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Professional identity and epistemic stress: complementary medicine in the academy

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Abstract

Complementary and alternative medicine (CAM) degrees in Australian and British universities have come under attack from sceptics who argue that such courses teach only ‘pseudoscience’. Moreover, CAM academics have themselves been publicly labelled ‘quacks’. Comparatively little is known about this group of health professionals who span the two worlds of CAM practice and academia. How do they navigate between these domains, and how are their collective and individual professional identities constructed? Drawing on 47 semi-structured interviews, this paper explores the professional identities of academics working in three university-based CAM disciplines in Australia and the UK: osteopathy, chiropractic and Chinese medicine. By analysing these individuals’ accounts, and building on prior research on health professions in the academy, the paper contributes to understanding how contests about professionalism and professional knowledge take place against the academic-practice divide. By focussing on a domain where knowledge claims are conspicuously contested, it highlights the salience of navigating ‘epistemic stress’ for both group and individual professional identity.

Keywords: complementary and alternative medicine; academic careers; professional identity; professional knowledge; epistemic stress

Introduction

This paper analyses contests about professional identity and knowledge experienced by a specific health professional group: complementary and alternative medicine (CAM) practitioners working as academics. In the UK and Australia, CAM academics came into being as a professional group relatively recently, amid changes to the professional status of a number of CAM occupations. In these countries, and the West more generally, CAM has historically been subordinated within, or excluded from, mainstream healthcare systems (Saks 2003; Willis 1983). Over the past few decades, however, many CAM occupational groups have attempted to gain power by following a range of professionalization strategies, such as pursuing statutory regulation and increasing educational standards (Almeida and Gabe, 2016; Brosnan, 2017; Givati, 2015; Kelner et al., 2006; Saks, 2003; Welsh et al., 2004). Although CAM education mostly takes place in private specialist colleges, the 1990s to early 2000s saw various countries begin to offer CAM courses in public universities.

Alongside the professionalization of CAM there has been increasing pressure for CAM to develop a scientific evidence base, and this is another motivation for CAM to access the research facilities and credibility available within universities. CAM modalities are not founded on the biomedical model and this creates challenges for producing evidence that fits easily into evidence-based medicine frameworks (Barnes, 2003; Barry, 2006; Brosnan, 2016). This lack of evidence has underpinned recent policy changes, such as the dropping of some CAM therapies from private health rebates in Australia (Department of Health, 2019), and the defunding of homeopathy in the UK's NHS (NHS England, 2018). CAM academics are uniquely situated to develop the evidence base for their respective modalities (by working within the biomedical model, or developing alternative evidence frameworks), and are under great expectation to do so.

CAM's presence in universities is, however, a source of controversy. In both Australia and the UK, the past decade saw sustained media campaigns from sceptics (predominantly academic doctors and scientists) calling for CAM courses to be removed from universities, arguing that CAM lacks evidence and equates to 'quackery' and 'pseudoscience' (Brosnan, 2015; Caldwell, 2017; Givati and Hatton, 2015; Lewis, 2019). Significantly, not only did the campaigns target CAM courses, but CAM academics themselves were derided. For instance, a headline in the UK's *Telegraph* described them as 'the varsity quacks' (Colquhoun, 2012) while one of the Australian campaigners commented that: 'you can have a PhD in bull dust but it's still bull dust' (Tran, 2012).

At the heart of the sceptics' campaigns lay the assertion that CAM academics were not 'real' academics or scientists, and that knowledge of CAM practice and theory was incompatible with knowledge accepted in university spheres. Several studies have analysed the media portrayals of academic CAM (Brosnan, 2015; Caldwell, 2017; Flatt, 2013; Lewis 2019). Less well understood is how CAM academics themselves feel about and experience their roles, and how they orient towards the wider CAM professions that they train and represent in the university.

This paper asks how CAM academics, individually and collectively, negotiate their dual identity as academics and CAM practitioners. Our broader ambition is to use the case of CAM academics to illuminate the way that the incorporation of 'new' professional groups into the academic world can entail stresses and strains for the identity of those professions and for individual professionals. We introduce and elucidate the concept of 'epistemic stress' and use it to help illuminate and explain these experiences.

CAM in the University

This study focuses on the three main CAM professions represented within universities in Australia and the UK: chiropractic, osteopathy and Chinese medicine. In both countries, these groups have been successful at gaining professional status despite opposition from medicine. With the exception of Chinese medicine in the UK, they have protected titles and statutory registration, with a university degree required for registration. Chinese medicine university degrees are available in the UK even though the profession does not have statutory registration (although notably several of these degrees have recently ceased to be offered). At the time of writing, eight Australian universities and approximately fifteen UK universities offered degrees in these CAM modalities.

Becoming university-based academic disciplines, in theory, means that CAM professions are better positioned to protect and promote their knowledge traditions. However, there are delicate balances to strike between the forms of recognition offered by universities and the accommodations this entails for CAM practitioners. Existing studies of CAM education - largely focussing on private CAM colleges - show that with its formalisation has come increasing amounts of medical science (Barnes, 2003; Cant and Sharma, 1995; Flesch, 2013; Givati and Hatton, 2015; Welsh et al., 2004). There is often a tension for CAM educators between needing to become more scientific while maintaining and protecting the traditions that differentiate CAM from other health professions. How these tensions play out for those working in university settings is not well understood.

