THE PRACTICE OF CHINESE MEDICINE IN NEW ZEALAND

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ABSTRACT

Chinese medicine has been practised throughout history in a variety of forms in a variety of countries. This study is concerned with discovering the particular form Chinese medicine has assumed in New Zealand. Data was collected by means of an ethnographic survey of 39 practitioners and 130 patients of Chinese medicine from throughout New Zealand. The thesis explores three main areas: first, what types of Chinese medical practices exist in New Zealand; second, who seeks and supports Chinese medicine as a health therapy in New Zealand; third, the perspectives that practitioners and patients of Chinese medicine have on the practice of Chinese medicine in New Zealand. An attempt is made to balance quantitative results with the qualitative descriptions and observations of the research participants. Primarily this thesis has been written with the needs of the research participants in mind - to be an independent source of information for them. Currently, Chinese medicine has no legislative protection in New Zealand, and there are a great variety of practitioner groups and practitioners practising "Chinese medicine" (particularly acupuncture) here. The research findings suggest that the practice of Chinese medicine in New Zealand has many forms, and is frequently fragmented and mixed with other health therapies. It is concluded that adaptation to context, including the presence of "non-Chinese" therapies, is a positive feature of Chinese medicine that long predate its arrival in New Zealand.

KEYWORDS: **CHINESE MEDICINE; ACUPUNCTURE; ALTERNATIVE AND COMPLEMENTARY MEDICINES; ETHNOGRAPHY.**

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PREFACE

I am not a practitioner or authority on Chinese medicine, consequently this thesis is not an expert's exposition on the topic. Rather, it is the product of fieldwork research involving observations of treatment sessions, interviews with practitioners of Chinese medicine, patient and practitioner questionnaires, and library research. As a researcher in the field of social anthropology, my position as a non-medically trained person with little previous experience of Chinese medicine, meant that I often wondered if I was qualified enough to be researching the topic of "The Practice of Chinese medicine in New Zealand". What I could offer to this project was simply an unpartisan approach, with skills in researching and writing about culture and society, an interest in Chinese medicine, and a Chinese heritage.

My interest in and choice of the topic of Chinese medicine arose due to three main influences. First, during my final year in undergraduate studies at university, I took a paper called "Systems of Healing", which opened my eyes to the different worlds of healing. During that year, we learned about the health practices and views which exist in different cultures, including Chinese medicine, Ayurvedic medicine, and Western medicine. It was then that I began to learn that "health" and "medicine" are understood and practised in many different ways, and my interest in and respect for healing traditions outside the boundaries of "Western medicine" grew. Before this, the healing worlds outside "orthodox" Western medicine were entirely invisible to me, as neither I nor my family or friends had needed to search outside Western "biomedicine" for health care. As a result of my studies, I began to see the important role that "alternative"/"complementary" medicine can have in people's lives, culture, and their attitudes to health care.

Second, the topic of Chinese medicine interested me particularly because of its approach to health and healing. I was especially interested in the theories of yin and yang, and the connection of our health and well-being to the wider scheme of things, for example, our physical, social, and mental environments. As I read through the translations of the oldest Chinese medical texts, the "Huang-di Nei-ching" - the Inner Classic of the Yellow Emperor, compiled by unknown authors between 300 and 100 BCE (Kaptchuk, 1983:23) - I was surprised to learn that "Chinese medicine" has many incongruent and even

conflicting traditions within it. In this pluralistic tradition, the old is not replaced by the new, rather systems practised exist along side each other (Unschuld 1985). The more I learned about Chinese medicine, the more I became interested in understanding how it is being practised in New Zealand, who is practising it, and who seeks it as a therapy.

Finally, on a more personal note, being half Chinese, I was motivated to learn about Chinese medicine because it was also a part (albeit remote) of my heritage. This was important to me, as a researcher, for personal and ethical reasons. My maternal grandmother and other relatives, although they live outside China and have mostly settled in Papua New Guinea and Australia, do still seek Chinese medicine as well as Western medicine for their health care needs. Nevertheless, being half Anglo-Saxon, I was raised according to Western standards and culture, and my immediate family prefers to rely on Western "biomedicine". So, for me, this project was a chance to explore and reacquaint myself with the other half of my distant culture and heritage. Therefore, my approach to this research topic, was not just a quest for knowledge, but also a personal inquiry with a motivation to connect with people and learn from them about a tradition that is distant, but also related to me.

Although the participants in this research project come from many varied backgrounds and viewpoints, they each in their own way celebrate choice in the health care options available to our multi-cultural New Zealand society - for the benefit of working towards good health for all. This thesis has been written for them and is dedicated to them.

CONTENTS

List of Figures

[1] The figures in Chapter Three, Four, and Five have been numbered according to the corresponding question in practitioner or patient questionnaires (see Appendices 2 and 3). For example, "Figure: *Practitioners* 4.1a" refers to the practitioner questionnaire, section 4, question 1. In addition, as a result of the combination and comparison of practitioner and patient data, particularly in Chapters Four and Five, figure numbering may not appear in sequence.

INTRODUCTION

Today, it seems that within New Zealand there exist a number of healing traditions, including those from Western and Eastern origins. However, there appears to be little information or research done in this area, especially in the domain of "alternative" or "complementary" medicine[1]. Therefore, the relevance of this research into the practice of Chinese medicine is to provide a source of information for the benefit of increasing our understanding about healing traditions in New Zealand. Specifically, the topic of "Chinese medicine" serves as a kind of parameter, limiting and focusing the boundaries of this research project to a particular set of health and social issues, as well as a particular group of people within New Zealand - namely those with an interest in Chinese medicine as a health therapy.

Chinese Medicine as a Research Topic

This study began simply as a general investigation into a topic that seemed to be rather neglected in the existing literature about Chinese medicine - namely, the practice of Chinese medicine in a Western country. This study essentially explores the issues that have begun to be raised in recent years by scholars[2], especially in the area of the transformation of Chinese medicine in new settings in the West, and attempts to contribute to this emerging field of study by providing insight into the particular situation of Chinese medicine in New Zealand.

The term "Chinese medicine" encompasses a number of modalities. It includes: acupuncture, acupressure, herbology, moxibustion, as well as a range of health practices relating to diet, exercise, and "magico-religious" interventions (Hare:1993). In China, the tradition of Chinese medicine remains multi-faceted, with many schools of thought, and at

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1 By using the terms "alternative" or "complementary" medicine, I refer to the specific situation in New Zealand and many Western countries, where Western biomedicine is dominantly practised, and other healing traditions existing within that context, such as Chinese medicine, are often viewed as secondary options or "alternative" or "complementary" in relation to the context of the dominant or "orthodox" healing tradition of the society. In his discussion of "alternative" and "complementary" medicine in Britain, Saks (87:1994) also points out that these terms refer to status relative to the health care system rather than content or intrinsic homogeneity.

2 Recent studies include:
Hare (1993) The Emergence of an Urban U.S. Chinese Medicine
W.M. Bowen Ph.D. (1993) The Americanization of Chinese Medicine: A Discourse-Based Study of Culture-Driven Medical Change.

no time in its documented history has it been totally dominated by one school of thought (Unschuld, 1992). Hence, Chinese medicine has been described as consisting of a number of ideas and practices conglomerated together throughout history. Unschuld (1987:1023) states:

> Historically seen, though, Chinese medicine is a heterogeneous array of ideas and practices that were developed in China, or adopted from abroad, over the past three thousand years.

Martha Hare (1993), an anthropologist who conducted fieldwork with a sample of non-Asian patients and practitioners of Chinese medicine in New York City during 1989 and 1990, points out that each new setting where Chinese medicine was transported provided an opportunity for an ongoing transformation of Chinese medicine. According to Hare, the term "Chinese medicine" represents not one, but a variety of healing practices, all of which stem from the classical traditions of medicine in China. She writes (1993:32):

> ...what is now termed "traditional Chinese medicine" (which reached the United States in the 1970s) is a modern variant of acupuncture and herbal medicine that developed during the Maoist era...The Chinese medicine practised by a migrant to New York's Chinatown may be very different from that practised by an American trained in a local acupuncture institute. Still, the term "Chinese medicine" serves as an organizing scheme for a continually evolving system of care with roots in the classical traditions of China.

"Chinese medicine" then, can be defined and understood as an assortment of healing practices which originated in China approximately 3000 years ago and continue to develop and evolve today. Therefore, throughout this text, the term "Chinese medicine" should be understood as an organizing scheme for a range of health care practises.

The Focus of this Research

Similar to Hare's (1993) study of Chinese medicine in New York, this study involves fieldwork with a sample of mostly non-Asian patients and practitioners of Chinese medicine. This study examines how Chinese medicine is practised in New Zealand. It is concerned with identifying the current form or identity that Chinese medicine has in New Zealand, as well as the historical and political context in which Chinese medicine exists. This study is orientated particularly towards representing the subjective perspectives of both practitioners and patients of Chinese medicine. It aims to answer the question: "how is Chinese medicine being practised in New Zealand?". Particularly, it examines the

emergence, cultural construction, and formative identity of "Chinese medicine" in New Zealand. Therefore, it also explores the question: "What does Chinese medicine mean to New Zealanders?".

One of the participants in this research project commented that "Chinese medicine" has not yet begun to be practised in New Zealand. So, one may ask: Why do a research project on the practice of Chinese medicine in New Zealand if it is not present here yet? The answer lies in how we choose to define "Chinese medicine". Being aware of the multifaceted nature of the tradition of Chinese medicine, my approach to the topic was to invite research participants involved in any or all of the practices of Chinese medicine, regardless of their orientation or perspective, to contribute to this study. This approach stemmed from my concern with learning from people in New Zealand who have an expressed interest in Chinese medicine, what they conceive it to be, rather than narrowly looking for persons who represent one particular ideal or text book definition of what "Chinese medicine" should be. I was interested in discovering broadly how practitioners and patients of "Chinese medicine" in New Zealand utilised, defined, and understood the topic themselves. Therefore, I did not "disqualify" any particular persons or groups from this research. My one requirement was that they were regularly engaged in at least one type of practice or therapy known to be derived from the tradition of Chinese medicine. As a result, this study includes a rather heterogeneous group of people with various backgrounds and perspectives.

Having said this, I must also point out that the scope of this research was focused on therapies and practices that were specifically advertised as "Chinese medicine" and were particularly related to the healing of the body. I did not actively seek out practitioners of Tai Chi, or people involved in Chinese "magico-religious" activities relating to health. Although, some of the practitioners and patients involved in this research did have an interest in these areas, they did not especially refer to these activities when discussing the practice of diagnosis and treatment of disorders, illnesses or injuries. However, in discussing preventative measures, the topics of exercise, diet, and mental/emotional state often did come up. Therefore, the one controlled variable in this study was that all participants were giving or receiving treatments in a clinical, "professional" situation, in which there existed a "doctor" and a "patient", and there was an exchange of money for the direct therapeutic treatment of specific ailments.

During the research process, four main areas in particular were focused on. The aim was to approach the topic from different angles, which would contribute to a conglomerate picture and an overall insight into the practice of Chinese medicine in New Zealand. The first area focused on was the clinic - or place of practice. The second area focused on was the treatment - what type of treatment was available. The third area focused on was the practitioner - who chose to practise Chinese medicine. Finally, the fourth area focused on was the patient - who chose Chinese medicine as a health therapy.

In order to achieve a conglomerate picture of the practice of Chinese medicine in New Zealand, this thesis has been composed - like pieces from a puzzle - from many sources. It has sought to balance qualitative and quantitative research methods to present an accurate and holistic account of how different practitioners and patients of Chinese medicine actively define, understand, and shape the practice of Chinese medicine in New Zealand. Whilst this thesis does not present a fine-grained view of the life of particular persons, it nevertheless attempts to provide a record of practitioners' and patients' experiences and attitudes by continually referring back to them and what they have told me. Thus the focus of this thesis has been necessarily broad in its endeavour to incorporate the views and perspectives of many practitioners and patients throughout New Zealand.

Throughout this study my approach has been to suspend any tendencies to judge how well the practice of Chinese medicine in New Zealand measures up to the practice of Chinese medicine as it exists in Asia - or even in text books. Instead, I have endeavoured to encourage the people involved to discuss what Chinese medicine means to them, keeping in mind that each new setting throughout the world to which Chinese medicine has been transported, has provided an opportunity for an ongoing transformation of Chinese medicine.

The Structure of this Thesis

The main focus of this study is to present a primarily ethnographic account which is based upon the lives and experiences of people. In terms of structure, this thesis has aimed to discuss this topic in a holistic way, providing a context to its focus by exploring existing literature and the wider historical and political dimensions relating to the practice of Chinese medicine in New Zealand.

Chapter One examines the question of "What is Chinese medicine?". Section One reviews existing literature on Chinese medicine, it centres particularly on an exploration of how Western scholars have defined, researched, and represented Chinese medicine. The issues concerning the historical development of Chinese medicine, the integration of Chinese medicine and Western medicine, and the place of Chinese medicine as part of the holistic trend in health care are also examined. Section Two begins with an overview of the New Zealand Health Sector, and the New Zealand government's policies on health. Within this historical and political context, the legislation in New Zealand relevant to Chinese medicine is reviewed. Part Two attempts to cover the history of the practice of Chinese medicine in New Zealand - its emergence in the New Zealand context, and its present place. It also provides an outline of the different practitioner associations with an active interest in the practice of Chinese medicine in New Zealand.

Chapter Two discusses the research process. Particularly, it describes the research design, methodology, ethical issues, and the problems experienced during the research process.

Chapter Three is based upon the results of a practitioner survey and explores various types of Chinese medicine practices in New Zealand. The discussion is divided into two parts. Section One details the types of Chinese medicine clinics in this survey. Section Two follows with a description of the types of treatments offered by these Chinese medicine clinics and the types of disorders, illnesses and injuries that they most often treat.

Chapter Four is divided into two sections. Section One provides an indepth representation and discussion of practitioners who practise Chinese medicine, in any or all of its forms, in New Zealand. In particular, this Section draws upon fieldwork data gained from questionnaires and interviews with practitioners and patients, and presents the subjective perspectives of practitioners of Chinese medicine. Section Two expands the subjective perspective discussed in the previous chapter to include the patients of these

practitioners. It draws upon questionnaire data completed by patients of Chinese medicine, and examines in particular the experience of treatment from the patients' perspective.

Chapter Five examines how Chinese medicine is mixed with other health therapies and details practitioners and patients perspectives. It draws upon questionnaire data and interviews with practitioners and patients of Chinese medicine. Section One details practitioners' and patients' perspectives on the treatments given in a "Chinese medicine practice". Section Two recounts how practitioners and patients explain and understand the treatments. Section Three concludes with a discussion of practitioners and patients views on the place of Chinese medicine as a health therapy in New Zealand

Finally, this thesis concludes with a discussion of its findings and suggests further areas for future research.

CHAPTER ONE

What is Chinese Medicine?

"...the view now shared by a majority of scholars in this field, is that Asian medical systems are intrinsically dynamic, and, like the cultures and societies in which they are embedded, are continually evolving"
(Leslie & Young, 1992:5-6).

Introduction

The aim of this chapter is to explore and discuss the question "What is Chinese medicine?". This chapter draws upon literary sources and is supplemented by research findings. Section One begins with a broad focus, surveying the existing literature on Chinese medicine from various perspectives. Section Two concludes with a narrowing of focus to the political-socio-cultural dimensions of the practice of Chinese medicine in New Zealand.

Section One: Sorting through Traditions of Literature

Interpretations and (Re-)Presentations of Chinese Medicine

In the tradition of "agreement reality" (Babbie 1995:6) - that is, knowing things by what people tell us - it is worthwhile to explore what scholars have written on the topic of Chinese medicine. As Leslie and Young (1992) suggest in the opening quote, it has been increasingly acknowledged that medical systems are embedded in cultures and societies, and thus are dynamic rather than static in nature. This section aims to review some of the existing literature and to discuss how Chinese medicine has been defined, researched, and represented by Western scholars[1] .

Western publications on health care in China have flowed unceasingly to readers in the West since the seventeenth century, when European travellers brought back news of acupuncture and herbal medicine (Unschuld, 1985:1). The majority of existing literature on Chinese medicine covers the topic of Chinese medicine in Asia, and most of the Western scholars writing about Chinese medicine since the early 1970s seem to focus their attention,

[1] The term "Western scholars" is a broad category. All of the literature discussed is published in English. However, not all the scholars mentioned in this chapter would describe themselves as "Western". Nonetheless, by publishing in English, they make their works accessible to a Western audience, and therefore contribute and participate in how Chinese medicine is defined and understood outside Asia.

if not on Chinese medicine in China, then on Chinese medicine in Asia.[2] However, it is increasingly apparent that Chinese medicine, in varied forms, has established itself in "the West". Chinese medicine has been described as having a firm foothold in countries such as France, Federal Republic of Germany, Britain, Russia, and America (Hao Zhaotang, 1986). Since the 1970s, when China resumed political and cultural contacts with Western countries[3], there has been a flow of people to and from China, with Chinese medicine being transported along that flow. For example, in 1986 it was reported that 1200 scholars from around the world came to study in China in order to do advanced study of traditional Chinese medicine. Hao (1986:15) states:

> The Chinese Ministry of Public Health has trained more than 1200 acupuncturists from 116 countries and regions. Of these 99 have been from the United States, 49 from Australia, 44 from Great Britain, 38 from Japan, and 23 from the Federal Republic of Germany. And the number of applicants for acupuncture training from developed nations is increasing.

Some scholars point out that the idea of "Chinese medicine" is a relatively recent one, and developed directly as a result of historical and political processes. Croizier (1976:341) states that although a "coherent and sophisticated" system of medical thought and practice has existed in China for at least 2000 years, it was only given the specific name "Chinese medicine", *Chung-i*, in the nineteenth century, with the intrusion of Western medicine and culture into China. Continuing with this processual view of Chinese medicine, Farquhar (1995:251) asserts that Chinese medicine as it is known today is the product of particular historical and political processes:

> The field of 'Traditional Chinese Medicine' which caused such a stir in Western public health circles in the 1960s and 70s, and on which a few anthropologists and historians have commented since then, came into existence in its current institutional form only after the 1949 revolution that founded the People's Republic of China. In the 1950s, within the newly organized or expanded colleges, research institutes, publishing houses, and professional associations, a rationalized 'traditional' medicine came into being as a discrete 'system of knowledge'.

It seems that in order to understand "Chinese medicine", one must investigate its various interpretations, in particular taking into account the society and culture it is embedded in, and its dynamic and continually evolving nature. If Chinese medicine as a body of knowledge and practices is transformed on transplantation into other societies and

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[2] Scholars who have travelled to Asia and written about Chinese medicine in Asia include: Charles Leslie, Joseph Needham, Manfred Porkert, Arthur Kleinman, Margaret Lock, Emiko Ohnuki-Tierney, Paul Unschuld, Nathan Sivin, and Judith Farquhar.

[3] Tsuei, 1996:52.

cultures, one may then ask what form and composition do these transplanted varieties of Chinese medicine have? Similarly, in regard to the question of how Chinese medicine has been portrayed in Western literature, there exists a variety of currents. Unschuld (1985) identifies three basic literary currents which can be distinguished by their distinctive forms and contents. In the following discussion these three currents will be discussed and expanded upon.

The First Current in Western Literature on Chinese Medicine

The first current could be described as the idealisation of Chinese medicine. In this approach there exists a positive bias, in which Chinese medicine is promoted over orthodox Western medicine. Chinese concepts of illness and therapy are espoused as having superior qualities in comparison to Western medicine. Kaptchuk (1983:2) describes this view as setting Chinese medicine on a pedestal. He points out that Westerners who are disturbed by Western science and culture assume that the Chinese system is more "true", because it is felt to be more ancient, more spiritual, and more holistic. Proponents of this view depict "Chinese medicine" as an identifiable and coherent system. The superior qualities of Chinese medicine are featured, whilst the inadequacies of Western medicine - particularly its preoccupation with causative and deductive reasoning - are emphasized. In the following quote, this view supporting the superiority of Chinese medicine over Western medicine is apparent. Porket (1976:68) states:

> The classical Chinese medical theories were put into written form at very nearly the same time that in Asia Minor the *Corpus hippocraticum* was constituted - that is, during the 3rd Century B.C. But the ease of observation of the functional phenomena in which Chinese medicine was primarily interested led to a greater wealth of positive empirical data upon which a general medical theory could be founded. Western medicine did not reach a comparable stage of theoretical stringency and systematic cohesion until the second half of the 19th century, when complex technical instruments for analysing the substratum became available.... The relative ease of observation of functions in Chinese medicine led to a sensibly better ratio between therapeutic efforts and curative efforts than could ever be achieved by the causal Western medicine. (Emphasis added).

Kaptchuk (1983) concludes that the view that Chinese medicine is more "true" than Western science is just as erroneous as its opposite - the view that Western science and medicine are uniquely "true" and all else, including Chinese medicine, is superstition. Unschuld (1985) also criticizes this current as both ahistorical and selective. He points out that it focuses on the medicine of systematic correspondence, neglecting the other

conceptualized systems of therapy in Chinese history, the changing interpretations of basic paradigms offered by Chinese authors throughout history, and the existence of the synchronic plurality of differing opinions and ideas during the last twenty centuries in China. Even fundamental aspects of the medicine of systematic correspondence therapy system, such as pulse diagnosis, have been open to changing interpretations (Unschuld 1985).

Vercammen (1995) also draws attention to the difficulties of translation and interpretation of concepts in Chinese medicine. For example, he explains (1995:169) that the concept of "qi" in Chinese medicine in practice has many meanings and many manifestations:

> The word most used and abused in Chinese medicine is *qi*. It is translated as 'energy', 'vital power', or 'inner power', though none of these translations adequately grasp its actual meaning....The written character representing *qi* in its ancient form shows water transforming into vapour and means 'clouds of vapour'. In practice, *qi* has many meanings...the *Yunji Qiqian* claims that *qi* works within everything in the universe and is also *dao*. Our perception of it is limited; we can only notice some of its consequences and know little of its origin or constitution.
> (Emphasis added).

Unschuld (1985) critiques authors such as Porkert as restricting discussion only to those facets of Chinese medicine which seem to offer a scientifically educated audience proof of its superior qualities in comparison to Western medicine. In the course of this type of discussion, Chinese medicine is understood in Western terms. For example, Unschuld (1985:2) points out that Porkert uses the Western concept of "energy" to reinterpret some of the fundamental tenets of the medicine of systematic correspondence.

* *The Holistic Trend in Health Care*

A more recent example of this tendency to idealise, reinterpret, and fragment Chinese medicine can be found (perhaps ironically) in discussions on the "holistic" trend in health care today. For instance, in general health and sociological literature, Chinese medicine (in particular acupuncture) has become an example used in discussions on health, illness, and medicine, especially in relation to the weaknesses of Western health care systems generally[4]. Particularly, Chinese medicine seems to be mentioned increasingly in connection with "medical dominance", "the power of orthodox medicine", "holistic

5 See: *Introductory Sociology* 3rd Ed Bilton, Bonnett, Jones, Skinner, Stanworth, & Webster, 1996.

medicine", "alternative medicine", and "complementary medicine" [5]. In these discussions, acupuncture is often singled out from the tradition of Chinese medicine as a whole, and represented alongside chiropracture, osteopathy, homeopathy, herbalism, reflexology, shiatsu, and the Alexander technique, as an alternative to medical dominance in the definition and treatment of illness, as well as a form of treatment that may also be complementary to orthodoxy in Western countries[6].

However, these discussions are mainly broad-based and do not examine in depth "Chinese medicine" as a whole, the forms that it takes when practised in Western countries, who practises it, or how people in these countries respond to and understand it. For example, in Wearing's (1996:229) argument that holistic medicine is an alternative to medical dominance involving occupational struggles between practitioners, he includes acupuncture, along with homeopathy, and chiropractics, never mentioning that acupuncture is a part of the whole tradition of Chinese medicine. This prompts the question of whether the holistic trend is more concerned with overturning the current medical balance of power than providing whole systems of healing. The goals of holistic medicine seem to be orientated towards providing treatments for the whole person - the human gestalt (Lyng,1990 Ots, 1990) - rather than providing whole medicines.

It is interesting to note that the above mentioned sociological discussions neglect to mention that medical dominance has occurred within systems of healing that are today termed "holistic", "alternative/complementary" medicines. According to Vercamen (1995), historically throughout Chinese medical history there have always been two types of medical practitioners - the official doctors servicing the upper class, and the unofficial folk doctors servicing the common people. The official medicines (i.e. Confucian medicine) were supported by official policy, and taught by means of formal medical education in established training centres or government colleges throughout the country. In contrast, folk medicines were taught by a teacher who was often a family member or religious teacher (i.e. Shamanism, Taoism, Buddhism), and opposed by the official medical world. For example, Vercammen (1995:158) states:

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[5] For example; Health in Australia, Sociological Concepts and Issues Ed. Carol Grbich, 1996.
Innovation in Community Care and Primary Health Ed. Pietroni & Pietroni,1996.
Professions and the Public Interest: Medical Power, Altruism and Alternative Medicine Mike Saks,1995.
Medical Knowledge: Doubt and Certainty Ed. Seale & Pattison, 1994.
Health and Disease: A Reader 2nd Ed., Ed. Davey, Gray, & Seale, 1995.

[6] See Introductory Sociology 3rd Ed.,1996:432.

> Although the official medical world has always opposed and dominated the unofficial one, the latter was never totally destroyed.

Thus the idyllic picture of a totally harmonious, holistic, and united "Chinese medicine" is a contradiction to reports of its historic as well as present situation. As Farquhar (1995) points out, unlike the professional unity of Western medicine, Chinese medicine remains multifaceted, led by various teachers (laozhongyi) dedicated to differing schools of practice. She states (Farquhar, 1995:272):

> Amidst all these biases and facets, directions and arguments, one searches in vain for a unitary, standard, or impersonal level of 'traditional Chinese medicine'....In contemporary China, only Western science appears to offer such a totality. Within Chinese medicine, many doctors and their biographer-students continue (nostalgically?) to orientate themselves and their hopes for medicine to distinctions among specificities and to the unique positions taken by each laozhongyi. Differences may be, indeed should be, encompassed within a profession, but in the traditional Chinese medicine that many still imagine today they cannot be reduced to unity.

Indeed, although Western science appears to be united, all clinical practice (including Western medicine) varies in detail from place to place (Last 1990, DelVecchio Good 1995). This variance is due to historical, cultural, and rationale differences as well as national customs. Last cites examples of national differences in medical practice (1990:352):

> Some national differences in medical practice are notorious...The different ways in which countries collect medical statistics are reflected in the various national nomenclatures of disease; the terminology of medicine, and with it the etiological and anatomical categories, reveal how basic assumptions in medical thought vary...so too in research; the recent academic dispute between French and American research teams over the AIDS virus proved to be more a national political (and economic) issue than a serious question of medical science, despite the common discourse.

If notions about Chinese and Western medicines as holistic or united are not congruent with the realities of their practice, why do these notions exist and what do they accomplish? If one looks at the history of Chinese medicine in China, it is apparent that the practice of health care also reflects wider political factors; for instance, historically, attitudes within China towards Chinese medicine have ranged widely along with the dominant political atmosphere (Cai 1988). In 1941, Marxist T'an Chuang termed Chinese medicine as "the collected garbage of several thousand years", then in 1958, Mao Tse-tung praised Chinese medicine, calling it "a great treasure house" (Unschuld 1985:251). With changing political and social circumstances, perceptions of Chinese medicines shift, and it is adapted to suit new situations.

An example of the adaptive capacity of Chinese medicine in the West, is its incorporation into the alternative medicine trend. As a part of alternative medicine Chinese medicine is linked to a new philosophy of the body, health, and nature. It is incorporated into a shift towards a naturalistic approach dichotomising lay and expert, natural and synthetic, organic and chemical, and holistic and mechanistic (Coward 1989). Leslie and Young (1992) point out that the ascendancy of the naturalist and relativist epistemologies of science result in the recognition that scientific knowledge is not ontologically privileged but rather it is a part of a natural process, whereby human beings attempt to make sense of the world. Leslie and Young state (1992:4):

> By socializing and historicizing scientific knowledge, by calling attention to the role played by individual and social interests in overriding epistemological principles, for instance, naturalism uncoupled the link that heretofore joined biomedicine's ability to predict, control, and manipulate objects and events with biomedicine's particular knowledge-claims about these objects and events - the point being that the superior technologies of biomedicine do not logically entail privileged ontologies.

Lyng (1990:82) points out that although holistic health modalities differ in focus, a commonality shared amongst them is their contention that the causes of illness are "multifactorial":

> Different holistic health modalities focus on different aspects of the human system (because it would be impossible for any one modality to deal with every aspect of the human Gestalt), but all of the modalities share a common belief in the multifactorial nature of bodily dysfunction.

In that sense, the approach of traditional Chinese medicine (including acupuncture) has been made to fit in with the notions of holistic health. It is possible that by focusing on the particular treatment of acupuncture, rather than the whole tradition of Chinese medicine, the inconsistencies of the tradition as a whole can be edited out as not relevant to the cause of the holistic tradition. However, the inconsistency that remains is that by only recognising and incorporating acupuncture into this scheme, an idealistic, fragmented and reinterpreted form of "Chinese medicine" is created. Nonetheless, this is perhaps a pedantic point, because, as Leslie and Young (1992) point out, Asian medical systems are embedded in culture and society, dynamic and continually evolving. The holistic trend could simply be seen as part of the process of the evolution of Chinese medicine as it is adapted to particular societies and environments.

The Second Current in Western Literature on Chinese Medicine

The second current identified in Western literature on Chinese medicine is also selective in its portrayal of Chinese medicine, but has a different emphasis. This second current may be described as a purely historical approach and scientific bias (Unschuld, 1985:2). That is, the "truth" of modern scientific knowledge is unquestioningly accepted, and becomes the lens through which Chinese medicine is viewed and understood. The search for scientific knowledge in surviving Chinese sources heavily influences the portrayal of Chinese medicine, in this approach. Akin to the Christian missionary's search for God in Chinese religions, the Western scholars and practitioners espousing this approach sought for science in Chinese medicine[7] .

As a result of this Western scientific bias, two aspects of Chinese medicine are featured (Unschuld 1985:2). First, those aspects which are meaningful to current Western medical practitioners are focused on. Second, those aspects of Chinese medicine which appear to represent an "obvious embryonic form" of present medical thought are featured. Unschuld identifies Joseph Needham as a protagonist of this second current in Western literature on Chinese medicine. For instance, in *Celestial Lancets* (1980) the therapy of acupuncture is the focus of the text and is represented as an ancient method of therapy based on embryonic "physiological" ideas. Lu and Needham (1980:3-4) state:

> Acupuncture then is a method of therapy (including sedation and analgesia), developed first during the Chou period (-1st millennium), which involves the implantation of very thin needles (much thinner than the familiar hypodermic needles) into the body in different places at precisely specified points according to a charted scheme based on ancient and mediaeval yet intelligible physiological ideas.

In Unschuld's critique of Needham and Lu's *Celestial Lancets* (1980), he raises the point that those historical thoughts and facts in Chinese medicine which are irreconcilable with what the authors consider to be scientific, protoscientific, or rational are largely neglected. The resultant portrayal of Chinese medicine in this approach could be described as partial or piecemeal. Indeed, evidence from historical sources such as the *Mwangdui*, *Zuozhuan*, and *Zhuangzi* texts, indicate the existence of several different types of medicine within China, including shamanistic, systematic, and theoretical traditions. Vercammen (1995:157) states:

> Thus Chinese medicine is best seen as a tradition derived from different, sometimes antithetical, sources and not as having a single origin.

[7] It is interesting to note the historical link between religion and medicine as illustrated by Christian missionaries when they brought Western medicine to China, and used it to promote their beliefs (Unschuld 1985:235).

This second current in Western literature could also be criticized for espousing a positive bias towards Chinese medicine. Chinese medicine is portrayed as predating Western medicine, and the discoveries and insights of Chinese medicine that presage Western counterparts are emphasized. However, at the same time, this approach reduces Chinese medicine to a "protoscience" - with the implication that it is not as effective or fully developed as present day science. In the quote below it is apparent that although Lu and Needham (1980:2) consider acupuncture as a "highly developed" doctrine and practice, it remains an ancient "protoscientific" system, lacking the "clear cut definitions and conceptions" of modern science:

> It is a system of therapy - and the relief of pain - which has been in constant use throughout the Chinese culture-area for some two and a half thousand years; and the labours of a multitude of devoted men through the centuries have given it a highly developed doctrine and practice. Nevertheless its study presents great difficulties, partly because the books on acupuncture written in different dynasties have been elements in a long and gradual development, not always self-consistent and not free from loop-line elaborations now more or less abandoned; but even more because the physiology and pathology of the system are themselves so ancient that the clear cut definitions and conceptions of modern science cannot be expected.

Topley (1976:249) also follows this line of argument, discussing the tradition of Chinese medicine in terms of "quasi-science" and "mystical science":

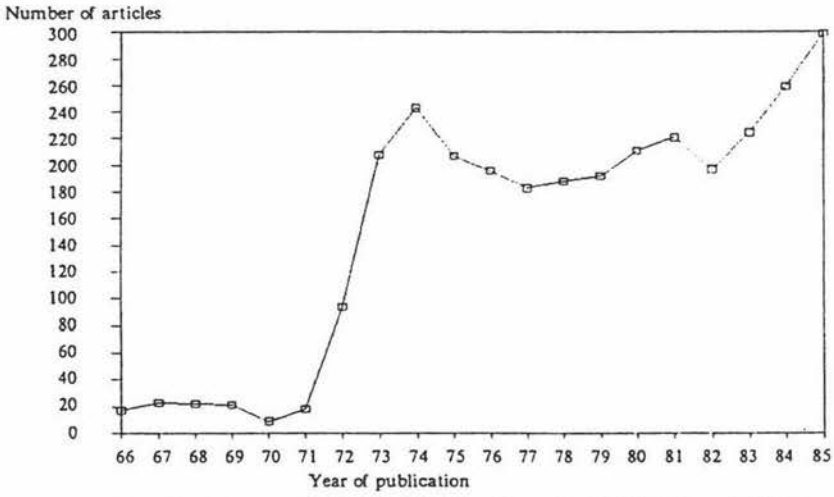
> We know of course that Chinese medicine is not scientific in all senses of the term. It does not include a full understanding and use of the experimental method, or a full application of mathematical hypotheses to nature....But some experiment was certainly there, and structures of considerable sophistication were developed to categorize and analyze various aspects of the natural world. If the 'whole aim of theoretical science is to carry to the highest possible and conscious degree the perceptual reduction of chaos' (Simpson 1961:5), then China has had theoretical science.

In endeavouring to present and validate Chinese medicine to a Western audience by aligning it with science, this approach provides an interesting example of the difficulties that arise in the interpretation and translation of ideas between cultures. Chinese medicine can be understood and presented in terms of science, but it may be argued that much is discarded in this process of (re-)interpretation.

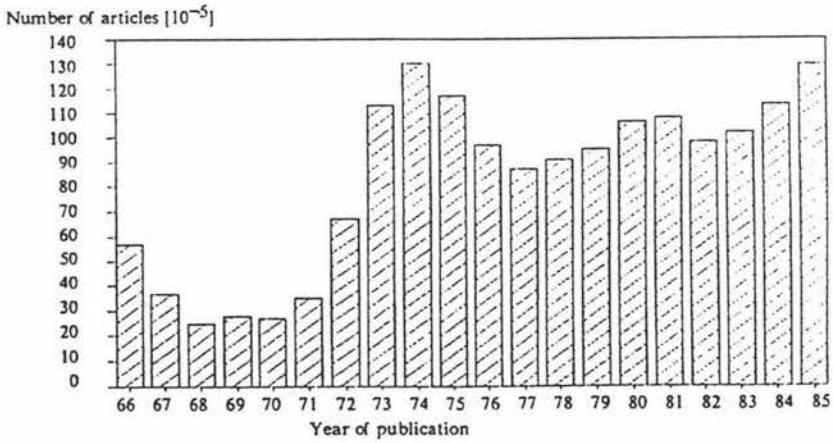
* *The Integration of Chinese Medicine and Western Medicine*

Scientific literature on Chinese medicine, particularly acupuncture, is increasingly voluminous, appearing in journals ranging in topics from social science to physics[8]. Leibrich, Hickling, and Pitt (1987) have shown that the number of articles on acupuncture indexed in Medline (the computerised database for articles in medical journals) dramatically increase after 1971, and from 1982 appear to be increasing again. Correspondingly, although the overall number of complementary therapy articles[9] (4180 from 1966-85) indexed on Medline is only a fraction of the total (4,816,304), there has been a steady increase in the number of articles on complementary therapy published. See diagrams below drawn from Leibrich, Hickling, and Pitt (1987:25-6).

Articles on acupuncture indexed on Medline 1966–85



Complementary articles as a proportion of total Medline database



8 For example, Chinese medicine (namely acupuncture) was recently featured in *IEEE Engineering in Medicine and Biology* in a paper entitled "The Science of Acupuncture - Theory and Practice" which used physics to argue that the acupuncture and meridian system of TCM are real: a "biophysical" aspect of the living body. (Tsuei May/June 1996:52-75).

9 For example, acupuncture, herbalism, homeopathy, naturopathy, and osteopathy.

With the rise in the number of medical papers on acupuncture, there is a corresponding shift in the representation of acupuncture as well as other complementary therapies. For example, before 1986, articles now listed in the Medline as "alternative" therapies were listed under the heading of "therapeutic cult" (Leibrich, Hickling, and Pitt 1987:24). As Western medicine's interest in acupuncture and other complementary therapies increases, their status within the the health care system rises (incrementally perhaps) as they move from being dubbed "therapeutic cults" to "alternative therapies". Nonetheless, although they are acknowledged as "alternatives" by the medical profession, complementary therapies are tolerated only as long as they do not encroach on the traditional specialities of the medical profession. As Cole (1995:398) states:

> It is worth comment that when quacks get into treatment of cancer, or now AIDS, the establishment becomes concerned and active. Most unorthodox practitioners are tolerated if they stick to the psychosomatic and chronic non-life threatening disorders.

A recent example of the tendency to "scientize" and rationalise Chinese medicine in many countries is the movement for integration of Chinese medicine with Western medicine[10]. As Farquhar (1995:254) points out, even within China there are strong incentives to align Chinese medicine with science:

> In a context where 'scientific socialism' and a technology based periodization of history drawn from historical materialism still rule at least the exteriors of intellectual life, there is nothing to be gained from suggesting that Chinese medicine is not scientific. If government support for traditional Chinese medicine is to continue, the essence of science and the essence of Chinese medicine must be constituted together in a way that can include the latter well within modernization programmes and a national health policy.

As a result, Chinese medicine has been the object of scientific study. For example, science has been applied to prove TCM principles including yin and yang, vital energy, and the collateral channels. One practitioner told me that recently a French scientific research team was able to prove the existence of acupuncture meridians for the first time. She explained that through a kind of radioactive tracer dye, they were able to plot the courses of the meridians. These studies are encouraged and applauded on the governmental level in China. Zhang (1985:23-4) reports:

> By the end of 1983 nearly 300 of these scientific results had been awarded by the state or the Ministry of Public Health and over 1000 of the results

[10] For example in China, the barefoot doctors (BMDs) in primary health care practice integrate Chinese and Western medicine. See *A Barefoot Doctor's Manual* - the American translation of the official Chinese paramedical manual.

> received awards from the provinces, municipalities and autonomous regions.

However, Western scientific interest in Chinese medicine is not a new development. Leslie and Young (1992) argue that historically, Western interest in Asian medicine was exploitative in nature. The Western concern was not so much with understanding Chinese systems of healing, but rather adapting aspects of it to Western medical uses. Leslie and Young (1992:1) state:

> ...this (Western) interest has been predominantly practical, reflecting a venerable Western tradition of seeing all forms of non-Western medicine as a potentially exploitable source of efficacious substances and procedures that might be added to the Western medical armamentarium.

Ackerknecht (1955:40) supports this point, reporting that Western medicine has procured a number of valuable remedies from Chinese herbal medicine:

> It (Chinese herbal medicine) contains as many as eighteen hundred drugs, and in recent times such valuable remedies as ephedrine, chaulmoogra oil, and buffagin have been taken over from the Chinese by Western medicine. At a much earlier date rhubarb and camphor probably came into the European pharmacopoeia from the Chinese.

Given this historical situation, one must consider the possibility that such an attitude may persist today disguised in the objective scientific study of Chinese medicine. This possibility is considered upon examination of the research findings of this project.

Science has also been used to explain how Chinese medicine works. For example, Lewith and Kenyon (1984) in their paper "Physiological and Psychological Explanations for the Mechanism of Acupuncture as a Treatment for Chronic Pain" point out that there are three broad categories of theories that scientists use to explain the pain relief that results from acupuncture: neurological (i.e. the gate control theory of pain), neurohumoral (i.e. endorphins), and psychological (i.e. psycho-social factors affecting the response to acupuncture and the placebo effect). However, with the abundance of theories provided by science, no clear and undisputed explanation has yet emerged in present literature, to explain successfully the phenomenon of the alleviation of pain with the use of acupuncture. Lewith and Kenyon (1984:1371) conclude:

> Many of these neurological explanations may at first seem confusing. In some instances the same set of observations seem to be used to support rather different hypotheses... It is likely that each of the theories discussed represents part of the truth, rather than the complete explanation of all the observed phenomena.

Indeed, the observed plurality of medicine in China is not a unique situation. Unschuld

(1985:234-5) points out that despite "Western" medicine's preeminence in the West, competing systems of healing still exist:

> Just as can be documented for many centuries in China, there existed (and still exists) in modern industrial nations of Europe and the United States a diverse plurality of therapeutic approaches. Orthodox Jew and Christian fundamentalists still follow faithfully the precepts of their holy scriptures; for the Catholic church, the demonic origin of suffering - now as then - remains an unshakable element of its faith; tens of thousands of healers practice folk medicine outside of any official control, utilizing in part concepts of magic. In addition, new systems have evolved, which appear to correspond to the personal and social objectives of more or less large segments of the population, such as Christian Science, or in Central Europe, the healing art of anthroposophy.

Nonetheless, in China as well as Taiwan, Vietnam, and Korea[11], the variations of Chinese medicine that exist there have been developed with a view towards integration with Western medicine or at least construction of areas of compatibility with Western medicine. In doing so, the traditional medicines of these countries are revived, sustained, and legitimated; for example, with national independence, Korea's oriental medical system was reconstructed and rephrased in scientific terms. Kim Jung Jae (1995:217-18) writes:

> It has been newly constructed on the firm foundation of its compatibility with Western medicine...Oriental medicine is therefore referred to as a medical science of balance.

Similarly, in China today TCM is now phrased in scientific terms. Practitioners of TCM are encouraged to learn medical science, to raise their academic level, and to communicate in science. It is argued that TCM and Western medicine will work better in combination than separately (Cui 1992; Wenbo 1995). Indeed, TCM is presented as almost "scientific". For example, Cai (1995:200-1) states:

> Diseases such as bronchial asthma, lupus erythematous, coronary atherosclerosis, neurasthenia, functional uterine bleeding and gestosis - all separate entities within biomedicine, with different pathologic and pathogenic mechanisms - are seen by TCM as having a single pathological background, that is, deficiencies of kidney function. By treating diseases with the same therapeutic principles, even the same recipes, TCM treatment yielded satisfactory results for all the above diseases. This shows that TCM theory and practice are well grounded and involve obscure scientific principles that need further interpretation with the help of modern medicine.

Clearly, the above quote illustrates the second current in literature on Chinese medicine. Via the process of rationalization Chinese medicine enters the governmental levels and benefits from its association with Western science. Notably, integration with Western medicine has

11 See: Chen Bin-Chern, Nguyen Van Thang, and Kim Jung Jae in *Oriental Medicine* (1995), for discussions of traditional medicine in Taiwan, Vietnam, and Korea, respectively.

the main benefit of increased governmental support for Chinese medicine. As Cai (1995) reports:

> Equal rights were granted to both traditional Chinese medicine and Western medicine at all medical institutions, including clinical, teaching, and resource units. This has manifested itself in several areas: equality of manpower, funding, resources, and research opportunities.

As with the holistic movement, the movement for the integration of Chinese medicine with Western medicine has constructed a particular image of Chinese medicine, editing and emphasising strategic features as they adapt it to current needs and attempt to "revive" and "modernise" it, as in Cai's comment (1988:528): "Chinese medicine should receive the baptism of modern science". On the significance of science in China, Unschuld (1985:230) also points out that science was a means to renew and adapt Chinese culture to changing circumstances - to become "modern":

> A magic word, however, soon appeared in China and promised, in the eyes of numerous influential thinkers, a better future; this word was *science*. Within a few decades this initially alien concept of the dynamics of knowledge, of the methodological search for objectively reproducible truth, exerted such a fascination in China among those seeking both a renewal of Chinese culture and an adaptation to the changed realities of internal and international political circumstances, that Hu Shih, in a subsequently oft-cited remark, could declare in 1923:
> 'Ever since the beginning of reformist tendencies in China, there is not a single person who calls himself a modern man and yet dares openly to belittle science.'

Evidence of this modernization and advancement of Chinese medicine is apparent in Chinese newspapers, such as the *Beijing Review*[12]. A strategic alliance with science, therefore, may be seen as part of the dynamic and evolving nature of Chinese medicine and systems of healing in general. Certainly, this second current represents not only a particular scholarly view Chinese medicine, but also the interests of a particular group of people who see the future and success of Chinese medicine in its integration with "science". As Croizier (1976:341) points out, although their initial goal may have been the revival of Chinese medicine, what seems to have resulted is the creation of a new type of Chinese medicine:

> Medical revivalism in China, as with revivalist movements in general, has not represented the preservation or resurrection of an intact tradition, but rather a reaction to major historical changes that has in turn created something new instead of restoring something old.

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12 For example, Yu 24.4.89 *New Advances in Acupuncture*, Han 17.6.91 *"Pizhen" - A New Acupuncture Therapy*, Xinhua Xinwen 13.7.92 *Acupuncture Therapy for Brain Thrombus*, Zhang 21.1.85 *Passing on Traditional Chinese Medicine*..

This new type of medicine is recognised in China as "integrated medicine" (Cai 1988,1995) and is practised alongside both Chinese and Western medicines - forming a three-tiered medical system[13] .

The Third Current in Western Literature on Chinese Medicine

The third current is evident in recent medical anthropological publications and has been described as the "medicine as a cultural system" approach (Unschuld 1985). This approach involves the lengthy study of contemporary Chinese communities by an individual researcher. It entails interviews with practitioners and patients of Chinese and Western medicine, and observation of patients' illness episodes and treatments (Kleinman 1980). Researchers using this approach attempt to assess Chinese medicine in terms of both its concepts and practices (Unschuld 1985). As a result, this type of research yields in-depth accounts detailing the interaction between patients and healers, as well as their conceptual premises (Waitzkin 1991).

In the 1940s, Erwin Ackerknecht initiated the "medicine as a cultural system" phase of medical anthropology with his suggestion that medical concepts should be understood as integrated aspects of culture rather than as independent absolutes (Unschuld 1985). For example in the Preface to *A Short History of Medicine*, Ackerknecht (1955) states:

> ...I have tried to strike a reasonable balance between the history of medicine proper and its social and cultural background, between medical science and medical practice, and between clinical and preventative medicine.

According to Unschuld (1985:3), this approach represents an improvement in the understanding of non-scientific health care beliefs:

> To point out the fact that health care beliefs make sense in the context of culture represented a significant step forward from earlier notions that discriminated only between truth, science, and rapidly advancing modern medicine, on the one hand, and false irrational, and static beliefs, stubbornly adhered to by uneducated primitives on the other hand.

However, Unschuld neglects to mention that Ackerknecht's writings echo biases espoused by the previous two currents. For instance, Ackerknecht wrote specifically for a Western (medical) scientific audience (1955:v), and viewed "modern scientific" medicine as superior

[13] For a cross-cultural comparative appoach, see Bibeau (1985), who provides an interesting discussion of the synthesis of traditional and Western medicines in China and contrasts this with African countries. Despite the widespread adoption of the Western model of health in Africa, African health planners are finding that the Western model of health appears to be of little relevance to the conditions and goals of their countries, and are attempting to maintain their whole ancestral medicine - adapting only what needs to be adapted to the Western model.

to other systems of healing. The healing systems of India and China were described as "static" and similar to "mediaeval medicine" of Western civilizations in their adherence to "dogmatic philosophy"(Ackerknecht, 1955:34). Indeed, although Ackerknecht's "medicine as a cultural system" approach appeared to be sympathetic to understanding the indigenous "ancient medicine" in India and China, ironically his aim was to smooth the way for the introduction of "modern scientific" medicine into these countries as he explains (1955:34):

> A knowledge of these medical systems and their history is thus of immediate practical importance, for successful introduction of modern scientific medicine into these countries depends on sympathetic and tactful handling of the old.

Nonetheless, the advantage of the "medicine as a cultural system" approach is that it promotes health- and illness-related beliefs as rational and legitimate within their cultural context (Unschuld, 1985). As Good and Good (1981:165) point out, a patient's culture affects the experience and expression of symptoms, and this is especially apparent to clinicians in ethnically mixed settings:

> Members of diverse cultural groups experience and express pain differently. Communication of these experiences may be through somatic, psychological, or interpersonal idioms with symptoms narrowly limited or encompassing many organs. In addition societies differentially lavish attention on body parts - the French on the liver, Iranians on their hearts, others on the stomach or the blood.

