

# 通身心



**A reading of qì:**

**Being in a world of qì in contemporary Melbourne.**

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A thesis submitted in fulfilment of the degree Doctor of Philosophy

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September, 2007

## Declaration

I, Peter Ferrigno, declare that the PhD thesis entitled, *A reading of qi. Being in a world of qi in contemporary Melbourne*, is not more than 100,000 words in length including quotes, and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature



Date

31/03/08

## **Dedication**

**To Mandy**

The especial genius of women  
I believe to be electrical in movement,  
intuitive in function, and  
spiritual in tendency.

Margaret Fuller

## Acknowledgements

In preparing this thesis, I have received help and guidance from many people:

Daniel Chew and Kerry Watson who supervised and guided this work and, throughout my years of study at Victoria University, helped to shape this thesis in many important ways.

Ron Adams, a supervisor from another time, a scholar and friend, and instrumental in introducing me to research endeavours.

Peter Fraser who first opened me to the world of Chinese medicine.

My parents who taught me there is no use in divided hearts. They have given me in whole and not in parts.

De Yuan Wang for his wicked humour and help with the Chinese language.

My colleagues and students at Victoria University for listening to me speak about my ideas.

The late Llew Evans, a venerable old man, a constant reminder of the transforming qualities of qì.

The Nèi Jīng authors - read their counsels slowly, pause to meditate their meaning. They are things whispered slowly. They tell of nothing new yet stir the memory so that thoughts arise striking us as new - *fratello aiutato da fratello è una fortezza*.

The practitioners who participated in this research: you all occupy a central place in this work. My gratefulness is 'like holding a bowl that is brimming with goodies, and if you tip it ever so slightly it will overflow. My thankfulness is that overflowing, the sheer exuberance of gratefulness'.

The errors and misapprehensions, which remain, are mine.

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## Abstract

This thesis begins with the author reflecting on his practice experience, as a traditional acupuncturist, through which the research question is posed. The research represents a kind of cross-cultural encounter whereby the interpenetration of cultures and ideas alerts us to new and different ways on how knowledge is garnered and impacts on lived experience with reference to the Chinese medical idea of qì. Unlike the usual interpretation of a cross-cultural encounter, the cross-cultural meeting to which I refer is occurring in a local Australian setting, whereby ancient medical ideas and practices are being interpreted, applied and experienced.

Construed as a form of naturalistic inquiry and as a critique of the Western episteme, Chinese medical ideas and the worldview it presents provided the base from which this thesis emerges. Guided by contemporary interpretations of naturalistic inquiry, the thesis sets out to explore how Australian born and trained acupuncturists, working with Australians, reflect on their experience of and with qì. The thesis is premised on the idea that being in the world may be construed as qì manifest. At the same time, qì offers a praxis for apprehending our being in the world.

In contextualising the idea that knowledge emerges by engaging with qì, I explore two world trends: globalisation and postmodernism providing in broad terms the conditions for the emergence of Chinese medicine in the West. Suggesting that the world is becoming compressed, a concomitant intensification of consciousness of being in the world also emerges. Changes in temporal and spatial aspects of human activity are rapidly occurring, blurring the significance of boundaries between states and regions. The rapid flow and exchange of ideas in a compressed world appears to be engendering change at the global and local level. The thesis argues that the practice

of Chinese medicine and the ways in which it is interpreted and applied, in the West and in China, reflects the globalisation trend.

Deeply critical of the modernist project, postmodernist thinking on the other hand is concerned with how knowledge is garnered. Though postmodernism may be read as rupturing the logocentric discursive horizon of Western philosophy, a more positive appraisal suggests that postmodernism appears to be promoting a desire to reopen new conversations with people from other traditions concerning health, the sense of identity and the role of the spiritual.

Acknowledging the profound implications of postmodern thinking, my question was how do I craft a research project of this kind? Considerable attention is given to what is meant by data and how data are re-presented and constructed, underscoring the idea that the participants' presence is as important as the more formal analysis which is where the author speaks of the emergent themes. In processing the fieldnotes, the approach may be regarded as 'sententious' or 'wholistic': one which resonates with Chinese medical ways of knowing, while also highlighting the significance of the researcher's presence in recognising and making meaning with the data.

The analysis chapter highlights four emergent themes: the call to qì, cultivating qì and cultivating the self, escaping to a renewed sense of self and the importance of narrative as a way of discovering self and other. The thesis argues that to experience Chinese medical ideas directs practitioners' attention to medicine as a human endeavour, never separated from philosophical concerns, suggesting that acupuncture is a secular and sacred practice. This thesis demonstrates that knowing qì can occur anywhere, at any time and with anyone, presenting practitioners with a unique route to garnering knowledge and knowing the other. Lived experience, understood as qì action

offers practitioners, and their clients, an opportunity to share narrative, rich in meaning that speaks deeply to the life world of individuals.

The final chapter presents a vision of qì and is to be read as a contemporary Australian comment on an ancient medical tradition. Acknowledging that qì is a concept, qì also offers a praxis which speaks on how to be in the world. Qì functions onto-semantically, providing a means of transporting the human mind beyond the limits of discursive representations of the world. Qì offers its adherents a philosophy for medicine and a practice such as acupuncture may be construed as philosophy in action returning us to the idea that medicine is also a search for wisdom. Accepting that acupuncture is simultaneously a technique as well as a state of mind, Australian practitioners are in a position to 'translate' Chinese medical ideas in a non-Chinese setting, appending a local Australian translation of Chinese medical ideas which speak to on-going universal human concerns. To engage with qì provides practitioners and patients an opportunity to discover and share a language of meaning offering deep knowledge to being in the world as it relates to medicine.

## Prologue

*In their everyday work, practitioners, if they are able to relate to their patients in an authentic fashion, experience considerable uncertainty. The capacity to tolerate uncertainty is a pre-requisite for the profession. Though the public may believe that practitioners guide their patients systematically, practically and emphatically to a foreknown goal such is rarely the case. Instead, practitioners frequently wobble, improvise, intuit and grope for direction. The powerful temptation to achieve certainty through embracing a presumptive ideological school or tight therapeutic system is treacherous. Such a belief may impede the uncertain, spontaneous intuitive encounter for effective therapy.<sup>1</sup>*

### ‘Loretta’

It is strange what memories we retain. About seventeen years ago, Loretta was referred to me by one of the medical practitioners at the health service where I worked as a beginning acupuncturist. Loretta was sixty-four years of age. Loretta had been involved in a major road trauma some eight weeks before being referred for acupuncture. When she presented for acupuncture, Loretta displayed a series of photographs taken of her not long after the motorcar crash. The pictures were graphic: severe bruising over eighty-percent of her body. In her presence, I looked at them mentioning the obvious things: the extent and severity of the bruising over much of her body. The pictures remain in her medical file. I had never seen anything like this before.

The reason for referring Loretta was for pain relief. With treatment, Loretta slowly improved but experienced continuing headaches and wandering aches and pain over her entire body. She had good days and bad days. Though most of her symptoms

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<sup>1</sup> Adapted from Yalom (1991)

were musculo-skeletal, the worst thing for Loretta was that the accident caused her *'to lose a couple of yards in my stride'*. Being mobile was a central issue for her. Much to my surprise and satisfaction, acupuncture made life better for Loretta. There were days when Loretta felt her old self again. Feeling so much better, she decided to travel overseas. She had never left Australia and felt it was now time to see the world. The decision to travel was, she said, *'strange but right for her at the time'*, even though Loretta had never really considered the idea of becoming a traveller. And with a friend, she travelled a lot, mostly to the Asian Pacific region.

On returning from her fifth holiday, she presented me with a gift: a holographic image of the Buddha. In this session, I sensed something different about her demeanour and in particular, I felt a quality in her radial pulse that seemed different. I checked earlier progress notes. I entered a note, underlined and circled it with an exclamation and question mark alongside. Even today, I can summon up the pulse quality I felt. There have been many times when I re-read my progress notes, as if I would find something new. To this day, even though I documented what the pulse quality was like, there remains a gap where words do not come close to describing what I experienced. I will never forget that pulse quality. A few days later, our health centre received a call saying Loretta had died in her sleep.

The experience challenged me deeply. I sensed but did not know. There were many unanswered questions for me. Does qì 氣 *'speak before'* things happen? Was I feeling the so-called *'21 grams'* of change? How does one cultivate and be attentive to qì of the other? How does one put words to experience? What is this *'stuff'* we call qì and what is it like? Even more puzzling was how can qì animate beings and depart from the body? But there was a sobering call too. Even if one does know of the coming and going of qì, death would still come.

I have carried this story within me for a long time pondering, enacting various responses to it. It is true Loretta used no words to describe her pulse quality, nor could I understand, but she enacted, embodied, in my experience, the kind of teaching to which such classical texts as the *Huáng Dì Nèi Jīng Sú Wèn Líng Shū*<sup>2</sup> often refer. To pretend not to have experienced this was no solution.

On a superficial level, it is easy to report witnessing an event, a person's behaviour or the way symptoms are embodied in the clinic. However, we are alerted and trained to recognise the medical body as qì, since qì is said to be a force, an energy – a word practitioners commonly invoke that goes to the core of Chinese medical practice. At the same time, as practitioners working in a local Western setting we live with a unique challenge. Like other health care practitioners, acupuncturists work at repairing the body, but the theory and philosophical underpinnings of Chinese medicine argues that its practice also functions as a preventative and restorative medicine. In order to be able to work with qì, practitioners must enable themselves to know and experience qì as part of daily life in a way that goes deep to one's sense of identity because we are surrounded by qì, and are qì, at the same time.

I was confronting a kind of mystery. How do I (and other practitioners) apprehend an ineffable and numinous energy which is said to transform, take shape, remain and change in people? My interest is not to prove the existence of qì in an objective scientific manner, though I still wonder about the meaning of the idea of 'proof'. Rather, my purpose is to give voice to the significance and meaning of private experiences of acupuncturists as they work with qì and locate these experiences in a

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<sup>2</sup> *Huáng Dì Nèi Jīng Sú Wèn Líng Shū* 黄帝内经俗问灵书. Hereafter the text will be referred to as the *Nèi Jīng*. The *Sú Wèn* and *Líng Shū* are the two texts that comprise the *Nèi Jīng*. Where reference is made to either the *Sú Wèn* or *Líng Shū*. Pin Yin Romanisation of Chinese terms is used throughout the thesis. Chinese characters are also used where relevant. When citing others and spelling of Chinese words is different, for instance when Wade Giles system is used, they are retained.

public domain for discourse. The thesis attempts to give voice to the 'strange' by making it familiar. The notion of qì is a borrowed concept. Qì speaks about the body and mind that appears to be simultaneously at odds with, yet appealing to the Western mind. When we discover that to confront a challenge, such as apprehending and experiencing qì, it is not so much to represent it but to learn to represent ourselves.

An essential focus of this thesis is to understand the significance of experience in a world that also demands that one lives and learns through experience as one engages with others. Qì can be discussed in intellectual terms and this is exemplified in most contemporary Chinese medical texts<sup>3</sup>. However, qì defies the intellect, its essence and activity holds within it fundamental human questions of what am I, what is my purpose in life and who are we. The solution, if we can talk about 'a solution', which is referred to in classical texts,<sup>4</sup> is that experience must be an integral part of any human endeavour. Including experience in any intellectual endeavour, allows us to approach and append significance and meaning to many fundamental questions of knowing the world around us as well as inside us.

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<sup>3</sup> Zhong and Hui (1996), Cheng (ed.) (1987), De Morant (1994), Maciocia (2004).

<sup>4</sup> That is not to say contemporary texts avoid the problem altogether. There are a few that confront the issue such as Jarret (1998, 2003), Larre (1994), Hammer (1990), Beinfield and Korngold (1991), Kaatz (2005)

Loretta is not the only memory that refuses to go away. During my training and early years of practice as an acupuncturist, I struggled and wobbled along the way wondering at times about the efficacy of acupuncture, wondering why was I continuing to work with something ‘not proven’, indeed may never be proven, feeling like an outcast in a world of health care professionals. For instance, one view at the time was that at best, acupuncture functioned as placebo suggesting that as a medicine, acupuncture functions inertly (Kaptchuk 2002, Moerman and Jonas 2000). In moments of doubt, I felt that acupuncture functioned as one of humanities greatest trickeries. Then again, if acupuncture were a grand placebo, we would need to direct our attention to what we mean by placebo.

Presenting oneself to the world at large, as a physician, asserting that a foreign medicine based on strange ideas has curative effects, but not ‘proven’ according to Western scientific methods, I worked in a social and political environment replete with doubts. There were many questions. For instance, perhaps our fascination with Chinese medicine was because of its warm and fuzzy ideas. Its efficacy as a medicine was another matter. How does one identify and name doubt? What does one doubt? How can one doubt ones experience? How can one practice medicine in an environment that now includes an intellectual and philosophical trend suggesting that knowledge is a human creation where the idea of objective reality has now become an interesting concept. Ideas that offered an encompassing view of the world such as Chinese medicine, a kind of totalising account of the way things are, however interesting or appealing were to be regarded with suspicion and doubt. I lived in a tension-filled

environment where whichever choices one made, doubts persisted. Working with doubt did strange things for me and the strangest of all was that I continued to work with the doubts and uncertainties.

In working with my doubt I mean not simply a rejection or refutation of all that modern science promised. Rather, my doubt was more a kind of incredulity and could be better described as an inability to believe, an ambivalence to the modern world, not a refutation of it. This incredulity also applied to Chinese medicine. For instance, if Chinese medicine was to be taken as a 'real' alternative, could the practice be of no value and indeed harmful to others? How then could one dare to practice acupuncture as a medicine? Then again, how could one practice biomedicine knowing that medicine also creates disease, produces pharmaceuticals that destroy germs but in the process unwittingly helps germs become more virulent and resistant to the drugs biomedicine create. Do we invent more drugs; do we continue to practice medicine when we know that even with good intentions medicine can be harmful? This was my doubt.

Chinese medicine does not necessarily deny, nor does it claim to be a superior alternative. Rather, I perceived Chinese medicine and its philosophical underpinnings as a transcendental argument that does not claim to be better than any other medicine. Chinese medicine is different, its intentions are much the same as biomedicine, but I still wonder. My incredulity emerged from exposure to different ways of thinking and being in the world and I, like many others, turned to the East, for it represented another point of view that appealed to my sensibilities. I was also acutely aware that the immense power, wealth and domination by the West was contributing to the destruction of our earth home that is meant to nourish and sustain all people. One of

Chinese medicine's emblematic symbols known as the wǔ xíng, 五行<sup>5</sup> contains the notion of the 'earth', tǔ 土, which refers to the presence of 'earth' within and without, speaks eloquently and powerfully to Western concerns for the environment, ecology and of living in harmony with nature.<sup>6</sup> The language of Chinese medicine<sup>7</sup>, the way Chinese medicine invokes symbol and metaphor as a way of describing the world simultaneously presented me with an appealing and disturbing vision suggesting that to engage with Chinese medical ideas means that, as a human endeavour, we cannot avoid the process of attaching meaning to states of health (Kirmayer 1988, 1993). It also suggested that not using metaphor and symbol as a way of understanding medical concerns and, by implication, the human condition is indeed a linguistic impossibility (Feinstein 1990, Lakoff and Johnson 1980, Duhl 1983).

Symbol and metaphor do other things to the mind. For instance, they contain and give an account of how things come into being and how ideas remain and change in human life, offering a complex, ambiguous and entertaining view of the world. Listening to myth, which is housed within symbol and metaphor, as for instance when reading classical texts, one 'enjoins' with ancient Chinese medical sages. A remote past is made present in unusual and telling ways. Chinese medicine's use of symbol and metaphor transported one to another 'place and time'. The effect was to 'awaken' a state of mind '... in tune with the heavens above, in tune with the earth below, and centrally in tune with human affairs' (Wu 1993:143). Being transported into 'another place and time' or mythic *illud tempus*, as Eliade suggests, means one discovers the primordial which is always 'infinitely recoverable' (Eliade 1972:48).

<sup>5</sup> Currently known as the 'five phases' and sometimes still referred to as the 'five elements'. See Major (1976) for a discussion on the Chinese characters that comprise wǔ xíng.

<sup>6</sup> The earth within the body is represented as the 'organs', zang 臟, of the stomach 胃 wèi and spleen 脾 pí. The spleen in particular is recognised as 'the foundation of life' pí wéi hòu tiān zhī běn 脾為後天之本 suggesting that 'the spleen functions like the earth' pí zhu zhong tu 脾主中土. See Larre (1986), Wu (1982) Connelly (1993), Capra and Porkert (1983)

<sup>7</sup> See Karlgren (1949, 1990), Lindquist (1991)

While at a superficial level medicine attempts to assist sick people to get well, at a ‘deeper’ level medical knowledge cannot avoid addressing that far more fundamental human reality of life and death. Deriving its vitality from metaphor and symbol, the ‘life of mythology’, which classical texts seem to elaborate on, constantly opens people to deeper levels of meaning. One of the most fundamental concerns of myth is to speak about birth, death and re-birth: of the universe, humans, animal and plant life and even institutions. Human myths transport people into worlds of meaning and states of being in an attempt to understand and explain life, permitting other modes of perception, ‘recognising through the metaphor an epiphany behind the words’ (Campbell 1995:21). Within the process of being transported to other ways of knowing, humans discover the potential for transformation. According to a number of traditions, the transformation and change experienced mirror cosmic principles. The Australian Aboriginal Dreamtime, Genesis, Dao De Jing (Tao Te Ching), I Ching (Yi Jing) and the Nèi Jīng all offer an account of creation and humanity’s place within the scheme of things. It is no accident that many stories begin with a phrase like: ‘In the beginning...’ Indeed, the first chapter of the Nèi Jīng rendered as ‘Treatise on the natural truth in ancient times’ the Emperor Huáng Dǐ 黃帝 opens with such a question, asking the sage physician, Qí Bō 岐伯.<sup>8</sup>

I have heard that in ancient times the people lived (through the years) to be over one hundred years, and yet they remained active and did not become decrepit in their activities. But nowadays people reach only half of that age and yet become decrepit and failing. Is it because the world changes from generation to generation? Or is it that mankind is becoming negligent (of the laws of nature)?

Qí Bō responds, saying:

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<sup>8</sup> In the Nèi Jīng, the physician Qí Bō, is sometimes written as Chi Po or Chi Bo.

In ancient times those people who understood Tao (the way of self cultivation) patterned themselves upon the Yin and the Yang (the two principles of nature) and they lived in harmony with the arts of divination. There was temperance in eating and drinking. Their hours of rising and retiring were regular and not disorderly and wild. By these means the ancients kept their bodies united with their souls, so as to fulfil their allotted span completely, measuring unto a hundred years before they passed away. Nowadays people are not like this; the use wine as beverage and they adopt recklessness as usual behaviour. They enter the chamber (of love) in an intoxicated condition; their passions exhaust their vital forces; their cravings dissipate their true (essence); they do not know how to find contentment within themselves; they are not skilled in the control of the spirits. They devote all their attention to the amusement of their minds, thus cutting themselves off from the joys of long (life). Their rising and retiring is without regularity. For these reasons they reach only one half of the hundred years and then they degenerate. (Veith 1972:97-98)<sup>9</sup>

The above few words were not the only feature of Chinese medical language that impressed and de-stabilised me: reflecting postmodern concerns Chinese medical language problematised the use of language. It was as if Chinese medical scholars knew that language was useful and useless, and they seemed playful with it. Chinese medical texts such as the *Nèi Jīng*, seemed to present a continuing display of paradox, ambiguity and contradiction. Used as literary device, Chinese medical language invoked narrative tropes such as irony, tragedy and the parodic, not unlike the idea of crossing out words in a text, leaving them in there as crossed out. Everything is left in the text, which makes it difficult and frustrating to follow ideas, especially when one wants, indeed, demands certainty and confirmation. The language of Chinese medicine seems to constantly ask 'itself' what it is saying. In other words as a literary form such tropes provided a kind of philosophical substance to Chinese medicine.

