Tami Oliphant
Faculty of Information and Media Studies, UWO, London, ON

"Alternative medicine for alternative depression": Claimsmaking, Counterknowledge, and Complementary and Alternative Medicine

Abstract: Depressives often use both CAM (complementary and alternative medicine) and conventional medicine to treat their depression. However, the use of CAM often contested as certain therapies are considered by some to be counterknowledge. Using data collected from the messages posted to three online newsgroups, I have analyzed how people use information and discursive strategies to build-up or undermine accounts justifying CAM use or non-use.

Résumé : Les personnes souffrant de dépression font souvent appel à la médecine complémentaire et alternative (MCA) et à la médecine conventionnelle pour traiter leur dépression. Malheureusement, certaines thérapies dites alternatives sont souvent considérés par certains comme étant de la désinformation. À l'aide de données recueillies sur trois forums de discussion en ligne, j'ai analysé comment les gens utilisent l'information et des stratégies discursives pour justifier ou réfuter les arguments visant l'utilisation ou la non-utilisation de la MCA.

1. Introduction

The trend in health care has moved towards patients playing a more active role in their health care provision. Researchers estimate that between 70–90% of health care is self-care (Health Canada, 2004). This suggests that before patients ever seek treatment from a health-care practitioner they will try to treat the problem themselves, incorporate practices aimed at preventing illness, or use other methods in conjunction with conventional treatment. Moreover, patients who want to incorporate complementary and alternative medicine (CAM) into their health-care programs are most often on their own, making decisions without the advice of a medical practitioner.

Biomedical knowledge derived from using the scientific method continues to set the standard for establishing medical expertise in Western societies. However, many CAM practices are based upon a different value and belief system which often involves a different understanding of what constitutes evidence. Further complicating ideas about healthcare and medicine is that personal experience or lay knowledge is often drawn upon as an information source that supplements or supplants expert medical knowledge.

A depressive episode, or chronic depression, often provides the impetus for information seeking and sharing, and the seeking of support, particularly in regard to questions and concerns about medication and treatment. Often people with depression will go online in order to gather information and receive support. However, a depressive's ability to be an active participant in decision-making about his or her own health care depends upon him or her being able to make sense of and use complex information that he or she finds authoritative and credible.

For some, CAM is understood as counterknowledge—"propositions that fail basic empirical tests. The essence of counterknowledge is that it purports to be knowledge but

is not knowledge. Its claims can be shown to be untrue, either because there are facts that contradict them or because there is no evidence to support them" (Thompson, 2008, p. 2). Some of the reasons why people use CAM, however, are because conventional treatments are too costly, impersonal, and invasive, patients want greater input into their health care, and CAM practices are perceived as more aligned with a patient's worldview (Astin, 1998). CAM is a contested knowledge domain.

Using discourse analysis (developed by the social psychologists Edwards, Potter, Wetherell and Yates), I have investigated how people who self-identify as currently suffering from depression, or who have suffered from depression in the past, construct authoritative, credible accounts and descriptions to justify using or not using CAM to treat depression. I have examined what information sources people draw upon in addition to invoking experiential or expert knowledge to present their arguments as authoritative, and I have examined how depressives use information to justify or undermine claims in a contested knowledge domain.

2. Methods

To answer my research questions I examined the threads and messages from three different online newsgroups. Each of these newsgroups had a different focus—one was devoted primarily to depression, one to the practice of medicine, and one was devoted to complementary and alternative medicine. In total 7,984 messages posted in 394 threads spanning the years 2002-2007 were analyzed. I selected newsgroups as a data source for several reasons but most importantly, I selected them because there is a leveling of hierarchy among newsgroup members that make newsgroups a rich site for studying how people use discursive strategies to make and undermine claims and for examining how people use information to buttress these claims. In addition, the very existence of newsgroups is predicated on their function as an information seeking, sharing, and use context (Wikgren, 2001).

Wilson's (1983) work on cognitive authorities, who can be defined as individuals whom we find credible, trustworthy, and who influence our thinking, Jordan's (1997) theory of authoritative knowledge—the knowledge that counts for the situation at hand, and the concept of credibility—the information that is believable—provides the theory and framework for this research.

3. Analysis

Discourse analysis is a research method that examines how language is oriented toward action and the construction of social reality. Potter's (1996) use of discourse analysis is a research method that allows researchers to analyze how descriptions become established as solid, real, and independent of the speaker. The type of discourse analysis advocated by scholars such as Potter can be applied to everyday discourse and the purpose of analysis is to understand how descriptions are made factual and to understand what these descriptions are supposed to do (social action). Rather than assess the veracity of accounts or descriptions, researchers move from studying language use as describing some objective "truth" about reality or the individual's internal state to analyzing how people use language to construct an authoritative account and accomplish specific actions. This method is especially appropriate for researchers studying how people construct accounts about controversial issues such as paranormal experiences (Wooffitt, 1992) or any other issue outside of the mainstream such as CAM use.