As a professional group, CAM academics are significant because these individuals effectively embody a key strategy of CAM professionalisation – underpinning professional practice by academically sanctioned expertise, making CAM thereby analogous to, and institutionally co-located with, medicine, nursing and other health professional academic groups. Compared to private colleges, university-based academic roles potentially offer greater autonomy over taught content, and come with the opportunity – and expectation - to produce new knowledge through research. Individual CAM academics therefore shoulder the burden of training the next generation of practitioners and of transforming the evidence base for their profession, all while carving out their own roles and identities as relative newcomers to the academy.

Professional knowledge and identity in the university

Identity formation is a challenging business for all new academics. As Fitzmaurice (2013) has highlighted, entering the academy raises many questions about purposes and values such that the negotiation of an academic identity can be understood as a ‘moral endeavour’ of achieving integrity including balancing and combining the demands, pleasures and frustrations of research, teaching and service to others. The experiences of having to shape and navigate professional trajectories and identities, and the associated struggles, produce ‘routine moral stress’ (Cribb, 2011). This is the label we have previously applied to the business of managing diverse, and sometimes conflicting, norms - including a pervasive sense of being pulled in different directions and of facing multiple normative demands that cannot be fully met. These familiar challenges are compounded for those who, like CAM academics, may be new to the academy but are already embedded in other professions. In what follows we are particularly interested in ‘epistemic stress’ - the stress associated with managing the competing epistemic norms that arise from holding together plural professional and academic identities.

The worlds of the university and the extra-academic professions are closely linked. This is because professional groups' legitimacy is grounded in their claims over socially recognised forms of expertise, typically the specialised and relatively esoteric forms of expertise that are associated with university education and scholarship. Universities underpin professional legitimacy both through the substantive conceptions of rigour that they cultivate and through providing their symbolic imprimatur as civically influential and prestigious institutions. University based profession-specific expertise is, of course, not exactly the same as practice-based professional expertise – the latter exceeds the former and in particular emphasises context-responsive forms of artistry, craft or tacit knowledge (e.g. Winch, 2010) – but the university-based expertise of, for example, a dentist or pharmacist, is usually seen as underpinning and being broadly continuous with practice knowledge. Ongoing debates about the 'theory-practice' divide, and the challenges of 'translation' between different kinds of more or less abstract or applied knowledge only reinforce the idea that there is expected continuity between the two worlds.

However, other constructions suggest a different story – one not just of distance but of fundamental discontinuity between domains. These discontinuities arise, in particular, when there is some question about whether, or how far, specific professional groups 'belong' in universities. Nursing is a case in point. Insiders and outsiders to the profession contested its move into universities, with debate centring on how to define nursing's core epistemology (Treiber and Jones, 2015). McNamara (2008) illustrates how discourses opposing nursing's inclusion in Irish universities sometimes framed nursing as 'sacred' work that would be corroded by academicisation, and at other times emphasised the 'dirty' aspects of nursing that had no place in the sacred arena of academia. Although the public controversy has abated,

disputes over nursing's academic mission continue within the profession, and tend to reproduce dualistic categories that oppose caring and curing, and the practical and the intellectual (Andrew et al., 2009; Duffy, 2013; Treiber and Jones, 2015).

Such contestations around relevant expertise have implications for professionals who move into university roles, as they attempt to navigate between their older professional identity and a new academic one. Duffy's (2013) interview study shows that nurse-academics have often found the transition into a university role challenging, struggling to fully embrace an academic identity and lacking confidence that their discipline fits into the university. Physiotherapy lecturers also report struggling to adjust to demands of teaching and research and experiencing tension between their practitioner and academic roles (Hurst, 2010). Belonging to two 'communities of practice' provides opportunities for what Wenger (1998) describes as a 'brokering' role – fostering learning by connecting different communities of practice together - but it also gives rise to manifold possibilities of misalignment between the two domains and their associated norms.

Abbott (2005) observes that when professions enter the university, there is typically a process of 'academicisation' with the professional discipline eventually being 'captured' by the academic side (p.267), becoming distant from practice and more akin to other fields in the university. For individuals, this may add extra layers of normative struggle to their academic identity formation. Although these struggles are relatively familiar from other professional groups, they have a clear potency in a field such as CAM where the traditional expertise base is under assault from within and without the academy. In the rest of the paper, we explore CAM academics' lived experience of negotiating such tensions, but we first say a little more about

the idea of ‘epistemic stress’ that emerged as one of our interpretive lenses in making sense of these experiences.

We are treating epistemic stress as a variant of, or arguably a subset of, moral stress – namely as that aspect of normative stress that arises in relation to epistemic norms. The notion of moral stress was first introduced in contrast to the more familiar language of ‘moral distress’ to indicate phenomena that are both much more commonplace and less overtly valorised as negative (Cribb, 2011). The idea has been adopted within healthcare ethics to deal with some of the ‘routine burden’ of health work including ‘workarounds’ (Berlinger, 2016). Moral distress was originally defined narrowly as the distress arising when healthcare staff ‘know the right thing to do’ but are unable to act as they believe to be right because of institutional constraints (Jameton, 1984), however it is increasingly used to refer to a broader and more complex set of phenomena which can be summarised as the negative emotional and psychological effects of not being able to meet the full set of obligations that might reasonably be interpreted as applying to a role (Fourie, 2015; Campbell et al., 2016; Morley et al., 2019). ‘Epistemic distress’ has also been used to describe negative states of acute turmoil and loss of certainty amid rapid changes in modes of professional governance (Hallett, 2010). But there is a pervasive and important set of stressful conditions that exists prior to experiences of distress, encapsulated as ‘moral stress’ and here, more specifically, ‘epistemic stress’. Indeed, it is arguably part of the nature of professional roles that those who occupy them will routinely have to juggle both competing and conflicting demands and plural identities. Such stresses can be a positive productive thing – they can be motivating and can also call forth imagination, creativity and new forms of synthesis. But there is always some burden entailed in managing such tensions which, when intensified, can produce threats to one’s effectiveness, identity maintenance and well-being, including personal distress.

