

# Chinese Medical Concepts in Biomedical Culture: the Case of Acupuncture in Norway

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## Introduction

CHINESE MEDICINE, AND ACUPUNCTURE IN PARTICULAR, is currently widely used in Norway<sup>1</sup> as in many other Western countries.<sup>2</sup> This paper is concerned with conceptual change and continuity as an aspect of the process of establishing acupuncture in Norway.

Acupuncture is a practice of Chinese origin, and the present growth in Norway has occurred in a medical culture which is predominantly biomedical. It is difficult, if not impossible, to assign specific meaning to many traditional Chinese medical concepts when examined from biomedical perspectives. Although it has been established that acupuncture practice is growing, it is not known precisely to what extent and in what ways the transmission of acupuncture has been accompanied by an introduction of Chinese medical concepts and Chinese ways of understanding the body. I have therefore studied the process of establishing acupuncture in Norwegian health care by focusing on the reception of Chinese medical concepts. In this paper I will address a number of questions. Do Norwegian practitioners of acupuncture use Chinese medical concepts? If they do, which concepts do they use and how do they understand them? Given the difference between notions of the body in biomedicine and acupuncture, particular attention is paid to practitioners of acupuncture with biomedical background. How

most biomedically informed health personnel, it is easy to sympathise with the physician's feeling of frustration.

I have told this story to stress the underlying premises for the present study: Chinese medicine and biomedicine conceptualise the body differently. Some of the concepts essential for an understanding of medicine in Chinese traditions never developed in our culture, which means that in many cases we have no convenient linguistic label for them. Chinese medicine uses concepts such as *yinyang*, *qi* (breath, vital force, energy, pneuma, vital energy), *zangfu* (visceral system of functions), *jingluo* (circulation tracts, meridians) and other concepts that do not have counterparts in Western languages. Many Chinese medical concepts, such as the spleen and others mentioned above, refer to phenomena or classifications not acknowledged by mainstream biomedicine. Many Westerners, and not only the physician in the story above, are likely to be provoked by trying to relate to an account of the body described with Chinese concepts; the majority of us are accustomed to taking biomedical assumptions of the body as given.

### **Chinese Medical Concepts and Practitioners of Acupuncture**

**A**FTER THE EXCURSION INTO THE SPLEEN in Chinese medicine, I will turn my attention to practitioners of acupuncture in Norway and to the question of whether or not they use Chinese medical concepts. I assume that many of these practitioners have faced the same problem as the Western physician in the account of the spleen. We find acupuncture textbooks with Chinese concepts in the bookstores, and we know that some acupuncture courses state that they teach traditional Chinese acupuncture. But does this tell us very much about the use of Chinese medical concepts among practitioners of acupuncture with biomedical background? Not necessarily. In order to approach this question, I will report some findings from a survey conducted to obtain information on the use and understanding of Chinese medical concepts among various groups of practitioners of acupuncture in Norway.

To select and get in touch with a group that can with certainty be claimed as a representative selection of practitioners of acupuncture in Norway is impossible. Today there is no official authorisation or registration for practitioners of acupuncture. Current legislation is presently in the process of being reformed, but, according to the existing legal regulations, only medical doctors and dentists can practice acupuncture legally.<sup>8</sup>

The survey was conducted in 1995. A questionnaire was sent by mail to 435 persons: to 161 persons who had attended *Norske Legers*

Table 1. The acupuncture practitioners' sex, age, length of acupuncture training, extent of practice\*

	Medical doctors (n = 57)		Physiotherapists (n = 138)		Other with training as authorised health-personnel (n = 37)		Without training as authorised health-personnel (n = 66)	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Sex:								
Female	7	(13)	40	(29)	24	(65)	35	(53)
Male	49	(88)	98	(71)	13	(35)	31	(47)
Age (years):**								
< 40	15	(27)	44	(32)	10	(27)	25	(38)
> 40	41	(73)	94	(68)	27	(73)	41	(62)
Length of acupuncture training (hours):**								
< 120	22	(39)	20	(16)	4	(12)	1	(2)
> 120	34	(61)	106	(84)	23	(88)	62	(98)
Consultations per week:**								
< 10 consultations per week	40	(70)	60	(44)	17	(49)	20	(31)
> 10 consultations per week	17	(30)	78	(56)	18	(51)	45	(69)
Years of acupuncture practice:**								
< 5	27	(47)	72	(52)	18	(49)	22	(34)
> 5	30	(53)	66	(48)	19	(51)	43	(66)

\* Some questions were not answered by all the responders. The percentage is based on the number of answers.