To offer an example, after having decided which acupoints to needle a practitioner has a number of choices that relate to encountering *qì* in an acupuncture

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<sup>9</sup> See also (OICSAA (Su Wen) 1979) In the Ni (1995:1) version the chapter is titled, 'The Universal Truth'. Compare with the opening statement of Chapter One in the *Dao De Jing*, which states, 'The way that can be spoken of/Is not the constant way;/The name that can be named/is not the constant name./The nameless was the beginning of heaven and earth; ...' (Lau 1972:57). See also Keegan (1988), Keightley (1983)

point. After obtaining the dé qì sensation, a practitioner may decide to leave a needle alone or decide to apply a particular needle technique. Whatever decision a practitioner makes there resides the idea that qì is being reminded what qì needs to do by leaving the needle in situ. If needles are left alone how then does a point know what to do? If points ‘know what to do’ does it mean that any point could be selected, needled and left alone, suggesting that we do not need to know where points are or what they do since all points have curative properties and the body will somehow get itself back in to the right state (cf. Mann 2000). A cynical view would be that acupuncturists have no idea what they are doing, or it does not matter at all what points are selected, because the body ‘knows what to do to fix itself’. Indeed, what would be the point of needling if the body knows how to recover?

Underpinning Chinese medical knowledge is the concept of yīnyáng 陰陽 which conceives of opposites as dialectically part of a unified whole which, for the Western mind is often difficult to grasp. In Chinese medicine, this sense of understanding how qì remains and changes in the body is epitomised by the medical axiom, tóng bìng yì zhì - yì bìng tóng zhì, 同病異治, 異病同治, meaning ‘different treatment for the same disease and same treatment for different diseases’.<sup>10</sup> For instance, a headache may be treated by using a different set of acupuncture points, yet the same set of points could be used to treat a person who does not complain of headaches but, lets say, has sore eyes, a sore neck or is feeling dizzy.<sup>11</sup>

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<sup>10</sup> The I-hsüeh Yü Liu Lun, an eighteenth century Chinese medical text, deals with similar issues. For instance, the text contains chapter titles such as, ‘On identical illnesses in different persons’ and ‘On identical illnesses resulting from different causes’. The physician, Hsü Ta-ch’un noted: ‘[Various matters may suffer from] identical heat but the reasons why this heat emerged are different. Hence the drugs [employed to treat these patients must be] very different too. Whenever the causes of illness are different, the treatments employed must differ also. Therefore, one and the same illness may have to be treated in different ways’ (Unschuld 1990:118).

<sup>11</sup> This idea is not exclusive to Chinese medicine. For instance, I came across this notion when working as a social worker/counsellor in a hospital ward that worked with disturbed children and adolescents some thirty years ago. A group of young children were being treated for ‘hyperactivity’ (now called ADHD) by using amphetamine like substances. Somehow, amphetamine use in children ‘reverses and controls’ their hyperactivity. Illicit use of the drug by adults does exactly the reverse. (Hay 2005) See also Flaws (2001)

Tóng bìng yì zhì - yì bìng tóng zhì, is one medical axiom I encountered. There were many others, which will be referred to throughout the thesis. At the same time, I was introduced to what practitioners understand as the Daoist roots of acupuncture practice: that part of Traditional Chinese Medicine (TCM)<sup>12</sup> now since diminished<sup>13</sup> in significance and importance<sup>14</sup> and more closely related to what may be called the sacred aspects of medicine (Needleman 1994, Jarret 1998, Tacey 1999).

The Nèi Jīng, considered the premier text of the scholarly tradition of Chinese medicine, cannot be read without reference to other important texts such as the Dao De Jing and Yi Jing<sup>15</sup> (Fruehauf 2002, Jarrett 1998). These texts constantly implied that humanity is deeply embedded within the natural world, and as a human endeavour, acupuncture could not be separated from understanding the natural world. A central issue for practitioners was to understand the illness experience, to make people better and critically, as a sacred medicine, acupuncture was a way of nourishing one's destiny (Needleman 1974, Jarrett 1998).

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<sup>12</sup> The term Traditional Chinese Medicine (TCM) is commonly used to denote a practice of a traditional medicine specific to China and usually applied in reference to the (re)construction of Chinese medicine after the formation of the People's Republic in 1949. Therapies such as acupuncture, herbs, tuī ná and qì gōng fall under the rubric of TCM. In Australia, the debate continues about which title best characterises 'Chinese medical practice'. The Victorian legislation on the registration of Chinese medicine specifies either Chinese medicine or TCM. Available texts commonly use the term 'Traditional Chinese medicine'. In the USA, however, there has been the tendency to move toward the more amorphous term of 'Oriental medicine'. In this research, my preference is to use the phrase Chinese medicine with specific reference to the Nèi Jīng tradition. See Unschuld (1987a, 1987b), Sivin (1987), Hillier and Jewell (1983), Andrews (1996).

<sup>13</sup> See Sivin (1987), Unschuld (1987b).

<sup>14</sup> There are sources, which emphasise the importance of Daoist approaches to acupuncture and much less in the area of Chinese herbs. See Liu (1999) and Jarret (1998) However, medical qì gōng, loosely interpreted as breathing techniques and postures to improve well being and in treating disease is another area more closely related to Daoist influences.

<sup>15</sup> The Dao De Jing, a literary work and attributed to Lao Tse may be considered as a book of wisdom almost as inexhaustible as the Dao itself of which it treats. No other book has attracted as much attention and as many attempts at translation in the past one hundred years. See also Merton (1992). Other texts of the tradition also include the Yi Jing or Book of Changes or Chuang Tzu's writings. Carl Jung in writing the foreword to Wilhelm's edition of the Yi Jing offers a Western perspective on the significance and meaning of the Yi Jing. Underpinned by Daoist philosophy, the world of things, understood as the evolution of the sixty-four hexagrams, is acted upon through spiritual agencies. The assumption according to Jung, involved a certain principle that he termed (in other writings) as synchronicity, a concept that formulates a point of view diametrically opposed to causality. Synchronicity takes the 'co-incidence' of events in space and time as meaning something more than mere chance, that there is a special connection between objective events as well as the subjective states of the observer. Such a view demands that the observer sees the world as a psycho-spiritual structure something that Daoist acupuncturists would assume as a given in their practice.

Reading and hearing of statements such as, ‘human beings follow earth, earth follows the laws of heaven and the Dao just is’ or ‘Heaven within me is virtue, Earth within me is the breaths, Virtue flows downward, the breaths expand and there is life’<sup>16</sup> as a means for supporting acupuncture intervention were a revelation to me (Freuhauf 2002, Larre 1994). I began learning the Chinese language and voraciously read widely, on Chinese writing,<sup>17</sup> art,<sup>18</sup> literature,<sup>19</sup> philosophy,<sup>20</sup> and science.<sup>21</sup> For me, construing the movement of qì in the body in such a way transformed discourse in Chinese medicine. At the same time, statements like those mentioned above abound in classical texts and are largely glossed over in contemporary textbooks. In simple terms, ideas encountered in medical texts and what I experienced in practice seemed baffling and irreconcilable.

Alongside this learning, like many other students I met other practitioners who, it seemed to me, worked in strange ways. They listened to the client’s<sup>22</sup> story, but the story did not fit into my programmed understanding of how to make meaning of the client’s narrative in Chinese medical terms. Sometimes the practitioner would ask a few questions and more baffling still, many of the questions were asked *after* needles were inserted! A needle was inserted into an acupuncture point, and then removed after some manipulation; another inserted and left in a little longer and not manipulated. Sometimes the client was asked to breathe in a particular way during insertion and

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<sup>16</sup> The Chinese reads as, 天之在我者德也, 地之在我者氣也, 德流氣薄而生者也. Ling shu Chapter 6 (OICSAA 1979). See also Wu (1994)

<sup>17</sup> De Francis (1950), Fenollosa (1934)

<sup>18</sup> See Ch’en (1966)

<sup>19</sup> See Mair (1994), Yuan (1992), Sun (1993), Yuan (1992)

<sup>20</sup> See Le Blanc (1985), Willhelm (1989), Chang (1987), Hua (1979).

<sup>21</sup> See Blakney (1926), Chalmers (1882), Lindquist (1989), Bodde (1991), Hegel et al (1985), Karlgren (1964), Wieger (1962) and 說文解字注, Shuō Wén Jiě Zì Zhù. Considered as a primary source, this text considered by Sinologists to be a premier text on the origin, etymology and signification of the Chinese language. Access to the Chinese text based on Qing and Han dynasty authors was available. See Xu (1981).

<sup>22</sup> Amongst Australian practitioners, there is some debate about which word is more appropriate. Though I have used the word ‘patient’ here, I will use the word client throughout the text, largely because I see the clinical encounter as an exchange and transaction between two people. The idea of patient implies that ‘something is being done to the other’ by an expert practitioner which is correct but does not capture the entire meaning of working with another.

removal of a needle. Sometimes the practitioner inserted the needles and left them alone. At other times, only moxa was used. It seemed to me that there was no 'order' to the process. The more I watched the more I felt mystified, constantly asking myself how will I ever learn and be able to practice acupuncture. When I asked questions like, why did you do this or that, sometimes I would receive an answer that made sense to me. Mostly they did not. On other occasions, I received curt replies like, 'you have two ears and two eyes and one mouth, watch and listen first, then talk'. At other times, there would be no response.

To witness such practitioners at work and read classical texts precipitated a crisis for me. Here was a world I had entered but felt utterly inadequate to understand. More importantly, these readings and experiences offered a way of knowing that if accepted dismantled me. However, it also opened up a world of qì, simultaneously strange and familiar pointing a way to understanding worlds of the other and the human condition. One cannot emerge from such experiences unchanged.

For me, Chinese medicine also functioned as a philosophical discourse and critique on ideas concerning the human condition. In offering a critique of Western ways of knowing, the received meaning of Chinese medicine was twofold. It offered a different view of the world and by attempting to understand this new worldview one could also acquire new knowledge on how to be<sup>23</sup> in the world. Chinese medicine offered an epistemology and ontology, and the next leap was an astounding one: these ideas could be applied in a health domain for Chinese medicine spoke to fundamental human concerns. It concerned the 'why' questions of life. Why are we here? Where do we come from? Where are we going? What am I? How do I live? How does one repair and restore the body in a world where the distance and difference between doubt and

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<sup>23</sup> The idea of 'to be' means more than just to be around. 'It means to be alive, to be creative, to be responsive, to experience depth and meaning in our lives. When we take being seriously, inevitably we are driven to ponder the very ground of existence, the deep basis of what we mean at any level, at all levels.' Steindl-Rast (2005:343).

certainty are simply reflections of life. In this sense, my position was not one of denial or refutation, rather one of how can I work with incredulity that still speaks to the human condition.

Meeting Loretta and reflecting on my training and early practice experience is not that strange or unusual. For me the experience provided examples of a kind of cross-cultural meeting. This cross-cultural encounter spoke on how we in the West meet and engage with a new genre of knowledge, which calls into question what we mean by knowledge, symbolic of the crisis of knowledge occurring in the Western episteme. Recognising that we have become acutely aware of the ways in which ones knowing are socio-linguistically constructed, the idea of knowledge has increasingly been placed in parentheses. What does seem critical is not so much that knowledge is perceived as a dilemma of signification but as a reframing of our modern Western understanding of what it means to know and to be.

An important theme that emerged from my practice experience is the notion of engagement. The idea of engagement retains a dual focus: that as a practitioner engages with a client, she is also engaging with a numinous energy, which exceeds the reaches of rational, conceptual discursivity we tend to rely on in the modern Western episteme. In other words, the experience may be recast as being with a numinous force that happens to be 'bundled as form' at this time.

In this thesis, the idea of knowing qì is qualified with the description of qì engaged knowledge, which to some degree situates this way of knowing with the Western tradition. Qì engaged knowledge as I describe it in this thesis, reframes our understanding of what it means to know and at the same time brings a re-orientation to the knowing subject which demands that newly acquired forms of knowledge become expressed in the idiom of ones own culture. Qì engaged knowledge is more concerned

with a kind of bodymind attentiveness and awareness that collapses subjective/objective duality, which although it stands outside modern Western understanding of knowledge, is not completely foreign to the Western mind. The idea of qì engaged knowledge does run counter to the argument that knowledge is culturally mediated since qì is being posited as a universal. However, the intention is to suggest a kind of method or praxis that does not do away with particularity or diversity, but one, which recognises that qì engaged knowledge is embodied and lived out.

The fields I have chosen to explore can be identified as globalisation, postmodernism, spirituality and philosophy, all bound by the idea that we live in a world of qì. Elements within each of these fields offer glimpses into how knowledge is constructed and how qì becomes a way of knowing and being in the world.

In the following chapter, I explore what I call the promise of qì as a way of knowing how to be in the world while making meaning of the self and other: the promise of acupuncture as a healing medicine and the challenge that Chinese medicine presents to researchers who wish to study the efficacy of acupuncture. Finally, I broadly outline the direction and approach to the research question posed, situating it in particular within the postmodern debate. In contextualising the idea of qì engaged knowledge, the following chapters introduce the notion of globalisation and postmodernism suggesting that the emergence of Chinese medicine may be defined by the socio-political context while postmodernism defines the theoretical context.

## Introduction

My meetings with Loretta, observing practitioners whose style and mode of practicing together with my reading of classical Chinese texts (medical and philosophical) challenged my thinking about experiencing the body as qì.<sup>24</sup> I lived more with questions than answers as I persisted in my practice of acupuncture. My questions were simple ones. What is this ‘energy’ we call qì? What is qì like? How can a force named qì, presumably inanimate and ineffable, sustain the being? How do we know it? How can I explain qì? Indeed, what does one mean by the phrase, to explain something? How do I learn to be attentive to the medical body, which we construe as a bundle of qì? What significance and meaning does my practice with qì have for me? How do we make sense of states of being or patterns of qì? These memories of, and questions about, qì as I outlined earlier both defy and demand a response especially for someone who situates himself in a world advocating the health care benefits of an ancient medicine called acupuncture.

At core, this thesis sets out to explore worlds of qì: how qì is understood and embodied by practitioners situated in a highly urbanised social setting in Melbourne, Australia. Fundamentally removed from the historical, cultural and linguistic traditions that have helped shape Chinese medicine, Australian practitioners are also reshaping not only the notion of qì but also remaking themselves suggesting that to work with qì is also transformative.

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<sup>24</sup> Qì is used in this thesis as the theme which connects. When I use the word qì, it should be read as being synonymous with the physical body because in Chinese medical thinking qì, like yinyang, is always in a process of transformation. The physical body is read as qì having taken form, and substance and form always expresses qì. In our everyday life or in a medical sense, if qì does not move ‘correctly’ and transform one does not ‘feel right’, can get sick or die. Death is another way of saying that qì leaves the body raising a crucial question: how and why can a universal energy said to vitalise the person, leave the body? See Capra and Porkert (1983)

The interpretation offered in this study is to be understood as Australian acupuncturists' accounts of being in a world of qì shaped primarily by contemporary concerns associated with what it means to know and experience qì. This chapter highlights what may be described as the promise of qì. Said to contain a revealed wisdom offering a path to understanding and accommodating the relationship between medical knowledge and practice experience, Chinese medical ideas, though different are not completely foreign to the Western mind. However, the revealed wisdom also challenges Western ways of knowing, problematising research efforts in discovering 'the what' and 'the how' of acupuncture therapy. Thirdly, the chapter also explores how Chinese medical knowledge contributes to naturalistic inquiry as a method and as a way of constructing knowledge.

As a human endeavour, Chinese medical ideas insist that philosophy and medicine cannot be separated, clearly suggesting that engaging with qì offers a promise on what it means to be in the world. I also broadly outline the direction of the thesis indicating my interest in naturalistic inquiry and by deciding to give emphasis to what may be referred to as an engaging conversation with experienced practitioners that I have called 'home grown'.

## The promise of qì

When great Nature sighs, we hear of the winds  
Which, noiseless in themselves, Awaken voices from other beings.  
Blowing on them. From every opening. Loud voices sound.  
Have you not heard this rush of tones?

Chuang Tzu<sup>25</sup>

Not much more than thirty years ago, one of traditional Chinese medicine's most remarkable practices - acupuncture - began being offered in Australia by Australians, for Australians. This unique, ancient medical practice of inserting fine, metallic needles into the body offered Westerners an astonishing promise: that a 2000 year old medical tradition, not technologically based and grounded on principles far removed from biomedical imperatives could explain and repair the body, and even help in preventing disease.

At the same time there were many who were critical of TCM in the West and even from within China (Hillier and Jewell 1983). Based on simplistic and naïve conceptual foundations, Chinese medicine, it was argued, was not a systematic body of knowledge. Chinese medicine contained contradictions, concepts were obscure, ambiguous, interpretations often changed, suggesting that at times practitioners could not even agree on proposed diagnoses (Croizier 1968, Hillier and Jewell 1983). Offering no hard-nosed scientific proof for its efficacy, a traditional medicine such as acupuncture had outlived its usefulness as a medical endeavour (NHMRC 1974, 1988, 1989).

For proponents of acupuncture, however, Chinese medical knowledge offered a breathtaking approach to understanding the relationship of our being-in-the-world and

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<sup>25</sup> In Merton (1992:53)

medicine (Kaptchuk 1983, Porkert 1974, 1976, 1981, Csordas 1990, Grossinger 1985, Needleman 1994). Suggesting that humanity is subject to the forces of creation, sickness and disease was perceived as a reflection of humanity's interference or lack of understanding of the constantly shifting harmony of forces.

The notion of our being insensitive to the constantly shifting harmony of forces both within us and outside us contained a deeper meaning which re-directed attention to one of medicine's early pre-occupations and concerns: the search for meaning in human suffering and the relationship between medicine and healing as opposed to treating a disease. Medicine was perceived as having a dual role, of being a sacred practice as well as being a techno-clinical endeavour. Indeed, the philosophical underpinnings of Chinese medicine spoke not only of medicine, but also of a kind of inner empiricism and a science of consciousness. Chinese medicine conveyed practitioners to the heart of the matter: about what we mean by reality and the critical role of experience in knowing the world. Chinese medicine posed questions of the heart, for a participation in a 'higher' reality, which shapes our being and the way we can know the world. Chinese medicine offered Westerners another way of knowing and participating in the world.

For practitioners, Chinese medicine was recognised as a paradigm dialogue that contained a powerful message: that it was not nature that we should fear but our insensitivity to nature at work within us. Arguing that experience is a core feature in knowledge construction Chinese medicine put the view that such experiences could transport the individual beyond the intellect, answers that intellect can ask but cannot answer. Importantly, such a view called for a thorough re-examination of the meaning of the body, mind, the spirit, well-being, healing, diagnosis, symptom,<sup>26</sup> disease and

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<sup>26</sup> Biomedical approaches distinguish the notion of symptom and sign as a client description of bodily felt sensation in the former and the latter as the practitioner's objective appraisal of a client's condition. The discipline of

the purpose of treatment (Eliade 1972, Grossinger 1985, Needleman 1994, Tacey 1995).

In a very broad sense, the two opposing views described above contain a deeper and more meaningful message. It concerns a range of notions about what knowledge is, whether knowledge indeed can be garnered in objective ways, how we know the world, what we mean by 'truth' and how knowledge is accessed and transmitted as it relates to understanding the medical body, illness, disease and cure. Chinese medicine it seemed went to the core of the purpose of medicine and its connection to the human condition.

It is no accident then that within the Chinese medicine community and in the field of alternative or complementary medicine in the West,<sup>27</sup> debate continues as to what constitutes valid ways of conducting research on the efficacy of acupuncture. The efficacy debate about acupuncture may be construed as reflecting a deeper meaning: of power and ownership of knowledge and the changing values about what constitutes knowledge in a postmodern world.