Methods

The paper is based on a study that explored the forms that CAM takes in university settings in Australia and the UK and the factors that shape it, which involved observation of CAM teaching and interviews with CAM academics, professional leaders and regulators. Here we draw on the interviews conducted with 47 CAM academics based at 16 different universities in the two countries. Ethics approval was granted by the Human Research Ethics Committee at the University of Newcastle, Australia (H-2014-0023).

Recruitment proceeded by contacting heads of CAM university departments and, where they agreed to participate, inviting staff in the department to be interviewed. Interviews were conducted with all those agreeing to take part. Recruitment continued until saturation was reached, and interviews took place at the majority of universities teaching CAM. Interviews were semi-structured and averaged an hour's duration. They were recorded, transcribed and analysed thematically in NVivo using the constant comparative method, with themes emerging inductively and in dialogue with existing sociological work on professions. Rigour was enhanced by the wide representation of universities, triangulation of methods and data from three different CAM professions in two countries, and the length of time the lead researcher spent in the field (data were collected over 2.5 years), meaning recurring themes and negative cases could be more reliably identified and explained (Jensen, 2008).

Because these are small academic and professional fields (generally comprising three or four departments in each modality, in each country), protecting participants' identities is

challenging. Throughout the paper, interviewees are referred to as ‘academics’ (Chiropractic academic = CA; Osteopathy academic = OA; Chinese medicine academic = CMA) but occupied a range of levels and roles including heads of department.

Findings

Findings are presented according to major moments of identity formation and key areas in which maintaining a coherent professional identity was experienced as stressful. They reveal the ways that epistemic stress has ebbed and flowed over time, both for individual CAM academics and for the field/s of academic CAM more generally. While the initial entrée to academia did not include an epistemic break, these tensions emerged later, as individual careers progressed and as the stakes of the academic game themselves began to change.

Entering the academic domain: ‘accidental academics’

The first area explored is the social trajectory of the interviewees - how they entered the professional and academic domains. Participants had a range of social origins. Some were attracted by counter-culture movements, including those around alternative medicine during the 1970s and 1980s. These older practitioners had trained in the college system, but were now working in universities.

We’re talking about the 70s you know, alternative movement going on, getting involved in all of that and happened to go to a health festival [where she tried reflexology with a friend] ...both of us had quite drastic results from it. (CMA14 - UK)

... it was at the time of, I suppose, alternative lifestyle movement in Sydney, so my friends were people who were starting over, looking at alternative ways of living and so I had contact with osteopaths at that stage and I was interested. (OA8 – Australia)

Others comprised a younger generation of practitioners – generally those under about 45 - who had trained within the university. A common route into CAM for this group, especially in osteopathy and chiropractic, was via sports. Numerous participants had discovered CAM after being referred for sports-related injuries:

I played a lot of sport and had multiple injuries and it was actually my rowing coach at the time that said, 'Just try my osteopath', and I went and saw the osteopath and thought, 'Oh, no, actually, these principles are more in line with what I'm into' (OA4 - Australia)

I spent a lot of time in the physiotherapy office, like almost weekly I was there with some sort of injury, musculoskeletal injury ... I was getting frustrated that they weren't resolving so a friend of mine said, 'Oh, you should try these chiropractors' (CA2 – Australia)

Having trained as practitioners, academia was a second career for almost all interviewees. For the vast majority, the move into academia was a gradual transition that began with casual tutoring, without any aspirations to become full-time university employees. These accounts were typical:

...it bored me a little bit after a while, private practice. I'd kept in contact with some of the guys who worked here and just in talking with them, they said 'why don't you come and do some clinical teaching?', so that's what I did. (CA10 - Australia)

I don't think I knew the difference between a teacher and an academic or any of that then when I started. So I started tutoring here as a sessional academic or whatever they call them now. (CA4 – Australia)

Filling staff shortages over a number of years, these positions gradually evolved into full-time roles, with many interviewees describing their career change as almost accidental. For the most part, then, practice was the original locus of professional identity. Teaching about and for practice was a relatively natural and neutral role extension. However, this practice-teaching nexus eventually meant they also found themselves bound up with a teaching-research nexus that had more radical implications for their identities. The exceptions were five Chinese medicine lecturers, who were from China and had trained there. These interviewees had followed a more conventional academic career path:

CB: *And what made you want to work in a university as opposed to just being a practitioner?*

CMA 4: *Ah, perhaps I don't have an answer on that because I have been in a university for some 20 years, so basically I never leave university from - after – ever since I got into university, so I kept going and Bachelor, Master, PhD, post-doc, I kept going so, yeah, I don't have a particular preference what happened but I do enjoy clinical practice and research and teaching*

Their pathways reflect the status of Chinese medicine in China, where, with government support, the modality is well developed as an academic discipline. For these academics there was no major transition into research-related roles, instead the main transition was into Western university systems given the relatively less established position of Chinese medicine within them. In some sense all of these CAM practitioners can be viewed as coming into their Australian and UK universities not just into second or 'add on' careers – like other professionals, such as many of their nursing and physiotherapy colleagues - but from 'alternative spaces' in the sense that their professions have been historically less integrated within, or subsumed by, Western biomedical health systems.