\*\* For age, length of acupuncture training, extent of practice, years of practice the practitioners have defined themselves as < or >.

Table 2. The acupuncture practitioners' response to the question: 'How do you believe that acupuncture, as you practice it, works?'

The responders were asked to put a check in the columns for all the response options which corresponded with their opinions

	Medical doctors (n = 57) Number (%)	Physiotherapists (n = 138) Number (%)	Other with training as authorised health-personnel (n = 37) Number (%)	Without training as authorised health-personnel (n = 66) Number (%)
Acupuncture influences the <i>yinyang</i> balance	15 (26)	89 (65)	22 (60)	48 (73)
Acupuncture inhibits nerve impulses	21 (37)	32 (23)	6 (16)	8 (12)
Mainly placebo-effect	5 (9)	1 (1)	0 (0)	0 (0)
Acupuncture stimulates production of endorphins	36 (63)	85 (62)	23 (62)	33 (50)
Acupuncture influences the distribution of <i>qi</i>	18 (32)	91 (66)	21 (57)	57 (86)
Acupuncture activates various physiological systems	42 (74)	94 (68)	25 (68)	47 (71)
Others	2 (4)	9 (7)	3 (8)	11 (17)

*Akupunkturkurs* (Norwegian Medical Acupuncture Seminars) and to all 274 persons found under 'acupuncture' in the Yellow Pages in the telephone catalogues for the entire country. The response rate was 80 per cent. The final sample used in the analysis consisted of returned questionnaires from 298 practitioners of acupuncture. Although this sample may not be representative for the general population of acupuncturists in Norway, it made comparison between various groups of practitioners possible.<sup>9</sup> Basic information on the practitioners included in this analysis is presented in Table 1.<sup>10</sup>

In the questionnaire we asked acupuncture practitioners about their practice and training, their views on the relation between modern biomedicine and traditional acupuncture, and about their use and understanding of some central Chinese medical concepts. Within the limitation of this paper, I will merely draw your attention to a few typical findings. I will pay particular attention to physicians in comparison with other groups of practitioners.

To the question: 'How do you believe that acupuncture, as you practice it, works?', the most frequent answer was that acupuncture activates various kinds of physiological systems (see Table 2). However, given that there were several relevant alternatives taken from the conceptual world of biomedicine, it is interesting to note that more than one fourth of the doctors, and many more in the other groups, included response options which used Chinese concepts such as *yinyang* ('acupuncture influences the *yinyang*-balance') and *qi* ('acupuncture influences the distribution of *qi*').<sup>11</sup>

In another section we posed a direct question about the responders' use of certain Chinese medical concepts: 'Check the concept you use in your acupuncture practice, either for yourself or when you speak to colleagues or others.' Sixty-seven per cent of the physicians and more than 78 per cent in each of the other groups answered that they use one or more of the Chinese concepts.<sup>12</sup> *Qi*, *yinyang*, *xangfu* and *jingluo* were the most frequently used. As demonstrated in Table 3, more than half of the practitioners in each group reported that they use these four concepts.<sup>13</sup>

Findings from the survey show that many practitioners of acupuncture, including those with biomedical backgrounds, use traditional Chinese medical concepts. The survey indicates that many of the practitioners are also willing to accept non-scientific explanations. Most of the medical doctors (75 per cent) stated that scientifically established explanations on working mechanisms were important for their trust in acupuncture. However, 45 per cent of the doctors and more than 75 per cent in the other groups of acupuncture practitioners stated that they also found non-scientific explanations for how acupuncture works reliable.

