economic rewards.” She describes occupations engaging in a “professional project”, whereby occupations attempt to gain a monopoly over an expertise in order to achieve market control, respectability and social standing in the community. Even if a profession is granted or has secured a monopoly, it must still strive in the market place against others who can provide similar, substitute or complementary services (MacDonald, 1995).

The push for migrating to the core does not, in principle, have to come from peripheral practices seeking legitimacy. Core establishments may also seek to incorporate and legitimate

such peripheral practices by inviting them in. Industry motivated interests and state encouragement have led to increasing collaborations between biomedicine and a range of alternative therapies, resulting in what is called ‘integrative medicine’ (See Goldstein, 1999). These collaborations are instigated by biomedical research centers and universities. Entry is easier when core establishments vouch for, or invite a peripheral practice. Migration can also be directed by the state, as in the case of TCM in Singapore, which was nudged to professionalize by the government (Quah, 1989). Popular usage, state endorsement and pragmatic efficacy could be precipitating factors that can push a practice towards professionalization.

Once the professionalization project is initiated, practitioners have to adapt to the institutional constraints present in the organizational environment they want access to. Peripheral practitioners that seek to enter core circuits suffer a ‘liability of newness’ (Stinchcombe, 1965). As new entrants into old sectors, they often have to conform to pre-existing institutional regimes and the dictates of pre-existing audiences within the current environment (Suchman, 1995: 587). The institutional rules and legitimating logic (such as the operating epistemic culture) have been set by the orthodoxy. For peripheral practices to establish a position within well established sectors (and for extant core organizations to accept and incorporate them), these new incumbents have to conform to those dictates. A register of practitioners, professional association and accrediting authority, and a self-proclaimed code of ethics fulfill this purpose—they serve the symbolic act of communicating responsibility to core establishments (as well as the general public) in order to achieve legitimacy.

Professionalization is only part of the larger process of formalization that is required of occupational groups seeking entry to the core. Migration to the core requires formalization according to the ‘legitimizing logic’ as defined by the orthodox incumbents of that institutional

field. This requires adherence to the appropriate epistemic principles so as to occupy a position within the secular, scientific ‘cosmology’ that dominates core establishments and institutions. For example, alternative healing traditions seeking to enter the core of the medical sector dominated by biomedicine must not only prove that they can get organized, but also that their etiologies are compatible and amenable to scientific investigation. The biomedical core operates with a scientific epistemic culture and demands not only pragmatic efficacy, but also epistemological credibility based on scientific criteria of proof. Testimonials and individuals vouching for the efficacy of particular healing modalities are regarded as ‘anecdotal evidence’ and dismissed under the scientific epistemic culture. Even though efficacy has been strongly demonstrated in clinical studies of acupuncture and some herbal remedies, TCM etiology has not been accepted. The search instead, is for biochemical bases of alternative therapies that work according to a different epistemological foundation, and this has met with some degree of success in biomedical studies of acupuncture.⁴⁹ Chiropractic has had some success in defining its method as ‘scientific’ and has gained increased credibility because of that association (Martin, 1994).

Professionalization is therefore a form of formalization—the systematization, standardization, clarification of goals and jurisdiction, articulation of ethics—so that

⁴⁹ The emergent institutional collaborations between biomedicine and alternative healing called ‘integrative medicine’ is telling. Despite cultural and philosophical optimism or perhaps naivete, biomedicine has not apprehended alternative etiologies on their own terms. The ‘ethos’ of TCM is incompatible with the ‘ethos’ of science that biomedicine operates by, and TCM is expected to comply with the latter (Quah, 2003). Increasingly, TCM is being understood in terms of biomedical knowledge, suggesting that this alternative epistemological framework is or will be subsumed under the dominant biomedical one. No biomedical account seeks to explain the efficacy of acupuncture in terms of TCM etiological concepts such as *qi* or *meridians*. TCM practitioners on the other hand have had to acquire biomedical understandings in order to facilitate their increasing but asymmetrical collaborations.

establishments' roles and structural positions are clear in that field.⁵⁰ For certain peripheral practices to enter the core, it has to be assigned a 'position' and presence, one that is clearly defined and understood by the extant logic of that field. It means that it has to be accepted into the formal language or 'blueprint' that has already been drafted by those who pioneered, maintained and continue to dominate the field. Entering the blueprint means conforming to the legitimating principles set out by the other incumbents, and this achieves a low level of semantic variance as to the position and role of the new incumbent, what services it offers, how it is related to extant organizations and what protocols would be appropriate for exchanges. Accommodating such formalization requirements becomes the means by which the new incumbent can find an explicit position within the already crystallized structure of relationships that is understood by others within that organizational environment. To enter the core means to enter an already well-defined system of interconnected organizations and groups, with a standardized classificatory system, established protocols, rules and legitimating principles that circumscribe what is acceptable epistemologically, morally and organizationally. There is therefore a tendency towards institutional isomorphism within organizational fields (DiMaggio and Powell, 1983).

For practices that do migrate, aspects of their practice incompatible to the institutional logic may be discarded. It is therefore not surprising that some "alternative practitioners have themselves frequently diluted the radicalism of their ideas in the contemporary era so that they

⁵⁰ See Larson (1977: 40-52) for a discussion of the standardization and codification of professional knowledge. I make use of Stinchcombe's (2001) analytical discussion of formalization for my purposes. The process of formalization is an abstraction that makes explicit, crystallizes, reduces uncertainty and standardizes understanding. Exactness and precision is crucial so that understanding and action becomes more coordinated, predictable, consistent, controllable and routinizable. Formalization of institutions involves the articulation and crystallization of tacit understandings. Formal institutionalization therefore reduces complexity, enables coordination and consistency of understanding. Once these formalizations are naturalized, efficiency is increased as individuals no longer have to 'go behind' them (Stinchcombe, 2001: 2).

are not always as challenging as those of their founders” (Saks 1994). For example, chiropractors have made more restricted claims about their scope and efficacy and working in a more respectful relationship with biomedicine in an attempt to gain greater academic and professional credibility, and for the sake of securing licensing recognition and inclusion of their practice under government health insurance. Unacceptable aspects of chiropractic, such as its ‘metaphysical heritage’ (Fuller, 2001: 104) has been discarded so as to reduce the semantic variance as chiropractors are expected to speak the same ‘language’ as biomedical doctors. The accrediting of chiropractic colleges is encouraging uniformity, not only in curricula but in scope of practice (Wardwell, 1979: 242). Classificatory ambiguity is thus avoided by the conformity to the institutionalized logic of the biomedically dominated health sector.