This approach also aids in understanding why many non-Western populations are reluctant to accept modern Western concepts and practices. Conversely, Bowen's (1993) study of the Americanization of Chinese medicine shows that in America Chinese medical language is not adopted outright, but is undergoing a culture-driven synthesis. He points out (1993:v) that the cultural environment - as well as professional survival - is a causal factor in the adaptation of Chinese medical language (and hence Chinese medicine) to the American context:

> Change in Chinese medical language is the result of an adaptive response to the American cultural context.

As Bowen's (1993) study illustrates, it is equally difficult for Western populations to accept non-Western concepts and practices. Thus transformation and adaption occur in the transfer and application of a medical system across cultures. The "medicine as a cultural system approach", therefore, is applicable to all medical systems. For example, in her study on illness, body, and personhood amongst Taiwanese women, Lin (1993:abstract)

stresses the importance of the cultural dimension in understanding illness and health practices:

> Research on women of Kuang-hsing, northeastern Taiwan indicates that cultural conception of the female body, illness and health practices are embedded in the social construction of personhood by a culture...Cultural conceptions of women's bodies and their social positions affect Taiwanese women's health practices.

Similarly, Lam *et al* (1994) in their study of self-medication among Hong Kong Chinese conclude that the popularity of Chinese tonics was due to cultural influences rather than the effectiveness of the tonics.

These cultural influences translating into health care preferences are also observed in Western countries, as in France where pessaries are the preferred mode of treatment. The "medicine as a cultural system" approach has also been applied to the practice of Western (bio)medicine (Hahn 1995). Clare (1991:187) points out that the prescribing of tranquillizers has social and cultural implications:

> ...the prescribing of the benzodiazepine group of drugs is no mere doctor-patient transaction undertaken within the confines of the consulting rooms. It is a complex cultural and social process with political, economic, moral as well as medico-social implications.

Waitzkin (1991:3-4) also points out that medical encounters involve not only a physical problem, but also a social context:

> In approaching a physician for help, a patient brings not only a physical problem but also a social context. This context includes relationships at work, in the family, and in the wider community. A patient's experience of physical problems is inseparable from the wider social context in which these problems occur.

Given the broad and encompassing nature of the "medicine as a cultural system" approach, there are a variety of ways in which it has been applied in research. A field for the cultural studies of Asian and other medical systems was mapped in Leslie's (1976) *Asian Medical Systems*. Leslie (1976) argued that the medical systems of Asia - Ayurveda, Unani, Chinese medicine - are intellectually coherent, embedded in distinctive cultural premises and symbols, and cannot be fully understood outside the stream of history, and he called for scholars to study Asian medicine as a civilizational process - as a set of historically and culturally constituted beliefs (Leslie and Young 1992:6).

A more recent example of this approach occurs in the cultural studies of medical systems. Medical anthropology has described and understood biomedicine as a cultural

system via three main approaches (Amasingham Rhodes 1990). In the first approach, biomedicine is contextualized and regarded as a cultural system. Studies with this approach often focus on medicine's "aura of factuality", the cultural and social construction of medical knowledge, and question biomedical definitions of health problems. The second approach is orientated towards the patient, with the aim of improving treatments. Medical problems or clinically defined issues, such as the doctor-patient relationship, are likely to be researched in this approach[14] . In the third approach, the clinic is seen as part of a larger system, and issues relating to power relations are focused on, for example, the doctor-patient relationship becomes a reflection of relationships of power in the larger society. Hart (1994) documents the shift in Maori childbirth practices in the 1930s towards hospital birth, and notes that this not only resulted in the loss of traditional values, but also that the women became objectified subjects within the hospital system (Hart, 1995:364-5):

> In the hospital they had no choices. Everything was done to them. They were on a production line like the Model T Ford. And Truby King's four-hour feeding schedule was for building the empire, not for being part of the rhythm of their own life cycles...The babies were no longer the directors, the doctors and nurses were. The women were told to push when they did not want to, and they were told not to push when they wanted to.

The topics in this approach centre on macro-social problems, such as class and gender inequality, corporate domination, and the features of capitalism which are detrimental to good health. As a result, within the "medicine as a cultural system" literary current there are various approaches taken by medical anthropologists - ranging from the personal and micro-level analyses to the community or global aspects of medicine as a cultural system.

However, Unschuld (1985) concludes that whilst the "medicine as a cultural system" approach represents an improvement in the understanding of non-scientific health care beliefs and is effective in "simple" societies where members share one political, economic, and religious reality, it remains limited when applied to "complex civilizations" with intracultural diversity such as China. His point is that "medicine as cultural system" approach does not explain the existence of intracultural diversity (Unschuld, 1985:4):

> Here one encounters, over the last two thousand years, an enormous variety of differently conceptualized systems of therapy, partly overlapping, partly antagonistic, all of which are representative of Chinese culture...Obviously, health care behaviour and the ideas influencing it are part of "culture", but we need to identify variables responsible for the emergence and acceptance of differently conceptualized systems of therapy of various groups even within one so-called culture sphere.

[14] Trotter (1991) points out that social relationships and their effect on human behaviour and survival have long been an area of interest for anthropological studies.

Unschuld further asserts that unlike "complex societies", simple societies have little in the way of written "data" of the past. Nonetheless, unlike the previous two currents in Western literature, this third current has a broader focus, portraying Chinese medicine within it's wider social, cultural, political, and economic context - thus providing a firm foundation for understanding the complexity and evolving nature of Chinese medicine, and systems of healing generally.

Beyond the Three Currents

It is apparent in the above discussion of the three currents in Western literature on Chinese medicine that these currents are foremost literary constructions forming distinct genres. As such, they represent particular practices and views. Behind the notion of the three currents, it is apparent that Unschuld, as a historian, has a preference for the written word. His identification of "complex" and "simple" societies for example, seems to be connected with the presence or absence of a written tradition. According to Unschuld (1985), in addition to intracultural diversity, complex societies have long-established literacy and therefore are the source of historical data. However, Unschuld neglects to mention in his discussion of the "three currents" that oral traditions also exist within societies. This leads one to question the validity of the assumption that somehow the written word should be privileged over the spoken word (or the lived reality), or that the spoken word is not a valid source of historical data. Indeed, it is possible that the literate and oral traditions of a society are connected and interplay with each other.

It is interesting to note that in the first current, Chinese medicine is described as "classical", in the second current it is "ancient" or "protoscientific", and in the third current it is a "cultural system". When one recognises that these terms represent particular views rather than the whole aspect of Chinese medicine, they can be seen as equally valid, representing aspects of a dynamic body of knowledge adapting to differing circumstances. As Farquhar (1987) points out Chinese medicine, as a body of knowledge, is dynamic in nature. Its virtue is its adaptability to the present (Farquhar, 1987:1020):

> The classic texts, one of my teachers argued, are like bamboo, which can be made into anything from a toothpick to a dish to a house. Their virtue lies precisely in their adaptability to the uses of the present. Social scientists would do well to see knowledge in a similarly dynamic and circumscribed light.

The emergence of Chinese medicine in Western countries has provided a platform for the convergence of the three currents of Chinese medicine, as different practitioner interest groups compete for local and governmental recognition. In New Zealand, the convergence of these three currents has resulted in a certain amount of political action - causing fission and fusion of practitioner groups. As New and New (1977:510) state, health care is not a neutral action, but rather is inherently political:

> ...health conduct cannot be isolated from political factors. Although the interrelationship of various sectors of society is hardly novel, somehow when we discuss health matters, we almost take it for granted that heath care is a neutral entity and can be transported from one society to another.

Therefore, in the tradition of Unschuld's (1985) third current, "medicine as a cultural system", the following section draws upon written as well as spoken words, outlining the wider political and social factors relating to the practice of Chinese medicine in New Zealand. In particular, reference is made to the formation of practitioner interest groups and the resulting political actions in the struggle to establish common standards and control over the practice of Chinese medicine in New Zealand.

Section Two: The Issue of What is "Chinese Medicine" in New Zealand?

"It's a political mine field...There just isn't any cohesion"
(An independent researcher's comment, 1996).

"The relationship between medical, lay and alternative concepts of health, disease and healing is intricate and problematic. Different people may be pursuing different interests in advocating a certain perspective"
(Davey, Gray, & Seale, 1995:3).

The New Zealand Context

As the above quotes suggest, it is apparent that there is a political dimension to the practice of Chinese medicine in New Zealand. The practice of Chinese medicine has been and is currently unregulated by the Government in New Zealand. There are, however, an assortment of established practitioner groups[15] with an interest in the practice of Chinese medicine (largely acupuncture) who do seem to have an organising and regulatory role in

15 For example, the N.Z. Register of Acupuncturists, the Physiotherapy Acupuncture and Pain Modulation Association, the Medical Acupuncture Society, the N.Z. Federation of Chinese Medical Science Inc., N.Z. Chinese Association of Traditional Chinese Medicine, N.Z. Institute of Chinese Acupuncture and Medicine, Associated Medical Acupuncture teachers N.Z., N.Z. Institute of Acupuncture, N.Z. school of acupuncture, Osteopaths, International Society of Osteopaths, N.Z. Nurses Association, Register of Natural Therapists, Midwife's Association, and independents.

connection with their members. These groups include Chinese medicine practitioners with backgrounds in "Western" biomedicine, physiotherapy, osteopathy, chiropractic treatment, nursing, midwifery, "natural" therapy, homeopathy, naturopathy, as well as in purely traditional Chinese medicine treatments. Looking in the Yellow Pages of any telephone directory in New Zealand, one will find various practitioners advertising themselves under the headings of "Acupuncturists" and "Acupuncturists (Members of the NZ Register of Acupuncturists)". The practitioners who advertise themselves as offering therapies in Chinese medicine (such as acupuncture), come from a range of backgrounds and occupations[16]. This variety in practitioners is central to understanding the issue of "What is Chinese medicine in New Zealand?" and the politics involved between practitioners, as well as between practitioners and the Government. This section therefore has two points of focus. It outlines the New Zealand health sector, and discusses the historical and political context of the practice of acupuncture in New Zealand.

* *The New Zealand Health Sector*

Landy (1977) distinguishes a society's medicine from that society's medical system. He defines medicine as a composium of factors including cultural practices, methods, techniques, and substances existing within a wider context of values, traditions, beliefs, and patterns of ecological adaptation that provide a means to maintain and sustain health. Interrelated with a society's medicine is a society's medical system. Landy (1977) points out that a medical system incorporates social structures, technologies, and personnel and functions both to practice and to maintain its medicine as well as change its medicine in response to intracultural and extracultural challenges. Therefore, the practice of medicine in a society is largely influenced by the medical system (including the political system) that surrounds it.

New Zealand has been described as an economically developed, relatively affluent country with a democratic parliamentary system of government (Raffel 1987). Since the 1940s, New Zealand has been world renowned for its advanced social welfare policies, in its endeavour to provide free health care to all New Zealanders. The health care system that is in place at the time of this study includes both private and public hospitals and primary care services, in which the Government finances the public hospitals and subsidizes private

16 See Chapter Four for a detailed discussion of practitioners and patients in this study.

hospitals and primary care services. The number of physicians in New Zealand in 1980 was four thousand nine hundred, that is one for every six hundred and forty-five persons. According to Raffel (1987:134) most doctors in New Zealand are in private practice or hold salaried appointments at public hospitals:

> More than half of all physicians are in general practice. Of these over half are in solo practice, more than one-third are in group practice the rest are in health centres.

Latest material on the New Zealand health system[17] reveals that since 1980, New Zealand's expenditure on health has increased by 40% - a total of $5.176 billion will be spent by RHAs during 1996/97. The 1993 OECD figures show that New Zealand spent 7.6% of the GDP on health, slightly more than Japan and the United Kingdom. There are approximately fourteen million visits to general practitioners a year, of which 70% have some form of government subsidy. Correspondingly, there were an average of six prescriptions per person in 1993-94.

Also significant to the health care system is the existence of private health insurance which was introduced in 1961. Since the 1970s private health insurance increased dramatically as the waiting lists for treatments at public hospitals grew. In addition, the Accident Compensation Corporation (ACC) is another distinguishing feature of the New Zealand health care system. In 1974, ACC was introduced as a form of compulsory health insurance for all persons who suffered an accidental personal injury, and provided compensation for medical and hospital expenses as well as loss of income for permanent physical disability. ACC was financed via levies on employers, motor vehicle owners, and general taxation.

The Honourable Jenny Shipley, in *Advancing Health in New Zealand*, outlines three key goals of the health and disability sector. First, to improve the health of people in New Zealand particularly in terms of quality of life. Here, reminiscent of the "medicine as a cultural system" approach discussed in Part One of this chapter, Shipley (1995:9) acknowledges that health and healing are influenced by the wider social context:

> Many of the factors that are involved in people's health are outside the direct control of the health sector. People's health is influenced, for example, by education, income, employment, housing, and road safety. Where it is recognised that the health and disability sector cannot achieve improvements on its own, its agencies need to work in collaboration with those in other sectors.

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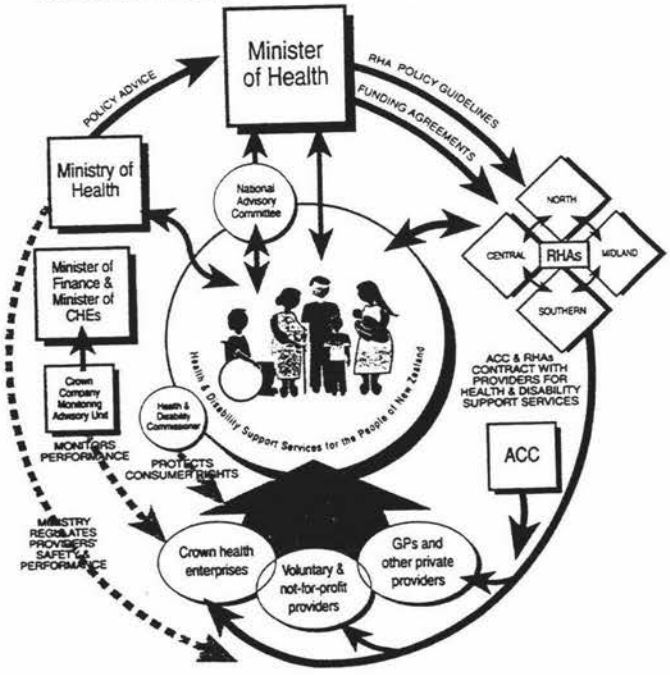
[17] Material drawn from Towards a Healthy New Zealand, Shipley, p.3 November 1995.

Related to the above point, the second goal is to put people at the centre of service delivery. That means purchasers and providers of health care are required to be responsive to diversity, individual need, and cultural difference to facilitate ease of movement between various services, provide information, and protect consumer's rights and safety. Choice is given to consumers, allowing them to choose the health service and service provider which best meets their needs and preference. Third, the health and disability sector aims to get the greatest amount of health and disability support services for the dollars available[18]. That means a rationing of services according to people's needs and ability to benefit from it. In terms of deciding how resources are used, the Government allocates money to each of the services (i.e. personal health services, public health services, disability support, clinical training, and health research), and then in conjunction with the Government, the Regional Health Authorities (RHAs) decide on the overall mix of services they require and enter into contracts with providers. The service providers then make daily rationing decisions about which particular service an individual will receive based on assessment of need. See Diagram below (Shipley, 1995:11).

How the New Zealand health and disability sector fits together



18 This point is not without a certain degree of controversy within the health system over the consequences of the measures taken by the Government to achieve this goal. For example, critisism has emerged from the NZ Nurses Organisation, they state: "Our communities, and the staff who are trying to provide quality care in increasingly difficult conditions, are feeling alienated from a system where money matters most" (1995). In *The Inside Story of the Health Reforms* (September 1995), the NZ Nurses Organisation has attempted to start opening up the health system to public scrutiny, by documenting the New Zealand nurses' first-hand experiences of the failures of the health system.

Honourable Jenny Shipley (1995:45) forecasts that the next five to ten years will be a dynamic period for the health and disability sector in New Zealand:

> The way is now clear for change and development to take place. A more diverse range of organisations including Maori and Pacific Islands groups - will provide services. CHEs and other existing providers will adapt and evolve as many services traditionally provided in hospitals will make the shift into community settings. New providers will emerge. Linkages and alliances will cross institutional boundaries, as providers strive for better coordinated services and as they take up the opportunities that new technology creates for releasing services from the constraints of geographical distance. Service responsiveness will also increase, through the expansion of new purchasing arrangements (such as budget-holding) which have the potential to bring purchasing closer to consumers and communities.

The key-words used in the above passage to describe the future of the health care system include: change, development, diverse range, adapt and evolve, emerge, linkages and alliances. Perhaps it is not a coincidence that this dynamic portrayal of the health and disability sector parallels the dynamic nature of Chinese medicine as it is adapted and changed to meet the current needs of its immediate social, cultural, political and economic context, as the boundaries between politics and health care converge and become blurred. As New and New (1977:510) point out, despite expectations to the contrary, health care conduct is not neutral. Rather, like the various other interrelated sectors of society, health care conduct is dynamic and inevitably involves political factors:

> Linkages and alliances will cross institutional boundaries, as providers strive for better coordinated services.

* *The Practice of Acupuncture in New Zealand - Historical and Political Context*

Chinese medicine, especially the therapy of acupuncture, has been practised in New Zealand and recognised by the government and health department since 1977 (Leibrich, Hickling, Pitt 1987). In 1977, an Amendment Bill to the 1956 Health Act was proposed to make "responsible acupuncture" available to New Zealanders. It was recommended that acupuncture be practised as an adjunct of "orthodox" Western medicine. In effect, the practice would become restricted to registered medical practitioners, registered dental practitioners, registered physiotherapists, or other persons acting under the direction and supervision of those registered persons. It is not surprising to note that the Bill was drawn up in consultation solely with the above mentioned practitioners and appears to benefit their interests by giving them exclusive control over the practice of acupuncture.

"Lay" [19] nor non-medical practitioners of acupuncture were not initially consulted on this matter. However, the threat of essentially being "outlawed" had the effect of uniting and consolidating (as identifiable and organised groups) the various practitioners of acupuncture in New Zealand. In response to the Bill, qualified non-medical professional acupuncturists joined together to form the New Zealand Register of Acupuncturists, and promptly made submissions to the Social Services Select Committee. In *A Short History of NZRA*[20] R.A.Barker, the then Deputy Director-General of Health describes the situation:

> A Department of Health sponsored Bill was introduced into parliament which would have had the effect of restricting the practice of acupuncture to doctors, dentists, veterinarians, and physiotherapists under normal direction. This Bill was referred to a Select Committee which was impressed by the amount of opposition to the Bill from patients of non-medical practitioner and by the apparent responsibility of several "lay" acupuncturists who appeared before them. The Bill was subsequently withdrawn.

The Select Committee therefore concluded that to restrict the practice of acupuncture to the medical profession would be "impractical" and "onerous" (Leibrich, Hickling, Pitt 1987)[21]. The Bill was allowed to lapse, and the Select Committee recommended that under the Medical and Dental Auxiliaries Act of 1966, further discussions be held in regard to the registration of acupuncturists. This paved the way for discussions between the various groups of practitioners with interest (and investment) in acupuncture, and Chinese medicine in general. These groups include: the New Zealand Acupuncture Society representing medically qualified practitioners, the New Zealand Register of Acupuncturists (NZRA) representing professionally qualified practitioners who specialise in Chinese medicine, the New Zealand Medical Association, and the Department of Health.

In the first two meetings in 1978, informal discussions resulted in agreement on three matters. These include: the definition of the term "acupuncture"; the composition of the Board of Registration; and the exclusion of medical practitioners and those who regularly practised acupuncture for five years before legislation from the jurisdiction of the

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19 The term "lay acupuncturist" is a controversial one. As Kiddle (in The *New Zealand Herald* 29.6.96) argues, acupuncturists are qualified professionals: "To use the word "lay" to describe professional acupuncturists other than GPs is both derogatory and erroneous. Lay means untrained and as indicated above we have extensive training."

20 New Zealand Register of Acupuncturists

21 It is interesting to compare this result with the corresponding situation in America. Wolpe (1985) in his paper "The Maintenance of Professional Authority: Acupuncture and the American Physician" shows how the tactics of the medical profession led to their eventual control over the practice of acupuncture in America.

Board. However, agreement was not reached in regard to the establishment of minimum standards of education and training for registration, or how such standards could be assured in New Zealand. From 1978 up to the present time, these meetings have continued sporadically in conjunction with the New Zealand Qualifications Authority (NZQA).

Unofficial advice on the progress of the talks indicates that the NZQA will recognise two strands in the qualification for acupuncture. Doctors and physiotherapists with the relevant training will receive a Post-Graduate Certificate in Acupuncture, indicating a speciality area in particular for the treatment of muscular skeletal conditions. Qualified professional acupuncturists will receive a National Acupuncture Diploma, indicating the treatment of whole body systems. A broader range of conditions are therefore treated.

Most recently, an Acupuncturists Bill has been presented to parliament as a private member's bill by Lianne Dalziel, Labour spokesperson on health[22]. This Bill aims to secure the statutory regulation of acupuncturists, and is consistent with the recently passed Medical Practitioners Bill. However, the Bill does not limit the practice of acupuncture to one group in New Zealand[23] . McNeill (1996) states:

> It is not the intention of this Bill to prevent medical practitioners or physiotherapists from using acupuncture within the scope of their practice.

In particular, the Acupuncturists Bill aims to ensure safe and effective standards of practice via occupational regulation, and is supported by the NZRA. In the past, statutory regulation has also been supported by ACC, Consumer's Institute, NZ Medical Association, Auckland City Council, major health funds and other professional bodies. However, although Dalziel (1996) supports occupational regulation she cautions that within parliament there is not a consensus of opinion on this issue, and therefore the success of the Acupuncturists Bill is at present uncertain. In an address to the Annual General Meeting of the NZRA, she said:

> ...it is worth mentioning some of the comments that were made during the introduction of that (Acupuncture) Bill, as it will indicate that there is not unanimity in the House on the subject of occupational regulation.
> I am in favour of occupational regulation where there are safety issues involved, and where the maintenance of professional and ethical standards is critical to preserving the safety of those who rely on those services...I say that

22 Information provided by NZRA, in *June Newsletter 96.*

23 Similarly, according to O'Neill (1994) following the widespread adoption of acupuncture by established practitioners of medicine and physiotherapy, the Australian government has recently concluded that acupuncture, like chiropractics and osteopathy, should be a registered occupation and that qualifying courses of tertiary education should be instituted in Australia. As a result the practice of acupuncture is not limited to one group of practitioners.

> occupational regulation aids consumer choice...It is imperative that somebody who goes to someone who describes him/herself as an osteopath, acupuncturist, doctor or nurse, can rely on the fact that they are properly trained, competent and have high professional standards.

As the short history of acupuncture in New Zealand reveals, wider social and political factors are very relevant to the practice of acupuncture (and Chinese medicine in general) in New Zealand. For the non-medical professional acupuncturists, particularly, political action has been a necessary element to their survival and recognition. A key area of concern is the amount of training practitioners from different backgrounds should receive before they can be considered competent and safe practitioners of Chinese medicine. Indeed, as Wharton (1993) points out, Chiropractic is the only complementary therapy to have legislative protection in New Zealand. As a consequence, untrained people can legally practice naturopathy, homeopathy, osteopathy, or Chinese medicine. In the struggle to establish national standards of training and qualifications, pressure groups from various sectors of the community formed and contributed to the debate over how acupuncture should be practised and, most importantly, who should practice it in New Zealand. Reminiscent of the three literary currents on Chinese medicine (Unschuld 1985), Chinese medicine is variously promoted by these groups as "classical" and "holistic", as well as "ancient", and "scientific", and in the competition for local and governmental recognition, these currents converge in the practice of Chinese medicine in New Zealand. In the following section, the different practitioner associations are discussed. In particular, short case studies of three key practitioner associations involved in the meetings set up by the NZQA are provided.

* *Practitioner Associations*

1) *The New Zealand Register of Acupuncturists (NZRA)*[24]

The New Zealand Register of Acupuncturists is an association of practitioners with professional training and qualifications specialising in Chinese medicine, particularly acupuncture. The NZRA was established in 1977. As mentioned previously, the NZRA was originally formed in response to the 1977 legislation put forward in an attempt to restrict the practice of acupuncture to registered doctors, dentists, physiotherapists, or to people acting under their supervision. The principle aim of the NZRA is to achieve a unity

[24] The following information on the NZRA is based on NZRA newsletters and documents.

of the acupuncture profession in New Zealand, and common standards of practice and qualification in New Zealand. The NZRA founding policy is stated in the Rules of the NZRA (1994):

> To promote acupuncture and allied aspects of Traditional Chinese medicine; the interests of the public in relation to the practice of acupuncture; the maintenance of honour and interests of the acupuncture profession.

The NZRA has an extensive code of professional ethics and national skin piercing guidelines for acupuncturists[25]. The NZRA members are also ACC treatment providers. At the time of this study, the NZRA was the sole group of practitioners in New Zealand recognised by ACC. The NZRA is concerned with ensuring the quality of acupuncture service as well as providers of acupuncture, and describes its function in a *June 1996 Newsletter*:

> NZRA's function has been to provide access for the public to properly trained practitioners and the quality assurance systems developed by the Register amount to a self regulatory role for acupuncturists in New Zealand entitling their clients to ACC cover for accident treatment.

In order to accomplish this aim, the NZRA performs four main services. First, as mentioned above, the NZRA has established acupuncturists' disciplinary procedures, code of ethics, skin-piercing guidelines, as well as a quarterly newsletter. Second, qualification evidence of its members is provided. In order to become a member of the NZRA, practitioners are required to have completed four years of study[26] of acupuncture and traditional Chinese medicine, or post-graduate training with a focus on TCM diagnosis and acupuncture theory.

Third, the NZRA has established biannual national accreditation examinations. All applicants to the NZRA are required to sit and pass a five-hour written and practical examination set by the NZRA. The accreditation examination guidelines describing the exam format and content, indicates that the exam consists of five papers. The pass mark for all papers is 70%, except for the sterilisation section which has a pass mark of 90%. Paper one is sixty minutes in duration, examining theory, particularly Chinese physiology. Paper two allows two hours, examining diagnosis; particularly differential diagnosis and case histories. Paper three allows thirty minutes for the examination of sterilisation and ethics.

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25 *The Code of Professional Ethics* (May 1994), and *National Skin Piercing Guidelines* (December 1994) are available from the NZRA.

26 More specifically, applicants to the NZRA are required to have 3600 hours study and 720 hours of supervised clinical training.

Paper four is sixty minutes in duration, examining points and channels, including the topics: the channels, point use, classification, contra-indications, emergencies, auricular. The final paper is a thirty-minute practical examination of point location and clean needle technique.

The exam is conducted in English and also includes specialized terminology written in both English and Chinese characters. The exam is offered twice a year in Auckland, Wellington, and Christchurch. In the Registrar's Report to the year ending 31st March 1996, examinations were held on 10th of June 1995 and 2nd of December 1996. In the first examination, ten sat the examination and nine passed, whilst in the second examination nine sat the examination and six passed.

Fourth, once membership has been obtained, practitioners are required to continue and update their studies, in keeping with NZRA guidelines on continuing education programme. An annual practising certificate is awarded each year to members who successfully complete the NZRA continuing education requirements. In the July 1996 NZRA membership list, there are seventy-six practising members, six honorary members, and thirteen non-practising members. Of the practising members, sixty-six practitioners are distributed throughout twenty-three districts in the North Island, with the majority practising in Auckland (twenty-two practitioners) or Wellington (thirteen practitioners). In the South Island, there are significantly less NZRA members, numbered at ten. Practitioners here are situated in five districts, with the majority in Nelson and Christchurch. In this study, approximately twenty-one practitioners are members of the NZRA.

Finally, due to the recent moves towards the establishment of national standards and training for acupuncturists in New Zealand, the NZRA's goal of ensuring statutory regulation of acupuncture appears to be moving close to fulfilment. Upon this achievement, the NZRA will need to reassess the nature of its continued existence, as the President's report states in the *June 1996 newsletter*:

> Once statutory regulation has been achieved ironically the reason for which NZRA came into existence will have been fulfilled. Unity of the acupuncture profession will be in legal existence and therefore the nature of the continued work of the NZRA will need to be re-evaluated. That is the expertise given by our members will be given further to the profession at large through the ITO and the Acupuncturists Council.
>
> We have by no means achieved these goals yet and still look to the efforts of our current and ongoing commitment and determination to secure them.

2)*The New Zealand Physiotherapy Acupuncture and Pain Modulation Association (PAPMA)*[27]

As denoted by the title of this organisation, PAPMA is an association of practitioners with professional training and qualifications in physiotherapy, and a special interest in the practice of acupuncture, particularly in the areas of pain control. Interest in acupuncture as a complementary treatment to physiotherapy was kindled in the early 1970s. However, for a decade it remained a controversial issue, with the physiotherapy society castigating a physiotherapist for advertising that he did acupuncture[28]. Nonetheless, in the late 1970s this same practitioner ran weekend courses on introductory acupuncture, mainly for the use of "breaking the pain cycle". The courses were run as demand arose.

Furthermore, influence across the Tasman from a very strong group of physiotherapists practising acupuncture captured the interest of physiotherapists in New Zealand. In 1980, this group offered to set up a week-long course for any New Zealand physiotherapists interested in acupuncture. It was an introductory acupuncture course, and the first class had 18-20 New Zealand physiotherapists[29]. Subsequently, in 1981/82, a second module was offered, teaching those who had completed the first course more about acupuncture. About half of those who attended the first course continued on with the second course. From that time onwards, the New Zealand and Australian physiotherapy acupuncturists maintained a close relationship, drawing support from each other. At the inaugural meeting in December 1982, at Auckland Hospital, with ten members present, PAPMA was established.

PAPMA's aims are to look after the interests of physiotherapy acupuncturists. It serves to protect its members, and to promote acupuncture. It is a watchdog for physiotherapy acupuncturists in New Zealand. A senior member of PAPMA explains that PAPMA was formed to control, advance and protect acupuncture in the physiotherapy field. However, PAPMA accepts but has no specific interest in the other aspects of Traditional Chinese Medicine[30]. PAPMA is also a product of the desire of physiotherapy

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27 The information on PAPMA draws upon PAPMA newsletters, membership rules, and advice from senior members of PAPMA.

28 Rather ironically, this same practitioner was later elected as the inaugural president of PAPMA.

29 A second introductory course was offered later in the year, and about the same number of physiotherapists as the first class attended.

30 Physiotherapy acupuncturists may also be interested in those aspects of Chinese medicine that relate to nutrition and exercise.

acupuncturists to keep in touch and communicate with each other. In addition, it has enabled a degree of control over the standards of the practise of acupuncture by physiotherapists. Most importantly, it served for the propagation of teaching/training courses for physiotherapists wishing to practise acupuncture. These courses run by PAPMA are now recognised and accepted by the New Zealand Qualifications Authority (NZQA).

PAPMA normally runs two introductory courses each year and approximately twelve to fifteen post-basic courses as demand allows[31]. Most recently, the course has been revised in accordance with recently established national Acupuncture Educational Standards, and a new ten-part course is scheduled for 1997. Parts One to Four of this revised course comprise an introductory programme of three days per part spanning four weekends, plus one revision day. The approach of the introductory programme is 50% Western and 50% Traditional. It has been written especially for physiotherapists, and therefore concentrates on musculo-skeletal topics. Upon completing Parts One to Four, practitioners are required to pass a Level One Examination before continuing on to the "post-basic" courses of Parts Five to Ten. The topics studied here include: ear acupuncture; acupuncture for the lower limb, thoracic and lumbar spine pathology; acupuncture for upper limb, head and neck pathology; meridian, confluential points, five element theory with clinical application; pulse and tongue diagnosis, as well as clinic, and application of traditional concepts.

In terms of numbers, one senior physiotherapy acupuncturist stated that there are more physiotherapists practising acupuncture than any other group, and that physiotherapists and medics amount to 80% of the total amount of practitioners practising acupuncture in New Zealand. At the inaugural AGM in February 1983, there were twenty-three members present, and now PAPMA has 320 members of whom 113 are registered physiotherapy acupuncturists. According to the May 1996 Registered Physiotherapy Acupuncturists membership list, there are ninety-two practitioners distributed in regions throughout the North Island, with forty-two practitioners situated in Auckland. In the South Island there are twenty-four practitioners situated in Christchurch and areas extending south to Invercargill. In this study approximately six practitioners are members of PAPMA.

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31 Information drawn from PAPMA Newsletter August 1996.

Acupuncture is practised as a modality by physiotherapy acupuncturists. Modality means that acupuncture is considered as technique or method, just like application of heat or cold is a technique/method in physiotherapy. Acupuncture is applied according to the scientific approach, and it is explained to patients in terms of endorphin release, anti-inflammatory effects, and pain blocks. In terms of formulating a treatment, prescription master acupoints are used. Physiotherapy acupuncturists think in terms of structure, for example, nerves and anatomy, and they consider their mode of acupuncture to be a part of the scientific point of view. Most base their approach on these factors, whilst a few immerse themselves in the traditional approach. From the point of view of a senior PAPMA member practising acupuncture within his physiotherapy practice, Chinese and Western theories have some similarities, and although Chinese medicine has the advantage of a holistic approach, its weaknesses are in the areas of trauma where surgery is required. He explains:

> I believe in where meridians go, the idea of energy channels in the body. I believe that a practitioner of acupuncture must have knowledge of both scientific explanations and Chinese theory explanations. As a group, we (physiotherapy acupuncturists) are a bit schizophrenic - in the way that we acknowledge both science and Chinese medicine theory. Our approach is an anti-inflammatory, pain blocking approach. Nevertheless, I see that there are correspondences and similarities between the two traditions of Chinese medicine theory and science. For example, the notions of Yin/Yang in Chinese medicine are rather like the ideas of negative/positive in science - negative and positive form electricity or "energy". Also in Western medicine there is the idea of homeostasis, whereby the body seeks to balance itself. The concepts are not that alien. However, the Chinese practitioners did not have Western knowledge and therefore developed their interpretation based on their beliefs and observations. Acupuncture is reasonably holistic. By holistic, I mean that it deals with the body in all its elements. However, where Chinese medicine fails is in cases of major trauma or illness, where surgery or other major intervention (cancer; radiotherapy; chemotherapy) is needed.

As this practitioner explains, acupuncture is beneficial to physiotherapy practice because it speeds up the healing process and as a modality it works well within physiotherapy practice. It has the benefits of providing an alternative, drug-free, natural approach for New Zealanders, and people accept it because it works.

3) *Medical Acupuncture Society of New Zealand (MASNZ)*[32]

MASNZ is an association of people with a special interest in medical acupuncture - that is, acupuncture from the perspective of Western medicine. This Society consists of practitioners with professional training and qualifications in Western medicine as well as people from other backgrounds (e.g. dentistry). In September 1996, MASNZ had a membership of 150 doctors. MASNZ became an incorporated society in June 1981, and has been active in the field of on-going education and training in the various types of acupuncture modalities. The Society also organises annual conferences, regional seminars and meetings, and regularly publishes journals and newsletters. MASNZ invites experts in both "classical" and "modern" acupuncture from throughout the world to conduct lectures and workshops, and some of the members travel overseas to complete further training in fields of their interest.

To ensure the maintenance of professional standards, MASNZ has a registration and disciplinary board, and medical acupuncturists are bound by the rules and ethical codes of the Medical Practitioners Act regarding responsibility in their role to the public. For example, in the Rules of MASNZ, objects for which the Society is established include:

> (a) To foster the highest standards of acupuncture and related therapies within the medical profession.
> (b) To provide research and exchange propagation of information concerning acupuncture and related therapies and to deliberate upon all questions and measures, legislative or otherwise, connected with.

In order to belong to the Register of Medical Acupuncturists (controlled by MASNZ) doctors are required to have completed a minimum of 150 hours of formal instruction in acupuncture, and have passed an examination. In addition, in order to maintain status on the register, members are required to complete a minimum of ten hours per year of on-going education in acupuncture.

Formal training in acupuncture is offered to doctors by MASNZ. The course has been developed and taught by the Society's teaching faculty of experienced general practitioners who incorporate acupuncture in their medical practices. The MASNZ course is arranged in four main blocks and includes: Introduction - Basic Concepts, Meridian Concepts, Musculoskeletal Acupuncture and Classical Energetics and Zangfu. Additional courses are also offered on such topics as: Extended Meridian Concepts, Microsystems,

[32] The information here is drawn from the *Journal of the Medical Acupuncture Society of New Zealand* as well as from material supplied by the MASNZ. However, the information on the MASNZ that was made available at the time of this study is not as extensive as that of the above two practitioner associations.

Traditional Diagnosis, and Specific topics such as Womens' Health, Headaches, and Arthritis.

Overall, MASNZ aims to develop more effective GPs rather than producing acupuncture specialists. In terms of the role that acupuncture has in Western medicine practice, the responses of the doctors in Gibbs (1989) study indicate that they see it as a useful complementary or adjunct treatment rather than an alternative treatment. As Gibbs explains:

> The need remains for restraint and realism in planning the future role of acupuncture within a Western system of medicine. No amount of success in its use, whether by general practitioner or specialist, should encourage a belief that it can be regarded as an alternative system of medicine. It can be no such thing.
> New Zealand doctors are discovering that acupuncture is a useful therapy, but it reinforces the armoury of medicine and is not a substitute.

According to the MASNZ, the majority of doctors practising acupuncture in New Zealand have been locally trained. Gibbs (1989) reports that of the 2000 doctors employed in general medical practice or primary health care, approximately 500 doctors practise acupuncture as one of their therapeutic approaches to medical disorders and pain problems of musculo-skeletal origin[33]. Indeed, his survey of 102 doctors who had recently completed a 40-hour training course on the clinical use of acupuncture, revealed that 85% of doctors reported that they used acupuncture for "pain disorders". Gibbs' (1989:23) study also revealed that, in practice, acupuncture does help to reduce the amount of drugs used:

> 66% cut back with the use of analgesics, 64% with anti-inflammatory drugs, 31% with sedatives and tranquillisers, 10% with anti-spasmodics and 28% with antihistamines. Two doctors also reported a lesser use of antibiotics.

Information on the practice of acupuncture in the Otago/Southland region (Melville 1990) indicates that on the whole, Chinese medicine is not as popular in the South Island. The majority of doctors surveyed do use Western taught acupuncture and half of them use electro-acupuncture. However, Melville (1990) found in his survey, that only eight of the thirty-five doctors who responded to the questionnaire were members of MASNZ. In

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33 Similarly, Verhoef and Sutherland (1995) in their paper "General Practitioners' Assessment of and Interest in Alternative Medicine in Canada", also found that doctors believed acupuncture was most useful for musculoskeletal problems and chronic pain or illness. For example, they state (1995:511):
"Alternative medicine was perceived to be needed most for musculoskeletal problems and chronic pain or illness. Chiropractic, hypnosis and acupuncture (for chronic pain) were believed to be most efficacious, while homeopathy and reflexology were considered to be least efficacious".

contrast, only three doctors replied that they used acupuncture for a wide variety of complaints. Interestingly, in terms of education, the majority of doctors in Otago/Southland chose to undergo acupuncture training in Australia rather than New Zealand: 71% of the doctors in this survey had attended an Australian basic training course, whilst only 29% attended a New Zealand course.

In conclusion, although the MASNZ appears to represent and regulate a significant proportion of medical acupuncturists, it does not encompass all medical acupuncturists in New Zealand. In this study, approximately five practitioners are members of MASNZ. Whilst interest in acupuncture may be at a relatively high level amongst North Island doctors in regions such as Auckland, this does not reflect the interest of doctors (or patients) in the country as a whole. Melville (1990) concludes:

> Acupuncture is struggling to make an impact as a treatment, it seems, in the Otago/Southland area.

4) *Other Practitioner Associations*

As mentioned previously, there are variety of practitioner associations in New Zealand with an interest in Chinese medicine (particularly acupuncture). Outlined below are three practitioner associations that came to my attention during the latter stages of the research process. Although the information obtained on these groups at the time of this study is not as extensive as the above mentioned practitioner groups, the available information has been included to illustrate the variety of practitioner associations concerned with Chinese medicine in New Zealand. In addition, each of these associations have an important role in organizing and grouping practitioners of Chinese medicine in New Zealand.

* The New Zealand Federation of Chinese Medical Science Inc. (NZFCMS)

The NZFCMS was incorporated in April 1993, and the 1994-96 membership list includes seventy-nine members - the majority of whom are of Chinese ethnicity. The goal of NZFCMS is to organise qualified practitioners of TCM, particularly acupuncturists, herbalists, and tuina practitioners. In order to accomplish this, NZFCMS carries out a range of regular activities. For example, in its constitution, NZFCMS includes the following activities[34]:

[34] Information was supplied by the NZFCMS, in the May 1995 *NZFCMS Journal.*

> ...holding seminars, publishing bulletins, establishing columns of Chinese medicine in newspapers and periodicals, offering free medical consultation, providing health care information, holding social meetings with other organisations of TCM and New Zealand local herbalists, and assisting government departments concerned in formulating policies relating to control of the TCM profession...

In addition, by engaging in the above mentioned activities, NZFCMS also works to improve the popularity of TCM amongst New Zealanders, to gain more support and social recognition for the TCM profession as well as foster greater understanding and communication within the community. The Mayor of Auckland, Les Mills, writes[35]:

> The Federation is a valuable forum for increasing knowledge and awareness of Chinese medicine and acupuncture in improving communication and promoting greater understanding in the community.

At least two practitioners in this study are members of the NZFCMS.

* The N.Z. Institute of Acupuncture (NZIA)

The NZIA is a broad-based non-partisan organisation for those who share an interest in acupuncture and related therapies. It was established in 1994 by a group of health professionals who assembled in Auckland. The NZIA is an Incorporated Society and its Constitution has been lodged with and approved by the Justice Department.

The aim of the NZIA as stated in its Mission statement is:

> To promote awareness, foster professional support and provide information and education in the skilled use of acupuncture and related therapies with the New Zealand health care system.

In order to accomplish this, the NZIA has established seven objectives: promote acupuncture and related therapies to the public and health professionals of New Zealand; foster respect and cooperation between health professionals involved in acupuncture and related therapies; provide education or impartial information on acupuncture and related therapies; maintain a membership list of the NZIA; develop closer relations with national and international organisations involved in acupuncture and related therapies; foster and promote research into acupuncture and related therapies and encourage publication of findings; establish a scholarship fund to be allocated to individuals for further study.

The NZIA's inaugural conference was held in August 1995, at Marion Davis Library, Auckland Hospital. The Conference programme, entitled *Acupuncture Integration in the 90s*, included the election of NZIA Officers, discussion of the recent NZQA

35 In *The New Zealand Federation of Chinese Medical Science Journal*, May 1995:4.

acupuncture framework, and presentation of papers on the following topics: animal acupuncture; TCM in pregnancy health care; Qi Gong; "Cracking with Needles"; Hepatitis without jaundice; "How I Think Acupuncture Works"; and Tai Ji, Ba Gua. As the NZIA was in its infancy at the time of this study, it remains to be seen how people in New Zealand respond to it and how it will develop in the future. At least two practitioners in this study are members of the NZIA.

* The New Zealand Institute of Chinese Acupuncture and Medicine/NZ Chinese Acupuncture Association and Register Inc. (NZICAM)[36]

The Principal of the NZICAM was reported to be amongst the first practitioners of Chinese medicine in New Zealand. The NZICAM is therefore, an important contributor to the establishment of Chinese medicine in New Zealand. Unfortunately, despite inquiries and invitations to participate in this project, the NZICAM was reserved in its response. As a consequence, little information on the NZICAM and its members was obtained during the fieldwork stage of this project, and none of the practitioners who contributed to this project (to my knowledge) are NZICAM members.

Nonetheless, during the latter part of the writing phase of this project, more fruitful correspondence with a key member of the NZICAM was developed. This member revealed that the NZICAM advocate a purely traditional approach towards the practice of Chinese medicine in New Zealand. In addition, he stated that the NZICAM had been sought by the NZQA in 1992 for its counsel on the establishment of TCM Unit Standards in New Zealand. At the time of this study, the NZICAM had completed its recommendations for the elements and performance criteria. The teaching of two domains was recommended. For example, NZICAM recommended that Domain A covers in detail the philosophy and theory of traditional Chinese Medicine, whilst Domain B focuses on diagnosis and treatment in Chinese medicine.

Finally, the NZICAM remains critical of the present situation regarding the practice of Chinese medicine in New Zealand. I was advised that the NZICAM are of the view that "traditional Chinese medicine" is not yet practised in New Zealand and has still to be

[36] Information on the NZICAM was provided via informal talks and correspondence with a key member of the NZICAM. As this has been the only source of data made available at the time of this study, it has been included. However, it must be emphasised that the data provided here is based upon informal advice, and whilst believed to be accurate, may be subject to some inaccuracies.

established. They wish to protect TCM from popularist notions, and point out that the existing practitioners of Chinese medicine in New Zealand lack the traditional, authentic approach and training. Here Croizier (1976:351) seems to echo some of the concerns of the NZICAM in his observation of the integration of TCM and Western medicine in China:

> ...this suggests a tendency for integrated Chinese medicine to suffer from the same problems that integrated Ayurveda has encountered in India - erosion of its theoretical basis, in an attempt to rationalize and systematize it for standardized teaching, and *de facto* relegation to second-class paramedical status by scientifically trained public-health authorities. In other words, the powerful solvent of modern science threatened to dissolve the theoretical basis of Chinese medicine and leave an assortment of remedies and procedures that might be of considerable adaptive value in providing public health care, but would hardly constitute an integral medical system.

Conclusion

In exploring the issue of: "What is 'Chinese Medicine'?", it is apparent that systems of healing both reflect and interact with the wider political-socio-cultural context. This thesis contends that Chinese medicine has not only been imported, but also adapted to New Zealand by New Zealanders. If this is so, what are these adaptations, and what is the outcome for Chinese medicine? What is the (emergent) form that it now takes in New Zealand? It is not just a question of diaspora, but of fragmentation, and reconglomeration - a mixing of methods. Finally, this adaptation has occurred within a political realm, as TCM practitioners from different backgrounds establish separate practitioner associations and defend their rights to practice Chinese medicine according to their understanding of it. These issues are central to discussions in the following chapters.

CHAPTER TWO

Research Methods

"Medical anthropology speaks of, and speaks from within, the complex intersection of social institutions and the bodies and selves of individuals. Our concern with the connections among person, culture, and society places us squarely in the midst of fundamental anthropological debates about the nature of culture and the construction of social reality. At the same time, our involvement in illness and care leads us to a concern with criticism and social action. These issues are likely to impinge, whether recognised or not, on theory and practice in the field of medical anthropology"
(Amarasingham Rhodes, 1990:173).

Introductory Discussion

The topic for this study could be approached in a variety of ways, via a number of different disciplines, methods, and perspectives. This research falls within the realm of "medical anthropology", which has been officially recognised as a subdiscipline of anthropology for over thirty years (Lock and Scheper-Hughes, 1990:47). As a subdiscipline of anthropology, medical anthropology has been traditionally concerned with the issues of health and illness across societies and cultures, especially in the area of alternative medical systems and the health problems of "Third world" societies, incorporating both historical and cross-cultural studies. Increasingly, however, medical anthropologists have turned their attention to health problems and issues in Western societies, and to the study of biomedicine - which has been described as embedded in and sustaining the dominant and political systems of "Western"[1] societies. As Amarasingham Rhodes (1990:159) maintains:

> Medical anthropologists also study biomedicine itself, exploring the ways in which it is socially, culturally, and historically constructed and showing how its perspectives influence the lives of its patients.

This study has been written with my research participants in mind, and intends to make the findings of the research accessible to them. In addition, this study was researched and written within the discipline of social anthropology, and therefore utilises the methodology of the anthropological approach. Pelto and Pelto (1990:270) point out that field research in anthropology is essentially "theory-less". That is, most anthropologists, regardless of their theoretical position, use the same mixture of methods, including broad surveys of communities, structured and open ended interviewing, and direct observation.

[1] The implicit meaning of this term relates to "the West", as defined in the Concise Oxford Dictionary (1995), as "European in contrast to Oriental civilization".

Nonetheless, although it has been argued that anthropological field research is "theory-less", there are two important concepts which are central to the anthropological approach in fieldwork research.

The first concept is apparent in the opening quote of this chapter, which elucidates the tradition of the anthropological approach with regard to the field of medical anthropology. Implicit in this statement, is the hallmark of the anthropological approach - the "holistic perspective"[2]. According to Pelto and Pelto (1990), the holistic perspective is based on the assumption that a multitude of interrelated factors may contribute towards an understanding of a particular phenomenon. In practice, this means that the research design is generally broad-based, so that although the topic of an anthropological enquiry may focus on a specific health issue, it also explores and relates the topic of inquiry to the wider net of interrelated issues - including economic features, social relationships, cultural belief systems, political processes, and other general aspects of a community.

The second central concept, which is embedded in the anthropological approach and shapes the directions of research, is the idea of "culture". In medical anthropology, the concept of culture (regardless of the various definitions applied to it by researchers) has been applied to studies of health issues, and is recognised as an important factor in understanding illness and health care. Pelto and Pelto (1990:275) for example, write:

> To a considerable extent, the continued increases in acceptance of medical anthropologists in the interdisciplinary community of health research are due to increased recognition of the "cultural factor" as crucial to understanding all aspects of illness and health care.