'Not in the special club anymore': loss of legitimacy in the practitioner field

For most participants the move into the university came with some costs. Certainly, none expressed the view that becoming an academic had enhanced their status within the CAM profession. It could actually count against them:

While some of us have clinical experience, our main kind of experience is in doing the research. With our collaborators in China, a lot of them are clinicians. So I think sometimes there's that – I think there's a sense from their side that we don't know what we're talking about because we're not clinicians, even though we are - we're clinicians and researchers. (CMA5 – Australia)

For individual practitioners entering the university context there are inevitable tensions between their original vocational identity and their new institutional identity (Cribb and

Gewirtz, 2015). This is because the ‘frameworks of meaning’ against which identities are constructed (Taylor, 1989) are a function of context, and what matters in the academic domain – including conceptions of expertise - is not always what matters in healthcare practice. This generates problems of maintaining and managing their place and ‘integrity’ in each of the two spheres and, of course, across them. This was illustrated well by the experience of CMA6:

***CB:** Do you identify more as an academic or a practitioner?*

***CMA6:** Mm, it's a really interesting thing, because even people who know I've been practising most of my TCM career, relate to me - or dismiss me - as an academic. It's a very interesting thing, that teaching doesn't matter; practice matters in this industry. So, it's like I'm not in the special club anymore, I'm in this other club.*

While being dismissed by practitioners, the same lecturer described the struggle to gain recognition in the university, saying that ‘For someone my age, the university has been a bit unforgiving, you know, they don't actually recognise practice’.

Becoming academics was not always easy, and it was becoming more difficult over time to manage their dual identities, largely due to changes in the academic domain discussed further below. Boyd and Smith (2016) have highlighted the ways in which other academics entering from the health professions experience an opposition between their practice and university identities and often subvert or resist aspects of the latter. Resistance was more difficult for the CAM academics whose place in the university was already tenuous, discussed next.

Fighting for epistemic legitimacy within the university

As well as struggling to maintain legitimacy in the eyes of their practitioner colleagues, the CAM academics were continually asked to account for their legitimacy within the university. Although other professional disciplines like nursing have at times been constructed as Other in the academy, these discourses seem to have receded with time. For the CAM academics, such challenges were ongoing and had in fact intensified in recent years. The increased online visibility of CAM practitioners' sometimes controversial claims, along with the organised sceptic campaigns, fomented their epistemic stress.

CAM academics reported feeling that they were expected to take responsibility for the esoteric beliefs of some members of the profession. CA10 discussed having no control over the ideas that chiropractors promote once they go into practice, and noted that other health professions also have members making dubious claims:

I mean I can take you to websites that show medical practitioners who suggest we need colonic irrigation every week, or that we need liver cleansing diets all of the time. Are the deans of the medical faculties from which those people graduated to be held responsible for their beliefs? That would be considered an absurd leap of faith, yet it doesn't apply to the chiropractors. The chiropractic educators somehow seem to be always getting dragged into what a fringe element of the profession believes, and are somehow being held responsible for that. (CA10 – Australia)

This shows how epistemic stress is produced not only from being unable to fully reconcile two professional identities, but also from being unable to escape one or other identity: confronted with the fringe element's beliefs, the CAM academics could not simply retreat behind their academic roles, because these roles depended on their also claiming an affinity with the practising profession.

The sceptic groups' crusades directly challenged CAM academics' place in the university. Interviews revealed that the sceptics' tactics went beyond the media campaigns to include what CA11 described as 'targeted attacks' via social media and through contacting university management to assert that particular academics were not teaching evidence-based material. In this case, the resultant stress led the chiropractor to consider leaving academia:

CB: So did you have to sort of defend yourself to the university?

CA11: Yes. Yes, to the university, seek counselling. Yes, question my very ability to be within the university sector, simply because if this is going to be how my future will be, undergoing personal attacks, it's very hard to deal with.

A Chinese medicine academic described having selected aspects of a lecture published out of context on a sceptic's website that then criticised Chinese medicine for working with 'an organ that doesn't exist'. The academic believed the notes had been leaked by a scientist colleague who was 'very anti us being here'.

Indeed, it was not just external sceptics who questioned the CAM academics' legitimacy – many had met hostile colleagues within their own universities. Often CAM disciplines were placed within health/science faculties, where other staff sometimes reportedly viewed CAM as 'pseudo-science' and 'mumbo jumbo'. The prejudice against CAM was described as manifesting overtly and more covertly:

All sorts of ways - the way the people are treated at university, how the department is treated, how the department is managed by the faculty, how individuals and their research are treated and related to, so all sorts of different

ways explicit and implicit, even more than explicit. And you learn that and you feel that at the meetings and communicating with other academics. (CA5 – Australia)

Several interviewees mentioned that their PhD students had been harshly treated by non-CAM colleagues when giving presentations within the university. Others were aware that colleagues in their own university had joined the sceptic organisations that were trying to eradicate academic CAM. One academic, in a CAM department threatened with closure, described taking ‘very personally’ the rebuff from the same university that had awarded his degrees and hired him: *‘now they’re telling me that I’m not worthy to be amongst this community’*. This experience poignantly illustrates the intensity of the epistemic stress CAM academics face, doubly alienated from their profession and the university, and under pressure to produce evidence for their professional practice, in order to protect both the profession and their own academic jobs.