Table 3. The acupuncture practitioners' responses to questions concerning their use of Chinese medical concepts

	Medical doctors (n = 57) Number (%)	Physiotherapists (n = 138) Number (%)	Other with training as authorised health-personnel (n = 37) Number (%)	Without training as authorised health-personnel (n = 66) Number (%)
Qi (ch'i) (energy, vital force, pneumonia)	37 (65)	119 (86)	28 (76)	62 (94)
Yinyang	34 (60)	116 (84)	29 (78)	61 (92)
Zangfu (tsang fu) (organs, bodily networks of functions)	29 (51)	110 (80)	26 (70)	53 (80)
Jingluo (ching lo) (meridians, circulation tracts, vessels)	28 (49)	98 (71)	25 (68)	51 (77)

Table 4. Responses to the question: 'How do you approach the concept of *qi* related to your acupuncture practice?'

	Medical doctors (n = 57) Number (%)	Physiotherapists (n = 138) Number (%)	Other with training as authorised health-personnel (n = 37) Number (%)	Without training as authorised health-personnel (n = 66) Number (%)
I believe that <i>qi</i> refers to one or more real phenomena	20 (57)	83 (78)	20 (87)	46 (84)
I see <i>qi</i> merely as a symbol or picture	14 (40)	23 (22)	3 (13)	6 (11)
Others	1 (3)	0 (0)	0 (0)	3 (6)
Sum	35 (100)	106 (100)	23 (100)	55 (101)

The table is based on the distribution of frequencies among the responders to this question.

Practitioners of acupuncture in Norway agreed that concepts such as *qi*, *yinyang*, *jingluo* and *zangfu* belong to their professional terminology, but some of the practitioners insisted that this does not necessarily mean that they believe in these concepts.<sup>14</sup> However, the findings from the survey indicate that many of those who use Chinese concepts believe that the concepts refer to realities and are not merely Chinese constructs. In all groups, the majority of those who reported that they use the concept of *qi*, answered that they believe that *qi* refers to a real phenomenon and is not just a symbol or picture (see Table 4).<sup>15</sup>

### Use of Chinese Medical Concepts: Some Fieldwork Experiences

THE APPEARANCE OF FOREIGN WORDS in the Norwegian medical vocabulary does not necessarily indicate changes in notions of the body. The words may have been interpreted within a biomedical (or other familiar) frame of understanding. Given the differences between biomedicine and traditional acupuncture in assumptions concerning the body, I wanted to look into the process of establishing the use of Chinese medical concepts among Norwegian practitioners with a biomedical background. With this objective in mind, I attended an acupuncture course for medical doctors. I will share some experiences from that fieldwork.

The fieldwork setting was a beginners' course in acupuncture: Norwegian Medical Acupuncture Seminars (*Norske Legers Akupunkturkurs*). The course was run by two Norwegians, both trained as medical doctors, as well as acupuncturists. Only medical doctors and physiotherapists were admitted to their courses. The framework of the course appeared sympathetic to the biomedical model. The instructors seemed not to want to challenge the biomedical dominance. On the contrary, they said they wanted to supply practitioners within the official health system with another useful medical tool. They stated that it would be desirable to be able to base acupuncture treatment on scientific knowledge, but that this was not yet possible. The instructors also stressed the views that Chinese medicine shares with biomedicine.<sup>16</sup>

The concern here is limited to a few aspects of the introduction of the concept of *jingluo* ('circulation tracts', 'meridians', hereafter referred to simply as the 'tracts') and to the notion of 'flow of *qi* (vital energy) in the tracts'. It is my hypothesis that a sensation, *deqi*-sensation ('obtaining of the *qi*-sensation'), is important in the process of subjective legitimation of Chinese medical ideas for individual practitioners. I have chosen to present the introduction to the *deqi*-sensation in the acupuncture course, because I

believe it illustrates the point that concepts are interwoven in medical practice, and that both verbal and nonverbal dimensions are integrated in the construction of the meanings of the concepts.

Below I will explain the empirical background which caused the focus of attention on the *deqi*-sensation. But first a few words about *qi*. *Qi* is a core concept in Chinese culture in general, as well as in classical Chinese medicine. In Chinese medicine the concept of *qi* is as important as the idea of 'blood' and 'blood circulation' to biomedical practitioners. However, the concept of *qi* is used differently in various contexts<sup>17</sup> and is difficult for Westerners to fully grasp.<sup>18</sup> As already mentioned, many translations have been suggested: air, breath, vapour, pneuma, material force, energy, influences, but none of them embraces all the different meanings established in Chinese contexts.