"Culture" has shaped the directions of anthropological research in health care in two ways (Pelto and Pelto, 1990:274-5). First, before the subdiscipline of medical anthropology emerged, the primary objective of anthropologists studying matters of health and illness was to describe the "traditional" and "cultural" beliefs, rather than acknowledge the instances of social and cultural cross-over[3], and situations in which non-Western people

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2 Pelto and Pelto, 1990:274.

3 Well known examples of earlier monographs which have been described as "classics in medical anthropology" are cited by Lock and Scheper-Hughes (1990:47), and include: E.E. Evans Pritchard's *Witchcraft, Oracles and Magic among the Azande* (1937), Victor Turner's *Forest of Symbols* (1967) and *Drums of Affliction* (1968), and *Purity and Danger* by Mary Douglas (1966).

sought Western or "cosmopolitan"[4] medicines and visa versa were largely overlooked. Pelto and Pelto (1990:274) make the point that previous anthropologists focused on "culture" in terms of the "abstracted belief system", rather than on the actual behaviour of people.

Second, it is apparent in the more recent works of medical anthropologists, that there has been a shift in the use of the concept of culture. This shift has been described as "a major achievement in anthropological methodology and 'meta-theory'" (Pelto and Pelto, 1990:275). In the work of medical anthropologists, the emphasis has shifted from a focus on culture as an abstract belief system, to a contextualisation of culture as a cluster of variables (mutually enforced learned habits) which could be combined with a network of other factors to explain people's actual behaviour. "Culture" came to be seen in terms of process more than in terms of paradigm. In lieu of boundary maintenance, "border crossing" has been put forward as a (perhaps the) most crucial feature of cultural vitality. At the same time, research in medical anthropology shifted away from a focus of "traditional belief systems" towards a focus on (micro-) historical processes emerging from the dialectic of culture and action. This made it possible for a shift in the focus of research in medical anthropology, towards seeking to understand the effects of culture on people's behaviours (and perhaps visa versa).

In the present essay, a particular health issue is approached holistically. "Tradition" is crucial to understanding the whole issue, but so are current economic, political, and social concerns of the people. Rather than searching for "an abstract belief system", this research is concerned with understanding actual behaviour - that is, the actual practice of Chinese medicine in New Zealand. Therefore, this study is concerned not so much with the arena of "traditional" culture or medicine, as with cultural cross-over in which a health practice from one society or culture is practised, adopted, and promoted outside its original context. It is concerned with exploring the ways in which "Chinese medicine" is socially, culturally, and historically constructed, and examines how its perspectives influence the lives of people - practitioners and patients - as well as how people's perspectives influence "Chinese medicine".

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4 "Cosmopolitan medicine" is defined by Leslie (1976:6): "What I have been calling cosmopolitan medicine is usually called alternatively 'modern medicine', or 'scientific medicine', or 'Western medicine'. Translations of these terms are widely used in Asian languages, along with other labels: Dutch medicine, English medicine, allopathy, doctor medicine, and so on".

This chapter aims to clarify further the influences and processes behind this study. The research process is detailed and discussed, addressing in particular: the research design, methodology, ethical issues, and problems experienced. On the whole, this chapter seeks to show how the research process itself is intrinsic to the understandings and conclusions reached in this study.

The Research Process

1. Research Design

The design for this study combined both qualitative and quantitative methodologies which are not necessarily easily separated from each other. Rather, like a continuum, one method led to another. For example, administering questionnaires may be described as a quantitative approach in principle, but in the case of this research also led to some qualitative interaction with the research participants, for instance, indepth discussions of meanings and opinions. However, in this study, a qualitative understanding of how Chinese medicine is practised in New Zealand was sought foremost, paying particular attention to the experiences and perspectives of practitioners and patients. To establish some idea of the context and parameters of this study, quantitative data was then sought. The four main formal research methods carried out include a mixture of direct observation of treatment, interviews (both structured and unstructured) with practitioners, questionnaires given to patients and practitioners of Chinese medicine, and library research.

Therefore, from the onset, this study aimed primarily to establish qualitatively how Chinese medicine is being practised in New Zealand, to present a detailed picture of its practice, and to support the findings with quantitative information. In the early stages of research design, three main areas were chosen to be specifically focused on and explored. First, the treatment was investigated with particular reference to practitioners' methods of diagnosis and therapy, including practitioners' categorisation and explanation of ailments, and how the treatment works. Second, the practitioner was focused on, with the aim of discovering who chose to practice Chinese medicine in New Zealand and why, and what their experiences of practice were. Finally, the patients were identified and addressed: who sought Chinese medicine treatment in New Zealand, and what was their understanding and attitude towards it.

2. Methodology:

Three main methods of fieldwork were used in this study and will be discussed in this section. These include participant observation of treatment sessions, practitioner interviews, and practitioner and patient questionnaires.

* *The Treatment - Attempts at Participant Observation*

During April, 1995, observation of treatment sessions at one clinic of Chinese medicine was conducted. The clinic advertised in the local paper, in the health professionals and care givers' directory, as offering specialist treatment in "musculoskeletal medicine". At the time of this study, three practitioners worked at the clinic, with one practitioner being the principal. The principal practitioner had been practising in New Zealand for more than four years, and before that had studied in China for seven years[5]. All three practitioners were men in the age range of approximately mid-twenties to thirties. Originally, they came from China, where they had received training in Chinese medicine. The main mode of treatment offered at the clinic was advertised as "deep tissue therapy", and involved acupressure, manipulation, and occasionally some acupuncture.

I initially contacted the clinic by phone, and explained the goals and aims of the research project. From the start, the practitioners were very open and obliging. Though they had little time for formal interviews, they invited me along to watch the treatments. In each instance, the practitioner consulted the patient first and obtained their verbal approval before allowing me to observe the treatment session. I found myself in a situation which seemed ideal for developing an understanding of the actual practice of Chinese medicine. As a result, I observed a total of fifteen treatments at the clinic: two by the principle practitioner; six each from the other two practitioners; and one treatment in which both practitioners participated.

During each treatment, I would observe, and take notes on: the practitioner and patient's explanation of the treatment; the patient's response and reasons for seeking treatment; the atmosphere or rapport between practitioner and patient; and the events and discussion that occurred during the treatment session. During the treatment sessions that I observed, I would sit in a chair, although sometimes I moved about the room (at the suggestion of the practitioner) to get a better view of the treatment. However, my presence

[5] Subsequently, I discovered that this practitioner was a member of the NZRA.

during the treatment sessions was more than "observer". At each treatment session, I was acknowledged, and became involved in discussions with the practitioner and patient during the treatment process. I was encouraged to ask questions about the treatment, and the practitioners and patients asked me questions and explained things in return. In a couple of cases, I was asked by the patient to explain aspects of the treatment, when the practitioner had difficulty in conveying his meaning in English.

My presence, including my personal background - indeed, my own health status - did not go unnoticed, and in quite a few cases arose as a topic of discussion during treatment sessions. For example, most notably in one case, the practitioner and patient enthusiastically shifted the topic of discussion to me and a diagnosis of my health. Fourteen of the fifteen patients involved in this inquiry had received treatment at this clinic before. Therefore, most of the treatment sessions I attended had a relaxed, familiar atmosphere. The patient and practitioner knew each other, and the patient was accustomed to the treatment. This facilitated discussions about the treatment, as well as our lives and experiences of health care.

After a month of visiting the clinic, observing treatment sessions, and talking with the practitioners and patients on an informal level, I had gained some insight into the treatment process, but was constrained in my attempts at arranging more "formal" discussions, such as taped interviews. Due to their busy work load, the practitioners were unwilling to set aside the time to participate in structured interviews. Consequently, the access and time that I spent at the clinic was limited to the treatment sessions only.

The period of participant observation of treatment sessions at the clinic was considered as a preliminary step in the research process, and the information gained from it is not used directly in this thesis. Rather, the information was used to help identify main issues to be explored, and develop practitioner and patient questionnaires. The data used in this thesis, therefore, is derived from the next two steps of the research process, which involved structured interviews with practitioners of Chinese medicine, and questionnaires given to some of their patients.

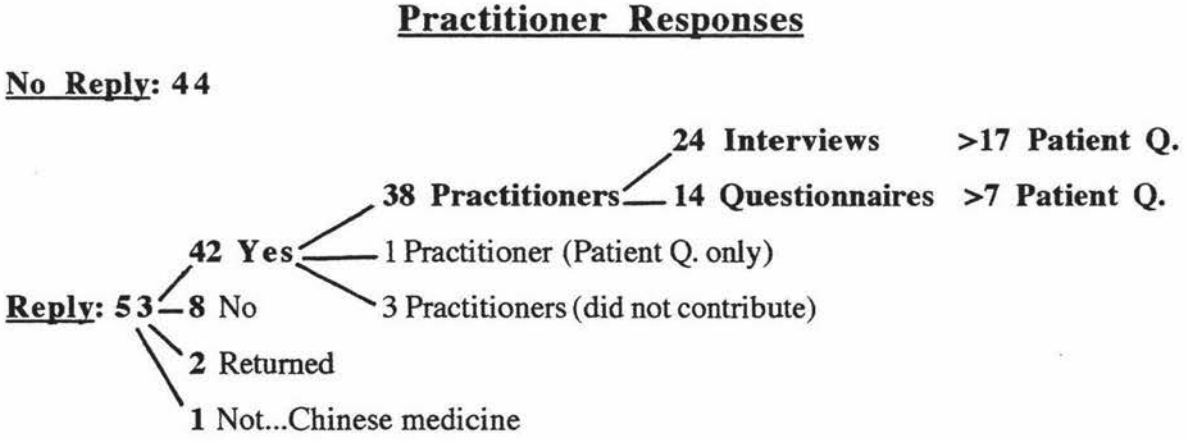
* *Finding Research Participants for Interviews and Questionnaires*

After the initial period of participant observation of treatment sessions, I searched the various regional 1995 Yellow Pages, and discovered that ninety-seven practitioners

were advertised under the headings of "Acupuncturists" or "Acupuncturists (Members of the NZ Register of Acupuncturists)". I then sent a letter of introduction to each of these practitioners, enclosing a research proposal, a reference letter, an invitation to participate in this research project, and a return envelope. (See Appendix One). Practitioners were invited to indicate whether they would be willing to complete a questionnaire survey, be interested in giving a questionnaire survey to their patients, or be willing to be contacted for an interview.

A total of fifty-three replies were received: forty-two indicated that they wished to contribute to the research; eight declined to participate; two letters were returned to sender; and one practitioner declined to contribute stating "not a practitioner of Chinese medicine". Of the forty-two practitioners who indicated that they wished to contribute to the research through a questionnaire or interview, thirty-eight practitioners actually did contribute, and one practitioner contributed by giving out patient questionnaires only. Of the thirty-eight practitioners involved, twenty-four practitioners did a taped interview; of those, nineteen consented to give questionnaires to their patients, and seventeen actually did give out the patient questionnaires. The remaining fourteen practitioners involved in this research chose to contribute by completing a questionnaire, and seven gave out questionnaires to their patients. Therefore, a total of twenty-five practitioners gave out questionnaires to their patients. See Diagram below.

Practitioner Responses



** The Practitioner - Interviews with Practitioners*

The main component of the fieldwork period for this research project, on which this study depended and draws upon most directly, involved conducting interviews with twenty-four practitioners of Chinese Medicine throughout New Zealand (from Kaitaia to Invercargill). The practitioner interviews were carried out over a period of approximately three months, from the beginning of June to the end of August 1995. The place of the interview varied, and was left to the practitioner to decide. Having said this, the majority of interviews were held at the practitioner's clinic, during working hours. That is, twenty-one interviews took place at the practitioner's clinic, two interviews were held at the practitioner's home, and at one interview we met at the practitioner's clinic and then, at the practitioner's suggestion went to a coffee shop down the road to do the interview.

At each interview, I was accompanied by an assistant who was fluent in Mandarin and was an undergraduate student in social anthropology. At the onset, his anticipated role was to help in translation, where necessary, during the interview. As it turned out, twenty-two of the twenty-four practitioners interviewed spoke perfect English, and indeed, the majority did not speak Mandarin, and were New Zealanders. In the remaining two interviews, however, translation was very helpful.

With the agreement of the practitioners, each interview was taped, and planned to last for forty-five minutes. However, in reality, on average, the interviews were an hour or more in duration. For the interviews, I prepared a ten-page questionnaire consisting of a mixture of short answer-questions, fill in the blank questions, and multiple-choice questions, which covered four main topics. For the purposes of consistency and comparison, I planned to do each of interviews in the same style, using the same order of topics and questions. Each interview therefore, began with a general focus on the clinic, and then moved on to discuss the treatment, the patient, and finally, the practitioner[6]. My overall approach was to encourage discussion within the boundaries of the questionnaire topics. However, in cases where the discussion drifted off the topic, I did not interrupt the discussion, but let it proceed naturally to its conclusion, returning to cover the remaining questions later in the interview.

At each meeting, my interaction with practitioner depended largely upon the attitude and expectations of the practitioner. On the whole, the practitioners expected me to "fire

6 See Appendix 2, for the questionnaire used in practitioner interviews.

away" with questions, and therefore after I had introduced myself and explained the research project, I went through my questionnaire, asking further questions at different points during the interview to clarify or expand upon comments made and issues raised by the practitioner. The practitioners reacted differently to each question, liking some questions more than others. Some questions were discussed at length and elaborated upon, whilst others were answered more succinctly. In a couple of cases, practitioners took the initiative by beginning the discussion themselves, and in these instances the interviews progressed in this style. However, before the conclusion of the interview, I always took the opportunity to initiate further discussion on the topics not yet covered in my questionnaire. Therefore, the resulting data obtained from the practitioner interviews was informed by the responses of each of the twenty-four practitioners and is discussed at length, in combination with the data obtained from the practitioner questionnaires, in Chapter Four.

* *The Patient and The Practitioner - The Questionnaire Surveys*

This study incorporates two types of questionnaires, one for practitioners of Chinese medicine, and one for patients of Chinese medicine. The questionnaire for practitioners of Chinese medicine, was sent to sixteen practitioners who indicated that they wished to participate in this research, but were unwilling or unable to do an interview. A total of fourteen completed practitioner questionnaires were subsequently returned. As the practitioner questionnaire and the interview questions were identical to each other in form and content[7], the data from both sources have been combined for overall analysis and examination in Chapter Four.

The patient questionnaire[8] was comprised of a mixture of multiple-choice, fill in the blank, and short-answer questions, divided into two sections over eight pages. Section One was entitled "The Experience of Treatment - From the Patient's Perspective", and sought to understand four main areas: the kind of ailments that patients sought treatment for; the kind of treatments the patients chose to undergo; patients' understanding of their ailments and the treatment; the patients' experience of the whole treatment process. Section Two was entitled "Patients of Chinese Medicine in New Zealand". This section endeavoured to gain some

7 See Appendix 2.

8 See Appendix 3 for the Patient Questionnaire.

endeavoured to gain some insight into the personal backgrounds of the patients who contributed to the questionnaire, as well as to understand how patients felt with regard to issues regarding health care choice, including recognition, legislation, and control of Chinese medicine in the health care system of New Zealand.

Patients were invited to participate in this research project through a two-step process. In the initial step, ninety-seven practitioners of Chinese medicine were contacted by mail. The practitioners who wished to participate in this research, whether by interview or questionnaire, were also invited to ask their patients to contribute by means of a patient questionnaire. Of the total of thirty-eight practitioners who became involved in the research project, twenty-four indicated that they would be willing to include their patients. In one case, a practitioner did not participate by means of an interview or questionnaire, but did give out patient questionnaires to his patients, and these questionnaires have been included in the total patient sample.

In the second step, a total of 250 patient questionnaires were distributed. Ten patient questionnaires, each with stamped return envelopes, were apportioned to each practitioner. A letter was included with each patient questionnaire to be distributed, introducing and explaining the research project[9]. In the letter it was made specifically clear that the confidentiality of all participants would be respected. Patients were also advised that the questionnaire would take approximately fifteen minutes to complete, and asked to complete and return the questionnaire within one week. As a result, a total of 130 patients completed and returned the questionnaire.

Distribution of the questionnaires to the patients was left to the discretion of the practitioner. Administering patient questionnaires in this way was favoured because it enabled a wide range of patients to be contacted, was, to a degree, more selective towards patients currently having treatment or patients who had a history of treatment, and provided patients with flexibility in choosing where, when, and how long they required to complete the questionnaires. However, it must be acknowledged that potentially, there may also be a bias towards patients who have had successful treatments, or positive outlooks towards the treatments. This possibility shall be explored after further discussion of the results in Chapter Five.

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9 See Appendix 4 for a copy of the letter included with patient questionnaires.

3. Ethical Issues

The *Ethics Code and Procedures* (1992:2) for the New Zealand Association of Social Anthropologists states:

> In their work, anthropologists' paramount responsibility is to their research participants. When there is a conflict of interest, these individuals must come first. Anthropologists must do everything in their power to protect their physical, social, and psychological welfare and to honour their dignity and privacy.

Therefore, in regard to ethical issues, my first priority was towards the research participants. In practice, I took a number of steps to ensure that the research methods complied with the ethics guidelines for anthropologists. First, a copy of my research proposal[10] was submitted to my supervisor, and I received verbal approval to do the research both from her and from the head of department.

Second, at the onset of the research, all practitioners advertising in the regional Yellow Pages were contacted by mail, informed about the aims of the investigation, told how the research would be carried out, given the choice as to whether they wished to contribute to the research, and given options as to how they could contribute. Potential research participants were advised that confidentiality of all research participants would be fully respected. This meant that unless they specified otherwise, their identities remained anonymous in the study. Interviews were taped for my reference during the writing-up phase of the project, for the purpose of accuracy in representation. The tapes were solely for my use. All completed questionnaires received were also treated as confidential, and were used by me only for the purposes of this study.

Third, during the study, all potential research participants were given the opportunity to comment about the research, make suggestions, or offer advice on any aspect of the study. At the onset of the study, before the practitioners became involved in the research, they were informed that if they had any advice or comments to offer, I could be contacted, and my address and phone number at Massey University were made known to them for this purpose. Having said this, I received no negative feedback about doing the study. None of the ninety-seven practitioners, that I contacted through the mail, replied to voice objections to the research being carried out. Likewise, I received no warnings from patients against proceeding with this study.

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10 See Appendix One. The research proposal submitted to my supervisor is the same one submitted to the practitioners of Chinese medicine.

Fourth, I recognised and respected the rights of those practitioners and patients who declined to participate in the study, as well as those few practitioners who subsequently discontinued participation. The practitioners who did not respond to my invitation to participate in the study, or who indicated to me that they did not wish to participate in the research were not contacted again, and were not included in the study. Only those practitioners who responded positively to my invitation to participate in the project, were contacted further, and included in this study.

Fifth, research participants were advised of the anticipated consequences of this study. They were told that the study aimed to illustrate the range and variations of the practice of Chinese medicine in New Zealand, and that the research aimed to involve Chinese medicine clinics, doctors, and patients throughout New Zealand. They were aware that different groups would be contacted and represented, and, as a consequence, the study would be unpartisan in approach. They were also advised that a consequence of this research would be the production of a source of information (i.e. a thesis), which would be accessible to them as well as to the wider community, and used generally for the benefit of increasing our understanding of healing traditions in New Zealand.

Finally, research participants were advised that the results of the study would be made known to them on completion of the research write-up. Indeed, during the research process, practitioners expressed their interest in having a copy of the final write-up of the research findings. I therefore advised all practitioners that copies of the thesis would be sent to the libraries of at least three practitioner groups.

4. The Research Process and the Problems Experienced

In her paper, "Undoing Fieldwork: Personal, Political, Theoretical and Methodological Implications", D'Amico-Samuels (1992:68-69) asks; "where is the field?", "where does it begin and end, if ever?". Her point is that: "The field is everywhere" (1992:82-83). In doing "fieldwork", the researcher is not separate from the "field". Rather, the research process and the results of the study are informed and shaped by the researcher as well as the research participants. This section discusses the research process from the perspective of the researcher. It particularly, identifies how the research was carried out, the research methods used. It discusses the "formal" as well as the "informal" methods which contributed towards an understanding of the topic. It then identifies the problems

experienced during the research process.

* *Methods in the Research Process*

The research process involved a number of methods, of both a formal and informal nature. See the following Diagram[11].

Research Methods

Regional phone books

Newspapers

Television

Asian grocery shops

Survey of Advertisements

Study of NZ medical system

Study of NZ legislation

Researching NZ health policies

Study of NZ practitioner groups

Observing treatments

Receiving treatments

Learning Tai Chi

Other Specific Investigations

Research into the Practice of Chinese Medicine

Reviewing Literature

Formal literature search

Leaflets from Clinics

Leaflets from health shops

Literature and history of NZ practitioner groups

Writing to People

Practitioners advertising in Yellow Pages

Spokespersons for practitioner groups

Patients of Chinese medicine

Talking to People

Word-of-mouth information

Practitioners of Chinese medicine

Patients of Chinese medicine

Phone conversations with practitioners

Phone conversations with researchers

Conversations with colleagues, family, friends & people in the community.

11 This diagram has been modelled after the "Outline of research methods"; in Leibrich, Hickling, Pitt, 1987:107.

The "formal" methods of research include observation of treatment sessions, interviews, and questionnaires. These methods have already been identified and outlined in the above discussion of the research methodology. By "informal" methods, I am referring to all those activities I engaged in during the research process which are not necessarily apparent or significant in contributing to this study, and in some cases (for example, my participation in tai chi classes) were just a part of my daily life. However, these informal activities did contribute towards my overall understanding of the research topic, and are an example of how difficult it can be to separate "fieldwork" from the rest of a researcher's life.

The "field" of study was not necessarily remote from my ordinary daily life. Rather, there was an overlap between the two. My interest in Chinese medicine was not just "academic" but also "personal", and therefore Chinese medicine was significant to both aspects of my life. Friends, as well as research participants, took an interest in my study and offered advice and comments. At the time of the research, I happened to be learning Tai Chi, and my teacher encouraged my interest in understanding the Chinese approach to health and healing. On a practical level, during these classes I learned about "Chi", and through the regular practice of the exercises felt the tangible benefits of this training to my health.

On a personal level, I also began to try Chinese remedies for the various ailments I experienced during the research process, and I began to follow the advice of my Chinese friends on diet; which foods I should eat and which foods I should avoid. I began to understand that particular foods are regarded as "heaty" or "cooling" - yang or yin. I also sought treatment from two different Chinese medicine practitioners for ailments which occurred during the winter and spring. As a result of this, I experienced first-hand some of the treatments of Chinese medicine, including acupuncture, herbal medicine, and heat treatment, and saw and felt the results. Therefore, during the research process, I found myself as "patient" as well as "researcher". The boundaries of the "field" of study were blurred by the overlapping of "formal" and "informal" experiences in my "academic" and "personal" life.

* *Problems Experienced*

In this section, I shall outline three main limitations experienced during the research

process: the limitations and position of the researcher are discussed, especially with regard to the research design and approach; the limitations and traditions of the anthropological discipline are broached; the limitations of this particular study with regard to time, resources, and methods are identified.

1) Limitations of the Researcher

In her paper "Writing Against Culture", Abu-Lughod (1991:142) argues that there needs to be more recognition of the fact that ethnographic representations are not only "partial truths" but also "positioned truths". In the research process, anthropologists are not objective outsiders, rather they have a specific position in relation to their research participants. Moreover, in anthropological research, the researcher is a critical tool. and can influence the direction of research as well as define the subject (Pettigrew, 1981:80). On this issue, Abu-Lughod (1991:141) writes:

> Standing on shifting ground makes it clear that every view is a view from somewhere and every act of speaking a speaking from somewhere.

Therefore, in addition to the constraints of time, resources, and the tradition of the discipline on this study, this research also is a reflection of the abilities and preferences of this particular researcher.

The study was offered to research participants as a means to provide a source of information about the healing traditions in New Zealand, particularly focusing on the practice of Chinese medicine. Due to my position as a student, and as a person outside the medical field, my relationship to the research participants was that of an "outsider" and "stranger". In order to pursue this research successfully, I depended largely on the interest and goodwill of my research participants. During the research process, I met and talked with research participants solely for the purposes of this study, therefore a formal type of rapport was established.

As a researcher, I sought to maintain an unbiased approach to the topic, and to encourage a wide range of research participants to contribute. I did not prefer one group over another, but rather sought to understand and represent each group in their own terms. Nonetheless, my abilities as a researcher, as well as my background, have contributed to this study. The fact that I have no training in Chinese medicine, am a female, in my twenties, educated and raised in Western countries, with a mixed parentage and

background, being half-European and half-Chinese, could have influenced how the research participants responded to me during interviews and conversations. My inability to speak Chinese (in any of the dialects) is mixed with my familiarity of some of the traditional social and cultural Chinese ways. Due to my Chinese appearance, the research participants may have assumed that I knew more than I actually did about Chinese medicine. However, due to my New Zealand accent, research participants would not have been able to guess my Chinese heritage, during phone conversations. As a consequence of my background, my socio-cultural position could be described as "marginal" (or "halfie")[12]. That is, in general, purely "Chinese" people considered me as "Western", and purely "Western" people considered me as "Chinese". Therefore, being neither entirely "Western" or "Chinese", I did not consider that I was personally positioned or biased towards any particular group involved in this study.

My position as a "halfie" made me aware of the dilemma that arises when trying to define and distinguish "culture" in terms such as "Chinese" or "Western". In my experience "Chinese culture" is as varied and vague a concept as "Western culture". The "Chinese" cultural values that I learned from my mother are not generalizable to all "Chinese" people. Rather, they are particular to the circumstances of the Hakka/Cantonese "overseas" Chinese living in Papua New Guinea and Australia, and differ from Chinese groups living elsewhere. My exposure to "Chinese values" was limited to my mother's family. I did not have much prior contact with Chinese people who lived in China or other parts of the world. Although my background is legitimately "Chinese", my particular knowledge and experience did not necessarily help me in being able to communicate with and relate to all "Chinese" participants.

Although this study is defined in terms of its topic as "The Practice of Chinese medicine in New Zealand", and utilises a survey approach, its aim was not to produce generalisations about the topic, but rather to provide insight into it; acknowledging diversity as well as coherence. Indeed, to attempt to define "Chinese culture" or "Western culture" in a generalizing way would falsely convey homogeneity, coherence, and timelessness where there is none. Unschuld (1985:4) points out that there is an "intracultural diversity" within Chinese medicine and culture. In China:

> One encounters, over the last two thousand years, an enormous variety of

12 Abu-Lughod in *Writing Against Culture* (1991:137), defines "halfies" as: "people whose national or cultural identity is mixed by virtue of migration, overseas education, or parentage".

> differently conceptualized systems of therapy, partly overlapping, partly antagonistic, all of which are representative of Chinese culture. This intracultural diversity cannot be explained by the 'medicine as a cultural system' perspective, as long as 'cultural system' remains a vague concept, correlated for instance with 'Chinese culture' or 'Indian culture'.

Although data has been used in this study to identify and connect research participants to each other, the diversity of the groups involved in this study remains an important feature. In the interests of accurate representation, it simply was not possible to generalize or essentialise my research participants as belonging to a bounded and discrete community, "culture", or system. Indeed, Cohen (1992:350) argues against this generalizing tendency in anthropology:

> I am oppressed (critics would say obsessed) by the offense we do to people by generalizing them...We do it by theorizing them, systematizing them, modelling them, typifying them, and then we defend our practise as a proper objective for social science.

2) Limitations of the Discipline

The research was carried out within the discipline of anthropology; and within this frame of reference, it could be asserted that the approach of this project had a requisite to be "anthropological" in nature, and therefore catered to a "Western" discourse. As Abu-Lughod (1991:159) maintains:

> From our positions as anthropologists, however tenuous our identifications if we are feminists or "halfies", we work as Westerners, and what we contribute to is a Western discourse.

As a study in anthropology, this research could be described as the study of the "other", especially if one considers that Chinese medicine is mostly used in New Zealand as an alternative or complementary treatment to Western biomedicine.

However, ironically, the anthropological approach used in this study does not particularly single out or select non-Western people. It is even possible that the approach used in this study, could have attracted more "Western" practitioners than "Chinese" practitioners. Seven of the thirty-eight practitioners who contributed to this study were of Chinese ethnicity. Due to the fact that this study focused on practitioners advertising in the regional Yellow Pages, approaching them via letters, a large number of Chinese practitioners in New Zealand who do not advertise in the regional Yellow Pages, and who perhaps do not have the same confidence as their Western counterparts with the spoken or written English language, may have been inadvertently selected out.

Towards the end of this study, I was advised by Chinese friends, that in retrospect, I might have had more success in involving more practitioners of Chinese origin in the research, if I had approached them more directly, if I had contacts who could introduce me to them personally, and if I could speak Chinese (Mandarin or Cantonese). In a couple of cases, I feel that this suggested approach would have gained a better response from Chinese practitioners. Taking into account the time and distance restraints of this study, however, I am doubtful that even if I had undertaken the suggested approach, I could have had much better success in covering the topic. I should also point out that, as yet, there is no real evidence to prove the assertion that "Chinese" practitioners are less likely to advertise in the regional Yellow Pages or to respond to letters. Indeed, it is possible that the high numbers of "Westerners" who responded to my invitation to participate in the research, may in fact be a reflection of the comparatively high proportion of "Westerners" with established practices of Chinese medicine in New Zealand.

3) Limitations of this Study

Four main factors have influenced and shaped this study. First, there was a limitation as to the amount of time to be spent doing fieldwork. With more time, more research participants could have been contacted, and consulted further. It was, for example, only after the interviews with practitioners that I discovered the existence (and importance) of the various practitioner associations with large numbers of members who have an active interest in Chinese medicine in New Zealand. Nonetheless, as a Master's thesis, the project was required to be researched and written-up within one academic year. The active phase of fieldwork, including observation of treatment sessions and interviews with practitioners of Chinese medicine, was conducted within a period of five months. Therefore, the results of this study were gained within a relatively short period and are derived solely from practitioners who advertise in the Yellow Pages. The following diagram shows the total number of practising members of each of the practitioner associations in New Zealand with an active interest in Chinese medicine and compares it with the total number of Chinese medicine practitioners, and their practitioner associations, who contributed to this study.

Chinese Medicine Practitioners and their Associations

Practitioner Associations	Total # of Practising Members	# Practitioners in this study[13]
1) NZ Register of Acupuncturists	76	21
2) Physiotherapy Acupuncturists (PAPMA)	113	6
3) Medical Acupuncturists (MASNZ)[14]	500 (Estimated)	5
4) NZ Federation of Chinese Medical Science	79	2
5) NZ Institute of Acupuncture	Unknown	2
6) NZ Institute of Chinese Acupuncuture & Medicine	Unknown	0

Second, the distance between myself and my research participants made it impossible for me to visit all the research participants more than once during the research process. Further contact with them was continued via the telephone or via written correspondence. More visits with the research participants and more access to the clinics could have enhanced and strengthened the results of this study.

Third, limited funds for the research also led to limitations in the research process. With more funds available for research, visits to practitioners could have been extended and more frequent. The main benefit of more interaction between myself, as researcher, and practitioners and patients at each clinic, would have been the gathering of more detailed information. In addition, the survey nature of this study, with its degree of reliance on questionnaire information obtained, could have been supplemented and "fleshed out", if it could have been possible to follow-up the questionnaires with interviews.

Finally, the two main methods applied during the study - interviews and questionnaires - also imposed limitations and boundaries on the research process. It should be noted that the research design and approach of this study placed most importance on inviting practitioners and patients to contribute by means of interviews and questionnaires. Particularly, this approach meant that participants had to set aside time from their daily routines to contribute to this study. This approach may have appealed to and attracted certain kinds of research participants, especially those with an interest in informing the general public about the practice of Chinese medicine in New Zealand.

The interviews were limited in time and place. Twenty-one of the twenty-four

[13] The figures provided here are estimates, based upon my fieldwork data. Of the thirty-nine practitioners who contributed to this study, thirty-six practitioners were current members of a practitioner association.

[14] Membership information was not provided by the MASNZ.The number provided here is based on Gibbs' (1989) estimate of doctors practising acupuncture in NZ, and therefore may not necessarily correlate with MASNZ current membership numbers. This number, however, does provide us with an idea of the total number of "medical acupuncturists" in New Zealand who may be connected to the MASNZ.

interviews were conducted at the practitioners' clinics with the interview taking place in a treatment room. On the whole, the interviews were scheduled during business hours, between patient treatment sessions or immediately after business hours. To a degree, this means that as well as having a set period of time in which to complete the interview, a "professional" atmosphere existed during the interview. By "professional" atmosphere, I mean that the business of research was the primary focus, the interview taking place in the practitioner's professional environment - the clinic. In contrast, the few interviews that took place outside the clinic were more informal and had less of a time constraint. These interviews tended to be less "question and answer" orientated, and more open in discussion. Had it been possible to do more interviews in an "open-ended" style, one may hypothesize that discussions would have revealed more on qualitative topics and issues.

My decision to use questionnaires in this study reflects each of the constraints mentioned above, that is, time, distance, and funds. Questionnaires were chosen as a research method for the purpose of overcoming the constraints of time, distance, and funds, and aimed to enable more people to contribute to the study. Nonetheless, questionnaires place limits on the type of information gained and the type of people involved. Particularly, the use of patient questionnaires had limitations in regard to which patients were sought to complete the questionnaire. The practitioner was a kind of "gatekeeper" influencing my access to patients. The practitioner at each clinic had ultimate say in whether or not they wished to involve their patients in the study. If they did not wish to involve the patients, then I respected their wishes. Those practitioners who did agree to involving their patients in this study, were given ten questionnaires to distribute amongst their patients. Therefore, although it was stipulated that the questionnaires were to be given in preference to patients who had had at least one treatment before, I had no real control over which patients practitioners chose to be involved in the project, and depended entirely on the practitioner to distribute all the questionnaires. Of the 250 patient questionnaires distributed to practitioners, just over half were completed by patients and returned to me. If it could have been possible for me to distribute the questionnaires to patients at each clinic myself, or even to go through the questionnaire with each patient myself, then the overall response to the questionnaire might have been greater, and selection of patients more random.

Conclusion

This chapter has addressed issues relating to the research process. The topics covered include research design, methodology, ethical issues, and the problems experienced during the research process. Chiefly, this chapter aimed to clarify and discuss the influences and processes behind this study. It includes the recognition that although research inevitably involves the creation of a set of results, these results are gained via a process which involves many elements and influences, including those of the particular researcher and the discipline in which the study was done. Ethnography, to quote Tedlock (1991:72), is:

> both a product and a process, our lives as ethnographers are embedded within field experience in such a way that all of our interactions involve choices, and thus, 'there is a moral dimension - made explicit or not - in all anthropological writing'.

CHAPTER THREE

The Practice

"I think one thing you could mention in your study is that Chinese medicine has survived, and been widely used in New Zealand and the world, because it's so effective. It wouldn't have survived this span of time if it wasn't...three thousand years [ago] it was recorded... So, it has been experimented and researched over a very long time... Of course, you can't find the energy fields or the channels in the human body. There's no physiological point that you can put your finger on and look at. It completely disappears when a person dies, the energy field just disappears...It's there and then it's gone. But you know that it's there! [laugh]"
(A practitioner's comment).

Introduction

As the practitioner points out in the above quote, the key to the survival of Chinese medicine as a health therapy is its effectiveness in practice. This leads to the question: what exactly is a practice of Chinese medicine in New Zealand? This chapter endeavours to answer this question and is based on questionnaire and interview data obtained from thirty-eight practitioners of Chinese medicine from thirty-six clinics in New Zealand. In this chapter, the practitioner interviews and data are presented and summarized, interspersed with interpretation. Practitioners will recognise the highlighted questions in this chapter as the same as those in the interviews and questionnaires (See Appendix 2). This has been done to emphasise the underlying research process which informs the results obtained, and often becomes invisible and separated from the "data"[1] obtained in the process of writing and generalizing. Section One focuses on the clinic, and discusses the various characteristics of Chinese medicine clinics in this sample. Section Two explores the treatment, particularly the type of treatments available and the types of disorders, illnesses and injuries that are most often treated. In combination, examination and discussion of the clinic and the treatment aim to provide an overall insight into how Chinese medicine is practised on the local level in New Zealand.

Section One: The Clinic

Various Characteristics of Chinese Medicine Clinics in New Zealand

From the onset of this study, the assumption was made that practitioners of TCM, like other health professionals and business people, have an established place of practice

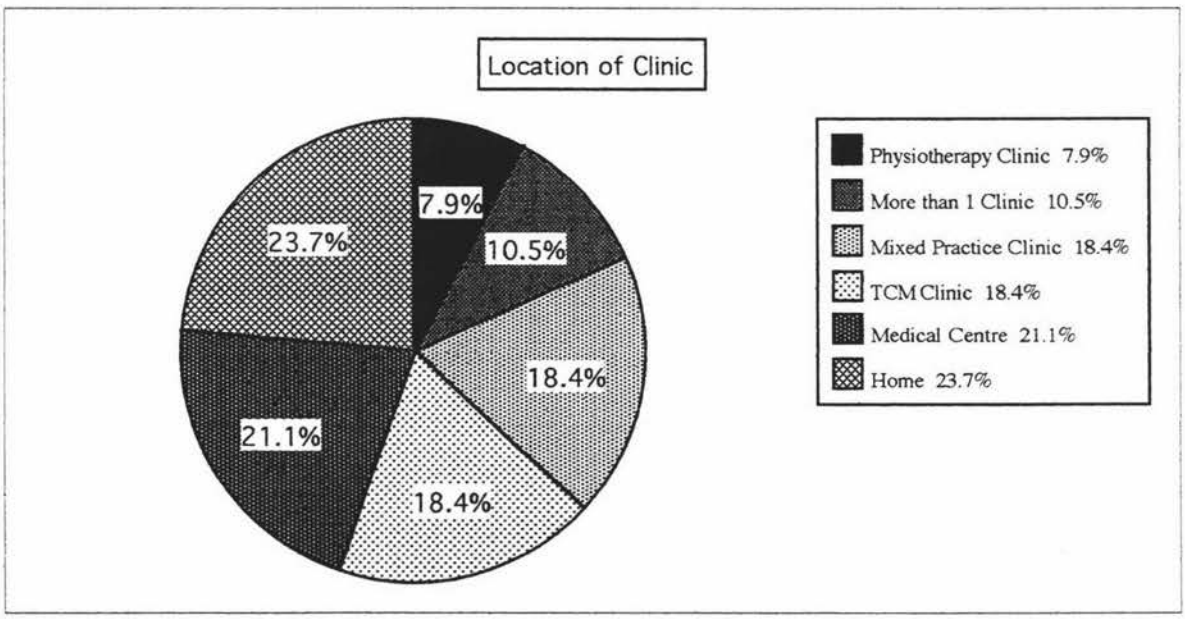
[1] In terms of this project, I use the word "data" to mean the information and observations gained via the research process.

which serves as the focal point for a regular ebb and flow of people. Therefore, as a place of interaction - and more importantly, as a place of image construction and presentation to the general public - the clinic was the starting point of this study. As the following data show, quantitative information on clinic location, number of practitioners and other staff per clinic, numbers of patients attending the clinic, and opening hours, can provide an insight into the day-to-day practice of the clinics as well as provide a snapshot of the general characteristics of the clinics. Table 1 summarises the findings for this section and is supplemented by a discussion of the results.

"Where is the clinic located?"

One of the striking features of the clinics involved in this study is their heterogeneity as a group. The results of this survey show that there are six types of clinic location used by practitioners of Chinese medicine. See Figure: *Practitioners* 1.1a below.

FIGURE: *Practitioners* 1.1a



One could have logically assumed at the onset of this survey that all practitioners of Chinese medicine practise within a Chinese medicine clinic. The results of this survey, however, indicate that the practice of Chinese medicine is not limited to one area or group of the health sector, but rather traverse across health professional boundaries. Clinics within medical centres, physiotherapy practices, mixed practice centres, as well as Chinese medicine practices, all offer treatments of Chinese medicine.

TABLE 1 - *The Clinic*

Characteristic	% of Respondents	Frequency
Clinic Location[2] :		
Home	23.7	9
Medical centre	21.1	8
Chinese medicine clinic	18.4	7
Mixed practice clinic[3]	18.4	7
More than 1 clinic	10.5	4
Physiotherapy clinic	7.9	3
Total	100	38
Number of Chinese medicine practitioners at clinic:		
1 practitioner	68.4	26
2 practitioners	18.4	7
3 practitioners	5.3	2
4 practitioners	7.9	3
Total	100	38
Other staff:		
2 or more other staff	42.1	16
None	36.8	14
1 other staff	10.5	4
Wife/mother	10.5	4
Total	100	38
Number of patients per day:		
Varies	13.2	5
22 >	13.2	5
15-18>	13.2	5
5-10>	44.8	17
2-3>	13.2	5
Nil	2.6	1
Total	100.2[4]	38
Clinic hours:		
Full working week	71.1	27
Part working week	13.2	5
Flexible working hours	13.2	5
Nil working hours	2.6	1
Total	100	38

[1] "Clinic location" refers to the place in which a practitioner of Chinese medicine elects to practise.

[3] A "mixed practice clinic" refers to groups of practitioners who choose to practise in the same clinic, but who offer different health services. For example, a TCM practitioner is often located at a "natural therapy" centre, and works along side practitioners of homeopathy, naturopathy, massage, or even physiotherapy, etc., in a working environment which is not dominated by one modality of health treatment.

[4] The total percentage here varies from 100 due to grouping and rounding of the results.

Clinic location may be used as a general indicator in three instances. First, choice of location can suggest the attitudes and type of TCM that a practitioner supports or chooses to practise. For example, practitioners practising TCM in a medical centre often stated that they were open to communication with their medical counterparts. These practitioners also indicated that they regularly worked alongside other health practitioners in the treatment of a patient, in a team work approach.

Second, the lack of any dominant mode of clinic location and the number of different clinic locations suggest that there are a variety of TCM practitioner groups within New Zealand with equally differing perspectives on how, where, and why TCM should be practised. Interestingly, 10.5% of the sample of practitioners indicated that they practised at more than one clinic. This raises two interesting points. Foremost, it is possible for a practitioner to be reasonably flexible in where s/he can practise - to cross health care boundaries. For example, some practitioners offer Chinese medicine treatments within a doctor's medical clinic as well as in their own TCM Clinic. Also, it is possible that some TCM practitioners may not be able to subsist financially practising in one area only - which leads to the issue of the limited popularity of TCM treatment amongst the communities and regions they decide to practise in.

Third, clinic location may also suggest the type of TCM that a practitioner chooses to practise. For example, in the case of a practitioner practising TCM in a physiotherapy clinic, with training in physiotherapy, one could surmise[5] that as well as being accepted by physiotherapists, perhaps the type of TCM practised will be more "orthodox", that is, advocating Western explanations and styling the application of TCM in a more "Western setting". As one practitioner stated:

> Acupuncture is practised as a <u>modality</u> by physiotherapy acupuncturists. Modality means that acupuncture is considered as a technique or method, just like application of heat or cold is a technique/method in physiotherapy. Acupuncture is applied according to the scientific approach, and it is explained to patients in terms of endorphin release, anti-inflammatory effects, and pain blocks.
>
> In terms of formulating a treatment, prescription master points are initially used. Physiotherapy acupuncturists think in terms of structure, for example, nerves and anatomy. Most based their approach on these factors. A few immerse themselves in the traditional approach. (16/7/96)

It is noteworthy that the smallest percentage of TCM practitioners, 7.9%, indicated that they

[5] Indeed, in discussions with the physiotherapists practising forms of Chinese medicine (mainly acupuncture) it was quite evident that Western "scientific" explanations were favoured when discussing the treatment.

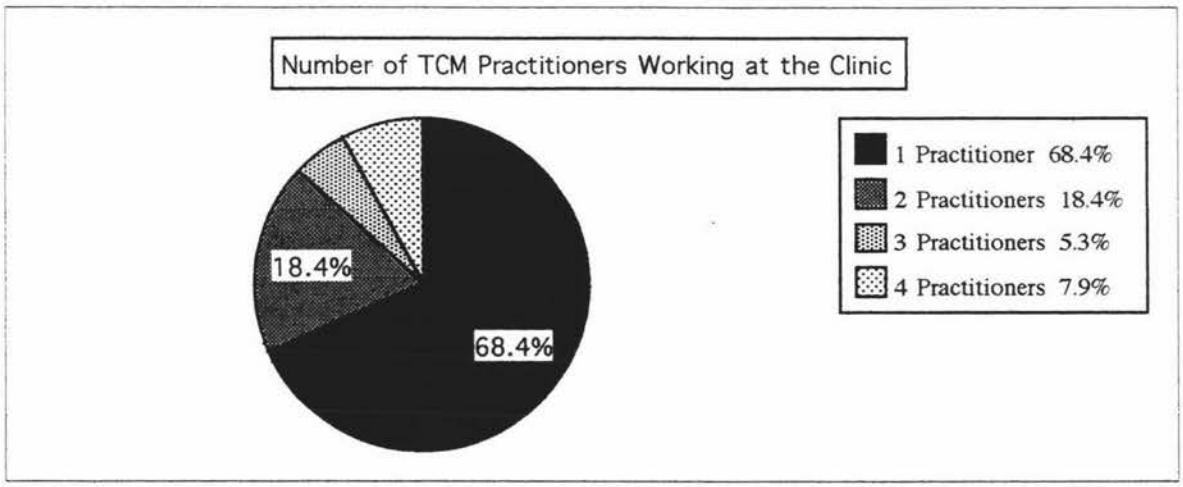
worked at a Physiotherapy Clinic[6]. Indeed, the respondents were all practising physiotherapists who also practised acupuncture, which again supports the notion that the practise of Chinese medicine in New Zealand is not limited to one particular sector of health practitioners, and that TCM practitioners in this sample have varied clinic locations which may also reflect the conglomerate nature of their interests and perspectives - factors which may influence as well as indicate how they practise TCM in New Zealand.

In five of the six clinic locations, accessibility was the most commonly cited reason practitioners gave for choosing their clinic location. Preference was given to locations that were accessible to patients, as well as the need for a location (as one practitioner put it) that could attract enough clients, for example, a busy road, shopping centre, central business district, a lot of people passing by. In contrast, those practitioners who held clinics in their homes logically did not cite accessibility but rather economics and location of the clinic outside the city as reasons for choosing the location for the clinic. This information is presented in full in Figures: *Practitioners* 1.1b, appended at the end of this section.

"How many practitioners of Chinese medicine work at your Clinic?"

On analysis of the data, the general trend seems to be that TCM practitioners work mostly on their own within a clinic, without any other TCM colleagues[7].

FIGURE: *Practitioners* 1.2a



[6] Subsequently, in discussions with a senior PAPMA member, I was informed that, although they did not generally advertise under the acupuncture section in the Yellow Pages, there are more physiotherapists practising acupuncture in New Zealand than any other type of practitioner. He stated that when combined, physiotherapists and doctors practising acupuncture represent about 80% of the total number of practitioners practising Chinese medicine (mainly acupuncture) in New Zealand.

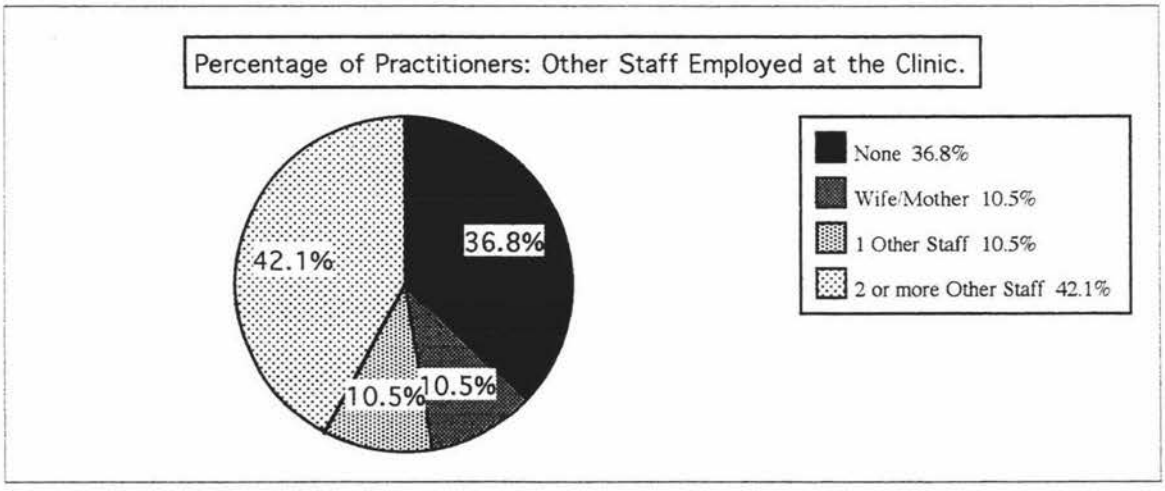
[7] The results are based on practitioner numbers only, and not the working hours or the part/full time status of each practitioner.