‘Fish out of water’ in the university

Efforts to gather evidence for CAM’s effectiveness were hindered by the academics’ lack of research experience. Although university teaching, for most CAM professionals, is a relatively comfortable adjustment, that step brings increasingly intensive research expectations in train and, for many, risks further alienation from their prior professional identity. Additionally, universities’ emphases on ‘research productivity’ often instrumentalises and commodifies ‘research knowledge’. These forms of ‘academic capitalism’ (Slaughter and Rhoades, 2004) have intensified since the CAM disciplines moved into universities.

The shift in emphasis towards research productivity has increased the gap between the kinds of capital that most CAM academics bring to the academic domain and those that are valued there. Some began to feel like ‘fish out of water’ in Bourdieu’s terms – their ‘habitus’ (or set of embodied dispositions) was out of place in the academic domain (Bourdieu and Wacquant 1992). For instance, OA10 commented:

This is a big issue, that we train in private colleges - small groups, passionate osteopaths training us, like a little family. Then we go into an institution where we’re just like some tiny little hayseed family, come out of the woods, and no-one’s looking after one another. They don’t in the university, it’s dog eat dog, it really is. And it’s research you know, and so numbers, numbers and research. (OA10 - Australia)

Teaching brought most CAM academics into the university, yet now they were expected to be undertaking research, and doing so in ways that demonstrate institutional success in the university marketplace. Contrasting the private college ‘family’ with the ‘dog-eat-dog’ ethos of universities, this osteopath implies that the drive for individual research-metric-based success breeds competition and a stressful environment that some CAM academics find alien.

Across the different academic institutions, CAM academics were under increased pressure to undertake PhDs (which the majority of participants did not have) and to increase research output and grant income. This was sometimes difficult to reconcile with staff and students’ own dispositions towards practice:

The currency these days is research and prestige. So in this particular university it’s about - that is all they’re interested in. ... But us being a very vocational course, so 99% of our graduates they want to just go out and be a chiropractor. They’re not

interested in research. So when you think about - a tricky situation, it's hard to build our research capacity. (CA3 – Australia)

Among the challenges they faced in developing research capacity, not least were the demands of clinical practice, which many were still involved in, working only part-time for the university:

Because I practice, I am on a contract, on two and a half days a week. ... There's so much bureaucracy in this administration we do not have time to breathe. At the same time they are constantly forcing us to do research, when if I had forty-eight hours in a day instead of twenty-four maybe I could do it, but otherwise I can't. So how can I consider myself an academic if I don't do what it takes because I don't have the time? (CMA14 – UK)

Managing the tensions between research and practice

A range of strategies were used to manage the tensions between research and practice. A few academics were resistant to what they saw as the game being played in the academic domain – some were looking forward to retiring in a few years while others considered a return to full time practice. Those who wished to stay in the university felt they had no choice but to play according to the rules, and that this was crucial to keeping their jobs *and* to keeping the CAM departments open. Indeed, there have been a number of threatened or actual CAM department closures over the last few years with research activity a clear factor in a department's fate. Therefore, the majority of participants were attempting to build and strengthen their professional identity as academics – specifically by enrolling in PhDs and becoming more involved in research:

I think the biggest area where we need to improve, as do a lot of the vocational courses and their staff, is in research output. So that's why I've talked to you about staff doing PhDs. We need to get grants. We need to pump out more research. And it needs to be quality research, not just publishing in the grey literature, like a lot of chiropractic stuff is. (CA7 – Australia)

In many cases this entailed a further distancing from the world of professional practice. For instance:

I used to practice more, I used to practice three, four days a week and now I only practice two days. But the teaching's slowly, you know - because if you work for a university normally they want you to commit to at least three days if you're on a fulltime program. (CMA10 – UK)

Several interviewees explained that they had stopped clinical practice when they commenced a PhD as there simply was not enough time for both. These participants effectively had to choose between committing to the field of CAM practice or to the academic field. Such experiences shed light on the micro-level processes that underpin the 'academicisation' described by Abbott (2005), and help to explain why the academic domain can come to take precedence over the professional domain. They reveal the structural constraints that practitioners face within the academic domain; they need to meet certain requirements in order to stay there, such as doing a PhD, which limits the time available for professional practice.

The consolidation of academic identity

It seems that what is occurring over time within CAM higher education, at both an individual and institutional level, is the consolidation of academic norms and expectations and a gradual distancing from the rest of the profession, as Abbott's (2005) account would predict.

Significant energy was going into forging a successful research career and meeting the other demands of university work. When asked, the majority of interviewees said that they now identified more as an academic than a practitioner, even though most were still doing some clinical practice. Those representing a younger generation who had trained from the beginning in universities were particularly inclined to embrace the academic identity.