Similarly, those practices that are undifferentiated and who want to enter into some sector must conform to the institutional logic of that sector. Yoga can be appropriated simply as a form of exercise instead of practiced as a spiritual discipline, where participants are driven only by a desire for ‘yoga butt’ in power yoga regimes offered by fitness centers.⁵¹ When it enters the fitness sector, physical manipulations are emphasized and the spiritual dimensions are cast aside. Yoga that is appropriated into the fitness sector must conform to the demands of that sector, and perhaps be theorized as a physical regime or have those aspects emphasized. Those that do not enter this sector can be practiced in traditional yoga schools and remain more undifferentiated. Similarly, while TCM does include psychotherapeutic aspect argued to parallel the ‘talking cures’ of western approaches (see Lee, 2002), in its attempt to migrate towards the core of the medical sector, this aspect has not been perceived as relevant at all. The attention is techniques

⁵¹ See Paul Tullis’s article “Evr’rybody’s Doin’ a Brand New Pose Now, C’mon baby, Do the Yoga Motion”, Los Angeles Times Magazine, September 21, 2003: 10-14)

that can occupy a clear position within the biomedical blueprint—such as acupuncture and herbal remedies.

Entry to the core therefore requires access through the tightly policed social boundaries around the core. Social membership in the elite group also entails epistemic alignment and a cognitively clear identity and role within the rules and norms of the environment. Individuals who seek entry to professional groups situated at the core have to go through extensive training regimes that require a high level of financial, cognitive and emotional commitment. A common characterization of professional life is the total personal involvement required of professionals and the complete absorption into work. According to (Friedson, 1972: 94, 130-1), the social role of professions is a ‘total’ one that includes expectations which extend beyond the specific expertise and work situation—even general standards of behavior and lifestyle are expected of the professional. “The work life invades the after-work life, and the sharp demarcation between the work hours and the leisure hours disappears. To the professional person, his work becomes his life...The same cannot be said of a nonprofessional occupation” (Greenwood, 1966: 17).

2. Ease of borrowing across sectors—Lack of social closure at the periphery

One reason for cross-sector borrowing is the lack of social closure processes and regulatory mechanisms at the periphery compared to those found at the various cores. It is relatively easy to acquire certifications and licensing, if there are even any, so as to practice alternative healing, fringe management development practices, marginal psychotherapies (such as more humanistic or transpersonal psychotherapies) and new spiritual movements such as those associated with the New Age.⁵² Compared to strict entry requirements, years of extensive education and training, board licensing of professions at the core, there is a lack of organized boundary maintenance and

⁵² See Lowe and Lewis (1994) for exemplars of ‘fringe management development’ practices.

weaker governing processes. Certifications can be acquired relatively easily in various healing traditions.⁵³ While tightly policed boundaries between core and periphery inhibit a ‘vertical’ migration to the core, the unattended intersectoral boundaries at the periphery facilitates ‘lateral’ borrowing from one peripheral sector to another (See diagram 1).

Borrowing across sectors at the periphery is therefore made possible due to the lack of jealously guarded boundaries and strictly enforced social closure mechanisms. The permeability of the social boundaries between peripheral practices makes it easy for practitioners and seekers to try out different categories of such wellness practices, and constitute the precipitating conditions that encourage the interaction between various different categories of practices. While it involves a high level of motivation, commitment, qualifications, time and effort to train to become both a doctor and a priest, a Reiki practitioner can become a yoga instructor with much less effort. Hybrid practices emerge because permeable social boundaries allow cross sector borrowing from different categories of practices, leading to the increased blurring of the symbolic boundaries between them. The lack of clearly defined symbolic boundaries in turn, encourages such cross-sector borrowing.

Poaching does not occur only at the periphery, but also in certain sectors that as a whole already have more porous and permeable social and symbolic boundaries. Religious ideas are easily appropriated because the religious elite are unable to claim monopoly over religious ideas. The lack of monitoring and policing mechanisms of such religious ideas makes it easier for these ideas to be popularized, resulting in what Fuller (2001) has called ‘unchurched spirituality’.

⁵³ For example, I obtained a ‘Chios healing certificate Level 1’ within 3 days of going for a course that lasted about 2 hours each. A tarot card reader told me that she learnt how to read tarot from instructional books and relying more on intuition and ‘on-the-job’ training that gives her more experience and credibility. Courses such as Reiki require more extensive training, but is nothing compared to the years of professional training of biomedical doctors. Other spiritual teachers or healers may study and train under a mentor, thereafter graduate from this ‘apprenticeship’ to start their own practice.

ii. Structural advantages of remaining marginal and borrowing from adjacent sectors

Instead of seeking to migrate to the core, or trying to incorporate core practices that are heavily guarded by elites, many peripheral practitioners adopt an alternative adaptive strategy by borrowing from across sectors, from other peripheral practices. Establishments have adopted a strategy for competition in the wellness marketplace that involves cross-sectoral borrowing (which can involve integration or dedifferentiation). They have set up one-stop shops for health, emotional, spiritual and pragmatic needs. Transaction cost theories suggest that, in the long run, if transactions are highly problematic for organizations—if they have to spend time and effort harmonizing relationships—they will tend to integrate that function into their own operations to become more efficient (Williamson, 1981). While this theory is designed to explain calculated decisions of formal organizations, peripheral wellness practitioners can and do make such calculated, instrumental decisions.⁵⁴ Parallel to such organizational strategies, peripheral practices are also incorporating such ‘external’ tasks into their own operations. Some alternative healers and divination experts have expressed interest in acquiring formal counselling credentials because it is a task they often have to perform, and a service they want to offer to clients who come to them with generalized problems. Establishments may begin to stock up on diverse products and services that clients consume. Practitioners may acquire a wider repertoire of skills so that clients need not seek someone else for these services. Some establishments even invite guest practitioners to offer other types of healing modalities that their house specialists do not offer. Powell (1987) suggests that hybrid organizational arrangements are more adaptable and flexible and thus offer a greater capacity for customization for customers. To survive in an

⁵⁴ These may be economic decisions or those based on costs and benefits that are framed in terms of the distinctive cultural currency and capital specific to that social arena.

environment with great uncertainty, not knowing what next the next therapeutic fad would be, such establishments attempt to co-opt as much as they can.⁵⁵

To understand why some wellness establishments have chosen this alternative adaptive strategy, I discuss the structural advantages of staying peripheral and borrowing across sectors, which includes avoiding regulation and the ability to exploit their ambiguous identity.