According to Chinese medical theory, *qi* circulates in the body and between the body and the environment. Dysfunctions will be manifested in an irregular *qi*-flow. A person's health situation can be improved by correction of the *qi*-flow in that person. A core idea in acupuncture is that the circulation of *qi* can be influenced by placing needles in the points located on the tracts. The tracts make up a network with branches throughout the body.

Neither *qi* nor the tracts are anatomical or biochemical entities that can be observed or measured. At least, this was the opinion expressed by the instructors in the course where I did my observations. The question arises as to how these concepts are transmitted in a way that make them plausible theories for medical actions.

### The Case of *Deqi* ('Obtaining Qi')

ON THE FIRST DAY OF THE COURSE, after a short introduction to the history of acupuncture, we were introduced to this foreign, Chinese sensation, referred to as *deqi*. We were told how various people described the *deqi*-sensation. The sensation, it was explained, would sometimes be achieved as soon as the acupuncture needle reached the correct depth of the tissue, but most often the needle had to be manipulated before the *deqi*-sensation would be achieved. The feeling was also referred to as the 'needling sensation', since it was described as the desired response to the placement of the needles.

The feeling is described in various ways: as numbness, as a feeling of something expanding in the flesh, as a deep, aching pain, as radiation of a kind of electric feeling, as a sore feeling, as a feeling of heaviness or as a



feeling of warmth. If not directly painful, the sensation is often said to be slightly unpleasant and strange. The instructors stated that they regarded a strong *deqi*-sensation as crucial for a successful treatment.<sup>19</sup> They also referred to research which supports this hypothesis.

One would expect even better therapeutic results of the placement of the needles, we were told, if one could achieve what is called a 'wandering needling sensation' (a wandering *deqi*-sensation), also referred to as 'Propagated Sensation along the Channels' (PSC).<sup>20</sup> We were told that some patients, referred to as 'super-responders', without having any knowledge of the tracts and their course could describe the pattern of the progression (the wandering) of the *deqi*-sensation in a direction that proved to be identical with the course of the tracts.

One of the instructors told us that one of his patients is a so-called super-responder, and she achieves a very distinct wandering sensation. When the needle is inserted in the tissue of her forearm, the *deqi*-sensation wanders all the way from her forearm, passing the elbow, up along her upper arm and the shoulder. Before the movement of the sensation eventually ends up somewhere near the neck, it makes a peculiar zigzag movement in the scapulae area. This characteristic route of the *deqi*-wandering as experienced by this woman happens to coincide almost completely with the course of one of the tracts as postulated in acupuncture theory.

In the following days of the course we learned various techniques used to provoke and to reinforce the *deqi*-sensation. When practising needle insertion and needle manipulation on each other, the majority of the participants in the acupuncture course said that they achieved what they believed was the *deqi*-sensation. (At least, nobody admitted to not having obtained the feeling when we were asked in plenum.) After the first day of the course *deqi* was used as a common term and treated as a central part of acupuncture practice.

## Reflections on the Field Work Experiences

REGARD THE INTRODUCTORY PHASE in the acupuncture school as an encounter between familiar and foreign conceptual worlds. The result of this encounter between biomedicine and acupuncture may have been any reaction on an axis from full rejection to complete acceptance, depending on the resonance in the individual student. I assume that the participating doctors were more positive to acupuncture than the average Norwegian physician, but the degree to which they would accept unfamiliar ideas was uncertain. Since this encounter took place in a medical context, we may

take it for granted that it was essential for the teachers to present the Chinese concept in such a way that their students would find it reasonable to use them. Field work experiences and results from the survey indicate that the teachers in this school succeeded, at least to a certain degree, in their attempts to establish use of Chinese concepts. My hypothesis is that the two aspects, establishing legitimate ways to use Chinese concepts and construction of their meanings, must be regarded as an interrelated process.

The *deqi*-sensation, like the tracts, is a Chinese cultural construction. *Deqi* is not contained in the repertoire of common sensations in our culture, but with competent guidance it is within reach for many Westerners. Although we would not automatically refer to this sensation as *deqi*, many reported that they felt something strange. The sensation represents new knowledge grounded in the body. In the field work setting the instruction to achieve this sensation was accompanied with an interpretation of the sensation: the tracts and the *qi*-flow in the tracts. The account of the super-responder's description of the movements of the sensation, following the exact course of one of the tracts, supports this conclusion.