As Figure: *Practitioners* 1.2a indicates, 68.4%, the majority of the sample of practitioners surveyed, had one sole working practitioner of TCM per clinic. At 18.4%, two practitioner clinics numbered the next highest. However, it must be noted that this question looks specifically at TCM practitioners, and not other types of health practitioners who might be sharing a clinic with the TCM practitioners in this sample.

"What other staff are employed at the Clinic?"

In terms of staff, practitioners listed varying numbers and types of other staff employed at the clinic. However, a pattern did emerge on a more general level. Instead of looking at the data in terms of similar numbers and types of other staff, I was able to organise it in terms of how many other staff there were at the clinic[8] . See Figure: *Practitioners* 1.2b. Practitioners specified "Other staff" in this sample as: receptionist, practice nurse, locum, massage therapist, physiotherapist, chiropractor, osteopath, doctor, secretary, office manager, cleaner, graphic artist. The most commonly specified other staff members were receptionists and nurses.

FIGURE: *Practitioners* 1.2b



The resulting graph is useful in that it indicates two things. First, it indicates the approximate size of the clinic - the assumption being that the more staff, the bigger the clinic practice, and the more patients attending the clinic. Second, the numbers of other staff may also relate to the approach of the clinic. Those clinics with one or more other staff, such as

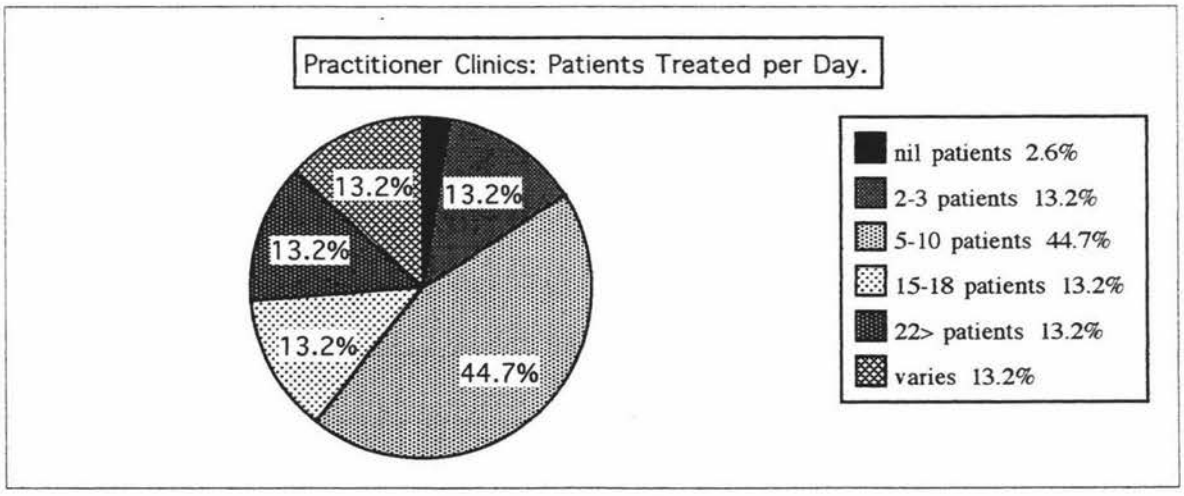
[8] These results do not take into account whether the other staff member worked full- or part-time at the clinic, but merely indicate how many people were involved in, and contributed to the running of the clinic.

receptionists or nurses, may wish to present a more "professional" attitude, similar to the GP medical clinics. Also, the presence of other staff, such as a receptionist, in some instances may act as a kind of "gate-keeper" between the practitioner and his/her patients[9]. It is noteworthy that on analysis two distinct groups emerge, dividing the sample roughly into half: those clinics with formally employed staff; and those clinics with no formally employed staff, except the assistance of wife/mother. The roughly equal split in size and approach of the clinics in this sample suggests, like the varied choice of clinic location, that there are distinct groups of practitioners who have distinctly different styles of clinic practice.

"Approximately how many patients are treated at the clinic?"

Many practitioners stated that the numbers of patients treated yearly varied from one year to the next in an unpredictable manner. This variability persisted throughout the year in the manner of a waxing and waning of patient visits to the clinic, so that some months and weeks practitioners could be very busy whilst at other times they became relatively idle. In general terms, the practitioners' responses became less specific when asked to consider longer periods of time (i.e. per week, per year), therefore this question is based on the average number of patients a practitioner would treat per day. Almost half of the practitioners indicated that on average they treated between five and ten patients per day. However, as Figure: *Practitioners* 1.3 shows, looking at this sample as a whole, there is a great range in the numbers of patients treated per day - from no patients to twenty-two or more.

FIGURE: *Practitioners* 1.3



Looking closely at Figure: *Practitioners* 1.3, four of the five smaller sectors on this graph are

[9] Indeed, this is also an issue relevant to my experience of arranging interviews with some practitioners.

equal, representing four clusters of practitioners. Although the largest sector of practitioners in this sample treated between five and ten patients per day, it is significant that more than half of the total number of practitioners fell into equal clusters, representative of different numbers of patients treated per day.

As well as indicating how busy a clinic is, the number of patients treated per day can also be correlated with the practitioner's approach to treatment. For example, a practitioner treating twenty-two patients per day would (at most) be able to spend approximately twenty minutes per patient[10]. In general, physiotherapy and medical acupuncturists indicated that they treated greater numbers of patients per day and therefore spent less time per patient than practitioners specialising solely in Chinese medicine. Conversely, it was interesting to note that of the twenty-three practitioners who stated that they treated ten or less patients per day[11], the majority were practitioners who specialised in Chinese medicine treatments[12]. Similar to the findings of analysis of clinic location and survey of other staff, on analysis of the responses to this question, it was apparent that there were different practitioner styles/approaches to the clinic practice.

"What are the opening hours of the clinic?"

On asking this question, I had made three assumptions: that the opening hours would be regular and set times; that these hours referred only to the work of TCM practice; that the clinic opening hours were the same as the TCM practitioners' working hours. After examination of the results to the question, these three assumptions all proved to be misleading. Underlying these assumptions was the notion that the clinic and the practitioner were the same entity. Naturally, those practitioners who practised solely in their own clinic would not make a distinction between clinic opening hours and practitioner working hours; an exception to this would be in those cases when it was indicated that a locum was available when the main practitioner was away from the practice. However, in other clinics where there was a group or association of practitioners it was apparent that practitioner working

10 In some clinics I noted that practitioners would treat more than one patient at a time, particularly in the case of acupuncture treatments. For example, s/he might have patients in different rooms and move from room to room during the course of the patients' treatments. This approach would allow a practitioner to see more patients per day.

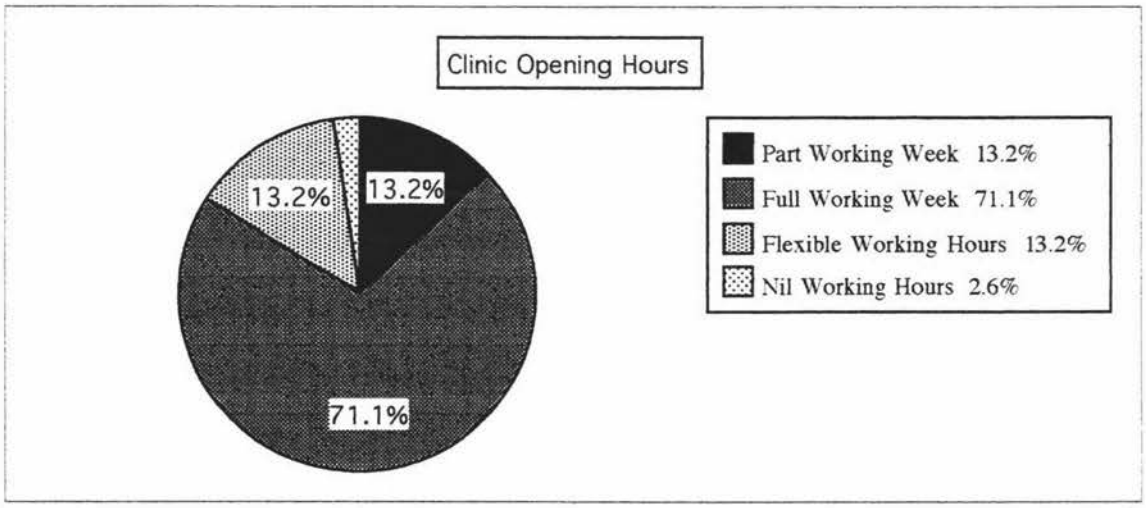
11 Generally, these practitioners spent up to an hour per patient. Most of these practitioners would spend more time with a patient on a first consultation, doing a case history and diagnosis of the patient. Subsequent treatments would often be of shorter duration.

12 Two practitioners in this sample were practising doctors who treated a total of twenty to twenty-five patients per day, five of those being acupuncture patients.

hours were in many cases different from the clinics' opening hours.

Also, many of the practitioners who responded that the "clinic" was open for part/full of the working week only practised TCM part of that stated time, even though their presence at the clinic was as they stated. See Figure: *Practitioners* 1.4. For example, though a majority of practitioners, at 71.1%, indicated through statement of the opening hours, that the clinic was open for a full working week, almost half of those practitioners would not have practised TCM 100% of that time. Instead, they practised using other modalities. This was especially apparent when considering the responses of practitioners who were also trained and practising in Western medicine, physiotherapy, homeopathy, or naturopathy, and with those practitioners who shared a clinic with other practitioners.

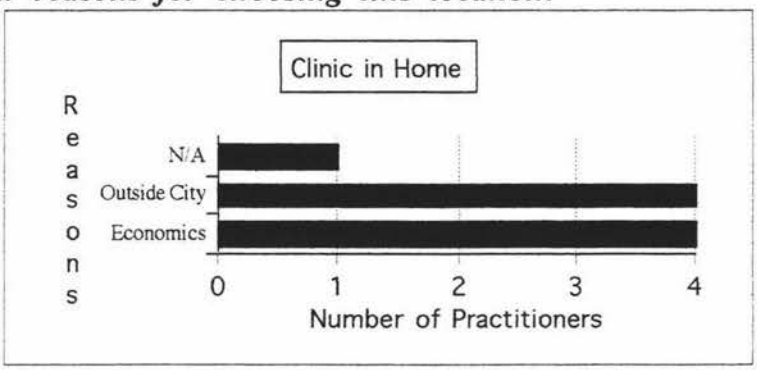
FIGURE: *Practitioners* 1.4

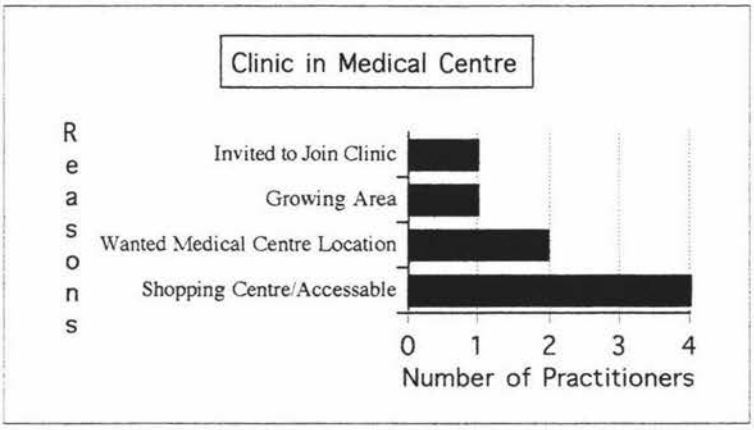


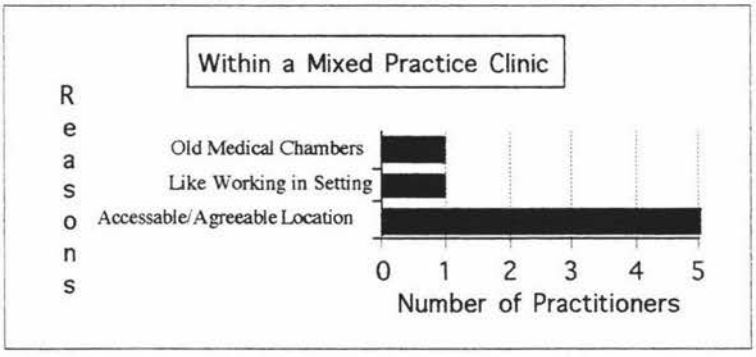
The clinic hours were a useful indicator of the general commitment of practitioners in this study to their practice. However, as stated above, one could not be sure that all the clinic hours were devoted solely to the practice of traditional Chinese medicine. Nonetheless, one could say that the majority of practitioners in this survey were devoted full-time to the practise of healing.

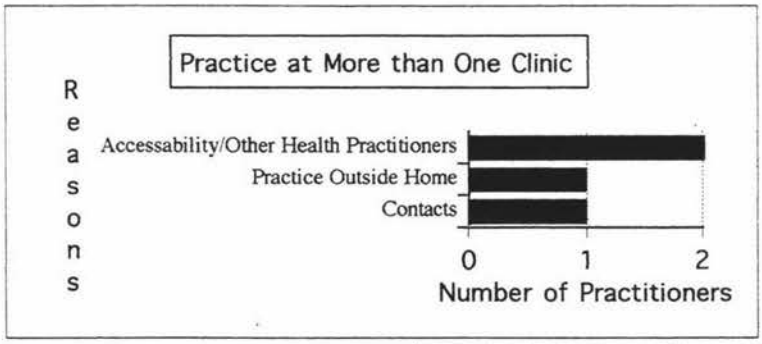
In this survey on the clinics, the results showed that the majority of clinics had one practitioner of TCM and were full time practices, treating between five and ten or more patients day. Clinic locations and types of staff employed varied, suggesting that within this sample of practitioners there were a variety of approaches to clinic practice and treatments. In the following section, the treatment offered at practitioners' clinics will be explored and discussed in detail.

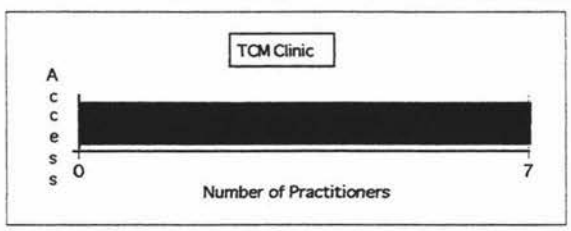
FIGURES: ***Practitioners*** **1.1b**
"What are your reasons for choosing this location?"

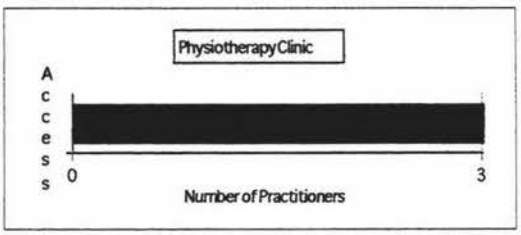












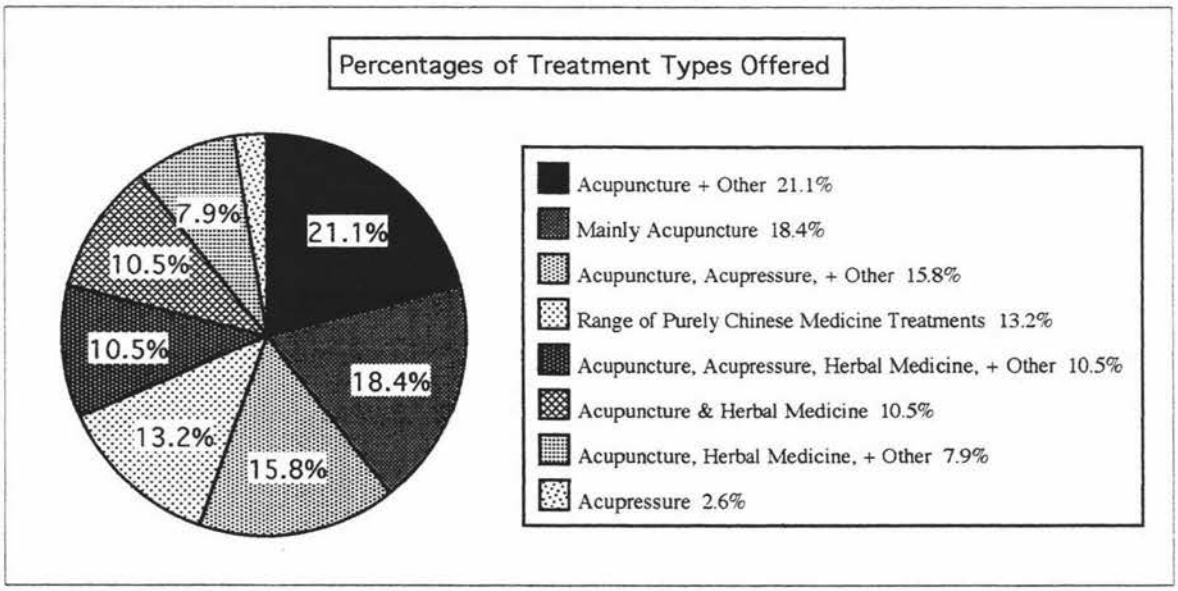
Section Two: The Treatment
The Type of Treatments Available at Chinese Medicine Clinics Throughout New Zealand, and the Types of Ailments Most Often Treated.

The initial analysis of the clinic in Section One suggests that the practice of Chinese medicine in New Zealand is variable from clinic to clinic in terms of style and approach to clinic practice. This section aims to explore this finding further particularly in regard to the treatments offered at the clinics. From analysis of the treatments available and the ailments most often treated, as well as practitioners' comments on their treatments, this section will examine and discuss the variability in treatments offered by this group of practitioners. Refer to Table 2 for a summary of the findings of this section.

"What kind of treatments do you give at this clinic?"

As the results indicate, practitioners offered a differing and wide range of treatments, largely depending on their interests and previous training rather than a complete knowledge of TCM. Therefore, a conclusively dominant or standard set of treatments did not emerge from the results. See Figure: *Practitioners* 2.1 below.

FIGURE: *Practitioners* 2.1



However, whilst the types of treatments offered by practitioners was variable, it was significant that acupuncture was mentioned in seven of the eight categories, that is, in 97.4% of the practitioner responses. From these results it was apparent that whilst the practitioners did not share a standardized set of treatments, acupuncture did feature as a common treatment among this group of practitioners.

TABLE 2 - *The Treatment*

Characteristic	% of Respondents	Frequency
Treatments Given:		
Acupuncture & other	21.1	8
Mainly acupuncture	18.4	7
Acupuncture, acupressure, & other	15.8	6
Range of purely Chinese medicine treatments	13.2	5
Acupuncture, acupressure, herbal medicine, & other	10.5	4
Acupuncture & herbal medicine	10.5	4
Acupuncture, herbal medicine, & other	7.9	3
Acupressure	2.6	1
Total	100	38
Disorders Treated:		
Range of ailments	63.2	24
Injuries/accidents	28.9	11
Womens' health	5.3	2
Internal medicine	2.6	1
Total	100	38
Treatment Session Duration:		
1st treatment 1hour; subsequent 40 minutes	31.6	12
>1 hour	21.1	8
>45 minutes	18.4	7
30 minutes	15.8	6
>20minutes	7.9	3
1-1.5 hours	2.6	1
Nil response	2.6	1
Total	100	38
Best at Treating:		
Range of ailments	42.1	16
Muscular skeletal problems	23.7	9
Women's/children's health	10.5	4
Emotional aspects to illness	10.5	4
Depends on patient	5.3	2
Tiredness/energy	5.3	2
Detoxing/chronic problems	2.6	1
Total	100	38
Most Difficult Complaints to Treat:		
Long term/chronic ailments	42.1	16
Skin conditions/disorders	21.1	8
Patients attitude/mental & emotional aspects	18.4	7
Mental associated with physical conditions	7.9	3
Dysfunction	5.3	2
Bone disorders	2.6	1
All treatable	2.6	1
Total	100	38
Any Ailments Not Treated?:		
Yes - would not treat some ailments	71.1	27
No - would treat anything	23.7	9
Nil response	5.3	2
Total	100	38

Another common feature of this group of practitioners was their emphasis on factors outside the clinic. For example, most practitioners indicated that they would make lifestyle or exercise suggestions to patients. As one practitioner, a medical acupuncturist, stated:

> This is what I believe, that to be a good acupuncturist, you've got to be able to look after your own energy, so I use chi gong myself to build up my energy to adjust the needles to either move the energy or give the energy to the patient, okay. But some patients are energy-depleted when they come and so I teach them how to do the chi gong exercises to build up their energy so that then they're easier to treat. I mean, I may use moxa or whatever to build up their energy levels anyway. But I would prefer them to know how to do it themselves, so they are independent of me. Breathing exercises, and I suppose you'd say mental exercises to gather energy, to distribute through your body.

In four of the eight categories (55.3% of the practitioner responses), the treatment "other" has been included. "Other" refers to treatments outside the realm of traditional Chinese medicine. "Other" treatments are associated with two main groups of practitioners. First, of those fifteen practitioners offering "Acupuncture and other" and "Mainly acupuncture"[13] eleven were doctors or physiotherapists, and offered treatments such as general physiotherapy, Western medicine, massage, mobilising, exercises, manual therapy, heat, ultrasound, and electrotherapy. The remaining four practitioners in this group offered homeopathy, Vietnamese micro-massage, or purely acupuncture. Second, those practitioners offering treatments of TCM as well as other treatments[14] were generally specialists in alternative/complementary therapies including remedial massage, Swedish massage, homeopathy, lifestyle changes, diet, naturopathy, shiatsu, and reiki.

A striking feature of the treatments offered by this sample of practitioners was that only five of the thirty-eight practitioners involved in this study practise solely a range of purely traditional Chinese medicine treatments. In the following graphs, (Figures: *Practitioners* 2.1a) the frequency of practice of acupuncture, acupressure, herbal medicine, and reflexology is illustrated. By contrasting the graphs one can see that acupuncture is clearly the most frequently used treatment.

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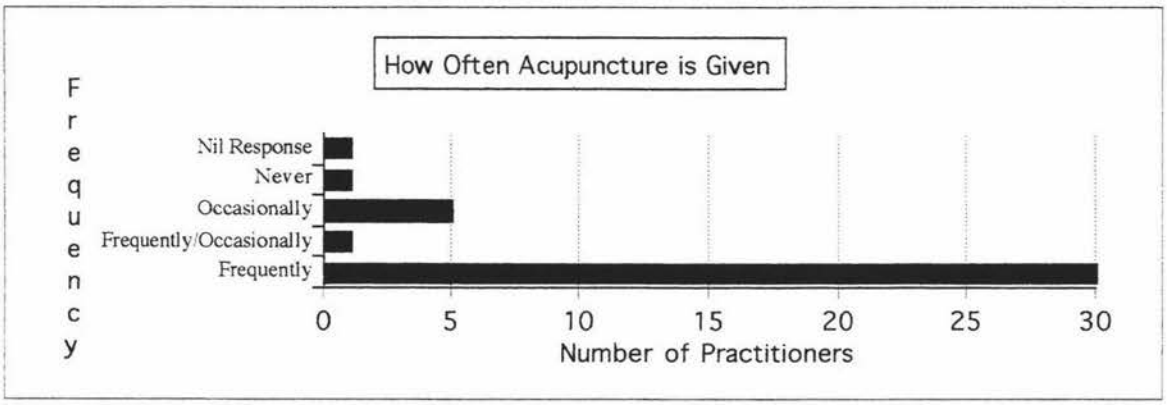
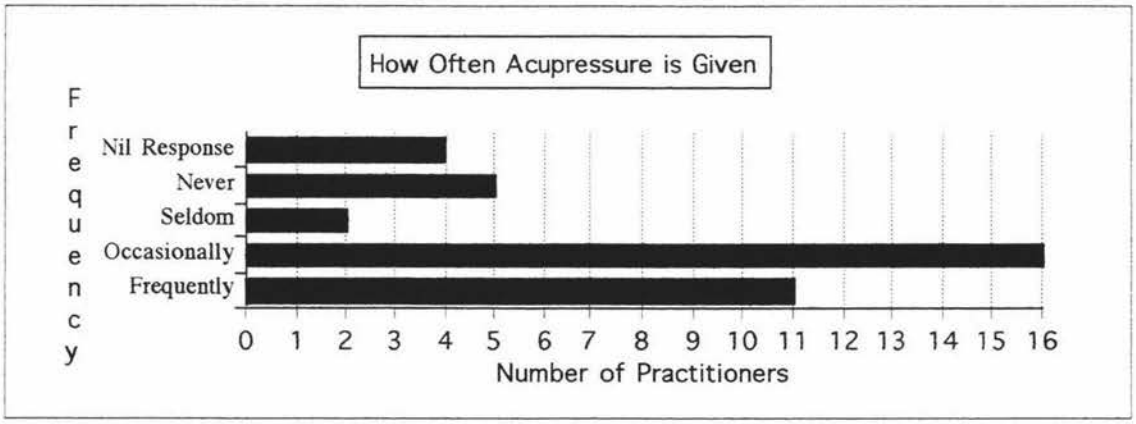
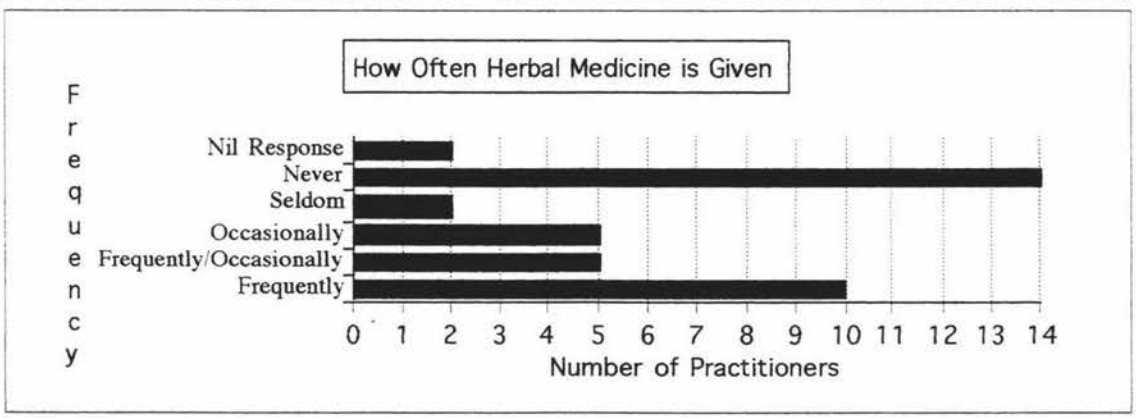
[13] 39.5% of the total sample of practitioners indicated that "Mainly acupuncture" or "Acupuncture plus other" was practised.

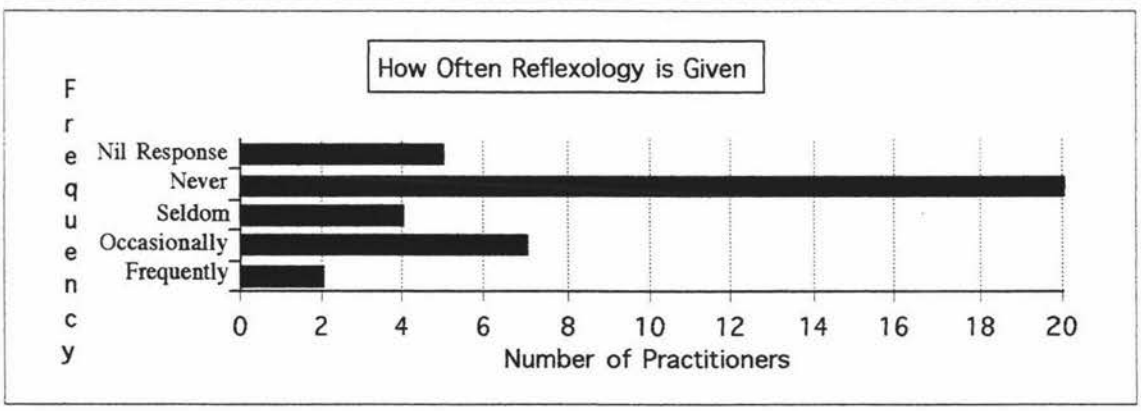
[14] 33.2% of the total sample of practitioners indicated that "Acupuncture, acupressure, herbal medicine,plus other", "Acupuncture, Herbal medicine, plus other", and "Acupuncture, Acupressure, plus other"was practised.

FIGURES: *Practitioners* 2.1a









Analysis of this sample suggested that within New Zealand acupuncture was learned by nearly all TCM practitioners, the majority (78.9%) of whom practised it frequently in the treatment of patients. Acupressure was the next most utilised treatment and was more likely to be practised occasionally. Chinese herbal medicine[15] as a treatment was given less frequently than both acupuncture and acupressure. A significant number of practitioners (36.8%) indicated that they never practised herbal medicine. However overall, more than half the practitioners indicated that they gave it to their patients, ranging from frequently to occasionally. Reflexology was practised the least out of the therapies mentioned. More than half the practitioners surveyed (52.6%) stated that they never gave reflexology to their patients. As can be seen from the results, reflexology is not a treatment which is widely or frequently offered by practitioners of TCM in New Zealand. Indeed, practitioners ranged in their responses to reflexology, some questioned whether reflexology was a part of TCM, and other asserted more authoritatively that reflexology was not considered a part of TCM but was a therapy developed and promoted in the West which draws on TCM principles and ideas[16]. This does correlate with the results obtained from the total sample of practitioners, the majority of whom did not offer reflexology as a treatment.

In conclusion, the findings of this sample suggested that TCM was practised throughout New Zealand, by a range of practitioners, conglomerate in nature, coming from different backgrounds and offering various combinations of treatments, acupuncture being a common identifying feature of the group, although, its practice is varied within the group. A key factor repeatedly mentioned by many practitioners was the need for a whole or overall approach to health care. For example, one practitioner commented:

> Yes, I'll do joint mobilisation where it's required, I also use physiotherapy techniques from time to time. I'll also advise people about diet, vitamins. I'll also talk to people about posture, especially somebody who has maybe a

15 An interesting point which emerged with the practitioners' responses to this question was the differing ways in which Chinese Herbal Medicine was given. For instance, as well as being given in the well-known traditional way of double boiling selected herbs, roots and other substances, practitioners stated that Chinese medicine was also given in tablet/pill form, in tinctures, or even via needles (this was related to me second hand, none of the practitioners in this sample actually said that they practised this themselves). Therefore, it must be kept in mind that when practitioners refer to "Chinese herbal medicine" a range of forms may apply. For example, some practitioners who state that they give herbal medicine may administer it only in the traditional manner, other practitioners may use more recent forms of herbal medicine available on the market, and others still may use a combination of both.

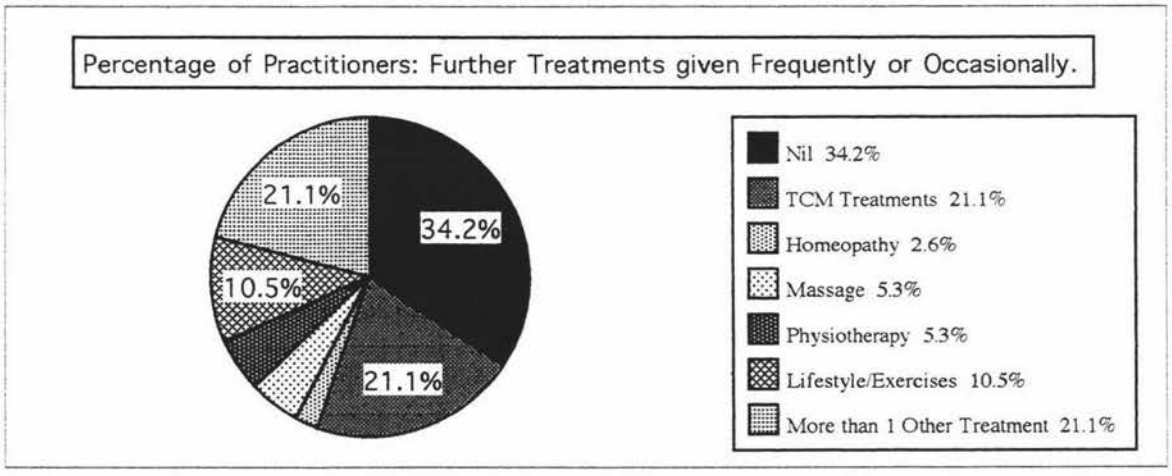
16 According to an information pamphlet provided by a local reflexologist and complementary health practitioner, reflexology was developed and introduced in 1913 to the West by an American ear, nose and throat surgeon and further developed by another therapist in the 1930s who refined it into "foot reflexology". The pamphlet states: "Reflexology is a science that deals with the principle that there are reflex areas in the hands and feet which correspond to all of the glands, organs and parts of the body".

neck problem...because it's all contributing to the problem. So you know, I try to look overall, and I certainly use a lot of my -I don't practise physiotherapy as such. But I use quite a few of the things that I've learned over the years.

"Are there any treatments which you give frequently or occasionally that have not been mentioned?"

The above question turned out to be a very useful question. Initially, it was included in the questionnaire as a "backup" to prompt practitioners to consider further and state all the treatments they gave. In a majority of cases (65.8%), practitioners did specify further treatments which they offered to patients, and which they had not previously mentioned. As a result, this deepened the overall picture of the treatments practitioners offered to their patients. See Figure: *Practitioners* 2.1b below.

FIGURE: *Practitioners* 2.1b



The extra treatments given by practitioners varied and have been grouped into seven categories. 21.1% of practitioners mentioned "More than 1 Other Treatment". These included combinations of further TCM techniques, homeopathy, physiotherapy, manipulation, massage, mobilisation, reiki, naturopathy, iris diagnosis, kinesology, diet and vitamin suggestions, posture advice, gall stone flushes, enemas, qi gong, and meditation. In fact, 21.1% of practitioners indicated that they practised further "TCM treatments", i.e. moxibustion, cupping, laser, oracular & scalp acupuncture, tonics, and tui na massage, while 10.5% of practitioners indicated that they offered further advice and instruction in the area of "Lifestyle/Exercises". These included chi gong, stretches - yoga, Tibetan chakra meditation, and lifestyle advice. Massage was also practised by 5.3% of practitioners. A further 5.3% of

practitioners indicated that they also offered physiotherapy to their patients. Finally, 2.6% of practitioners (one practitioner) offered homeopathy.

As the above categories of treatments reveal, this sample of TCM practitioners in New Zealand had a generally broad and interdisciplinary approach to healing. Rather than practising "pure" Chinese medicine, the majority of practitioners included and combined different "genres" of health practices, having access to different "modalities" in their repertoire of healing knowledge. As practitioners explain, this mixing of medicines was often a practical as well as successful adaptation to the difficulties of practising TCM in New Zealand:

> ...in China acupuncture is always backed up with herbal medicine. In fact the people who just practise acupuncture -they're referred to as 'gypsy doctors'. So it's not very compliPmentary. So therefore they sort of feel that you need something else to go along with acupuncture. I mean when I first started practising, I didn't know anything about traditional Chinese medicine - herbal medicine, I should say - I did get some books out...and bought books on the subject. But at that time, you couldn't buy the herbs in this country, and then when you could get them, they were very expensive, and a course of treatment eight or nine years ago would cost about $200 for a month's treatment -which is a lot more than most people are prepared to spend. But homeopathic medicine is very inexpensive, and it seemed quite a good idea to combine homeopathic medicine with acupuncture, and I've had a lot of good success with it.

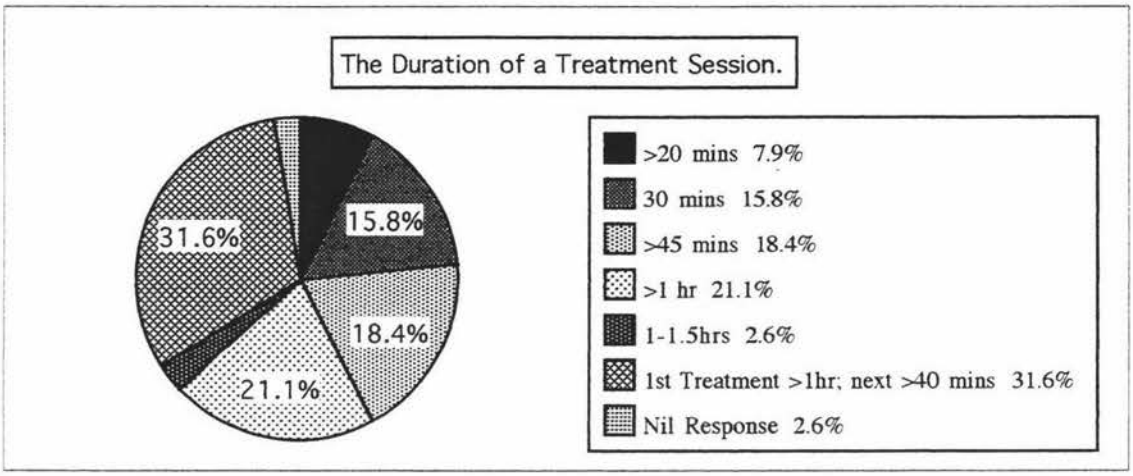
> I use homeopathics in conjunction with Chinese medicine...because we've actually developed this system of treatment that uses acupuncture and homeopathy <u>together</u> and the two modalities actually work extremely well together 'cos they work on very much similar concepts. So we've actually developed a lot of treatments that use the two together...Bob uses "isopathy" which is using the same remedies for the condition, and the treatment is different, and they literally mix remedies together that way, and generally have developed a lot of mixed homeopathic substances which work very effectively. But the classical homeopaths tend to steer away from that - not to put too heavy an emphasis on it but classical homeopathy in many ways is a bit out-dated because a lot of the forms were based on problems that were around at the time it was developed and haven't been improved with what's actually happening with disease now, and although it still has a place, they haven't really moved with the problems....So (in my practice homeopathy is) a substitute for herbal medicine.

"Could you describe in general terms: How long is a treatment session per patient?"

Similar to the responses for clinic location in Section One, the responses to this question were very varied and it was difficult to discern a pattern or set of groupings. The findings of this question indicated that the total sample of practitioners had a wide range of

treatment session times[17]. See Figure: *Practitioners* 2.3a below.

FIGURE: *Practitioners* 2.3a



Treatment times ranged from up to twenty minutes per patient to one and a half hours per patient. The largest percentage of practitioners (31.6%) indicated that the first treatment took up to an hour, and subsequent treatments lasted up to forty minutes (1st treatment>1hr; next>40mins). Following this, 21.1% of practitioners indicated that treatment sessions were up to an hour (>1hr) in duration; 18.4% of practitioners indicated that treatment sessions were up to forty-five minutes (>45mins.); 15.8% of practitioners indicated that treatment sessions were approximately thirty minutes (30mins.). If the four largest percentages in the sample are combined, 86.9% of practitioners had treatment sessions which lasted between thirty minutes and one hour. As an average rule, one can see that TCM practitioners had relatively long treatment sessions per patient.

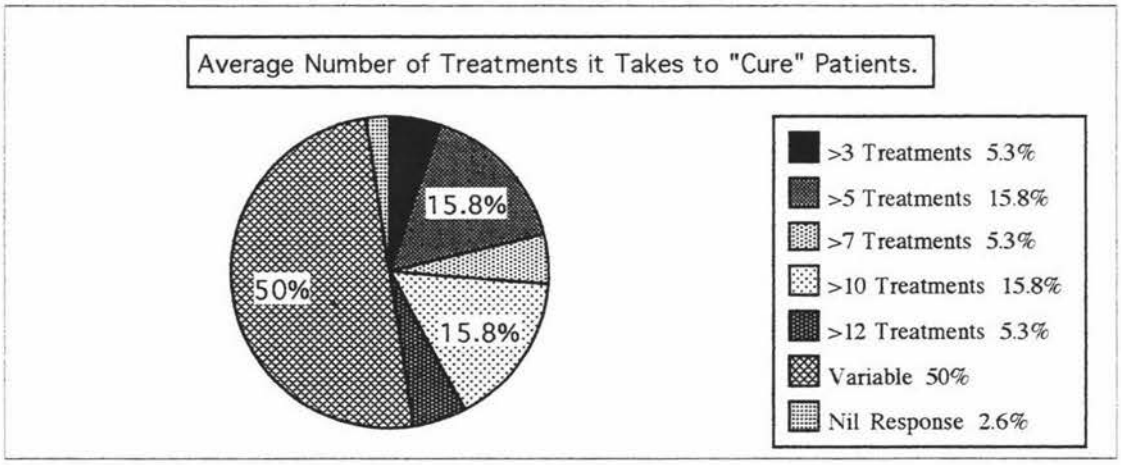
Finally, it is important to consider that the range in treatment session times was also indicative of a range in practitioners' approaches to treatment of patients. Corresponding with the emergence of two groupings of practitioners (physiotherapy/medical acupuncturists and TCM specialists) on analysis of types of treatments offered, these two groups again emerged. For example, in this sample it was noted that doctors and physiotherapists also practising acupuncture or TCM tended to have shorter treatment session times per patient: in the two shortest categories of up to twenty minutes and approximately thirty minutes. In contrast with this, "lay" or "non-medical" practitioners with three to four years training at a TCM college, tended to have longer treatment session times per patient.

[17] The seven groupings therefore are comprised of a range of times up to a key time, under which they are grouped, for example, the category ">20mins" means all those treatment times which were up to and including twenty minutes.

"Could you describe in general terms: How many treatments does it take to cure patients? (If there is a range of time lengths, please indicate the shortest and the longest course of treatments you have given)"

As the results show, the average number of treatments taken to "cure" patients was variable, ranging from three to twelve treatments for half of the sample; the other half of the sample also being variable. See Figure: *Practitioners* 2.3b.

FIGURE: *Practitioners* 2.3b



This is significant in two ways: it illustrates that the practitioners' approach to healing was flexible; we learn that this sample of TCM practitioners' attitude to healing as a group is more patient-orientated than treatment-orientated. By this I mean that treatments were not prefixed or set, but rather progressed with and were tailored to the needs of each patient: for some the treatment might take a few sessions, and for others treatment might continue throughout their lives. For example, on the issue of why some people take longer than others to treat, the following practitioners' comments are representative of the views expressed by the majority of practitioners:

> ...everyone's had their problem a different length of time. The longer it's been there, the harder it is to move it, and because everyone responds differently, and I would never say that acupuncture or Chinese medicine suits everyone 100%. So there are some people out there who might respond to homeopathy better or physiotherapy better, or something like that. So mainly it's the individual person, how their energies respond to the acupuncture.
>
> It depends on the acuteness or chronicness, and often with acupuncture, we're the last resort. So people have been to physios, been to osteos, been to chiropractors, tried cortisone, and often (acupuncture is) the last resort.... it depends -each person's different. And some people respond differently. You know, like I've got a sister and a brother, and my brother responds just like that, and my sister doesn't respond to acupuncture at all. So it sort of depends on the person, on the condition, and how long it's been going for.

So that's a tough one.

> That's very hard to answer because a lot of patients, they come and it's already very late. You know, they have tried all forms of treatment before coming us. And a lot of people, they have been putting up with a problem (for) ages, - until we have to do something about it - the pain comes - ...very hard to treat -become very chronic. Normally, for acute sports injury, takes me an average of about three visits...the longest treatment could be about 6 months or a year sometimes longer...

As the above practitioners' comments illustrate, a patient's progress depends on three main things: how long the patient has had the problem - whether the condition is chronic or acute; how the patient responds to the treatment; and the age and general characteristics of the patient.

Related to this, many practitioners questioned the notion of being "cured". As a practitioner stated:

> ...I don't like using that word "cured" because if someone has arthritic changes, you can't change that back, so you really can't cure something like arthritis. But on the other had if you get rid of the pain, you get rid of the inflammation and the swelling, and the joints improved and moving - the person has no pain, then they can forget about the arthritis. It's almost like being cured. But the results with that, are extremely good. I would think I probably get 95%. Very good results...

Instead, the point was raised that people's bodies are not "cured" but rather brought back into balance - or a healthier, pain-free state. Each individual has his/her own balance and level at which they consider themselves to be healthiest that they can be. Each person's body has its own particular tendencies (strengths and weaknesses) which should be monitored throughout life to maintain a balance of health. As one practitioner pointed out, traditionally a TCM practitioner's role was in preventative medicine:

> The traditional ideal is, of course, the treatment is on going, and that one's treating preventatively. Just before a person sees anything. So they come once a year. That's increasingly rare, because when they get better they forget to come! (Laughs). So some people I've seen on and off for a long time...It's like an evolving condition, they...always need some sort of energy assistance, they are continuing to develop. So it changes from straightforward medicine, to developmental medicine...Let's say they've been chronically ill. Let's say they want to go to university or something like that, the treatments then assist them so that they can stay...That's just one example.

As the above quote illustrates, people do not just become "ill" once, rather there is a continuum between good health and illness. Patients may return to a practitioner several times throughout the year for treatment of a particular recurrent health problem or for

different health problems. A successful "cure" involves the patient's cooperation and motivation to stay healthy. As a practitioner commented:

> Oh gosh, how long is a piece of string?!...But to cure patients, I never use the word "cure", because I don't think -I don't believe it's something I do to the patient. You know, it's really a cooperation, the patient basically comes to me for advice and information really. Basically, what I'm doing (is) giving the treatment to them, but it's up to them to see how they respond to it. Depending on the therapy situation and what they're going to do with the treatment. I mean you treat a customer for a rugby injury and they say "Oh, I've had my treatment" and they rush out and play six rugby games in a row, well, you know, you could be treating them forever and a day. And that does happen, you know...

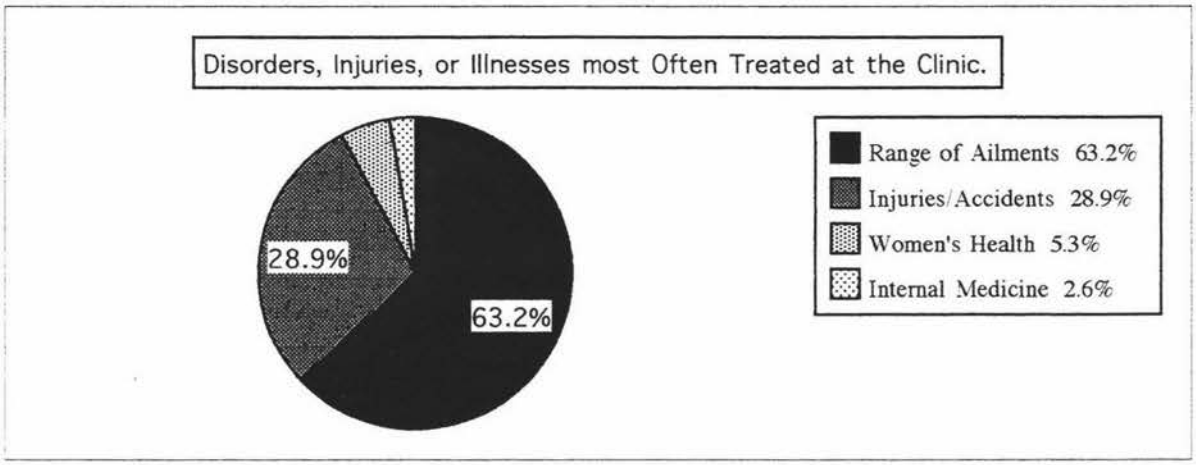
Thus, given that TCM treatment and its success are significantly connected to the individual factors of each patient, it was not surprising that the majority of practitioners stated that the number of treatments to "cure" patients was variable.

"What kind of disorders, injuries, or illnesses do you <u>most often</u> treat at the clinic?"

Taking into account that the practitioners in this study offered a range of treatments, it was interesting to explore whether there was an equally wide range in the kinds of ailments that were most often treated at the clinic. The assumption behind the above question was that TCM practitioners would treat more of one type of ailment than others. However, the resulting responses of the practitioners indicated that otherwise was the case. This question proved to be answered in a converse fashion. The majority of practitioners (63.2%) gave comprehensive lists of ailments that were so wide I was unable to discern the predominance of any particular ailment type or trend. Therefore, it is more accurate to describe this grouping of practitioners in terms of their diversity, that is, a "Range of Ailments".

The minority of practitioners who specified particular ailments identified three main categories of illness. See Figure: *Practitioners* 2.2. First, 28.9% of practitioners indicated that they most often treated "Injuries/Accidents", these were all stated in terms of muscular skeletal, structural, and pain problems. Second, 5.3% of practitioners (two practitioners) indicated that their area of interest was in "Women's Health", including menopause, menstrual disorders, pregnancy related matters. Lastly, 2.6% of practitioners (one practitioner) stated that he treated mostly "Internal Medicine", that is problems relating to organ function and energy flows within the body.

Figure: *Practitioners* 2.2



The results of this question do correlate with certain ideas about the practice of Chinese medicine. For example, Chinese medicine has been described as being "holistic" in approach. Many practitioners indicated that a true practitioner of Chinese medicine did not specialise, but rather should be able to treat all conditions effectively. In fact, one of the marks of a "quack" or fake TCM practitioner was that he/she would offer treatment for only one particular ailment. For instance, I was told of a Korean couple who had travelled the length of New Zealand a few years ago, setting up clinics in motel rooms as they went, and treating only sinusitis. They were discovered to be charlatans, and many of the people they treated did not receive an easing of their symptoms, let alone a "cure". As one practitioner explained:

> ...the only treatment they were doing was clearing sinuses - that was the only treatment. Well now, Chinese medicine is a very holistic form of treatment, so nobody just treats sinusitis or something like that, and that's all this couple were doing and the treatment was very unethical, people were dissatisfied, and it ended up on the Holmes programme or Fair Go or something like that. Or they finally skipped the country, but stories about them, people told stories. And I think possibly, people can still come in and start practising acupuncture.