1. Avoiding regulation

Practices that remain peripheral escape external regulation since they do not have to formalize their practices to accommodate the institutional logic of the core. But besides avoiding regulation from the dominating professions at the core of a sector, they also escape state regulation. Many forms of peripheral ‘wellness’ practices—whether they are healing, therapeutic or spiritual—lie outside the rubric of official regulation and have remained so because of the lack of official recognition. Official categories have not been formulated with enough sophistication to embrace all forms of such peripheral practices or new social movements. State classification systems themselves (such as standard industrial and occupational indices used for administrative purposes and statistical analyses) fail to come up with internally homogenous and mutually exclusive categories. Their ambiguous identity gives them a less detectable legal presence.⁵⁶

Currently in Singapore, besides traditional Chinese medicine, all alternative healing practices are registered as businesses and therefore fall outside the rubric of more intensive state

⁵⁵ This parallels the boundary-spanning strategies that larger, formal organizations use, which is designed to reduce uncertainty in the organizational environment (Galaskiewicz, 1985). These hybrid forms can be understood as a strategy of maintaining and selecting among multiple environments so as to pursue an audience that will support the livelihood of these establishments. Peripheral establishments benefit from the relative ease of maintaining what Suchman (1995:590) calls “inter-environmental robustness”.

⁵⁶ The case of the legal status of electric scooters may be illuminating. These have no clear legal status and straddle the lines between ‘vehicle’, which required licensing and pedestrian-type ‘carriages’ such as bicycles. The ambiguity of their status allows riders to cruise the roads freely at increasing speeds and may continue until public concerns bring this issue into the legal arena. In Singapore, it was decided that such scooters be banned, thus crystallizing a separate classification for this type of scooter as well as enforcement procedures tied to the category. In America, such scooters enjoy road usage and high speeds that may approximate some vehicular speeds, without having to be regulated as a vehicle.

regulation. Inquiries on starting an alternative healing practice to the Ministry of Health will be referred to the Registry of Companies instead. This simply entails the filling of forms and payment of fees. Other peripheral therapists such as spiritual teachers, tarot card readers and energy healers mention the lack of a suitable category to define their services, so they put themselves down as ‘consultants’ when they register.

The professionalization route achieves a kind of positive freedom—autonomy for the group by acquiring a monopoly over the provision of some service. The distinctive autonomy of a profession relies on the support of the state to a large extent and its privileged position is strengthened by the influence of the elites that sponsor it (Friedson, 1970). In order to achieve a monopoly, or accreditation, an occupation engages in a “regulative bargain” with the state, in which some control over their profession is given up to the state in exchange for monopoly in the provision of a service in the open market (Macdonald, 1995: 10).⁵⁷

But autonomy can also be achieved by avoiding state regulation, instead of cooperating with it. This achieves a kind of negative freedom—freedom from external regulation by state and by core institutions. This autonomy is achieved not by jurisdictional battles or engaging in the professional project, but by being marginal so as to escape detection, to be outside the purview of official categories. Some peripheral practitioners prefer to avoid regulation even though they recognize that professionalization will bring prestige and social legitimacy to their practice. Not all healers want certifications or regulations. Some indicate that they actually like the lack of regulation because it will allow them more autonomy to decide what kind of services they

⁵⁷ Analysts assuming that this is the only desirable route would argue that internal diversity of practices and difficulty in mobilizing a community would lead to professionalization obstacles. They might argue that professional associations such as the Society of Complementary and Alternative Medicine (SOCAM) and the Society of Natural and Alternative Health Therapies (SNAHT) would face the difficulties of formulating a universal evaluative standards and establishing coherent goals that can unify interests between such a diversity of therapies and practitioners.

choose to offer. A spiritual channeller I interviewed says that she is happy with having a small but intimate group of clients and to be allowed to do what she does. Regulation might restrict the range of such practices and establish accountability measures. To them, professionalization might mean having to justify their practices in light of certain legitimating principles that they may be unable to satisfy. Energy healers may be asked to justify their claims according to scientific principles, which would be difficult for them to achieve given their alternative epistemological and ontological assumptions. The peripheral position allows them to embrace subjective, tacit understandings with much less external accountability.

2. Exploiting the ambiguity of identity

Having an ambiguous membership status not only allows hybrid practices to escape regulation, but also enable them to manipulate their identity as an adaptive strategy. In the United States, Ayurveda's ideology has gradually shifted from a 'medical' to 'metaphysical' emphasis so as to circumvent the regulatory restrictions on the statutory category of 'medical' practitioners, rely on the constitutional guarantees of freedom enjoyed by religious practices (Reddy, 2002). In Singapore on the other hand, in an environment where religious practices that are overtly political will face state sanctions, many such practices steer clear of the 'religious' label to stay out of the regulatory gaze of the state. Although many practices such as forms of channeling, meditation and even tarot card reading involve some communication with 'spiritual masters', they explicit reject any association with religion. They reject any association with orthodox religion and claim otherwise that they are not 'religious' at all. The state has sought consciously to depoliticize religion and keep a wary eye on potentially disruptive movements. To diffuse any potentially disaffecting political associations, organizations and individuals are very explicit in claiming that they are not 'religions' or 'religious.' Besides avoiding the consequences of politically sensitive issues, they also want to escape the stigma and negative connotations of

dogmatism, ‘narrow-mindedness’ and parochialism that is perceived to be associated with orthodox religion. They therefore strongly play up the ‘spirituality’ of the services or trainings they provide.⁵⁸ Furthermore, they usually adopt a stance of spiritual pluralism whereby they are accepting of individual client’s religious beliefs, but making sure that they steer clear of endorsing any particular religion. This active theorizing of their practices as ‘spiritual’ or ‘healing’ and downplaying the ‘religion’ label allows these practitioners to escape the negative associations related to religious dogmatism they attribute to orthodox religion, but at the same time to affiliate themselves with the morality and sacredness associated with religion.⁵⁹

In other words, the ambiguity of membership to any of these categories means that practitioners and establishments have a broader leeway to theorize their status in ways beneficial to themselves. Much like the people Garfinkel (1967) described who accomplished their gender, and ‘pass’ as a member of the opposite sex, practitioners and establishments here also have to accomplish their categorical identity. However, their hybrid or undifferentiated identity allows them to strategically play up certain aspects of their identity and while downplaying it in other times. For example, the Self Awareness Centre (refer to Appendix B), although drawing upon various Indian spiritual traditions, plays down the ‘religious’ aspects, but highlights their ‘spirituality’. The introductory talks are adamantly and explicitly non-religious and even claimed that if any of their practices clashes with any participant’s religious beliefs, they would refund in full the amount paid for the course. In the 7-day seminar I attended, some participants wanted to offer him flowers, but the ‘guru’ discouraged this, in case it was perceived as a form of religious

⁵⁸ Refer to Fuller (2001), who refers to this ‘spiritual, not religious’ orientation as ‘unchurched spirituality’.

