

Consumer Value Systems in the Age of Postmodern Fragmentation: The Case of the Natural Health Microculture

CRAIG J. THOMPSON
MAURA TROESTER*

This article extends postmodern theories of consumption-oriented microcultures by analyzing the natural health value system and the microcultural meanings through which it is constructed. We first compare our theoretical approach to the conventional, Rokeachian view of the consumer value system. Drawing from a range of cultural and postmodern theories, we argue that the Rokeachian view is not sufficiently attuned to the meaning-based aspects of consumer value systems. Furthermore, it largely ignores the intracultural diversity among consumer value systems that arises from the fragmentation of postmodern consumer culture into diverse consumption microcultures. Our analysis focuses on the narratives that natural health consumers use to articulate the values manifest in their wellness-oriented consumption outlooks and practices. These narratives reveal the meaning-based linkages between these articulated values and the consumption goals being pursued through natural health practices. We further contextualize the natural health value system by highlighting four higher-order postmodern orientations that are inflected in this microculture. We discuss the implications of our analysis for conceptualizations of the fragmented postmodern marketplace, means-end analyses of consumer values, and generative theories of consumer goal formation.

Therefore, the value system, rather than a single value, should provide a more complete understanding of the motivational forces driving an individual's beliefs, attitudes, and behavior. The impact of a person's values on attitudes and behavior can be evaluated more effectively and reliably with information on the person's whole value system, rather than a single value. (KAMAKURA and NOVAK 1992, p. 119)

If consumption patterns are organized by cultural frameworks constituted by (and constitutive of) particular social contexts, then it is futile to try to describe these patterns with nomothetic traits or values, as do classification schemes such as VALS, Rokeach, and LOV. Regardless of their methodological advantages, nomothetic schemes such as these will always result in superficial descriptions of consumption patterns because, by necessity, they abstract away a high percentage of cultural content. (HOLT 1997, p. 344)

Cultural analyses of consumption meanings and psychological analyses of consumer values evince very different perspectives on what qualifies as a deep theoretical analysis. The cultural approach seeks to uncover the imbricated layers of cultural meaning that structure consumer actions in a given social context or that shape consumers' interpretations of their experiences (Arnould and Price 1993; Fournier 1998; Holt 1995b, 1997; Mick and Buhl 1992; Thompson 1996). In contradistinction, the psychological approach seeks to identify generalizable value structures (Kamakura and Novak 1992, p. 130) that presumably correspond to universal psychological needs (Kahle 1983), which, in turn, motivate consumer goals, choices, and behaviors (Kahle, Beatty, and Homer 1986; Kamakura and Mezzon 1991).

We concur with Holt's (1997) critique that conventional

consin—Madison (Mtroester@bus.wisc.edu). The first author thanks the University of Wisconsin A. C. Nielsen Center for Marketing Research for financial support of this research. The authors express much appreciation to Janet Christopher for her inimitable skill and diligence in converting their vague, Escher-like sketches into a comprehensible computer graphic and to Danielle Harbarger and Linda Mielnicki for their invaluable assistance in data collection. Finally, this article has greatly benefited from the many helpful suggestions and comments provided by the editor, the associate editor, and four *JCR* reviewers.

*Craig J. Thompson is associate professor of marketing and Dean's Faculty Research Scholar at the School of Business, University of Wisconsin—Madison (Cthompson@bus.wisc.edu). Maura Troester is a doctoral candidate in marketing at the School of Business, University of Wis-

theories of the consumer value system do not provide an in-depth understanding of the cultural meanings that organize consumption patterns. However, analyses of consumer value systems do not necessarily have to be placed in the service of nomothetic explanations that “abstract away a high percentage of cultural content” (Holt 1997, p. 344). The consumer value system can be conceptualized in a manner that is sensitive to the culturally contextualized nature of consumption practices and meanings. Drawing from depth interviews with natural health consumers, we analyze the microcultural meanings that imbue the natural health value system with a distinctive cultural content and the shaping influences these meanings have on consumers’ understanding of their natural health values, the consumption practices through which these values can be enacted, and finally, the personal significance of their natural health outlooks, beliefs, and practices.

Postmodern consumer culture is fragmented across a diversity of consumption-oriented microcultures, or tribes, each exhibiting distinct patterns of socially shared meanings and practices (see Celsi, Rose, and Leigh 1993; Firat and Venkatesh 1995; Kozinets 2001; Maffesoli 1996; Muniz and O’Guinn 2001; Schouten and McAlexander 1995; Sirsi, Ward, and Reingen 1996). This article contributes to a richer theoretical understanding of how individuals use these microcultural frames of reference to interpret their consumption experiences and to construct meaning-based linkages between their motivating values and the consumption goals being pursued. Further, it provides insights into the constitutive relationships between a microcultural value system and the broader historical context of postmodern consumer culture. In pursuing this postmodern research agenda, our microcultural approach also presents a more culturally attuned theoretical alternative to the conventional Rokeachian paradigm for studying consumer value systems.

THEORETICAL BACKGROUND

The Rokeachian View of the Value System

The writings of Milton Rokeach (1973, 1976) are a major theoretical foundation for psychological research on consumer value systems (see Kahle, Rose, and Shoham 2000). Rokeach defines a value first and foremost as “an enduring belief that a specific mode of conduct (i.e., instrumental value) or end-state (i.e., terminal value) is personally or socially preferable to an opposite or converse mode of conduct or end-state” (Rokeach 1973, p. 5). Values are not beliefs that can be proven in any conventional sense; instead, they are “abstract ideals” that represent a person’s “conception of the desirable” (Rokeach 1973, p. 10).

From a Rokeachian perspective, an individual’s attitudes and behaviors are better explained by his or her entire value system, rather than by their single, most dominant value (see Kamakura and Novak 1992). While this thesis sounds quite holistic, its underlying assumptions mitigate any strong imperative to incorporate the background of cultural meanings directly into conventional analyses of consumer value

systems. According to Rokeach (1976, p. 124), the value system is a “hierarchical organization—a rank ordering—of ideals or values in order of importance.” The ideals or values being ranked are assumed to correspond in a fairly isomorphic fashion to universal or essential psychological needs (also see Kahle 1983; Kamakura and Novak 1992; Schwartz 1994; Schwartz and Bilsky 1990). For example, cross-cultural differences among consumer preferences and consumption patterns are explained as a function of different rank orderings and permutations among a universal set of human values (Kahle 1983; Kahle, Rose, and Shoham 2000; Kamakura and Mezzon 1991; Rose and Shoham 2000). As discussed by Holt (1995a), these studies assume that these elicited rankings of nomothetic consumer values are directly comparable across different cultural contexts and, therefore, they mask significant forms of sociocultural distinction.

Even among consumer researchers who work in the social psychological paradigm, there is a growing recognition that cultural meanings play a fundamental, but largely understudied, role in mediating relationships between abstract values and specific consumer attitudes, goals, and behaviors (see Aaker 2000; Kamakura and Novak 1992; Peng, Nisbett, and Wong 1997; Richins 1994). As Solomon and Englis (1997, p. 327) write, “The richness of many lifestyle choices depends upon nuance rather than categorical choice. The more sophisticated values-based approach, for example, can perhaps help us discriminate between the heavy user and light user of fragrance products but not between the heavy user of Chanel No. 5 and the heavy user of White Linen.” In the following section, we discuss some consequential forms of meaning-based nuance arising from postmodern fragmentation that are simply not recognized by the Rokeachian view of the consumer value system due to its reductionistic view of culture.

The Dilemma of Reductionism

Elegance remains, I suppose, a general scientific ideal; but in the social sciences, it is very often in departures from that ideal that truly creative developments occur. Scientific advancement commonly consists in a progressive complication of what once seemed a beautifully simple set of notions but that now seems an unbearably simplistic one. (GEERTZ 1973, p. 33)

The Rokeachian approach epitomizes the valorized, modernist sense of reductionism: paring down cultural complexity to a parsimonious set of essential psychological dimensions. Yet, reductionism is a slippery slope that can impede rather than facilitate scholarly efforts to better understand the workings of complex sociocultural processes and structures. Rokeachian analyses are prone to this problematic form of reductionism because they are not based on a cohesive theory of culture, other than the assumption that cultural values correspond to a delimited set of psychological universals.

Rokeach acknowledges that his now canonical set of terminal and instrumental values are “intuitively derived” and that “there is no reason to think that others working independently would have come up precisely with the same list of 18 terminal and 18 instrumental values” (1973, p. 30). Yet, he argues against using factor analytic techniques to derive a smaller set of latent dimensions from his 36-item Rokeach Value Survey (RVS). According to Rokeach (1973, p. 48), the RVS’s interitem correlations are “negligible” from a practical (though not statistical) standpoint and therefore “the 36 instrumental and terminal values are not readily reducible to some smaller number.”

Yet, Rokeach’s intuitive and largely acultural conceptualization does not offer any definitive theoretical reasons to not seek a more elegant and parsimonious solution. Not surprisingly, subsequent values researchers have pursued this modernist objective. Schwartz (1994) determines that the RVS can be reduced to 10 value types that are likely to be universal (also see Schwartz and Bilksy 1990). Kamakura and Novak (1992) find that the List of Values (LOV) scale (a collapsed nine-item version of the RVS) can be reduced to four latent motivational domains of security, maturity, achievement, and enjoyment. Most strikingly, Johnston (1995) offers statistical evidence that the entire RVS can be reduced to two underlying dimensions: individualism-achievement and collectivism-affiliation.

From a cultural perspective, there is not much theoretical difference in positing that a culture can be explained as 36 value-beliefs, 10 value types, four value clusters, or two underlying value dimensions. In all these cases, culturally constructed and contextually nuanced meanings are reified as abstract psychological universals (see Holt 1995a). The driving research agenda is to measure, aggregate, and classify consumers on the basis of their rank orderings (or importance weightings) among a set of nomothetic values. These classifications are divorced from any situating cultural context. As a result, they are not theoretically attuned to the cultural meanings from which value systems emerge nor the meaning-based linkages between consumer values, consumption goals, and the consumption practices through which these goals are pursued.

The dilemma of reductionism is especially pertinent to measures of terminal values, which according to Rokeachian theory should be the ultimate motivators of consumer behaviors (Reynolds and Gutman 1988). However, values researchers have argued on conceptual and empirical grounds that terminal values exert little direct influence on actual consumer attitudes and behaviors (Durgee, O’Connor, and Veryzer 1996; Peng, Nisbett, and Wong 1997; Solomon and Englis 1997). According to Schwartz (1994, p. 35), “Perhaps it is time to question the prevailing assumption that the terminal/instrumental distinction is worth retaining in empirical work.”

The LOV approach seeks to redress this theoretical shortcoming by treating it as a measurement issue. The LOV scale draws from a subset of Rokeach’s instrumental values that are person-oriented and presumably most relevant to

everyday consumption contexts (Beatty et al. 1985; Kahle et al. 1986). However, the deployment of more appropriate measures does not alter the reductionistic aims of the Rokeachian orientation. The LOV analyses still rely upon a theoretical logic of reducing the culturally contextualized aspects of consumer values to relatively self-evident, context-independent semantic constructs (see Holt 1995a). To illustrate this point, let us consider one item on the LOV scale: self-fulfillment.

Meaning-based consumption research has shown that consumers can pursue self-fulfillment in a variety of ways, such as engaging in high-risk leisure avocations (Celsi et al. 1993) or seeking out extraordinary experiences in natural settings (Arnould and Price 1993). A LOV analysis would posit that the same abstract value underlies these diverse consumption practices. However, this theoretical (and linguistic) abstraction glosses over the specific ways that self-fulfillment is understood within these different cultural contexts and the meanings through which this value is interpretively linked to particular consumption practices. For example, when self-fulfillment is culturally constructed as escaping the stultification of bureaucratic work, the exhilarating experiences of high-risk consumption can be interpreted as an ideal way to enact that value (Celsi et al. 1993). If, however, self-fulfillment is culturally constructed as overcoming spiritual disenchantment, consumption activities that afford a magical communion with nature are a more fitting option (Arnould and Price 1993).

The Rokeachian assumption that the same value is manifest across these different consumption contexts has an intuitive appeal because it taps into the perception of a conceptual family resemblance (i.e., central tendencies or prototypic commonalities that can be discerned across different instantiations of a mental category; Lakoff 1987). These prototypic features enable theorists to plausibly reduce these differing cultural constructions to a common abstract value of self-fulfillment. Conversely, it would likely allow consumers in these respective consumption contexts to rank self-fulfillment as an important value on the LOV scale. However, these rankings would be superficial typifications that offer little insight into the distinctive cultural meanings that contextualize these differing microcultural values.

Conventional value researchers do recognize that subgroups within a nation (a commonly used proxy for a culture) exhibit different orderings in their value hierarchies. These subgroups are usually defined in terms of gender, ethnicity, socioeconomic standing, or regionality (see Kahle 1983). The cultural foundations of these subgroup differences, however, are not a primary theoretical concern. Subgroup differences are treated as a distribution around a cultural central tendency. Theoretical attention is once again directed at classifying and aggregating individuals on the basis of their value-ranking profiles (e.g., Kahle et al. 2000; Kamakura and Mezzon 1991).