Also, as in discussions on the question of how long it took to cure patients, most practitioners stressed that they treated people, not "diseases". According to practitioners of Chinese medicine, each patient is different - even if the symptoms appeared to be similar, they might have different causes. As one practitioner pointed out, treatment of patients with the symptom of infertility was variable, and could proceed in a variety of ways. For example, infertility treatment distinguishes between congenital and acquired, kidney yang deficiency, liver qi stagnation, blood deficiency, and phlegm dampness. Therefore, TCM treatment becomes tailored to the particular condition and circumstances of the person in question.

Additionally, in correlation with previous findings, the responses to this question supported the conclusion that TCM treatment placed importance on the particular state and nuances of the person: age, sex, personality, emotional state or predisposition, energy flows, organ function and yin/yang balance. Therefore, this person- and energy-orientated approach in Chinese medicine diagnosis and practice is in keeping with the results of this question - that the majority of TCM practitioners in New Zealand do not specialise.

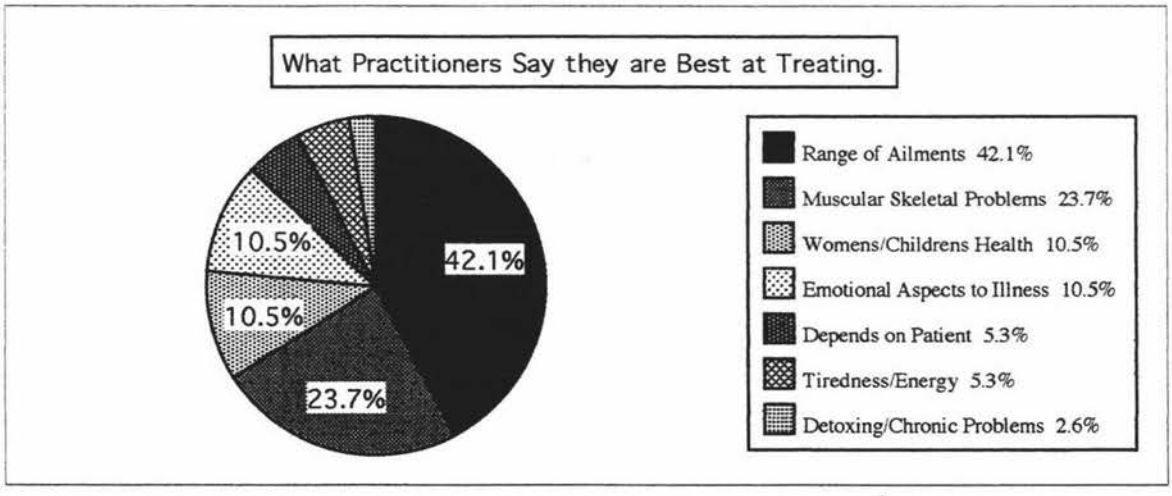
"What are you best at treating?"

This was purposefully an open-ended question, aiming to give practitioners scope in how they wished to respond to the question. The result was a range in responses which are grouped into seven categories. See Figure: *Practitioners* 2.4. It is noteworthy that the largest group of practitioners, at 42.1%, (as one may well predict, going by previous responses) indicated that they treated a range of ailments equally well. The person- and energy-orientated approach is reiterated here - a treatment's success depends upon the patient. As one practitioner pointed out:

> I don't think I'm best at treating anything, I think again the individual's response to acupuncture varies. You know, there's 5% of patients who don't respond at all. The non-responders. You could be treating low back pain, and you could treat twenty patients, and then the twenty-first patient could be a non-responder. It doesn't mean that you're best or worst...

It is interesting to note the composition of each of the above seven categories. The responses suggest that doctors and physiotherapists practising acupuncture/TCM tended to

FIGURE: *Practitioners* 2.4



identify more with different categories of ailments than "lay" or "non-medical" practitioners

with three to four years training at a TCM college. For example, doctors and physiotherapists tended to see themselves as best at treating muscular skeletal problems, whilst "lay" or "non-medical" practitioners commonly stated that they did not specialise and were good at treating a range of ailments.

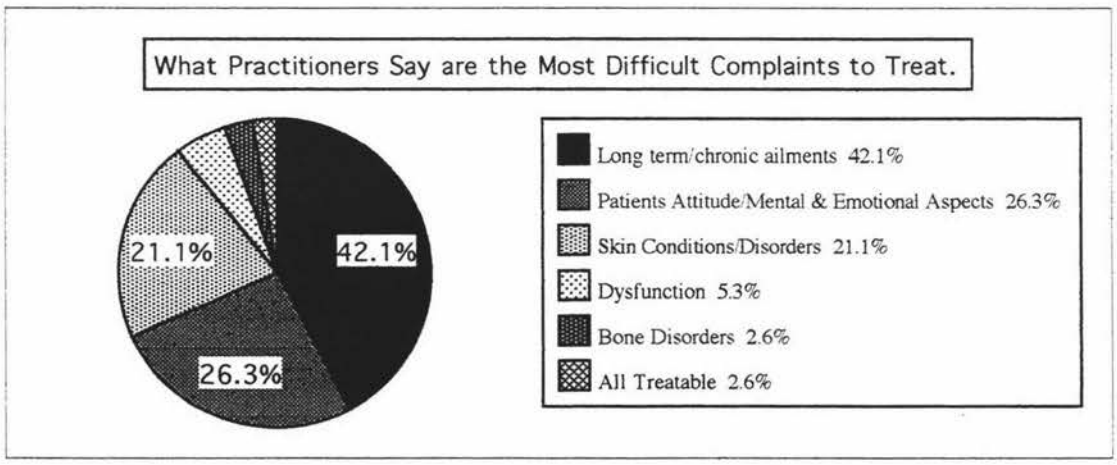
With regard to the other categories, it seemed that practitioners had identified an ailment/condition that they personally had success with, perhaps also an indication of where their interest lay. The most obvious example was in the category of "Women's/Children's Health", where the practitioners were all women. Other categories included ailments which had not been successfully treated by Western medicine, such as "Emotional Aspects", "Tiredness/Energy", and "Detoxing/Chronic Problems". As one practitioner pointed out:

> I think the things that I'm best at are the things that Western medicine aren't very good at, where the things where they can't find anything wrong. There are a lot of people who are tired and there's nothing wrong when they do all the tests. I think those kind of patients I'm probably best at.

"What are the most difficult complaints to treat?"

According to practitioner responses, there are three major complaints that are difficult to treat: long term or chronic ailments, patients' attitude/mental emotional aspects, and skin conditions/disorders. See Figure: *Practitioners* 2.5.

FIGURE: *Practitioners* 2.5



It is noteworthy that as previous findings suggested, TCM practitioners often tailored treatments to the individual needs of each patient. A TCM practitioner could give six very different treatments to six patients all diagnosed with stomach ulcers (Kaptchuk, 1983:4-7). As one practitioner stated:

> Yes, I treat people, not those illnesses. So I always treat people. People

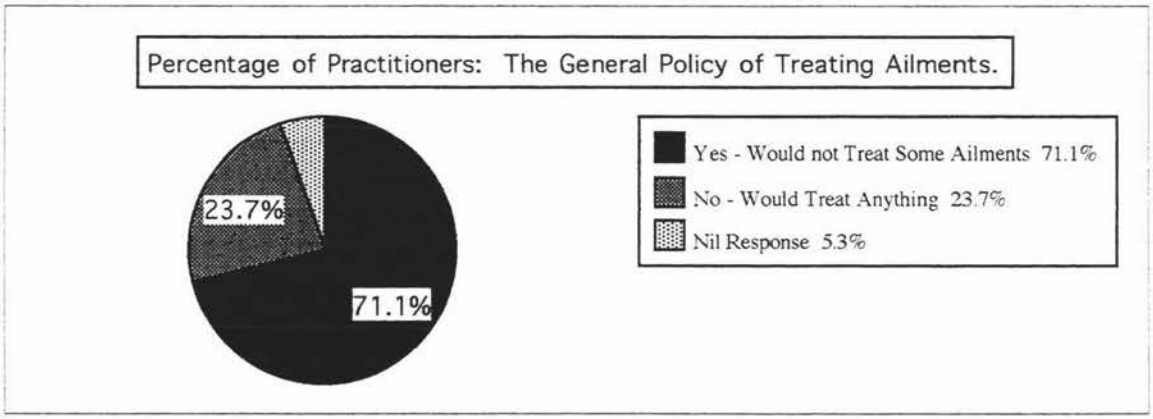
expect me to say that I'm treating cancer...I treat people.

Although practitioner responses revealed that chronic, emotional, and skin disorders were generally considered the most difficult ailments to treat, one must keep in mind that the types of ailments treated do not have a corresponding correlation with the types of treatments given. Unlike Western medicine with its emphasis on "diseases", TCM does place an important emphasis on the patient as a whole being.

"Are there any illnesses, disorders, or injuries that you would <u>not</u> treat at the clinic?"

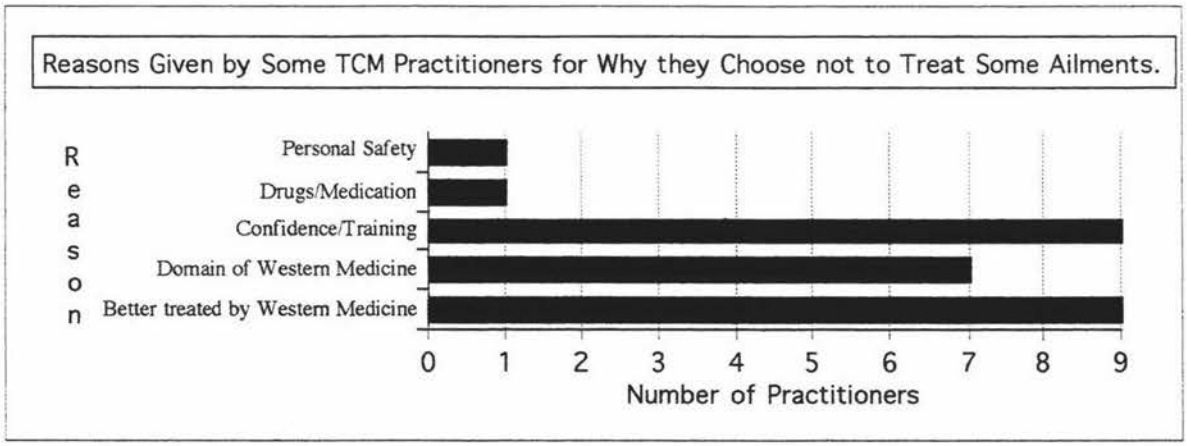
As Figure: *Practitioners* 2.6a shows, the majority of TCM Practitioners (71.1%) indicated that they would not treat some ailments at their clinic/s.

FIGURE: *Practitioners* 2.6a



Of these, there are five types of reasons, specified by the practitioners, for why they would not treat some ailments. See Figure: *Practitioners* 2.6b.

FIGURE: *Practitioners* 2.6b



As the above graph illustrates, practitioners gave three main reasons why they chose not to treat some ailments. First, those practitioners who indicated that some ailments were better treated by Western medicine (9/27) also tended to state that in their view Chinese medicine and Western medicine each had their respective places in health care. According to these practitioners, Western medicine catered best for anything acute or life-threatening such as severe disorders and major physical trauma including fracture, acute appendicitis, acute infection, heart attack, life threatening asthma, infectious diseases, inflamed conditions, cardiac infarction, stroke - initial acute stage, coma, and cancer.

Second, other practitioners (7/27) pointed out that certain ailments are traditionally the domain of Western medicine and therefore for legal and political reasons Chinese medicine was not offered. As one practitioner put it:

> Not that you couldn't treat it, but you'd have to be careful (you might get) sued. Really with notifiable diseases you treat everyone as if they've got it.

Similar to the above category, the ailments mentioned by practitioners were severe or traumatic and included notifiable (infectious) diseases, cancer, broken bones, AIDS, hepatitis, diabetes myelitis, pneumothorax, endocrine/thyroid, internal medicine in doctors' area. One exception was pregnancy. Practitioners in this group specified that they would refuse to treat a pregnant woman because of legal liability. Similarly, legal liability was an underlying disincentive for the other ailments that TCM practitioners refused to treat. An experienced medical acupuncturist explained that justification of the chosen treatment was important. In the event of an unsatisfactory result with the application of TCM, the practitioner may well be subject criticism by the medical profession. How could a medical practitioner justify using TCM methods when a tried and tested biomedicine treatment existed?

Third, a group of practitioners (9/27) indicated that they refused to treat certain ailments primarily because of their lack of confidence or training in dealing with certain ailments. Ailments excluded from treatments were similar to the above two categories, and included: infective/infectious diseases, cancer, wounds and big sores, hepatitis, AIDS, brain damage, tumour, haemophilia, stroke, motor neuron disease, MS. A practitioner commented that in the situation of AIDS, although TCM methods could help alleviate the patient's symptoms, it did not enable the practitioner to actually pluck the virus out of the body. Therefore, TCM could not make claim to being able to "cure" such a patient, rather in

such a case a TCM practitioner could work in a complementary role, using TCM methods to help increase the patient's quality of life[18] .

It is apparent from the results of this question that on the whole, TCM practitioners viewed themselves as offering a complementary and alternative treatment to Western medicine. That is, Chinese medicine had emerged on the local level in the New Zealand health care system and flourished in areas where Western medicine was weak or had failed. As one practitioner pointed out:

> I would say my vision is really Western and Chinese medicine, and also other complementary medicines could start to come together - work in health centres together, and where they also can exchange information quite readily and to the benefit of a patient...not necessarily that Chinese medicine is the medicine and the big medicine, but that it certainly has its place as an alternative. Not everybody likes acupuncture. It's not for everybody, you know. And so people should have their choice, but really within a safe and trusting environment.

CONCLUSION

As shown in the above discussions on TCM clinics and treatments in New Zealand, in the interchange between the traditional ideal and the cultural/social ground, forms of TCM treatments have been adapted to the New Zealand context and mixed with other Western therapies. This is congruent with the findings of scholars such as Unschuld (1985), Crozier (1976), Kao (1979), and Hare (1993), who found that "traditional Chinese medicine" is adapted and transformed in new settings as well as in new eras. It consists of many modalities, and is practised in a variety of ways. For example, Hare (1993:32) states:

> The Chinese medicine practised by a migrant to New York's Chinatown may be very different from that practised by an American trained in a local acupuncture institute.

Overall, the findings in this chapter suggest that there exists a splintering of groups who practise Chinese medicine in different ways, and with different emphases. Nonetheless, a uniting feature which emerged on the local level, criss-crossing professional boundaries, was the common practice of acupuncture, with an emphasis on a holistic approach. On this phenomenon of interdisciplinary interest in Chinese medicine (namely acupuncture), one practitioner pointed out that this interest began and evolved on the common ground of practice:

> I guess it's happening in a small area, because now Western trained doctors are practising, physiotherapists are practising, midwives are practising

[18] See Li Pei Lin (May, 1995) in AIDS and Chinese Medicine, the *New Zealand Federation of Chinese Medical Science Journal*, for a discussion of current Chinese medicine treatment for AIDS.

> acupuncture, and acupuncture's a start, and you know, there's other Chinese medical herbs, and massage treatments, and so really, I think for anybody to understand everything about anything, they have to practise that, they have to immerse themselves in it, they have to dive into the sea of experience and use it, and when they see 'Oh, they can actually swim' you know, you can actually absorb this knowledge, you can use it.

Above all, it seems that the practitioners of Chinese medicine in New Zealand are concerned with "what works" rather than strict adherence to any tradition. This is not surprising, taking into consideration that as the place of last resort for many patients, practitioners of Chinese medicine are daily witnesses to the weaknesses in the existing healing traditions in New Zealand. Chinese medicine, then, is presented as another choice in the approach to healing, to offer in between traditions.

CHAPTER FOUR

Practitioners and Patients of Chinese Medicine in New Zealand

"The acupuncturist (not just one but in general) are holistic in approach & more inclined to discuss not just your illness but your general health - physical & mental. The longer length of a visit encourages a better/ more informal relationship. The acupuncturist is willing to listen to your explanation of why you think you are sick. NZ doctors are the complete opposite of this."
(Patient: Describing TCM practitioners)

"Firstly my TCMP is also a medical trained Dr. My interaction is very different. We work together, I am treated as an intelligent human being. My feelings, pain, lifestyle, joy, hurt, sadness, colour, tongue, skin and pulse are all observed and are part of how I am treated. Because treatment is half an hour to an hour long, you get to know the practitioner and they are more like a friend. You feel in control of your life, and not that that control has been taken from you. TCM is very gentle non-threatening and supportive and the practitioner becomes that to you also. It is holistic and affirming."
(Patient: A description of her TCM practitioner)

"I personally feel good going to both. I feel getting these different treatments gives me a better understanding of my body and condition."
(Patient: On TCM practitioner and doctor)

"I believe in the efficacy of Chinese medicine, but also in the practitioner as a person, that is my practitioner was empathetic, made me feel safe. I know of other acupuncturists that are not as personalised or caring. I believe this is a variable that needs to be considered. That is, of the practitioner as a person."
(Patient: Comment)

Introduction

As the above quotes illustrate, factors other than the curing of physical ailments are important to patients in the process of healing. Particularly, the relationship between practitioner and patient is viewed as significant, affecting how patients perceive and understand their ailments. Clearly, the process of healing involves the interaction of people. This chapter is based on data gained from practitioner and patient questionnaires and interview and is concerned with presenting a detailed profile of the people who contributed to this study. It aims to provide an insight into who seeks Chinese medicine as a health therapy, and why they seek it. Section One begins with an in depth profile of the practitioners who contributed to this study. Section Two follows with a detailed profile of the patients of these practitioners.

Section One: Practitioner Profile

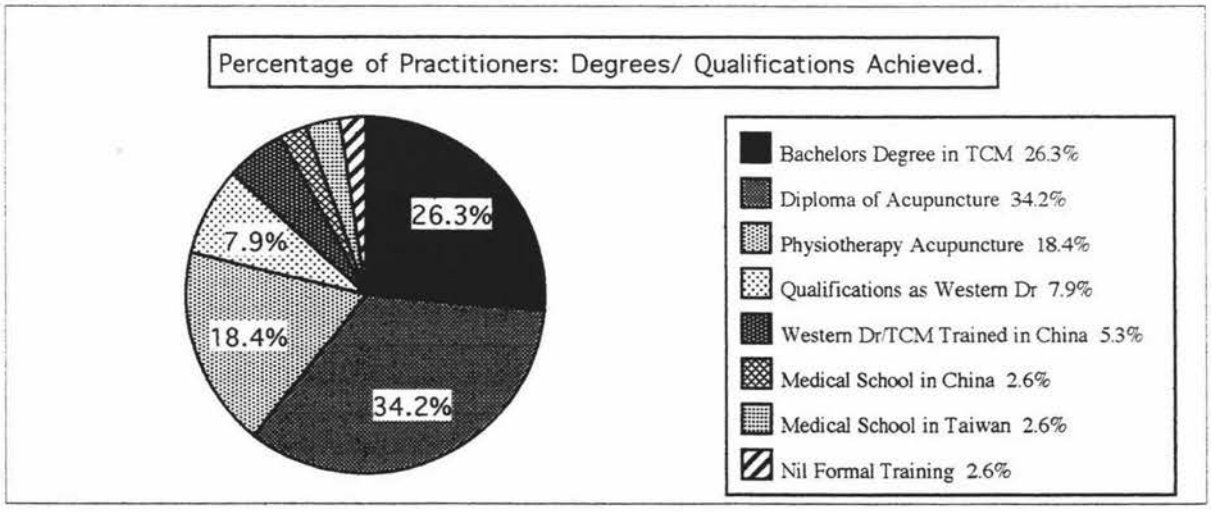
In order to illustrate the range and variations of the practice of Chinese medicine in New Zealand, this research project aimed to include Chinese medicine clinics, doctors, and

patients throughout New Zealand. The results show[1] that as a group, the practitioners were generally in the thirty to forty years age bracket (at 76.3%), of European descent (at 71.1%), married (at 73.7%) and New Zealand citizens (at 86.8%). There appeared to be more men (at 60.5%) than women practising acupuncture. More practitioners were also working full time (at 57.9%) than part time as TCM practitioners. However the part-time practitioners (at 42.1%) are a significant proportion of the sample - the resulting range of estimated annual income is probably a reflection of this. As the following discussion will illustrate, upon closer consideration of survey findings, the practitioners of Chinese medicine in this study are a rather heterogeneous group, diverse in their backgrounds and perspectives towards the practice of Chinese medicine.

"What degrees/qualifications have you achieved?"

In terms of training, thirty-seven of the thirty-eight Chinese medicine practitioners in this study had received some kind of formal training. A total of 60.5% of practitioners had either a Bachelors Degree in TCM or a Diploma of Acupuncture, whilst the remaining practitioners cited qualifications in physiotherapy acupuncture, Western medicine and medical school training in China and Taiwan. See Figure: *Practitioners* 4.1a[2] .

FIGURE: *Practitioners* 4.1a

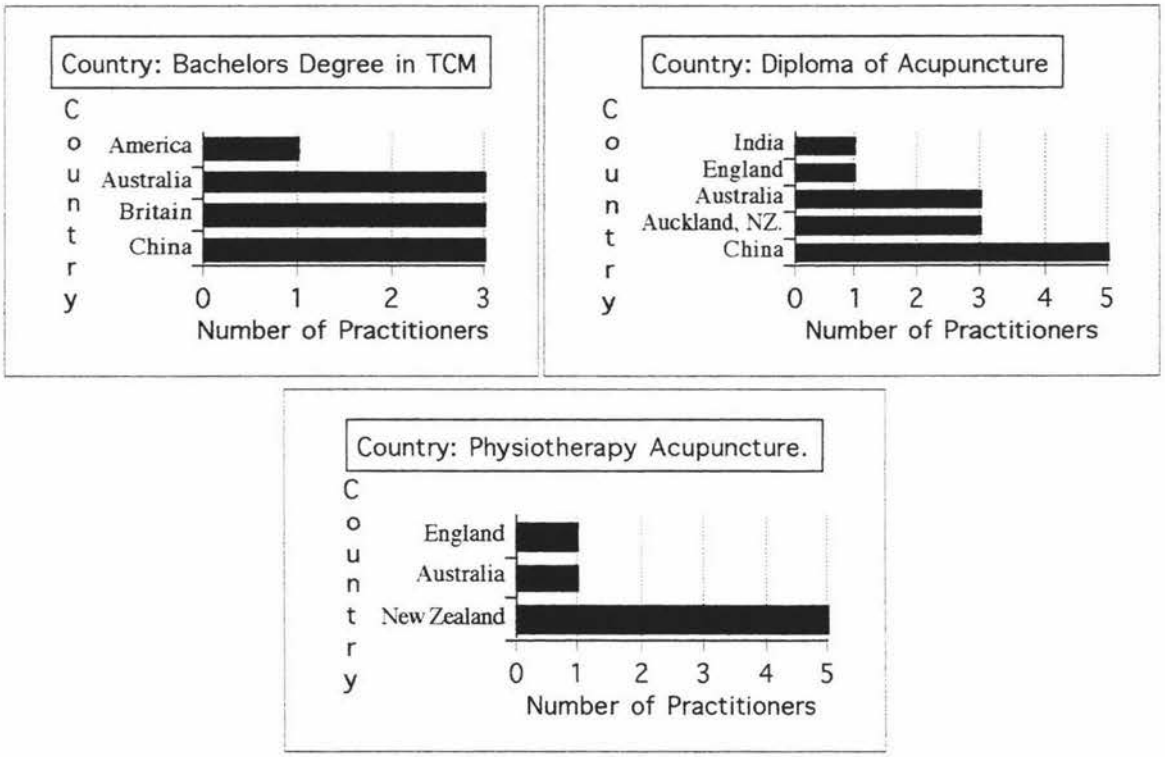


[1] The characteristics of the practitioners who participated in this study have been summarized in Table 1 appended at the end of this chapter.

[2] Like the figures in Chapter Three, the figures in Chapters Four and Five have been numbered according to the corresponding question in practitioner or patient questionnaires (see Appendices 2 and 3). As a result of the combination and comparison of practitioner and patient data in the following discussion, figure numbering may not appear in sequence. For example, "Figure: *Practitioners* 4.1a" refers to the practitioner questionnaire, section 4, question 1.

All practitioners with bachelors degrees in TCM received their training outside New Zealand - in China, Britain, Australia, and America. Of those practitioners with a diploma of acupuncture, only three had trained in New Zealand; the majority indicated that they been trained overseas in China, Australia, England, and India. Conversely, five of the seven practitioners with training in physiotherapy acupuncture had been trained in New Zealand, with only one each trained in England and Australia. See Figures: *Practitioners* 4.1b.

FIGURES: *Practitioners* 4.1b



"How long have you been working as a practitioner of Chinese medicine?"

The total length of time that the practitioners in this study had been working as practitioners of Chinese medicine varied broadly from one year to twenty-one years. (See Figure: *Practitioners* 4.2). However, practitioner responses showed that the length of time that practitioners practised in New Zealand was slightly less for a significant number of practitioners than their total working years. (See Figure: *Practitioners* 4.3). When comparing the results in Figures: *Practitioners* 4.2 and 4.3, the number of practitioners who indicated that they had been working as a practitioner of Chinese medicine for two to three years doubled in the corresponding category for the length of time as a practitioner of

Chinese medicine in New Zealand. Therefore, these results suggest that a significant proportion of the practitioners in this study had practised Chinese medicine outside of New Zealand.

Indeed, as Figure: *Practitioners* 4.4 shows, 44.3% of practitioners indicated that they had practised Chinese medicine in various other countries, including Australia, UK, China, Taiwan, USA, and Fiji. Nonetheless, it is interesting to note that the practitioners with physiotherapy and medical practices/backgrounds generally practised Chinese medicine solely in New Zealand. Indeed, on the whole, the findings showed that whilst a slim majority of practitioners had practised Chinese medicine only in New Zealand, there was a broad range between practitioners in terms of years of experience in overall practice as well as practice in New Zealand.

FIGURE: *Practitioners* 4.2

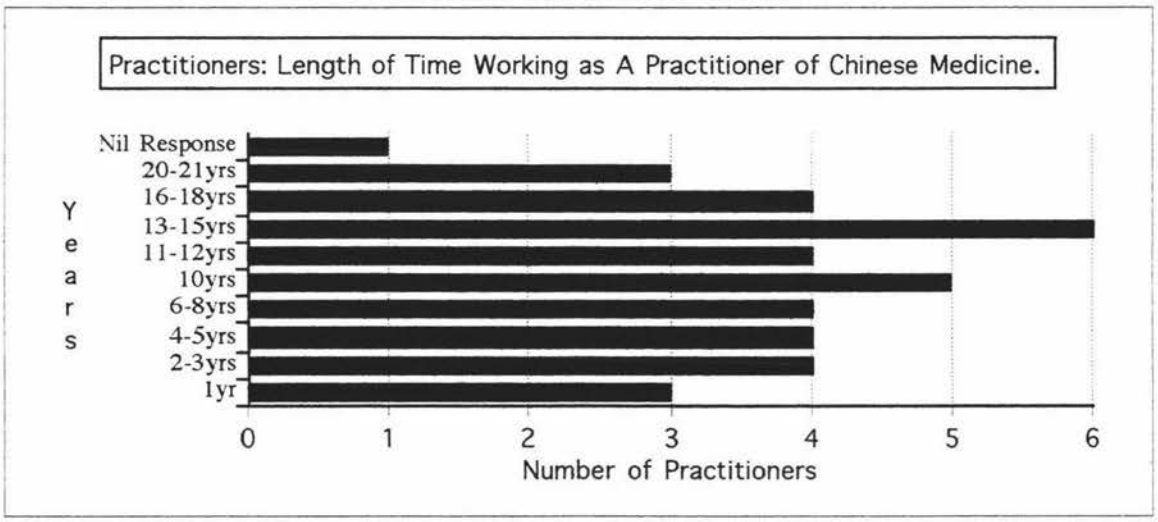


FIGURE: *Practitioners* 4.3

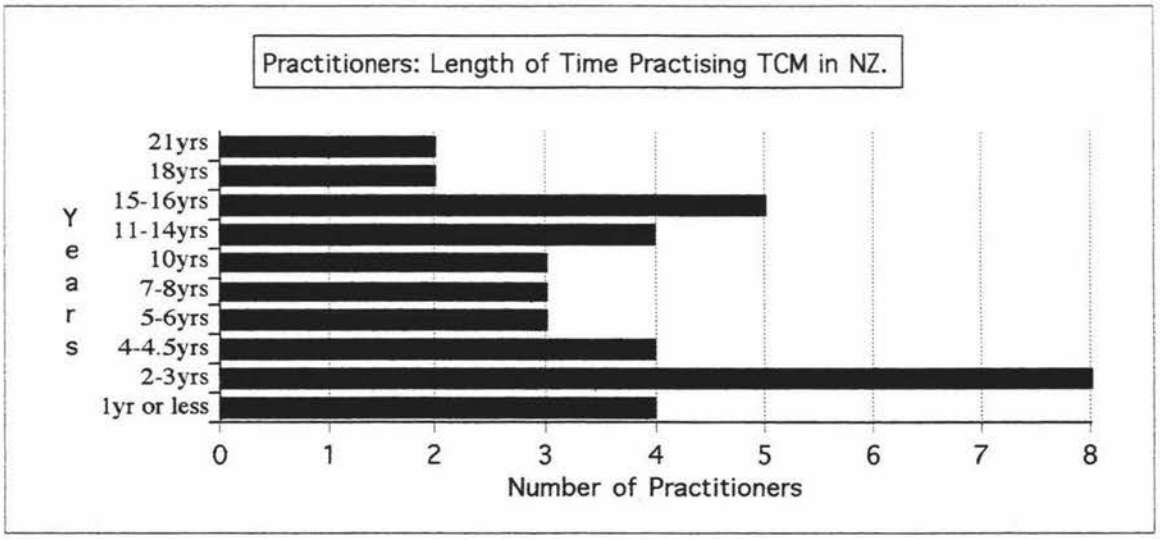
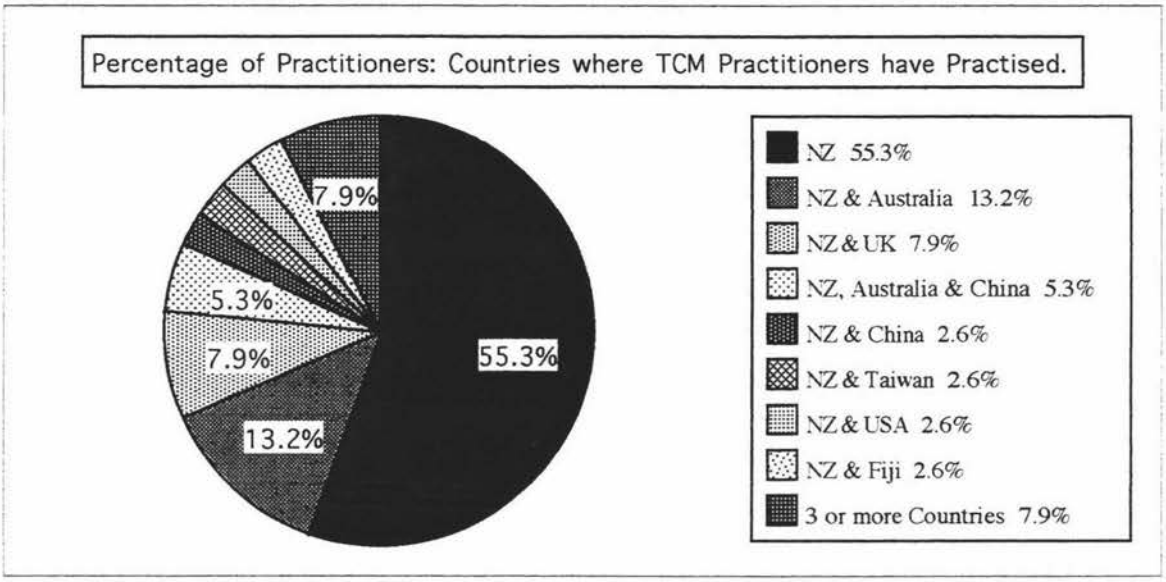


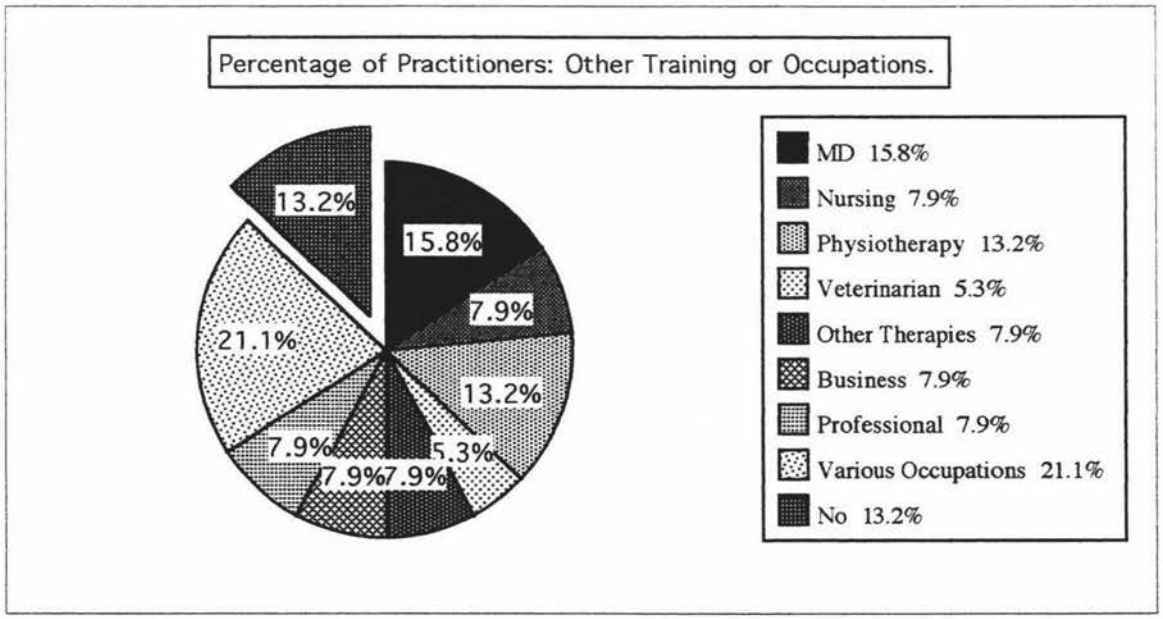
FIGURE: *Practitioners* 4.4



"Have you received training in any other occupation?"

Similar to their responses for years and places of practice, the practitioners in this study revealed a broad range of backgrounds, with other training or occupations. Indeed, only 13.2% of the practitioners indicated that they had no other training or occupation. Therefore, the majority of practitioners in this study had various vocational backgrounds, including medicine, nursing, physiotherapy, veterinary work, business, university, and various other therapies as well as occupations. See Figure: *Practitioners* 4.6a.

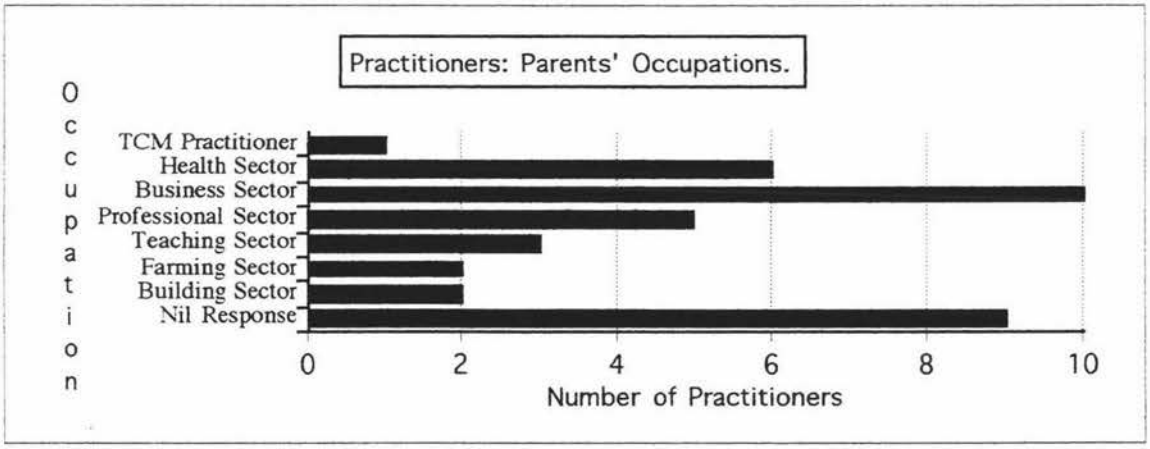
FIGURE: *Practitioners* 4.6a



"What were your parents' occupations?"

Though some practitioners expressed puzzlement on being asked to divulge their parents' occupations, this was done in order to gain some insight into practitioners' backgrounds, and importantly to discover any similarities amongst this group of practitioners. For example, perhaps practitioners whose parents were Chinese medicine practitioners would be more likely to become Chinese medicine practitioners themselves. However, as the results show (see Figure: *Practitioners* 4*), this was the case for only one practitioner. Overall, parents' occupations varied widely, with a slight majority of 26.3% engaged in the business sector. Therefore, practitioners' choice of occupation did not appear to have any significant correlation with parents' occupation for this group of practitioners.

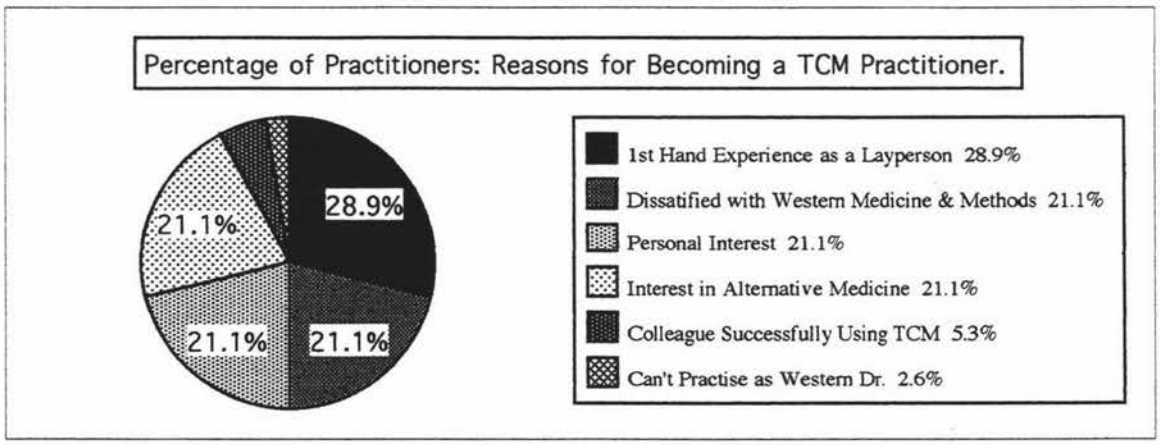
Figure: *Practitioners* 4*



"Why did you decide to become a practitioner of Chinese medicine?"

Given that the practitioners in this study came from a wide range of backgrounds, one may ask: why did they decide to become practitioners of Chinese medicine? In exploring this issue, four main reasons emerged (See Figure: *Practitioners* 4.5).

FIGURE: *Practitioners* 4.5



Interestingly, 28.9% of practitioners indicated that successful first-hand experience as a lay-person prompted them to pursue Chinese medicine as a career. For example, the following practitioners related their experiences:

> ...I found that with naturopathy there were some places that I just couldn't make any headway with - they didn't seem to respond to the treatment - and I had health problems of my own, and somebody suggested I try acupuncture, and I did and had wonderful results, and then when my baby was about six months old, I was actually not working at the time, and I saw the Auckland acupuncture college advertising their course.
>
> During 1975 I was travelling in S.E.Asia where I experienced the effective (and rapid) effect of acupuncture treatment for a particularly resistant traveller's dysentery which my travelling companion was experiencing. I subsequently went on to the study/become an apprentice under the Chinese doctor who had given this treatment and helped my friend.
>
> My mother was sick with cancer for many years, and she has a lot of benefit from Chinese medicine. My mother had the cancer when I was ten years old, until I was in university. Because of Chinese medicine she's still alive - thirteen years, which is a miracle. That's why I want to learn how. And my family gives their support.
>
> Stroke of good luck I guess. Um, purely by accident. Purely by accident. It was umm...I was twenty-four and I had been bummin' around overseas for a couple of years and I was an aerobics instructor, and I pulled my (achilles), and so I went along to a practitioner and I was really impressed.
>
> My background is in aviation, I was a pilot for years and an air traffic controller for years. And while I was a pilot and air traffic controller, I was "surpounded" by joint pains and there was one time I had tennis elbow, very severe - arm in sling. Went the cortisone route and that did the usual thing. It would take the pain away for about six weeks and then it was back as bad as ever again, and I was just thumbing through a book shop in town - quite a modern, new agey type book shop - and just thumbing through the shelves there, there was a book on acupressure - vastly over simplified, and it said in there, 'If you've got elbow pain press this point', I thought 'phangh', you know, and put it back on the shelf. But I did locate the point, and because it was so painful, I kept on at it, and over about a week, I thought 'It's making a difference!' and over six weeks it got rid of the pain. I mean it wiped it out, and I was so impressed with that, that towards the end of that time, I went back to the book shop, and because I realised that it just couldn't be just one point, I bought everything on the subject of acupuncture and acupressure. Once I'd got this obsession in my mind that this was something that I was very, very interested in, obviously family says, "Well I've got a headache can you help that?" and it did, so people at work would say, "Well I've got sinus problems, what do I do about that?" - So I found myself in a sort of a unpaid part-time practice anyway. And it just grew from there...I'm totally self-trained.

As the above quotes show, practitioners' interest in Chinese medicine began with the experience of successful treatments. To turn the coin, 21.1% of practitioners cited

dissatisfaction with Western medicine and methods as their main motivation in deciding to become a Chinese medicine practitioner:

> I'm a Western doctor in Taiwan, and a medical practitioner in Taiwan. After I graduate from medical school, I find Western conventional medicine not 100%. So I found it insufficient to use only one medicine to treat the people, so at that time I learn acupuncture and herbal medicine as well, and because I am doctor, I learn acupuncture and herbal medicine, I can help with three all together. So I practise three in Taiwan for more than twenty years.
>
> Results. I started off as a physiotherapist. So I did my training in London - one or two people they had, actually had acupuncture, and their results were much better than what we were achieving in the hospital.So obviously there was something there that we were missing out on.
>
> Well, I was nursing and I was becoming very disillusioned with orthodox medicine. Especially because I worked in specialist areas in (bone repair) and oncology and I have probably a better understanding of Asian principles and ideas because of my background and that's why it always interested me, acupuncture particularly.
>
> Lack of commitment to an exclusively Western training. Frustration with orthodox symptomatic management. First saw acupuncture in China in 1975. Like the wholeness of approach, using the body's resources to achieve healing, its preventative nature, ensuring that the individual takes responsibility for getting better. Respect the Chinese concepts of our environment, our attitudes, our relationships, the food we eat and the care we take of ourselves being the contributing causes of disease or imbalance. Since we largely create illness by what we do to ourselves, so acupuncture can help to correct imbalances. Western medicine makes decisions for patients, Chinese medicine assists the patient to make their own!
>
> As a nurse could see the gaps in Western medicine. People who just had to go home and put up with the problem or suffer the side effects of the drugs.
>
> I got frustrated with using medication really, Western medication. I don't really like using too much. (So how did you first hear about Chinese medicine?) -I read an article by L., who's an acupuncturist from Canada who treats horses, and I thought, "Well this isn't about conning people, you can't con a horse! This guy was treating horses very successfully, so I thought well, you know, "There's got to be something going on here that's not hypnosis". A lot of people fifteen years ago, a lot of doctors thought it was a hypnotic process, that you conned people, and when I heard this, well, I thought it can't be. It's impossible. So I went up to Auckland and started being taught...

With the exception of one practitioner, the practitioners in this group were working in the health sector before their decision to practise Chinese medicine. They included three doctors, two nurses, one physiotherapist, and one veterinarian[3]. A significant point

[3] Similarly, in the category of "Colleague Successfully Using TCM" the practitioners were both physiotherapists, impressed with the results a colleague was getting with the use of acupuncture on the patients.

apparent in the above quotes (particularly from the nurses and doctors) is the concern with medical iatrogenesis. Particularly, the use (or overuse) of drugs and the side effects that they caused. Therefore Chinese medicine was sought to fill the "gaps" that these practitioners observed in Western medicine.

Finally, 42.2% of practitioners indicated either a personal interest (at 21.1%) or an interest in alternative medicine (at 21.1%) as the reason why they decided to become practitioners of Chinese medicine. Those citing personal interest mentioned that the philosophy of Chinese medicine, including the theories of yin and yang, energy, and the forces of nature and harmony, appealed to them. Two practitioners stated that they had been influenced via their experiences in martial arts training. Overall, practitioners here indicated that their interest in Chinese medicine began at the level of ideas and philosophy, which then led on to experience and practice. Chinese medicine, then, is not only a profession, but also can be viewed as part of a personal development and progression of the practitioner. The following three practitioners illustrated their experiences:

> My interest grew in it via my interest in Chinese philosophy and meditation originally...Taoist meditation, Buddhist meditation. Originally, I first got interested in it when I was ten or eleven years old and my parents had an encyclopaedia, and I read about Chinese philosophy, Buddhist philosophy, and I thought "Gosh this is wonderful!" 'cos I'd been brought up with the Christian Church. And I really liked the Dao. I was reading about the Taoist idea, the yin and the yang. Basically, there's energy in everything, it's not just some outer kind of god out there. It was more that everything was equal. I really liked the idea, and so later in my twenties, when Buddhist meditation came on the scene, I naturally flowed into it, books on health, and started reading that, and goes on from there. Started...

> It wasn't really Chinese medicine, it was acupuncture I was interested in. I was interested in the explanations of acupuncture, which were called philosophy, you know, this was called physiology and the explanations came from physics, which I thought were more fundamental in their truths...The first principles of acupuncture are like the first principles of thermodynamics. I mean they're pretty the same. Wonderful. Philosophy and physiology in acupuncture are very close, cycles of positive and negative energy, interrelationship of the nervous system's completely in flux...fast rate or slow rate...Naturalism. Cycles of night and day, or the seasons, and those theories reflect in the body in terms of the relative ebbing and flowing of function of those organ systems...Very, very natural. The Chinese part of the acupuncture works in a system like the grasp of one's common sense, you don't have to be a genius to recognise it, and I'm interested in physics.

> That's a really complicated one, there's so many things that come into it and and it's really hard to know exactly why you do something as major as specialising in an oriental style of medical science. And I've sort of thought about it, and people ask me about it all the time, and...I don't really know if there's a key issue or if there's just a whole lot of little things...that all come

together to make one take that sort of pathway, and I suppose as the years go by, I just discover new things why...it seems maybe a logical progression...

I guess because at high school I was really interested in - well not interested in - I was sort of taken by the English poets like Wordsworth, and Shelley...for instance, and they were...strong believers in nature, and I really liked that philosophy, and I went to a Church of England grammar school, so it was quite a religious up-bringing, and the philosophy, I suppose, of Taoism appealed to me - possibly because of those early...study of those poets, that linked in with the forces of nature, and sort of harmony within nature, and that came through very strongly in Taoism, but how I came to that pathway, there's many many things..I guess as a teenager I was really fit and healthy, and played a lot of sport and captain of the athletics team...I got a rumbling appendicitis, and various doctors, Western doctors, said it was growing pains or training too hard, they'd give me Valium...and in the end I was raced into hospital and it was whipped out, and I was really annoyed that, you know, they had missed the diagnosis and fobbed me off with Valium. So that got me interested in searching, I suppose, for another path, and I suppose in the meantime, because that went on for about eighteen months, I looked at improving my health and diet, because I was doing a lot of exercise and things...and I read about some coaches who not only gave training, but put you on special diets so...I started looking at diet and natural health from that age... I went to the college of natural therapy and studied Western herbs and massage...and it only just came to me today, because somebody else earlier asked me the same question, and I thought well I do massage and I was probably interested in chiropractic or naturopathy, and why did I pick acupuncture...There's two things possibly for why I actually picked on healing, and I don't know. Maybe it was a book I read or - I remember reading Victor Hugo's *Les Miserables*, and thinking that was, well to help people was a really great cause, and that must have had some effect on me to get into healing at that stage...

The other thing was I was learning Kung Fu and Tai Chi from...a China man, and he was - fixed me up for a whiplash injury for my neck with massage and acupressure, and then later on for a sore wrist...he used acupuncture to fix that up, and his theory was that he was taught as well as being able to break someone into a million pieces, that he ought to be able to put them back together again. So he read a lot about Kung Fu, Tai Chi, and Chinese medicine, he'd been taught things grandfather had passed on to the family. So through him I was working for about a couple of years so that got me interested as well. But also at the same time, because I'd done a massage course, I got a job practising at the Australian chiropractic association, and did massages before he came in and manipulated. But he also used acupuncture in some cases, and got some very good results and people didn't seem to mind acupuncture, in actual fact some people preferred it to having their necks manipulated. So that was another thing.