In recent years interest in a constructionist approach to LIS research has increased with a number of researchers either using discourse analysis as a research method or exploring its applicability to LIS (Budd & Raber, 1996; McKenzie, 2001, 2003; Tuominen & Savolainen, 1997). I have used the same analytical approach as McKenzie (2001, 2003) to examine how individuals apply discursive constructions of previously sought or received information to justify or undermine claims about counterknowledge.

4. Findings

My findings show that people use a range of discursive strategies to build-up representations of themselves as reliable, credible information seekers and information users and they draw on a wide variety of information sources and knowledge resources to construct or undermine accounts.

Although many people were dissatisfied with health care professionals, medication, the pharmaceutical industry, the medical system, and the scientific research process, the information produced by the conventional medical system was considered the most authoritative. Biomedical information sources such as scientific research articles and consumer health literature were most often drawn upon to justify claims or to undermine others' claims and they were considered the most trustworthy and valid information sources. Similarly, biomedical practitioners often served as cognitive authorities for newsgroup users and the biomedical system was perceived as a source of authoritative knowledge. One newsgroup poster wrote: "alternative medicine for alternative depression" implying that depression cannot be treated using CAM therapies because there is no scientific evidence showing that CAM can treat "real" depression.

Conversely, for those who did not conceptualized their depression in purely biomedical terms, cognitive authority, authoritative knowledge, and ideas about credibility were contested or negotiated. As Self (1996) argues the most complex and reliable method of making credibility judgments is experienced credibility which is based upon a user's first-hand experience with a source over time. Thus, experiential knowledge was a powerful resource for justifying and undermining claims. Often accounts detailing successful experiences with a CAM treatment such as St. John's Wort were strengthened by the inclusion of information sources such as newspaper articles or academic research in the newsgroup message. In addition, cognitive authority is negotiated by individuals, it can change over time, and people will reject information that is not congruent with their own experiences, regardless of the authority of the information source.

However, some individuals worked up claims that were perceived as outrageous by other newsgroup users (counterknowledge). To build-up these claims these individuals drew upon experiential knowledge, often in the form of a testimonial which acted as "proof" that the treatment they advocated worked. In addition, purveyors of counterknowledge often refer to ersatz "science-based research" as evidence to lend their claims authority. Purveyors of CAM counterknowledge often see themselves as keepers of special knowledge that only they themselves and a select few others have which is related to another aspect of counterknowledge—conspiracy theories. Despite fervently believing their claims, relying on experiential knowledge and using the testimonial trope actually served to weaken the poster's account if CAM was used instead of allopathic medication.

When justifying CAM use or non-use, newsgroup members would use both experiential and expert knowledge to strengthen and justify their claims and there was a great deal of interplay between these two types of knowledge.

5. Conclusion

There are a number of implications arising from this study for LIS researchers. In terms of information seeking an additional principle was evident on the newsgroups—people seek information that is congruent with their experiences and belief systems. In addition, information source credibility is nuanced. The most credible information sources for newsgroup users were often the sources they had the most experience with. This poses a potential dilemma for librarians and information professionals who traditionally privilege vetted, scientific and medically-based sources produced by experts. Should librarians incorporate experiential knowledge into information practice and provision?

Insight into how people use what they deem as credible information sources as a means of supporting beliefs and justifying claims might assist LIS researchers and practitioners in the development and delivery of effective consumer health services.

6. References

Astin, J. A. (1998). Why patients use alternative medicine: Results of a national study. *JAMA, 279*(19).

Budd, J. M., & Raber, D. (1996). Discourse analysis: Method and application in the study of information. *Information Processing & Management, 32*(2), 217-226.

Health Canada. (2004). *Supporting self-care: The contributions of nurses and physicians*. Ottawa, ON: Canada.

Jordan, B. (1997). Authoritative knowledge and its construction. In R. E. Davis-Floyd & C. F. Sargent (Eds.), *Childbirth and authoritative knowledge: Cross-cultural perspectives* (pp. 55-79). Berkley, CA: University of California Press.

McKenzie, P. (2001). *Negotiating authoritative knowledge: Information practices across a life of transition.* University of Western Ontario, London, Ontario.

McKenzie, P. (2003). Justifying cognitive authority decisions: Discursive strategies of information seekers. *Library Quarterly, 73*(3), 261-288.

Self, C. S. (1996). Credibility. In M. Saiwen & D. Stacks (Eds.), An integrated approach to communication theory and research. Mahwah, NJ: Erlbaum.

Thompson, D. (2008). *Counterknowledge: How we surrendered to conspiracy theories, quack medicine, bogus science, and fake history*. London, UK: Viking.

Tuominen, K., & Savolainen, R. (1997). *A social constructionist approach to the study of information use as discursive action.* Paper presented at the Information Seeking in Context: Proceedings of an International Conference on Research in Information Needs, Seeking and Use in Different Contexts (Aug 14-16, 1996, Tampere, Finland).

Wikgren, M. (2001). Everyday health information exchange and citation behavior in Internet discussion groups. *The New Review of Information Behaviour Research, 4*, 225-239.

Wilson, P. (1983). *Second-hand knowledge: An inquiry into cognitive authority*. Westport, CT: Greenwood Press.