However, this social psychological orientation systematically ignores the difference in intracultural meanings and

interpretive outlooks that distinguish among cultural subgroups (Holt 1995a, 1997; Strauss 1990). These intracultural differences generate contextualized consumer value systems that exhibit a distinctive cultural content and, accordingly, meaning-based linkages to the particular consumption goals and practices through which these values are enacted. Our analysis develops this cultural argument in an explicitly postmodern vein by exploring a kind of cultural subgroup in which membership is largely volitional rather than ascribed by virtue of one's sociological background (e.g., Kozinets 2001; Maffesoli 1996; Muniz and O'Guinn 2001; Schouten and McAlexander 1995).

A MICROCULTURAL REFORMULATION OF THE CONSUMER VALUE SYSTEM

A Consumption Microculture or Subculture?

Theories of subcultures and microcultures are both premised on the idea that cultures are internally fragmented across socially distributed clusters of meaning (Hannerz 1992). Subcultures and microcultures describe two different forms of intracultural heterogeneity. These distinctions are quite germane to our study and hence warrant some additional elaboration.

Among cultural studies theorists, a subculture refers to a network of meanings, styles, outlooks, and lifestyle practices that are uniquely expressive of a particular socioeconomic milieu (Thornton 1997). Hebdige's (1979) study of the British Punk movement remains the exemplar of subcultural analyses. According to Hebdige, this subculture symbolized the economic and political disenfranchisement of younger, white, working-class males by subversively poaching elements from popular culture that were particularly resonant with their life experiences and aesthetic sensibilities. Research following in this theoretical tradition explores the affinities between social groups and subcultural identities that emanate from shared circumstances of class, ethnic, gender, and generational socialization (Thornton 1997).

Studies of subcultures of consumption (Celsi et al. 1993; Kozinets 1997; Schouten and McAlexander 1995) address a very different kind of social phenomenon. The constellation of meanings and practices that characterize a consumption subculture are not uniquely grounded in a particular set of socioeconomic circumstances. Instead, members of a consumption subculture can inhabit diverse social positions. Their primary affiliative tie is a shared avocational interest (such as skydiving or biking) and its attendant consumption experiences. In comparison to a classic subculture, the symbolic boundaries of a consumption subculture are relatively permeable. Membership in a consumption subculture is considerably less contingent on sociological commonalities, although attaining the requisite degree of in-group experiences, knowledge, and skills can require a considerable investment of money, time, and effort (see Celsi et al. 1993; Kozinets 2001; Muniz and O'Guinn 2001; Schouten and McAlexander 1995). Furthermore, the con-

sumer marketplace plays a more explicit (and socially accepted) role in mediating and sustaining these affiliations.

From our standpoint, there is no sharp theoretical distinction to be drawn between subcultures of consumption and the consumption-oriented social affiliations that have been variously discussed as fan communities (O'Guinn 2000), brand communities (Muniz and O'Guinn 2001), consumption worlds (Holt 1995b), consumption tribes (Maffesoli 1996; Ross 1994), localized interpretive communities (Thompson and Haytko 1997), cultures of consumption (Kozinets 2001), and consumer microcultures (Sirsi, Ward, and Reingen 1996). Each of these theoretical categories address the postmodern fragmentation of consumer culture (cf. Firat and Venkatesh 1995; Lifton 1993) and how its variegated subsystems of meaning cut across the master sociological categories such as gender, class, ethnicity, and age cohort.

The differences among these conceptualizations primarily lie in which sociocultural facets of these consumer-based affiliations are being highlighted. For example, analyses of tribes and subcultures of consumption profile social rituals, interpersonal dynamics, and collectively shared experiences (Celsi et al. 1993; Maffesoli 1996; Ross 1994; Schouten and McAlexander 1995), whereas analyses of brand communities (Muniz and O'Guinn 2001) plumb the socially shared meanings through which individuals relate to a brand and perceive a social bond to other brand users, even in lieu of direct interpersonal interactions.

We have opted for the microcultural nomenclature because it most directly reflects our theoretical emphasis on the cultural construction of consumer values in a particular context of collectively shared meanings. A microculture, like a classic subculture (Hebdige 1979; Thornton 1997), also implies a theoretical relationship to the broader culture. Accordingly, we argue that the natural health microculture draws together, in a contextually particular way, a distinct subset of cultural meanings that are generally available in American popular culture. These microcultural inflections are quite central to the meaning-based aspects of the natural health value system and its concomitant consumption goals.

In pursuing this line of microcultural analysis, we have come to understand the natural health value system as a network of narratives. This conceptualization accords with culturally oriented analyses arguing that consumption meanings are represented, comprehended, and put into social use through narratives (Arnould and Price 1993; Thompson 1997). Bradd Shore (1996, p. 58) nicely summarizes this theoretical position: "In narrative, people continually make sense of their world 'on the fly' . . . the flow of events is given an articulate form, made into a kind of model. Experience is literally talked into meaningfulness." Accordingly, we propose that consumer value systems are articulated (and revealed to researchers) through the stories that individuals tell about their consumption experiences in this microcultural domain. A narratological theorization of the natural health value system further makes it incumbent on researchers to explore the background of microcultural assumptions and meanings that enable a given narrative form

TABLE 1
PROFILE OF PARTICIPANTS

Pseudonym	Age	Occupation	Education	Primary health concerns
Allen	27	Graduate student	Ph.D. student	Back pain, general wellness
Angela	26	Archaeologist	B.S.	Asthma, allergies
Ann	26	Video clerk	B.S.	General wellness
Arthur	46	Registered nurse	B.S.N.	General wellness
Barbara	33	Temp worker	B.S.	Anxiety control, general wellness
Betty	48	Purchasing agent	M.S.	Prevention
Bill	32	Research analyst	M.S.	Hypoglycemia, depression
Cena	25	Archaeologist	B.S.	Colds, ear infections
Christine	39	Registered nurse	M.S.	Ulcer, stress
Claire	34	Nursing home manager	B.S.	Breast cancer
Connie	46	Legal assistant	Technical school	Asthma, high blood pressure, cataract, grief
Geeta	25	Student	B.S.	General wellness
Gilly	40	State employee	M.S.	Fibromyalgia, chronic fatigue
Jack	28	Carpenter	Some college	General wellness
Janet	39	On disability	B.S.	Rheumatoid arthritis
Jean	30	Student	M.S.	Thyroid disorder
Jeff	43	Market research	B.S.	General wellness
Jennifer	42	On disability	B.S.	Chronic fatigue
Jenny	47	Massage therapist	B.S.	General wellness
John	49	Retired	High School	Chronic pain, drug addiction
Judy	59	On disability	B.S.	Manic-depressive disorder, fibromyalgia
Karrie	19	Student	Some college	General wellness
Kim	37	Freelance writer	B.S.	Hypoglycemia, herpes, seasonal affective disorder, fibromyalgia
Lilly	39	Musician	B.S.	Multiple sclerosis
Marie	35	State employee	B.S.	General wellness, chronic pain
Martha	47	State employee	B.S.	Chronic pain, migraine headaches, weight control
Sally	36	Child therapist	M.S.	Leukemia
Stacy	44	Production manager	B.S.	General wellness, anxiety
Stan	41	Musician	B.S.	Allergies, general wellness
Susie	25	Video clerk, actress	Some college	Allergies, chronic back pain
Terrence	62	Medical assistant	B.S.	General wellness
Tim	42	Self-employed	M.S.	General wellness

(i.e., value) to function as a coherent and plausible rendering of an experience, situation, or an envisioned future state.

Methodological Procedures

Our data collection followed the conventions of phenomenological interviewing (Thompson, Locander, and Pollio 1989). Over the four-year course of this project, we also participated in several natural health seminars and adult education courses, engaged in a number of natural health practices, and had many informal conversations with a variety of natural health practitioners. We extensively read natural health media (i.e., books, magazines, Web sites, and syndicated radio programs such as *Natural Living with Gary Null*) to acquire fluency in the various natural health vernaculars and to better understand the dominant microcultural meanings, ideals, and tensions represented in these discourses.

Thirty-two natural health consumers were recruited through informational postings at several stores that cater to natural health consumers, referrals by other participants,

and personal acquaintances that researchers made through their immersion activities. All participants resided in or near a mid-sized, midwestern city that is the site of a major university and the state government and has a well-established community of natural health practitioners and specialty shops. Twenty-one of our participants had moved to this area from other locales. A participant profile is presented in table 1. All received a small token payment.

Following interpretivist research conventions, our sampling plan was purposeful. Our aim was not to attain a statistically representative sample; rather, we sought variance on the extent of their immersion in the natural health microculture. Some of our participants were relatively new to this microculture, while others had acquired extensive experience with different natural health approaches. Several in this latter group were struggling with chronic health conditions including cancer, asthma, rheumatoid arthritis, multiple sclerosis, and chronic fatigue syndrome. The majority of our sample were middle-class and college educated. We also interviewed natural health consumers working in non-

professional jobs or unemployed and for whom the use of natural health alternatives posed a financial burden.

Our interpretation of the verbatim interview texts has been constructed through a hermeneutical process that involves a continuous movement between individual transcripts and the emerging understanding of the entire set of textual data (see Thompson 1997). Provisional understandings are formed, challenged, revised, and further developed through an ongoing iterative process. The theoretical or etic interpretation presented here reflects the final stages of the analysis whereby our understanding of the participants' emic meanings is further developed in relation to a broader set of theoretical concerns and questions.

THE NATURAL HEALTH VALUE SYSTEM IN ITS MICROCULTURAL CONTEXT

Overview of the Natural Health Marketplace

The natural health marketplace encompasses a multitude of healing philosophies or vernaculars (cf. O'Connor 1995) that include homeopathy, Chinese traditional medicine, Ayurvedic, chiropractic, macrobiotics, and naturopathy. Though these vernaculars share a common emphasis on ideals of holism, each offers distinct philosophies of wellness, diagnostic models, and theories for treating specific health conditions. These different healing vernaculars support an even wider assortment of natural health practices: acupuncture, acupressure, herbal treatments, massage therapies, intricate regimens of vitamin and nutritional supplementation, aromatherapy, feng shui, chelation therapy, music therapy, meditative techniques, healing touch, colonic cleansing, and many more. Natural health's eclectic mix of healing philosophies and techniques has clearly hit a responsive chord in the marketplace. Over 40% of American consumers have used natural health alternatives, generating annual expenditures exceeding \$27 billion (see Eisenberg 1998; Goldstein 1999).

This diversity reflects that natural health is a market-driven construction whose cultural meanings have been forged through a widely promoted contrast to allopathic medicine. The nineteenth-century German physician Samuel Hahnemann coined the term "allopathic medicine" to differentiate his considerably less intrusive, homeopathic approach from the practices of heroic medicine in vogue at that time. This somewhat archaic distinction has become a key element in the semiotics of natural health's overall market positioning. Allopathic medicine is a potent catchphrase that connotes a superficial, symptom-focused, depersonalized, Westernized (and by implication ethnocentric) approach to treating illness, an approach whose invasive technological and pharmaceutical interventions do not penetrate the deep, holistic sources of wellness and illness (e.g., Chopra 1990; Murray and Pizzorno 1998; Null 2000).

The Emergent Model

Figure 1 presents the model of the natural health value system that has emerged from our analysis. Due to limitations in printed graphics, we ask readers to use their imagination to see this diagram in three-dimensional (rather than two-dimensional) terms. Our intent is to represent the natural health microculture and its constituent value system as emerging from the larger context of meanings provided by postmodern consumer culture. For purposes of further explicating the logic of our model, we will first present a brief overview of the key ideas being represented and their proposed relationships.

Postmodernity refers to a still evolving postindustrial socioeconomic order, characterized by an accelerating pace of globalization and technology-driven compressions of time-space relationships. These and related socioeconomic conditions contribute to the increasing interpenetration of the marketplace into all facets of everyday life and generate aesthetic and practical preferences for ideals of plasticity, fluidity, cosmopolitanism, hybridity, and identity experimentation (see Bauman 1997; Brown 1995; Firat and Venkatesh 1995; Gergen 1991; Martin 1994). The natural health microculture expresses many of these postmodern ideals in its expansive, mass-mediated discourses and representations (see, e.g., Chopra 1991; Null 2000; Weil 2000).

The meanings and narratives that have currency in the natural health microculture derive in part from the inflections of four, more generally available, postmodern cultural orientations—countermodernism, postmodern integrativeness, systemic risk awareness, and postmodern reflexive relativism. Each of these inflections respectively shapes the microcultural meanings that contextualize a specific natural health value. These cultural orientations do not in any way exhaust the cultural scope of postmodernity; rather, they are the ones most germane to our participants' expressed natural health values.