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semiotics has powerfully demonstrated that such a differentiation is not as straightforward a proposition. In this thesis, I use the word symptom to mean any message offered by clients; words, gestures, bodily felt sensation or experience expressed by patients, which can be interpreted through a Chinese medical gaze (Kaptchuk 1983). In a strong sense, the practice of Chinese medicine may be likened to practical semiotics with healing the body as a major preoccupation. See Barthes (1967), Connelly (1993), Bennetts (2001), Frankenburg (1986), Good and Good (1981), Eco (1976), Kane (1983), Peirce (1955), Smagorinsky (2000), Sharov (2000), Uexküll (1982).

<sup>27</sup> Although I use terms such as 'the West', 'Western', or 'modern Western discourse' I am not suggesting that there is one integrated Western culture or identity that characterises Western people. However, I do suggest that we can describe a particular pattern to ways of thinking about the world. For instance, Asad (1994:42) states, 'The "West" is not a mere Hegelian myth, not a mere representation ready to be unmasked by a handful of talented critics. For good or for ill, it informs innumerable intentions, practices, and discourses in systematic ways.'

## The challenge to research

Proponents of Chinese medicine within the Chinese medical community and our biomedical colleagues have argued strongly that clinical studies of the double blind type must be mounted, for this would be the premier way of proving the efficacy of acupuncture. Even though it was argued that a system of medicine like acupuncture is not scientifically based, a peculiarly Western scientific mode of thought was required to evaluate and, by implication, understand acupuncture albeit in biomedical terms. This particular approach to acquiring knowledge, a genuine endeavour in its own right, is highlighted as a point of departure from classical ways of thinking in Chinese medicine.

Recently, scholars have expressed concern about applying a Western biomedical clinical methodology to acupuncture (Richardson 2000, Park 2004, Lao and Ezzo 2003, Richardson 2000, White, Trinh and Hammerschlag 2002), Vincent and Richardson (1986) c/f MacPherson, White, Cummings, Jobst, Rose and Niemtzwow (2002). Attention is directed to fundamental methodological problems in mounting acupuncture clinical trials as a method of evaluating the 'acupuncture effect'.<sup>28</sup> Connected with this critique is the view that such an approach fails to recognise the holistic nature of the Chinese medicine world-view. Applying a scientific method of inquiry to a medical tradition, whose body of knowledge proposes that to work with qì, practitioners are simultaneously participating with qì when observing qì, misguides and misinforms Westerners (Watson 1994, 1995). Certainly, additional knowledge about the actions of acupuncture points, for instance points said to lower blood

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<sup>28</sup> To add further complexity to the clinical trial debate, Marquis (1986) has argued that pre-randomised clinical trials are unethical.

pressure, reduce the extent of myocardial ischaemia, raise red blood cell count or increase gastric secretions, may be generated by biomedical research (O'Connor and Bensky 1983, Zhang 1986, Bensoussan 1991, Pomeranz and Stux 1989, Shi 1996, Lin 1996, cf. Woods 1983 and Nester 1996). However, a more fundamental concern is that a Western scientific and reductionist view of the world will emasculate the holistic nature of Chinese medicine. Nevertheless, since Chinese medicine is a body of knowledge that can describe, diagnose and treat, Vincent and Richardson (1986) suggest that if diagnosis and treatment can be clearly specified it makes the scientific investigation of outcome possible.

Double blind trials, 'considered axiomatic amongst researchers for many years',<sup>29</sup> are inappropriate for acupuncture research (Vincent and Richardson 1986). This is because the person administering the treatment cannot be 'blind' to the study. Even single blind studies pose problems because the person administering acupuncture treatment, usually a practitioner, may influence a subject's perception between true and placebo treatment. Accepting the view that single blind trials are less problematic, researchers will need to include processes to review and assess verbal and non-verbal messages given during treatment, given that the intention is to minimise the placebo effect. Video recording of 'true' and 'placebo' sessions may prove to be a useful way of reflecting on single blind trials (Vincent and Richardson 1986).

Not needing a control group also seems inappropriate, given that people would expect to be needled. Rather than not needle at all, researchers suggest that 'incorrect' or 'sham' acupuncture points be selected and needled. Again, this raises significant problems (Park 2004). Puncturing any point on the body, from a Chinese medical perspective, impacts on one's qì, meaning that to some degree a subject will be

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<sup>29</sup> Double blind trials have become the research method of choice only in the last fifty years. See Kaptchuk (1987, 2001)

affected. Moreover, there is also the problem of obtaining *dé qì*<sup>30</sup> 得氣, a tingling or grabbing sensation, usually felt on or just after puncturing. In acupuncture, obtaining *dé qì* is considered a *sine qua non* to successful treatment. Another complicating feature is that practitioners can experience the *dé qì* sensation as well and sometimes it is the practitioner's ability to sense the arrival of *qì* that matters more (Birch 1997, Flaws 1991, Gardner-Abate 1995). In this case, the client may feel an initial prick to the skin and no more. In other words, it matters more that the practitioner feels the arrival of *qì* and not the client. How this view is factored into research trials will be challenging. Pre-empting the client's *dé qì* response, it is not uncommon to hear acupuncturists remark that just after puncturing, the practitioner feels the arrival of *qì* or that it does not seem to be present. Indeed, if *qì* is not present then the practitioner may have to employ other therapeutic strategies or just wait for *qì* to arrive. Sometimes treatment is all about knowing how to wait (Merton 1994, Jarrett 2003). Indeed, this notion even extends to when the needle(s) is to be removed. Clinically, needling not only requires a practitioner to obtain a *qì* sensation; the acupuncturist must wait for *qì*, sometimes go in pursuit of *qì* and then lead it (Lou 1989). Incorporating 'the needle sensation' and 'waiting for the right time' to needle a subject will challenge researchers when constructing clinical and laboratory trials.

The use of blind trials and sham acupuncture demonstrates the limitations of invoking Western approaches to structuring and testing knowledge for understanding the efficacy of acupuncture. The dilemma is how to construct a methodologically sound approach capable of producing valid findings according to a Western scientific framework without compromising the integrity of Chinese medicine. To have any

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<sup>30</sup> In classical texts, the *dé qì* sensation is not meant to be 'painful'. Not knowing the meaning of the *dé qì* sensation Australian patients are often 'instructed' on what to expect, reframing the experience away from pain to 'sensation'. Major retailers of acupuncture needles and clinic brochures often contain statements that their 'high quality needles' minimise the pain experience. The experience of pain can also be said to be 'an opinion'. Emad (1997, 2003)

valid meaning in Chinese medical terms, clinical and laboratory research trials will need to factor in the following premises underpinning Chinese medicine: accepting the fundamental interrelatedness and interdependence of all phenomena, that the dynamic of the whole is considered primary, and finally, that process is integral to understanding structure. Reconciling the disparate perspectives will be a continuing challenge for Western and Chinese researchers. Factoring in these premises may stimulate a more holistic, processual approach to practice overshadowed by the ‘technologising’ of biomedical treatment.<sup>31</sup>

Characterised as the new rallying cry of the modern age, evidence-based medicine research has been identified by some authors as representing a paradigm shift (Guyatt et al 2002). One major proposition is that this new research movement is different to previous research approaches, optimistically suggesting that there may be ways of incorporating ‘less tangible’ forms of evidence. At core, however, evidence-based medicine still relies on the gold standard of the randomised clinical trial and associated assumptions that underscore this ‘new’ shift in emphasis to garnering knowledge (Sehon and Stanley 2003, Cohen, Stavre and Hersh 2004, Greenwood 1999, Little 2003). Whatever the eventual role of evidence-based medicine, Greenwood (1999:1) asserts that ‘the application of guidelines to acupuncture is challenging because its philosophical base requires the practitioner to transcend the objective principles inherent in standardized point protocols’. Randomised controlled trials might be the preferred option for testing new drugs. However it is a different matter to apply this particular methodology on interactive therapies such as acupuncture. Part of the difficulty of evidence-based medicine methods relates to the

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<sup>31</sup> More recently, attention has been given to exploring ways of testing the claims of traditionally based acupuncture and implementing evidence based approaches to testing the efficacy of acupuncture. See Hammerschlag (1998), Ernst and White (2001), MacPherson et al (2002a, 2002b), Birch et al (2002), Birch (1997, 1997a), Sherman et al (2002), White et al (2002), Braverman (2004), Bensoussan and Lewith (2004).

way evidence is collected as well as the nature of the evidence that defines whether data is meaningful or applicable in the clinical situation (Lambert 2006). Lambert (2006), somewhat positively asserts that if evidence-based medicine is understood as a social movement, the incorporation of other forms of evidence not usually accorded significance may indeed occur in the future. Recognising that evidence-based medicine is an evolving mainstream methodology, it is possible then that evidence-based medicine may become more inclusive and open to what constitutes evidence. As a social movement, evidence-based medicine may be construed as an embryonic contemporary Western response to the postmodern critique. Research in general and research trials explaining ‘the acupuncture effect’ remains and needs to be explored.

In a strong sense, it could be said that Australia and our Western colleagues discovered Chinese medicine because we were in a position and ready to receive a way of knowing we were looking for but could not name.<sup>32</sup> The practice of Chinese medicine in general and acupuncture more specifically is situated in a changing social context. A received message was new worldview and episteme. Chinese medicine’s core values about what it means to know, and what practicing medicine means emphasised the role of nature at work within humanity, is situated in a postmodern, globalising world, which I will discuss in detail in the subsequent chapters.

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<sup>32</sup> This idea reminds me of Cocchiara (1948:7) who said, ‘Before being discovered, the savage first had to be invented.’ See Unschuld (1987b)

## Chinese medicine and naturalistic inquiry

Recognised as a naturalistic approach to medicine, practitioners had access to an all-inclusive language of the body offering many solutions, in particular the mind-body conundrum. It was argued that Chinese medicine retained a means that gives prominence to lived stories and in doing so proposing a method and practice that simultaneously embraced the mind and body. In addition, acupuncture therapy could simultaneously repair and restore the person because Chinese medicine went to the ‘heart’ of what it means to be human (Needleman 1994). Implicitly this meant that deep knowledge of what the ‘vapour pits’, xué 穴, or of what acupuncture points<sup>33</sup> do, confer access to apprehending embodied life and nature within (Jarrett 1998, Unschuld 1987a). Chinese medicine, it was argued, deeply recognised the expressiveness of the lived body (Kuriyama 1999, Ots 1990, 1991, 1994), signifying that the lived experience of clients now had a home and a place, to return to as it were (Toombs 1987, Needleman 1994). Indeed, Chinese medicine could function as a ‘shelter for the spirit’ for clients and the leading question was not only ‘where does it hurt’ but ‘tell me the story of your illness experience’ (Larre 1986, Hammer 1990, Connelly 1993). At the same time, practitioners acquired deeper insights into the relationship between humanity and the cosmic order of things. An implication was that as practitioners worked with qi they too would learn about themselves in the world.

My concern is not with exploring or designing acceptable research protocols to test the efficacy of acupuncture, or to prove that an energy called qi exists in much the same way that science talks about gravity or magnetic forces. My research interest,

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<sup>33</sup> See Mann (2000) who now claims that acupuncture points do not exist.

rather, is generated by my experiences as a practitioner working with people, understood as qì with form. A theme of this thesis is with two simple ideas: how the experience of being in relationship generates other kinds of knowing different to what may be generally described as the Western episteme and how meaning emerges from the participation.

The contention is that engaging with people, watching other practitioners at work or reading classical texts, as if these activities were qì in action, brings forth a new genre of knowledge. Chinese medicine proposes an experiential method, a praxis, for entering into a world of qì engaged knowledge. As I suggested earlier, qì engaged knowledge means a sense of presence and attentiveness to qì and others, a critical feature to garnering and transmitting knowledge. Qì engaged knowledge and experience not only reframes our understanding of what it means to know, but also brings to the senses a significant re-orientation to the knowing subject. In my acupuncture practice, experience of this kind of knowing was especially evident when observing other practitioners at work, watching myself at work and in reading of other practitioner's experiences even though the ideas seemed difficult to grasp yet not completely strange (Minton 1980, Hammer 1990). Nevertheless, a mode of knowing of this kind is not completely foreign or absent from the Western tradition. It is more readily identified within the domain of religion and spirituality.

Engaging with another need not necessarily be taken literally. We in the West have access to a text that represents an engaging conversation about qì. This text is the *Nèi Jīng*. Originally part of an oral tradition this medical text is re-presented as a conversation said to contain the revealed knowledge of master physicians who, because of their experiences with qì were regarded as wise people. Classical wisdom from an oral past is now revealed in a literary form such that the *Nèi Jīng* is accorded

canonical status<sup>34</sup> or jīng, 經.<sup>35</sup> Apprehending Chinese medical ways of knowing, especially the ideas expressed in the Nèi Jīng, allows practitioners to engage deeply with Chinese medical ideas heard through a conversation. The Nèi Jīng asks that we begin a personal journey of a getting of wisdom expressed by extraordinary characters from the past.

The revealed medical wisdom contained in the Nèi Jīng is presented as a conversation between a master physician and apprentice practitioner who happens to be the mythical, benevolent emperor Huáng Dì.<sup>36</sup> The reader is invited to embark on a journey of experience in which Chinese medical ideas are waiting to be discovered even if in the beginning very little makes sense to the reader. Interestingly, the revealed wisdom comes to those only when they are primed to receive it.<sup>37</sup> This idea is not different to reading a book or re-viewing a movie for a second or third time and deriving a new meaning and understanding of the text. In reading classical sources, practitioners are afforded an altogether different means of absorbing medical knowledge: reading the wisdom of ancient medical scholars, understood as an experience with qì, conveys practitioners into the world of qì. It is as if, behind the words, as is the case with Chinese medical language, lie magic keys able to convey the reader to what Proust, writing in a quite different context, refers to as ‘those dwelling-places into which we would never have been able to penetrate’ (Proust 1994:36).

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<sup>34</sup> See Zola (1992).

<sup>35</sup> There is the Chinese proverb, which states, ‘Books are like medicine. Reading them in a correct way may cure people’s foolishness’ and when ‘a book is read a hundred times, its meanings will naturally become clear’.

<sup>36</sup> The apprentice practitioner is identified as the Chinese emperor, Huáng Dì. However, there are times when ambiguity arises and it seems the emperor is now the master physician talking with a colleague.

<sup>37</sup> Perhaps, this is what is meant by the notion that much of Chinese medical knowledge is ‘secret’. We will only ever discover something new when we are ready. This idea is represented in the story called, ‘Wanting God’. A hermit was meditating by a river when a young man interrupted him. ‘Master, I wish to become your disciple, said the man.’ ‘Why?’ replied the hermit. The young man thought for a moment. ‘Because I want to find God.’ The master jumped up, grabbed him by the scruff of his neck, dragged him into the river, and plunged his head under water. After holding him there for a minute, with him kicking and struggling to free himself, the master finally pulled him up out of the river. The young man coughed up water and gasped to get his breath. When he eventually quieted down, the master spoke. ‘Tell me, what did you want most of all when you were under water.’ ‘Air!’ answered the man. ‘Very well,’ said the master. ‘Go home and come back to me when you want God as much as you just wanted air.’

Reading in this way might be said to stimulate the experience of creative and intuitive ways of thinking, whereby the written word or character connecting deeper levels of meaning direct the reader to the complexity of the human potential. Absorbing Chinese medical knowledge is taken to be an interactive and interdependent relationship and exchange between practicing qì and scholarly documentation: a learning dynamic, which transforms both knowledge and people.

Reading the Nèi Jīng is like ‘listening in’ to a conversation between two colleagues. At the same time, the reader is confronted with a constellation of ‘simple’<sup>38</sup> ideas, often repeated in different ways, at times seemingly ambiguous and contradictory. It is no wonder that beginning students and practitioners often ‘get lost’ in the discourse, giving up in frustration and returning to contemporary text book accounts. Then again, from a Daoist perspective to experience the world one needs to leave other things behind and in some sense ‘get lost’ in order to make discoveries (Merton 1992).

The format of the Nèi Jīng is a kind of textbook, but written in a manner unfamiliar to most beginning students of Chinese medicine.<sup>39</sup> The impact on the reader is understandable and, in many ways, an unavoidable phase in their learning of Chinese medicine. Recognised as an ancient book of wisdom, the ‘secret knowledge’ contained in the Nèi Jīng only becomes available to one who is ‘re-awakened and enabled’. Qì is not secret. Rather, the secret is how to be with qì. At the same time, it is the experience of reading, which conveys the reader into this deeper knowledge. According to this view, one is invited to immerse oneself in and behind the words, absorbing their meaning as one experiences and reflects on the thoughts of others. The

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<sup>38</sup> The Sù Wèn is the first book in the Nèi Jīng and the title is usually translated as ‘Simple Questions’.

<sup>39</sup> Larre (1994:8) puts the view that as a classical text, the Nèi Jīng is, ‘... a temple, built to shelter the word. When the parts are arranged, it creates a definitive form. In preserving it from perversion, it puts forward an exact, methodical expression of teaching. Through the mysterious power of well placed ideograms, skilfully put together, one is offered a controlled revelation of the mystery of life. In so far as the listeners accept being disciples, *they let themselves be guided and transformed, more by what they perceive than what they understand* [my italics].

implication is that the willing student is likely to be transformed by the experience. Not only does one make contact with ideas of the past, the very contact is believed to transport the reader along a learning path which gives meaning to everyday life. In turn, everyday life is understood as an important vehicle through which medical ideas become known.

In addition to reading classical texts, medical scholars also suggested other ways of engaging with qì: the imperative being knowing how to cultivate qì. In simple terms, for many acupuncture practitioners, cultivating qì means practicing qì gōng, 氣功 *tài jí quán* 太極拳 or engaging in meditative practices.<sup>40</sup> For instance, practising qì gōng before engaging in a clinical consultation, it is argued, is a way of preparing and collecting one's qì, the idea being that the practitioner enhances her<sup>41</sup> ability to apprehend the qì of the other. In Chinese medicine the idea and task of collecting and storing one's qì, thereby becoming attuned with the social and natural environment, transports and transforms the individual. Such a person would become míng lǎo 明老 one who embodies a deep wisdom, and comes close to Maslow's (1968) notion of the authentic person.

However, cultivating qì, a way of transforming the self, can also occur in other ways: by gazing at great works of art,<sup>42</sup> reading poetry, watching a classic film or being at one with a horse while galloping through the woods. To the Chinese for instance, calligraphy is considered an art, probably the most exquisite form for depicting the essence of qì in the world. Whether that is everyday writing or inscribing

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<sup>40</sup> There are countless textual sources mainly from China and more recently from the West on the importance of the practice of medical qì gōng. See Jahnke (2002). An internet search using 'qì gong', in Google, results in almost one million hits. Similarly, 'tai ji' reveals over two million hits.

<sup>41</sup> Rather than use 'her/his' which is cumbersome, I alternate to call attention to the ways in which the word 'he' privileges the male voice.

<sup>42</sup> Wilber (1994:295) writes, 'What all great art has in common ... is its ability to pull the sensitive viewer out of him or herself and into the art, so completely that the separate-self sense disappears entirely, and for at least a brief moment one is ushered into nondual and timeless awareness. Great art, in other words, is mystical, no matter what its actual content.'

Chinese medical characters, devoting oneself to the exercise of calligraphy, the Chinese have sought self expression through inner contemplation, as an escape, a liberation. As art, calligraphy is understood as a method for achieving a harmony of the mind and body, the key to supreme enlightenment (Leys 1999). The central point is that to practise calligraphy,<sup>43</sup> read, gaze at works of art, play golf or meet the other in conversation, one is able to make contact with qì and the very contact is said to transport the person along a learning path, which gives meaning to everyday life. In turn, everyday life is understood as an important vehicle through which medical ideas such as qì become known.

The idea of cultivating, collecting and storing qì is meant to be a daily, life long process since qì is everywhere and can be accessed anywhere and at anytime. For acupuncturists in particular, the clinic room is the singular setting where qì may be experienced, for the practitioner and the client.<sup>44</sup> Recognising people as little universes of qì, the idea of treatment and cure take on an altogether more expansive meaning of what it means to make one better or to remove a symptom. The purpose of acupuncture is reframed denoting the idea of returning the person to a state of being, which practitioners often speak of as harmony and balance: in ones self, with others and the world. Indeed, the idea of treatment and cure is not unidirectional: qì is taken to move in all directions and by engaging with another's qì', the practitioner can also become healed, a view often articulated by participants.