Also, when I was younger I went to Singapore. I got food sickness, and I was really sick and my mother slipped a disk in her back and couldn't move. My father sent us up in a taxi to the shrine of (Ishcantishar?, the prophet of the healer), and we spent the morning around the shrine, and we were both cured...Doctors couldn't cure us, being there cured us. So I suppose that, the atmosphere there, listening to people chanting (I believe it was the Koran that they were chanting) and burning incense out in the bush, you know. I don't know what it was but - that sort of thought well there's more to health than, you know, taking drugs, and there's more to health than meets the eye. So I suppose after that search I went to find the wisdom

of various medicines and ended up doing Chinese medicine.

As one can see from the above quotes, although they shared a philosophical interest in their initial approach to Chinese medicine, the practitioners each had differing and distinct perspectives. The first practitioner emphasised an interest in meditation and the theories of yin and yang, whilst the second practitioner stressed the compatibility of acupuncture with physics. Finally, the last practitioner pointed out the similarity between English poetry and Taoism in their approaches to nature, and illustrated how interwoven life experiences contributed to the decision to pursue and practise Chinese medicine.

Of the eight practitioners who stated that an interest in alternative medicine led them to Chinese medicine, seven practitioners were experienced doctors or physiotherapists and one practitioner had an initial interest in naturopathy. As a group, they agreed that Chinese medicine could be used as an alternative or adjunct in practice. One practitioner explained:

> My acupuncture training involved TCM, as due to Western Scientific base I was more comfortable with Western ideas - Since my time in TCM, I have leaned more towards TCM diagnosis etc. and now lecture to physios, some GPs on TCM principles - these principles are more akin to problems/conditions now faced in today's society. - More patients are looking for a "balancing" of their bodies, as they realise the injury is more a symptom of a cause.

Therefore, practitioners in this group advocated combining or mixing medicines and were actively engaged in mixed practice.

"Do you intend to remain in New Zealand in the future?"

The aim of this question was to ascertain the level of commitment practitioners had to New Zealand. The results indicated that despite their varying backgrounds in practice, the majority of practitioners had a firm commitment to remaining in New Zealand: 86.8% of practitioners indicated that they intended to remain in New Zealand in the future; 5.3% of practitioners indicated that they intended to remain in New Zealand in the near future; 5.3% of practitioners were unsure if they would remain in New Zealand; and 2.6% of practitioners (one practitioner) intended to travel overseas in the near future with a view to eventually returning to New Zealand permanently. The underlying assumption behind this question was that if practitioners were committed to remaining in New Zealand, then perhaps it may be more likely that to attract the continued support of local patients, some aspects of their practice will become tailored to meet the demands of the New Zealand

patient, in particular how treatments are explained and understood. Chapter Five will explore in more detail the practitioners' and patients' views of the practice of Chinese medicine treatment in New Zealand.

Section Two: Patient Profile

This study sought to involve patients of Chinese medicine in order to represent the patient's perspective on the practice of Chinese medicine in New Zealand. A total of 120 patients contributed to this study by means of a questionnaire survey, the results of which are discussed in this chapter[4] . As a group, the patients who contributed to this study were generally female (at 70.8%)[5], of European descent (at 60%), married (at 62.3%), New Zealand citizens (at 92.3%) and ranged broadly in ailments and age[6] . This correlates with practitioners' general characterisation of their patients. Mainly, practitioners found that their patients were representative of the particular region in which they practised. As one practitioner in the Auckland North Shore region explained, living in a region dominated by Pakeha middle-class suburbia, her patients reflected this. However, on the whole, practitioners' descriptions of their patients were so broad that it was not possible to identify the predominance of a particular "type" of patient. The following discussion draws upon patient and practitioner questionnaires and provides a detailed account of the patients who contributed to this study.

"How did you find out about this clinic?"

Interestingly, when asked how they found out about the clinic, 60.8% of patients replied that they had been referred by family and friends (at 37.7%) or Western doctors (at 23.1%). See Figure: *Patients* 1.1. A majority of 86.8% of practitioners agreed that patients were frequently referred to them via friends and family. In addition, a significant proportion of practitioners (at 81.6%) also indicated that doctors referred patients to them ranging from often to occasionally. In contrast, only 10.5% of practitioners surveyed

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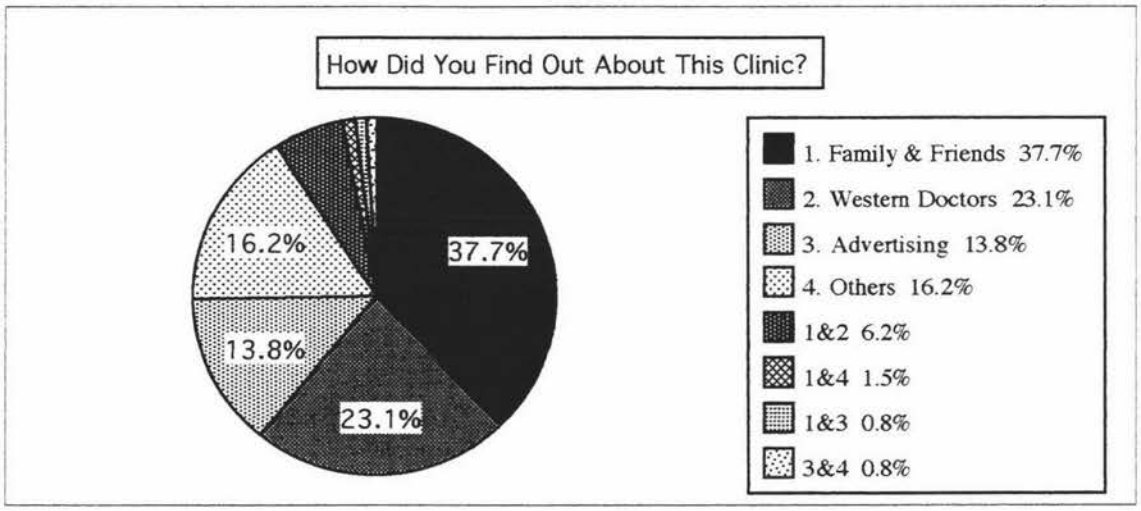
4 The patient characteristics have been summarized in Appendix 5.

5 Studies cited in Freund (1991) also found that, in general, women report more episodes of illness and more contact with physicians - and this is partly attributed to the higher numbers of women seeking medical advice for gynecological or reproductive problems, as well as the comparative willingness of women to admit that they are sick and/or visit physicians.

6 The age of patients involved in this study, ranged from from 20 to 60 years. However, many practitioners indicated that they treated patients from infancy to the elderly.

specified that doctors never referred patients to them. Therefore, these results suggest that on the whole local Chinese medicine practitioners are recognised and supported by a wide social network within the community including their neighbouring doctors. During a visit to one acupuncturist with a background in physiotherapy and homeopathy, she stated that 75% of the patients she had treated that day were referred by doctors.

Figure: *Patients* 1.1

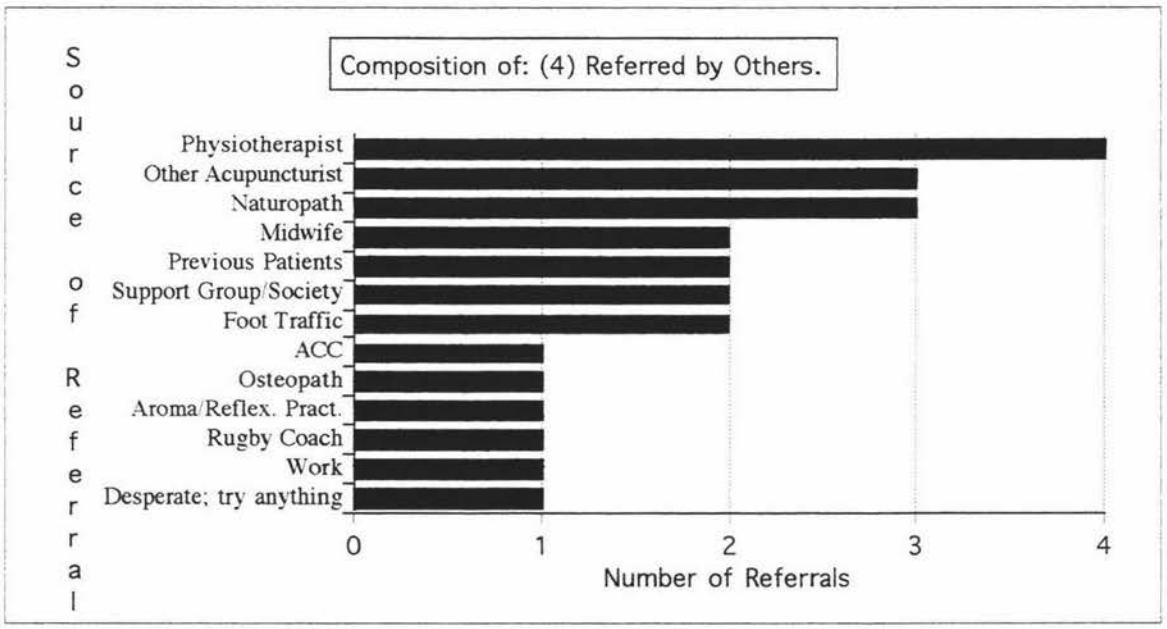


Detailed in Figure: *Patients* 1.1(4) are the range of other sources identified by twenty-four patients (18.5% of the total number of patients surveyed) who indicated that they had been "referred by others". Patients choosing this option were asked to specify who had referred them to a Chinese medicine clinic and this resulted in thirteen different sources. The responses for this option (4), indicated that patients may come to a Chinese medicine clinic from a wide range of sources. It is also interesting to note that referral from physiotherapy had a slight majority over the other sources. This correlates with two common statements recurring throughout the research process during practitioner interviews: that New Zealanders tend to seek other "orthodox" options before trying acupuncture "as a last resort"; that the standard approach to the referral system in New Zealand is that doctors will refer a patient with an injury to a physiotherapist first. If the physiotherapy treatment proves unsuccessful, doctors may then refer to an acupuncturist.

Another point which became apparent from analysis of the above results was that the referral of patients also occured between "alternative" practitioners, for example, other acupuncturists, naturopaths, osteopaths, and aromatherapy/reflexologists. Survey results also show that 39.4% of practitioners indicated that patients were referred to them by a

diverse range of other practitioners including doctors, massage therapists, naturopaths, chiropractors, osteopaths, physiotherapists, midwives, health shops, a beauty clinic, hospital clinics, sports clinics.

Figure: *Patients* 1.1(4)

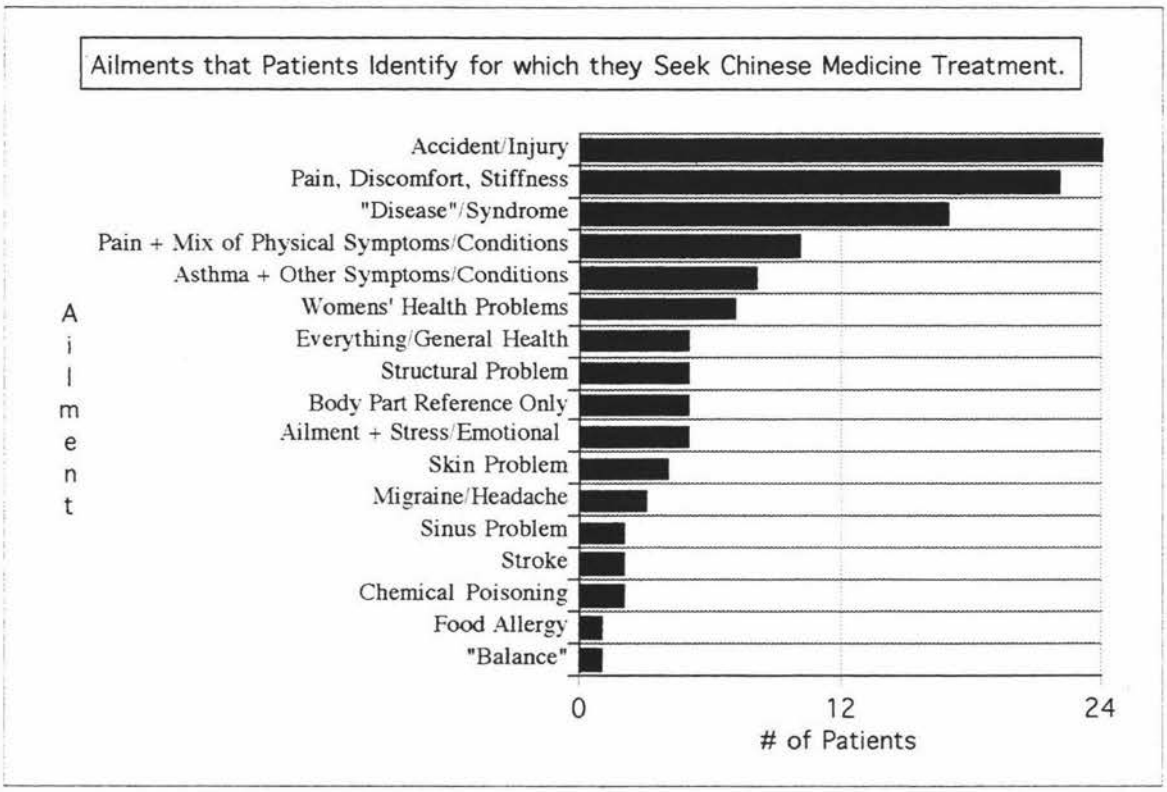


"What <u>ailment</u> are you seeking treatment for at this Chinese medicine (acupuncture, acupressure, herbal medicine) Clinic?"

When asked what ailment they were seeking Chinese medicine treatment for, a diverse range of ailments were listed. It is noteworthy that approximately half (at 47.7%) of the patients indicated that they were seeking treatment for more that one ailment, and of those, 70.3% indicated that all conditions were helped by treatment at a Chinese medicine clinic[7]. As Figure: *Patients* 1.2 shows, this sample of patients not only had a wide range of ailments, but also varied in how they categorised their ailments. For example, seventeen categories of ailment type were identified by patients. These "ailments" ranged from mention of injuries, diseases, and conditions, to direct references to symptoms or body parts (i.e. neck, shoulder, back, or pain, discomfort, stiffness).

[7] See Appendix 6 for further details of patients' listings of ailments.

Figure: *Patients* 1.2



Freund (1991:160) points out that lay understandings of illness and health vary and are shaped by their social and cultural background:

> Because lay images of illness reflect people's diverse experiences, they vary by such factors as social class, gender, ethnicity, and religion...The causal categories used by lay persons may not be correct in bioscientific terms but are generally rational and based upon kinds of empirical evidence available to lay persons.

Cross-cultural research has shown that there are numerous explanatory logics used by lay persons, including those in "modern" Western cultural settings (Freund, 1991:161). These include, invasion of the body by an external agent (i.e. possession, germ theory, and object intrusions), degeneration (i.e. breakdown of body parts, exhaustion, or accumulation of toxic substances), mechanical models (i.e. misalignment of body structures, or blockages of digestive or nervous channels), and the notion of equilibrium (illness as the failure to maintain harmony, individual or social, balance and order). All of these models are apparent in this sample of patients' descriptions of ailments, particularly the degenerative and mechanical models[8]. However, in most categories, medical terminology and concepts

[8] Possibly the prevalence of these two models in this sample is a result of wider social factors, such as dominance of biomedicine and the referral system of doctors, with more physical injuries being referred to Chinese medicine practitioners.

are prevalent, for instance, arthritis, Bells palsy, low blood pressure, diabetes, sciatica, peptic ulcer, shingles, cancer, ME, acne, psoriasis, sinusitis, eczema, asthma, and RSI. Indeed, only one patient described the ailment in terms reminiscent of the Chinese medicine concept of "balance" and "flow":

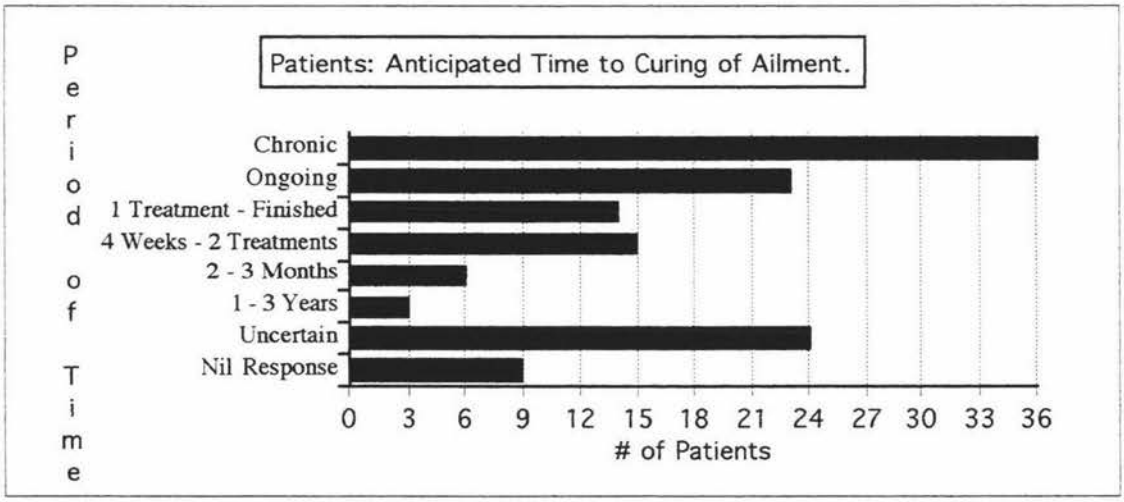
> General feeling of being out of balance. Sore head rather than headache. Feeling that perhaps my blood was not flowing particularly up my neck. General not right but nothing to put my finger on as one major problem.

Therefore, the results of patient responses indicated that although patients were seeking Chinese medicine treatments, they did not view their ailments in terms of the concepts in traditional Chinese medicine.

"How long do you anticipate that it will take for you to cure your ailment?"

Reflecting the range in ailments, patients indicated a range of anticipated times to cure their ailments. See Figure: *Patients* 2.4 below.

Figure: *Patients* 2.4

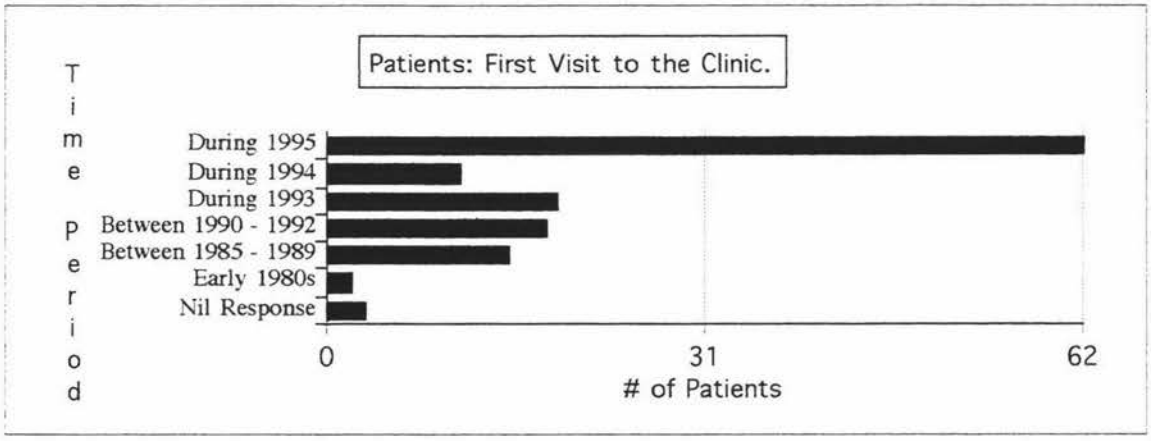


Interestingly, only 18.5% indicated that they were uncertain when their ailments would be cured. The majority of patients ranged from ongoing treatments to one more treatment. A significant proportion of patients (at 45.4%) indicated that their conditions were chronic and treatments ongoing.

"When was your first visit to this clinic?"

Just under half (at 47.7%) of the patients indicated that their first visit to the clinic was during 1995[9]. The year of first visit of the remaining patients ranged from 1994 to the early 1980s. As Figure: *Patients* 2.1 shows, it is apparent that roughly half of the patients in this study were relatively new to the clinic, whilst the remaining half of the patients had been visiting the clinic between one and fourteen years.

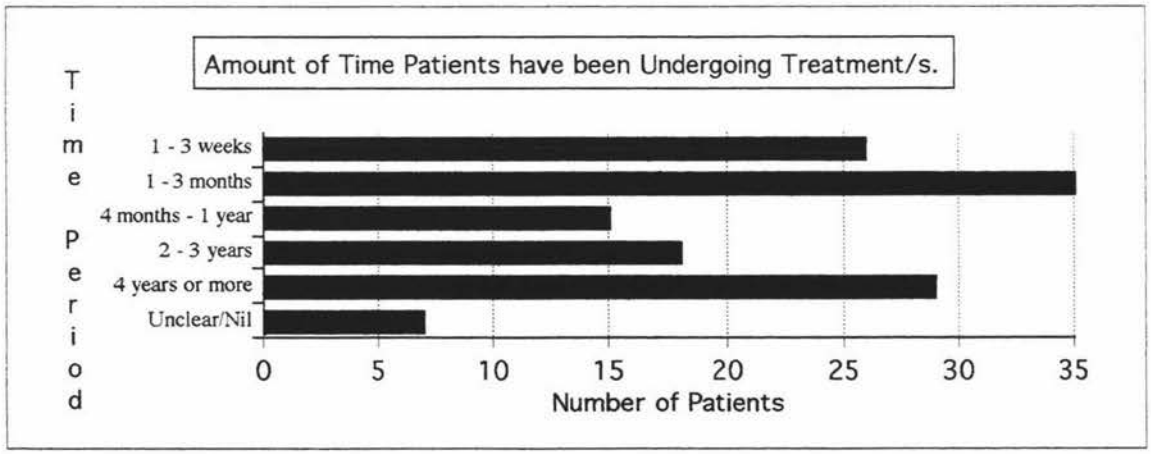
Figure *Patients* 2.1



"How long have you been undergoing treatment?"

The amount of time that patients had been undergoing treatment varied from one-three weeks to four years or more. See Figure: *Patients* 2.2a below.

Figure: *Patients* 2.2a



A majority of 58.4% of patients had been undergoing treatment for one year or less. However, it is significant that 36.1% of patients had been undergoing treatments between two to four years. Assuming that these patients were being treated at each visit for the same

[9] This is the same year as the year in which the questionnaires were distributed to patients.

ailment, one can surmise that their conditions were chronic in nature, requiring lengthy durations of treatment. This correlates with the findings in Figure *Patients* 2.4, that 45.4% of patients considered that their ailments were chronic and that their treatments would be ongoing.

"How many times a week do you visit the clinic?"

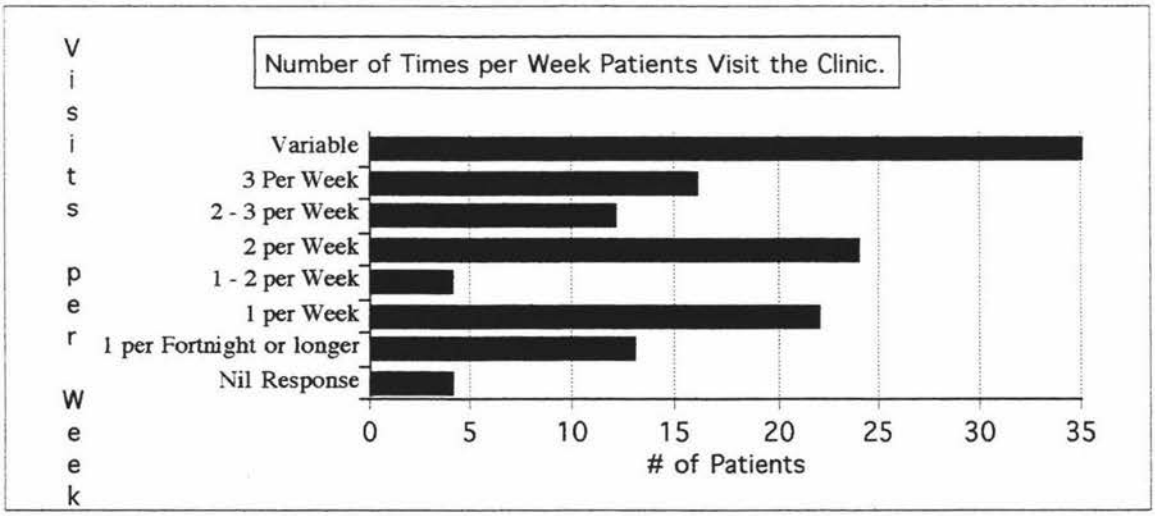
The frequency of patient visits to the clinic was variable, ranging from one per fortnight, to three per week. See Figure: *Patients* 2.3. Indeed, 26.9% of patients indicated that visits to the clinic per week were variable, according to their condition, as the following patients illustrated:

> When having gall bladder problems I had treatment every two days for ten days (acupuncture) until everything settled down. When the urinary tract was infected & inflamed I had acupuncture twice weekly plus Chinese herbs.
>
> Sometimes three, sometimes one depending on severity of pain.
>
> This varies depending on the state of my health.

However, treatments often reduced in frequency as the therapy progressed:

> At first two times/week for two-three weeks, then weekly for six weeks, then monthly, then three monthly. I can go three months with no treatment, then get sick and need another two-three treatments to get me right again.
>
> Initially two per week; then weekly; now monthly or less (about every five weeks).
>
> At the present time, once a week. In the beginning two a week, and for several months one a month.

Figure: *Patients* 2.3

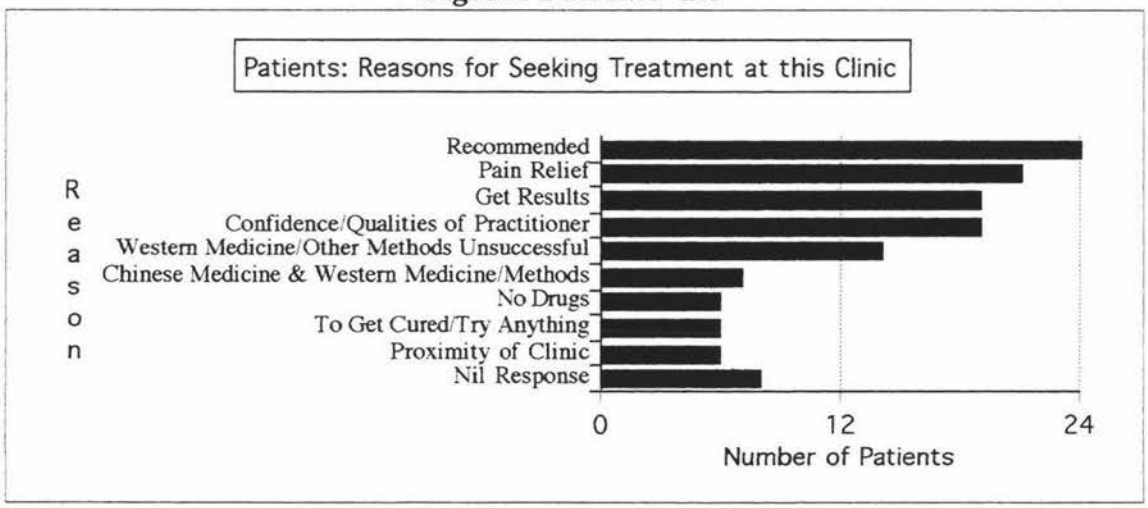


Taking into account that roughly half of the patients first visited the clinic in the same year as the questionnaire survey was completed (Figure: *Patients* 2.1), it is apparent that at least half of the total sample of patients did return for further treatments over an extended period of time.

"What is the main reason why you go for treatment at <u>this clinic</u>?"

When asked what was their main reason for going for treatment at a particular clinic, patients gave a wide range of reasons for their preference. See Figure: *Patients* 2.5.

Figure: *Patients* 2.5



As the above figure showed, there were five outstanding factors. A majority of 30.8% of patients listed either "pain relief" (at 16.2%) or "get results" (at 14.6%) as the main reason for their choice of clinic. Although, other factors were mentioned as significant, the most important influence was the effectiveness of the treatment in alleviating the symptoms. As one patient commented:

> Good reputation, knew of high professional status. Locality, in neighbourhood so was easy to get to. Female practitioner - important as lying face down with needles up & down one's arm & legs can make one vulnerable. The above are important but the MAIN reason is that it would be effective, i.e. my symptoms would be alleviated.

Another significant factor influencing 18.5% of patients in their choice of clinic, was recommendation from family members, friends, or doctors. Here, practitioners were chosen because of their local reputation, and new patients were referred to them via a word of mouth, informal "advertising" system which was sustained by satisfied patients and their social networks. As some patients explained:

> Because it has been recommended by a doctor who is a family friend and has treated me with acupuncture before.
>
> P. was highly recommended by a family member & after the initial consultation I felt a very good rapport with him. I had lived in Hong Kong for many years & was interested in the Chinese medical treatments, although I hadn't experienced them before.
>
> Recommended by a friend initially - my acupuncturist specialises in women's problems and hormonal problems. Having had a hormonal imbalance for over ten years this is the only treatment that has rectified the problem.
>
> Because I was referred to this doctor by a cousin whom he had successfully helped.

It is interesting to compare patients' reasons for choice of clinic with how they actually found out about the clinic. (As Figure: *Patients* 1.1 showed). Although 60.8% of patients stated that they were referred by either friends and family or Western doctors, other factors such as successful treatments, qualities of the practitioner, and the failure of Western medicine, also influenced patients in their choice of clinic.

Bowen (1993:74) in his survey of early Chinese medical advertising (1871-1911) in America also points out that patient testimonials were actively used by Chinese medicine practitioners as a means to attract new patients. Patient testimonials were an important part of the advertisement, helping the reader imagine him/herself as a patient. Some of the patients were well known individuals, and their "high status" is associated with the Chinese medicine practitioner, as well as the prospective patient. Whilst this study cannot conclusively support or negate Bowen's suggestions in regard to the influence of social status, the results of the patient questionnaire survey do suggest that patient testimonials are important in attracting new patients to particular clinics. Nonetheless, as Figure: *Patients* 2.5 shows, it is clear that patient testimonials are not the sole deciding factor in clinic choice for patients in New Zealand. Formal advertising, too, does not seem to play a significant part in attracting new patients. Only 10.5% of practitioners indicated that patients often found out about their clinic through advertising. According to 50% of practitioners, it was more likely that patients occasionally found out about their clinic via advertising. Patient responses correlate with the above practitioner responses, as only 13.8% of patients stated that they had discovered a Chinese medicine clinic via advertising, and none listed advertising as a factor influencing their choice of clinic.

Confidence in the practitioner and his/her particular qualities was the main reason

for 14.6% of patients in their choice of clinic:

> Because T. knows what he is doing and I trust him. He also has cured other members of my family.
>
> I like the Dr/therapist. He is honest. He instils confidence in me. The pain level has definitely reduced. My husband feels that if I hadn't "found" this clinic, I probably would not be walking now.
>
> I have only ever been to this clinic for acupuncture but find the doctor dedicated & disciplined in himself & feel that this is a requirement of a patient to heal himself. I trust his skill & like his manner.
>
> I have great confidence and respect for P. I have tried many many different people in the past but have been most satisfied here.
>
> I tried others. I trust Dr C. & feel he is well qualified. He is cautious and careful with his treatment. Not over doing treatment. He is very thorough and willing to work alongside patient.

As the above quotes indicate, patients here tended to stress the importance of the relationship between themselves and the practitioner. For example, the last quote suggests that the patient sees the treatment process not as something that the practitioner does to the patient, but rather treatment involves both the patient and practitioner working together.

For 10.8% of patients, the key reason for their choice of clinic was the failure of Western medicine and other methods to treat their ailments:

> Orthodox medicine wrote me off.
>
> My Doctor had no help to offer and physiotherapy while initially helpful hadn't worked.-Already knew practitioner.
>
> Current medical doctors and specialist are not listening to all the symptoms causing the blackouts. Totally disillusioned with existing medical system. I have some type of infection caught during my last trip to Fiji.
>
> No one else has been able to help more. Been all over the country trying out treatment. Even been full time to Auckland Hospital Pain Control Clinic.
>
> Main reason - to relieve pains in back - stiffness, leg problems. GP unable to help me so have to help myself!

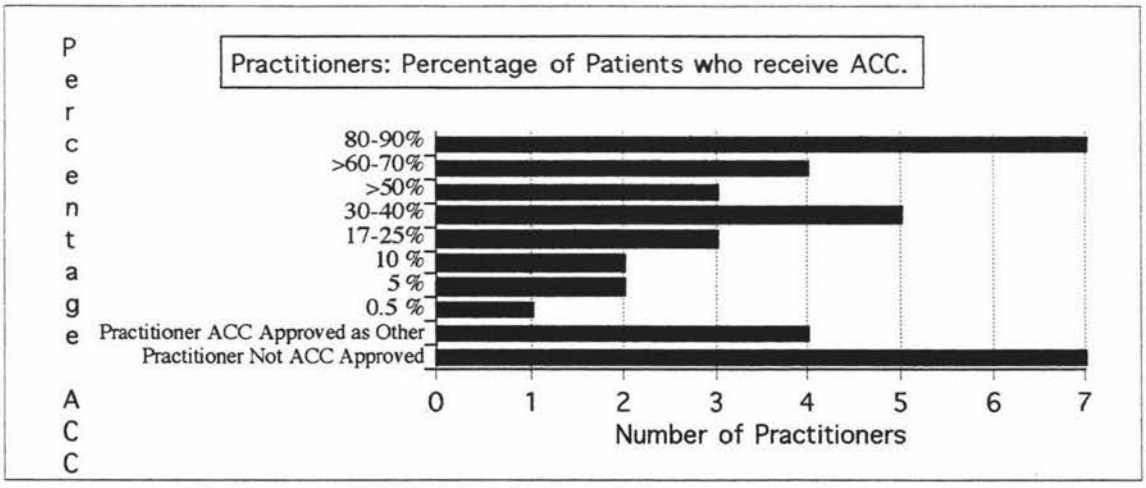
The patients' responses in this category indicated that they had sought treatments from Western medicine general practitioners, physiotherapists, and chiropractors. Generally, two or more "orthodox" treatments were tried before patients chose to seek treatment from a Chinese medicine practitioner. Although the practitioners in this study come from a range of backgrounds, many offering a choice of different therapies, it is interesting to note that all of the patients surveyed actively sought Chinese medicine treatments specifically, rather

than as a result of being offered Chinese medicine treatment by a practitioner they may already have been visiting for other treatments.

"Do you receive ACC (Accident Compensation Corporation) support for your treatments?"

Although 71.1% of the practitioners in this study indicated that they were Accident Compensation Corporation (ACC) - approved practitioners, more than half of the patients surveyed (at 53.8%) did not receive ACC support for their treatments. See Figure: *Practitioners* 3.7a for practitioners' estimates of the percentage of their patients who received ACC. Whilst patients receiving ACC were a significant proportion of practitioners' total number of patients, practitioners varied in the number of ACC patients they saw. For example, Figure: *Practitioners* 3.7a shows that the percentage of ACC patients varied between practitioners, ranging from 0.5% to 80-90%. However, as the graph shows, the trend was towards an increasing number of practitioners with a large percentage of their patients receiving ACC. Indeed, during interviews, some practitioners pointed out that ACC enabled a wider range of patients (particularly from different socioeconomic backgrounds) to receive treatment. For example, of those patients with ACC support, only 35.2% indicated that they could afford their treatments without the assistance of ACC. The majority of patients with ACC could not afford to continue treatments without ACC support, confirming that ACC is to a degree responsible for making Chinese medicine treatments accessible to a wide range of people in New Zealand.

Figure: Practitioners 3.7a



Conclusion

It is not surprising that the diversity in the practitioners and practice of Chinese medicine also correlates with a diversity in the types of patients who seek it. In a sense, practitioners with clinics in other modalities and an interest in Chinese medicine, act as a kind of "fan" - a complex river delta leading to the sea of "Chinese medicine"- in this process, casting the seeds of Chinese medicine widely amongst the New Zealand population. Having been spread thus, Chinese medicine germinates in a variety of social spheres, spreading with its success as people "vote with their feet". That is, patients with successful treatment return for more treatment and also recommend it to their family, friends, and acquaintances. As a result, as the findings presented in this chapter reveal, patients as well as practitioners of Chinese medicine seem to be representative of New Zealand society as a whole. However, despite their diversity, research findings show that a significant number of patients prefer the holistic approach, natural (drug free) healing, and the manner of TCM practitioners. Indeed, according to both practitioners and patients, Chinese medicine fills the gaps (or failures) of Western medicine. Yet, as patients turn to Chinese medicine, are they also changing in their perceptions of health and illness? Do they subscribe to the theory behind the practice of Chinese medicine? Chapter Five explores this issue, expanding on the findings of Chapter Three by presenting patients' and practitioners' views on the practice of Chinese medicine in New Zealand.

CHAPTER FIVE
Chinese Medicine as a Mixed Method

"I would just like to say I'm very pleased to see you exploring this topic...I believe that there is no one treatment form that will work for everyone - People just have to hunt around and find the one that's right for them. I have found Chinese medicine works for me - I believe it will work for lots of others too!"
(A patient's comment).

"Yes, they do ask a lot of questions, but to be perfectly blunt they're quite ignorant to what you actually tell them, especially because with acupuncture you've got a lot of theories and principles which are not Western orientated and you try and explain it to a Westerner and it goes right over their head. You've got to try and put it to a Western point and I have found over the years, to try and discuss how it it works from an Oriental perception doesn't work, because they just can't grasp it"
(A practitioner's comment).

"...The practice of acupuncture and Ayurvedic medicine in Europe and America varies considerably from that practised in China or India; both have been adapted to local conditions, whether climatic or scientific, and the subtle theoretical basis of each system is usually ignored by patients and practitioners alike"
(Last, 1990:353).

Introduction

Along with the changing forms of TCM it may be seen that the local ground in which the tradition grows is instrumental in that process - and ultimately to the success of that tradition. As the above quotes suggest, in its adaptation to local environments, the subtle theoretical basis of Chinese medicine is not as significant to people as its efficacy in practice. Chinese medicine is accepted into new settings via its practice. This chapter is based on practitioner and patient comments gained from interviews and questionnaires. It is concerned with presenting their views and experiences of Chinese medicine, particularly, what Chinese medicine means to them. Section One explores the issue of combined/mixed treatments and discusses practitioners' and patients' perspectives on the treatments. Section Two details and compares how practitioners and patients understand the treatments. Finally, Section Three concludes by presenting practitioners' and patients' views on the place of Chinese medicine in New Zealand. Based on analysis of research findings, this chapter aims to provide an insight into how practitioners and patients of Chinese medicine understand and define Chinese medicine, as a mixed method rather than a complete system of healing.

Section One: Perspectives on the Treatments

The most interesting thing discovered in the process of researching the topic "The practice of Chinese Medicine in New Zealand" is that Chinese medicine is practised by a wide range of practitioners and is sought by an equally wide range of patients. As shown in Chapter Three, practitioners already trained in another modality, such as physiotherapy, "Western" biomedicine, or homeopathy, continue to practise that modality in addition to practising Chinese medicine. In many cases where practitioners have had "dual" training, treatment may even consist of a combination of the two modalities. So, for example, at the discretion of the practitioner, a patient with "back pain" may receive Chinese medicine treatment as well as physiotherapy. Indeed, some patients stated that they preferred practitioners who could combine Western and Chinese medicines. For example, patients of two medical acupuncturists agree that by combining medicines, their practitioners have a wider range of skills at their disposal:

> The Dr at this clinic practises both Western medicine & acupuncture & I feel I get the best of both worlds.

> When I first became ill, I was at first going to a regular GP, but he could offer no therapeutic treatment for this kind of condition. The practitioner I see here has a broad base of skills in different types of Chinese therapies - which means there is always something he can do to improve my condition.

Therefore, the issue of how Chinese medicine is practised in New Zealand is a complicated and multi-faceted one. It is being practised with differing levels of competency, approach, and commitment. As shown in Chapter Four, in many cases, parts of traditional Chinese medicine (i.e. acupuncture) have been isolated and incorporated into the repertoire of various health practitioners. In that instance, it is mainly used as a "modality". To turn the coin, there are also fully trained practitioners of traditional Chinese medicine who adopt another modality of treatment, such as physiotherapy mobilisation techniques, naturopathy, and homeopathy. Chinese medicine practitioners may even work in conjunction with another health practitioner - i.e. physiotherapist, osteopath, chiropractor, or MD. Those Chinese medicine practitioners who adopt another modality of treatment into their practice of healing also refer to it as an "adjunct" treatment. It is something else that they can try, if they have exhausted the treatment possibilities offered by traditional Chinese medicine, or if the treatments are not getting any results with a particular patient. The following data establish how treatments are being mixed in practice

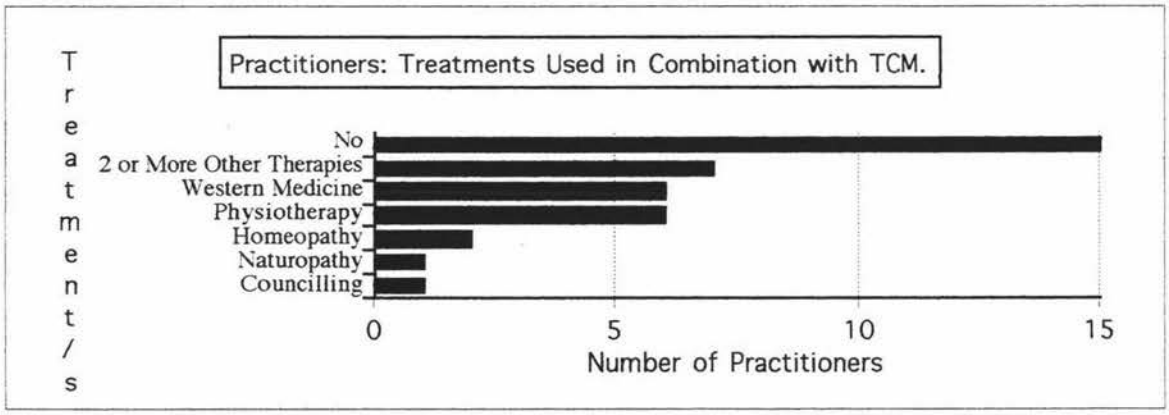
and discusses practitioners' and patients' attitudes towards this mixed practice.

** The Practitioner's Perspective*

"In your practice, do you combine Chinese medicine with any other form of medical treatment?"

Given their diverse backgrounds and training, it is not surprising that 60.5% of practitioners indicated that they combined Chinese medicine with other forms of medical treatment. Treatments used in combination with TCM methods included Western medicine (15.8%), physiotherapy (15.8%), homeopathy (5.3%), naturopathy (2.6%), counselling (2.6%), and two or more other therapies (18.4%). See Figure: *Practitioners* 4.6b.

FIGURE: *Practitioners* 4.6b



As one medical acupuncturist with fifteen years of experience explained, by combining Chinese medicine with Western medicine the practitioner has a wider range of therapeutic skills and can choose the best out of both disciplines:

> I certainly combine (Chinese medicine) with Western medicine frequently...Acupuncture has many advantages over Western medicine, but Western medicine for things like surgery, has major advantages over things like acupuncture. If there's something that's got to be surgically removed then you need Western medicine really. You may choose, if somebody's got severe pain to use pain killers and acupuncture. You combine the best of both the disciplines. Patients are very comfortable with that, they like to think for example that when their child comes in with a sore ear on the weekend, you may check the ear out and you may give an antibiotic, but you can also do acupuncture for the child, and the ear stops hurting within ten minutes and the parent's very happy because the child's not screaming all the way home in the car.

Another medical acupuncturist with thirteen years experience pointed out that by providing Chinese and Western medicines, his medical practice would be enhanced, and his patients would benefit from a wider holistic approach:

> The strength of each discipline complement and support each other's weaknesses. Each discipline can stand alone but only covers part of health management.

Similarly, a professional acupuncturist with nine years experience pointed out that she had recently completed training in the Bowen technique. She explained that Chinese medicine does not cure everything, and additional training in another therapy provides the practitioner with something else to try, as well as security for her future business:

> ...I would never say that acupuncture cures everything, and sometimes I get people with shoulders that won't get better. So it's really nice to have another modality that you can try on top of that and I'd really heard good reports about (the Bowen Technique). So it's an adjunct really, and also so many more people are getting into acupuncture that I felt I needed more, I shouldn't have my whole livelihood just stuck with one thing. If anything should happen to acupuncture, if we're not allowed to practise because I'm not a doctor say, then it would be really good to have something else.

Conversely, from the point of view of a physiotherapist acupuncturist with four years of experience practising acupuncture, Chinese medicine provides the physiotherapist with something else to try, when physiotherapy treatments are not successful:

> Basically...you get one (patient) and you're really stuck and you think 'Oh how do I fix this!. That doesn't work and this doesn't work, and the stretches aren't working - so we'll try some acupuncture"...So it gives you that extra thing you can try...and you can really turn some difficult cases around...It's not time consuming, it's not energy consuming - it does a really fine job! It's really good.

Furthermore, these practitioners agree that Chinese medicine can be successfully combined in the treatment of patients. For example, the medical acupuncturist points out that TCM diagnosis and Western diagnosis can complement each other in clinical practice:

> You can use TCM diagnosis to help you make a Western diagnosis. If you can't figure out what's going on, you can change over to the other discipline. Do that, and then think about what you've got and what that could mean in Western terms, and then make your Western diagnosis that way, that's quite useful. Such as alarm points. If somebody's got appendicitis, if you go down to your stomach alarm point and test and see whether they, as far as that goes, demonstrate appendicitis. That's quite useful.

Likewise, the professional acupuncturist revealed that some of her patients have a combined treatment of Chinese medicine and physiotherapy, or osteopathy, or chiropractics, or homeopathy. In those cases, she works together with other health therapists:

> They can have it at the same time...The only thing that doesn't go together is homeopathy and Chinese herbs, as far as I can see. But often because the physios are here, they'll have physio first and then come in here afterwards.

> Physios found that they can work 50% faster with a condition if they're having acupuncture as well. I mean it depends on the problem, of course. I find sometimes that the physios have got a knowledge that I haven't got as far as which exercises they should be doing, and manipulation as well. They have got diplomas in manipulative therapy which I don't have, and I don't manipulate. So sometime's manipulation's necessary.

Another professional acupuncturist with twelve years' experience plus additional training in naturopathy, homeopathy, and social work, further qualifies how different therapies may be mixed:

> Well, you're mixing treatments, I mean you're using different modalities, mixing different modalities, like a person can be taking homeopathic drugs whilst during a period without having acupuncture, so you're mixing it. They may be taking Western herbs, naturopathic as well as having acupuncture. That's not a problem.

The mixing of treatments from different modalities is also a part of routine practice, as a physiotherapist acupuncturist explains:

> For example, if you came in with a (sore) neck...I'll put the heat patches on your neck. Get you lying down in a comfortable position. I'll use...points for the neck pain and as the points are in, I'd be gently mobilising until...the neck moves straight again...Usually I'll do the acupuncture first and gently mobilise afterwards using my other modalities.

As the above quotes illustrate, it is apparent that regardless of their various backgrounds, most of the practitioners in this study accept the mixing of "modalities". It seems that, in practice, the differences between the underlying theories of the treatments are not as important as providing the patient with an effective and successful remedy.

** The Patient's Perspective*

"What kind of treatment/s are you undergoing at present at this clinic"

The kinds of treatment that patients undergo at present at the Chinese medicine clinic include acupuncture, acupressure, and herbal medicine. The majority of patients (at 54.6%) identified acupuncture as the sole treatment that they were undergoing. It is significant that only 1.5% of patients indicated that they were receiving a combination of traditional Chinese medicine treatments, including acupuncture, acupressure, and herbal medicine. However, 13.5% of patients indicated that they were also undergoing other treatments, such as homeopathy, physiotherapy, massage, and osteopathy at the same clinic.

"What kind of treatments have you had before?"

The number of treatments that the patients of Chinese medicine clinics in this study had varied from one to forty-eight. See Figure: *Patients* 2.2b. When asked what kind of treatments they had before, 46.9% of patients replied they had Chinese medicine treatments. Of these, 23.1% of patients specified that they had acupuncture before, and only 3.8% indicated that they had a combination of the traditional Chinese medicine treatments, acupuncture, acupressure, and herbal medicine. See Figure: *Patients* 1.4. This question was aimed at understanding what types of Chinese medicine treatments patients had before. However, 22.3% of patients responded here that they had previously had other types of treatments[1], excluding Chinese medicine treatments.