⁵⁹ Theorizing such practices changes the rationale for its existence and this move allows practitioners to remain just out of the purview of closer state regulation even though many of these actual practices remain similar to religious practices. [See Kelly and Dobbin (1998) for a case study of how practices can remain the same but the rationale for them could be re-theorized to adapt to changing circumstances].

ritual offering. During the course of the seminar, participants and helpers referred to the facilitator as ‘guru’, but he was referred to as ‘chairman’ during talks that are open to the public and visiting family members.

While such peripheral practices may distance themselves from the perceived dogmatism of organized religion, at the same time, they wish to associate themselves with religion’s associations with high moral standing and jurisdiction over sacred matters. While they wish to criticize biomedical shortcomings and offer ‘healing’ alternatives, they however do not claim to be a ‘medical’ practice, sometimes even discarding the ‘healing’ label for less loaded one such as ‘consultant’. The lack of formalization and crystallization of their status allows them to escape the increasing state scrutiny and regulation over complementary medicine. Depending on the circumstances the ‘religious’ or ‘medical’ aspects of a hybrid practice can be invoked or downplayed.⁶⁰

4. DISCUSSION

This paper offers a research program that goes beyond the research concerns of sector-specific studies that use common sense substantive categories of healing, religion, psychotherapy etc. While these categories may offer a convenient means of parsing social phenomena, it is limiting in this case because it makes renders certain social processes invisible. This paper also avoids the empty generality of abstract or epochal theories that achieve cross-sector analysis by

⁶⁰ The lack of crystallization and subsequent naturalization allows sufficient scope for maneuvering and negotiation of identity. Such hybrid practices have multiple possibly appropriate scripts tied to their ambiguous status. For example, because they are both ‘religious’ but also ‘businesses’, it is interesting to see how practitioners sometimes maneuver this source of sociological ambivalence, to enable payment the transfer of money that is not donated as a ‘contribution’ (as in orthodox churches) but ‘payment’ to a person offering a service. There are various strategies that practitioners use to help them take advantage of all the positive associations tied to the various statuses they have and distance themselves from all the negative ones. There are also alternative strategies that are different from the institutional logic of the core, which helps them gain legitimacy and credibility at the periphery, for example, the use of client testimonials. These are however beyond the scope of the paper.

virtue of being vague. I suggest that locating these practices within the larger cultural context and mapping out the complex multi-sectored institutional landscape allows us to examine the actual relationships between social phenomena not commonly classified by sociologists within the same categories.

This move synthesizes theoretical concepts from different streams of research to provide a more complete framework—one that can adjudicate the theoretical disputes such as those between institutional isomorphism and its postmodern opponents. Are alternative healing practices becoming more similar, increasingly being co-opted by the medical-industrial complex? Is the seeming proliferation and hybridity of these practices suggestive of hyper-differentiation, unpredictability and post-modernity? Or in a different language, is the system becoming more encompassing, or is the lifeworld potentially more triumphant? Analysts focused on migration to the core see institutional isomorphism, but fail to perceive a potentially significant trend of other practices that remain at the periphery. On the other hand, observers of some form of hybridity, pastiche and hyper-differentiation at the periphery might take that as an indication of rampant postmodernity, not recognizing the strong institutional isomorphism that affects all those who wish to enter the core. Some even argue that hyper-differentiation constitutes a form of de-differentiation because the over proliferation of differences renders those differences negligible. By mapping out the institutional landscape of these wellness practices, it becomes clear that these streams of research are partial portraits of the whole field. Once the institutional landscape is adequately characterized and a crucial distinction between core and peripheral practices made, it is clear that it is largely marginal practices which are hybrid; and the only sectoral boundaries that are blurred are the ones positioned at the peripheries of these sectors. Societal sectors as a whole remain clearly differentiated from one another.

There are additional payoffs from going beyond research bounded by common sense notions of social sectors. In this case, examining processes across sectors provides insight into the alternative adaptive strategies available to peripheral wellness practices, and draws attention to the limiting assumptions of the professionalization literature. Professionalization theories assume that all rationally inclined occupations or peripheral practices are competing ‘sects’ that are actively striving to gain legitimacy and resources by staking out jurisdictional claims.⁶¹ In this sense, it is similar in orientation to sector specific studies, which understand the periphery only in terms of its relationship to the core. Abbott (1988: 13) describes prominent professionalization accounts as a ‘stages-approaching-a-steady-state plot’, as a ‘single typical sequence’ of occupations transforming themselves to professions.⁶² He suggests looking at inter-professional relations instead—looking at the whole system of professions and their jurisdictional competitions to gain monopolistic control over a defined set of work tasks. Even though Abbott’s theoretical framework is more complete, it nonetheless assumes that migrating to the core, or achieving orthodox status *is* actually desirable and perceived as desirable by the competing heterodoxy. In this regard, the professionalization literature assumes that migrating to the core is the only structural option available and is unilaterally desirable as an adaptive strategy for peripheral occupational groups. In other words, they assume that peripheral practices actually *want* to migrate to the core, that given a chance, they will seize the opportunity to gain greater recognition so as to attain greater market control and autonomy. This means that those that remain peripheral are, for various reasons, the losers in the battle for jurisdiction.

⁶¹ See Abbott (1988: 1-20) for a review of the professionalization literature. See Jones (1985) for a characterization of alternative healing movements as medical ‘sects’ competing for legitimacy in the health sector.

⁶² For example, Larson’s (1977) study on the rise of professionalism and what she calls the ‘professional project’.

My findings contradict this implicit assumption and reveals that establishments can (and often do) exploit structural opportunities by remaining marginal instead of opting to professionalize. By mapping out the structural landscape—by accounting for multiple sectors and their marginal spaces—has unearthed previously unrecognized structural opportunities available at the periphery for wellness practitioners. It becomes clear that the adaptive strategy of some of these groups is to remain marginal and borrow from adjacent practices instead of engage in the ‘professional project’ that seeks entry to the sectoral core.