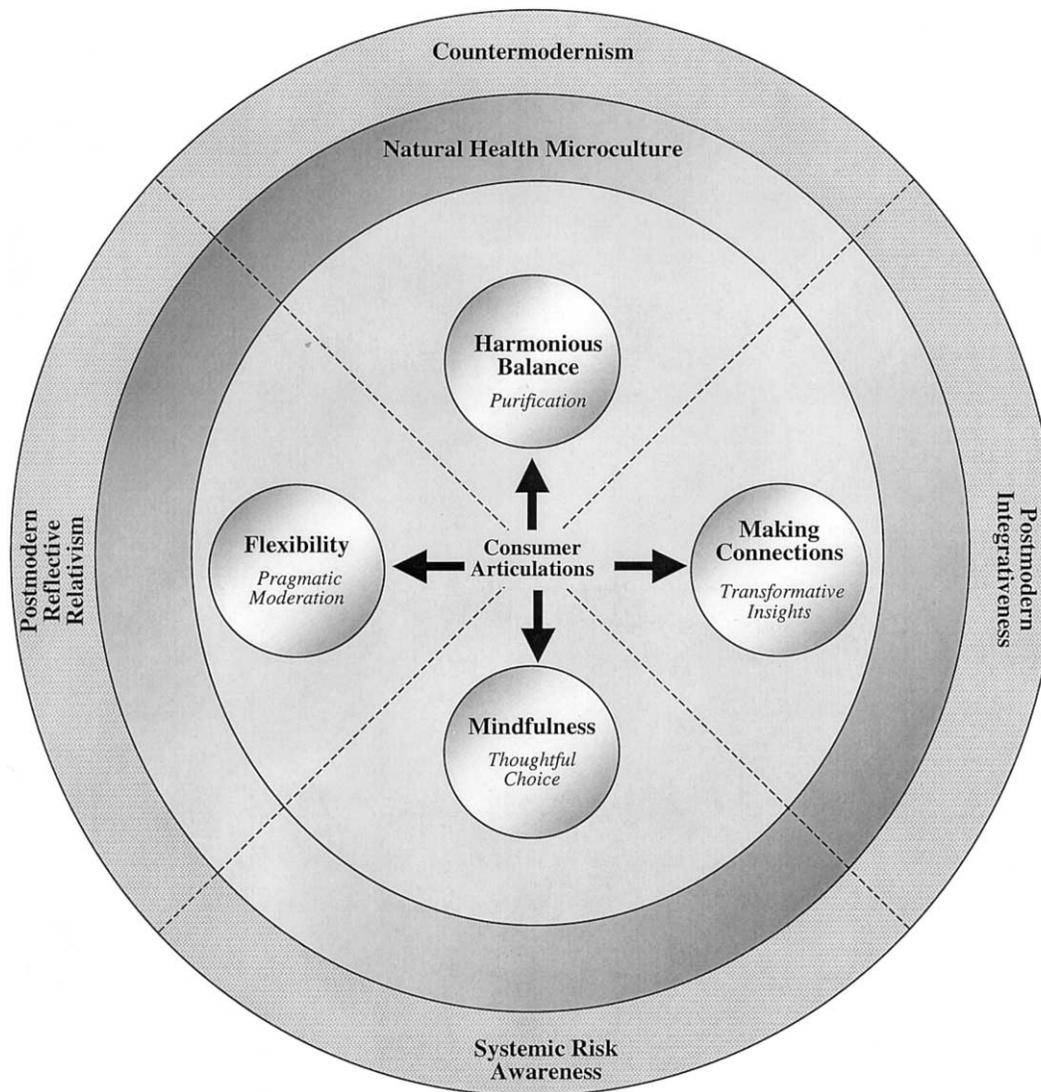
The majority of our presentation will focus on the microcultural values and consumption goals represented in the innermost set of four circles. These *Consumer Articulations* profile the ways that our participants apply natural health values to a range of issues related to health matters, such as the deep sources of wellness (and illness), the health-care industry, and mainstream consumption norms. We further illustrate how these values are narratively linked to particular kinds of consumption goals.

CONSUMER ARTICULATIONS OF NATURAL HEALTH VALUES

Harmonious Balance (Pursuing the Goal of Purification)

The value of harmonious balance is articulated through narratives espousing that well-being is the felicitous outcome of a harmonious balance in one's life and, conversely, that specific illnesses or health problems are symptomatic of an underlying disharmony. The value of harmonious bal-

FIGURE 1
A CONTEXTUALIZED MODEL OF THE NATURAL HEALTH VALUE SYSTEM



NOTE.—The natural health microculture and its constituting higher-order cultural orientations are further situated in the broader context of postmodern consumer culture.

ance is narratively linked to our participants' consumption goal of purification. They conceptualize this natural health goal as a process of restoring harmony by gradually eliminating or avoiding a myriad of everyday life stresses (e.g., personal problems, job pressures, hectic lifestyles, processed foods, and environmental toxins).

Jennifer's passage illustrates the relationship between the value of harmonious balance and the goal of purification. She interprets her body as a site of environmental degradation writ small. She valorizes colonic irrigation—a technique that is controversial even within natural health cir-

cles—as a purifying practice that can help her overcome the deleterious effects of the pollutants pandemic to modern life and regain a healthier, balanced state:

One of the theories of chronic fatigue syndrome is that it is basically whole body, and we need to fix different systems in the body because they're all out of synch with one another. About 55% of chronic fatigue syndrome people have acute allergies and chemical sensitivities, and for me that was the case. I have to avoid a lot of public places where people are wearing perfume. I hold my breath if I'm in a place where

there is a perfume counter. I've eliminated a lot of household cleaners because I don't want that kind of exposure. The reason we have this kind of allergy is that our digestive system is just terrible. I've been to a naturopathic doctor as well as an acupuncturist who both told me this. It's called a leaky gut syndrome, where because of poor diet or because of candida, um, yeast, it weakens that mucous lining in your intestinal system. And you get undigested food, in very small particles of course, that enter in your blood system, and then it's going back into your liver and your kidneys. It's really working those very hard because it shouldn't be there. Your body starts setting up reactions to those other foreign particles in the blood. So you become very allergic to a lot of different things. The treatment is to get the colon and the small intestine back in shape. And the way they do that is that you take food enzymes, that's a really essential part. I take *Lactobacillus* and *Bifidus* supplemental bacteria for my small intestine. The naturopathic doctor that I saw said that "you need to go beyond that and get all that waste material out of your small intestine and colon." So what she recommended is—it sounds really gross—is colon cleansing. [Long description of the colon cleaning process and its benefits.] It's like giving yourself an enema, but it goes much deeper.

Jennifer's toxic overload story is quite consistent with many explanations of chronic fatigue syndrome found in the natural health literature (see Chopra 1990; Murray and Pizzorno 1998). Her discussion of colonic irrigation further illustrates the contextualized nature of our participants' interpretations. While colonic irrigation could be seen as manifesting a mechanistic view of the body (and several of our other participants reject this technique for this very reason), Jennifer interprets its meaning in relation to the natural health idea that accumulated toxins overwhelm the body's ability to maintain a harmonious balance and, if not removed, precipitate a gradual downward spiral that culminates in a major systemic health problem.

For our participants, the value of harmonious balance supports a perception that becoming well is a process of gradually eliminating layer after layer of illness-inducing toxins and life stresses:

I was going through some major hypoglycemia. Walking about two blocks to the post office and back and I just had to sit down and maybe take a nap because I was so exhausted. I was constantly eating anything that had sugar, ice cream, cake, cookies, whatever, and then I'd get a bit of energy and then crash, right after that. Migraine headaches, severe; dark hurt, light hurt, standing hurt, lying still hurt. If I closed my eyes, it hurt. If I opened them, it hurt. It didn't matter. It just hurt. Nausea and everything. It was just really not a good thing. Well, then she [the practitioner] started me on homeopathic remedies, and we started peeling away little layers at a time. We started with migraine headaches, they were so severe. After that, things to do with energy. Then we worked on that and all of a sudden, I'm not having the craving for sugar. I'm having steadier energy. Migraines, they'll still oc-

cur, but a lot less frequently and usually not as intense. So it's helping—noticeable changes. (Bill)

For those participants coping with particularly severe conditions, even wheat, dairy, and many other common foodstuffs are interpreted as seductive and ubiquitous pollutants that can disrupt the body's natural harmony. Sally's reflection on her macrobiotic diet highlights this meaning:

Well, I had been a vegetarian for many years anyway, but I was still eating cheese, I was still adding milk to things, I was still eating wheat pasta, I was still not very conscious of how much wheat went into everything—like soy sauce has wheat in it, you know. Just everything that we consume has wheat and sugar and dairy in it. And that combination creates toxins in your liver that hold onto things. I didn't have any knowledge of what to do next. But then I went to this acupuncturist who suggested a nutritionist. And she [the nutritionist] said, well, the first thing you need to do is rid your body of all the built-up things, so that your liver functions well, so that your spleen functions well, you know, so all those little organs in there that are supposed to be cleansing your blood work. We worked really on getting rid of all those toxins. I had to cut out wheat, sugar, dairy. I had to cut out things like kale and eggplant that are also potential allergens. And when you're allergic to a thing it attacks your immune system. And when you have leukemia, the thing that's affected is your immune system. So it's kind of all together. So macrobiotic is fresh food, cooking every day, which is a big jump, and reading labels and making sure there's no wheat in it, which is another big jump. And sugar. That's another thing that they sneak in everywhere. But now that I'm eating more naturally, it's not really hard at all.

Sally attributes powerful palliative effects to her complex regimen of natural health practices that are seen as leading toward the attainment of her holistic health goal:

Vitamin C, of course, is one thing that helps boost the immune system. Vitamin E, something to help my thyroid balance, which is one of the things that I needed to do. Essiac tea, which is something for people who have cancer. It's an old Native American remedy. And astragalus, which—it's been proven in Sweden and Canada that, if you take these two together that it helps support healthy blood cell growth. Some thing for my spleen, some things for my liver called gopendrium and ancethenuim [homeopathic remedies]. Wu oil, which is another Chinese medicine. And curare, which is something that is a blood purifier. Flor-essence, which is very much like essiac tea and a natural form of iron, a blood builder which is made up of alfalfa. And then I also make every morning red clover tea; it's also another blood purifier. It cleanses. I do an acupuncture session a week. I do imagery every day and meditation every day. The other thing I do that totally supports natural healing is filtered water. We take so many toxins in our water because it is treated with so many things. We have enough chlorine in our water for a swimming pool, and we drink that. And so far I've had three

little lumps in my lymphatic system that they [her oncologists] were thinking about taking out, and they dissolved.

Though Sally's case is a dramatic example, it is not atypical. Even among our participants who have less intricate natural health regimens, we find the idea that attaining a state of harmonious balance can overcome specific illnesses, routine exposures to pandemic environmental pollutants, and even genetic predispositions:

I personally think there's a lot of evidence, and more coming out all the time, that taking large quantities of certain vitamins is beneficial for certain things, and the medical community has been very reluctant to go along with that. I think the general populace has been more likely to go along with it. But, at any rate, my beliefs about vitamins have been pretty well proven by me, at least. I've had my cholesterol measured a couple of times, and I'm not particularly careful about not eating fat. Your diet affects cholesterol levels. I've had my cholesterol checked twice—once here and once down in Bloomington—in the last several years. Down in Bloomington, they said it was one of the lowest they'd ever measured. It was 109. And my HDL/LDL level was very good. So, you know, I wasn't being that careful [in his diet], and that's what it was. Up here, it was measured at 120 with similar HDL/LDL, and that was even right after I'd been traveling a lot and I was eating out. But I was taking a lot of vitamins and exercising. And I had a physical and was said to be in very good health for my age at 41. My mom's mom had congestive heart failure, and in the family there are other deaths due to heart problems, my Mom's always had high blood pressure, so it's not like a case where everybody's been protected genetically. (Stan)

This natural health value of harmonious balance supports our participants' collective focus on strengthening their immune systems rather than attacking a disease with intrusive pharmaceutical and medical technologies:

When I was diagnosed with breast cancer, I did a lot of research, and it was just difficult for me to accept what the Western medical philosophy was, which was basically slash and burn. I make jokes about it, but that's exactly what it was. You know chemotherapy is basically a treatment method that can kill you. It can't discriminate a normal cell from a cancer cell. It kills off all the fast growing cells in your body. (Claire)

In direct contrast to the war metaphors they ascribe to allopathic medicine, our participants interpret their natural health practices as healing through the cultivation of natural balance and serenity:

I give it [natural health] kind of a holistic definition. I think it encompasses everything from eating styles and lifestyles and exercise and mental health. I would say all those things and trying to understand and go about living, or dealing with your health in kind of a non-traditional, non-Western medicine type of way. I would say my biggest health downfall is probably the stress. A lot of dealing well with it is just taking

time for myself, and doing the things I love to do and that make me feel good. Walking in the woods, things that are slower than my usual pace. I do a lot of art. Those are ways that I relieve my stress and ways that I get in touch with my spiritual side and that really helps my health. . . . I almost never take a drug for my illnesses, I really try to look at what's going on, and especially right now, my illnesses are mainly caused by stress and just fatigue. So I try to look first at what's going on in my life and how I can change that. Now I'm not always successful, but that's what I look at first. And then, I treat my symptoms with natural products, teas and herbs and that sort of thing. (Karrie)

The following quote from Jeff illustrates a case where a natural health practice is interpreted in terms that are not fully compatible with the value of harmonious balance. For Jeff, the practice of homeopathy—which claims to strengthen individuals' immune systems by exposing them to exceedingly minuscule doses of noxious chemicals and caustic organic compounds—is difficult to align with the natural health ideals of gentleness and naturalness. However, Jeff still manages to justify the use of homeopathic remedies on the grounds that they work by restoring the body's natural balance and enhancing its healing capacities (rather than attacking illness-inducing microbes):

Natural health is trying to maintain your health through healthy eating, and some kind of a healthy lifestyle, and then when you do get sick, or when your health does get off kilter, you use as gentle a means as possible to try and get it back. So rather than using antibiotics that go in and kill lots of different microbes hoping that they'll kill the right one, to try and focus a little more and help your body to overcome those kinds of diseases. . . . We got into homeopathic remedies a few years ago. I don't know if I would classify homeopathy as natural because it does involve certain chemicals, although they are kind of nature-based chemicals. It probably is [natural] because it stays away from my concerns about antibiotics going in and killing organisms whereas homeopathy tends to kind of build up your immunity.