The generally achieved *deqi*-sensation was seen as a first step towards achieving the 'wandering sensation'. So, although few, if any, achieved any 'wandering of the sensation', many seemed to consider the concept of the tracts as trustworthy enough to be used as a guide for needling procedures.

The interpretation of the new sensation as *deqi*, indicating the existence of the tracts and *qi*-flow in the tracts, is far from obvious. I can easily imagine a number of other interpretations of this unfamiliar sensation if discovered in other contexts. In our context, however, nobody protested or openly questioned the suggested interpretation.

The interpretation of the *deqi*-sensation as hinting at the existence of the tracts and flow of *qi* in the tracts can be regarded – or rather felt – to be interaction between the body in acupuncture and the individual practitioner's body-self. The experience of an unfamiliar Chinese sensation seemed to play an important role in establishing use of certain Chinese concepts. This experience was perhaps as convincing as scientific evidence, references to empirical knowledge and other well-known arguments.

I think it was of particular importance that *deqi* was associated with the efficacy of the treatment. To know how to use the needles in order to obtain the desired effect is, of course, essential. The introduction to the Chinese concepts was a part of this procedure, but not the main objective. Construction of the meaning of a concept and introduction of a particular method of manipulating the needles were established in the same process. This example thus illustrates how conceptual history is integrated in medical

practice. I also believe this example portrays a possible way of reducing the differences between Chinese assumptions about the body and those familiar to us.

### Concluding Remarks

**I**N CONCLUSION, I WOULD ARGUE that one can identify parallel processes in the development of acupuncture in Norway today. We know that some elements of acupuncture have been integrated in a biomedically defined reality. At the same time, the survey and field work observations indicate another process: it shows that many practitioners of acupuncture, including those with biomedical backgrounds, use traditional Chinese concepts. This may indicate that some practitioners have expanded their view on what constitutes a reliable picture of reality.

In the acupuncture course where I made my observations, the instructors said that they turned to Chinese acupuncture theory and Chinese concepts to guide their medical practice because they did not have any useful scientific alternatives. However, for whatever reasons they turned to Chinese concepts, I would argue that the use of Chinese concepts of the body may have further implications than just practical ones ('map to guide needling'). When practitioners of acupuncture use a map with Chinese concepts as a guide, it means that they are guided into a body landscape which may give other kinds of experiences and new insights. The experience with the *deqi*-sensation is only one example.

The Chinese concepts are thus not merely translated into a familiar conceptual world. In terms of concepts perceived as horizons, it means that new horizons have been established, with other limitations and possibilities for understanding and action. These horizons definitely have clinical dimensions; they open the door to certain medical practices and new understanding of experiences.

The use of Chinese concepts is not necessarily limited to the horizons of clinical practice. I would like to end this paper with the suggestion that it might be fruitful to discuss the newly established use of Chinese concepts within the domain of health politics. In present Norwegian society biomedical knowledge of the body is the standard for legitimate medical knowledge. The biomedical construction of the body is not only the basis for biomedical practice; it is also used as a basis for decision-making in the realm of health policy. Recently Chinese concepts have been used in a report from a committee appointed by the Ministry of Health and Social Affairs.<sup>21</sup> If we maintain a focus on concepts and their role in changing and maintaining

sociopolitical realities, we may ask what consequences follow from the use of Chinese medical concepts in health policy documents. To what degree and in what ways does the use of Chinese medical concepts play a role in establishing new realities in health policy? This is a question that deserves further attention and research.