The identity shift often entailed a distancing from the traditional knowledge base of the profession. For instance, OA6 stated: 'honestly I identify more as an academic now. I'm less wedded to some of the principles and beliefs [of osteopathy] and less traumatised if they appear to be false [*laughs*]'. Although OA6 was no longer 'traumatised' when evidence emerged that challenged osteopathic theories, OA11 found this difficult to deal with, especially because he still depended on clinical practice for a portion of his income:

I kind of wish I was one of these naïve practitioners that never really read research. You just wouldn't know, you'd go 'oh it's brilliant, it's still really cool and kind of magical'. The minute you have a critical mind, you go down this kind of research path, it kind of destroys everything and makes you a miserable bitter person. (OA11 – UK)

Both epistemic and moral stress combined for OA11 when he was confronted with patients' treatment expectations, which sometimes flew in the face of scientific evidence. The consolidation of this individual's researcher-identity had made practising as an osteopath increasingly uncomfortable.

The capture of CAM education by academic norms has important ramifications for the future of the professions, raising the question of how they will be able to reproduce, consolidate and protect their specialist knowledge base if their key academic representatives are distancing themselves from it. This appeared to be less of a problem for Chinese medicine, where many academics seemed able to compartmentalise teaching traditional knowledge and conducting research in a biomedical paradigm (see Brosnan [2016] for a more detailed analysis). In osteopathy and chiropractic, however, there was a turn away from profession-specific knowledge and towards a more general body of health scholarship. This was coupled with a drive to succeed as an individual researcher. A good example is CA2 (Australia), who expressed frustration with the chiropractic academic domain and the lack of research mentorship for him as a relatively early career academic:

There's this new blood of younger academics, I guess, that are now filling the void. ...they're looking at the academic system, and they're saying, 'Hey, I really want to do a good job. This is what people in other departments or faculties are doing to do a good job. I want to emulate that'. And then there are a few that are just going outside of chiropractic to get the skill set that they require, for example, myself and [other colleagues].

By going 'outside of chiropractic', he referred to himself and other colleagues collaborating with, or having their PhDs supervised by, physiotherapists or people from other disciplines. Traditionally, many in the chiropractic profession have seen physiotherapy as their key competitor as it works within the medical model, anathema to original chiropractic philosophy (Brosnan, 2017). For CA2, OA11 and others, however, being a good academic was more important than being a pure chiropractor or osteopath. This group wanted to focus on research

and do it well – partly in order to defend themselves against the sceptics – even if it meant throwing off some of the traditional beliefs of the profession.

The comment from CA2 about colleagues wanting to do ‘a good job’ in the university can be read in more than one way. Accommodations to the academic domain need not simply be read as cynical or instrumental adjustments but can also contain within them appeals to emerging vocational identities as academics, including appeals to the direct benefits of research knowledge. Thus for CA2 ‘doing a good job’ included doing good quality research that would ultimately help patients. In fact, this interviewee argued that it is unethical to adhere to chiropractic professional identity for its own sake: it is more important to do good research, even if this ultimately undermines the tenets of the chiropractic profession (by disproving core beliefs). He described the attitude he had encountered from other health researchers who were unconcerned with practitioner identity and furthering their own profession’s interests:

... it's kind of refreshing. I don't see them identify as physio. They identify as 'We work in this field trying to help the community with these problems' and their viewpoint is always on the community first and foremost and it's really, really refreshing because the interest is of the community. The interest isn't as a chiropractic and I think that's a big difference.

Indeed CA2 specifically signalled the threat that an institutional academic identity, in an era of academic capitalism, posed to a vocational academic identity. He was highly critical of the corporatisation of the university and its potential effects on knowledge-production in

chiropractic (which, as a discipline, is in a weak position in the academic field, and has difficulty resisting these trends):

[The role of the university is] really to develop knowledge in the community, the place of learning, the place of enquiry. It's not a place to continually increase the number of dollars that are coming through this organisation's books, but that's the way in which universities are operating now from the executive down. And so academics can either say, 'Well, I'll just play the game and look after my own career progression and not rock the boat' - and chiropractic as I see it typically do that because we don't have very strong academic credentials so if we do rock the boat, they're going to say, 'Well, get out of here.'

Discussion

The move of CAM into universities is a professionalization strategy but one that produces a considerable set of challenges for the coherence and continuity of CAM professionalism. We have summarised these challenges here as a manifestation of 'epistemic stress' - the burden produced by being subject to competing and conflicting epistemic norms in negotiating one's professional identity and relationships.

Epistemic stress is a feature of the move of established professional groups into universities and, we are suggesting, notably so in the case of the CAM professions. All professionalism is defined around a set of claims about specialist expertise and capability (both technical and ethical) and the bases of that expertise and capability. But the professionalization strategy of embedding CAM in universities cannot simply be read as about strengthening the underpinnings of CAM. Rather it will often represent a significant shift in emphasis with regard

to what counts as the relevant profession-defining forms of expertise and associated forms of legitimation. University expectations relating to academically sanctioned research knowledge both displace the centrality of practice-based know-how and pose questions about the separateness of, control over and conservation of, the traditional knowledge base of CAM specialists. Stretched between practice demands and academic demands CAM professionalism risks falling apart or, at least, of falling short in both domains – failing to stay close enough to traditional knowledge claims and practices to protect and support them, and failing to live up to university peers’ conceptions of either intrinsic academic rigour or instrumental academic productivity.