Microcultural Inflections of Countermodernism. An important cultural subtext to our participants' articulations of harmonious balance is a decided skepticism toward conventional medical science and a pervasive suspicion that the conditions of modern, technologically saturated life are detrimental to well-being. We argue that this natural health value is steeped in the countermodernist legacy. This diffuse cultural movement has challenged modernism's dominant, utopian vision of science and technology (see Lears 1994; Romanyshyn 1989), and it provides one of the major historical conditions for the emergence of postmodernity (Borgmann 1992). As discussed by Berman (1988), countermodernism portrays the modernist advance of science and technology as a force that disrupts the holistic balance of nature, creates divisions between individuals, and isolates humanity from its organic connections to nature. Countermodernist palliatives for these modernist ills generally entail

a return to nature, an escape from alienating technologies, and the cultivation of lost traditions.

Countermodernism also betrays what Haraway (1997, p. 60) characterizes as the Western cultural infatuation with the idea of categories authorized by nature and the sacred distinction between culture (and technology) and nature. From the countermodernist perspective, the modernist project of improving nature through technological innovation (and its accentuated postmodern manifestations via genetic engineering, cybernetic innovations, and all forms of biotechnologies) equates to a transgression of these sacred boundaries and, hence, invokes the disturbing specters of danger, pollution, and taboo (e.g., Douglas 1966). In the natural health microculture, the body becomes a highly potent symbol for negotiating these perceived transgressions of an idealized natural order. The body is constructed as a besieged natural system whose purity is threatened by manifold contaminants such as chemical pollutants in air and water, impure foods, noise and light pollution, and pandemic levels of illness-inducing stress. Given this countermodernist framing, it is not surprising that practices of purification are seen as essential to attaining a healthful state of natural balance; in effect, natural health discourses and practices promise to cleanse the body of these problematic contaminants and, thereby, restore the sacralized division between the natural body and the technological.

A paradoxical effect of the countermodernist legacy is that it has been quite proficient in generating consumer markets, all seeking to somehow restore a lost (or jeopardized) natural order (see Lears 1994). Many of the marketplace antecedents to the contemporary natural health microculture derive from this countermodernist legacy. Throughout the twentieth century, numerous health/lifestyle movements have arisen, each emphasizing the importance of natural living while critiquing the effects of modernization on personal and social well-being.

Though not reproduced in their exact form, these countermodernist health movements have contributed ideas and discourses to the contemporary natural health microculture. A full review of these marketplace predecessors is beyond the scope of this article. However, some of the major genealogical antecedents are (1) the American mind-cure movement that gained popularity in the late nineteenth and early twentieth centuries through its syncretic blend of American-style optimism, Eastern philosophy, and a therapeutic, self-care orientation (Leach 1993; Meyer 1989); (2) the late nineteenth-century whole foods health movement led by Sylvester Graham and J. H. Kellogg (Gusfield 1992); (3) the 1930–40s dietary reform and vitamin fortification/supplement movement (which was greatly popularized through the promotional efforts of health reformer and publishing magnate J. H. Rodale; see Levenstein 1993); and (4) 1960s environmentalism linking both consumerism and modern, high-yield agricultural practices to a nexus of ecological problems (e.g., Carson 1962; Lappé 1971).

Due to the diffuse cultural manifestations of the countermodernist legacy, our participants have also experienced this

cultural orientation in other aspects of their lives in ways that create affinities and favorable predispositions toward natural health values. Our interviews are replete with reflections by our participants about their parents tending an organic garden or adhering to a whole food diet or socializing them in an ethic of ecological awareness. Other participants described their entry into the natural health microculture as an outgrowth of their involvement in environmental causes, vegetarianism, or New Age spirituality. Schneirov and Geczik (1998) report a similar pattern of microcultural initiation in their ethnographic analysis of how consumers become believers in natural health alternatives.

Making Connections (Pursuing the Goal of Transformative Insights)

The value of making connections is articulated through narratives that describe an ongoing process of actively seeking out all forms of natural health knowledge that allow one to better understand the complex, holistic interconnections that affect well-being. This natural health value supports the consumption goal of gaining transformative insights that can be used to enhance one's health, life, or spiritual outlook and, in a pragmatic vein, consume in a fashion less demanding on the ecosystem.

This value actually encompasses three distinct but interrelated levels of making connections. The first level involves the sudden comprehension of connections among seemingly disparate factors that affect health. In these Aha! experiences, formerly discrete ideas and vague intuitions crystallize as a coherent insight into a health problem's causes and solutions. This integrative sense of making connections is nicely illustrated in the following passage:

Christine: For my child who was sick all the time. I use—well, this morning he was complaining about sinus symptoms; I gave him homeopathic sinus tabs and vitamin B and vitamin C and zinc. For his earaches, I used chiropractic for him. He was a bed wetter. I used chiropractic for him, with great results.

Interviewer: Can you tell me how you made those choices? I would have never thought to use chiropractic for bed-wetting.

Christine: I know. Isn't that amazing? I wouldn't have either. I met him because my oldest son was taking gymnastics and cricked his neck. He couldn't straighten his neck. You don't go to a doctor for a cricked neck; you go to a chiropractor! And he was a great believer in using diet to cure yourself and, well, of course, spinal adjustment. And so, my problem child had chronic ear infections, and so I would take him there, just to realign his skull up on his neck, to encourage the drainage out of the Eustachian tubes. So then he was a bed wetter. Ah! No problem! And I can still see pictures of this. I was looking at him one night. He was like two and a half years old, and he was standing up, and sure enough, one leg was obviously shorter than the other. I'm like, "Oh, my

God!” And so by adjusting the sacral area, the nerve messages get to the brain, you know, “I have to pee!”

For our participants, holistic practitioners are uniquely attuned to these kind of complex interlinkages. Our participants affirm this natural health belief through stories that portray conventional medical doctors as being oblivious to the systemic and often subtle interconnections that can induce illness. As illustrated in the following passage, these stories often tell of being first misdiagnosed by an allopathic physician and then being cured by a holistic practitioner who recognizes an underlying connection between the symptoms and some unexpected and distal catalyst:

About seven years ago, I had some swelling in my right leg, and it kind of traveled up my leg, and then my whole right side was numb. I had problems holding glasses, and they thought it was connective tissue disorder, that's what the medical doctors said. That it might be MS [multiple sclerosis] or lupus or arthritis, and they said that it was just going to continue, and there wasn't a whole lot I could do about it. I had a hunch that it wasn't any of those things, so I went to see this woman who did Chinese practices. She holds different meridians on your body and actually takes a crystal, and it goes on this chart for what it could be, and I thought, “Well, they say that medical doctors, when they diagnose are only right about 40% of the time. Who cares even though this is crazy?” I mean, she has the same amount of chance as the medical doctor! [laughs] So she thought that it was some kind of toxin in my bloodstream, and she gave me a questionnaire to fill out with everything that I was taking over the last few years; where I'd been in the world; was it a parasite? And we finally figured it out. It was so simple, and the medical doctor overlooked it. The birth control pill that I was on was affecting all the different parts of my body, and my body was trying to reject the birth control pill. I stopped taking the pill, and in about six weeks everything started clearing up. So, it was just amazing what all these medical doctors were telling me and totally overlooking that I was taking the birth control pill. (Kim)

The preceding narratives from Christine and Kim also illustrate another sense of making connections discussed by our participants. Their Aha! experiences are understood as communal insights that emerge through relationships to other knowledgeable natural health consumers and holistic practitioners. Our participants interpret these interpersonal connections as a means to gain access to a collective wisdom that affords insights into the holistic nature of well-being. In Sally's case, her network of social connections provides knowledge that she can use to forge a hybrid partnership between her allopathic and alternative practitioners, in essence connecting two seemingly antithetical treatment paradigms:

It was pretty major [being diagnosed with leukemia]. But I also felt like I had the resources to deal with it because after going through what I did when I was 20 [a reference to a prior autoimmune illness], I started learning more about al-

ternative medicine. And I started going to M.D.s who were more open-minded to alternative medicine and who would minimally say it was OK. I kept educating myself around alternative medicine. I know people who do imagery and started learning that myself and incorporating it into what I do in my private practice. I also had started learning meditation many years ago, so that's a really good resource. I know a lot more alternative healers. I have a friend who is an acupuncturist. I've been to chiropractors, and I know people who work with all different kinds of diseases using macrobiotic diets. I'm on a macrobiotic diet right now. So I feel like I've developed these contacts, even though it was a huge, crushing thing to hear well you have a potentially fatal disease. I feel like it took me like six months to get from that place of “Oh my God!” to “OK, what am I going to do about it?” And I knew what the M.D.s were suggesting, and I knew what I needed to do differently. So what I did differently was really a form a partnership between both the fields.

Sally interprets her ability to survive cancer as being fundamentally linked to an expansive network of beneficent interconnections that she must help to maintain. She seeks to support businesses whose practice and products seem consistent with her natural health values. Supporting these eco-friendly businesses is seen as an important phase in her own cycle of healing which is, in turn, situated within a larger web of ecological connections:

I learned about Equinox [a manufacturer of natural health products such as water filtration systems] and use all their products because you know 15% of their proceeds go back into the rain forests. To support not only the rain forests in tropical climates but also our own rain forests in the United States. And so there are other places, little places, farms that are only organic. They send out newsletters, and they will if you ask send out reports about what they put into their soil, and they frequently volunteer that information, like at the Farmers' Market. . . . Annie's in Vermont that gives 15% of their profits back into women and children's education. So there are places like that where I can say, OK, I support you. I can buy your products. I never thought that I would be political, and I don't think I am political. . . . I think of it as I'm just closing the loop. I'm just supporting the people who support me. They're supporting my health and healing, and so I'm going to support them.

Our participants' descriptions of their relationships to natural health practitioners are consistent with several key characteristics of service provider friendships documented by Price and Arnould (1999), particularly instrumentality (i.e., helping clients accomplish their desired goals) and social bonding (i.e., providing clients with needed social and emotional support). Price and Arnould (1999) also suggest that conventional commercial settings can sometimes pose a barrier to the expressive and communal dimensions of friendship, such as revelatory self-disclosures, deepened emotional attachments, and strong feelings of personal loyalty. However, the explicitly therapeutic nature of natural health service encounters, coupled with their holistic ethos of treating

the whole person, almost demands revelatory disclosures on the part of clients. Accordingly, our participants frequently describe strong emotional connections to their natural health practitioners and see them as having played an important and often transformative role in their lives:

I remember one time she [his therapist] worked on my heart chakra [a supposed center of energy flows], and it was incredible. I could just feel the big walls around my heart just dropping and just this love opening up. It was an incredible experience. It was as close as I have ever been to another human being. I was on the massage table, and I could just feel her spirit lay down next to me and come into my body and lay with my body, with my spirit. It was incredible! And I've never, up until that time in my life, have ever felt anything like that in my life. (John)

From our participants' standpoints, the most significant form of making connections is when they leverage their natural health knowledge and experiences to explore a realm of deeper spiritual or metaphysical relationships that support holistic well-being:

Part of the reason I was drawn to all this in the first place is the philosophies behind yoga and a lot of meditation, like Buddhism. It's exploration. And so I seem to have a personality characteristic that wants that, and so now I've found things out in the world that support that. Yeah, so anyway back to the connection of natural health. I got into meeting people and started seeing a little bit more holistic approach to life, you know, connections between mind and body and spirit. Understanding that your body needs more than a Big Mac and fries. And also a little disillusionment with modern medicine, or allopathic medicine. Growing up and having things going wrong with me, chronic strep throat as a child and different things, and modern medicine not really helping. And so I started exploring other directions, other options. (Bill)

I mean that's my search, you know? How do I fit in the schema? Be it just at work, in my apartment building, or in society at large, or even in the universe. Why am I here? That sort of thing. And being able to help develop the tools in myself and others to explore more fully. But just from my experience with people in the natural health area, they're people who are open to that way of thought, I mean, who explore what's going on around them. They seem to be people that I connect with a lot more easily. I understand them better. (Jack)

John, a recovering substance abuser, offers one of our most striking examples of the transformative insights that can emerge from this third level of making connections. He is a working-class male who has become quite fluent in natural health's intricate theories of holism, its metaphysical outlooks, and its New Age blending of East-West cosmologies. As John describes it, the emotional and spiritual discoveries he gained through these natural health experiences enabled him to change the self-destructive course of his life:

I felt a real need for a change. My life wasn't working. I

was suicidal. I was very despondent. I hated the person I saw in the mirror, literally hated. It was difficult to look at that person in the mirror without just turning away, without disgust. The question was, do you want to live or do you want to die? The answer was I wanted to live. I had no idea why, but I needed to do something different, and there was this slow evolution from that point to where I am today. . . . I don't know that I'd be around physically. I don't know that I would have lived had I continued to use the drugs and alcohol like I had. I would have died. I don't believe emotionally that I would be as in-tune with my emotional life as I am. I don't believe that I would have much of a spiritual process. And, for me, if I take care of my spiritual life, the physical and the emotional part unfold.