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<sup>43</sup> Not unlike Wilber's (1994) contention, Leys (1999:25) states, '... Chinese calligraphy addresses the eye and is an art of space; like music, it unfolds in time; like dance, it develops a dynamic sequence of movements, pulsating rhythm. It is an art that radiates such physical presence and sensuous power that it virtually defies photographic reproduction...' Many undergraduate acupuncture-training courses include in their curriculum, studies in Chinese writing as a path to learning the significance and meaning of Chinese medical ideas. Throughout this thesis, I also explore the meaning of various Chinese medical ideas through their ideographs as a way of saying that medical science is a science of symbols.

<sup>44</sup> Given that the treatment room is a place for sensing and moving qì, practitioners often give special consideration to the architecture of the room. Féng shuǐ (wind/water), the art of manipulating space in order to collect and store zhèng qì, as well as warding off pathogenic influences, is considered a crucial aspect in providing the right environment for healing to occur also ensuring that the practitioner does not 'lose' their qì.

It was my memory of the conversation with Loretta that in the end proved transformative and which demanded of me a way of attempting to deepen my understanding of qì and begin again to (re)learn how to be receptive to qì, what we mean by the medical body, and the ways in which people narrate the self. The encounter compellingly pointed to the notion that qì, whether it is construed as a new way of knowing, a numinous energy that has not been ‘quantified’ or, as some have suggested, the ‘healing’ space that exists between the practitioner and client, must be experienced and that meaning only comes to those in search of meaning (Schlitz et al 2005, Needleman 1974).

My encounter with Loretta also raised another important dimension, critically related to naturalistic inquiry especially when a core feature of an inquiry of this kind asks that I, as the researcher, ‘meet the other’. An important horizon on the meaning of being with qì arises out of the demand of meeting and engaging with another person. I have alluded to the idea that Chinese medicine unreservedly acknowledges the life world (Carr 1970)<sup>45</sup> of a client and in doing so articulates different ways of knowing, having profound implications on the sphere of transaction between ‘self’ and ‘other’ (Wyschogrod 1990).

If we take the postmodern critique seriously, which I will discuss in more detail in Chapter 2, we come to understand that our ego identification is to be viewed as an illusion, a creation of our own making. While Chinese medical ideas do speak of engaging and being with qì in an intellectual sense, Chinese medicine also strongly emphasises an erasure of self/other boundaries. Like the postmodern critique, such a fundamental reframing disrupts for instance the idea of the practitioner/client as self/other, taking us beyond the notion of the bounded self. In this study, practitioners

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<sup>45</sup> The notion of life world or *lebenswelt*, was originally introduced by Husserl to denote life as it is lived in all its richness, complexity and ambiguity.

often attested to how clinical experience revealed for them an ambiguity as to whose qì was being affected in the therapeutic encounter. Putting the view that the construction of self and other are inextricably related, Chinese medical ideas also imply the experience of being with qì minimises social distance, suggesting that new forms of inter-subjectivity are connected to constructing the self. Caught up with the problem of dualism such as objectivity/subjectivity, continuity/change or material/immaterial, yīnyáng theory epitomises the self/other conundrum because the interdependence and correlative character of qì, understood as yīnyáng in action, always retains qualities of yīnyáng within. Even though yīnyáng can be taken as polar opposites, yīn or yáng are never apart. In relation to the idea of being a person who happens to be qì with shape and form, aspects of the other are present within the person suggesting that there is more in common than uncommon within and between all people. An individual then is also the centre of constitutive roles and relationships that are dynamic, constantly enacted and embodied through multiple levels of natural, cultural and social discourse. By virtue of the context a person occupies, one's sense of being is always related to other people, family, community, the world and even the cosmos. It could be said then that one purpose of human experience is to balance and co-ordinate all those aspects which constitute one's world in the here and now.

Suggesting that the self/other boundary now becomes porous and blurred clearly unsettles the ethical sphere because to engage with qì also arises out of the demand of being part of and belonging to the other. Such a perspective also helps contextualise the decision to afford participants a significant position in this research. Recognising that the difference and distance between the researcher and participants and between practitioner/client can point to similarity highlights the importance of the ethical sphere. For instance, as a means of knowing the other, Chinese medicine, in reaching

out for the other in a 'true' meeting, transcends its own boundaries, transporting protagonists into the domain of either the transpersonal or spiritual. Ultimately, this domain is non-dual, beyond separation of self and other. Acknowledging that self and other are words to define and separate, this research gives emphasis to the subjective aspect of the ethical horizon as it applies to being with and knowing qì. The central point to the above comments is that even though the terms self and other are used, these two notions are to be read as Bauman (1995:20) refers, as a way of knowing that 'bypasses both domination and dependence to discern and preserve the otherness of Other'.

The specific field I have chosen to explore can now be broadly delineated: the lived experience of what I refer to as 'home-grown practitioners', acupuncturists<sup>46</sup> trained in the local setting primarily by Australian<sup>47</sup> practitioners, and their reflections on what it means to engage with qì and the other in an urban, local Australian context. The context in which this thesis is situated has already been alluded to - the emergence and growth of Chinese medicine in a postmodern world, medicine and the body, psychology and philosophy. Not only did each of these ideas seem relevant to my clinical experiences but also each of them articulates views which I draw on to develop the thesis and write my reflections, based on my past accounts of witness, on the notion of being attentive to qì. These views are to be understood as paralleling what I discover with other practitioners as they speak of their encounters and experience of and with qì.

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<sup>46</sup> Australian-born and trained acupuncturists working with Australians have conducted limited research exploring the ways in which they apprehend and apply Chinese medical ideas and none has been conducted from the ontological and epistemological perspective of qì. See Ryan (2001).

<sup>47</sup> In particular, I looked for and chose acupuncturists who have been in continuous practice for around 10 years or more and who could articulate on their experiences as one who engages with qì. Given that acupuncture is a new medicine, the number of individuals that have been able to maintain a living from acupuncture for 10 or more years is small.

Because of the nature of the questions that I ask, the research utilises a naturalistic inquiry approach to document through my ongoing conversations, observations, and in-depth interviewing of practitioners, to reflect on their experiences on what it means to be an acupuncturist (Byrne-Armstrong 2004, Blaney and Inayatullah 1994). Construed as a vital, dynamic force, which animates the being, qì is said to be available and open to be 'worked' to repair and restore the person. Apprehending the other is to be discovered by engaging with others, because in a deep sense the other is qì (Capra and Porkert 1983). Critically, knowing and experiencing qì retains a dual function: the experience allows the practitioner to apprehend the other and at the same time, the experience provides access to understand the nature of being human in a universe of qì. This means that as a practitioner works with another's qì, they are both creating and experiencing knowledge of being in a world of qì.

This view also means that as a researcher, I occupy a dual role, which is why I began with Loretta in the prologue. I am part of the research as well as being out of it as I meet other practitioners in conversation with whom I share a world of qì and as the researching observer peering in from without and then reporting the news to others. As an individual, I function not unlike qì within this research: qì moves, remains and changes and at the same is always transforming. I am unequivocally in the research. The virtue of an inquiry of this kind sets out to explore how it can meaningfully shape rather than distort research accounts (Peshkin 1988).

I will also include what I term as accounts of witness and reflection grounded in my re-collection of lived experience as a practitioner who also has engaged in a conversation with colleagues (Dening 1996). The purpose is to include myself as a participant. My accounts are based on things past and not exclusively on my fieldnotes. Writing myself into the research avoids the temptation to present findings

as either conclusive or representative of all acupuncturists. Placing myself within the research avoids the often recognised trap of becoming an 'expert' through objectifying responses (Daly 1978, Coe 1991). The use of 'I' is a methodological device that recognises my role in the research and that the interpretations are mine and subjective. My role as researcher gives me the power to report those things I view as important and to analyse participant's experiences by acknowledging my own constructions of reality. The views offered reflect my interpretations of the participant's realities in a merged reality.

By positing that to engage with qì functions as a way of knowing and experiencing the world, this thesis is situated in a field of tension created by the conundrum of the universal and the particular. The question becomes in what ways are we able to describe a universal human discourse which can provide additional layers of meaning and significance to biological considerations, social, intra-psychic and transpersonal levels of being.

That I choose 'home grown' practitioners is remarkable since it locates this thesis as a conversation of cultures<sup>48</sup> At its core this thesis sets out to explore ways of understanding the movement and transformation of Chinese medical ideas in contemporary Australia. Situated in a highly urbanised social setting, Australian practitioners are fundamentally removed from the historical, cultural and linguistic traditions that have shaped Chinese medicine. Having access to a Chinese medical tradition of thought based on ideas derived from what practitioners characterise as the Nèi Jīng tradition, Australian practitioners confront a formidable challenge: to access and experience medical ideas, old and new, apprehending their meaning and transmitting their core values in a meaningful way.

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<sup>48</sup> See Nandy (1983, 1987), Blaney and Inayatullah (1994), Huntington (1993).

I have already offered in broad strokes the method I will adopt. I have suggested that the thesis will be a case study of selected practitioners of qì who are able to articulate on the theme of being attentive to the lived body and how their clinical and personal experiences contribute to an emerging genre of knowledge concerning worlds of qì. The intention is to regard the participants as a wholistic entity, the attributes of which can only be wholly understood when examining them simultaneously. Obtaining the data will occur through an in-depth and wide ranging conversation.

In this thesis, qì is the universal theme because qì discourse points the way to understanding the human potential and states of being. The suggestion is that attentiveness to qì does not eradicate particularity or diversity. Rather, practicing and experiencing qì transports us to shared human experiences, which are embodied and lived out through diversity in local settings. The deconstructive postmodern insight that all knowledge is constructed and mediated through language is, paradoxically, an example of a meta-level form of knowledge that seeks to escape cultural specificity because it is still concerned with the universal human desire to know each other and the world.

Seeking to explore with practitioners their experience of qì will reveal much about what qì is or better still what qì is like. Related to the question of can we understand qì, is how we can explain the emergence of Chinese medicine, especially when construed as an energy medicine. I have already alluded to one answer which may be characterised as a sign of a significant move away from modernism and toward a postmodern world, a kind of culture clash within, a deep desire to know and experience the world and worlds of the other and an attraction to ideas emerging from the outside, in particular the East, which speak of the human condition in more

inclusive ways (Huntington 1993, Kaptchuk 1983, Dharmananda 2002). I use the words 'within' and 'outside' because they resonate with the idea of a transforming yīnyáng: in Chinese medical terms 'our' qì is always moving and changing allowing us to 'see' and experience things differently. Scholars have articulated the above-mentioned ideas across many disciplines<sup>49</sup> of which the post modernist impulse seems to be especially relevant. In my subsequent discussion, I attempt to locate the emergence and discovery of Chinese medicine as part of the logic of inquiry that sustains this thesis.

The interpretation offered in this study is to be understood as an Australian acupuncturist's account of Chinese medical ideas shaped primarily by contemporary concerns associated with the meaning of well-being, symptom, illness, cure and practice experience. The thesis also seeks to identify a contemporary Australian idiom for qì engaged knowledge. Through their lived experience, practitioners are inscribing a local, Australian language for qì and along the way, clients and practitioners are afforded an experience with qì.

Accessing things medical, and being in the world, reveals more than fact ever will. In Chinese medical terms, we breathe in air, the dà qì 大氣 of the universe and we exhale stories about ourselves: who and what we are, when we drive to work, fall in and out of love, get sick, are not able to get started or finish things, needing a break or searching for the simple life. In this sense - all of us - everyday in our own extraordinary ways - we all write qì. And our words are writ by the body constantly reminding practitioners that Chinese medicine works its way back to the 'Big Bang' of how we inhabit our body and how body lives in us. The accounts of body that a

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<sup>49</sup> Derrida (1989), Barthes (1967), Foucault (1980), feminism (Weil 1952, 1987), psychology (Wilber (2000), Watts (1975), Csikszentmihalyi (1993), Yalom (1991), theology and spirituality Lonergan (1972), Fox (1989), Pannikar (1973), Steindl-Rast (2004), Eliade (1972) and philosophy (Heidegger, Needleman (1994).

practitioner hears, touches and sees evoke a strange miracle, and miracle is not a strange word to use, through which one recognises being in a world of qì.

In the following two chapters I explore two contexts of meaning in relation to the question of why the Western mind has warmed to a medicine, and the philosophy that underpins it, which sees the individual and ways of knowing the world that go beyond the rational, conceptual diversity that we in the modern Western episteme come to accept as knowledge.

## Chapter 1: Global contexts

Previously, I drew attention to the promise of qì. Grounded on principles far removed from biomedical imperatives, a received message was that Chinese medicine could return us to forgotten traditions concerning fundamental human questions: who am I, what is my destiny, why people become sick, how one stays well and what it means to get better.

Construed as a critique of the Western episteme, Chinese medicine offered its adherents a new way of knowing the world and worlds of the other. Emphasising the theme of relatedness and captured by yīnyáng, Chinese medicine argued that knowledge of qì would provide the person with not only a medical construct but also a praxis for apprehending the human condition. As a way of knowing the world and worlds of the other, these two promises are never separated from human experience. This theme of relatedness, inspired by a naturalistic kind of thinking, puts the view that events in the body, transactions between people and even the transmission and transformation of ideas supplied a theory of knowledge and practice. Indeed, classical Chinese sources<sup>50</sup> argued that not recognising how intellectual pursuits and experience are related would diminish one as a scholar of Chinese medicine and as a practitioner (Merton 1994, Freuhauf 2002, Larre and de la Vallée 1993, 1995 Jarrett 1998).

The context in which the emergence and increasing acceptance of Chinese medical ideas underpinned by Confucian and Daoist philosophy<sup>51</sup> may be described as occurring within a globalising and postmodern world. Globalisation and postmodernist

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<sup>50</sup> I am referring not only to medical scholars here but also historians, philosophers and scientists such as Ssu Ma Chien, Confucius, Mo zi, the mythical Lao Tse and Chuang Tzu.

<sup>51</sup> See Unschuld (1987b). He has argued that we in the West have appended more significance to the Daoist underpinnings, which he considers is a reflection of the West warming more to Daoist thinking than to Confucianism.

impulse provide a way for not only understanding the emergence of Chinese medicine as a medical practice but also of emerging lines of inquiry from other fields of endeavour, which relate to such notions as being a person, consciousness, spirituality and healing within the global domain (Schlitz 1997, Wilber 2000, Albanese 2004).

## The characteristics of globalisation

In this chapter, I give a brief summary of the characteristics of globalisation, which in broad terms has established the conditions for the emergence of Chinese medicine.<sup>52</sup> Linked to and seemingly at odds with globalisation, I consider post modernism as another significant aspect of the contemporary world, creating the conditions for the (re)development of an energy medicine such as acupuncture. In contrast to globalisation theory, postmodern thinking is concerned with how knowledge is garnered. It breaks with the materialist, Western tradition that knowledge is objective by allowing the opportunity for re-opening new conversations with people from other traditions on health, the meaning of illness, healing and disease. Globalisation and postmodernism exist in a kind of tension with each other. On the one hand, postmodern theory relativises all discursive theoretical constructs suggesting that globalisation theory is essentially a production of Western origin. On the other hand, globalisation situates postmodernism as one aspect of a globalising world. The intention is not to deal with the difference, nor which offers a better, more eloquent understanding of the contemporary context. Rather, the purpose is to demonstrate that globalisation and postmodern thought is fashioning the ground for different kinds of knowing with acupuncture being construed as exemplifying the trend.

Globalisation theory is not concerned with world government. Although there are sharp differences of interpretation,<sup>53</sup> most theorists take the view that globalisation

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<sup>52</sup> Such a view would also account for the emergence of other different forms of energy medicine such as homeopathy. See Dossey (2002), Benor (1992, 1995, 2003), Le Shan (1974, 1987).

<sup>53</sup> Some commentators interpret the trend as an 'unprecedented consolidation of the imperial era' (Kothari 1993:121). Others are more optimistic suggesting that new social movements such as feminism and the environmental movement are playing a significant role in articulating issues of a global nature (Carroll 1992) and others take a pessimistic view arguing that the world, unjust and inequitable as it is, is in a state of terminal crisis whereby the consequences will be impossible to predict (Wallerstein 1995).

has to do with basic and shifting terms of the contemporary world order (Robertson 1990). The shifts refer to fundamental changes in spatial and temporal aspects of social existence and human activity, suggesting that the significance of boundaries and territory is changing rapidly in a world where time is being compressed. Geographical distance and time is being reduced and we are being caught up in an intensification of a process, which involves a ‘compression of the world and the intensification of consciousness of the world as a whole’ (Robertson 1992:8) offering the sense that thought and action makes for the world as a single place. The idea of the world being compressed speaks not only of the perception of space but also movement of ideas in space allows economies, politics and culture of one region or country to penetrate others. What this also means is that to live in such a place and how things become ordered and organised become universal questions.

The penetration of ideas and practices may be construed as another form of Western imperialism because globalisation begins as a Western construct and event, meaning that globalisation begins as an external process in areas, emanating from the West and penetrating other nations. In this sense, globalisation may be construed as a ‘perverse wind’, xié fēng 邪風, of Western origin transporting the problems of the West around the world, something the West has done for centuries (Tran 1988, Watson 1984, Beyer 1994).<sup>54</sup>

However, globalisation may be perceived in a different way. Globalisation is more than the spread and imposition of one culture at the expense of others. It is as Beyer puts it:

... the creation of a new global culture with its attendant social structures  
... such that globalisation theories cannot describe contemporary global society as simply an extension of a particular society and its culture

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<sup>54</sup> I use this Chinese medical analogy since Beyer’s comments ring very similar to the notion of exogenous processes penetrating weaker, less resilient structures bringing with it the social and political problems of the West.

because these also change dramatically in the process. Equally critically, however, the emergent 'global culture' cannot itself become a new overarching particularism because it would then be subject to the same relativisation as its predecessors. (1994:9)

Beyer's point is a critical one since it also corresponds with the Chinese medical idea of yīnyáng and how this theory speaks of continuity and change at any level which one chooses to investigate: within an individual, between individuals, within communities and between communities.<sup>55</sup>

Although globalisation may be viewed as a consequence of the spread of modernity, globalisation theory has more to say about the flow and exchange of ideas between and within cultures. It is not only about a homogenisation of the world, often seen as represented by the ubiquity of large multinational corporations such as McDonalds or Coca Cola. Rather, it is about the globalisation of culture and ideas, influenced by the movement of people, practices and ideas, which give rise to another much larger and more complex form of communication. This exchange is better understood not only as occurring between states but also between transnationals or between regions of influence. In this sense, globalisation relativises the national, sub-regional, cultural and local to a global activity. Thus, the global/local dichotomy is reframed by understanding that the global circulates within the local and that there will be an inevitable transmutation of the 'superimposed' from within and from without.

In Chinese medical terms, this means even though one form of energy or activity may appear to dominate at first, transmutation of the superimposed will be a natural consequence, whereby another response will naturally occur reflecting transformation and change. Where and how the change occurs will also be a function of the characteristics particular to the individual and their yīnyáng constitution or the

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<sup>55</sup> See Blofeld (1986:193). He recounts a story on divination, which applies wū xíng theory (as well as the Yi Jing and the Celestial Stems and Branches) to family dynamics. In this account of a case study, the practitioner is not an acupuncturist, but a 'venerable immortal', one who had a deep understanding of human affairs and the role of external, celestial factors.

cultural, political and economic characteristics specific to the regional/international level. The view is that nothing is ever completely and exclusively one or the other and that neither will ever change.