APPENDIX A: GLOSSARY OF PRACTICES REFERRED TO IN THE TEXT

Alexander technique

A technique based on the correct balance of tension in the neuromuscular system developed by an Australian actor named Frederick Matthias Alexander. Originally developed for the proper vocal functioning, this technique has been found to be applicable to a wide range of problems and aims such as overall coordination, breathing, posture, freedom of the joints in moving the whole body, use of arms and hands for skilled activities, staying calm under pressure, and maintaining good overall health. (See <http://www.stat.org.uk/printhistory.htm> for more information)

Aromatherapy

The use of essential oils (distilled from various parts of a plant such as flowers, leaves, bark) for various therapeutic purposes that include both physical and emotional ailments. It can be administered by massage, or dispensed through the air using oil burners or candles. Essential oils have found their way into personal care products such as cosmetics, and skin, hair, and bath products

Art therapy

A form of therapy that utilizes art or the process of creating art in order to both assess and treat the developmentally or psychologically impaired. A professional group called the American Art Therapy Association sets the educational and ethical standards for its members, who must at least have a Master's degree in fields such as psychology, social work, counselling, art education or human relations. (See <http://www.arttherapy.org/aboutarttherapy/about.htm> for more information).

Aura-Soma

Developed by chiropodist and herbalist Vicky Wall in the mid-eighties, 'Aura-Soma' is a hybrid form of therapy and divination that involves the use of bottles filled with colourful plant extracts. The bottle is shaken and applied to the body for a range of physical, emotional and social issues. It can also be used as a form of divination, where the bottles chosen by the clients are interpreted by therapists and advice on life problems are given.

Channeling, Chios healing

Associated with the New Age Movement, which incorporated a host of occult practices, divinatory practices, eastern spirituality, psychological counselling and the holistic health movement, many New Agers claimed to be able to establish contact with spiritual entities, and acted as a channel for them for the purposes of spiritual guidance or healing. One such incarnation of this tradition, 'Chios healing' is a form of energy healing developed by an American channeler named Steve Barrett in 1990. Influenced by meditation and spiritual healing, the technique is claimed to have been developed by communication with spiritual 'guides'.

Clairvoyants

Clairvoyants claim to be able to perceive objects and events beyond the range of ordinary perception. The term is sometimes used interchangeably with 'psychics'.

Coaching

A form of consultation and motivational service offered by 'coaches' to individual clients seeking seeking improved performance in their professional goals or general life issues, or organizational clients seeking improved executive functions for their employees.

Crystal Healing

Crystals are believed to be the depositories of energy that are then used as implements for healing.

Energy healing

A broad term used to encompass various techniques that heal via channeling or facilitating energy transfer from an external or spiritual source to the afflicted person. It can include crystal healing, Reiki, and Chios energy healing.

Geomancy, feng shui

A form of divination by scattering sand or pebbles and then interpreting their form. Also refers to the Chinese practice of feng shui, which involves finding the most advantageous location for human structures such as buildings, roads, bridges and graves depending on the topography. Many feng shui practitioners are consulted for decisions such as the location of a new residence, and the placements and directions of furniture and ornaments so as to achieve good fortune and health for their clients.

Graphology

The study and analysis of handwriting to assess the trait and personality of the writer. While it has been used for crime detection purposes, graphology has been largely used as a means of personal self-understanding in association with other wellness practices.

Numerology

A form of divination whereby numbers are used to interpret a client's character or forecast the future. Often combined with other divination practices such as astrology and geomancy.

Pilates

An exercise program of body conditioning developed in the 1920s by physical trainer Joseph H. Pilates, having studied Zen meditation, yoga and various Greek and Roman exercise regimens.

Qigong (or Chi Kung) and Tai Chi

A form of Chinese bodily practice that includes physical postures, breathing techniques and meditation. Qigong has been variously classified as a form of martial art, medical tradition, or spiritual practice. Tai Chi is short for Tai Chi Chuan, often translated as "Grand Ultimate Fist". A form on slowly executed, deliberate movements that is described as a form of exercise or martial art.

Reiki

A Japanese form of healing practice developed in the 1800s that involves the practitioner channelling what is referred to as "*Universal Life-Force-Energy*" to the client.

Releasing

A hybrid technique that involves healing, psychotherapeutic and spiritual elements originating from the Lindwall Foundation in the United States. Practitioners believe that past life and early childhood experiences are recorded in the mind and body of an individual, possibly resulting in a range of physical ailments, psychological imbalances and relationship problems. With an implicit belief in a divine force, the process of treatment involves an extended consultation with the therapist, who will 'release' these unwanted inscriptions from the individual. Two Releasing practitioners in Singapore who I interviewed related an account of a client they once had who complained of persistent migraine. Having performed 'past life regression' on him, they found that he used to be a musician who was shot in the head during World War II, which is considered the cause of his persistent headache).

Tarot card

A form of divination where a pack of cards are used for the purposes of fortune telling. In common tarot card practice, the client shuffles the cards and the tarot card reader distributes it, subsequently interpreting the meanings of these cards in relation to various life circumstances of the client.

APPENDIX B: EXEMPLARS OF RADICALLY HYBRID ESTABLISHMENTS

‘Lightwaves’

As the ‘managing director’ of an establishment that provides ‘creative solutions’, Adrienne Banks started her company to “help individuals to greater wellbeing”. Her approach is to “look at any person, situation or business in a holistic way and assist by throwing light so that a positive transformation could take place.” She has a ‘team’ of ‘likeminded people’ and this includes an experienced personal and professional coach, facilitator, educator and trainer who has worked in the academic and corporate fields, who is also skilled in Reiki, Aura Lights, and Electro Magnetic Field balancing techniques. There are also visits from foreign alternative practitioners at her small shop space ranging from clairvoyants who provide psychic consultations to holistic health therapists who provide astrology readings and esoteric spiritual services.

She provides a range of services that include alternative healing techniques such as massages, color healing, aromatherapy, flower therapies, Reiki; the Alexander technique; ‘spiritual’ services such as ‘Divine Revelation Meditation’, channeling of various divinities that range from Jesus to Buddhist deity Kuan Yin; motivational, counseling and coaching services such as using crisis management and the Harvard Conflict Resolution principles, the teaching of public speaking skills, performance coaching and conflict mediation. Her workshops include those that focus on beauty treatments, where participants will learn “how to customize creams and oils especially for their skin” or how to make their own hair care and body care products such as shampoos, conditioners and shower products.

Adrienne asserts that she does not have the training of a psychotherapist, and is not qualified enough, but she is doing “similar work” in terms of training, counselling, teaching-help people discover who they are. She says that her work has “got to relate to their lives, feet-on-the-ground stuff, not pie-in-the-sky stuff.”