The following excerpt highlights that these life-transforming insights do not necessarily require a dramatic shift in one's prior cosmological outlook. Most of our other participants are captivated by the idea of forging an ecumenical spiritual outlook. In contrast, Angela regards the pantheistic, Eastern-influenced, cosmological ideas that circulate in the natural health microculture as being antithetical to her devout Christian faith. She is only interested in those aspects of natural health that she can readily interpret as God's gift of nature. Angela is now studying to become a certified herbalist, a career she understands as fulfilling her higher calling to heal the sick through a combination of herbal remedies and Christian faith:

There's a large aspect to alternative health care that kind of builds on a lot of New Age-ism and that sort of thing, but I haven't paid much attention to any of that. I'm a Christian, and that's one of the reasons why I haven't really delved into it, if that makes sense. And in the Bible, it states that God has given us every herb, and it really just hit me that, "Wow, these are all for our use." And I started to study it more and realize just how useful herbs are and just how amazing they are. I believe that God created us all for a purpose. We're each an individual, and we all have our spot.

Microcultural Inflections of Postmodern Integrativeness. As recently discussed by Knight (2000), the idea that everything is connected has become a defining feature of the postmodern zeitgeist. Popular culture has readily embraced ideas such as chaos theory, the global village, six degrees of separation (i.e., everyone on the planet is connected by a chain of six or less individuals), and it has become hypercaptivated by the ephemerality of cyberspace that so perfectly represent a world of endless interconnections (also see Davis 1998). The personal significance our participants attach to the value of making connections is similarly expressive of this postmodern idea that everything is connected. Hence, they are firmly committed to a mode of self-narration that portrays integrative thinking as key to comprehending the deep sources of well-being.

This compelling idea that everything is connected is situated within a more encompassing postmodern cultural phenomenon. Cultural theorists point to a confluence of socio-

cultural and economic trends that have made the once culturally dominant machine metaphor and modernist ideals of stability, well-defined boundaries, hierarchal structures, and linearity now seem problematically rigid, incongruent with contemporary conditions and aesthetically unappealing (see Beck 1992; Gergen 1991; Lifton 1993; Martin 1994). A new set of cultural ideals—fluidity, adaptability, agility, systemic interconnectedness, and symbiotic relations—have coalesced as a postmodern orientation (see Martin 1994), which we refer to as postmodern integrativeness.

We argue that the natural health microculture is a market-mediated, popular culture expression of postmodern integrativeness. This family of integrative ideas pervade natural health media and, as we have shown, our participants' narratives. Though their specific techniques vary, different natural health vernaculars all emphasize the necessity of treating the whole person, which means incorporating a broad range of personal, social, and environmental factors into the healing process (Null 2000). Natural health explanations of wellness and illness are replete with images of interconnected energy fields and energy flows (e.g., Chopra 1990, 1991; Weil 1998, 2000). A common claim made for holistic treatments is that they open energy channels and restore natural flows of healing energy (Chopra 1991; Murray and Pizzorno 1998). Our participants have incorporated these resonant natural health ideas into their self-conceptions, their life projects (e.g., Mick and Buhl 1992), and their views on the complex functioning of their immune systems, bodies, and minds, and the medical, interpersonal, and spiritual needs that must be met to attain (and maintain) a holistic state of well-being.

Another consequence of this integrative orientation is that our participants, for better or for worse, often feel that they have a more informed understanding of their bodies and health conditions than their medical doctors, whom they see as working in a more mechanistic and piecemeal mode. By placing matters of health and medicine into the arena of popular culture discourse and debate, the natural health microculture contributes to the postmodern erosion of modernist boundaries between official domains of technical expertise (such as medical science) and popular or lay understandings. Natural health meanings and values serve to legitimate the voice of consumers whenever they choose a holistic path that diverges from (allopathic) medical recommendations and pronouncements.

Mindfulness (Pursuing the Goal of Thoughtful Choice)

This natural health value is articulated through a more specialized New Age trope (e.g., Chopra 1990, 1991) that is less common in everyday speech, though it is gradually entering the mainstream lexicon. Mindfulness refers to a vigilant state of self-awareness whereby individuals become highly attuned to and appreciative of the what, why, and how of their experiences. Mindfulness opposes routinization or a blasé attitude. In a mindful state, one does not passively

accept status quo ideas and preconceptions or allow thoughts to simply run along habituated paths.

Our participants' narratives of mindfulness underscore the importance of not simply following conventions or doing things out of habit, not accepting conventional wisdom on mere faith, and not buying into the standard consumer lifestyle. The corresponding consumption goal is to make thoughtful (as in thought-full) choices that do not perpetuate societal patterns that undermine well-being, as broadly defined in the personal, social, and ecological sense. This natural health value also motivates a critical stance toward the mainstream, with a particular emphasis on allopathic medicine, agribusiness, and consumerism. Conventional consumption practices that might otherwise be seen as useful conveniences, or simply as standard features of everyday life, are rendered as antithetical to a mindful awareness of systemic problems:

I think that another component of natural living is just not being a part of what our society does now. You know, "I'll commute over an hour in each direction to work; I will buy a new car every year." All these things at an individual level may not make a big difference, but as a society, together, they're the whole reason why there's such a problem with the environment right now. (Stan)

Many of our participants' critical views of mainstream society harken back to an important genealogical antecedent of the natural health microculture: the discourse of ecological interconnectedness and fragility that came to prominence in the 1960s. Though these ideas have now attained a general cultural currency, they carry a particularly high degree of salience in this microcultural value system. Our participants express considerable concern over the potentially detrimental ecological effects posed by large-scale agricultural production. From their perspective, fertilizers, pesticides, and genetically modified foods are sources of environmental degradation. In their narratives, the ideal of small, local farms producing organic food takes on highly venerated meanings:

Well, pesticides are poison. That's how they do what they do. I don't want poison in me. I want to support the people that are fighting, it's a fight to grow organic. It's not an easy thing to do, and I want to support them. I like the idea of eating local and more often than not, your organic is local. So it's more of a business thing of let's support the people that are here. Let's not support the corporate farms in, whatever, in Mexico, Chile, or, like, I really stay away from buying produce from overseas. I do want to support the community, and the farmers that are around here are community . . . And I won't go to Whole Foods. It's corporate. Magic Mill [a small natural foods grocery store] opened here. It's run by local folks. I support that. (Christine)

From our participants' perspectives, the treatment practices of conventional doctors tend to be more doctrinaire than mindful. Many of their reflections exhibit an almost mythic quality—invoking the disconcerting image of an un-

caring, out-of-touch medical doctor who blithely prescribes medications, oblivious to the holistic causes of a patient's symptoms:

You go in for help, "Hi, I have a sore throat," and they look down your throat and take your blood pressure, and then they tell you need some erythromycin and have a nice day. That's all fine and dandy, but for me it's not good enough. It does not necessarily, on one level, feed my intellect enough. Well, how did I get it in the first place? How do I prevent getting it? What's the erythromycin going to do? Does it have side effects? I don't know if you've ever been to the doctor for an antibiotic and have them tell you what the side effects are. I never have. No one has ever told me. They don't tell you this, and you just take it all for granted. On another aspect, they're not necessarily listening to you all the time. You go in an office for a sore throat, but maybe you have some stomach problems too. They don't listen to all the things that are going on. (Bill)

This perceived lack of mindfulness on the part of medical physicians is often attributed to a form of institutional inertia that precludes a more flexible and holistic approach to treating illness:

If there's anything else about conventional medicine that really bothers me is that it is kind of close-minded. Still at this point. I can't go to my doctor and say, "look, I don't really want to use antibiotics for my daughter's ear infection. What do you think about using pulsatilla [a homeopathic treatment]?" Or if one of my children gets a sore throat, the kind of knee-jerk reaction is to prescribe the antibiotics before a throat culture. If they have any concern that it's strep throat then they prescribe antibiotics, and now, instead of a 10-day course of antibiotics, there's some kind of a high-strength new antibiotic. It's a three-day course of antibiotic, and four days later they come back to you with the test results and tell you whether or not it was strep. But the first thing they do is prescribe antibiotics. And so you've got these antibiotics pumping through your system, killing things, killing good microbes as well as bad ones, um, and again, kind of affecting our immunity, and you don't even know if you need them. (Jeff)

Our participants' mindful criticisms of mainstream medicine are often intertwined with concerns about the broader consequences of agribusiness, pandemic exposures to industrial pollutants, and pervasive consumerist/materialistic outlooks. In the following passage, Jack begins by criticizing the widespread use of flu immunizations that he then links to a pandemic case of workaholicism to, finally, the use of risk-laden drugs for cosmetic purposes. For Jack, these interconnected problems exemplify a major societal ill of not being mindful and thereby sacrificing holistic health for superficial benefits:

It's like we have to vaccinate everyone to keep these illness at bay. I really don't buy that if people are consciously eating good diets, maintaining their immune system, working out as best they can. I think it's a philosophical outlook too. I

get sick. I'll be under the weather for a few days rather than pumping myself up full of chemicals just to be back at work regardless what the long-term effects are on my immune system. And its also being able to accept the changes that come. The other day I saw this hair loss ad [e.g., Propecia] that said the product must not be touched by women who are pregnant or likely to get pregnant due to a certain kind of birth defect it can cause. Like, I'm going to expose my partner to a risk like that over hair loss? That kind of vanity fueling a potential risk like that seems so backward, but it's taken as normal and acceptable. So, I'm saying that I am going to accept hair loss as a natural part of aging.

In the case of Barbara, her mindful criticisms of allopathic medicine are further elaborated by her politicized perceptions of being a fat activist. From her perspective, conventional medical practitioners rather mindlessly accept the stereotypical view that fat people are unhealthy. She fears this stereotyping might lead to an erroneous diagnosis should she ever develop a serious medical condition:

Being a fat woman in the health care system is a real special experience because you run into a lot of people who are very well intentioned but who have been taught that you are a lazy, gluttonous, and very unappealing person if you happen to be fat. I disagree with them [laughs], but that's going to color how they treat you. Even if they are sympathetic toward you, when you come to conventional medicine, the angle that they have in dealing with a fat person is that you are already unhealthy, no matter what. So they would go check and see if their blood pressure machine was working right because my blood pressure wasn't high, and they would take my pulse several times—I'm an active person, I don't have a car, I walk four miles a day—and they were like, "hmm, you have an awfully slow resting pulse rate, for an overweight person" [laughs]. And, you know, my cholesterol is low and everything because I was not eating high cholesterol foods. And the data that they were coming up with me didn't fit what a fat person was supposed to be like. Certainly, that is the fear that I have of conventional medicine. Like if I get diabetes or have knee problems in the future, I'll get the admonishment, "well, if you would lose weight." But if a thin person goes in and has diabetes or knee problems they would say, "Oh, that must run in your family. Here are your treatment options." And so this is the feeling I have about conventional medicine.

The value of mindfulness also creates implicit demands for rebuking the skeptical charge that natural health alternatives are scientifically unproven. In the natural health microculture, the medical community's requirements for conclusive scientific proof are seen as exemplifying the very technocratic worldview that lies at the heart of the systemic imbalances that create illness and disease. For example, experts in the natural health media frequently contend that the analytic procedures of scientific validation—such as double blind controlled studies seeking to identify a definitive causative factor or agent—are not able to capture the dynamic and ephemeral process of holistic healing (Chopra 1991;

Murray and Pizzorno 1998; Null 2000). Variants on this microcultural rebuttal are commonly expressed among our participants:

For colds and stuff I just swear by Echinacea and golden seal and zinc lozenges. It's so funny, I was reading in *Newsweek* or something about how zinc lozenges don't work [she has used them with apparent success], and I thought, "hmm, that's funny." You know, I'm not one of those people that needs—well, to me, I just find so much of the medical profession so arrogant. They try to prove these things, and it's just like to me, they've been proven for thousands of years, and now we're trying to document it, and they do these studies. So, I just don't pay so much attention to that kind of stuff. (Marie)

I use raw herbs. You boil them up in a tea. That's part of the holistic notion in traditional Chinese medicine. Western medicine tries to specify what it is that works: that molecule is doing this. But that's very theoretical because you can never know exactly. Traditional Chinese medicine is more focused on a set of practices and observation so that you never overtheorize to things that are more molecular the way you would in Western medicine. So you use the whole plant because you are not trying to be specific about what it is that you can extract from the root and make in a laboratory synthetically. (Allen)

Nonetheless, an unquestioning faith in all facets of the natural health field would itself run counter to the value of mindfulness. Accordingly, almost all our participants single out specific natural health alternatives that they reject for being too far out or for not really being true to natural health values. These reflexive critiques serve our participants' goal of making thoughtful choices about available natural health alternatives. For example, several participants disavow chiropractic care (the most mainstream of natural health approaches) on the grounds that spinal manipulation is a harsh and superficial technique that does not address the deep systemic roots of a health problem. Still others question the technique of colonic irrigation because it seems too mechanistic; for example, Jack criticizes this technique for "imagining that your colon is like a plumbing system."

At a more global level, several participants express concern that natural health's core values and principles are gradually being compromised by its incorporation into the mainstream marketplace and the bureaucracies of insurance and health-care institutions. These participants' narratives are also marked by a quest for authenticity; for example, Allen and Christine discuss their desires to travel to locales where they can study holistic healing practices in their original Eastern or indigenous settings; both aspire to become practitioners whose healing techniques reflect these authentic cultural roots and traditional ideals.

Microcultural Inflections of Systemic Risk Awareness. This set of participant consumption stories offers a fairly direct expression of systemic risk awareness (Beck 1992; Giddens 1991). Commentators such as Beck

(1992), Giddens (1991), and Bauman (1997) have argued that a pervasive awareness of systemic risk is one of the defining features of postmodern existence. Individuals are now cognizant of the myriad abstract systems and global socioeconomic institutions that affect their daily lives. This postmodern orientation undermines the trust once vested in these abstract systems and probabilistic risk assessments (i.e., "there is a one in a 100,000 chance of . . ."). Systemic risks are seen as fundamentally incalculable due to their globally diffused nature and the gamut of unintended or unanticipated hazards that can arise from interlinked technological systems (see Beck 1999; Giddens 1991).