The view of a perceived one way global spread of Western ideas and practices needs to be recast and reframed as being only one side of the equation. The other side is how and in what ways the spread of globalisation is producing that transmutation. One response to the perceived threat of global homogenisation is the growth of many other voices attempting to clearly identify and defend themselves from the perceived imposition. In a global domain that has been rapidly colonised by transnationals, these voices may be characterised as for example non-secular discourse ranging from fundamentalism to new-age beliefs. Perhaps this can be viewed as a resurgence of religion or put another way, an increasing desire to research the religious since religious traditions play a special role in providing an ultimate justification for one's view of the world. We are also seeing the splintering of old nation states into ethnic communities wanting to assert their independence and on the other hand, we are seeing the amalgamation of regions of the world as blocs, different to the 'free world/communist bloc', which has now gone. At the same time, we are also seeing universal movements such the green movement, environmentalism, the peace movement, spiritual renewal and concerns for universal human rights. The voices are many, some are speaking loudly and the messages are moving quickly.

Globalisation then is not simply about a centre/periphery model whereby flow is unidirectional between pairs of binary opposites. Rather the present view is that by taking a systemic perspective movement and exchange of ideas is multi directional between states and cultures, which simultaneously give rise to specific domains of interaction and discourse. Such a view then suggests that the margins, those considered

to lack influence and power now become voiceful, meaning that local ideas from other places become absorbed and transformed at the same time. Likewise for instance one may know more about the life and times of Princess Diana than of their neighbour next door or on ways of minimising the hole in the ozone layer over the Southern Hemisphere than how to make a simple repair to a hole in the wall in our home. This interpenetration and exchange seen as the central dynamic of globalisation involves a two way process and may be characterised as movement not only between the universal to particular, or the particular to the universal but also in other ways such as homogeneity/heterogeneity, local/tribal or tradition/modernity.

These dichotomies and the fluidity of movement between them are therefore not seen as one of uniformity where one cultural system sweeps away or dominates another. Rather it is a much more complex picture and fluid nature which can take on different forms in different situations but all nevertheless depicting an interpenetration and exchange of ideas and pressures, depending on the way in which local cultural systems respond to the pressures of a globalising world.

## The emergence of acupuncture in Australia<sup>56</sup>

The emergence and development of acupuncture in Australia and in the West may be applied as exemplifying Robertson's view of the globalisation process. To a beginning student of acupuncture the ideas to be presented here look like yīnyáng theory but in another guise. Though Chinese medicine uses such dichotomies as cold/hot, dry/wet, up/down, in/out or stagnant/free flow, in relation to bodily processes the meaning and principle is similar even though the words used may not be the same. The central idea is that these dichotomies are applied as way of understanding the interpenetration and transformation of qì within the body and even between people. Indeed, the interpenetration and movement of qì, understood as yīnyáng in action, can also be applied at the collective level meaning the body politic and patterns of behaviour at the societal level.<sup>57</sup> Like Robertson's view of globalisation theory, these dichotomies are not set in a world of polar opposites. In Chinese medicine, the attempt is to describe and account for instance how the particular - a symptom - may be understood in relation to the universal meaning a client's qì pattern as a whole. This means that the presence and activity of one thing can only be understood in relation to another. Put another way, when applied to the medical body, 'discussion' and what occurs at the margins can now be understood as activity on the skin or away from the

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<sup>56</sup> See Chapter 5, 'Setting for the research', for a more extensive discussion on acupuncture in Australia.

<sup>57</sup> Earliest records from about 400 BC speak more of the application of the wǔ xíng to morals, theory of history and succession of dynasties than to medical issues (Du Bary 1969). By the second century BC, the inclusion of natural phenomena and the wǔ xíng's application to the sciences and medicine is clearly noticeable: the wǔ xíng is appropriated and accommodated by medical scholars into medicine. In the eighteenth century, Hsu Ta-ch'un, author of the I-hsüeh Yü Liu Lun, applies a similar reasoning pattern commenting on collective behaviour, applying it to social habits such as smoking and dress sense by attributing a wǔ xíng quality to the larger community. In turn, he offers a view of why certain illness patterns existed in his time (Unschuld 1990).

centre of the body, which can be read as reflecting what is occurring at a deeper level within the body.<sup>58</sup>

Robertson (1992) offers a view demonstrating how the Japanese were able to identify with Confucian and Mahayana Buddhism principles, which moved eastwards from India and China, transforming and re-particularising these ideas in such a way as to produce a Japanese expression of Buddhism, which we now know as Zen Buddhism. In this instance, the cultural and linguistic difference is minimised when compared to Australian appropriation of Chinese medical ideas. The central point is the ways in which Australians were able to identify with the philosophical underpinnings of Chinese medicine, principally Daoism,<sup>59</sup> and how they were appropriated in relation to current thinking on health, well being, disease and cure when applied to acupuncture.

The Australian encounter with Chinese medicine is in a youthful stage. Yet, in not much more than thirty years, the speed with which Chinese medical ideas and practices have been absorbed and accommodated is most remarkable. Australian practitioners, having identified with a naturalistic presentation and explanation of health, disease and ways of treating people appropriated and adapted a medicine external in origin into a local and particular context.

The wǔ xíng 五行 presentation for instance, is one of the first medical theories<sup>60</sup> encountered in acupuncture training courses in Australia mainly because making a diagnosis, the actions of the points and their selection are intimately connected to the system of correspondences that sustains wǔ xíng. As a theory, wǔ xíng not only offers a method for diagnosis and treatment, it also presents a naturalistic

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<sup>58</sup> Similarly, Hall (1991) has demonstrated how globalisation has provided us with a framework for understanding why marginality has now come to occupy a powerful space.

<sup>59</sup> See Unschuld (1987b) for a different view

<sup>60</sup> In comparison to Chinese herbal medicine, wǔ xíng is accorded less emphasis.

view of the complexity of one's constitutional makeup, character and even personality.<sup>61</sup> In a strong sense, wǔ xíng theory also became a metaphor for understanding how one should relate to nature's patterns. In other words, wǔ xíng theory retained ideas that spoke deeply to ecology, food and eating patterns,<sup>62</sup> politics, interpersonal relationships and one's sense of the spiritual.<sup>63</sup> In describing patterns of associations, wǔ xíng offered a blueprint on how to live one's life as well as proposing a naturalistic theory of the medical body. Whereas Confucian and Mahayana Buddhism principles became absorbed and modified by the Japanese, Australian acupuncturists identified with wǔ xíng as a model to understand transformation and change. More broadly, wǔ xíng epitomised the view of 'think globally and act locally' and also in reverse, think local and act globally.<sup>64</sup>

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<sup>61</sup> See Rogers (1988, 1989a, 1989b,) Fraser (1982, 1984, 1987, 1991), Requena (1989) Watson (1984, 1991), Mahoney (1989)

<sup>62</sup> For instance, business people in Beijing are able to bypass a typical dilemma. In many cases, business deals and many other types of business discussions are conducted over a meal often in McDonald's eateries.

<sup>63</sup> Though not Australian in origin probably the most complete Western expression of wǔ xíng theory is exemplified by what is known as the Five Element School of acupuncture whereby the notion of a wǔ xíng constitution is emphasised and interpreted as the 'root', bèn 本, of a condition. Particular emphasis is also given to the spiritual component and indeed the acupuncture points are considered and selected in a similar way. See Worseley (1990), Hicks (1981), Connelly (1982). C/f McDonald (2000) who presents a critique on selecting acupuncture points arguing that to understand and choose points based on what he refers to as the 'spirit of a point' is not supported in the classical literature. He also implies that to construe the actions of points in this way represents a misappropriation of Chinese medical knowledge and is likely to mislead practitioners. For a different view, see Jarrett (1998), Lade (1989), Kaatz (2005), and Fruehauf (2002).

<sup>64</sup> One area that captured the interest of biomedicine in Australia was the role of acupuncture in analgesia and anaesthesia. A strange, completely different approach was being used to anaesthetise patients: acupuncture anaesthetised patients were filmed sipping Chinese tea and speaking to medical staff during surgery. This image was a particularly powerful way of drawing attention to the efficacy of acupuncture and, by implication, helping to define and assert the importance of Chinese medicine in the modern world. These events constituted the beginnings of a dialogue between Chinese and biomedicine with respect to understanding the curative mechanisms of acupuncture.

## The experience in China<sup>65</sup>

In China, we see the pattern of dynamic reciprocity in reverse. As China attempted to modernise itself, traditional medical practices also had to reflect China's desire to leave a feudal, unwanted past behind but also retain that which they valued. Insisting that China resurrect past medical treasures, the new nation also wanted to 'prove' the therapeutic value of acupuncture, to themselves and to the West. Western type research trials on acupuncture were implemented. At the same time, traditional medical ideas needed to be 'updated' and 'revised'. This re-visioning of traditional medicine was intimately connected to the creation of the People's Republic and its place in the world (Leslie 1973). The Chinese appear to have accommodated and restated classical ideas within the dialectical materialism so central to their quest for modernisation.

A core element to this quest was the imperative to devise, implement and deliver a public health care program for the masses (Hillier and Jewell 1983, Croizier 1968, Leslie 1980, Lampton 1977, Rosenthal 1981, Taylor and Leslie 1973, Song, Rathwell and Clayden 1991). At Chairman Mao's insistence, the Chinese began to reformulate and reconstruct Chinese medicine. However, the process of adapting traditional medicine in a rapidly changing society was not an easy task. Chinese medicine was forced to live with Western medicine within their health care system. The aim, however, was to incorporate Western medical knowledge and traditional medicine to improve methods of treatment as well as improve health conditions.

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<sup>65</sup> This section is adapted from previous unpublished work.

The desire to blend Western and traditional medicine in the early 1950's became known as 'walking with two legs' (Hillier and Jewell 1983). However, walking with 'two different legs' was not easy. Of the major colleges of traditional Chinese medicine in the mid to late 1950's, not one of the principals was acceptably traditionally trained (Hillier and Jewell 1983). While a large number of traditional doctors did exist, many of the early appointees to senior positions in traditional colleges had been substantially trained in the biomedical sciences.

For those Chinese that were bio-medically trained, traditional medicine was not a systematic body of knowledge and did not deserve a place alongside the power of Western medicine. The traditional medicine of China contained many contradictions, concepts were obscure and interpretations often changed. Worse still, it was argued not even traditional doctors could agree amongst themselves about various Chinese medical ideas and practices. Amidst this tension, local Chinese students training to be biomedical practitioners were directed to enrol in traditional medicine courses, the aim being to establish full cooperation between traditional and Western medicine in China's hospitals, so that the past and present could co-exist in medical settings. To many biomedical students, taking traditional medicine subjects was an unnecessary burden. Complaints about the validity and usefulness of traditional medicine practices were often levelled. Students often avoided attending classes (Hillier and Jewell 1983, Croizier 1968).

Nonetheless, the directive of the Communist Party Central Committee was clear; to elevate traditional medicine to its rightful place in the health care system and integrate it with Western medicine because, 'Folk medicines are the treasures of effective values practised by the majority of the masses, they should be highly

respected, generalised and earnestly increased and extended quickly....' (Hillier and Jewell 1983:319).

In a process of appeasement, authorities went looking for those aspects of Chinese medicine which could be deleted or better still modified in a way that appeared to be in accord with biomedical imperatives. Attempts to rid traditional medicine of superstitious elements, shamanic and demonological practices were instigated. The notion of possession, kè 客, stands out as a particularly significant feature that is now lost to contemporary discourse in China (Unschuld 1987a, 1987b).<sup>66</sup> Other medical ideas were retained and reformulated so that Western and traditional medicine could more adequately communicate.<sup>67</sup> Strict lines separated acceptably trained medical practices and any references in medicine that spoke of its feudal past were removed.

A government controlled system of accreditation and regulation became established. Colleges of traditional Chinese medicine were created with great speed. For instance, by late 1955 there were four state endorsed colleges. By, 1984 there were more than twenty-four TCM colleges<sup>68</sup> and by the 1990's all major training institutions have been awarded university status. Though the process of installing a state endorsed Chinese medicine education system was not easy, it was kept alive because of Mao's insistence (Hillier and Jewell 1983).

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<sup>66</sup> However, the Five-element school, a Western (re)creation of the wū xíng openly speaks about the notion of possession and approaches to the treatment of possession. Jarrett (2003)

<sup>67</sup> For instance xuè, 血, often considered as a yīn aspect of qì an important aspect of classical Chinese medical thinking, has been 'modernised' by contemporary Chinese scholars. More recent Chinese texts, written by authors presumably familiar with Western medicine, have added another but more confusing layer to the discussion when it comes to xuè (Sivin 1987) suggesting that xuè is, 'the red fluid circulating through the blood vessels and nourishing the body tissues' (Anon 1980:44). A body fluid, said to be red in colour, that is still qì, is now not separated from Western blood. In his conclusions on the subject of how Chinese medical ideas have been reinterpreted, Sivin (1987) ends on a somewhat pessimistic note: 'Hsueh (xuè) is now, in other words, no longer officially distinguished from blood,<sup>67</sup> although the way it is described remains very different. Recent textbooks and handbooks are consistently inconsistent because identifying hsueh and blood has consequence for the overall understanding of vital processes that have not yet been faced ... Once they are faced, it is difficult to see whether traditional medicine will long remain more than a grab-bag of therapeutic techniques'. (p 171)

<sup>68</sup> By late 1955, four state endorsed colleges of Traditional Chinese Medicine were established, with 144 traditional medicine hospitals opened. Three years later, there were thirteen and by 1984, there were more than 24 colleges training traditional medicine practitioners. See also Lampton (1977), Macek (1984).

The political imperative of the 1960's and 1970's brought a new wave of modernisation to China, along with an increased status to traditional medicine. It also brought the Cultural Revolution. Efforts to conduct clinical research became a matter of urgency, particularly a Western style approach to investigating indigenous pharmaceuticals and their actions, as well as the acupuncture effect on biological functions. Research journals and clinical laboratory publications (Zhang 1986, O'Connor and Bensky 1983, Rotchford 2000, Erickson 1999)<sup>69</sup> were being proposed. Within a few years, the number of papers published was enormous, although the quality was highly variable (Sivin 1987).

At the same time, the practice of traditional medicine reflected a revolutionary desire to become a model of social and political change. As in China's ancient past, the 'new' traditional medicine was firmly embedded into China's political agendas. This meant that medical ideas articulated in the classics had to co-exist with biomedicine. At the same time, biomedical ideas became accommodated by China's 'new' traditional medicine in a milieu of revolutionary change. For instance, it became important to first make a biomedical diagnosis and then apply TCM to treat the disease. Classical diagnoses, though useful, were not considered as critical. Indeed, many early acupuncture texts available in Australia around the 1980's and 1990's contained appendices on treating diseases organised along biomedical lines (O'Connor and Bensky 1983, WFAS 1987, 1989). Applying TCM in this way was perceived as 'two medicines able to talk with each other' and, importantly, that TCM could treat commonly occurring diseases.

In this changing social and political context, Chinese medical workers made many medical 'discoveries' in the 1960's and 1970's. Their accounts serve as an

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<sup>69</sup> Medline links on the internet. See Birch (1997)

illustration of how medical knowledge and practice were intimately connected with the new China, symbolic of her emergence as a modern nation state. Often, reports described extraordinary sacrifices made by medical workers, many of whom were not fully trained, implying the importance of one's actions is accorded political significance. They were more commonly known as the 'Barefoot Doctors'. Achievements included curing deaf-mutism, startling recoveries of sequelae of infantile paralysis, anaesthesia and open-heart surgery. Typically, the clients were treated with traditional methods like acupuncture but diseases often had a biomedical name.

Undeterred by '*conservative medical opinion*' [my italics], 'a medical propaganda team' intent on treating deaf mutes interpreted the 'conservatism' as, 'cases having been refused treatment' (Anon 1977). They set out to 'challenge' the past and 'prove' that one's intent, together with a modern application of traditional medical ideas could cure deaf mutes.

The acupuncture point Yǎmén 哑门, Du Mai 15,<sup>70</sup> was seen as containing the answer to the prevalence of deaf-mutism, suggesting that this acupuncture point was the 'door', mén 门, to curing deaf-mutism. In keeping with traditional ways of categorising points, Yǎmén was recognised as a 'single great point'. Yǎmén, translated as 'Door of Mutism', was believed to contain the secret to curing deaf-mutism. Conventional needle depth was deemed too 'shallow', probably because the condition was considered to be an internal, deep-seated problem. The 'door' was to be found in another place in order to realise a cure. Deep needling was immediately related to a social and political desire of relieving 'our class brothers of their suffering; we must go forward and not be stopped by the 5 fen limit' (Anon 1977:70).

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<sup>70</sup> See Jarret (1992, 1998), Lade (1989) and Ellis et al (1989) for their approaches to understanding the actions of acupuncture points.

Yāmén (Du Mai 15) is located in the occipital region and incorrect insertion could lead to puncturing the medulla oblongata and could cause death. Classical scholars already knew that deep needling was dangerous. It is for reasons of safety that recommended needle depth is limited to five fen<sup>71</sup> [about one centimetre] (O'Connor and Bensky 1983, Rogers and Rogers 1989). Motivated by a strong desire to relive their class brothers these workers had to prove the ancients wrong. They did this first by practising on themselves, underscoring the point that they were both researcher and subject. It was noted that one of the medical workers, Chao Pu-yu, who needled himself to a depth 1.5 cun experienced a stimulus so powerful that his hands became numb and he found it hard to manipulate the needle. The question arose, 'Should he stop there, or should he go on' (Anon 1977:70). The stimulus experienced was considered a positive one and the worker decided to needle more deeply because, 'If I lose my power of speech it would be worthwhile; if I lose my life, it would not be in vain, as it would be in the interest of serving the people' (Anon 1977:70).

This time he went to a depth of 2.5 cun, causing his neck and throat to become numb. Feeling a kind of electric shock, he had reached a '*Eureka*' [my italics] point, having 'broken the limit of the ancients by a good margin' (Anon 1977:70). It is not noted whether the workers or clients sustained any injuries during these trials. Nevertheless, of 168 deaf mutes treated, 157 were reported as having regained their hearing. The majority of patients reportedly also regained the ability to speak (Anon 1977).

Deep<sup>72</sup> insertions and stronger needle manipulation<sup>73</sup> became important trademarks of Chinese acupuncture practice. The so-called limits of classical Chinese

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<sup>71</sup> Ten fen constitutes one cun.

<sup>72</sup> During a hospital experience in Taiwan, a group of acupuncture students filmed and commented on their experiences. In particular, they noted that needle penetration on most occasions was particularly deep. For instance,

medicine were deemed irrelevant and discarded when placed in the context of the demands of an emerging nation like China. Ancient medical ideas, though never completely rejected,<sup>74</sup> have been transformed and accommodated into China's social and political imperatives.

In a period some thirty years, China's traditional medicine had become transformed. New texts were written and re-written<sup>75</sup> with many aspects of traditional theories being removed<sup>76</sup>, minimised, eschewed or just forgotten,<sup>77</sup> mostly for political

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Stomach 1, Chéng Qì 承立, was needled to a depth of 2 cun. Most Western point manuals suggest depths of no more than 7 fen. Rogers and Rogers (1989:22) forbid needling of the point.

<sup>73</sup> While the Chinese are noted for deep needling techniques, certain Japanese 'schools of thought' emphasise the opposite and there has been a 'warming' to such needling practices in Australia and the West. The argument goes that qì is essentially yáng in nature and therefore 'shallow' needling is required. One needs to know how to 'touch' qì (with a needle) at the surface in order for qì to move and transform at depth. Instead of seeing a needle inserted to depths of 1, 1.5 or 2 cun, the acupuncture needle is inserted to no more than one or two fen. Often needles are left in a horizontal position, barely touching the skin. The meaning of depth takes on altogether different meanings. See Dharmananda (2005), Masakazu, (2003), Denmei (1990) Gardner-Abbate (1996).

<sup>74</sup> As the wū xíng speaks of the qualities of change of the four seasons, Lei Feng's poem, 'The Four Seasons' utilises these same qualities within the context of the Cultural Revolution. Schoolchildren had to learn this poem by heart. She writes, 'Like spring, I treat my comrades warmly. Like summer, I am full of ardor for my revolutionary work. I eliminate my individualism as an autumn gale sweeps away fallen leaves, and to the class enemy, I am cruel and ruthless like a harsh winter' (Chang 1991:340).