‘Self Awareness Centre’

The Self Awareness Centre calls itself “an Institute for Human Resources Development and Spiritual Upliftment”. Its headquarters are in Kuala Lumpur and it has three other branches in Peninsula Malaysia—Johor Bahru, Penang and Ipoh. In September 1994, a center was developed in Singapore. It conducts “transformational, motivational and spiritual seminars” but claims that it is a “non-religious, non-communal and non-political organization.” (Paranjothi Subramaniam, “Transformation: An insight and its underlying philosophy. Included-Beginner’s Guide to Heart Centre (Anahatha Chakra) Meditation” *Handbook of the Self Awareness Centre*) The founder and programme director started off practicing Khundalini Yoga Meditation under spiritual gurus in Kuala Lumpur, but also embraced “the latest Western concepts in psychology and psychotherapy” and this took him to the United States where he trained under a mentor, and is now a ‘Motivational Trainer and Counsellor’.

The center organizes different programs, the most basic of which is the ‘7 Day Transformational Journey’ which is the pre-requisite for more advanced programs.⁶³ This program includes lessons on meditation and breathing techniques, lectures on the philosophy that are a syncretic mix of popular psychological concepts and spiritual ideas. The course involves meditation, breathing exercises, personal development training that involves emotional counseling, goals setting and even financial advice that culminates in a spiritual interpretation of life that revolves around karma, re-birth and an understanding of the divine as the primordial origin of life in which we will ultimately return to.

Notable in the eclectic mix of exercises were: ‘hugging exercises’; childhood regression where participants were given toys to play with and told to pretend they were children; and somber emotional sharing sessions in which problems are shared with a partner. Some of these sessions were highly emotional and participants’ responses ranged from joyful exuberance to sorrow, many of which culminated in tearful outbursts.

‘Thyvisionsmile’: Direct selling, personal development, healing and fitness

Thyvisionsmile was founded by four individuals who aimed to “provide for the needs of people encompassing their physical, mental, emotional, social, financial and spiritual well being” with their “innovative, integrated program” that includes “the seamless integration of techniques for the nourishing of the great potential within each individual, life-rejuvenating exercises and life-nourishing nutritional supplements, ancient knowledge of wholistic health and comprehensive techniques for manifesting abundance in life.” Thyvisionsmile is an establishment that

⁶³ I approached the center and made known my research intentions and the organizers were generous enough to allow me to participate in their ‘7 Day Transformational Journey’ programme for free. This course would have set me back S\$500.

organizes personal development courses that include a regimen of physical exercises, relaxation techniques, alternative healing lessons and the consumption of nutritional products. Their 'Wholistic Wellness Program' aspires to "enhance and uplift your physical, mental, emotional, social, financial and spiritual well-being through wholistic and synergistic integration of various personal development techniques and skills." It includes an Ayurveda seminar, introduction and sale of nutritional products, visualization techniques to help achieve goals, relaxation methods and traditional Tibetan exercises.

The company sells their product and courses by direct marketing. Individuals turn up for introductory talks where they are given a presentation on the courses and products and later asked to sign up by former students who are current members of the company. These members can progress and become trainers who will take on the courses.

The course includes the use of self-help technologies such as the 'Living From Vision' course, that were influenced by the ideas of the human potential movement; an Ayurveda workshop; ancient Tibetan exercises; a spiritual program called 'Awakening Your Light Body' that involves the 'strengthening' and 'connection' to the 'higher self and soul'. This connection to the 'Higher Will an Universal Mind' is supposed to enable one to 'easily attract abundance, new opportunities, and loving relationships.' It is also possible to achieve 'an inspired and intuitive state of consciousness' for artists or those in the creative field, as well as 'develop clairvoyant sight, psychic, and healing abilities'. This involves working with a kind of spiritual 'Master you are working with in this lifetime' who will act as a guide and teacher.

The 'synergistic integration' that they exercise shows from the way they attempt to bring together diverse practices and techniques. In trying to advertise the benefits of their ancient Tibetan exercise called the 'Fountain of Youth' exercise, they explain that the regular practice of various postures works to "slow down aging" because it "re-tunes the energy vortexes called charkas, which in turn re-enlivens our endocrine system, ringing balance to our hormonal system." They then say that this exercise, taken together with a nutritional supplement that they also provide, will result in the workings of a "youth-ing mechanism" that "regenerates and regains youthfulness". The attempt at integration is observed in the intermeshing of traditional spiritual concepts with scientific explanations. In fact, in marking out the benefits of their program as compared to others, they emphasized their 'wholistic' orientation to what they call the 'non-integrative'.

The above are examples of 'formally' hybrid establishments. There are also many practices that have such tendencies to borrow from within and across domains. For example, astrologers may take up courses on psychotherapy so as to acquire some counseling skills they find useful for their practices, but do not formalize these as part of their practice.

BIBLIOGRAPHY

- Abbott, Andrew
1988 *The System of Professions.*
- Abrahamson, Eric
1996 "Management Fashion" in *Academy of Management Review* 21(1): 254-85.
- Alba, Richard and Victor Nee
2003 *Remaking the American Mainstream: Assimilation and Contemporary Immigration.* Cambridge, Mass.: Harvard University Press
- Alford, Robert and Roger Friedland
1985 *Powers of Theory: Capitalism, the State, and Democracy.* Cambridge: Cambridge University Press.
- Alster, Kristine Beyerman
1989 *The Holistic Health Movement.* Tuscaloosa: University of Alabama Press.
- Andersen, James
2002 *Transnational Democracy: Political Spaces and Border Crossings.* London: Routledge.
- Andersen, Roger,
1983 *Pidginization and Creolization as Language Acquisition.* Rowley, MA: Newbury House Publishers, Inc..
- Barker, Eileen
1989 *New Religious Movements.* London: HMSO Publications.
- Beck, Ulrich
1992 *Risk Society: Towards a New Modernity.* London: Sage.
- Beckford, James A.
1985 "The World Images of New Religious and Healing Movements" in Kenneth R. Jones (ed) *Sickness and Sectarianism.* Hampshire: Gower Publishing House.
- Benner, D.G.
1988 *Psychotherapy and the Spiritual Quest.* Michigan: Baker.
- Bilgrave, D. P. and Deluty R. H.
1998 "Religious beliefs and therapeutic orientations of clinical and counseling psychologists" in *Journal for the Scientific Study of Religion*, 37 (2): 329-49.
- Bowker, Geoffrey and Susan Leigh Star
1999 *Sorting Things Out: Classification and its Consequences.* Cambridge (Massachusetts): MIT Press.
- Brubaker, Rogers
2001 "The Return of Assimilation? Changing Perspectives on Immigration and its sequels in France, Germany and the United States" in *Ethnic and Racial Studies*, 24(4): 531
- Califia, Pat
1997 *Sex Changes: the Politics of Transgenderism.* San Francisco: Cleis Press.
- Cassileth, Barrie R.
1998 *The Alternative Medicine Handbook.* New York: W. W. Norton and Company.
- Coombes, Annie and Avtar Brah