Ecology and health are domains where awareness of systemic risk tends to be most salient (see Beck 1999; Fox 1999). The natural health microculture effectively intertwines both of these risk domains through discourses detailing their manifold interrelationships. This coupling of health and ecological concerns is most prevalent in our participants' perceptions of genetically modified food. They interpret this food engineering technology as a potentially malevolent genie out of the bottle, rather than as a wondrous tool of the green revolution. Though sponsoring corporations such as Monsanto, scientific experts, and government regulators have issued numerous declarations on the safety of this technology, these official assurances carry little weight within natural health circles and, hence, among our participants. They call attention to the numerous times that scientific experts have been wrong and the high economic incentives to gloss over the potential dangers posed by this lucrative technology. They also invoke a cultural vernacular that stands outside the field of mainstream scientific discourse by expressing concerns that these products may have a negative systemic impact on the ecosystem or disrupt the natural phytochemical balances that make food wholesome and nutritious.

The natural health microculture illustrates a situation where anticonsumerist values—linked to both systemic risk awareness and the countermodernist canonization of the simple, spiritual life—have been paradoxically appropriated by this segment of the postmodern marketplace. While the natural health microculture does inculcate a critical stance toward consumer culture, it does so by fostering a commitment to a multiplicity of media, goods, and services. The meanings and goals at work in the natural health value system enable these participants to maintain a sense of making volitional, reflexively aware consumption choices—as opposed to what they see as conventionalized, pseudo-choices—while still largely buying into values and ideas heavily promoted in the natural health marketplace.

Flexibility (Pursuing the Goal of Pragmatic Moderation)

Against the disparaged image of being extremists or zealots, our participants seek a reasonable compromise between their natural health ideals and the practical demands of living in a fast-paced, convenience-oriented consumer culture.

Through the value of flexibility, our participants adapt their other natural health values and goals to a nexus of institutional constraints (e.g., insurance restrictions), financial and time pressures, and the sheer ubiquity of junk foods and other consumer goods and activities that generally run counter to natural health consumption norms. This value is linked to a consumption goal of pragmatic moderation, whereby these consumers strive to attain guilt-free compromises between their natural health ideals and competing life demands and situational circumstances:

Vitamins, vegetarianism, I try to meditate, I don't drink coffee. It's just basically empirical evidence. You feel better doing certain things, and you continue to do them. Just trying to get the right kind of balance between the way I want to live, the way I want to feel and practicality. I know that I'm in school now, my life is a lot different than it was when I was living in Chicago and I could find these kinds of restaurants around me and had the time to cook for myself. I wasn't inundated with pressures. So, my life's a little different now, and I've allowed myself, well, I'm just a little bit easier on myself. If you eat some chocolate, don't kill yourself about it: you needed energy, and you got it. But that's not the way I lived in Chicago. I wish I could work out more. But I can't now. School is just crazy. And I have to deal with it. (Jean)

Our participants also invoke this value when deciding to treat an illness through allopathic means. Though we have a few participants who are devout in their complete commitment to natural health approaches, most draw a pragmatic distinction between conditions best treated naturally and those needing more aggressive allopathic interventions:

There is just some exposure that you will have that even the best [natural health] regimen will not prevent you from getting. There is going to be illness in your life. Who knows, I might have actually kicked the pneumonia and gotten better by myself without drug intervention. But am I willing to risk the long-term pulmonary function, because I might scar up the lung and loose capacity and stuff like that? No. So, I think there is a place for both. I'm one of those straddle-the-fence guys. I'm not a zealot for any one approach. (Arthur)

In these narratives, a rigid adherence to natural health ideals is often portrayed as creating illness-inducing stresses. Conversely, a more flexible approach allows individuals to enjoy life's little pleasures, which are seen as offering their own kind of health benefits (though only in limited indulgences):

I quit smoking in '94, but there were years before that where I just felt really bad every time I had a cigarette. I thought this is really stupid, you know, but I wanted a cigarette more than I wanted to not smoke. I finally got to the point where I thought, well, all the stress hormones that my body is creating by feeling guilty, that's not good for me either. That's how I rationalized it the last couple of years that I smoked. It was like, you know, I gotta chill. I need to have a cigarette. That's better than worrying. The nicotine is not good for me

and the tar's not good for me but worrying isn't either. And I was that way about alcohol for a time too. And I still think that's true. Moderate amounts of alcohol is way less bad for you than, you know, sitting around wishing you had a beer all evening long and not having one and then feeling bad because you want one [laughs]. That's too restrictive. Pleasure is really good for your health too. I'm that way now about sugar and chocolate. That's my last vice. Sugar and Dr. Pepper, Lay's Potato Chips and Ghiradelli's chocolate are like the last thing that I have no business doing as a health-oriented person, but you know I don't do it that much and is it really worth it to sit around and worry? (Barbara)

Barbara's view that pleasurable experiences provide natural health benefits—even when the source of pleasure is regarded as unhealthy—explicitly runs counter to the quasi-puritanical, disciplinary lifestyle orientation that is often attributed to natural health consumers by cultural critics (see Leichter 1997; Ross 1992). This line of reasoning is not unique to Barbara. A number of our participants invoke the natural health idea of listening to their bodies to rationalize consuming things that are typically proscribed by natural health experts:

I don't really have a regimen that I have to stick to every day. I have what I call a free-floating regimen, which means if it feels good to have a Ho-Ho, I'll eat one. If it feels good to have a chocolate sundae, I'll have a sundae. I happen to not crave chocolate sundaes every day. So, I think I am balanced in terms of that. (Claire)

Caffeine is one thing that's very, very hard for me to give up! I like good coffee. I'm a total coffee snob! It's an addiction. I get up every morning and head straight to the kitchen; it's like I can't do anything until my cup. It's like I plan—my boyfriend just laughs at me—but if we go camping, I'm like, "Oh my god, how are we going to boil our water?!" It's like we need our coffee. So, I think it's just fine. I have maybe two cups a day. But I don't beat myself up about it. I figure that's the least of my problems. (Marie)

These narratives of flexibility do exhibit an ascetic motif. Seldom expressed is the idea of pursuing hedonic pleasures for their own sake. Rather, our participants invoke functional rationales, such as their body needing chocolate or other comfort foods or it simply being healthier to not stress out over a strong craving. One explanation for this narrative subtext lies in the historical and cultural context of the American natural health microculture. As argued by Askegaard, Jensen, and Holt (1999), a highly functional stance toward food and eating has become a dominant aspect of America's culinary culture, particularly in comparison to Continental food ways. The various marketplace antecedents to the natural health microculture—particularly the whole foods movement—also promulgate the idea that dietary asceticism is a privileged path to well-being. The natural health value of flexibility enables these consumers to rework this self-disciplining legacy in terms that are less forbidding and moralistically condemning.

Microcultural Inflections of Postmodern Reflexive Relativism. Through their embrace of the microcultural value of flexibility, our participants have cultivated a highly self-aware sense of themselves as natural health consumers and a sensitivity to the relative (and questionable) nature of all belief systems, including their own. Furthermore, they are attuned to the negative stereotypes that circulate in the popular culture about health food nuts, dogmatic lifestyle moralists, and ethereal New Age believers, which they assiduously seek to avoid. Their consumption of natural health alternatives then reflects a postmodern blending of reflexivity and cultural relativism.

Postmodernity is often characterized as an age of incredulity toward the great projects of modernity (see Bauman 1997; Brown 1995; Firat and Venkatesh 1995). Rather than precipitating a pervasive skepticism, however, this incredulity can lead to a greater receptivity toward alternative belief systems (Gergen 1991; Lifton 1993). Postmodernism fosters an everyday ecumenicalism whereby modernist commitments to a singular belief system or worldview now appear ethnocentric and dogmatic. The marketplace of natural health clearly embraces non-Western beliefs about wellness and healing. However, these mainstream expressions of natural health do not portray non-Western systems as inherently superior. Instead, natural health experts (e.g., Chopra 1991; Weil 1998) espouse the idea of cosmopolitan medicine that flexibly incorporates ideas and practices from Western and Eastern approaches, rather than demanding that consumers choose between these systems of belief.

Postmodern relativism also supports a reflexive orientation. Once a cultural belief system is stripped of its absolutist pretensions, it also becomes subject to reflexive (i.e., self-referential) analyses and criticisms. Our participants' reflexive appraisals of their natural health beliefs and commitments often concern the problematic specter of a rigidly prohibitive lifestyle moralism. Their perceptions are consistent with a more general backlash against the strict dietary proscriptions and demanding exercise ideals that characterized the more general health and fitness movement during the 1980s and early 1990s.

These critical reactions against lifestyle moralism have become a reflexive aspect of natural health discourses themselves. As the natural health marketplace continues to penetrate the cultural mainstream, it becomes increasingly incumbent (from an economic standpoint) that its normative guidelines and practices can be aligned in a relatively convenient fashion with contemporary lifestyles. Natural health media and expert recommendations frequently detail how specific holistic practices can be used to compensate for less-than-perfect consumption patterns or how they can be more easily incorporated into a hectic, time-pressed schedule (e.g., Null 2000; Weil 1998). In these formulations, flexible accommodations and practical concessions are a key component of holistic health whereas rigid adherence to strictly prohibitive lifestyle norms is a stress-inducing and malproductive conceit.

DISCUSSION

For our participants, the natural health value system functions as a highly adaptable microcultural frame of reference for understanding the etiology of illnesses, the deep sources of wellness, key aspects of their personal history, their relations to medical authorities, a wide range of ecological and social issues, and the preferred trajectory of their lives. By theorizing values as narrative structures, we have been able to highlight the cultural content through which this microcultural value system becomes meaningful to consumers and to develop a more in-depth understanding of the meaning-based linkages between natural health values, the salient consumption goals that these values respectively engender, and the specific consumption practices through which these value-goal pairs are enacted.

Writings on the postmodern condition tend to emphasize the ephemeral, chaotic, hyperindividuated, and radically diversified nature of the fragmented postmodern marketplace (e.g., Firat and Shultz 1997; Firat and Venkatesh 1995). However, the natural health microculture is by no means isolated from broader historical influences and cultural meanings. It incorporates many ideas, social beliefs, and self-care practices that have been established in American consumer culture through a plethora of marketplace antecedents, such as the whole foods and mind-curious movements. Our analysis reveals four generalized postmodern cultural orientations that are inflected in this consumption-oriented microculture to constitute a relatively distinct value system. This contextualized amalgam of generalized cultural meanings and diverse marketplace antecedents has coalesced in a form congruent with the decentralized, experientially driven, and hybrid-creating logic of the postmodern economy.

Our study, coupled with Holt (1997), suggests that a far less anarchic, hermetic, and discontinuous notion of market fragmentation may be in order. Holt (1997) extensively theorizes and illustrates how a variety of sociological continuities pattern postmodern lifestyle practices. Our analysis complements Holt's findings by highlighting a network of historical and cultural continuities that are manifest in the natural health microculture. The particularistic inflections (blending) of these broader cultural continuities in this microcultural context of narratives, practices, and symbolic associations provide the meaning-based content of the natural health value system.

In sum, the forces of postmodern fragmentation do not exist in opposition to the historical, cultural, sociological structuring of consumer meanings and practices. Rather, these structuring processes now assume more complex, hybridized, indirect, and less obvious forms (also see Holt 1997). The in-depth analysis of microcultural value systems offers a way to better discern the subtle forms of historical and cultural continuity that underlie the more pronounced hyperindividuation and fragmented tribalism of postmodern consumer culture.

We have also argued that our microcultural approach can provide culturally attuned insights that would otherwise be

overlooked by a conventional Rokeachian perspective. While our prior discussion addressed quantitative/survey-based applications, our critique also applies to a prominent qualitative methodology premised on this same set of theoretical assumptions: the means-end analysis of laddering interviews (see Reynolds and Gutman 1988).

The laddering/means-end process begins by asking a consumer about the benefits offered by a specific product attribute (or product) and then probing further through a series of why-type queries. The research objective is to trace out the perceptual linkages among lower-order functional benefits, psychosocial consequences, and finally abstract instrumental and terminal values (see Gengler, Mulvey, and Oglethorpe 1999; Walker and Olson 1991). While aspiring to understand the personal relevance of attribute benefits from the consumer's perspective, means-end analysis displays a Rokeachian mode of reductionism. It culminates in the identification and mapping of presumably universal terminal and instrumental values that are linked to mid-level consequences or benefits and lower-level attributes. In accordance with Rokeachian theory, differences among consumers' perceptions are taken to reflect different nomothetic values that are personally relevant when they evaluate a given product attribute (Walker and Olson 1991) or behavior (Gengler et al. 1999).

However, the personal and cultural meanings by which these identified linkages are constructed between attributes, consequences, and values are largely abstracted out of the resulting means-ends model. The means-end approach is product-centric rather than consumer-centric; accordingly, the phenomenological relevance of the elicited attribute-value linkages (i.e., a shoelace system whose chain of associations terminates in heightened self-esteem) can be quite questionable (see Durgee et al. 1996; Thompson 1997). Another dilemma posed by this reductionistic approach is aptly stated by one of our *Journal of Consumer Research* reviewers: "the guts of any ladder—the terms labeling the connections between terminal features and terminal values—will be shaped by the microcultural beliefs and meanings that the consumer uses to understand the attributes in question." One implication is that the most critical information in a means-end model lies not in the primary boxes (i.e., the identified consequences and values) but rather in their interstitial connections. In other words, the model's arrows signify the linking cultural meanings and narrative structures that have been abstracted away in the analysis.