<sup>75</sup> For instance, '... since the 1970's, 27 new editions of or commentaries on the Nèi Jīng, 76 reprints of, or annotations to the Treatise on Cold Damage Disorders and 56 reprints or new editions of classical materia medica and roughly 350 reprints, editions, and anthologies of other medical treatises were published. This flood has shown no sign of stopping since 1976 ...' (Sivin 1987:26 n 20).

<sup>76</sup> On the other hand, the Celestial Stems and Branches approach to understanding the coming and going of qì, in the body and in the universe, has been resurrected which speak of points being 'open' at particular times of the day. These open points become active because of the interplay between celestial and earthly forces and are spoken about as circadian rhythms. Such a system of selecting acupuncture points is not directly connected to illness. Rather, these points could be used on anyone, at anytime because they naturally retain a therapeutic quality at a particular time of the day, irrespective of whether a person is sick or not. In other words, the system of Celestial Stems and Branches refers to how heaven and earth play themselves out in any person, at all times.

<sup>77</sup> One particular concept deserves special attention which underscores the nexus of politics and medicine. Minister Fire-pericardium, xīn bāo, acts as the protector or envelope of the heart, reflecting illness as part of the upper sān

jiāo 三焦. In classical texts, the pericardium is said to manifest the emperor's heart illness. Exploring the notion of fire, the I-hsüeh Yü Liu Lun demonstrates a fluid relationship between the zàng that manifest fire signs and symptoms. It states, 'The designation 'minister fire,' though, applies (in fact) to the fire of the heart-enclosing (network). It is responsible if one feels uneasy, has a red (face), and suffers from vertigo. It is at the side of the ruler fire, and to call it minister fire appears to be fitting indeed. One need only check the Nèi Jīng to get the right view. (Unschuld 1990:81-82). Anyone advocating a similar view in contemporary China could be seen as supportive of a political perspective involving some risk to themselves. Characterising the fire phase of the wū xíng as a relationship between *an emperor and minister* [my italics] is represented as 'trash meant to protect the feudal ruling class and should be criticised' (Sivin 1987:130). (This was written in 1972 during the Gang of Four period.) Sivin (1987) notes the view was revised some time later but the ambiguity remains. The political metaphor enclosed within this description was too reminiscent of the politics of feudal China, which was what China was attempting to

leave behind in its pursuit for modernisation. In contemporary China, wù xíng 五行 theory has now been re-adapted and described as '... the basic materials constituting the material world' which exhibit an 'interdependence and inter-restraint which determines their state of constant motion and change' (Anon 1980:16). The same text acknowledges wù xíng theory to be an ancient philosophy and a basic practical guide in explaining physiology and pathology. Accepting wù xíng theory as a treasure from China's ancient past, the text insists that practitioners reflect on their clinical experiences, 'by adhering to the scientific attitude of dialectical and historical materialism'. Only in this way is medical progress assured (Anon 1980:21).

reasons. As the Chinese began (re)creating Chinese medicine, the West was ‘discovering’ Chinese medicine, appropriating what we took to be a unified, coherent body of knowledge largely unaware of the influence of political and social imperatives in China. Perhaps more naively, we in Australia assumed that medical knowledge could not be muddied, because medical ideas were ‘above’ politics (Sivin 1987, Unschuld 1990, Porkert 1976, Kaptchuk 1983).

Much more recently, in 1999, some ten thousand followers of the Fa Lun Gong movement demonstrated outside a government compound in Beijing demanding that it be recognised as a legitimate form of qì gōng. Differentiating itself from other qì gōng practices one of the defining features of this movement, emphasises the building of moral character incorporating Buddhist and Daoist principles, pulling the meaning of such practices into the political arena. Fa Lun Gong is now banned in China and many of its followers have been imprisoned.

Ots (1994) has conducted important research on qì gōng, noting the qì gōng fever that spread to an estimated sixty million followers in China in the 1980s. Ots was especially interested in ‘hexiangquan’ qì gōng, or Soaring Crane qì gōng, a brand of spontaneous movement, ‘zifa dong gong qi gong’. What marked this kind of qì gōng activity as significant is that that Crane qì gōng practice creates a space for a ‘communitas’ of cathartic release, a liminal arena for the public performance of culturally stigmatized behavior (Ots 1994, Turner 1969, Chen 2003). In letters written to the founder of the Crane qì gōng movement, Ots discovers another emotional world not usually heard of in qì gōng discourse and also likely to be frowned upon. A woman described how she developed spontaneous movements after four days of practice, and how bodily movements made her become aware of a deep emotional state. She wrote:

I felt a stream of qì leaving the earth, lift me upwards and then turn me around in different directions. I had tried for three days, thus I felt self-assured and did not go against it. Suddenly, a force pushed me in the back. I stumbled forward and fell down on my knees. Now I became frightened. I wanted to finish the session, but before I could get up, another explosion of energy hit my front and pushed me backwards. I fell to the ground, and then this energy just whirled me around and around. Again and again, I tried to stop it, but I just didn't succeed. Then, for the first time in all these years, I became aware of all my sadness and shock. I started crying. What a relief! (Ots 1994:127).

Political problems arise when one realises that states of being are directly related to one's social condition: that one's sadness or health problems can be connected to one's living conditions implying that personal 'troubles' may be construed as a public issue. Cultivating qì by practicing certain types of qì gōng may be viewed as politically incorrect and dangerous<sup>78</sup> for it can lead to persecution.<sup>79</sup>

This vignette serves to demonstrate that to characterise Chinese medicine, as a neat, concise medical body of knowledge and practice that has remained unchanged through the millennia is not the case. At first reading, to cultivate qì appears to be a simple and straight forward activity whereby one personally cultivates qì as a way of enhancing health. It is also the interpretation of what happens to a qì gōng devotee that matters. If the interpretation 'wanders' into social commentary, the consequences can become dangerous for the individual and for the group. Qì gōng, like wǔ xíng theory must be read within the social and political milieu suggesting that practitioners in the West and in China will be confronted with a fluid, lively and contrasting discourse on what constitutes medical knowledge also having profound implications on issues such

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<sup>78</sup> This idea is to be contrasted with the view that if one practices qì gōng incorrectly one could possibly experience bodily felt sensations that are not meant to happen, disrupting correct qì flow. Thus, the idea that one should learn such practices from a master.

<sup>79</sup> At the same time, there is the view that if practiced inappropriately, qì gōng is held to induce abnormal psychosomatic responses and even mental disorders. From a Chinese medicine perspective, these aberrations have distinctive qì related manifestations: as sensory, motor and psychic disturbances. (Ng (1998).

as public health,<sup>80</sup> social commentary or on how to construct clinical research trails into the acupuncture effect.

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<sup>80</sup> It will be interesting to note whether the Chinese recognise, as we have in the West, how wū xíng ideas may speak to the Chinese on environmental matters: such as global warming and climate change or water management.

## The periphery talks back

Enter now, the idea of the ‘periphery talking back’. Fruehauf, in reflecting on the transformation of Chinese medicine in China opens with a provocative statement. Even though the practice of Chinese medicine is flourishing, but with a ‘steroidal glow’, he begins by asserting that the ‘mother trunk’ of Chinese medicine is dying, emasculated by political imperatives within China and quite likely will also die in the West, where he says, ‘the branches of the tree are trying to grow’ (Fruehauf 1999:1).

What makes this assertion remarkably significant is we hear of an exhortation from the ‘younger brother’ reminding both our Eastern and Western colleagues to become mindful and indeed wary of those factors intruding into traditional ways of knowing, in particular the pressures to ‘biomedicalise’ and ‘technologise’ core ideas and the practice of Chinese medicine. To illustrate the absurdity that can spring from this situation, Fruehauf relates a personal experience. As recently as 1990, a doctor at the Cheng Du College of Traditional Chinese Medicine was widely known for prescribing a herbal remedy that appeared to be highly effective in bringing about the speedy and painless delivery of babies for first-time mothers. After two decades of consistently positive feedback, recognising a potential commercial value, a Chinese pharmaceutical company decided to re-produce his formula as a patent medicine, meaning that it could be made available as an off the shelf product.

However, Chinese drug administration demands decreed that the production of patent medicines must satisfy certain standards of production, akin to their understanding of standards of Western pharmaceutical research. The usual kinds of scientific controls were employed to conduct a laboratory test. To the researcher’s

surprise, nothing happened, even when the experiment was later done with a number of other animals. A second series of experiments were organised and conducted and it was observed that some of the herbs induced contractions, proclaiming that they were more suitable for inclusion in any new patent medicine. However, when the newly 'discovered' herbs, which in traditional pharmacopoeias are not at all related to uterine effects, were tested on eager mothers by another obstetrician, they failed to produce any clinical results. Thoroughly confused, the managers of the company decided to withdraw their support for the project. However, the traditional doctor seemed undisturbed by the scientific findings since he argued that traditional medicine adhered to a set of entirely different scientific principles, which demand verification through non-sedated, intact people who deliver babies in an uncontrolled real-life environment.

Fruehauf's (1999) account may signify the disparity between two world-views on how knowledge, medicine and practice are interrelated suggesting that modern Western science and traditional medicine cannot talk to each other. There are many other possible responses to the story. The wrong questions were asked. The laboratory trial itself was poorly designed. That the trial failed to recognise how the original concoction of herbs work synergistically and that the herbal remedy is designed to work via digestive processes rather than through direct injection into an isolated part of the organism. Quite possibly, for twenty years the traditional doctor himself functioned as placebo. Finally, that the idea of the transmission of medical knowledge is a function of a relationship between the 'senior to junior doctor' - míng lǎo 明老 to jì chéng rén 繼承人 - on which the future training<sup>81</sup> of practitioners should focus

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<sup>81</sup> For instance, he notes that a new class of graduate students are being produced who cannot diagnose in differential terms at all anymore. They are however, well trained in the allopathic system of medical terminology and diagnosis. He notes that all of the doctoral theses presently produced in China fall into the field of Chinese-Western integration research, or laboratory animal research related to the ratification of new patent remedies. Integrated standards for students of Chinese and Western medicine, moreover, have produced the grotesque situation where Chinese medicine researchers are required to utilise unwarranted equipment such as electron microscopes to achieve doctoral level approbation. With regard to training at the undergraduate level, which is five

(Farquhar 1984). In relation to acupuncture, and as discussed earlier the issue of testing efficacy appears to be even more problematic.

While Fruehauf<sup>82</sup> seriously worries that Chinese medicine will die, other parts of the periphery are identifying with Chinese medicine's 'mother trunk' (Morelli and Adelasco 1997, Jarrett 1988, Blackwell and Hougham 2001, Hougham 2002, Buck 1998). For instance, Buck (1998) in reporting on a seminar led by Ted Kaptchuk, stated that the first question put by Kaptchuk was, 'Where is the soul<sup>83</sup> in oriental medicine now'? One approach in responding to such a controversial question was to explore a Chinese medical idea: that kidney qì declines with increasing age. Said to store qì, named as jīng essence, and true yīn and yang, one of the special attributes of the kidney<sup>84</sup> contributes to the getting of wisdom or zhì (Larre and de la Vallée 1995).<sup>85</sup> To the Chinese and to us Westerners wisdom comes with age. In this instance, we are confronted with a paradox. Jīng 精 essence inevitably declines with age, yet wisdom is meant to come with old age. Put another way, declining qì is associated with the getting of wisdom. How then is a refined essence such as jīng qì essence related to the getting of wisdom when our qì in general is on a path of departure? Though a question such as this one may have been entertained in China's classical past, contemporary TCM avoids such discussion. Notably, it is in the West that such

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years duration, much of the courses are taken up by classes in foreign languages, physical education, political studies, and computer training. By far the most extensive classes are dedicated to biomedicine and other topics are unrelated to the diagnostic and therapeutic procedures of classical Chinese medicine. Just under forty percent of total course hours, he notes, is devoted to classical notions. This issue, Fruehauf (1999:8) states, 'is compounded by the ongoing division of students into Western-style areas of specialisation, such as acupuncture or bone disorders. None of the specialty students, including acupuncture department graduates, are required anymore to familiarise themselves with the realm of original teachings, not even in the radically abridged form of classical quotations that still serve to bestow an air of legitimacy on most official TCM textbooks'. See also Sivin (1984)

<sup>82</sup> At the same time, Fruehauf writes extensively about classical Chinese medical ideas. See Fruehauf (2002)

<sup>83</sup> Similarly, the idea of soul, understanding shén, dé, shén míng 神明 and other notions is a central theme in Jarret's (1998) writings, the five element school (Worsley 1990, Connelly 1982, 1993) and in Larre and de la Vallée's (1985, 1993) work.

<sup>84</sup> In Chinese medicine, the kidney(s) are split into 'left/yīn' and 'right/yáng' each having particular functions - shèn yīn 真陰 and shèn yáng 真陽

<sup>85</sup> In offering a view of zhì Larre and de la Vallée write, 'When one really knows, one knows what to do and how to do it. One makes a decision and acts efficaciously, and life is powerful' (1995:179).

discourse is emerging. Responses to such questions are important and responses will vary. However, it is the construction of the question that is remarkable.

The consequences of the interpenetration of ideas will lead to contestation<sup>86</sup> of ideas between local and distant and within the local and distant, and at the same time is likely to lead to a diversity of views in relation to knowledge making in, and practice of, Chinese medicine. Recasting the idea of globalisation as a dialectic means that the periphery will also shape the centre and at the same time the periphery will recast and redefine itself as other, newer forms of classical Chinese medicine or as a modern 'creolisation', as Hannerz (1992) puts it, of Chinese medicine shaped by local views. It is also quite possible that parts of the West will become and will want to see themselves as 'more classical' in orientation than the Chinese in China (Abu-Lughod 1991). For instance, research on intentionality and distant healing such as applying qì gōng techniques may become the link that supports the 'more classical than them' orientation (Stapp 1999, Sidorov 2002, Dossey 2002, Schlitz and Braud 1997).<sup>87</sup>

In the West, biomedicine's interest in Chinese medicine's theoretical foundations was considered of little value, since biomedicine presumes to own the necessary theoretical structures to explain the acupuncture effect (NHMRC 1974, NHMRC 1988, 1989).<sup>88</sup> Although the idea of applying anaesthesia was of some

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<sup>86</sup> Seemingly reiterating an earlier Chinese view, Mao (2004), has argued that in the West, '... TCM curriculum should incorporate more courses of Western clinical and basic science. The length of study should be increased to accommodate the additional training. It will help the graduates to conduct scientific research to find out why and how TCM works. This is important for the advancement and acceptance of TCM, not only by the public, but also the scientific community. Education and research through science are the driving forces for the eventual integration of Eastern and Western medicine. It is possible that one day there will be only one integrative health system, where practitioners of both fields will work side-by-side.'

<sup>87</sup> See The Institute of Noetic Sciences at <http://www.noetic.org/>. In a paper exploring the role of intent in non-local healing Sidorov (2002) presents a quite compelling argument showing how current knowledge regarding remote perception and bioinformation exchange impacts on healing at distance. He goes on saying, 'It is our deep conviction that such non-local phenomena have a common explanatory basis, and therefore that a more sustained effort should be made for designing studies which incorporate the empirical knowledge and technology of both parapsychology and alternative medicine. Also, in light of the considerable role that long-range ELF waves and the Schumann resonance seem to play in this area, it would be advisable to seek more involvement from the engineering community in such future studies - after all, we may be looking at a potential revolution in human communication methods.'

<sup>88</sup> Since the mid to late 1980's, the number of research articles devoted to unraveling the biomedical 'mechanisms' said to explain the acupuncture effect has increased dramatically. See Pomeranz and Stux G (1997). In a press

interest to Western medicine, it was not taken up in a significant way.<sup>89</sup> On the other hand, Westerners more interested in the traditional foundations of acupuncture became aware of its applications in other areas of medicine particularly where it could be shown to be useful and cost effective.<sup>90</sup> For Australians, the immediate application for acupuncture was its efficacy in pain relief, especially musculo-skeletal pain (acute and chronic), relief of symptoms in chronic conditions, obstetrics and issues surrounding fertility. For instance, acupuncture was used for morning sickness, induction, minimising the pain experience during first stage of labour or mal-positioned fetus. The application of acupuncture in this area was as much a function of the role of acupuncture as it was of the needs and desires of women who were intent on experiencing a natural childbirth and crucially with minimal biomedical intervention.

Surrounded with controversy especially as to the social and medical causes, two other areas that attracted the interest of acupuncture practitioners was HIV-AIDS and substance abuse. Again, the view was how can a naturalistically inspired medicine be best used to help substance abusers<sup>91</sup> 'kick the habit and change their life'<sup>92</sup> or help

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release on December 2006, the National Health and Medical Research Council (NHMRC) announced that up to \$5 million would be made available for research into complementary and alternative medicine. This call provides an opportunity for Australian researchers to submit proposals for innovative research that will generate evidence and increase knowledge in the area of complementary and alternative medicine.

<sup>89</sup> However, the role of anaesthesia was considered of value in veterinary science. Early in my training I recall seeing a number of videos originating in Australia with acupuncture being the principal method for anaesthetising large animals. One remarkable observation was that the animal was conscious during surgery. Acupuncture points, selected according to traditional methods, were connected to Western inspired electro-acupuncture equipment to induce the anaesthetic effect.

<sup>90</sup> A 1994 study of stroke patients showed that those who received acupuncture spent an average of 73 days less in a hospital or nursing home than those receiving standard care alone, saving an average of more than \$26,000 in medical costs per patient. See Johansson et al. (1994). The issue of illness recovery, in which acupuncture seems to have a marked effect now becomes an economic consideration central to maintaining an economically viable health care delivery enterprise. See also Birch (1997)

<sup>91</sup> In so far as acupuncture and its role in assisting substance withdrawal Australia is leading the way in this area of medicine as a human endeavour.

<sup>92</sup> In the mid 1980's, the Windana Society was established in Melbourne (and continues). Disenchanted with biomedical approaches to helping substance abusers 'kick the habit' especially during the acute phase of withdrawal, treatment was focused on the whole person and any 'medical' interventions were to be of the natural kind. Acupuncture, amongst other approaches, was seen as a legitimate and useful modality. A peculiarly Western inspired approach to needling was applied and known as the NADA protocols.

HIV-AIDS sufferers manage the range of symptoms and opportunistic infections associated with the condition and indeed even help them live longer.<sup>93</sup>

The central point is not so much that acupuncture may be perceived as a generalist practice or particularly useful in specific areas of medicine. Rather, being associated with more naturalistic and human approaches to medicine, Chinese medical ideas and practices were re-applied and re-interpreted within a contemporary, local host culture. Practitioners were able to identify with the universal within culturally specific expressions associated with particular disease states occurring at a worldwide level. The idea of medicine is 'relativised' by awareness of Chinese medical principles and its connection to humankind. Moreover, a national society is relativised by an awareness of a world system of societies. Acupuncture was given an Australian expression in relation to these conditions.

The process of globalisation as Robertson (1992) and others suggest seems to reflect a search for authenticity, with a hybridisation of ideas and practices reflecting local needs (Sahtouris 2002, Scheurman 2004, Giddens 1991, 1994). The world is made smaller and vulnerable by the project of modernity itself. Globalisation provides a framework for coming to terms with discourse generated by environmentalists, theologians, indigenous peoples, feminists and alternative medicine practitioners who wish to move away from the confines of national interests and seek to transcend global/local, universal/particular dichotomies. Dispersed over space but in close contact there is a sense of unity around a common cause (Sahtouris 2002).