## Notes

- 1 Vigdis Moe Christie, *Den andre medisinen* (Oslo, 1991); Christian F. Borchgrevink, 'Forskning i alternativ medisin: Hva er dokumentert, og hva er dokumentasjon?', *Tidsskrift for Den Norske Lægeforening* 117 (1997), 2469–73; Olaf Gjerløw Aasland, Christian F. Borchgrevink and Per Fugelli, 'Norske leger og alternativ medisin-Kunnskaper, holdninger og erfaringer', *Tidsskrift for Den Norske Lægeforening* 117 (1997), 2464–68.
- 2 In an overview of the European situation, Johannessen states that acupuncture is among the six most widely used alternative therapies in 11 out of 13 countries. Helle Johannessen, *Alternativ behandling i Europa: Udbredelse, brug og effekt – et litteraturstudie* (Copenhagen, 1995), p. 43.
- 3 Reinhart Koselleck (1923–) is a leading scholar associated with the postwar German history tradition referred to as *Begriffsgeschichte*. *Begriffsgeschichte* can be translated as 'conceptual history' or 'history of concepts'. Koselleck demarcates *Begriffsgeschichte* from 'intellectual history' and the 'history of ideas'. See Reinhart Koselleck, *Futures Past. On the Semantics of Historical Time* (London, 1985), p. xvi.
- 4 Koselleck, *Futures Past*, p. 84.
- 5 The same word *pi* is used in Chinese to designate both the anatomically defined spleen known by biomedicine and the spleen used in traditional acupuncture discourse.
- 6 The 'five *zang*' are the liver, heart, spleen, lung and kidney's visceral systems of functions.
- 7 See the account of the spleen in Cheng Xinnong, *Chinese Acupuncture and Moxibustion* (Beijing, 1987), pp. 29–31.
- 8 Acupuncture practice is still regulated by *Kvaksalverloven* (the Medical Quackery Act) from 1936, which restricts the right for a person who is not a Norwegian doctor or dentist to treat patients. This law may be reformed or replaced in the not so distant future. See, for instance, The Alternative Medicine Committee (a committee appointed by Ministry of Health and Social Affairs), *Alternativ medisin*, NOU 1998: 21 (Oslo, 1998). This report discusses various aspects of alternative medicine, including legal matters.
- 9 For methodological details concerning the survey, see Gry Sagli, Pål Gulbrandsen and Per Fugelli, 'Leger og andre utøvere av akupunktur i Norge- utdanning, teoriforankring og praksis', *Tidsskrift for Den Norske Lægeforening* 118:19 (1998), 2948–52.
- 10 Most of the tables presented in this paper have been published in Sagli, Gulbrandsen and Fugelli, 'Leger og andre utøvere av akupunktur i Norge'.
- 11 However, there were significantly smaller numbers of doctors who checked the Chinese alternatives than among the group of non-doctors. These were the results for the *qi*-alternative: 32 per cent of the doctors, as opposed to 70 per cent of the non-doctor group ( $p < 0.01$ ). There were also significantly fewer doctors who checked the *yinyang*-alternative ( $p < 0.01$ ).

- 12 The figures were 88 per cent (122) of the physiotherapists, 78 per cent (29) of the group with various categories of health personnel and 95 per cent (63) of the group without training as authorised health personnel.
- 13 Significantly fewer in the group of physicians used these concepts: ( $p < 0.01$ ) for *yinyang*, *qi* and *zangfu*.
- 14 See, for example, *Alternativ Medisin*, NOU, p. 54; Bernt Rognlien, 'Akupunktur og Forskning' in *Alternativ Medisin*, NOU, p. 53.
- 15 The same is valid for *jingluo* (circulation tracts, meridians).
- 16 This view is also expressed in the textbook that goes with the course. See Oscar Heyerdahl and Nils Lystad, *Lærebok i akupunktur* (Oslo, 1991), p. 11.
- 17 Porkert describes 32 forms of *qi* found in Chinese medical literature. Manfred Porkert, *The Theoretical Foundations of Chinese Medicine* (London, 1985), pp. 167–73.
- 18 Sivin summarizes the meanings of *qi* in early Chinese medical thought as follows: 'At the same time it is matter, whether condensed or dispersed, perceptible or imperceptible, breath or blood; the vital energy within matter that keeps it organized and makes growth possible; and the force in living matter that influences other things. These ideas were not separated in early Chinese medical thought. One word was enough.' Nathan Sivin, 'Essay Review', *Journal of the History of Science Society* 81 (1990), 722–31.
- 19 Heyerdahl and Lystad, *Lærebok*, p. 120.
- 20 What I translate as 'tract', is sometimes translated as 'channel'.
- 21 For example, see *Alternativ medisin*, NOU.