Furthermore, the cultural content (i.e., meanings and narratives) of the identified values is also abstracted away by means-end analysis. Means-end analysis hinges on the Rokeachian assumption that the same delimited set of universal values are being elicited by laddering interviews and, hence, can be directly compared across consumers. As a result, this approach elides the meaning-based distinctions among consumer values that emerge across different microcultural and subcultural contexts of meaning, differences quite pivotal to understanding consumption in the age of postmodern fragmentation.

These cultural criticisms aside, the research goal of the laddering/means-end technique—identifying important linkages between specific product attributes or consumption behaviors to higher-order, motivating structures—is highly attractive from a practical standpoint. This targeted approach promises to enhance managerial efforts to develop more effective marketing communications, more desirable product designs, and, in public policy applications, more successful social marketing initiatives. From our standpoint, these applied objectives could be better fulfilled by an elicitation technique that melds the depth of a microcultural analysis of consumer values with the analytic specificity of the laddering interview.

Our vision of this methodological hybrid is conceptually parallel to the two-phase interview process Mick and Buhl (1992) used to explore the influences of consumers' higher-order life themes and life projects on the meanings they ascribed to advertisements. We propose that deriving an in-depth, meaning-based understanding of specific linkages between focal attributes and (contextualized) consumer values would similarly entail two modes of interviewing. Like a conventional laddering procedure, the first interview would focus on the specific attribute (or set of attributes or behavior) in question. Rather than responding to a standard why, why, why laddering style of probing, a consumer would be asked to freely interpret the focal attribute. Through these relatively open-ended reflections, a consumer could discuss the meanings s/he ascribes to the attribute and describe any actual usage experiences. A consumer would also be able to explain in a fair degree of detail what s/he likes about the attribute and articulate his/her theories about its likely benefits, situational uses, drawbacks, and anticipated problems. These attribute-centered interpretations should provide extensive information about a consumer's perceptions and evaluations of the attribute. However, this elicited information, in and of itself, would not be expected to reveal the key value linkages.

To garner this higher-order understanding, researchers would turn to a second, more broadly focused interview concerning the consumer's microcultural viewpoints and its constituent values, much like those presented in this study. By understanding these microcultural frames of reference, researchers would be better able to discern the contextualized values shaping consumers' interpretations of the focal attributes, the narrative linkages among the attributes → benefits → values chain, and the meanings through which these microcultural values have become self-relevant.

The obvious methodological caveat is that this modification of the laddering/means-end technique is most applicable to products that are clearly situated in a microcultural or subcultural frame of meaning. However, this circumstance may not be all that limiting. A well-recognized feature of postmodern markets is that more and more products and brands are being positioned in exactly this fashion, such as Harley-Davidson motorcycles, Palm Pilots, Pokeman cards, Saturn and Saab automobiles, Sprite (the soft drink of the hip-hop nation), Apple computers, Tommy Hilfinger, Adidas

running shoes, FUBU, and Nike basketball wear (see Brown 1995; Holt 2000; Kozinets 2001; Muniz and O'Guinn 2001; Schouten and McAlexander 1995 for further discussions). For brands and products not so clearly positioned in a microcultural frame of reference, the relevant context would become the viewpoints expressive of the consumer's social position, such as being a professional, baby boomer, working mother (Thompson 1996) or a high-cultural-capital cosmopolitan (Holt 1998).

Implications for Research on Consumer Goals

In their review of consumer research, Simonson et al. (2000) note that social psychological and cognitive (i.e., decision theory) studies of consumption coexist as largely encapsulated camps that have had surprisingly little cross-fertilization. Yet, there is a clearly an intuitive connection between the two. Social psychological researchers widely assume that consumer value systems motivate the pursuit of consumption goals, and they commonly describe values as higher-order goals (Kahle 1983). Conversely, cognitive studies widely assume that consumer decisions are goal directed and that these motivating goals express higher-order values (see Bagozzi and Dholkhia 1999; Huffman, Ratteshwar, and Mick 2000). Our theoretical approach offers a way to elaborate on this implied conceptual relationship between consumer values and goal-directed consumer choices.

Our analysis of these meaning-based relationships dovetails with recent constructivist theories of consumer choice processes (Bettman, Luce, and Payne 1998; Huffman et al. 2000). As Bettman et al. (1998, p. 192) discuss, consumers make choices to achieve goals, and, thus, "it is critical to characterize a consumer's goal for a particular task when trying to ascertain why his or her choice processes take a particular form." They further note that consumer goals are often constructed *in situ* rather than being retrieved from memory and that they are fundamentally related to the meanings the choice situation holds for the consumer. However, Bettman et al. (1998, p. 208) acknowledge that "framing effects"—which they characterize as situations where consumers respond to "descriptions of options" rather than to the options themselves—"reveal gaps that our framework still cannot fill."

From a cultural perspective, choice options are fundamentally embedded in meanings and narratives; hence, consumer perceptions of choice situations are always constructed within a cultural frame of reference. Understanding how consumption goals are constructed *in situ* then necessitates consideration of the cultural meanings through which consumers interpret (or frame) the choice situation. Bettman et al. (1998) attenuate the theoretical significance of this meaning-based implication through their focus on the underlying (and potentially universal) psychological processes that influence goal generation. Accordingly, their theoretical framework concerns four abstract metagoals that "capture many of the most important motivational aspects relevant to decision making" (Bettman et al. 1998, pp. 192–193).

These metagoals are (1) maximizing choice accuracy, (2) minimizing cognitive effort to make the decision, (3) minimizing the experience of negative emotion when making the decision, and (4) maximizing the ease of justifying the decision (Bettman et al. 1998, p. 193).

These context-independent consumption goals could apply to any consumption choice situation. One could argue that they more aptly describe the choice ideals that need to be met so that consumers can feel a good decision has been reached. The proposal that consumer decisions are directly motivated by these four abstract metagoals is theoretically parallel to the Rokeachian idea that consumer choices are motivated by higher-order cultural values. Both result in a practical tendency to minimize or elide contextualized meanings and the meaning-based linkages between a posited motivating construct (be it an abstract cultural value or a metagoal) and context-specific consumption goals.

The need for a greater degree of cultural depth does not seem as theoretically pressing when consumers' meaning-based constructions of a choice situation have become routinized or taken for granted. Under such conditions, the choice situation is framed through a particular pattern of meanings/values that has been established through prior experiences and the choice unfolds within the parameters of that framing. One example of this type of choice situation is when a natural health consumer decides between competing brands of an herbal extract. Here, the consumer is making a relatively delimited choice among alternatives existing within a circumscribed consideration set. The microcultural meanings and values that structure understanding of the choice options are a background condition for this consumer decision. The consumer can focus on more generic, procedural criteria such as minimizing time costs or cognitive effort. Under this scenario, Bettman et al.'s (1998) process-oriented metagoals may well be the most focal aspect of the decision-making experience.

However, these metagoals may be less salient (and have less apparent explanatory power) when a consumer's interpretive framing of the choice situation is being constructed during a decision-making process. Under these conditions, the cultural meanings used to frame the situation and choice options are crucial to the construction of choice goals. In the context of natural health consumption, examples of such constructive choice situations might be when consumers are choosing between different traditions of holistic care (e.g., Chinese traditional medicine vs. chiropractic) or deciding whether to rely on natural or allopathic treatments (or some hybrid of the two) in treating a serious illness. Participant stories concerning these types of constructive choices express a nexus of intricate meaning-based linkages between natural health values, the goals they are seeking to realize, and their interpretations of the specific options being considered.

Perhaps the most fundamental choice made by natural health consumers is to use natural health alternatives. This global choice is itself quite interesting when one considers that natural health alternatives are cloaked in controversies

over their scientific validity and treatment efficacy. While some mainstream health care providers (particularly nurse practitioners) are incorporating natural health approaches into their professional practices, the predominant view in the medical community is that the natural health industry is a quagmire of pseudoscientific beliefs and New Age obfuscations that threaten consumer welfare (see Goldstein 1999). Mainstream medical literature abounds with articles and commentaries vociferously condemning specific natural health approaches and gurus as quackery and hucksterism. The Web site Quackwatch (www.quackwatch.com) is one public clearinghouse for these skeptical medical views.

Consumers cannot respond to natural health options as objective things-in-themselves because these marketplace alternatives are inevitably framed by a litany of favorable and unfavorable meanings that circulate in consumer culture. Among our participants, the natural health value system and its constituent meanings enable medical establishment condemnations, warnings, and debunkings to be readily discounted and, conversely, the use of holistic alternatives to be construed as more rational, critically aware, and enlightened than if they followed the allopathic status quo. This microcultural construction of a rational choice derives from the higher-order, postmodern cultural orientations that undercut modernist belief (and faith) in science, technology, and the authoritative pronouncements of technocratic experts. These inflected meanings are the foundation of our participants' gnostic certainty that mainstream medical skepticism is a vestige of outmoded dualistic thinking or an economically motivated dogma.

Limitations and Future Directions

The lack of longitudinal data is a major limitation of this study. A chronological tracking of consumers' relationships to the natural health microculture would significantly enhance the degree of cultural depth offered by the present analysis. A related limitation is that we have not captured the temporally evolving aspects of this value system. If consumer value systems are culturally contextualized, they are bound to be dynamic, changing as cultural meanings and social priorities shift. Longitudinal data are needed to adequately assess and theorize the nature of such chronological transformations. Furthermore, longitudinal, ethnographic data could provide additional insights into the interpersonal dynamics (and meanings) that structure the service relationships between consumers and natural health practitioners.

The majority of our participants are Caucasian, college-educated, and employed in professional occupations. Our data do not allow us to thoroughly explore whether unique meanings of natural health consumption emerge for groups of consumers occupying different positions in the socioeconomic matrix. Prior research indicates that these politics-of-identity differences are quite likely. For example, Semmes (1991) found that African-Americans living in Chicago turned to a particular form of holistic care due to a profound distrust of the Anglo-dominated field of conven-

tional medicine and the influence of word-of-mouth networks that built considerable trust in a particular group of alternative practitioners. O'Connor's (1995) ethnographic study of low-income, Hmong immigrants' struggles to maintain their traditional medical beliefs and practices—which are infused with religious and communal significance—in the face of opposition by American public health authorities highlights another manifestation of social differentiation. For non-Western immigrants, elements of the Eastern-influenced, natural health marketplace may function as a postmodern simulation of their own vernacular medicine, serving particularistic cultural, social, and political ends.

More generally, these future directions foreshadow the rather daunting prospect that postmodern consumer culture supports an endless array of reticulated, shifting, decentered, and co-constituting intersections between the microcultural and the microsociological. Attaining a richer understanding of this "organized diversity" (e.g., Hannerz 1992, p. 19) is more akin to tracing out the strands of an intricate web than digging beneath the proverbial surface. In the age of postmodern fragmentation, Geertz's (1973, p. 34) anthropological maxim "seek complexity and order it" rings increasingly prophetic.

[Received March 2000. Revised June 2001. David Glen Mick served as editor, and John Deighton served as associate editor for this article.]

REFERENCES

- Aaker, Jennifer (2000), "Accessibility or Diagnosticity? Disentangling the Influence of Culture on Persuasion Processes," *Journal of Consumer Research*, 26 (March), 340–357.
- Arnould, Eric J. and Linda L. Price (1993), "River Magic: Extraordinary Experience and the Service Encounter," *Journal of Consumer Research*, 20 (June), 24–46.
- Askegaard, Søren, Anne F. Jensen, and Douglas B. Holt (1999), "Lipophobia: A Transatlantic Concept?" in *Advances in Consumer Research*, Vol. 26, ed. Eric J. Arnould and Linda Scott, Provo, UT: Association for Consumer Research, 331–336.
- Bagozzi, Richard P. and Utpal Dholakia (1999), "Goal Setting and Goal Striving in Consumer Behavior," *Journal of Marketing*, 63 (Special Issue), 19–32.
- Bauman, Zygmunt (1997), *Postmodernity and Its Discontents*, Washington Square: New York University Press.
- Beatty, Sharon E., Lynn R. Kahle, Pamela Homer, and Shekhar Misra (1985), "Alternative Measurement Approaches to Consumer Values: The List of Values and the Rokeach Value Survey," *Psychology & Marketing*, 2 (May), 181–200.
- Beck, Ulrich (1992), *Risk Society: Towards a New Modernity*, London: Sage.
- (1999), *World Risk Society*, Cambridge, MA: Polity.
- Berman, Marshall (1988), *All That Is Solid Melts into Air: The Experience of Modernity*, New York: Penguin.
- Bettman, James, Mary Frances Luce, and John W. Payne (1998), "Constructive Consumer Choice Processes," *Journal of Consumer Research*, 25 (December), 187–217.
- Borgmann, Albert (1992), *Crossing the Postmodern Divide*, Chicago: University of Chicago Press.