For CAM academics epistemic stress can arise in multiple ways including (a) straightforward disagreements, from inside and outside their specialism, about specific knowledge claims, (b) tensions between and within practice and academic domains about what counts as legitimate knowledge and (c) dilemmas about the kinds and levels of accommodations to be made with university-based conceptions of knowledge, for example, about the right degree of proximity to conventional medical or health sciences. Although similar epistemic struggles face other professionals who span the academic-practice divide CAM arguably represents a particularly acute example given that (a) it is an area where claims to knowledge are conspicuously contested, (b) within universities it ‘sits alongside’ the bio-sciences where powerful knowledge hierarchies operate, and (c) it is relatively new to the academy and its members are mostly not established in research.

In some respects, however, the experiences of CAM academics simply highlight challenges facing academics more broadly. In particular the intensity of expectations around research productivity, accompanied by powerful norms defining what counts as ‘prestigious’ or, at least,

‘audit-worthy’ research (given such things as Australia’s ‘Excellence in Research for Australia’ [ERA] and the UK’s ‘Research Excellence Framework’) creates moral, including epistemic, stress across the academic system. The categories of such audit frameworks are designed to colonise the subjectivities of academics who are expected to reorient their own vocational concerns about what kinds of knowledge matter so that they more closely conform to official institutional definitions.

We would suggest that the account of epistemic stress we have offered here may be of broader theoretical and analytical relevance. As well as specifying an epistemic variant of moral stress, we hope to have highlighted the ways in which it is central to the challenges of holding together manageable professional identities for individuals and groups. We have also begun to indicate factors which may increase its salience. Clearly it has relevance wherever individuals have to cross boundaries between different epistemic communities and especially when they are subject to conflicting demands arising from incompatible accounts of epistemic legitimacy. It would also seem likely to be intensified when working in close proximity to any socially influential group with claims over high-status forms of expertise (in this example, biomedicine). Similarly, modes of organisation and governance that create pressures towards, and performance measures around, privileged but circumscribed conceptions of knowledge will intensify epistemic stress for any group that does not already conform to such privileged conceptions. It is thus plausible to suggest that smaller, more varied, independent and autonomous institutional locations may have some advantages with regards to the levels of epistemic stress experienced; however it should be reiterated that this cannot be treated as straightforwardly advantageous because some levels of such stress may operate productively in relation to the building of more resilient forms of professionalism and, potentially, for the adaptability and creativity of professional practice.

We suggest that these broad propositions warrant further investigation across and within professional fields, which obviously require differentiated treatment. CAM academics, for example, belong to different groups, are subject to different combinations of epistemic stressors and need to be understood differentially. Similarly, at a more individual level, CAM academics' level of realistic 'elbow room' to avoid or comfortably handle the stresses of academic identity maintenance will, of course, depend upon their relative seniority, institutional alliances and the epistemic 'micro-climates' in which they work. None of these academics are in positions to navigate epistemic stress purely through their own efforts. Other people, including critical voices inside and outside the academy, are also simultaneously assigning or withholding the stamp of legitimacy to CAM professional knowledge claims. Most broadly, as we noted at the start, the whole position of CAM professionalism within the university is a matter of ongoing contention and controversy such that no secure epistemic settlement is in sight.

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References

Abbott, A. (2005). Linked ecologies: States and universities as environments for professions. *Sociological Theory*, 23(3), 245-274.

- Almeida, J., and Gabe, J. (2016). CAM within a field force of countervailing powers: The case of Portugal. *Social Science & Medicine*, 155:73-81.
- Andrew, N., Ferguson, D., Wilkie, G., Corcoran, T., & Simpson, L. (2009). Developing professional identity in nursing academics: The role of communities of practice. *Nurse Education Today*, 29(6), 607-611.
- Barnes, L. (2003). The acupuncture wars: The professionalizing of American acupuncture-a view from Massachusetts. *Medical Anthropology*, 22 (3):261-301.
- Barry, C. A. (2006). The role of evidence in alternative medicine: Contrasting biomedical and anthropological approaches. *Social Science & Medicine*, 62(11), 2646-2657.
- Berlinger, N. (2016). *Are Workarounds Ethical? Managing Moral Problems in Health Care Systems*. Oxford, UK: Oxford University Press.
- Bourdieu, P. and Wacquant, L. (1992). *Invitation to a Reflexive Sociology*. Cambridge, UK: Polity Press.
- Boyd, P. and Smith, C. (2014) The contemporary academic: orientation towards research work and researcher identity of higher education lecturers in the health professions. *Studies in Higher Education*, 41(4), 678-695.
- Brosnan, C. (2015). 'Quackery' in the Academy? Professional Knowledge, Autonomy and the Debate over Complementary Medicine Degrees. *Sociology*, 49(6), 1047-64.
- Brosnan, C. (2016). Epistemic cultures in complementary medicine: knowledge-making in university departments of osteopathy and Chinese medicine. *Health Sociology Review* 25 (2):171-186.
- Brosnan, C. (2017). Alternative futures: Fields, boundaries, and divergent professionalisation strategies within the Chiropractic profession. *Social Science & Medicine*, 190, 83-91.