The global society model of globalisation expressed in this thesis is provocative and optimistic. It expresses the view that cultural diversity is likely to be

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<sup>93</sup> For instance, despite the limited clinical data on the use of acupuncture to treat peripheral neuropathy and other HIV-related symptoms, acupuncture clinics are flourishing in many cities. Naomi Rabinowitz and Michael Smith, who have operated a highly popular clinic for HIV patients at Lincoln Hospital in the Bronx since the early 1980's, pioneered the use of acupuncture in people with HIV. Many other clinics dedicated to providing acupuncture to HIV patients have since opened, and they draw large numbers of patients.

fostered rather than diminished. Accepting the view that as Australians, we are essentially removed from the linguistic and cultural origins of Chinese medicine, it does not mean that the hybridisation of Chinese medical ideas and practices will diminish the source. Culture and the transmission of ideas is not an attribute to be gained or lost. Instead, it can be seen as a process by which all peoples attempt to make sense of the world. In this sense, interaction across boundaries will lead to mixing of cultures in different places and the practices will be specific to the local. Pluralisation, differentiation and diversity will continue as a major theme in relation to the practice and meaning of Chinese medicine.

As suggested earlier, some of the ideas on the globalisation of culture look like basic yīnyáng theory to a beginning student of Chinese medicine. A central tenet of Chinese medicine is the notion of movement or transportation, which always implies transformation or qì huà 氣化.<sup>94</sup> The key to this principle from a Chinese medical perspective is to recognise how qì, construed as a process named as yīnyáng in action, manifests in the body always returning discourse to simple, everyday naturalistic expressions such as up/down, in/out, movement/stasis, symptom/pattern, local/distant, full/empty, hot/cold or damp/dry. The axiom is that the only thing that does not change is that everything changes. Similarly, from the perspective of exploring the transmission of knowledge between cultures, it is not so much what and how the Chinese portray Chinese medical ideas as if there has always been a coherent, concise corpus of ideas (Kaptchuk 1983, Hammer 1990, Unschuld 1987a, Sivin 1987, Freuhauf 2002) which are then accepted and duplicated in a Western setting. Rather

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<sup>94</sup> Qì huà 氣化 in a general sense refers to the transformative function of qì and specifically to the transforming functions of the digestive system understood as one of the principal functions of the Spleen zàng (pí) or orb of activity. Interestingly, the notion of huà is given special prominence to the wū xíng phase of earth, meaning all transformation occurs through and with the earth and in the process its energy goes in all 'four directions', meaning the four limbs, as if the limbs represent the branches of a tree. The four directions can also literally mean the four points of the compass meaning the earth on which we live. See Porkert (1984)

the view is of the 'periphery talking back' or as I suggested earlier, the younger brother adding a local and distant layer of meaning and significance to Chinese medical ideas and practices (Abu-Lughod 1991). This hybridisation or creolisation refers to cultural expressions, which do not have historical roots but are the result of global interconnections understood as the creativity and richness of expression of these 'cultural bastards' (Hannerz 1992).

The link between the foregoing discussion on the dynamics of cultural globalisation and the intention of this thesis is fundamentally concerned with the interpenetration of medical ideas and their interpretation, over space and in time. Globalisation may appear as a two-edged sword meaning that Western approaches to the practice of acupuncture will detract and diminish classical Chinese medical ideas. On the other hand, the availability of many different views can lead to an expanding conversation and be experienced as an opportunity to enrich our understanding of medicine, the body, healing and cure and even suggest innovative avenues for future research. The findings then can be seen as a translation and shifting perspectives of ideas between the local and the distant but always speaking about themes which unify in relation to the medical body as the site for discourse (Breidenbach and Zukrigl 2004).

## The religious factor

Another aspect of a culturally oriented globalisation theory as suggested earlier is that it also brings into view the ‘religious factor’<sup>95</sup> as a potent influence for change in a globalising world.<sup>96</sup> Tiryakin observed that it was Robertson in the early 1970’s who in effect recognised:

... the religious factor as having significance for post industrial, post 1968 society... religious forces and movements unexpectedly erupted from the private sphere (to which they had been assigned by secularization theory) into the civic sphere.... More than any other single factor, it is this unexpected appearance of the religious factor on the world scene (an aspect of the "return of the sacred" as a feature of modernity) that has been an important stimulus of globalization analysis precisely because this factor, as a lever for change, has no place in the strictly economic or political accounting of the world system. It thus became an anomaly that called for a different logic of explanation. (1992:308)

Globalisation confronts us with the problem of understanding the idea of universality and that Chinese medical discourse, a mode of thinking that thrives on being relative, always points to that which is universal. When the perspective of the world as a whole is taken as meaning humanity, we are drawn into an exploration of telic questions: concerning our relationship to the earth and the cosmos and our relationships to each other on earth.<sup>97</sup> The focus on global concerns confronts us with

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<sup>95</sup> Here we enter to the problem of language. I use the word ‘religious’ to include discourse, which from a Western perspective would be not considered as secular. Yet for instance Daoist thinking does not refer to religion, however, Daoist thinking also includes a transcendent element. The crystallisation of global or telic concern confronts us with what Robertson (1989:14) refers to as the ‘deep tissues’ – the ultimate questions concerning the meaning and purpose of human life. Until more recent time these telic concerns were addressed more by ‘religious discourse’. The re-emergence of telic questions provides fertile contexts for the not only the re-emergence of religion but of spiritual concerns. For people who are seeking to find a new orientation within a rapidly changing global domain.

<sup>96</sup> See also Chapter 2, which also deals with the spiritual but from a postmodern perspective. See also Beyer (1994).

<sup>97</sup> In Chinese medicine one activity or function of the spleen recognised as an activity related to the earth is to function like the earth, pí zhǔ zhōng tǔ 脾主中土, sending clear energies upwardly, particularly to the heart organ. Another way of saying this is that the earth within returns to heaven, also understood as the heart, that which heaven bestows upon the earth quality within an individual. Another way of saying this is to suggest that the spleen

the deeper issues, which relate to our understanding of what it means to be human and ultimate questions concerning the meaning and purpose of human life.

More usually, these telic concerns have been addressed through religious discourse since institutionalised religions were seen as having ownership of such matters. The re-emergence of issues and concerns relating to the religious particularly those areas of thought which relate to the sense of the spiritual, provides an ever-expanding conversational ground in search of meaning in a rapidly changing global domain. Discourse on the spiritual has now been reopened and there is a multitude of voices expressing views on the spiritual life especially in the field of alternative medicine.<sup>98</sup>

In a global context, secularism stands out in special contrast to other knowledge systems as one of the most significant features of Western modernity. Modernisation theorists tended to see religion as outdated and would eventually disappear under secularisation that accompanied modernisation. The assumption was the universality of a causal link between secularisation and modernisation: the intellectual *zeitgeist* of the previous century in the West. Comparison with other cultures, especially from the East, reveals a proliferation of objective theoretical knowledge and a concomitant lack of knowledge of the subjective or interior life: the transcendent domain. In contrast to the prediction that modernisation was carrying out the Enlightenment project which assumed that liberation of persons would free both

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allows the individual to recognise and respond to the commands of heaven. Clinically, a depleted earth can also speak of the spleen's inability to 'hold things in their proper place', pí zhǔ shéng qīng, 脾主升清, on earth. See Sung (1981)

<sup>98</sup> Carroll, through a reading of St. Marks Gospel, offers re-interpretation on the life of Jesus, suggesting that Jesus represents the existential hero alluding to the idea of a kind of anamnesis whereby one discovers within one's own knowledge tradition the recessive strands that resemble the new knowledge being offered. He writes, '... with Martin Heidegger the leading figure. This was a return to the beginning. At the historical start of Western culture, in classical Greece, the inscription carved in stone over the entrance to the sacred oracle in Delphi commanded: 'know thyself!' The essence of each individual living human - the I - holds the secret. ... But what does Jesus mean by 'I am'? His teaching comes in the form of story. As such it is down to earth and graspable. It speaks through the narrative account of the life of one man and his own wrestling with what he confronts. It compels us to engage with his experience and what he learns, to walk in his shoes.' (2007:15)

suppressed and new desires into the societal arena, we can now put the view of a different convergence revealed by the global domain which seems to be pointing more to the spiritual and transcendent.

Such a shift in emphasis challenges religions, which like modernity have claimed universality for their particular view on meaning. As with other areas of discourse within the global domain, the response of religion may be constructive or otherwise and this may account for the contemporary resurgence of fundamentalist orientations.<sup>99</sup> By otherwise, I refer to the rise in fundamentalism, which is tending to resist the relativisation of the global domain and direct attention to a revitalisation and a preservation of more literal interpretations of religious dogma. In this sense, fundamentalist views are at odds with the transformative spiritual aspects of religious discourse. One simple difference is that one seeks to restore the old and the other seeks to converse with the other. This view does seem strange since one meta-narrative of Chinese medicine is a return to the original pre-occupations and concerns of medicine, which includes the place of the sacred in medicine.

On the other hand, the resurgence of spirituality may be characterised as a search for the sacred while being capable of being with uncertainties, mystery and doubts, without an irritable reaching after fact or reason (Tacey 2002). In other words, a constructive response to relativisation leads to an acceptance of one's particular tradition while staying open to spiritual universals that are common between ones own and other religions (Rothberg 1990, Turner, 1992, Ellison and Levin (1998)).<sup>100</sup>

Such a view encourages people to think in universal terms, relativises the particular and stimulates a more expansive and inclusive notion of identity,

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<sup>99</sup> See Fox (1989), Stockton (1995), Mackay (2004)

<sup>100</sup> If, as Tacey states, '... we are less certain of our beliefs and more receptive to mystery and wonder, we would paradoxically be closer to God, more intimate with the spirit and more tolerant of our fellow human beings and their differing conceptions of the sacred' (2002:1).

relationship and medical discourse. This view also implies active engagement and dialogue about the spiritual and focuses attention on the transformative aspects of religious traditions. In particular, because Chinese medicine insists on the idea of the constancy of change in relation to the body and the world, recent Western offerings are recasting Chinese medical ideas as having deep relevance to ones spiritual life (Flaws 1992c, Larre 1983, 1994, Jarrett 1998, Diebschlag, Needleman 1994). What this means from the perspective that Chinese medicine, indeed any medicine, is essentially a human endeavour whereby practitioners are encouraged to think in human and universal terms which relativises their particular socio-historical identity, pushing towards an expansion of the meaning of identity and being a person (Kleinman 1982, Kleinman and Sung 1979, Kleinman, Kunstadter, Alexander and 1975, Feinstein<sup>101</sup> 1990, Lakoff and Johnson 1980). In working with clients, practitioners are constantly reminded of the transforming self and, indeed, how the therapeutic encounter influences the practitioner. This means practitioners must engage with the transformative or spiritual domain of medicine. It also means that the idea of a bounded separate self now becomes porous and open to the spiritual domain. The shift to 'world openness' requires that the sense of the bounded self gives way, becoming more porous and accepting. The relativisation provoked by globalisation also pushes in the 'other' direction generating increased awareness of and cultural sensitivity towards other knowledge systems, in relation to exogenous referents such as Daoism, Buddhism or Hinduism (Giddens 1991). Chinese medical ideas offer a constructive response for understanding such considerations (Turner 1992).

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<sup>101</sup> In his continuing work in psychology Feinstein (2006) has demonstrated how the 'energy psychology' based loosely around Chinese medicine principles is now being used in the treatment of emotional and behavioural problems. Interestingly, it has been successfully applied in as post-trauma psychological intervention in places such as the Congo, Kosovo, Moldavia, Nairobi and Rwanda as well as in the U.S. following Hurricanes Rita and Katrina. The Green Cross, a humanitarian relief organization founded in response to the Oklahoma City bombings in 1995, has adapted energy psychology as a standard treatment in its post-disaster missions. Feinstein reviews these developments and situates this approach alongside Critical Incident Stress Debriefing, Cognitive Behavior Therapy, and EMDR in the aftermath of disasters.

As I argued earlier, a culturally oriented globalisation theory accounts for diversity rather than seeking difference. In a strong sense, the shift to including and understanding ultimate questions concerning the meaning and purpose of human life in a medical context is also seen as reflecting postmodern concerns. I will return to these issues in the following chapter which explores the postmodern context: the emergence of an energy medicine such as acupuncture and the ways in which Chinese medicine contributes to experiencing the spiritual (Kung 1988, 1991, Wilber 2000, Albanese 2004).

I began this chapter by asking how can we explain that in not much more than thirty years we have witnessed the emergence of a traditional medicine, indigenous to China, in the world including Australia. Ironically, within the same discussion I made reference to a circulating argument within the profession that Chinese medicine is being transformed to such an extent that Chinese medicine practice is ‘losing touch’ with and no longer resembles what is taken to be the classical, pristine roots from which it originated. Indeed, Fruehauf (1999)<sup>102</sup> laments, in rather evocative language that Chinese medicine is already showing signs of an impending death, suggesting that the culture from which Chinese medicine derives is now killing it off. Having taken a more optimistic view in the earlier discussion and even though Chinese medicine might die in a globalising world, its death will not lead to extinction. Rather, the likelihood of possibilities which are now beginning to emerge are transforming Chinese medicine in different ways in different places whilst still acknowledging and attempting to include those ideas considered core to Chinese medical ideas in local discourses.<sup>103</sup>

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<sup>102</sup> See also Sivin (1987)

<sup>103</sup> Kaptchuk for example offers a summary of his vision of what Chinese medicine means in a Western context. He writes: ‘Change is constant. In the stillness of harmony, there is always movement and change. Observing the constancy and change of the natural world informs about humanity. All bodily felt sensations, motivations, thoughts

It was argued that Chinese medicine is situated in and is a reflection of a globalising world. The vignettes offered above pose many questions and the most pressing are, where is Chinese medicine going and what will happen to Chinese medicine and its practices particularly acupuncture. The response may be approached from a cultural globalisation analysis. Acknowledging that the world is rapidly changing and that there are certain processes by which people in the world are incorporated into one single world or global society, this globalisation as Giddens (1994) suggests seems to be decoupling space and time emphasised by instantaneous communication whereby knowledge and culture can be rapidly shared around the world. The implication is that the boundaries between local/distant, similarity/difference, and homogeneity/heterogeneity are becoming blurred. The Aristotelian idea of a truth as, a white that is white, does not wholly apply. Rather, that 'whiter (or darker) shades of pale' is now beginning to predominate.

In analysing the tendencies, cultural globalisation analysis suggests that when applied to Chinese medicine as a global commodity, people will interpret Chinese medical ideas and practices in highly diverse ways and integrate them in various ways as they work with a traditional medicine in local contexts. In the process, a hybridisation of Chinese medical ideas will emerge understood as the 'periphery talking back': not only to the source, meaning China, but also to the world as a whole and to each other. In other words, practitioners of Chinese medicine become a kind of cultural bastard, a creolisation, without historical roots and at the same time create a

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and ideas, functions, activities and events are a manifestation of complementary opposites. The complementary opposites are also a description of unity. Unity of complementary opposites is always in a state of transformation. This dialectical perspective is symbolically described by the principles of yinyang, at other times, by the wū xíng, qì and xué, liú jīng, true and perverse evil, or by other symbolic structures. There is no distinct separation of body and mind, subjective and objective or cause and effect. One's life experiences are manifestations of the unifying theme of complementary opposites. Health is a dynamic harmony and interaction of an inner environment with an exterior world. Illness is the complementary opposite of health and transforms into each other. Synthetic thought processes allow an individual to enter into another way of understanding the human condition. Human intervention can effect change. Previous clinical and theoretical understanding can guide clinical practice'. (1987:7)

local tradition as they develop (Hannerz 1987, 1992). As we hybridise and re-define Chinese medicine in differing localities we become one with the difference, which does appear to be contradictory, a theoretical impossibility. This new reference point refers to structures of common difference, meaning that Chinese medicine will be a common presence which unites but that aspects of its practices and emphases will differ. That Chinese medicine is likely to persist, it will become different in ‘uniform ways’. At the same time, this idea can also mean that as other groups appropriate Chinese medical ideas and symbols, their activities will help define them in the world and create new identities. The yīnyáng symbol and the idea of Daoism has been invoked by for instance environmentalists, business gurus, personal relationship practitioners and life coaches to highlight such notions as balance, transformation and harmony as important markers to help re-define and voice different ways of relating to the natural world and engaging with others.<sup>104</sup>

Relatively early in the life of Chinese medicine and other alternative medicine practices, when its adherents perceived themselves as being at the margins of health care work, many invoked the hard science of the ‘new’ physics to justify alternative medicine because physics spoke of intangible, mysterious forces that go back all the way to the Big Bang. The argument was that physics and qì could tell the ‘same’ story on the meaning of our presence in the universe (Davies 1983, 1992, Tipler 1994, Capra 1992, O’Murchu 1998).<sup>105</sup>

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<sup>104</sup> The ba gua symbol, an octagonal juxtaposition of the I Jing trigrams, is often strategically placed in certain parts of a house to bring fortune and to ward off unwanted influences. This idea has links to fēng shuǐ and its application to the built environment.

<sup>105</sup> Indeed, quantum physics has given rise to a completely new understanding of reality. Though the focus is on the sub-atomic world, it has also given rise to a new understanding of faith. Quantum mechanics and spirituality pushes the paradigm of our understanding to a new dimension: of consciousness, existence and relatedness beyond a mechanical worldview. At the heart of quantum physics is the ‘conviction that all life forces are interdependent and interrelated. In fact, we experience life, not in isolated entities, not in separate units, but in bundles of experience (quanta)’. O’Murchu (1998:66) See also Easterbrook (2002).

Cultural globalisation is a highly fluid process in which globalising tendencies occur at the same time as localisation takes place. The homogenisation of the world is at the same time juxtaposed with diversity, resistance and creolisation of ideas and practices.<sup>106</sup> Chinese medicine might die but new and different forms will emerge. It seems that the extent to which Western scientific thinking ‘intrudes’ into traditional ways of knowing, the extent to which the Chinese continue to re-define or emasculate Chinese medical practices or the ways in which local practices emphasise and give prominence to particular aspects of Chinese medicine, will become part of a continuing dialectic on where Chinese medicine is going and what will it be like in thirty years time.

Invoking the yīnyáng symbol, globalisation and localisation are shades of the one process of continuity and change: aspects of the one thing will be found in another, each generating the other. They are interdependent, sustain and overcome each other. Transformation of ideas and people in time and space is inevitable and even though yīn and yáng are ‘opposites’, yīn or yáng cannot exist without the other. This thesis then is situated in a rapidly changing, globalising world and may be taken as one part of the periphery talking back: to the Chinese, to ourselves in a local context and to others who practice acupuncture in settings far removed from the source.

Having outlined how contemporary globalisation has contributed to the emergence of acupuncture, in the next chapter, I consider the ways in which postmodernism has also contributed to the emergence of an energy medicine such as acupuncture and its call for new ways of garnering knowledge and understanding our

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<sup>106</sup> Unschuld (1998:123) notes, ‘Consequently, in all descriptions of Chinese medicine written for Western users, what is perhaps the only real alternative that Chinese medicine offers in comparison with Western thinking is adapted to the usual patterns of, precisely, Western thought. When one further considers the fact that the Western variant of Chinese medicine, by explaining the central concept of qi as energy and by selecting only those elements from the heterogeneous tradition that do not appear obsolete or scientifically absurd, is divorced from the original Chinese tradition, then it is easy to understand that the reception of Chinese medicine is not a mechanical, but a creative act, whose further development is conditioned more by the expectations and demands of a Western population than by the marshalling of scientific evidence’.

being in the world. Similar to globalisation I also put the view that postmodernism is providing a renewed interest in the spiritual.

## Chapter 2: A Postmodern context

*The group was now complete, the solidarity circle perfect... Twelve of them ready to be made one, waiting to come together, to be fused, to lose their twelve separate identities in a larger being.... Tirelessly... the drums beat... Come, Greater Being, Social Friend... .*

Aldous Huxley, *Brave New World*

In the previous chapter, I contended that the contemporary conditions of globalisation provide a context for understanding the emergence of Chinese medicine and as a way of understanding how Chinese medical ideas become interpreted, change and move in space and time. The emergence of Chinese medicine may be viewed in a number of ways. Firstly, that the reception of Chinese medicine is identified as an ‘alternative’ to the dominance of biomedicine and, secondly, how Chinese medicine and the philosophy that underpins it offers a paradigm view of knowing the world, which at the same time provides a means for locating and understanding the self and the Other. Such a paradigm view breaks with the materialist Western tradition on how knowledge is garnered. Together the postmodern critique and Chinese medicine appear to be offering another opportunity for re-opening new conversations with people from other traditions on the meaning of health, illness, healing and disease.