- Brown, Stephen (1995), *Postmodern Marketing*, New York: Routledge.
- Carson, Rachel (1962), *Silent Spring*, Boston: Houghton Mifflin.
- Celsi, Richard L., Randall Rose, and Thomas Leigh (1993), "An Exploration of High-Risk Leisure Consumption through Skydiving," *Journal of Consumer Research*, 20 (June), 1–21.
- Chopra, Deepak (1990), *Perfect Health: The Complete Mind/Body Guide*, New York: Harmony.
- (1991), *The Return of the Rishi: A Doctor's Story of Spiritual Transformation and Ayurvedic Healing*, Boston: Houghton Mifflin.
- Davis, Erik (1998), *Technognosis: Myth, Magic + Mysticism in the Age of Information*, New York: Three Rivers.
- Douglas, Mary (1966), *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo*, London: Routledge & Kegan Paul.
- Durgee, Jeffrey F., Gina Colarelli O'Connor, and Robert W. Verzyer (1996), "Observations: Translating Values into Product Wants," *Journal of Advertising Research*, 36 (November–December), 90–100.
- Eisenberg, David M. (1998), "Trends in Alternative Medicine in the United States, 1990–1997: Results of a Follow-Up National Survey," *Journal of the American Medical Association*, 280 (November), 1569–1576.
- Firat, A. Fuat and Clifford J. Schultz II (1997), "From Segmentation to Fragmentation: Markets and Marketing Strategy in the Postmodern Era," *European Journal of Marketing*, 31 (3–4), 183–207.
- Firat, A. Fuat and Alladi Venkatesh (1995), "Liberatory Postmodernism and the Reenchantment of Consumption," *Journal of Consumer Research*, 22 (December), 239–267.
- Fournier, Susan (1998), "Consumers and Their Brands: Developing Relationship Theory in Consumer Research," *Journal of Consumer Research*, 24 (March), 343–374.
- Fox, Nick (1999), "Postmodern Reflections on Risk, Hazards, and Life Choices," *Risk and Sociocultural Theory*, ed. Deborah Lupton, New York: Cambridge University Press, 12–33.
- Geertz, Clifford (1973), *The Interpretation of Cultures*, New York: Basic.
- Gengler, E. Charles, Michael S. Mulvey, and Janet E. Ogleshorpe (1999), "A Means-End Analysis of Mothers' Infant Feeding Choices," *Journal of Public Policy & Marketing*, 18 (Fall), 172–188.
- Gergen, Kenneth J. (1991), *The Saturated Self*, New York: Basic.
- Giddens, Anthony (1991), *Modernity and Self-Identity: Self and Society in the Late Modern Age*, Stanford, CA: Stanford University Press.
- Goldstein, Michael S. (1999), *Alternative Health Care: Medicine, Miracle or Mirage?* Philadelphia: Temple University Press.
- Gusfield, Joseph R. (1992), "Nature's Body and the Metaphors of Food," in *Cultivating Differences*, ed. Michele Lamont and Marcel Fournier, Chicago: University of Chicago Press, 75–104.
- Hannerz, Ulf (1992), *Cultural Complexity*, New York: Columbia University Press.
- Haraway, Donna (1997), *ModestWitness@Second_Millennium.FemaleMan@_Meets_OncoMouse™: Feminism and Technoscience*, New York: Routledge.
- Hebdige, Dick (1979), *Subculture: The Meaning of Style*, New York: Methuen.
- Holt, Douglas B. (1995a), "Consumers' Cultural Differences as Local Systems of Tastes: A Critique of the Personality/Values Approach and an Alternative Framework," in *Asia Pacific Advances in Consumer Research*, Vol. 1, ed. Joseph Cote, Provo, UT: Association for Consumer Research, 178–184.
- (1995b), "How Consumers Consume: A Typology of Consumption Practices," *Journal of Consumer Research*, 22 (June), 1–16.
- (1997), "Poststructuralist Lifestyle Analysis: Conceptualizing the Social Patterning of Consumption," *Journal of Consumer Research*, 23 (March), 326–350.
- (1998), "Does Cultural Capital Structure American Consumption?" *Journal of Consumer Research*, 25 (June), 1–25.
- (2000), "Postmodern Markets," in *Do Americans Shop Too Much?* ed. Joshua Cohen and Joel Rogers, Boston: Beacon, 63–68.
- Huffman, Cynthia, S. Ratteshwar, and David G. Mick (2000), "Consumer Goal Structures and Goal Determination Processes: An Integrative Framework," in *The Why of Consumption: Contemporary Perspectives on Consumer Motives*, ed. S. Ratteshwar, David Glen Mick, and Cynthia Huffman, London: Routledge, 9–35.
- Johnston, Charles (1995), "The Rokeach Value Survey: Underlying Structures and Multi-Dimensional Scaling," *Journal of Psychology*, 129 (Spring), 583–597.
- Kahle, Lynn R., ed. (1983), *Social Values and Social Change*, New York: Praeger.
- Kahle, Lynn R., Sharon E. Beatty, and Pamela Homer (1986), "Alternative Measurement Approaches to Consumer Values: The List of Values and Life Style (VALS)," *Journal of Consumer Research*, 13 (December), 405–409.
- Kahle, Lynn R., Gregory Rose, and Aviv Shoham (2000), "Findings of LOV throughout the World and Other Evidence of Cross-National Consumer Psychographics," in *Cross-National Consumer Psychographics*, ed. Lynn Kahle, New York: International Business Press, 1–14.
- Kamakura, Wagner A. and José Afonso Mezzon (1991), "Value Segmentation: A Model for the Measurement of Values and Value Systems," *Journal of Consumer Research*, 18 (September), 208–218.
- Kamakura, Wagner A. and Thomas P. Novak (1992), "Value System Segmentation: Exploring the Meaning of LOV," *Journal of Consumer Research*, 19 (June), 119–132.
- Knight, Peter (2000), *Conspiracy Culture: From Kennedy to the X-Files*, New York: Routledge.
- Kozinets, Robert V. (1997) "'I Want To Believe': A Netnography of The X-Files' Subculture of Consumption," *Advances in Consumer Research*, Vol. 24, ed. Merrie Brucks and Deborah J. MacInnis, Provo, UT: Association for Consumer Research, 470–475.
- (2001), "Utopian Enterprise: Articulating the Meanings of *Star Trek's* Culture of Consumption," *Journal of Consumer Research*, 28 (June), 67–88.
- Lakoff, George (1987), *Women, Fire, and Dangerous Things: What Categories Reveal about the Mind*, Chicago: University of Chicago Press.
- Lappé, Frances Moore (1971), *Diet for a Small Planet*, New York: Ballantine.
- Leach, William (1993), *Land of Desire: Merchants, Power, and the Rise of a New American Culture*, New York: Pantheon.
- Lears, T. J. Jackson (1994), *No Place of Grace: Antimodernism and the Transformation of American Culture*, Chicago: University of Chicago Press.
- Leichter, Howard M. (1997), "Lifestyle Correctness and the New Secular Morality," in *Morality + Health*, ed. Allan M. Brandt and Paul Rozin, New York: Routledge, 359–378.

- Levenstein, Harvey (1993), *Paradox of Plenty: A Social History of Eating in Modern America*, New York: Oxford University Press.
- Lifton, Robert Jay (1993), *The Protean Self: Human Resilience in an Age of Fragmentation*, New York: Basic.
- Maffesoli, Michel (1996), *The Time of Tribes: The Decline of Individualism in Mass Society*, London: Sage.
- Martin, Emily (1994), *Flexible Bodies: The Role of Immunity in American Culture from the Days of Polio to the Age of AIDS*, Boston: Beacon.
- Meyer, Donald B. (1989), *The Positive Thinkers: Popular Religious Psychology from Mary Baker Eddy to Norman Vincent Peale to Ronald Reagan*, Middletown, CT: Wesleyan University Press.
- Mick, David Glen and Claus Buhl (1992), "A Meaning-Based Model of Advertising Experiences," *Journal of Consumer Research*, 19 (December), 317–338.
- Muniz, Albert and Thomas C. O'Guinn (2001), "Brand Communities," *Journal of Consumer Research*, 27 (March), 412–432.
- Murray, Michael and Joseph Pizzorno (1998), *The Encyclopedia of Natural Medicine*, Rocklin, CA: Prima Health.
- Null, Gary (2000), *Gary Null's Guide to a Joyful, Healthy Life*, New York: Carroll & Graf.
- O'Connor, Bonnie Blair (1995), *Healing Traditions: Alternative Medicine and the Health Professions*, Philadelphia: University of Pennsylvania Press.
- O'Guinn, Thomas C. (2000), "Touching Greatness: The Central Midwest Barry Manilow Fan Club," in *The Consumer Society Reader*, ed. Juliet B. Schor and Douglas B. Holt, New York: New Press, 155–168.
- Peng, Kaiping, Richard E. Nisbett, and Nancy Y. C. Wong (1997), "Validity Problems Comparing Values across Cultures and Possible Solutions," *Psychological Methods*, 2 (April), 329–344.
- Price, Linda L. and Eric J. Arnould (1999), "Commercial Friendships: Service Provider–Client Relationships in Context," *Journal of Marketing*, 63 (October), 38–56.
- Reynolds, Thomas J. and Jonathan Gutman (1988), "Laddering Theory: Method, Analysis, and Interpretation," *Journal of Advertising Research*, 28 (February), 11–31.
- Richins, Marsha (1994) "Special Possession and the Expression of Material Values," *Journal of Consumer Research*, 21 (December), 522–533.
- Rokeach, Milton (1973), *The Nature of Human Values*, New York: Free Press.
- (1976), *Beliefs, Attitudes, and Values*, San Francisco: Jossey-Bass.
- Romanyshyn, Robert D. (1989), *Technology as Symptom and Dream*, New York: Routledge.
- Rose, Gregory and Aviv Shoham (2000), "The Values of American and Japanese Mothers: An Application of LOV in the U.S. and Japan," in *Cross-National Consumer Psychographics*, ed. Lynn Kahle, New York: International Business Press, 45–62.
- Ross, Andrew (1992), "New Age Technoculture," in *Cultural Studies*, ed. Lawrence Grossberg, Cary Nelson, and Paula Treichler, New York: Routledge, 531–555.
- (1994), "Tribalism in Effect," in *On Fashion*, ed. Shari Benstock and Suzanne Ferris, New Brunswick, NJ: Rutgers University Press, 284–300.
- Schneirov, Matthew and Jonathan David Geczik (1998), "Technologies of the Self and the Aesthetic Project of Alternative Health," *Sociological Quarterly*, 39 (Summer), 435–451.
- Schouten, John W. and James H. McAlexander (1995), "Subcultures of Consumption: An Ethnography of New Bikers," *Journal of Consumer Research*, 22 (June), 43–61.
- Schwartz, Shalom H. (1994), "Are There Universal Aspects in the Structure and Content of Human Values?" *Journal of Social Issues*, 4 (Winter), 19–45.
- Schwartz, Shalom H. and Wolfgang Bilsky (1990), "Toward a Theory of the Universal Content and Structure of Values: Extensions and Cross-Cultural Replications," *Journal of Personality and Social Psychology*, 58 (May), 878–891.
- Semmes, Clovis (1991), "Developing Trust: Patient-Practitioner Encounters in Natural Health Care," *Journal of Contemporary Ethnography*, 19 (January), 450–470.
- Shore, Bradd (1996), *Culture in Mind: Cognition, Culture, and the Problem of Meaning*, New York: Oxford University Press.
- Simonson, Itamar, Ziv Carmon, Ravi Dhar, Aimee Drolet, and Stephen M. Nowlis (2000), "Consumer Research: In Search of Identity," *Annual Review of Psychology*, 52, 249–275.
- Sirsi, Ajay K., James C. Ward, and Peter H. Reingen (1996), "Microcultural Analysis of Variation in Sharing of Causal Reasoning about Behavior," *Journal of Consumer Research*, 22 (March), 345–372.
- Solomon, Michael and Basil Englis (1997), "Breaking Out of the Box: Is Lifestyle a Construct or a Construction?" in *Consumer Research: Postcards from the Edge*, ed. Stephen Brown and Darach Turley, New York: Routledge, 322–349.
- Strauss, Claudia (1990), "Who Gets Ahead? Cognitive Responses to Heteroglossia in American Political Culture," *American Ethnologist*, 17 (May), 312–328.
- Thompson, Craig J. (1996), "Caring Consumers: Gendered Consumption Meanings and the Juggling Lifestyle," *Journal of Consumer Research*, 22 (March), 388–407.
- (1997), "Interpreting Consumers: A Hermeneutical Framework for Deriving Marketing Insights from the Texts of Consumers' Consumption Stories," *Journal of Marketing Research*, 34 (November), 438–455.
- Thompson, Craig J. and Diana Haytko (1997), "Speaking of Fashion: Consumers' Use of Fashion Discourse and the Appropriation of Countervailing Cultural Meanings," *Journal of Consumer Research*, (24) June, 15–42.
- Thompson, Craig J., William B. Locander, and Howard R. Pollio (1989), "Putting Consumer Experience Back into Consumer Research: The Philosophy and Method of Existential-Phenomenology," *Journal of Consumer Research*, 16 (September), 133–147.
- Thorton, Sarah (1997), "General Introduction," in *The Subcultures Reader*, ed. Ken Gelder and Sarah Thorton, New York: Routledge, 1–6.
- Walker, Beth A. and Jerry C. Olson (1991), "Means-End Chains: Connecting Products with Self," *Journal of Business Research*, 22 (March), 111–118.
- Weil, Andrew (1998), *Eight Weeks to Optimal Health*, New York: Fawcett.
- (2000), *Spontaneous Healing: How to Discover and Embrace Your Body's Natural Ability to Maintain and Heal Itself*, New York: Ballantine.