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### Book review: Bounding biomedicine: Evidence and rhetoric in the new science of alternative medicine

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A Review of *Bounding Biomedicine:  
Evidence and Rhetoric in the New Science of Alternative Medicine*

J. Blake Scott

*Bounding Biomedicine: Evidence and Rhetoric in the New Science of Alternative Medicine*. By Colleen Derkatch. Chicago, IL: University of Chicago Press, 2016. 238 pages. \$55 cloth; \$10 e-book.

Complementary and alternative medicine (CAM) is ubiquitous in U.S. healthcare practices. According to the most recent National Health Interview Survey in 2012, about 59 million Americans spend out-of-pocket money on complementary health approaches (including for pain treatment) to the tune of \$30.2 million per year (<https://nccih.nih.gov/research/statistics/NHIS/2012/key-findings>). Although not as far along, CAM's acceptance by mainstream medicine has also increased, particularly given the need for alternative pain treatment brought by the opioid epidemic. The NIH's National Center for Complementary and Integrative Health is busy sponsoring, conducting, and disseminating research designed to integrate CAM in biomedicine. The CDC has issued guidelines for using non-pharmacologic therapies as first-line treatment for chronic pain, and the AMA is urging insurance companies to cover such therapies. Fairly recently, Harvard University's Osher Center for Integrative Medicine began promoting research published in the *Journal of Alternative and Complementary Medicine*. So how did this relationship between CAM and mainstream medicine develop?

Through its meticulous analysis of a crucial moment of rhetorical boundary marking, Colleen Derkatch's *Bounding Biomedicine* provides the most in-depth answer to this question to date. Focusing on a 1998 cluster of themed articles in *JAMA* and *JAMA-Archives* specialty journals in which CAM was first taken up and scrutinized in

biomedical discourse, *Bounding Biomedicine* examines how medical professionals engaged in rhetorical boundary work that reinforced a hierarchical but also wavering distinction between mainstream medicine and CAM.

Uncovering the “self-concealing” (p. 193), purposeful, and persuasive moves in these articles in relation to their immediate historical context and intertextual responses, *Bounding Biomedicine* examines this landmark moment through multiple angles at once: the cultural context of consumer-driven healthcare and a paradigm of self health maintenance; growing professional anxiety over disciplinary status in biomedicine; the specific research, publication review, and other evaluative processes through which biomedicine attempted to regulate its boundaries; and the extended pattern of boundary marking played out in clinical practice and popular media reporting. Organized around the central question of “*How does the notion of evidence determine the boundaries of biomedical, from expert to public contexts?*” (p. 19, italics in original), the book’s chapters take readers through several dimensions of persuasive boundary negotiation involving CAM in the *JAMA-Archives* articles and their intertext, starting within biomedical research and then moving outward to implications for medical practice and for public understanding.

At the heart of the book, in chapters two and three, Derkatch provides a close textual analysis of the CAM-themed publications themselves, first explaining how they situate and define CAM as residual to biomedicine, and then examining how they evaluate CAM research in relation to randomized controlled trials and evidence-based medicine (and their specific notions of safety and efficacy). These chapters are where Derkatch offers her most incisive insights about biomedicine’s rhetorical boundary work,

demonstrating the usefulness of rhetorical analysis to this other knowledge-making domain. Although Derkatch's merging of *topos* theory, rhetorical genre theory, and socio-rhetorical boundary theory is well suited to her analysis (especially in the book's middle chapters), this analysis could be further informed by a multi-layered approach to *stasis* theory, particularly given the way definition, evaluation, and policy questions interanimate attempts to demarcate and maintain boundaries. Also part of the heart of the book, and particularly informed by Derkatch's observations and interviews, chapter four provides the alternative perspective of CAM in clinical practice, which gets elided by mainstream biomedical research. In addition to raising questions about this research framework's requirement of the placebo control and its ability to account for CAM's effectiveness, this chapter offers a nuanced take on patient choice and agency, one that could inform ongoing "right to try" discourse and its proponents' counter-assumptions about patient welfare.

In addition to its timely topical contribution, *Bounding Biomedicine* makes a groundbreaking methodological contribution to the rhetoric of health and medicine through its innovative variation of a rhetorical-cultural approach. In examining a contextualized historical *moment* of boundary negotiation from multiple perspectives, Derkatch shows how rhetorical analysis can be culturally informed and multi-angled but also focused and fine-grained. In this way, we could characterize the analytic method here as a merging of Leah Ceccarelli's (2001) close textual-intertextual analysis in *Shaping Science with Rhetoric* and the rhetorical-cultural analysis I employ in *Risky Rhetoric* (2003). My only, minor critique is the seeming separation of these two impulses across the book, with chapters one and five offering cultural contextualization that could

be more integrated throughout (chapter four is perhaps where the two impulses best come together).

In addition to its “zoomed-in” rhetorical-cultural analysis, *Bounding Biomedicine* is impressive for the range of “texts” it brings together and examines through textual and qualitative methods; these texts include published research articles and also editorials and letters, discourse-based interviews with several types of health experts, interviews with patients seeking CAM, and media stories about CAM and biomedicine’s response to it. Such a triangulated research process reinforces Derkatch’s methodological innovation of examining a discrete rhetorical moment through multiple methods, source types, perspectives, and levels of analysis. This approach also enables Derkatch to enact what she calls a “descriptive” analysis (p. 15) that adapts its methods, along with rhetorical theory (classical, modern, and contemporary), to the dynamics of the rhetorical practices under study.

Along with its deep engagement with the texts and practices surrounding the *JAMA-Archives* boundary-defining moment, *Bounding Biomedicine* zooms back out to ask important larger questions about how we value medical knowledge-making and practice; these include the “prior question” of what models of research and practice reveal about “how we *think* medicine happens,” or should happen (p. 191, italics in original), as well as the question of how “‘Wellness’ has become...an illness in waiting,” positioning those participating in CAM “into a realm defined...by *dysfunction*” (p. 196, italics in original) and self-regulation of health. These are the kinds of big questions rhetorical analysis can raise and explore for health and medicine’s varied stakeholders.

In some ways a successor of Mary M. Lay Schuster's *The Rhetoric of Midwifery* (2000), which also examines anxieties around and challenges to professional-medical borders, *Bounding Biomedicine* contributes to our understanding of the still-evolving relationship between traditional medicine and CAM, limited by, but also challenging, the former's values and boundaries. Through its questions, methodology, and insights, this book can also more broadly shape our understanding of other attempts to re-negotiate biomedical boundaries; these include attempts to medicalize under-recognized illnesses, elevate the standing of marginalized practitioners, and better account for patients' experiential knowledge in medical research and regulatory processes.

*Bounding Biomedicine* contributes what Judy Segal (2005) calls "useful knowledge" to rhetoricians and to biomedical researchers and practitioners, especially those with roles in publication and other gatekeeping forums. Beyond a better understanding of the values and assumptions, functions, and effects of rhetorical boundary making, though, Derkatch's book offers ameliorative cautions about how narrow and self-reinforcing frameworks of biomedical value (as terministic screens) can shape healthcare in limiting ways, and, at the same time, how assumptions about patient choice and empowerment can look past important considerations of safety and efficacy (even if more broadly defined).

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