- 2000 "Introduction: The conundrum of 'mixing' " in Annie Coombes and Avtar Brah (eds.), *Hybridity and its Discontents: Politics, Science, Culture*. London: Routledge.
- Cowan, Emory
1979 "Hairdressers as caregivers" in *American Journal of Community Psychology* 7, pg 633-48
- Crook, Stephen, Jan Pakulski and Malcolm Waters
1992 *Postmodernization: Change in Advanced Society*. London: Sage Publications.
- Cushman, Philip
1995 *Constructing the Self, Constructing America: A Cultural History of America*. Massachusetts: Addison-Wesley Publishing Company, Inc.
- DiMaggio, Paul and Walter Powell
1983 "The Iron Cage Revisited: Institutional Isomorphism and Collective Rationality in Organizational Fields" in *American Sociological Review* 48(April): 147-60.
- Droogers, Andre
1989 "Syncretism: The problem of definition, the definition of the problem" in J D Gort, H M Vroom, R Fernhout and A Wessels (eds.), *Dialogue and Syncretism, an Interdisciplinary Approach* (pp. 7-25). Grand Rapids, MI: Eerdmans and Rodopi.
- Ellwood, Robert and Harry Partin
1988(1973) *Religious and Spiritual Groups in Modern America* (second edition). New Jersey: Prentice Hall.
- English-Leuck, June Anee
1990 *Health in The New Age: A Study in California Holistic Practices*. Albuquerque: University of New Mexico Press.
- Espiritu, Yen Le
1992 *Asian American Panethnicity: Bridging Institutions and Identities*. Philadelphia: Temple University Press
- Friedson, Elliot
1970 *Profession of Medicine: A Study of the Sociology of Applied Knowledge*. New York: Dodd, Mead.
1972 *The Sociology of the Professions*. London: Macmillan.
- Fuller, Robert
1989 *Alternative Medicine and American Religious Life*. Oxford: Oxford University Press.
2001 *Spiritual, But Not Religious: Understanding Unchurched America*. Oxford: Oxford University Press.
- Galanter, Marc
1999(1989) *Cults: Faith, Healing and Coercion*. 2nd edition. New York: Oxford University Press.
- Galaskiewicz, Joseph
1985 "Interorganizational Relations," *Annual Review of Sociology*. 11: 281-304
- Garcia-Canclini, N
2001 "Hybridity" in *International Encyclopedia of the Social and Behavioral Sciences*. Elsevier Science Ltd
- Garfinkel, Harold
1967 *Studies in Ethnomethodology*. Englewood Cliffs, N.J.: Prentice-Hall.
- Gergen, Kenneth
1991 *The Saturated Self: Dilemmas of Identity in Contemporary Life*. New York: Basic Books.
- Giddens, Anthony

- 1991 *Central Problems in Social Theory: Action, Structure and Contradiction in Social Analysis*. Berkeley: University of California Press.
- Gimlin, Debra
2002 *Body Work: Beauty and Self-Image in American Culture*. Berkeley: University of California Press
- Gitlin, Todd
1993 *The Sixties: Years of Hope, Days of Rage*. New York: Bantam Books.
- Glock, Charles and Robert Bellah (eds.)
1976 *The New Religious Consciousness*. Berkeley and Los Angeles: University of California Press.
- Goldstein, Michael
1999 *Alternative health care: Medicine, Miracle, or Mirage?* Philadelphia: Temple University Press
- Gordon, Milton
1965 *Assimilation in American Life: The Role of Race, Religion, and National Origins*. New York: Oxford University Press.
- Greenwood, Ernest
1966 "The Elements of Professionalization" in Howard Vollmer and Donald Mills (eds.) *Professionalization*. New Jersey: Prentice-Hall
- Hawley, Amos
1986 *Human Ecology: A Theoretical Essay*. Chicago: University of Chicago Press.
- Heelas, Paul
1996 *The New Age Movement*. Oxford: Blackwell publishers.
- Hess, David
1993 *Science in the New Age: The Paranormal, Its Defenders, and Debunkers, and American Culture*.
- Hollanders, Henry
2000a "Eclecticism/Integration: Historical Developments" in Stephen Palmer and Ray Woolfe (eds.), *Integrative and Eclectic Counselling and Psychotherapy*. London: Sage Publications.
2000b "Eclecticism/Integration: Some Key Issues and Research" in Stephen Palmer and Ray Woolfe(eds.), *Integrative and Eclectic Counselling and Psychotherapy*. London: Sage Publications.
- Jones, R. Kenneth
1975 "Some Sectarian Characteristics of Therapeutic Groups with Special Reference to Recovery, Inc. and Neurotics Nomine" in Roy Wallis (ed.) *Sectarianism: Analyses of Religious and Non-religious Sects*. London: Peter Owen.
1985 "The Development of Medical Sects" in *Sickness and Sectarianism*. Hampshire: Gower Publishing House.
- Kellner, Hansfried and Frank Heuberger
1992 "Modernizing Work: New Frontiers in Business Consulting" in Hansfried Kellner and Frank Heuberger (eds.) *Hidden Technocrats: The New Class and New Capitalism*. New Jersey: Transaction Publishers.
- Kelly, Erin and Frank Dobbin
1998 "How Affirmative Action Became Diversity Management: Employer Response to Antidiscrimination Law, 1961-1996." *American Behavioral Scientist* 41: 960-984.
- King, Gary, Robert Keohane and Sidney Verba
1994 *Designing Social Inquiry: Scientific Inference in Qualitative Research*. Princeton, N.J: Princeton University Press.