FIGURE: *Patients* 2.2b

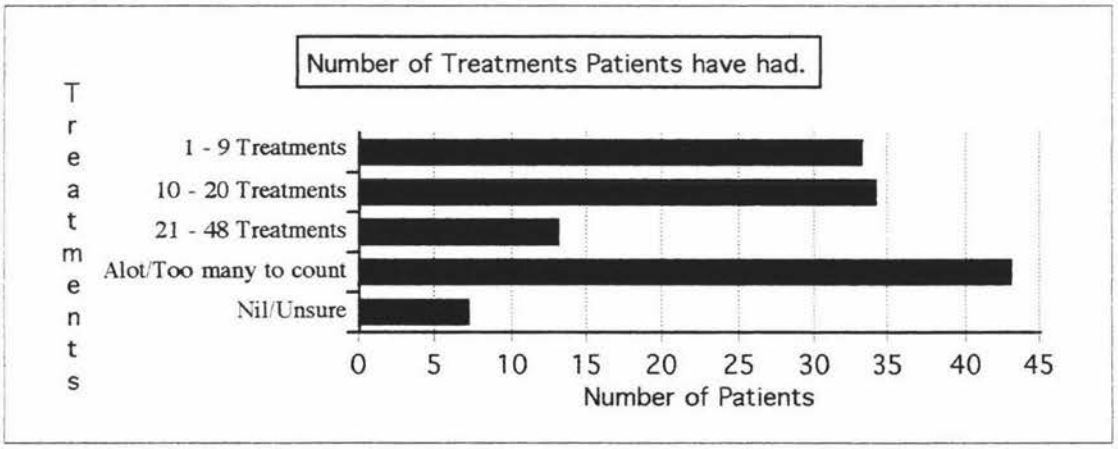
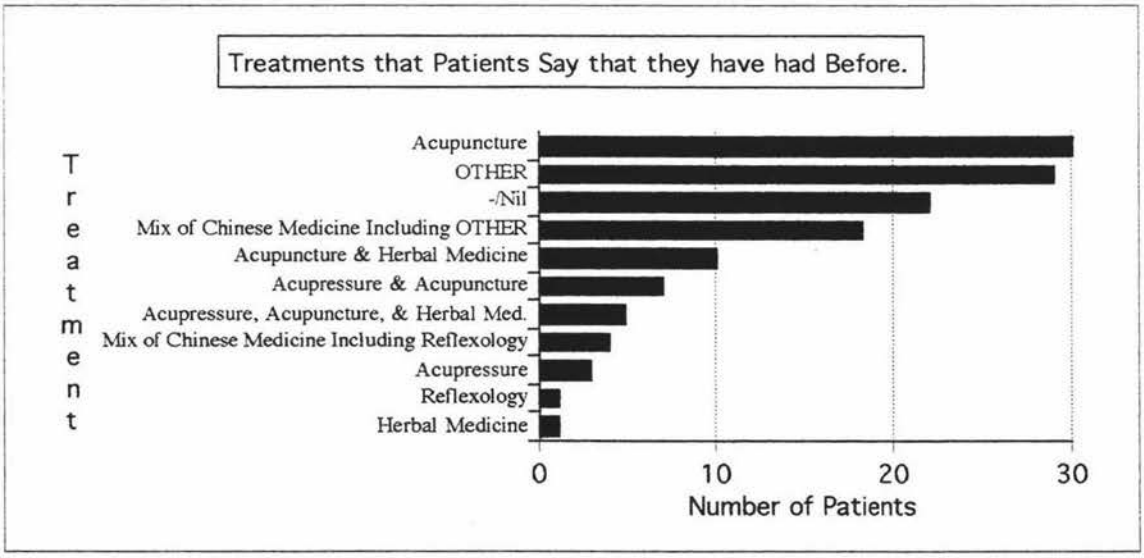


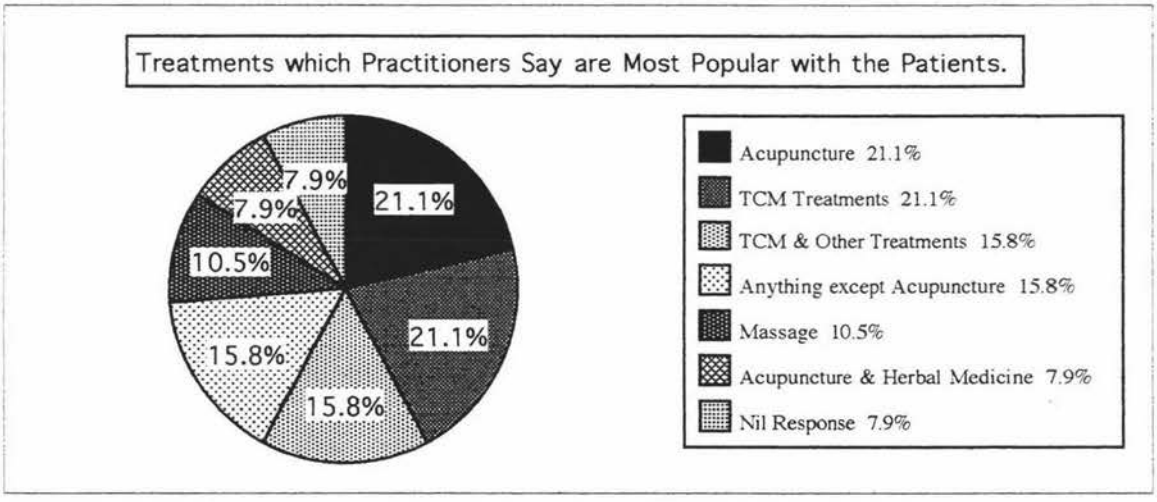
FIGURE: Patients 1.4



[1] In order of frequency of use, other treatments mentioned are physiotherapy, mix of physiotherapy and others, Western medicine, osteopathy, homeopathy, and chiropractic treatment.

When asked what Chinese medicine treatment they would never consider trying as a therapeutic treatment, 51.5% of patients stated that they would consider any relevant treatment, and only 6.2% of patients specified that they would not try a particular Chinese medicine treatment such as herbal medicine, acupuncture, or acupressure. Therefore, patients were reasonably willing to try any treatment that they considered might cure their ailment. As one patient commented: "I hate needles, but I'll give anything a try if it works". In comparison, when asked which of their treatments were most popular with their patients, practitioners gave varying responses, and no one treatment emerged as most popular with patients. See Figure: *Practitioners* 3.2.

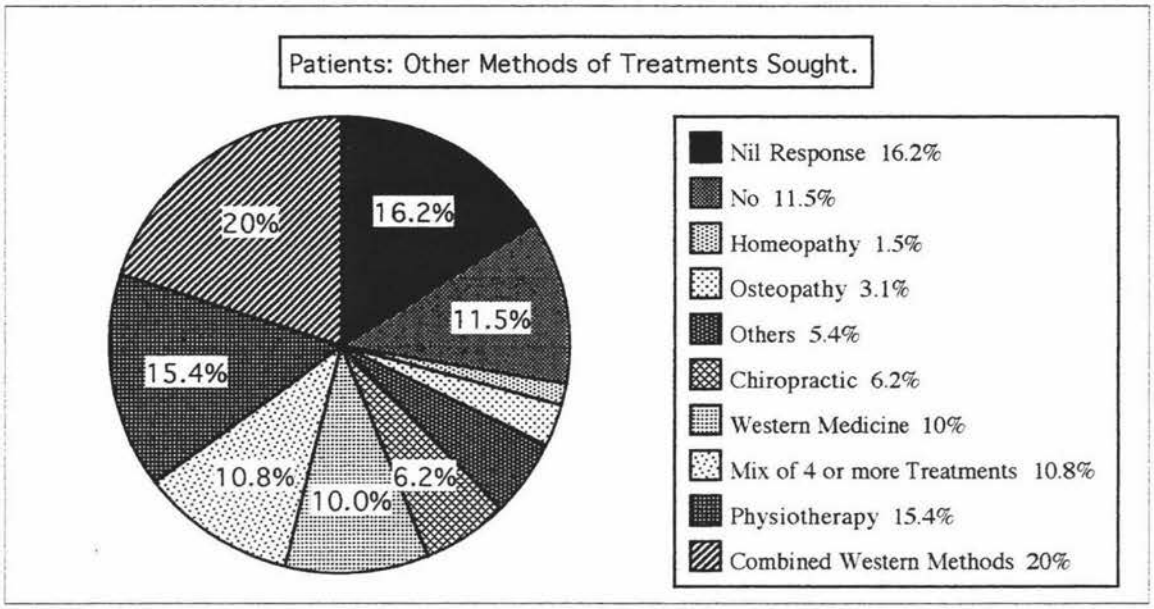
FIGURE: *Practitioners* 3.2



"Have you sought other methods of treatment for your problem?"

When asked if they had sought other treatments for their ailments, 72.3% of patients indicated that they had tried at least one other treatment. See Figure: *Patients* 2.8 for a detailed view of treatments sought. In contrast, only 11.5% of patients specifically stated that they had not sought other methods of treatment. This correlates with patient responses when questioned if they had sought a general doctor (MD) before trying Chinese medicine. Significantly, 86.2% of patients did seek a doctor first. Also interesting to note, is that when asked if their MD would approve of them seeking Chinese medicine, 70% of patients replied yes, 21.5% did not know, and only 6.9% replied no. Therefore, it appears that whilst patients did generally seek Western medicine first, when it failed to produce results, they were encouraged to try other methods of treatment.

FIGURE: *Patients* 2.8



"Do you have any problems with Western Style medications?"

Given the above findings, predictably, when asked if they had problems with Western style medications 58.5% of patients responded yes, and 10% of patients responded that whilst they had not had a problem with Western style medications, they preferred an alternative. Commonly, patients mentioned the adverse side-effects of drugs, and questioned the doctors' motives and views in prescribing the drugs:

> I try to avoid it (Western style medication) as much as possible to stay clear of the side effects of drugs.
>
> I get worsening PMT with "the Pill". The last medical Dr I saw wanted to put me on the pill to help my migraines I hate chemically-constructed medication as a principle and resented her persistence in wanting to try these.
>
> Yes, I have only half a stomach after having the other half removed owing to ulcers, therefore I believe I shouldn't have been prescribed anti-inflammatories for my problem, although I did agree to take them as I was desperate for relief. Since having acupuncture I have stopped taking them.
>
> They are too interventionist...In my case, they have prescribed or advocated Prednizone, Voltadem, Cortisone injection, major surgery involving breaking of leg below knee, cutting a vee wedge in bone, and re-aligning leg to take pressure of inside knee joint.
>
> Basically they have caused a lot of problems (mainly Pergonal drug) and other medication has not reversed or helped the problems. Western medication tends to treat the end problem not the body as a whole.
>
> I think Western style medicine is most effective in acute condition whereas

> alternative therapies have many answers for chronic conditions. I also think they can complement each other in some cases. Mostly I have a problem with the way things are approached in Western medicine. Single symptoms are focussed on rather than the whole picture.

"In your opinion, how is your interaction with a Traditional Chinese Medicine Practitioner different from that with the Biomedicine trained doctor?"

On being asked how their interaction with a Chinese medicine practitioner was different from a biomedicine trained doctor, patients gave a number of responses. However, only 10.8% of patients stated that there was no difference between practitioners, and only 3.1% indicated that they saw the same practitioner for both types of treatment. Remarkably, only 0.8% (one patient) responded that he/she considered the doctor knew best[2]. As Figure: *Patients* 2.10 shows, 44.6% of patients stated either that they benefited from the manner of the TCM practitioner, or the TCM practitioner's holistic approach. As the following patients of one practitioner explained:

> We work as a team, towards the same aim. I am in control of my overall health plan, and the consultations & treatments are given according to the symptoms I present with, i.e. they may take up to an hour to treat, whereas treatment with the Biomedical Dr (is) usually five to ten minutes, and relies on drugs with adverse side effects.
>
> I feel that power relations are different because the emphasis is much less on diagnosis (i.e. the doctor knowing more about your body than you do) than on working to make your body function better, which feels like a much more co-operative process.
>
> I feel more relaxed & confident with a TCM practitioner because I feel he can offer treatment that a physician can't. The TCM practitioner offers treatment that is drug-free. His treatment may include herbs which are natural healing agents. He or she are interested in your diet whereas a physician isn't...Physicians today are more approachable. TCM practitioner interested in your emotional & mental well-being more so than a physician.
>
> He really listens to me, acknowledging that most adults have a reasonable understanding of their own bodies & always attempts to remedy things that seem to be happening to me, in the previous two weeks.

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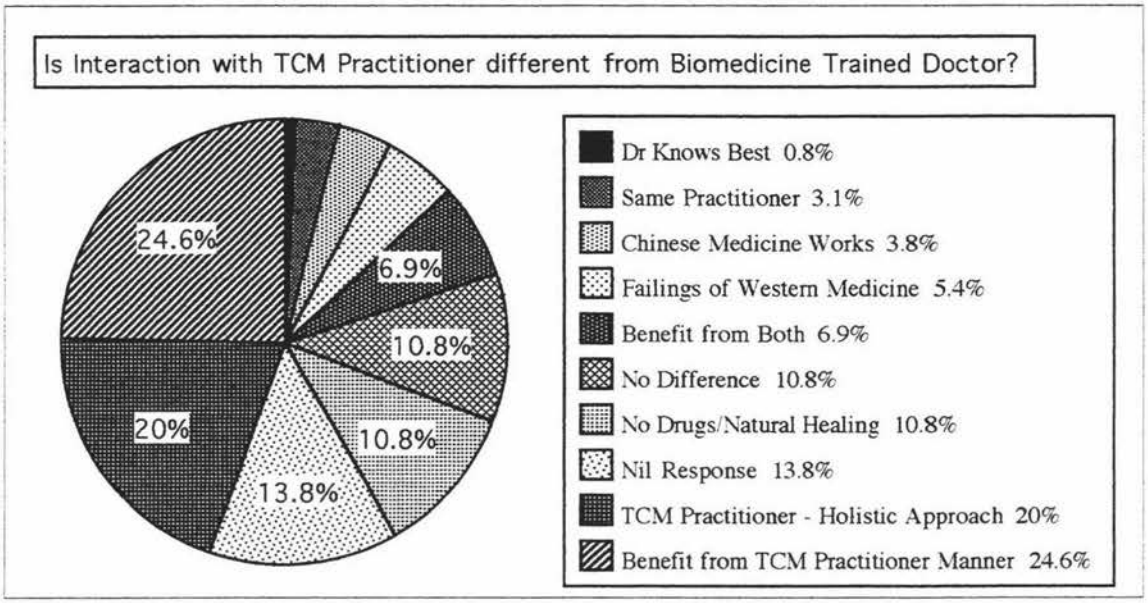
[2] As the patient stated: "They both train in different fields so I just do as my Dr says as he knows more than me."

Figure: *Patients* 2.10

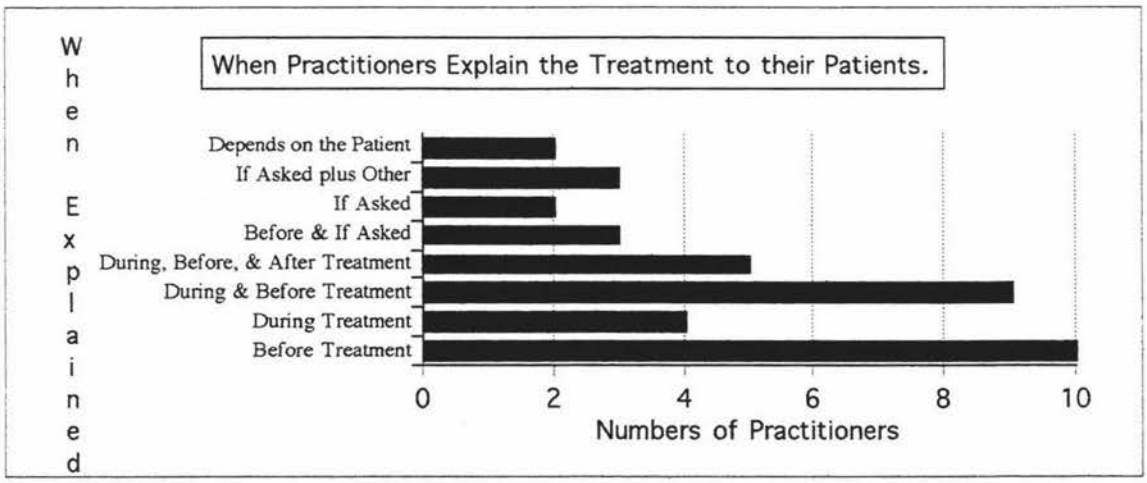


Section Two: Explaining and Understanding Treatments

** The Practitioner's Perspective*

As the above examples show, in practice, Chinese medicine is combined with a range of other therapies in New Zealand. However, as well as mixing therapies, practitioners also vary in their approaches to explaining their treatments to patients. For instance, when asked when they usually explained the treatment to their patients, practitioners' responses ranged from before (at 26.3%), to during (at 10.5%), and various combinations in between. In their choice of the appropriate time to explain the treatment to patients, this group of practitioners specified a total of eight different approaches. See Figure: *Practitioners*3.6 below.

Figure: *Practitioners* 3.6



A majority of 78.9% of practitioners indicated that they usually did explain the treatment to patients either before, during, or after the treatment. However, a significant proportion of practitioners (at 21.1%) indicated that they only explained the treatment if the patient asked or expressed interest. As one practitioner explained:

> Go with the flow...Not before, usually if they ask during, I might explain what the points are doing, and then if they ask further, then I would explain about the chi...I'm just thinking of this guy yesterday, he was a real staunch Western person, and I needed to explain what I was doing because he just couldn't understand how possibly I could treat him, but he wanted to be cured. So I needed to explain the concept of Chinese medicine straight away just in the initial discussion, otherwise he would have just...Because he had a lot of toxins in his body and a lot stuff going on with the liver energy. So I needed to explain all that because he had no idea how possibly I could help him and he wanted to know...I actually go with the flow really. If they don't show any interest, I don't see any point in rattling on about Chinese medicine! And some people, you can tell straight away that they just - they wouldn't understand the first thing about it if you started talking about it.

"How might you explain the treatment to your patients?"

Although, the majority of practitioners mix Chinese medicine treatment with other forms of treatment, almost half of the practitioners (at 47.4%) indicated that they explained the treatment to patients in terms of traditional Chinese medicine theory. See Figure: *Practitioners* 3.5. Commonly they mentioned the concepts of Chi, meridians, energy flow and balance, emphasising that explanations would be kept at a very simple level. Practitioners here also mentioned that energy flow and balance were associated with health, whilst stagnation or deficiency were associated with illness:

> I'll say I feel that there is an energy block, and when I put the needle into the energy channel, it's like putting a stick into a blocked drain - you move it around, and it gets the water flowing. Putting a needle into the energy channel gets the energy...balancing the energy.
>
> ...I explain to them that we are more than just a physical body, and that within our body we have pathways - or energy pathways, or meridians, along which flows chi - which is another way of thinking about life force, or innate energy. And sickness is a result of an imbalance in the flow of that chi. Sometimes it's not enough. Sometimes it's too much. Sometimes there are blockages in certain pathways. So the acupuncture uses specific points on the body, which are like little energy pools, they're like switching mechanism: you know on railway tracks when you can switch a train from this direction to this direction, and by stimulating those points, you can actually normalise the flow of energy, and once the energy is normalised, then the body can look after itself, it can balance itself. That's briefly what I tell people.
>
> Acupuncture is a system of medicine that uses a network of meridians that run through your body just like the circulatory system and nervous system. Through using this energy system (manipulating it with needles) you can

clear blockages and encourage her body to heal to its maximum potential.

For muscular skeletal stuff, I explain that there's energy pathways throughout and that if they've had an injury, or something like that - the energy flow's been disturbed. And I usually give an example of how I visualise it. So if it's an elbow, then I say 'Well, what's happened is that the energy comes and it sticks. It can't get through the injury therefore all the energy coming behind banks up behind that, and creates pain. So what I am going to do is try and relieve it like a dam, just open the dam a wee bit, let the energy flow through, and when it's flowing smoothly then the pain's gone'. So it's a very simple explanation. It's how I visualise it as far as an injury goes. And they seem to accept that, and think 'Okay, hmm that sounds right' and then if they feel any sort of shooting -what we call a 'du chi' with the needles- then I say that's the energy starting to move through, and because it's been stuck it feels a bit painful to start with gets easier afterwards. Plus there's all the other ones if there's a deficient condition or an excess condition, or something like that, then you explain that that is why - that you're building a deficiency up or bringing the excess down, or you're making a cold condition warm, or a hot condition cool, back to the right thing.

I use as simple a language as possible. I need to explain the yin and yang principles and depending on their condition what I would explain the TCM background of their condition. Quite often it's educational and they have to adjust things in their lifestyle or their food or work habit and things like that...It's just the channelling, clearing. It's usually quite simple, muscular skeletal. Internal energy and internal medicine is a lot more difficult. Quite often they're really amazed at what I say to them and aspects that could help, in which they intuitively know but have never been able to put their finger on. (K: For instance?) Well, the body is a microcosm, and whatever is going on around us will happen in our bodies...internal, external all of those things which are completely unknown in Western medicine. It's not even talked about in Western medicine. There's no parallel, you see...So they start understanding a lot about themselves just by explaining to them their conditions. So there's a lot of education. Something which a Chinese family is brought up with... So for instance, someone came in with migraines. There are hot migraines and cold migraines. Then we have to go over what they're eating. So you might find someone's suffering from migraine and all they drink is coffee, maybe about two litres of coffee a day, really! And I say, "Look you're really going to have to start cutting it down. Cut it down slowly - every day or two until you drink nothing". And so when they come back maybe two weeks later, their migraines are gone. Maybe a month later they'll come back, just for a check up, and they'll say "I haven't had coffee all day and I haven't had a migraine, you know. It must be what you're talking about - it's hot - you know". It's okay, you can eat the wrong types of foods - if you're well, there's no problem. But if you're not well, then it exacerbates it.

In contrast, a significant number of practitioners (at 21.1%) indicated that treatments were explained using TCM and Western theory together. Here practitioners recognised that most of their patients were familiar and comfortable with the theory of Western medicine. By combining the explanations, practitioners introduced patients to Chinese medicine concepts as well as putting the treatment in terms that patients could

understand and relate to. The combination of explanations provided the patient with alternative ways to view their ailment/s, and neither theory had priority. For example, the treatment is explained from the point of view of a professional Chinese medicine practitioner and a physiotherapy acupuncturist:

> I would explain it in two ways. First of all, the Chinese way of saying that you're having to balance the energy that's in the body because the body mightn't have energy - this energy, this "chi" , as it's called - in equilibrium, in equal flow, and sometimes it's too much or too little, and so you have to find points to make it equal, and once it has, then the condition they've got disappears.
>
> In terms of Western medicine, you talk about releasing hormones, for example,...to control pain. And, you know, they can understand that, because they may be taking pain killers and things like, that you see. Because quite often people can't grasp the concept of flow of energy in the body - to Western medicine, that type of thought is quite alien, and so you have to find some other way of explaining it. Particularly to elderly people too, they're always very conventional, just going to the doctor's and things. So they can't understand things about wind conditions, and heat conditions, and dampness conditions. It doesn't mean anything. And so I do need to explain to them in those two forms.

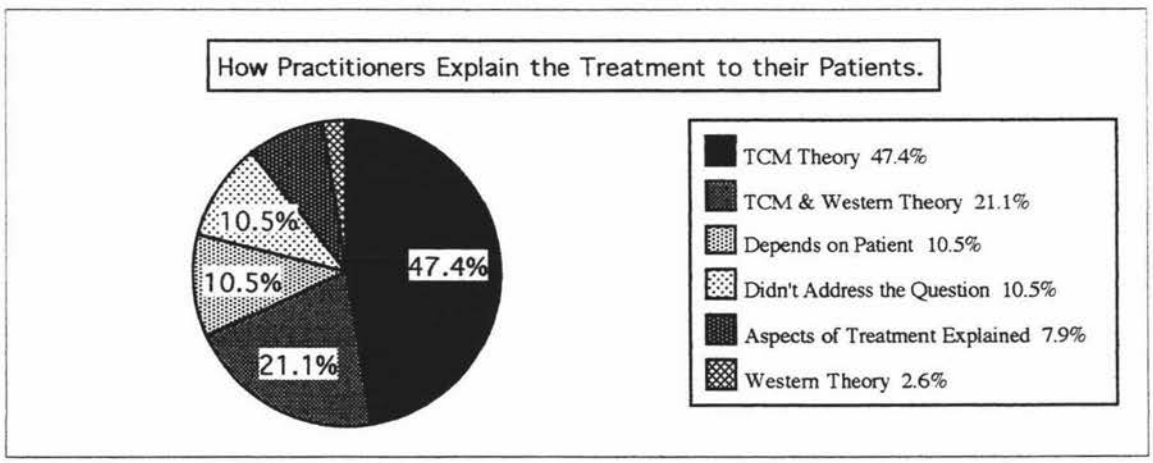
> Well, basically if you were my patient, I'd say I want you to have some acupuncture because - pain here or there and that sort of stuff - and what happens with the acupuncture needles is you place it through the skin, and you get a sensation of tingling or heavy ache - that's what the Chinese sort of explain about what chi means. And I tell them the three ways it works: the release of the endorphins; the local stretching of the local nerve endings; and plus the electro magnetic charge, because of the skin barrier, which has a very good chemical effect...I tell them what to expect. It may not work immediately. I may take twelve hours to get the best result out of it. It only works for 80% of people. It may take three or four treatments before they start noticing an improvement. I tell them about the warning signs to look for. You're not allowed to feel faint. You're not allowed to feel dizzy. You're not allowed to feel nauseous. You're not allowed to feel hot and sweaty. And then I tell them "I'll leave them in for ten minutes this time. I want to make sure that you don't have any draining experience with the needles". They get told they only get acupuncture once a week. If it's acute, they can get it more often. So basically that's what they get, and as I'm putting the needles in I explain...this what you have to do...
>
> If I'm using master points...I will also tell them about the meridians, how the Chinese medicine believes there's energy flow through the body, and then illnesses is blockage in the energy flow. So by putting the needle in you should release the flow of energy through the system. You tell them all the meridians are made up of organs so you can affect the internal as well as external. When I'm using the master points, I explain the Chinese philosophy behind it all. But technically, when I usually explain it, I use scientific, nerve endings, nerve bundles...it's more acceptable I think. It's the only part of it that is actually scientific.
>
> Papers are now coming out with back up, because there's been a lot of work done with the gate pain theory...and the...theories coming through now too, and they're showing that (maxilone?) can release the opiate effect of the acupuncture, and they've got scientific data to back it up, whereas the Chinese theory hasn't actually got that same data to back it up. That's why

> acupuncture is slowly getting more and more acceptable among the doctors, because they're now seeing papers coming through on chemical, physiological data's, backing up what we're trying to do. So I start with the Western approach to the theory, and then go into the Chinese when I start to use major points, because you've got to admit Chinese points work really well! I mean, in acute back pain, I go for confluential points straight away, when there's a lot of muscle tension...A lot of the books I've got are on Chinese medicine.

Whilst some practitioners gave patients both Chinese and Western explanations of how the treatment works, as illustrated above, other practitioners indicated that the kind of explanation they gave depended largely on the patient:

> Well, I talk to the patient for a while just generally, and I get the idea whether they want the TCM explanation or whether they want a Western anatomical explanation, and then I give them the explanation which I think is more suitable for their mind set. You know what I mean? If they are very Western orientated, and they don't want to hear about chi, body fluids, and stuff like that, I don't give them that. I just explain that I'm blocking a nerve in their leg and that's where the pain message is going. They go to the spinal cord and the brain, endorphins get made and all that stuff. So I do it that way. But I vary it quite a bit, and hopefully they will ask questions, once I've got them fired up, they ask all the questions, and then I answer questions and they get to hear what they want to hear. If they come in and they've been told to come and they're not very sure that it's going to be any use, you're far better to give them a Western explanation, because they are skeptical about the Eastern explanation. To them it's sort of spiritual stuff. I don't see it as that, but that's how they see it. This idea of this energy thing going, or this chi moving around your body through the day at different places at different times. They can't handle that. But later on when they get better, then they get inquisitive and they want to know why I take their pulse and why I look at their tongue "What's that got to do with it?". So then you can bring the other stuff in.

Figure: *Practitioners* 3.5



Although practitioners generally expressed the difficulties of explaining the treatments in terms of Chinese medicine to Western orientated patients, the majority (at

68.5%) did introduce elements of Chinese medicine theory to their patients. Interestingly, only one practitioner indicated that she only explained the treatment in terms of Western theory:

> I tend to keep it to explaining what electro magnetic energy is and does in the body and working with acupuncture from that point of view, rather than trying to delve into five-element theory and pulse diagnosis. Westerners on the whole, can't figure out why you can tell what's going on in the body just from taking the pulse, because as far as they're concerned, taking the pulse means counting it and making sure it still works...So I've learned to actually keep the explanations very Western at the moment.

"What are some of the conceptions that patients have about your treatment when beginning treatment?"

According to a majority of practitioners (at 78.9%), patients had various conceptions (and misconceptions) about acupuncture when beginning treatment. However, 73.7% of practitioners indicated that patients' concerns with acupuncture centred upon whether it would be a painful treatment and their fear of needles. For example, a physiotherapy acupuncturist and a professional TCM practitioner explained that other than a fear of needles (based on their previous painful experiences of the syringes used in Western medicine) most patients had no concept of how acupuncture worked:

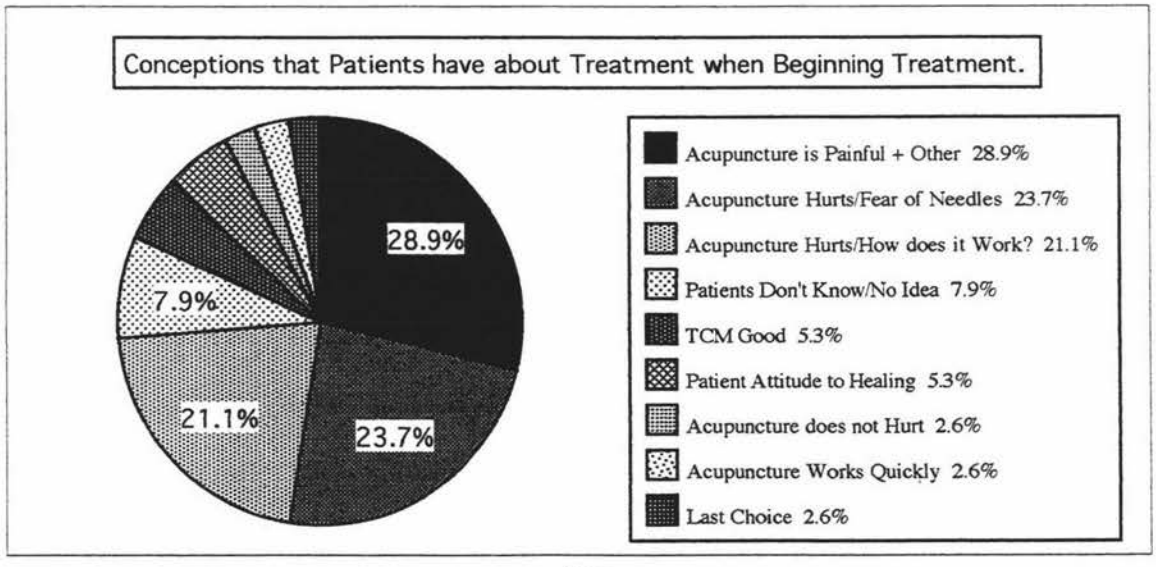
> Those that come and specifically ask for it, the first thing they think is "Oh is this going to hurt?", and then they want to see how big the needle is because they have the perception that it's a great big blood-letting needle, like you get your blood tests with, and of course those needles are hollow and you've got a gauge end on them. Whereas my needles are very, very fine and they've got a spear tip, so, you know, if you get through the skin, it doesn't hurt because the skin's the only thing the pain moves in, once you're through the skin it doesn't matter how deep you go before you get your chi, it's not going to hurt. So they have this expectation that it is going to hurt. I only ever had one person turn me down on religious grounds...All of them expect it to hurt, that's the biggest conception about acupuncture.

> Most people believe that acupuncture <u>hurts</u>, when they have had the treatment they are <u>surprised</u>, how that doesn't hurt and how easy it was. A second thing is that they also are surprised how <u>relaxing</u> it is, because it releases endorphins. Very often acupuncture has a systemic effect, people feel relaxed about it. Also they can be surprised when I use moxa on the needles...Usually they have a fairly large question mark on their face because they don't know that much about acupuncture, so they <u>wonder</u> about it, but have <u>heard</u> about it. And they are surprised that the needles are so fine. They are surprised that it doesn't <u>bleed</u> after it...Often they are amazed that it works (laughs) -that it makes a difference 'cos you're just poking some needles in them, you know, and difficult to get a concept about it. So I think <u>overall</u>, it's that it hurts, it's that question mark -What is it doing? How does it work? If you can call it a concept, think that's one they have (laughs).

In Figure: *Practitioners* 3.3, practitioners' responses have been grouped into nine categories. It is interesting that although practitioners gave various responses to this question, patients' accurate or indepth conceptions of TCM principles are absent. As one professional Chinese medicine practitioner remarked, ignorance of the principles behind Chinese medicine treatments exists due to cultural and educational influences. She pointed out that a key factor in the rejection of Chinese medicine as a therapy in the past has been ignorance - and the fear of the unknown. Although the ignorance persists today, in the form of a general lack of understanding of exactly how Chinese medicine works, most people have heard of acupuncture, and do not subscribe to the type of anti-Eastern attitudes that prevailed in the past and still persist in certain sectors of New Zealand society:

> And that's a cultural thing I'm sure. Cultural and once again education. Because like in Hawke's Bay we have a program of gradually developing these brochures and sending them out to GPs and midwives and other health practitioners, and that's working really well. We've only done two so far. We've done lower back pain and pregnancy. And just by them understanding a bit more, then they feel more comfortable referring patients, and it's like you know, people are scared - ignorance - when people are quite ignorant they are quite fearful of it. You get them. There's one church... where the minister says that it's from the devil acupuncture...because it's from the East, I presume. But it's only that particular minister and so the followers of his that don't think for themselves, they - because I've got a patient at the moment whose neighbour keeps telling her off. You know, "You shouldn't be going there, you'll be - It's the devil trading", but she thinks the same about Tai Chi and meditation, so basically it's anything from the East, you know. So ignorance is a big - well, it's not a stumbling block, because when I think back to ten years ago or even before, like everyone knows what acupuncture is now, whereas ten years ago, a lot of people wouldn't have known what acupuncture was. It's often on TV shows, the news and so it's getting out to the general population much more.

Figure: *Practitioners* 3.3



"How much understanding, awareness, or curiosity, do your patients have of the principles (of Chinese medicine) behind the treatments that you give them?"

On the whole, practitioners reported that patients commonly expressed concerns about the how painful the treatment (especially acupuncture) might be, and although they might have heard of acupuncture before, patients had very little understanding of Chinese medicine theory. Consequently, on beginning treatment, most patients did not understand how the therapy worked - only that it did achieve results:

> I'm treating Occidental people who haven't got a clue about what's going on. All they know is that I fixed their neighbour, and they don't care how I do it, as long as I fix them -but they know nothing about what's happening. A lot of them want to know, so that's why it takes me half an hour.

As the following graph (Figure *Practitioners* 3.4) shows, the majority of practitioners stated that their patients had no understanding of TCM principles, but were also very curious about how the treatments worked - especially when the treatments were successful. Therefore patients' interest in understanding TCM principles might come after the actual treatment had finished. As one professional acupuncturist pointed out, the degree of patient interest in the principles behind the treatments was also affected by the type of ailment that they had:

> So I think, with the people that come for muscular skeletal problems, they are less interested - but they are interested. But the people that have deeper disharmonies, it requires more explanation, and they are fascinated at how they can experience - they have several symptoms that they have seen separate, and that through Chinese medicine model, you can see an underlying pattern that explains it all, and very simple, very easy, and they can relate to it very - like that. The simplicity of it, and it's something they appreciate a lot.

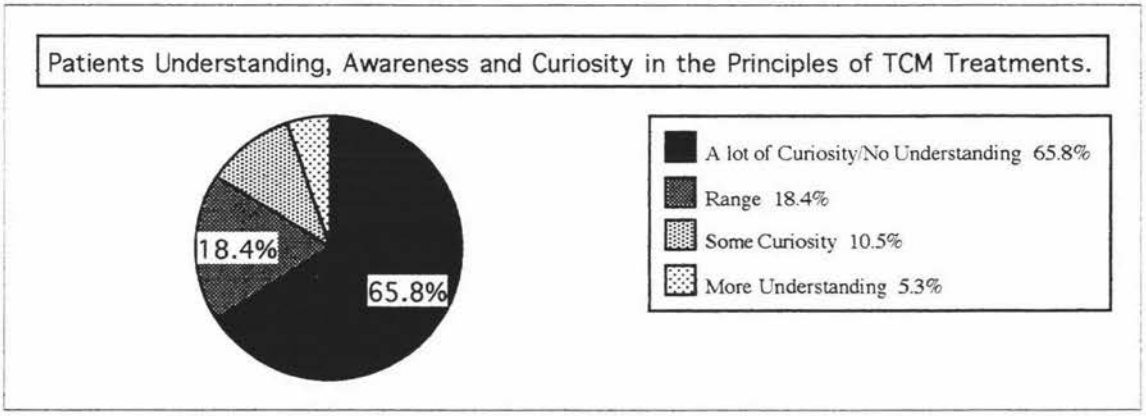
Furthermore, this practitioner pointed out that the concepts in Chinese medicine did provide patients with an alternative way to view "disease". Nonetheless, he concluded that patient interest in the principles of Chinese medicine generally only extended as far as it related to their particular condition:

> Although it's just a created concept we make at the time, but we seem to be happy when we can put labels on things and get a model for it, and...just explaining the tendency of separation between yin and yang, and people get a lot of heat flushing up, and just understand that, and how simple it is. It can manifest in many ways and give rise to three or four symptoms they haven't understood before...and a lot of back ache, tinnitus, weak knees - you know. I think first of all it comforts them, and to see that there's a connection, that it's not a - cause, you know, we tend to think that there's a bug there you know, a virus, or we're attacked from outside, something there that's it's going to kill us, you know, that's very often how the whole Western mind goes. And just to see that it's something natural, that it's a

disharmony - simplifies it - makes it - and also automatically that gives it the opportunity to do something about - because they think it's something serious and it can be, but sometimes it's quite simple things.

So...it probably helps them to relate to the body in a different way, but I don't think they are much more interested than what concerns themselves. I don't think they would be interested in furthering Chinese medicine as such, on the whole, they wouldn't be that interested in learning about diet in general, but the specific advice. It's a (laugh) limited interest, but it's a step on the way.

Figure: *Practitioners* 3.4



**The Patient's Perspective*

"What do you think is the cause of your present health problem?"

In correlation with the practitioners' perceptions of their patients outlined above, only 2.3% of patients explained the cause of their ailment in TCM terms - that is, referring to notions of imbalance, energy levels, and deficiencies. In contrast, when explaining the cause of their ailment/s, 20% of patients cited a Western-medicine explanation. For instance, they referred to bacteria, viruses, hormones, allergies, fibroids, arthritis, nerve damage, blocked glands, and muscle spasms. However, the largest percentage of patients (at 40%) merely provided a description of a physical problem, resulting from an accident or injury, the aging process, excess weight, or women's conditions (i.e. pregnancy, menopause). In addition, 16.2% of patients listed lifestyle, environment, or stress as the cause of their health problem/s:

> Stress related to ongoing pain - stress related to continuing treatment - week centres around treatments and injury itself.
>
> Years of chronic stress, childhood trauma, scholiosis between shoulders aggravated sometimes by stress at work.
>
> Not taking a break on computers - too long hours. Operating as the top temp

for...in Auckland and being double-shifted six days a week.

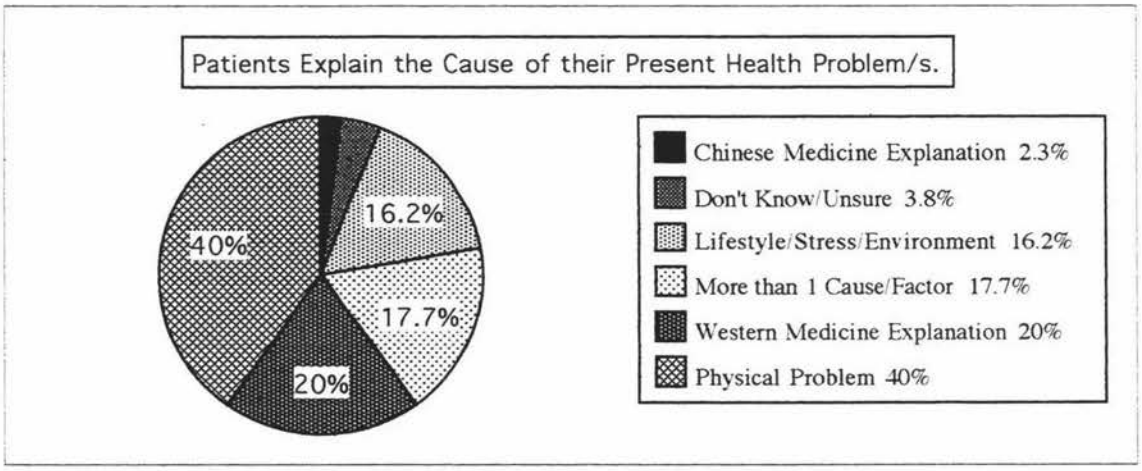
Too much keyboarding work of an intensive nature directly attributable to my employer's decision to cut the staffing levels by 33%.

Western lifestyle combined with high stress job and a constitution not up to it.

Cold weather?/draught on facial nerves.

Finally, 17.7% of patients listed more than one cause, including the above mentioned categories as well as emotional and social factors such as deaths in the family, dissatisfaction with work, and the failure of Western medicine. Only 2.3% of patients admitted that they did not know the cause of their ailment. Therefore, overall, the findings showed that when discussing the cause of their ailments, the majority of patients in this study tended to describe their ailments in terms of physical injuries, Western medicine, or lifestyle/environment. See Figure: *Patients* 1.5.

Figure: *Patients* 1.5



"In your understanding, please explain how the method/s of treatment that you are undergoing at this clinic <u>work</u>?"

Although the majority of patients did not describe the cause of their ailment in terms of TCM, a significant proportion of patients (at 36.2%) used Chinese medicine concepts (such as energy, balance, and meridians) in their explanations of how the treatment worked. Most commonly, patients explained the treatment in terms of clearing energy blockages enabling the body to bring itself back into balance naturally:

Clear blocks and stagnation to allow the energy to flow freely and the body to function properly.

> Acupuncture to right knee joint to relieve pain and promote mobility. My understanding is the acupuncture applied to knee joint, along with needles to other meridian points stimulates blood flow, better circulation and eases pain.
>
> These methods work because they treat the problem which is opening the healing channels and allowing the body to help itself, I can see that blocked energy which is unable to flow through your body will certainly end up causing pain and discomfort. Acupuncture helps the body unblock the energy and gets the body healing itself.
>
> Energy channels throughout the body which enhance the natural healing process become weak or blocked. Acupuncture apparently allows these channels to flow freely.
>
> The body is composed of energy which flows through the body in channels like many rivers flowing through a landscape. To dam one river would have consequences to the land mass or surrounding area & to the flow of water in the channel. Allowing energy to flow unobstructed, as in nature allows for a balance within the body which it can enjoy; obstructed energy causes the pain I have been feeling.
>
> The herbal medicine will balance my yin and yang, get rid of blockages in the meridian and will let my energy flow freely.
>
> They work by balancing energy flows through the body. When out of sync. these levels or flows affect internal organs which give rise to illnesses. The body should be balanced in its yin and yang aspects etc. Acupuncture helps restore this balance leading to a generally better health.

Finally, it is noteworthy that in a few cases, patients incorporated (or translated) Western-medicine concepts into their explanation of Chinese medicine:

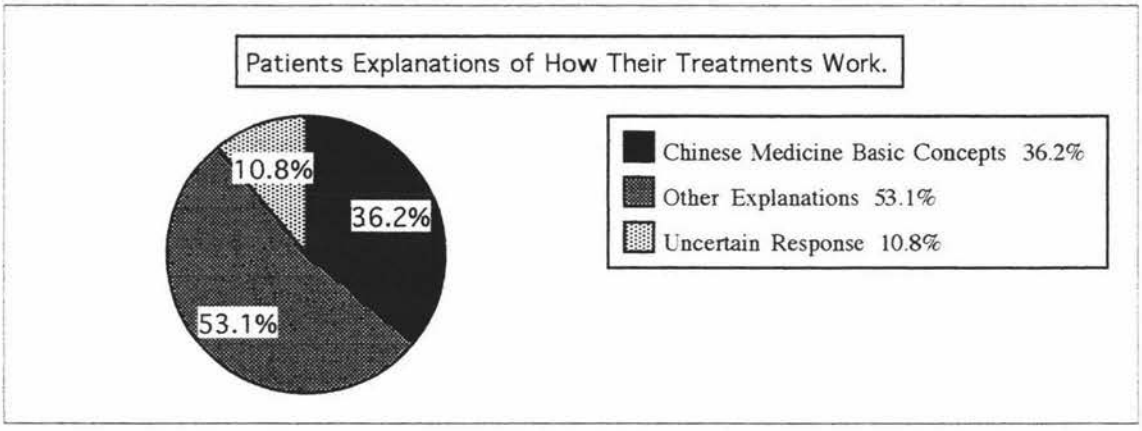
> Acupuncture works at inner levels balancing body meridians - harmonising/balancing energy. It gets to the point of pain & works with it. It works with the body - restoring the bodies ability to heal itself - activates antibodies, cellular growth - cleanses blood, releases toxins, emotions.
>
> Supposedly acupuncture opens "channels" of energy, which I suspect is another way of saying that the insertion of needles at certain points along the arms, fingers and hands seek to stimulate circulation and thereby hopefully repair damaged tendons etc.

As the above quotes illustrate, both Western- and Chinese-medicine concepts were combined to explain the treatment. The patient seemed to "translate" the meaning of one easily in the terms of the other, conveying a sense that whilst they had been introduced to Chinese medicine concepts, they maintained the underlying the ideas and understanding of Western medicine and simply conglomerated both ideas together to explain the treatment.

Finally, just over half of the patients (53.1%) described the results of the treatment, but gave no explanation (in their understanding) of how the treatment works. These

patients gave a wide range of responses, however they have been grouped together because they each portrayed a very superficial understanding of how the treatment works. Patients here merely mentioned that the pain was alleviated, the body was stimulated, muscles were relaxed, nerves were stimulated, the healing process sped up, circulation was improved, pressure points were worked on, or organ system was improved. Such explanations indicated that these patients understood the effects of the treatment, but were not familiar with more indepth explanations - in terms of Chinese or Western theory. Likewise, an additional 10.8% of patients gave an uncertain response - that is they either did not answer the question, or they stated that they did not know or care how the treatments worked. See Figure: *Patients* 1.6.

Figure: *Patients* 1.6



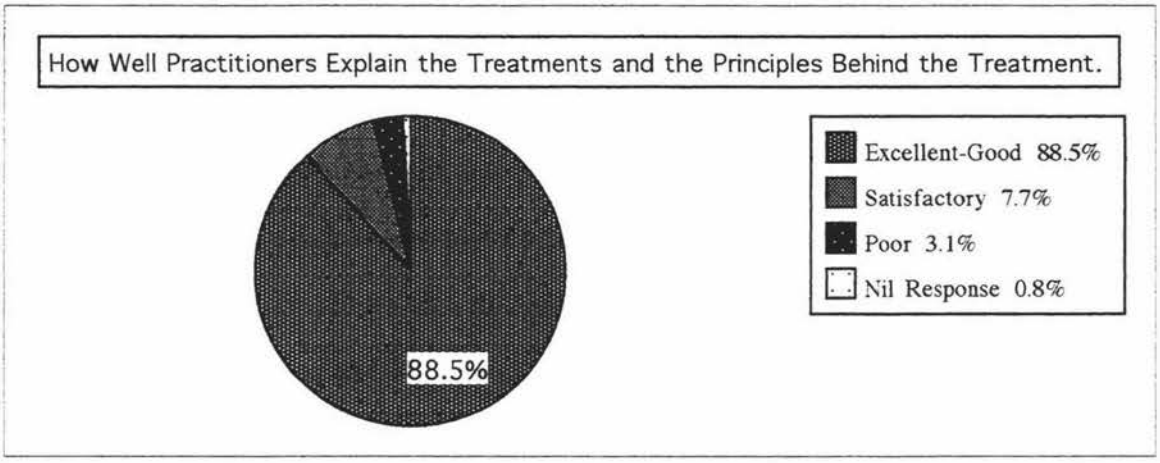
"How well do you think the practitioners of Chinese medicine at this clinic explain their treatments to you?"

Given that the majority of patients (at 63.9%) do not provide an explanation (in their understanding) of how the treatment works, it is interesting to explore whether these patients are satisfied with the level of explanation given to them by their Chinese medicine practitioners. When asked to rate how well the treatment was explained to them, an overwhelming majority of patients (at 88.4%) rated their practitioners' explanations between excellent and good. In contrast, only 3.1% of patients indicated that the practitioners' explanations were poor. See Figure: Patients 1.8a.

These results correlate with practitioner observations of their patients. On the whole, although patients valued the holistic approach and manner of the Chinese medicine practitioner, most patients were not concerned with understanding exactly how the

treatments work or the principles behind the treatments. It seemed that what was more pertinent to patients was their experience of the treatments: whether the treatment was painful, whether the practitioner treated them holistically, and most importantly whether the treatment achieved successful results.