- Caldwell, E. (2017). Quackademia? Mass-media delegitimation of homeopathy education. *Science as Culture*, 26 (3), 380-407.
- Campbell, S. M., Ulrich, C. M., & Grady, C. (2016). A broader understanding of moral distress. *The American Journal of Bioethics*, 16, 2–9.
- Cant, S., and Sharma, U. (1995). The Reluctant Profession - Homoeopathy and the Search for Legitimacy. *Work, Employment & Society*, 9 (4), 743-762.
- Colquhoun, D. (2012) Complementary medicine courses in universities: how I beat the varsity quacks, *The Telegraph*, 31 January. <http://www.telegraph.co.uk/news/science/science-news/9051103/Complementary-medicine-courses-in-universities-how-I-beat-the-varsity-quacks.html>. Accessed 9.6.19.
- Cribb, A. (2011), Integrity at work: managing routine moral stress in professional roles. *Nursing Philosophy*, 12, 119–127.
- Cribb, A. and Gewirtz, S. (2015). *Professionalism*. Cambridge, UK: Polity Press.
- Department of Health (2019). Private health insurance reforms: changing coverage for some natural therapies. Factsheet, Australian Government Department of Health. Available at <https://www.health.gov.au/internet/main/publishing.nsf/Content/private-health-insurance-reforms-fact-sheet-removing-coverage-for-some-natural-therapies>. Accessed 6.6.19
- Duffy, R. (2013). Nurse to educator? Academic roles and the formation of personal academic identities. *Nurse Education Today*, 33(6), 620-624.
- Fitzmaurice, M. (2013). Constructing identity as a new academic: a moral endeavour. *Studies in Higher Education*, 38 (4), 613-622

- Flatt, J. (2013). Critical discourse analysis of rhetoric against complementary medicine. *Creative Approaches to Research*, 6(2), 57-70.
- Flesch, H. (2013). A Foot in Both Worlds: Education and the Transformation of Chinese Medicine in the United States. *Medical Anthropology*, 32 (1), 8-24.
- Fourie, C. (2015). Moral distress and moral conflict in clinical ethics. *Bioethics*, 29, 91–97.
- Givati, A. (2015). Performing ‘pragmatic holism’: Professionalisation and the holistic discourse of non-medically qualified acupuncturists and homeopaths in the United Kingdom. *Health*: 19 (1), 34-50.
- Givati, A., and Hatton, K. (2015). Traditional acupuncturists and higher education in Britain: The dual, paradoxical impact of biomedical alignment on the holistic view. *Social Science & Medicine*, 131, 173-180.
- Hallett, T. (2010). The myth incarnate: recoupling processes, turmoil, and inhabited institutions in an urban elementary school. *American Sociological Review*, 75 (1), 52-74.
- Hurst, K.M. (2010). Experiences of new physiotherapy lecturers making the shift from clinical practice into academia. *Physiotherapy*, 96 (3), 240-247.
- Jameton, A. (1984). *Nursing practice: The ethical issues*. Englewood Cliffs, NJ: Prentice Hall.
- Jensen, D. (2008). ‘Credibility’ in Lisa Given (ed) ‘The SAGE Encyclopedia of Qualitative Research Methods.’ doi: 10.4135/9781412963909.
- Kelner, M., Wellman, B., Welsh, S. and Boon, H. (2006). How far can complementary and alternative medicine go? The case of chiropractic and homeopathy. *Social Science & Medicine*, 63 (10), 2617-2627.
- Lewis, M. (2019). De-legitimising complementary medicine: framings of the Friends of

- Science in Medicine-CAM debate in Australian media reports. *Sociology of Health & Illness*, 41(5), 831-851.
- McNamara, M. S. (2008). Of bedpans and ivory towers? Nurse academics' identities and the sacred and profane: a Bernsteinian analysis and discussion paper. *International Journal of Nursing Studies*, 45(3), 458-470.
- Morley, G., Ives, J. and Bradbury-Jones, C. (2019). Moral Distress and Austerity: An Avoidable Ethical Challenge in Healthcare. *Health Care Analysis*, 27(3), 185-201.
- NHS England (2018). NHS England welcomes homeopathy court ruling. Press release, NHS England. Available at <https://www.england.nhs.uk/2018/06/nhs-england-welcomes-homeopathy-court-ruling/>. Accessed 6.6.19.
- Saks, M. (2003). *Orthodox and alternative medicine: politics, professionalization, and health care*. London: Sage.
- Slaughter, S. and Rhoades, G. (2004). *Academic Capitalism and the New Economy: Market, State, and Higher Education*. Baltimore: Johns Hopkins University Press.
- Taylor, C. (1989). *Sources of the Self*. Cambridge, UK: Cambridge University Press.
- Tran, D. (2012). Bitter pill: fight over science in medicine. *Monash Weekly*, 22 July. Available at: <http://www.monashweekly.com.au/story/290235/bitter-pill-fight-over-science-inmedicine/>.
- Treiber, L. A., & Jones, J. H. (2015). The care/cure dichotomy: nursing's struggle with dualism. *Health Sociology Review*, 24(2), 152-162.
- Welsh, S., Kelner, M., Wellman, S. and Boon, H. (2004). Moving forward? Complementary and alternative practitioners seeking self-regulation. *Sociology of Health & Illness*, 26(2), 216-241.
- Wenger, E. (1998). *Communities of Practice*. Cambridge, UK: Cambridge University Press.

Willis, E. (1983). *Medical Dominance: the division of labour in Australian health care*.

Sydney: George Allen & Unwin.

Winch, C. (2010). *Dimensions of Expertise: A Conceptual Exploration of Vocational Knowledge*. London: Continuum.