- Lamont, Michele and Virag Molnar
2002 "The Study of Boundaries in the Social Sciences" in *Annual Review of Sociology* 28: 167-95.
- Larson, Magali Sarfatii
1977 *The Rise of Professionalism: A Sociological Analysis*. Berkeley: University of California Press.
- Lasch, Christopher
1979 *The Culture of Narcissism: American life in an Age of Diminishing Expectations*. New York: Norton.
- Lash, Scott and John Urry
1994 *Economies of Signs and Space*. London: Thousand Oaks.
- Lears, Jackson T. J.
1983 "From Salvation to Self-Realization: Advertising and the Therapeutic Roots of the Consumer Culture, 1880-1930" in Richard Wightman Fox and T.J. Jackson Lears (eds) *The Culture of Consumption: Critical Essays in American History, 1880-1980*. New York: Pantheon Books.
- Lee, Boon-Ooi
2002 "Psychotherapy in Chinese Medicine" in Tan Ai-Girl and Michael Goh (eds.), *Psychology in Singapore: Issues of an Emerging Discipline*. Singapore: McGraw-Hill Education.
- Lemire, Elise
2002 "Miscegenation": Making Race in America. Philadelphia: University of Pennsylvania Press.
- Lowe, Phil and Ralph Lewis
1994 *Management Development beyond the Fringe: A Practical Guide to Alternative Approaches*. East Brunswick, NJ : Nichols Pub.
- MacDonald, Keith
1995 *The Sociology of the Professions*. London; Thousand Oaks, Calif.: Sage
- Martin, Steven
1994 "The Only Truly Scientific Method of Healing: Chiropractic and American Science, 1895-1990" in *The History of Science Society*. 85: 207-227.
- McGuire, Meredith
1988 *Ritual Healing in Suburban America*. New Brunswick and London: Rutgers University Press.
- Milburn, Michael
2001 *The Future of Healing: Exploring the Parallels of Eastern and Western Medicine*. California: The Crossing Press.
- Mizstal, Babara
2000 *Informality: Social Theory and Contemporary Practice*. New York: Routledge.
- Munch, Richard
2001 "Integration: Social" in *International Encyclopedia of the Social and Behavioral Sciences*. Elsevier Science Ltd
- O'Brien, Martin
1995 "Health and Lifestyle: A Critical Mess? Notes on the Dedifferentiation of Health" in Robin Bunton et al (eds.) *The Sociology of Health Promotion*. London: Routledge.
- Papastergiadis, Nikos
1995 *Art & Cultural Difference: Hybrids and Clusters*. London: Academy Editions.

- Polanyi, Michael
1958 Personal Knowledge. Chicago: University of Chicago Press.
- Powell, Walter
1987 "Hybrid Organizational Arrangements: New Form or Transitional Development" *California Management Review*, 30 (1): 67-87
- Quah, Stella
1989 *The Triumph of Practicality: Tradition and Modernization of Health Care in Selected Asian Countries*. Singapore: Institute of South East Asian Studies.
2003 "Traditional healing systems and the ethos of science" in *Social Science and Medicine*. 57: 1997-2012
- Reddy, Sita
2002 "Asian Medicine in America: The Ayurvedic Case" in *The Annals of the American Academy of Political and Social Science*. 583: 97-121.
- Reuschmeyer, Dietrich
1977 "Structural Differentiation, Efficiency and Power" in *The American Journal of Sociology*. 83(1): 1-25
- Rieff, Philip
1966 *The Triumph of the Therapeutic: Uses of Faith after Freud*. Chicago: University of Chicago Press.
- Ross, Andrew
1991 *Strange Weather*. New York: Verso
- Rumbaut, R.G.
2001 "Assimilation of Immigrants" in *International Encyclopedia of the Social and Behavioral Sciences*.
- Saks, Mike. 1994. *The Alternatives to Medicine*. In *Challenging Medicine*. New York: Routledge.
- Samora, Julian
1996 *Mestizaje: the Formation of Chicanos*. Stanford, California: Stanford Center for Chicano Research.
- Sharma, Ursula
1992 *Complementary Medicine Today: Practitioners and Patients*. London: Routledge.
- Schatzki, Theodore, Karin Knorr Cetina and Eike von Savigny (eds)
2001 *The Practice Turn in Contemporary Theory*. London: Routledge.
- Schneirov, Matthew and Jonathan Gezik
1998 "Technologies of the Self and the Aesthetic Project of Alternative Health" in *The Sociological Quarterly*. 39(3): 435-451
- Scott, Richard and John Meyer
1991 "The Organization of Societal Sectors: Propositions and Early Evidence" in Walter Powell and Paul DiMaggio (eds) *The New Institutionalism in Organizational Analysis*. Chicago: University of Chicago Press.
- Sevanen, Erkki
2001 "Art as an Autopoietic Sub-system of Modern Society: A Critical Analysis of the Concepts of Art and Autopoietic Systems in Luhmann's Late Production" in *Theory, Culture and Society*. 18(1): 75-103.
- Singer, June
1972 *Androgyny: Toward a New Theory of Sexuality*. New York: Anchor Press/Doubleday

- Stinchcombe, Arthur
 1965 Social Structure and Organizations. In *Handbook of Organizations*, ed. J. G. March, 142-93. Chicago: Rand McNally.
 2001 *When Formality Works: Authority and Abstraction in Law and Organizations*. Chicago: University of Chicago Press.
- Suchman, Mark C
 1995 "Managing Legitimacy: strategic and institutional approaches," in *Academy of Management Science* 20 (3): 571-610
- Tambiah, Stanley
 1990 *Magic, Science, Religion and the Scope of Rationality*. Cambridge: Press Syndicate of the University of Cambridge.
- Taylor, Charles
 1989 *Sources of the Self: The Making of Modern Identity*. Cambridge, Mass: Harvard University Press.
- Turner, Bryan S.
 1987 *Medical Power and Social Knowledge*. London: Sage Publications.
- Turner, Stephen
 1994 *The Social Theory of Practices: Tradition, Tacit Knowledge and Presuppositions*. Cambridge: Polity Press.
- Veroff, Joseph, Richard Kulka and Elizabeth Douvan
 1981 *Mental Health in America: Patterns of Help-Seeking from 1957 to 1976*. New York: Basic Books.
- Vertovec, Steven and Robin Cohen
 2002 *Conceiving Cosmopolitanism: Theory, Context and Practice*. New York : Oxford University Press
- Wardwell, Walter I.,
 1979 "Limited and Marginal Practitioners" in *Handbook of Medical Sociology*
- Weil, Karl
 1992 *Androgyny and the Denial of Difference*. Charlottesville : University Press of Virginia.
- Weisenfeld and Weis
 1979 "Hairdressers and helping: Influencing the behaviour of informal caregivers" in *Professional Psychology*: 786-792
- West, William
 2000 *Psychotherapy and Spirituality: Crossing the Line between Therapy and Religion*. London: Sage Publications.
- Whicker, Ian and David Carpenter
 2003 "Introduction" in Ian Whicker and David Carpenter (eds.) *Yoga: The Indian Tradition*. London: RoutledgeCurzon.
- Williamson, Oliver.
 1981 "The economics of organization: the transaction cost approach". *American Journal of Sociology*. 87: 548-77 (1981).