Figure: *Patients* 1.8a



Section Three: The Place of Chinese Medicine in New Zealand

The above two sections have sought to provide a picture of practitioners and patients perspectives on the practice of Chinese medicine, and how they define and explain it as a therapy in New Zealand. This section concludes with a wider focus on the issues of context. Whether recognised or not, although it may be seen as a therapy of last resort, Chinese medicine has become a part of the health care system in New Zealand. In what follows, practitioners and patients comment on the place that Chinese medicine has (and should have), and the checks and controls that should be put in place in regards to the practice of Chinese medicine.

** The Present Place*

Practitioners: *"In your opinion, what is the present place of Chinese medicine within the health system of New Zealand?"*

According to almost half of the practitioners in this study (at 47.4%) Chinese medicine is presently a complementary therapy. They saw Chinese medicine as compatible with Western medicine, and advocated the combination of both medicines. As one medical acupuncturist stated:

Therapies only compete if you allow them to. I successfully combine

> Western and Eastern medicine. Acupuncture offers effective, preventative medicine and has a very valid part to play within the health system - those of us who do it have spread the word about it.

In terms of how the treatments can be combined, because they often work in differing ways focusing on different aspects of the ailment, the treatments can be used to complement each other during the therapeutic process. As the following professional Chinese medicine practitioner explained:

> It's complementary yes, because you're giving the patient the best help that you can. Also antibiotics they should start having at the same time, chest infections, are quick to start - because the antibiotics have an immediate effect, whereas the acupuncture's slow and takes a long time, and has a tonifying effect and promotes the immune system. So they're having a quick treatment and a slow treatment at the same time. So they complement each other.

Interestingly, only one practitioner stated that Chinese medicine was not compatible with biomedicine.

Some practitioners (at 10.5%) equally felt that Chinese medicine has a low position in New Zealand and is not accepted by orthodox practitioners such as doctors, physiotherapists, and nurses. Consequently, they saw Chinese medicine as a therapy of last resort with a low status. As one professional acupuncturist explains:

> It should be the number one place! It's at the bottom of the pile. It's not seen as a viable treatment at all. Even though there are medical doctors and physiotherapists that practise acupuncture, they are considered odd - by the orthodox practitioners. It's very rare for acupuncture to be used in hospital. I've actually given treatment in hospital, and you need permission from the doctor, and the nurses all have to know, and you know it's a big deal.

A further 23.7% of practitioners stated that although Chinese medicine needs to be more recognised by doctors as well as the government, it has a place in New Zealand. Commonly, practitioners here pointed out that Chinese medicine is largely recognised by medical people as only good for pain relief, overlooking the value of Chinese medicine in wider areas of health care:

> Well I certainly feel it has a place. I feel it's very important. But there's still a lot of ignorance out there about how it works. And there's still many medical people who feel that it only helps pain, that it's good for pain relief. I don't see it that way because certainly it relieves the pain, but it also reduces the inflammation, and it means that it makes the mobilisation of the joint a lot easier.

These practitioners pointed out that as long as the existing medical profession and the government remain uneducated (or disinterested) in terms of what the whole tradition of

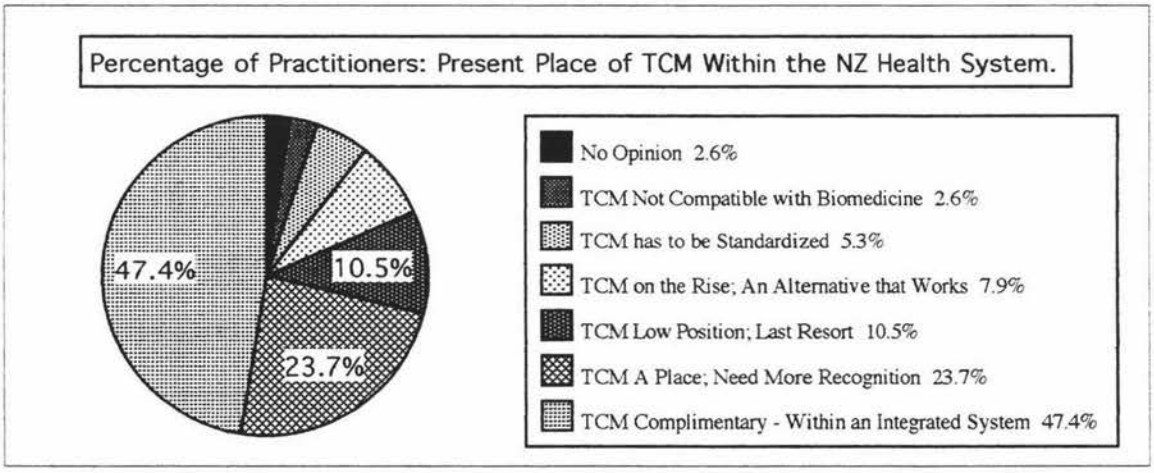
Chinese medicine has to offer, Chinese medicine will remain subordinate to Western medicine and underutilised in New Zealand.

In contrast to the above position, 7.9% of practitioners stated that Chinese medicine is on the rise in New Zealand. It is an alternative that works. They asserted that greater numbers of patients are searching for alternatives that work, and more doctors are interested in acupuncture as an effective form of pain relief. Finally other practitioners pointed out that in order to succeed, Chinese medicine needs to be standardized, as one medical acupuncturist explained:

> Get the right people practising it. It has got to be standardized, registration system and everything - all acupuncturists have qualifications of comparable nature.

See Figure: *Practitioners* 4.7 below for a summary of the practitioners responses.

Figure: *Practitioners* 4.7

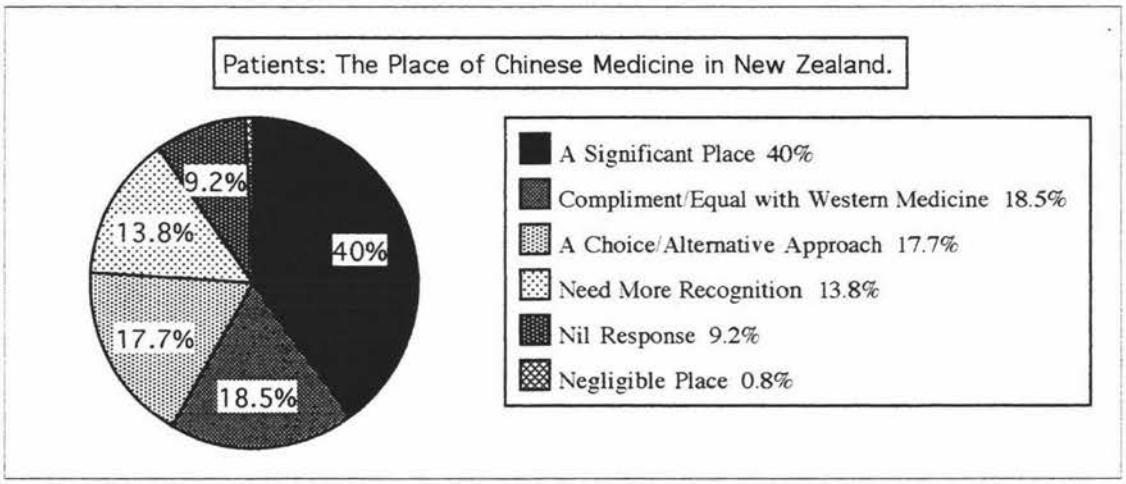


Patients: *"What place do you think Chinese medicine has in New Zealand as a therapeutic treatment?"*

On the whole, patients stated that they felt that Chinese medicine has an important place in New Zealand. Indeed, only one patient out of the 130 patients who completed the patient questionnaires felt that Chinese medicine has a negligible place. A large sector of patients (at 40%) stated that Chinese medicine has a significant place in New Zealand. A further 18.5% of patients felt that Chinese medicine complements and is equal with Western medicine, while 17% of patients stated that Chinese medicine provides the patient with a choice and is a good secondary treatment if conventional medicine fails. Finally, 13.8% of patients felt that Chinese medicine needs more recognition in New Zealand. In

particular, they felt that there should be more education of the general public and the medical profession as to the benefits and successes of Chinese medicine in New Zealand and that medical schemes and insurance companies should recognise Chinese medicine as a viable health therapy. See Figure: *Patients* 2.10a for a summary of the patients' responses.

Figure: *Patients* 2.10a



* *Laws and Recognition*

The majority of both practitioners (at 89.5%) and patients (at 86.2%) in this study agreed that there should be more legislation applied to the practice of Chinese medicine in New Zealand to deter "quacks" or underqualified practitioners and to protect patients seeking treatment. The majority of patients (at 86.2%) also agreed that Chinese medicine needs to be more recognised as a medical system in New Zealand and that they would vote for legislation in support of Chinese medicine to make it more recognised as a form of medical treatment. On the issue of control over the practice of Chinese medicine in New Zealand, 57.9% of practitioners agreed without reservation that there should be more control over the practice of Chinese medicine in New Zealand. The remaining 23.7% of practitioners specified that certain areas needed to be controlled: medical acupuncturists felt that "lay" or non-medically trained professional Chinese medicine practitioners should be monitored more and held accountable to the same degree as doctors are in New Zealand. As one practitioner stated:

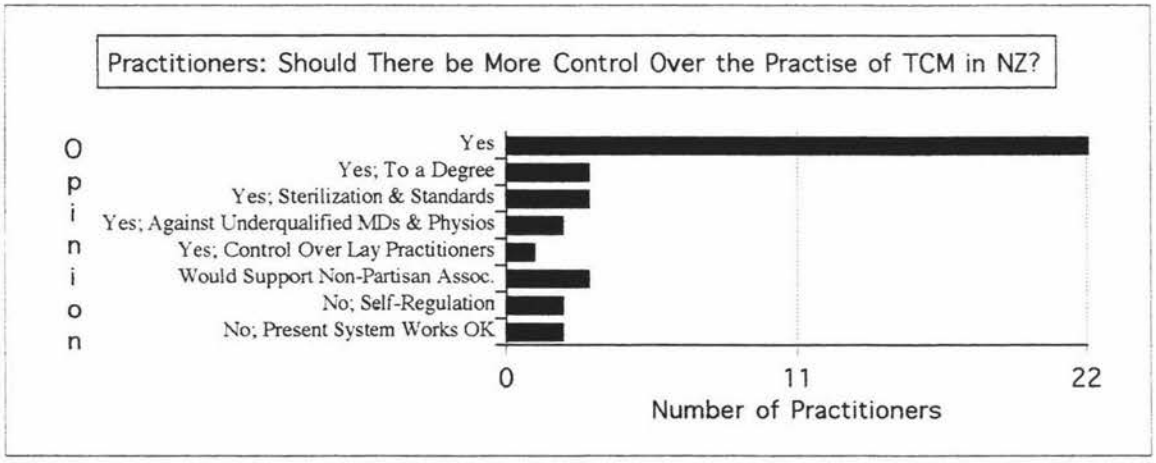
> What about legislature to ensure standards are maintained to protect public interests?As it is, it is frightening to know what is going on in the public now with TCM practitioners...dubious standards. What about peer review, continuing education, and upgrading skills before allowing to practise and luring patients? As a Dr if I do wrong diagnosis as treatment I am accountable and there is the medical committee to discipline me, etc. What about TCM practitioner. They get off scott free.

On the other hand, professional Chinese medicine practitioners felt that physiotherapy and medical acupuncturists should receive more training before they are allowed to practice:

> It's almost like a fad really, the way acupuncture's gone, because, say ten years ago, you would have got all the medicos...saying that acupuncture was quackery. But now that it's so popular, they all do...short courses...on one hand (it) is quite good that they do get a bit more information. But then the unfortunate side is that - and physios also do these short courses - you then get these people saying that "We can do acupuncture"...and (then)...you get patients saying, "I've been to such and such and it really hurt", or they left the needles in - just put it in and take it out. In some situations (that's) fine - but (the) situation I'm talking about was a particular person - the reason he's done that is because he hasn't got the time. So he's not doing it properly, because he's got patients - he's not used to that style, he's used to writing out a prescription of whatever. So there are a lot of underqualified people practising acupuncture.

Clearly, the issue of how control over the practice of Chinese medicine in New Zealand should be implemented has yet to be settled. Nonetheless, as the results show, the majority of practitioners and patients do agree in general terms that Chinese medicine should be monitored and recognised at a governmental level. See Figure: *Practitioners* 4.10 below for a summary of practitioners responses.

Figure: *Practitioners* 4.10



* *The Future*

> Fantastic. It's only a matter of time. I see the day when it will be normal, like - have Weetbix for breakfast, go to your acupuncturist. Have Weetbix go to your doctor; have Weetbix go to your acupuncturist. Very natural. Talked about a lot more. Much more accepted. Backed by the government. There's a 500 million dollar drug bill at the moment now, and that would be dropped significantly with the treatment.

(A professional Chinese medicine practitioner: On the future of Chinese medicine in New Zealand).

Although not all practitioners would be as optimistic as the practitioner above, the

majority of practitioners in this study have positive outlooks on the future of Chinese medicine in New Zealand. More than half of the practitioners (at 55.2%) concurred with the above quote, believing that Chinese medicine will grow in the future as a medicine in its own right. As one medical acupuncturist commented:

> Optimistic. A great future. Yes, I don't think it should be necessarily under the wing of Western medicine. It's got it's own strengths. I mean it can stand on it's own. It doesn't actually need Western medicine particularly. But if we could communicate better, I think we could get the best out of both systems and see the advantages, you know. I mean really, if a person is a physician and is worried about their patients, that's what they should be thinking about. Not necessarily promoting their own band wagon, their own philosophy entirely, but to look at all philosophies and say well this is useful for this and this is useful for that, because that's got to be better for the patient. That's what we're supposed to be about.

A smaller percentage of practitioners (at 26.3%) felt that Chinese medicine will become a part of mainstream health care, combined with Western medicine as a complimentary therapy. As the following professional Chinese medicine practitioner stated:

> ...it certainly has it's place and I would say my vision is really Western and Chinese medicine, and also other complementary medicines could start to come together, work in health centres together, and where they also can exchange information quite readily and to the benefit of a patient. So they feel really safe, they get the best that is there and so that's how I would like to see it. And not necessarily that Chinese medicine is the medicine and the big medicine, but that it certainly has its place as an alternative. Not everybody likes acupuncture. It's not for everybody you know. And so people should have their choice, but really within a safe and trusting environment. But yeah, you can't stop it, you can't stop Chinese medicine. It's been around for a while (laughs).

Only 15.8% of practitioners expressed a reserved outlook for the future of Chinese medicine in New Zealand. Although they believed that the general public do recognise the benefits of Chinese medicine, they asserted that the future growth of Chinese medicine in New Zealand depends on increased recognition of its benefits by the existing health system and orthodox health practitioners.

Finally, when asked to comment on what new developments within Chinese medicine they have witnessed during their career, practitioners responses were mixed. A significant proportion of practitioners (at 34.2%) stated that new developments included increasing modern equipment and Western ideas. Also, 28.9% of practitioners stated that they observed that traditional Chinese medicine was becoming more acceptable. However, 15.8% of practitioners responded that traditional Chinese medicine remained unchanged, and 5.3% of

practitioners suggested that traditional Chinese medicine needed to be more adapted and evolved. As these responses suggest, practitioners are divided in their perceptions of the practice of Chinese medicine - perhaps reflecting their own varied experiences of Chinese medicine in practice, and the variety of forms that Chinese medicine has in New Zealand.

Conclusion

The findings in this chapter have shown that the practice of Chinese medicine in New Zealand is one of a mixing of methods, where theory is less important than achieving results. In particular, though they did not seem to be concerned with the principles behind the treatments, the patients who contributed to this study emphasised the importance of choice in health care, and of being treated from a holistic, natural perspective. This corresponds with Easthope's (1993:289) study of orthodox and alternative medicines in Australia:

> The consumers of medical care are demanding choice, control over their own health and individual attention. If orthodox practitioners do not meet that demand then their patients will desert them.

Indeed, the mixing of medicines is not restricted to New Zealand. Freund (1991) points out that middle class Americans who use various alternative, spiritual healing approaches frequently combine these treatments with biomedicine in various ways depending on their beliefs (ie. religion) and how they understand or express their problems (ie. the interpretation of pain). Finally, it remains significant that although the majority of practitioners currently mix Chinese medicine with other therapies, in expressing their views of the future, they foresee Chinese medicine emerging more distinctly as a therapy in its own right in New Zealand.

CONCLUSION

"Social scientific theory has to do with what ***is****, not what* ***should be****."*
(Babbie The Practice of Social Research, 1995:26).

Chinese Medicine and Kiwifruit

The above quote, in essence, reflects my approach to the topic of "The Practice of Chinese Medicine in New Zealand". The focus of this research project has to do with what Chinese medicine is in New Zealand, rather than what it "should be". What the results of this study, suggest, is that culture is not confined to a place (Appaduri 1986, 1990), and is not even "static" within a people. Rather it can move or be "transmitted", even without person-to-person contact. It can move (transmigrate) quickly through the "modern" world of communications, crisscrossing the boundaries of state, nation and culture, passing through the world of media - television, e-mail, radio, movies, journals, newspapers, and books. It can also become faceted, fractured, and conglomerated. Parts of a culture (such as Chinese medicine) can exist within, become incorporated into, another culture, and hybridised. Boas (1940), when he argued against the notions that ideas are "genetic", and that ideas originated in one place and then spread, pointed out that ideas can travel and spread, and that ideas and commodities spread more than populations do. Therefore, we get the appearance of TCM, having its origins outside New Zealand, spreading to New Zealand, and being incorporated into the health practises of New Zealanders - a lot of the time without direct contact with Chinese people or culture.

This thesis (based on its study of the practice of TCM in New Zealand) shows how TCM has changed as it has moved from one cultural context to another. Although TCM in New Zealand retains a "family resemblance" to its forms and manifestations in its homeland of China, it has taken on a character and emphasis of its own in New Zealand. It is "marketed" to the public in various ways by the different associations of practitioners using TCM techniques. Like the "kiwifruit", which was once the "Chinese gooseberry" before it was grown in New Zealand by New Zealanders, TCM is not solely cultivated by Chinese for Chinese. Rather, Chinese medicine (particularly acupuncture) has also been adopted by New Zealanders and presently crosses medical boundaries, being practised by established health practitioners of different traditions and persuasions.

Although it may be argued that practitioners of Chinese medicine are officially unrecognised within the health care system, this is not a new or novel situation. As pointed out in Chapter One, medical dominance has occurred historically within Chinese medicine, with the existence of "official" doctors and the unofficial folk doctors. Similarly today's Chinese medicine practitioner has identical problems to the unofficial folk doctors in China, including government recognition, supportive official policy, and formal institutional education. However, in spite of these problems, my research indicates that, despite initial hesitation, TCM is generally accepted as a therapy option by a wide range of New Zealanders, of all ages, both sexes, and various ethnic and social groups. Finally, I might caution that although I have suggested that TCM has taken on a particular form in New Zealand, I do not intend to suggest that TCM in New Zealand is a particular thing that all New Zealanders agree about - rather it is different things to different people. It is precisely this multivalence which I see as the characteristic feature of TCM as it is practised in New Zealand. In this respect, paradoxically, TCM in New Zealand retains at least one property that has contributed to its endurance in China over thousands of years.

Suggestions for Further Research

As the findings of this project are synchronic, I suggest that further research into the the practice of Chinese medicine in New Zealand would be very useful, particularly in two main areas which seem to be developing rapidly. First, this project was written and researched during a time at which it was rumoured that major changes would soon take place, on a governmental and political level, in the standardization of the practice of Chinese medicine (namely acupuncture). During the last few years, the New Zealand Qualifications Authority has attempted to bring the various acupuncture groups in New Zealand together so that some sort of national standard could be agreed on. The final outcome of these talks could have a major effect on the present situation, especially concerning who is allowed to practise Chinese medicine.

Second, associated with the changes on the political level, there appears to have been a growth in the development of educational institutions teaching Chinese medicine. It would be interesting to explore how the formation of educational institutions can be related to professional control in the practice of Chinese medicine.

This project has aimed to understand generally how Chinese medicine is being practised in New Zealand, and therefore has taken a rather broad spectrum survey approach, encompassing different groups of professional practitioners. As such it leaves room for further detailed qualitative investigations into the particular groups of practitioners, as well as individuals and non-commercial practitioners (within the family), with an active interest in Chinese medicine in New Zealand.

APPENDIX 1

Department of Social Anthropology
Massey University
Private Bag 11-222
Palmerston North, New Zealand.
Telephone: (06) 350 7316

9th June 1995

Dear Sir/Madam,

I am a postgraduate student in the Department of Social Anthropology at Massey University researching the topic of Chinese medicine (including acupuncture, acupressure, and herbal treatments) in New Zealand. Currently I am seeking to learn more about how Chinese medicine is being practised in New Zealand, and the experiences of practitioners of Chinese medicine. Would you, as a practitioner of Chinese medicine, be interested in helping to develop a wider understanding of the practice of Chinese medicine in New Zealand by contributing to this research?

My research involves three main methods, including;
1) (a) Questionnaire survey for Practitioners of Chinese medicine in New Zealand.
(b) Questionnaire survey for Patients of Chinese medicine in New Zealand.
2) Interviews with doctors and patients of Chinese medicine.
3) Observation of the practice of Chinese medicine.
(see enclosed REFERENCE and RESEARCH PROPOSAL for more information)

The above three methods aim to provide an indepth understanding of the practice of Chinese medicine in New Zealand. At present, to the best of my knowledge, this kind of information has not been explored before in New Zealand.
Confidentiality of all participants will be fully respected.

Enclosed with this letter is an invitation slip and a return envelope. Would you please indicate whether or not you would be interested in contributing to this research project in any or all of the above mentioned methods? Please return your completed invitation slip in the envelope provided within 1 week.

Finally, if you have any further advice or other comments to offer, please contact me at the above address and phone number.

Yours faithfully,

Kim Baxter

1995 Kim Baxter - Masters Thesis

RESEARCH PROPOSAL

Topic: The Practice of Chinese Medicine in New Zealand.

Purpose:
The purpose of this research will be:

1) To provide an understanding of Chinese medicine as it is practised in Chinese medicine clinics, in New Zealand.

2) To present a detailed picture of the practice of Chinese medicine in New Zealand. In particular, focusing on:
a) methods of diagnosis, categorisation of illnesses/injuries.
b) the clinical encounter - between doctor and patient
c) the lives and experiences of Chinese Doctors practising in New Zealand.

3) To explore the attitudes and understanding patients seeking Chinese medicine treatment have of their illness/injury and of Chinese medicine.

Approach/ Methods:
The active fieldwork period for this research project will be approximately four months, from the beginning of April to the end of July 1995. Research shall be carried out using four main methods:
1) Interviews - with doctors and patients
2) Observation of treatments
3) Questionnaire to all Chinese medicine practitioners and clinics in New Zealand
4) Library research

In order to illustrate the range and variations of the practice of Chinese medicine in New Zealand, this research project aims to involve Chinese medicine clinics, doctors, and patients throughout New Zealand.

Conclusion:
What is the relevance of this research?
Today it seems that within New Zealand there exist a number of healing traditions, including homeopathic and allopathic medicine. However, there appears to be little information or research done in this area. Therefore, the relevance of this research into the practice of Chinese medicine is to provide a source of information for the benefit of increasing our understanding about healing traditions in New Zealand.

Invitation slip

A Research Project on the Practice of Chinese Medicine in New Zealand.

Would you be interested in contributing to this research on the practice of Chinese medicine in New Zealand?

Please indicate by CIRCLING THE NUMBER of the appropriate response below:

* I would be interested in doing a Questionnaire survey:

1. Yes
2. No

* I would be interested in giving a Questionnaire survey to my patients:

1. Yes
2. No

* I would be willing to be contacted for an interview:

1. Yes
2. No

In conclusion if you would like some more information about this research project, please state here:

_____

_____

_____

_____

THANK YOU FOR YOUR COOPERATION.

APPENDIX 2

Questionnaire Survey
for Practitioners of Chinese Medicine in New Zealand.

Section 1 - The Practice

In this section I am endeavouring to discover the various characteristics of Chinese medicine clinics in New Zealand. For example, the general size and location of the clinics.
Please answer in the space provided.

****

1) (a) Where is the Clinic located?
(i.e. in your home, in the town centre, within a hospital or Western medicine practice, in more than one location)

_____
_____

(b) What are your reasons for choosing this location?

_____
_____
_____
_____

2) (a) How many practitioners of Chinese Medicine work at your Clinic?

_____

(b) What other staff are employed at the Clinic?

_____

3) Approximately how many patients are treated at the clinic:
-per day_____
-per week_____
-per year_____

4) What are the opening hours of the Clinic? _____

Section 2 - The Treatment

In this section I am concerned with learning about the type of treatments available at Chinese medicine clinics throughout New Zealand, and the types of disorders, illnesses and injuries that are most often treated.

Please answer in the space provided, or where CIRCLE THE NUMBER of the appropriate answer.

****

1) What kind of treatments do you give at the clinic?

_____

_____

_____

(a) Regarding the treatments that are available at the clinic, can you indicate (from the four treatments listed below);

How often these treatments are given at the clinic?

* ACUPUNCTURE	1. Frequently	2. Occasionally	3. Not at all
* ACUPRESSURE	1. Frequently	2. Occasionally	3. Not at all
* HERBAL MEDICINE	1. Frequently	2. Occasionally	3. Not at all
* REFLEXOLOGY	1. Frequently	2. Occasionally	3. Not at all

(b) Are there any other treatments which you give frequently, or occasionally, that have not been mentioned in Question (1a) above?

_____

_____

2) What kind of disorders, injuries, or illnesses do you most often treat at the clinic?

_____

_____

_____

Section 2 continued...

3) Could you describe in general terms:

(a) How long is a treatment session per patient?

_____

(b) How many treatments does it take to cure patients?

*(If there is a range of time lengths, please indicate the shortest and the longest course of treatments you have given.)

_____

4) What are you best at treating?

_____

_____

5) What are the most difficult complaints to treat?

_____

_____

6) Are there any illnesses, disorders, or injuries that you would <u>not</u> treat at your clinic?

1. Yes - I would refuse to treat <u>some</u> illnesses, disorders or injuries. (Go to Question 6a 7b)

2. No - I would not refuse to treat <u>any</u> illness, disorder or injury. (Go to Section 3)

6a) What illnesses, disorders or injuries would you not treat at your clinic?

_____

_____

6b) Why would you not treat the above mentioned illnesses, disorders, or injuries?

_____

_____

Section 3 - The Patient

In this section, I am interested in learning about the patients who come to your clinic. Therefore this section aims to gain a general picture of the kinds of patients who seek Chinese medicine treatment in New Zealand.
Please answer in the space provided, or where indicated CIRCLE THE NUMBER of the appropriate answer.

****

1) How do your patients generally find out about your clinic?

Patients generally are;

* referred by friends or family 1. Often 2. Occasionally 3. Never

* referred by Western doctors 1. Often 2. Occasionally 3. Never

* find out through advertising 1. Often 2. Occasionally 3. Never

* referred by others (please specify who) _____

2) Of the treatments which you give, which treatments are most popular (or most acceptable) with the patients?

_____
_____
_____

3) What are some of the conceptions that patients have about your treatment when beginning treatment?

_____
_____
_____
_____

Section 3 continued...

4) How much understanding, awareness, or curiosity do your patients have of the principles (of Chinese medicine) behind the treatments that you give them?

5) How might you explain the treatment to your patients?

6) If you explain the treatment to your patients, when do you usually explain it?
Please circle the number of the appropriate answer below:
You explain;

1. Before treating the patient
2. During treating the patient
3. After treating the patient
4. Only explain upon being asked by the patient
5. Rarely or never explain to the patient

Section 3 continued...

7) (a) Are you a Accident Compensation Corporation (ACC) approved practitioner?

_____

(b) Approximately what percentage of your patients come to you with support from the Accident Compensation Corporation (ACC)?
(For example, 50% of your patients perhaps get ACC for the treatment)

_____
_____

8) How would you characterise your patients generally?
(For example; age group, ethnicity, socio-economic group, gender, bodily condition, illness/disorder/problem?)

_____
_____
_____
_____
_____

Section 4 - Practitioners of Chinese Medicine in New Zealand

Finally, in this section, I would like to know just a little about you in order to gain an idea of how different types of Chinese medicine practitioners feel about the issues I have been exploring.

I would like to restate here that all information revealed in this questionnaire shall be entirely confidential, and shall be only be used for the purposes of this particular research project. As stated previously the aim of this research is to provide an indepth understanding of the practice of Chinese medicine in New Zealand.

Please answer in the space provided or fill in the blanks where appropriate.

****

* DATE OF BIRTH: _____
* SEX: _____
* ETHNIC GROUP: _____
* MARITAL STATUS: _____
* NEW ZEALAND CITIZEN: _____ (Yes or No)
* PERMANENT RESIDENT: _____ (Yes or No)

If you answered no to the above two questions then please state your:

NATIONALITY: _____

* PARENTS' OCCUPATIONS:

_____

_____

* Which category would your estimated annual income fall into?

1. Less than $17 000
2. $17 001 - $27 000
3. $27 001 - $37 000
4. $37 001 - $47 000
5. $47 001 and above

* Do you work full time or part time as a practitioner of Chinese Medicine?

_____

_____

Section 4 continued...

1) What degrees/qualifications have you achieved?
(Please give place and date of degree/qualification earned)
Qualification Date Place

2) How long have you been working as a practitioner of Chinese medicine?

3) How long have you been working as a practitioner of Chinese medicine in New Zealand?

4) Where have you worked during your career as a practitioner of Chinese medicine?

5) Why did you decide to become a practitioner of Chinese Medicine?

Section 4 continued...

6) (a) Have you received training in any other occupation?
(If so please state other occupation/s)

_____

(b) In your practice, do you combine Chinese Medicine with any other form of medical treatment? (For example, Biomedicine, homeopathy etc).

_____
_____

7) In your opinion, what is the present place of Chinese medicine within the Health system of New Zealand?
(For example: Do you feel the treatments are compatible with biomedicine?)

_____
_____
_____
_____
_____

8) What new developments within Chinese Medicine (or more generally in alternative/holistic medicine) have you seen during your career?

_____
_____
_____
_____
_____
_____

9) Do you intend to remain in New Zealand in the future?

_____
_____

Section 4 continued...

10) Do you consider that more checks and controls are needed in the practise of Traditional Chinese medicine within New Zealand to deter "quacks" or underqualified practitioners from practising and to protect patients seeking treatment?
(For example, should legislative laws be made on the practise of Traditional Chinese Medicine - like those applied to Biomedicine?)

_____
_____
_____
_____

11) In your opinion, what is the future of Traditional Chinese medicine in New Zealand?

_____
_____
_____
_____

12) Do you know of any other Chinese medicine Clinics (acupuncture, acupressure, herbal medicine, reflexology) in your region? If so, please give names and addresses.
NAME ADDRESS

_____
_____
_____
_____

** Do you have any additional comments you wish to make on the topics and issues raised?

_____
_____
_____
_____
_____

THANK YOU FOR YOUR COOPERATION.

APPENDIX 3

Questionnaire Survey
for Patients of Chinese Medicine in New Zealand.

Section 1 - The Experience of Treatment
- From the Patient's Perspective

Please answer in the space provided, or where indicated CIRCLE THE NUMBER of the suitable answer/s.

1) How did you find out about this clinic?

1. referred by friends or family

2. referred by Western doctors

3. found out through advertising

4. referred by others (please specify who)

_____

_____

2) What ailment are you seeking treatment for at this Chinese medicine (acupuncture, acupressure, herbal medicine) Clinic?

_____

_____

_____

_____

Section 1 continued...

3) What kind of treatment/s are you undergoing at present at this clinic?

1. ACUPRESSURE
2. ACUPUNCTURE
3. HERBAL MEDICINE
4. REFLEXOLOGY
5. other (please specify)_____

4) What kind of treatment/s have you had before?

1. ACUPRESSURE
2. ACUPUNCTURE
3. HERBAL MEDICINE
4. REFLEXOLOGY
5. other (please specify)_____

5) What do you think is the cause of your present health problem?

_____
_____
_____
_____

6) In your understanding, please explain how the method/s of treatment that you are undergoing at this clinic work?

_____
_____
_____
_____
_____
_____
_____

Section 1 continued...

7) (a) From the treatments listed below, which (if any) would you never consider trying as a therapeutic treatment?

1. Would consider trying any treatment if relevant --> (Go to Question 8)
2. ACUPRESSURE
3. ACUPUNCTURE
4. HERBAL MEDICINE
5. REFLEXOLOGY
6. Other/s (please specify)_____

(b) Why would you not consider trying any of the above circled treatments?

_____
_____
_____
_____

8) a) How well do you think the Practitioners of Chinese medicine at this clinic explain their treatments and the principles behind the treatments to you?

1.Excellent--------2.Good--------3.Satisfactory--------4.Poor

b) What are your reasons for giving the above rating?

_____
_____
_____
_____

9) Have you been treated at this clinic for more than one ailment?

1. Yes (Go to Questions 9a & 9b)
2. No (Go to Section 2)

Section 1 continued...

9 a) What conditions were most helped by treatment at this Clinic?
(i.e. pain, injuries, etc.)

_____
_____
_____
_____

9 b) What conditions were least well helped by treatment at this Clinic?

_____
_____
_____
_____

Section 2 - Patients of Chinese Medicine in New Zealand.

Finally, in this section, I would like to know just a little about you in order to gain an idea of how different types of patients of Chinese medicine feel about the issues I have been exploring.

I would like to restate here that all information revealed in this questionnaire shall be entirely confidential, and shall be only be used for the purposes of this particular research project. As stated previously the aim of this research is to provide an indepth understanding of the practice of Chinese medicine in New Zealand.

Please answer in the space provided or fill in the blanks where appropriate.

****

AGE: _____
SEX: _____
ETHNIC GROUP: _____
MARITAL STATUS: _____
NEW ZEALAND CITIZEN:_____(Yes or No)
PERMANENT RESIDENT:_____(Yes or No)
(If you answered no to the above two questions then please state your **NATIONALITY:**_____)

1) When was your first visit to this clinic?

_____
_____

2) (a) How long have you been undergoing treatment?

_____
_____

(b) How many treatments have you had?

_____
_____

Section 2 continued...

3) How many times a week do you visit the clinic?

_____
_____

4) How long do you anticipate that it will take for you to cure your ailment?
(If you have a chronic condition please indicate here.)

_____
_____
_____

5) What is the main reason why you go for treatment at this clinic?

_____
_____
_____
_____
_____

6) Do you receive ACC (Accident Compensation Corporation) support for your treatments?

1. Yes --> (Go to Question 6a) 2. No --> (Go to Question 7)

6a) If you did not receive ACC, would you be able to afford continuing your treatment at this clinic?

1. Yes 2. No

7) Did you seek a general doctor (MD) before trying Chinese Medicine?

1. Yes 2. No

Section 2 continued...

8) Have you sought any other methods of treatment for your problem?
(If you have, please state type of treatment tried.
For example, physiotherapy, chiropractic treatment)

TYPE OF TREATMENT	WHERE	WHEN

9) Would your MD approve of you seeking Chinese medicine?

1. Yes 2. Don't know 3. No

10) In your opinion, how is your interaction with a Traditional Chinese Medicine Practitioner different from that with the Biomedicine trained doctor?

11) Do you have any problems with Western Style medications?

Section 2 continued...

10) What place do you think Chinese medicine has in New Zealand as a therapeutic treatment?

_____

_____

_____

_____

_____

_____

12) a) Do you think that Chinese Medicine needs to be more recognised as a medical treatment within New Zealand?

1. Yes 2. No

b) Would you vote for legislation in support of Chinese medicine to make it a more recognised form of medical treatment in New Zealand?

1. Yes 2. No

13) Do you think that there should be legistation applied to the practice of Chinese Medicine in New Zealand (like those applied to the practice of Biomedicine) to deter "quacks" or underqualified practitioners, and to protect patients seeking treatment?

1. Yes 2. No

** If you have any additional comments or questions please write in the space below.

_____

_____

_____

_____

_____

THANK YOU FOR YOUR COOPERATION.

APPENDIX 4

A Survey on the practice of Chinese Medicine in New Zealand.

To Patients,

I am a postgraduate student in the Department of Social Anthropology at Massey University researching the topic of Chinese medicine (including acupuncture, acupressure, and herbal treatments) in New Zealand. Currently I am seeking to learn more about how Chinese medicine is being practised in New Zealand.

At present, I have been researching the topic with the help of the doctors at your clinic. Recently I have been observing some of the treatments, and speaking with doctors about their methods of treatment and their experiences of practising in New Zealand. In order to gain a more complete understanding of Chinese medicine (acupressure, acupuncture, herbal medicine, reflexology) as a therapeutic treatment in New Zealand, I am seeking the patient's point of view, on the experience of treatment. Would you, as a patient undergoing Chinese medicine treatment be interested in contributing to this research?

My research involves three main methods, including;
1) Questionnaire survey
2) Interviews with doctors and patients of Chinese medicine.
3) Observation of the practice of Chinese medicine.

The above three methods aim to provide an indepth understanding of the practice of Chinese medicine in New Zealand.
The first component of my research methodology is a questionnaire survey of doctors and patients. What I hope that this questionnaire will accomplish is to provide a national view of the practice of Chinese medicine in New Zealand. At present, to the best of my knowledge, this kind of information has not been explored before in New Zealand.
Confidentiality of all participants will be fully respected.
The questionnaire would take approximately 15 minutes to complete. Please return your questionnaire in the envelope provided within 1 week. Your participation would be greatly appreciated.

If you are interested in participating further in the other aspects of this research, or have any further questions or comments about this research project please feel free to contact me at the following address and phone number:

To: Kim Baxter c/o Department of Social Anthropology
Massey University, Private Bag 11-222, Palmerston North, NZ.
Phone: (06) 350 7316 Fax: 06-350 5696

THANK YOU FOR YOUR COOPERATION.

APPENDIX 5

TABLE 1 - *The Practitioner Sample: Summary of Personal Data*

Characteristic	% of Respondents	Frequency
Age:		
20s	5.3	2
30s	39.5	15
40s	36.8	14
50s	7.9	3
60s	7.9	3
Nil Response	2.6	1
Total	100	38
Sex:		
Female	39.5	15
Male	60.5	23
Total	100	38
Ethnic Group:		
European	44.7	17
Pakeha/NZer	21.1	8
Caucasian	5.3	2
Chinese	15.8	6
Asian	5.3	2
Total	100	38
Marital Status:		
Married	73.7	28
Single	10.5	4
Divorced/Separated	7.9	3
De Facto	5.3	2
Nil Response	2.6	1
Total	100	38
New Zealand Citizen:		
Yes	86.8	33
No	13.2	5
Total	100	38
Full or Part Time Practice:		
Full Time	57.9	22
Part Time	42.1	16
Total	100	38
Estimated Annual Income:		
Less than 17 000	5.3	2
$17 001 - 27 000	23.7	9
$27 001 - 37 001	23.7	9
$37 001 - 47 000	5.3	2
$47 001 and above	28.9	11
Variable	2.6	1
Nil Response	10.5	4
Total	100	38

TABLE 1 - Continued.

Characteristic	% of Respondents	Frequency
Degrees/Qualifications:		
Bachelors Degree in TCM	26.3	10
Diploma of Acupuncture	34.2	13
Physiotherapy Acupuncture	18.4	7
Qualifications as a Western Doctor	7.9	3
Western Doctor/ TCM Trained in China	5.3	2
Medical School in China	2.6	1
Medical School in Taiwan	2.6	1
Nil Formal Training	2.6	1
Total	100	38
Length of Time Working as a Practitioner of Chinese medicine:		
1yr	7.9	3
2-3yrs	10.5	4
4-5yrs	10.5	4
6-8yrs	10.5	4
10yrs	13.2	5
11-12yrs	10.5	4
13-15yrs	15.8	6
16-18yrs	10.5	4
20-21yrs	7.9	3
Nil Response	2.6	1
Total	100	38
Duration of TCM Practice in NZ:		
1yr or less	10.5	4
2-3yrs	21.1	8
4-4.5yrs	10.5	4
5-6yrs	7.9	3
7-8yrs	7.9	3
10yrs	7.9	3
11-14yrs	10.5	4
15-16yrs	13.2	5
18yrs	5.3	2
21yrs	5.3	2
Total	100	38
Countries where TCM Practitioners have Practised:		
NZ	55.3	21
NZ & Australia	13.2	5
NZ&UK	7.9	3
NZ, Australia & China	5.3	2
NZ & China	2.6	1
NZ & Taiwan	2.6	1
NZ & USA	2.6	1
NZ & Fiji	2.6	1
3 or More Countries	7.9	3
Total	100	38

TABLE 1 - Continued.

Characteristic	% of Respondents	Frequency
Training in Other Occupations:		
MD	15.8	6
Physiotherapy	13.2	5
Nursing	7.9	3
Other therapies	7.9	3
Business	7.9	3
Professional	7.9	3
Veterinarian	5.3	2
Various Occupations	21.1	8
No	13.2	5
Total	100	38
Remain in NZ in the Future:		
Yes	86.8	33
In the Near Future	5.3	2
Unsure	5.3	2
After Travelling	2.6	1
Total	100	38
Combine TCM with other Treatments:		
Yes	60.5	23
No	39.5	15
Total	100	38
Reasons for becoming a TCM Practitioner:		
1st Hand Experience as a Layperson	28.9	11
Dissatified with Western Medicine & Methods	21.1	8
Personal Interest	21.1	8
Interest in Alternative Medicine	21.1	8
Colleague Successfully Using TCM	5.3	2
Can't Practise as Western Dr.	2.6	1
Total	100	38

TABLE 2 - *The Patient Sample: Personal Data*

Characteristic	% of Respondents	Frequency
Age:		
20s	12.3	16
30s	23.8	31
40s	20.8	27
50s	23.1	30
60s	12.3	16
70s	6.2	8
80s	0.8	1
Nil Response	0.8	1
Total	100	130
Sex:		
Female	70.8	92
Male	29.2	38
Total	100	130
Ethnic Group:		
European/Caucasian	60	78
Pakeha	14.6	19
NZer	8.5	11
Maori/Mixed	6.2	8
Nil Response	6.2	8
Other	4.6	6
Total	100	130
Marital Status:		
Married	62.3	81
Single	16.2	21
Divorced	10	13
Widowed	4.6	6
Defacto	3.8	5
Nil Response	3.1	4
Total	100	130
New Zealand Citizen:		
Yes	92.3	120
No	6.9	9
Nil Response	0.8	1
Total	100	130
Receive ACC for treatments:		
No	53.8	70
Yes	41.5	54
Previously Received	2.3	3
Nil Response	2.3	3
Total	100	130

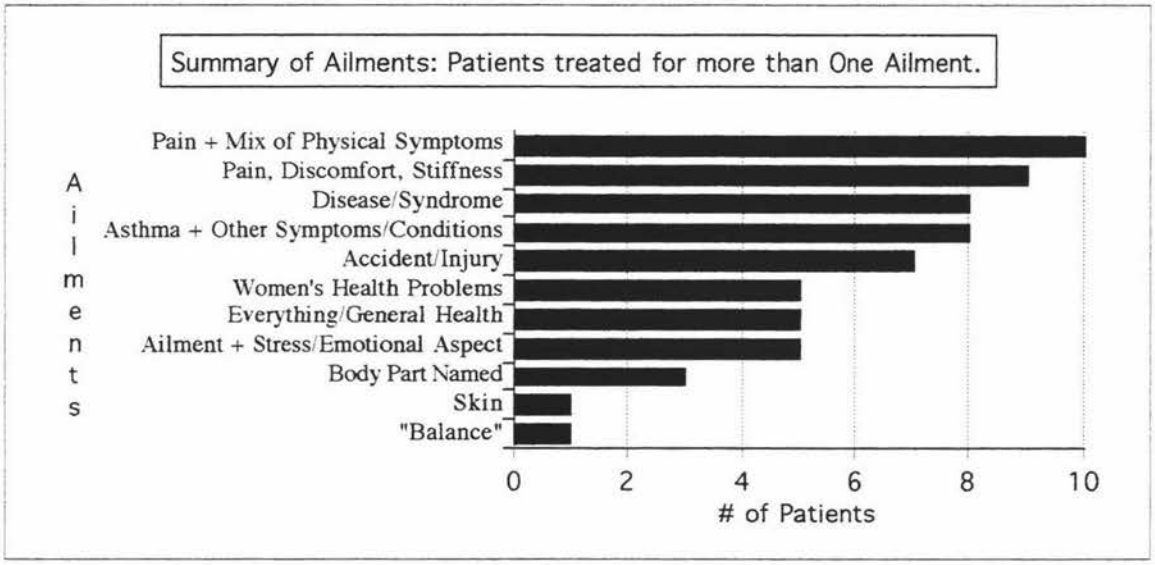
TABLE 2 - Continued.

Characteristic	% of Respondents	Frequency
Source of Referral:		
(1) Family and Friends	37.7	49
(2) Western Doctors	23.1	30
(3) Advertising	13.8	18
(4) Others	16.2	21
Combinations - 1&2	6.2	8
1&4	1.5	2
1&3	0.8	1
3&4	0.8	1
Total	100	130
First Visit to this Clinic:		
During 1995	47.7	62
During 1994	8.5	11
During 1993	14.6	19
Between 1990 - 1992	13.8	18
Between 1985 - 1989	11.5	15
Early 1980s	1.5	2
Nil Response	2.3	3
Total	100	130
Number of Visits to Clinic per Week:		
Variable	26.9	35
3	12.3	16
2-3	9.2	12
2	18.5	24
1-2	3.1	4
1	16.9	22
1 per Fortnight or Longer	10	13
Nil Response	3.1	4
Total	100	130
Reasons for Seeking Treatment at this Clinic:		
Recommended	18.5	24
Pain Relief	16.2	21
Get Results	14.6	19
Confidence/Qualities of Practitioner	14.6	19
Western Medicine/Other Methods Failed	10.8	14
Chinese Combined with Western Medicine	5.4	7
No Drugs	4.6	6
To Get Cured/Try anything	4.6	6
Proximity of Clinic	4.6	6
Nil Response	6.2	8
Total	100	130

APPENDIX 6 - PATIENTS' LISTINGS OF AILMENTS

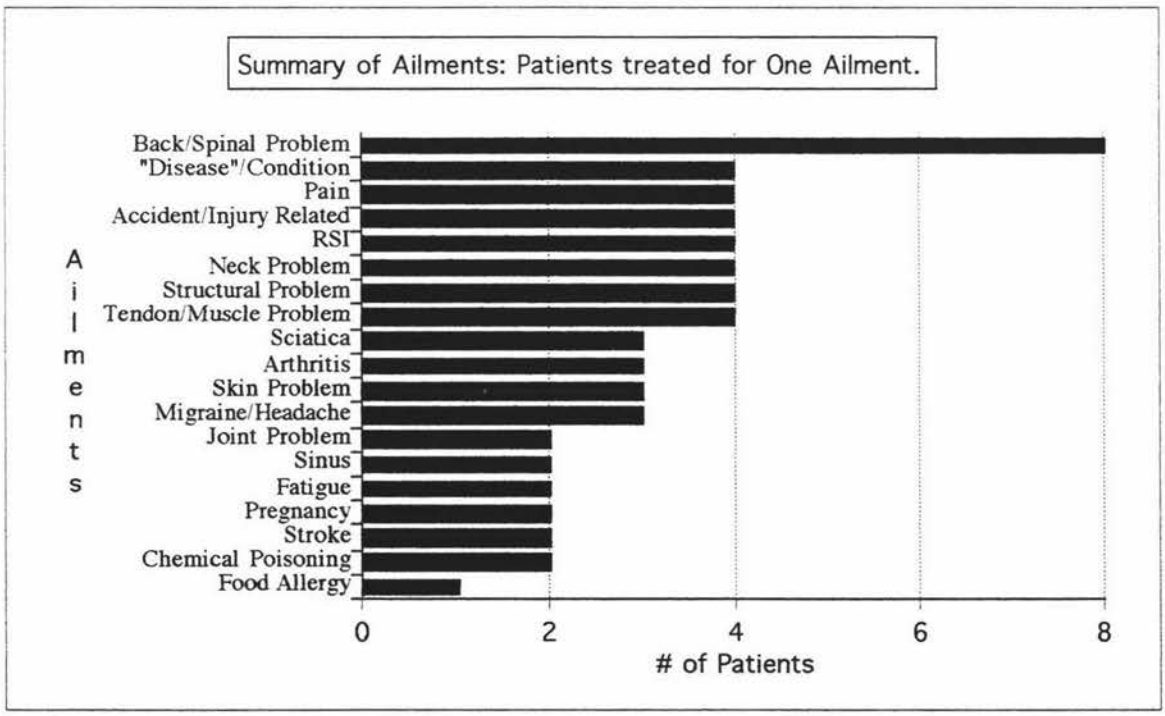
Patients treated for more than one ailment represent almost half of the total sample (at 47.7%), listing a mix of physical symptoms. See Figure 1.2a. It is noteworthy that pain is mentioned in the two leading categories, and overall medical terminology is present in each of the categories from anatomical terms to diseases.

FIGURE 1.2a



Of those patients (46.9%) who stated that they were being treated for one ailment only, there are also a range of physical symptoms listed. However, as Figure 1.2b shows, back/spinal problems have a slight majority and a predominance of degeneration models of logic used by patients: back/ spinal/ neck/ tendon/ muscle/ accident/ injury related, fatigue and RSI.

FIGURE 1.2b



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