My immediate concern is to explore how critical postmodernism<sup>107</sup> has also contributed to the condition for the emergence of an energy medicine we call acupuncture, suggesting that its accompanying grand story, appears to have significant implications for understanding the lived body, the meaning and construction of

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<sup>107</sup> Wilber (2000) seems to distinguish two types of epistemological strategies at work within postmodernism. The first, which might be referred to as ‘relativistic’, means that a position of unbounded relativism exists emphasising the discursive nature of knowledge. The second aspect might be labelled as ‘reflexive’ or ‘critical’ postmodernism or more specifically as the ‘goodnews’ of postmodernism. See also Griffin (1989, 1990) and Griffin and Smith (1989).

symptom, the illness experience and the increasing desire to apprehend things spiritual. I argue that postmodernism has also added a new horizon to this area of human interest. Though Chinese medicine does present us with a grand narrative, an idea that postmodernism has deeply criticised, Chinese medicine also offers a new dimension to the debate by including and commenting on elements of postmodernism within Chinese medical discourse. The view proposed is that Chinese medical discourse accepts and offers a critique of postmodernism meaning that Chinese medicine may be construed as not only a consequence but also a response to the Western crisis of meaning.

## The postmodern critique

This postmodern era may be described in two ways: as a cultural condition or state of being and as a cultural movement or plurality of movements. Considered as a response and reflection upon a condition, postmodernism expresses the view of going beyond and transcending the modern paradigm, ideas and values. By locating postmodernist thinking within a global socio-cultural domain, postmodernism may be construed as an historical interlude concerned with the overturning of modernity. Postmodernism may be read as a movement and interlude concerned with the overturning of modernity offering the possibility that alternative forms of discourse might point to a new emerging global era. Similarly, the practice of acupuncture in Australia and the West, may also be characterised as a state of mind located in a global horizon, inherently critical of the modernist project.

Postmodernity is as Derrida (1981) states, a moment of rupture, preparing the ground as it were for alternative discourse whether it is in literature, film, art, philosophy, spirituality or medicine.<sup>108</sup> Postmodern discourse seems to be concerned with an evolving discourse on themes relating to the modern but in the process assists in an articulation of a new genre of knowledge, ways of knowing the world and indeed in ways of knowing the other. Construed as a paradigm shift on ways of knowing and making the world, Chinese medicine can be viewed as exemplifying the moment of rupture, arguing that all things exist in relation to each other, that ways of garnering knowledge must include experience, and that intersubjectivity and interpretation is crucial to knowledge construction.

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<sup>108</sup> In Chinese medical terms, this rupture may be also understood as *yīnyáng* transforming. The change or rupture cannot occur unless there is something to rupture or change. It implies that in modernity those values for change are contained within. See Bertens (1995).

Not unlike Chinese medical discourse, postmodernism challenges discursive representations of the world placing emphasis on the participatory nature of knowledge, highlighting the significance and meaning of personal experience as a valid, critical component for knowing the self and other. Framed thus, postmodernism can be read as a theorisation about the contemporary world, acting globally in which the dominance of modernity is being fractured. The moment of rupture deals with the assumptions, ideals and values on what constitutes knowledge and how we make sense of the world and our actions within it.

From a postmodern perspective, modernism (often defined as that which postmodern is not) may be characterised by a belief that knowledge is objective and may be attained through a coherent, stable and knowable self. This self is conscious, rational and autonomous. The self knows itself and the world through reason, posited as the highest form of mental ability and the only way of achieving objectivity.<sup>109</sup> This mode of knowing is called scientific, which can alone promise truth about the world. As Wilber has put it, ‘the language used is what he refers to as the ‘it’ language’: third person or objective accounts of scientific facts about individual organisms (2000:63). Knowledge produced through a scientific method is truth, eternal and the accumulation of scientific knowledge seen as the most important route to progress, suggests an optimistic and limitless development in which utopia can flourish. Reason is the ultimate judge of what is true and by implication what is good and right. The notion of freedom is linked with an acquiescence to the laws generated by reason. In a world dominated by reason, what is true will always be the same as what is good and right. There can be no conflict. Science then as a paradigm stands out as the measure for all

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<sup>109</sup> These ideas are not exclusive to ‘science’ as a discipline. Indeed, they are equally applicable to the law. Garner (2004:159) writes, ‘One of the props of the adversarial system, I began to see, is a curious charade that memory is a clear, coherent narrative, a stable and unchanging source of information, so that any deviation from a witness’s original version of an event can be manhandled to look like unreliability, or the intent to deceive. Thus, I saw how a Crown witness of what seemed to me transparent sincerity and desire to do right ... could go to water under the sustained onslaught of a defence cross-examination.’

things and the scientific method, free to follow the laws of reason is not motivated by power and money and is always value free. Finally, language or the mode of expressing the real must also be rational for its functions to make the real perceivable. There is a firm connection between that which is perceived and the words used to describe and name them: signifiers always point to the signified and not a general circulation of signs, which cannot point outside itself (Eco 1976).

Modernity then is fundamentally about order, rationality creating order out of chaos, meaning that by creating a more and better-ordered society the individual will function more rationally. Taking a reverse view, anything that questions or might disrupt order or promote disorder is to be guarded against. Indeed, anything that approximates disorder in other cultures is a threat to Western ideas of modernity (Bertens 1981, Mackie 1985).

This then is the grand narrative or master story which Lyotard (1992) has argued sustains every modern society. Postmodernism is then a critique of the grand narrative, which also serves to mask the contradiction, and ambiguities that reside in any organisation or society. Even though order emerges out of chaos, the grand story masks and hides the currents of disorder, which cannot be allowed to surface. The postmodern critique then becomes a kind of mini-narrative always situational, contingent, provisional and temporary, because there is no absolute truth to discover.

How has postmodern discourse gone about dismantling modernity? What makes postmodern discourse different from modernity and in what ways does the postmodern critique converge with Chinese medical ideas? I suggest following Wilber (2000) who attempts to locate what he proposes as the essence or the 'good news' of postmodernism and how its ideas fit so to speak into his proposed big picture or 'great

chain of being' offering a contextual vision for locating an energy healing medicine such as acupuncture.

Just as Chinese medicine offered an alternative, inclusive view for understanding the medical body and illness as lived, post modernist thought attempted to be inclusive – to avoid marginalizing the many voices and perspectives that powerful modernity often disregarded and oppressed: to avoid a hegemony of formal rationality (Wilber 2000:159). The inclusiveness implied the acceptance of diversity, which is at the heart of the constructive postmodern agenda. Similarly, Chinese medicine offered a diverse view of the body by offering a code and a method for understanding the lived body, understanding that order and chaos are part of apprehending the whole. Chinese medicine is also able to accommodate and include seemingly disparate ideas, feelings and bodily felt sensations in a way that biomedicine either ignores or deems irrelevant. The various Chinese medical theories available to practitioners are simultaneously inclusive as well as ever expanding and opposed to biomedical thinking, an exemplar of the modernist ideal. In other words, any expression on (of) being in the world is accepted and included in the exchange because Chinese medical thinking is able to make sense of the body's 'voices'. Chinese medicine, like postmodernism, attempted to embrace what had been forgotten, avoided, discarded by modernity.

One of the most significant aspects of postmodern discourse is the role that interpretation plays in human awareness meaning that experience cannot be separated from knowledge building (Farquhar 1994, 1996).<sup>110</sup> Chinese medicine accords a central significance to the idea that knowledge may be constructed in relationship. Certainly, one important purpose of an acupuncture consultation is to arrive at a diagnosis and by

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<sup>110</sup> There is the Chinese aphorism that states, 'If one knows theory but cannot put it into practice then it may not be real knowledge. On the contrary if it is real knowledge then it can be put into practice.' See also Hsu (2000), Scheid (2002), Fruehauf (2002), Ots (1994), Morelli and Adelasco (1997)

needing a client, the intention is to bring about change. However, what is critical is the intention to understand the other not only as an object to be observed but also more importantly as a subject and bearer of intentionality and meaning (Wilber 2000:161). The encounter, guided by Chinese medical ways of knowing then may be recast as two subjects experiencing the experience of a medical encounter. In other words, qì engaged knowledge embraces intentionality and meaning, mediated by the unifying presence qì. The encounter then is a dialogical dance whereby the practitioner is meant to engage and be present with the other. Presence and interpretation merges through the utilisation of ones senses: by inspecting, listening, smelling and touching, with qì being the theme that connects. The interior world of the other is accessed from the outside but at the same time, the interior is said to reveal itself on the outside. The Chinese medical encounter then is an activity that asserts and emphasises the critical importance of personal experience as a way of understanding the other. The notion of 'I' and 'we' in the face of the faceless as Wilber (2000) asserts becomes a central element for knowing the other.

So far, the discussion has placed the practitioner as observer and interpreter in relationship, who through the encounter is able to establish a diagnosis or put another way, understands a client's state of being as the transforming qualities of qì in action. There is also a further dimension to this view. Accepting that practitioner's are 'readers' of qì in a world of qì, are they affected by another's qì? From a Chinese medical perspective and my clinical experience the simple answer is, yes (Jarrett 1998, Diebschlag 1997, OICSAA 1979). But how? Because Chinese medicine offers a theory and method for 'moving between the interior and exterior world', they cannot but be affected by the experience: adversely or constructively. Practitioners do not only read qì, they also experience qì at the same time. The experience becomes an

occasion for knowledge building because knowing qì, whether it is understood as evil/perverse qì, xié 邪, capable of causing illness, or zhèng 正,<sup>111</sup> qì meaning true and upright, must be experienced suggesting that encounters with qì become embodied (Frank 2000, Farquhar 1994, Hsu 2000). Even though qì is typically understood as retaining a positive quality, its opposite quality also and always exists. Xié qì 邪, and zhèng qì 正 may be understood as reflecting the transforming nature of yīnyáng. The central point is that a mode of thinking of this kind suggests that searching for ‘answers’ is not a primary consideration. Rather, because Chinese medicine offers a mode of knowing on ‘how to move between and within the exterior and interior world’, knowledge of the world is engendered through experience. The experience is to effect a transformation, which implies a kind of non-dual thinking situating the experience beyond ‘discursivity’ (Loy 1988, 1996). One question would be to explore the ways in which practitioners recognise qì and what meanings these experiences have for them. This question, amongst others, will be explored in this thesis.

The post modern impulse has put forward the view that the idea of interpretation is central to both epistemology and ontology: to knowing things and being in the world. In other words, interpretation is not only crucial in understanding the world, interpretation is at the same time an aspect of its very structure (Wilber 2000). If interpretation, that is subject trying to understand subject and not observing at a distance without feeling, represents a core feature of human awareness, one critical link is language and the way language is used to create meaning. I have already alluded to the ways in which Chinese medical language itself acts as a bridge to

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<sup>111</sup> Zhēn 真 may be compared to zhèng 正, which means ‘authentic, true, real’ in the former and ‘upright/true’ in the latter. The additional qualifier to zhèng 正 is specific reference to its anti-pathogenic quality whereas zhēn 真 seems to be speaking about those authentic, true aspects inherent in particular aspects of an individual. Glossing zhēn suggests that, ten eyes working together allow the group as one to apprehend the essence or nature of the being. Interestingly, the character 真 zhēn is sometimes used to denote the kidney organ. See footnote 143 and reference to 直.

knowing the other and Chinese medicine may be read as a way of going beyond the limits of language. At the same time there is also the realisation that language is not a given, an inert tool with which we have no intrinsic connection and recognised as the linguistic turn. Our use of language also functions as a way of constructing and creating the world. Language is not necessarily 'transparent', in that words serve only as representations of thoughts or things and do not have any function beyond what it serves. Signifiers do not necessarily point to the signified and that reality exists in the signified.<sup>112</sup>

One important conclusion is if language is a tool to understand reality, then we better start by looking very closely at the tool itself (Wilber 2000:165). At its narrowest, semiotics<sup>113</sup> is merely a codification of the symbols offered us by our culture and the formal approaches of how those symbols are combined: through words, gestures, food or clothing. However, semiotics has demonstrated how we organize cultural resources for making sense of the world: to see how we make our meaning reality, telling us as much as possible about how it is possible to make meaning. While it is possible to present all human knowledge as linguistically mediated and therefore metaphoric, postmodernism can take this too far (Wilber 2000). That language is exclusively self-referential and thus has no external reference renders much of human experience as nonsensical. Nature and natural phenomena are not simply a blank slate for us to project upon metaphorically. Indeed, it can be argued that as human beings we are a projection of nature and thus enact another reversal of the postmodern. Nature expresses its own reality and it can be difficult to understand not only who is

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<sup>112</sup> To invoke a Chinese medical perspective, as an idea the symptom of feeling tired need not necessarily mean that one is 'running low' on qi. Feeling tired can also be read as indicating that qi is obstructed. An assumption is that one's qi is plentiful but stuck and not able to energise the person. The treatment principle would be to de-obstruct and regulate and not to augment qi. Indeed, to augment qi could actually lead to more obstruction.

<sup>113</sup> Semiotics is the systematic uptake of Foucault's challenge, to see how meaning and reality combine with symbolic tools and how our doing leads us to changes in those tools and their use and what sense we make of them.

dreaming, but also who is the dream, a view eloquently portrayed in Chuang-Tzu's butterfly story.<sup>114</sup>

As suggested earlier, postmodernism taken to extremes 'denies depth' meaning that postmodern discourse cannot escape from relativism. In deconstructing the modern universe it offers no way of distinguishing between the many voices and views and more importantly that any view is no deeper than any other perspective, what Wilber describes as 'aperspectival madness' and into 'the denial of qualitative distinction of any sort, the denial of holographies together' (2000:171).<sup>115</sup>

When, however, postmodernism is understood as going beyond relativism to a deep reflexivity that proposes new horizons of a new articulation of knowledge, it offers a way of distinguishing and engaging with the many voices. Conversations of this kind can transport human discourse whereby multi-perspective views become integrated: where all perspectives on a particular subject become integrated because the attempt is to grasp the essence, the whole which endlessly discloses the Kosmos. (Wilber 2000). At its best postmodernism is a more systematic way to practice intellectual humility, bringing to attention the limits of certain types of thinking and thereby countering absolutist claims. This philosophy allows for challenging the tendencies to rely on authority and dares to engage in more creative ways of exploring fundamental human questions such as how do we know what we know, what it means to know as well as might we be deceiving ourselves or could this all be illusion?<sup>116</sup>

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<sup>114</sup> Chuang Tzu offers a poetic description of the meaning of transformation and how nature and humanity intersect. He wrote, 'Once upon a time, I, Chuang Tzu, dreamt that I was a butterfly, flitting around and enjoying myself. I had no idea that I was Chuang Tzu. Then suddenly I woke up and was Chuang Tzu again. But I could not tell, had I been Chuang Tzu dreaming that I was a butterfly, or a butterfly dreaming I was now Chuang Tzu? However, there must be some sort of difference between Chuang Tzu and a butterfly! We call this the transformation of things' (Palmer and Breuilly 1996:20).

<sup>115</sup> Another way of saying this according to Baudrillard is that in postmodern society, there are no originals, only copies, or what he calls 'simulacra'. The original such as a painting, a book or a song is only the one with the highest value but there may be thousands of copies that are all the same. Similarly, the concept of virtual reality, a reality created through simulation contains no original. See Barthes (1967).

<sup>116</sup> I am reminded of a 1970's sitcom, 'Mork and Mindy' where Mork (Robin Williams) an extra-terrestrial visiting earth at one point shook his head and said, 'Reality. What a concept!'

Whilst the deconstructive critique may be read as proclaiming the death of philosophy, it can also be re-read as pointing the way out of a nihilistic cul de sac to new ways of knowing that reframes philosophy towards a transcendent horizon. As Berry (1982) has suggested the deconstructive critique has for instance subtly and unobtrusively dissolved clear-cut distinctions between secular and religious thinking that has until recently been steadfastly kept separate.

The challenge then as Wilber<sup>117</sup> suggests is to go beyond the cul de sac and explore 'what is' rather than 'what should be'. To encounter 'what is' implies a capacity to see and experience what is free of the projections of the bounded self. Such awareness must be non-dual and leads us into another domain of knowing familiar in Asian traditions, of which Chinese medicine is one example, that points to an opening to the transcendent understanding that the world always reflects a constancy of change and transformation. Such a view rests on a kind of attentiveness that gives prominence to discourse and experience, emphasising the notion of 'I' and 'thou' (Loy 1988, Wilber 2000, Buber 1994<sup>118</sup>, 1970, de Quincey 1998).

From this point of view, constructive postmodernism need not be perceived as an attack. Rather, postmodernism provides new ground for stimulating responses and conversations about being, knowledge, illness, disease and cure and the reappearance of the sacred in medicine. Similarly, Chinese medicine also alerts us to the same questions. In a simple sense, wearied by ideologies, moralisms and dogmas, postmodernism is marked by a thirsting for mystery and, paradoxically, an emerging master story grounding a series of seemingly disparate health care practices is carried

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<sup>117</sup> Indeed, Derrida's own work may be construed as attempting to go beyond the limits of deconstruction.

<sup>118</sup> Buber's classic work, *I-thou* (1994) constitutes one of the significant articulations on the Other. In this thesis I consider the idea of Other an ethic of meeting. Not unlike Levinas' (1981) work Buber emphasises not so much the face of the other but rather the relationship to the Other, which, as I have argues, is to be seen within the Nei Jing tradition of Chinese medicine. Buber's work seems more concerned with how to bring a meeting between the self and the other. According to Buber, the key lies in the 'I' appealing to the other, not as object but as a unique irreplaceable subject, as a 'Thou'. Chinese medical approaches to understanding shen, ling and shen ming, demonstrate similarities of thought.

forward under the banner of a more or less common vision. This common vision is in a sense a return to modernist ideals, along with its postmodern instincts, and Chinese medicine may be construed as being an exemplar par excellence. The science and philosophy of Chinese medicine enables a unified vision that takes into account the fragmentation related to the postmodern condition even as it decisively criticises it. At core, the cosmology underlying a medicine such as acupuncture is in the final analysis, unifying and universalistic.

In the previous discussion, I have attempted to provide a context for the emergence of acupuncture as an energy medicine. Firstly, by the contemporary global crisis arguing that it is impossible to legitimise development and progress through a dictatorship of mere reason. Secondly, we have witnessed a waste and violence against nature and that we are amazed, even fearful, of what human power can do, not really knowing the potential consequences. Thirdly, the postmodern critique of knowledge and being, despite the fact it is usually framed by secularism if not atheism has, as Wilber (2000) suggests, offered several noble impulses for understanding the relationship between knowledge and identity and the search for meaning. Importantly, the postmodern critique has stimulated curiosity and tolerance for multiple perspectives – in other words a kind of universal pluralism offering a freedom to explore the complexities of the human condition. Even though all stances and perspectives are equally valued, no one view is seen as taking precedence. Paradoxically the postmodern critique has functioned as a stimulus to search for an integration of the knotty question concerning medicine and the human condition. The link between body and mind, the notion and meaning of symptom, become integrated into medical discourse. Accepting that postmodernism has provided several noble impulses for understanding the world, the emergence of Chinese medicine may be

construed as one of these noble impulses whereby Chinese medicine points to ways of going beyond the Western episteme, transforming the idea of what medicine can be in the Western world.

## Chinese medicine and the spirit

Previously, I suggested that both a culturally oriented globalisation theory and constructive postmodernism brings into view the religious and spiritual factor. Though postmodernism is usually framed by secularism, perhaps even atheism, the ‘good news story’ of postmodernism turns the deconstructive critique in on itself (Wilber 2000).<sup>119</sup> Deconstruction confronts us with the limits of the entire structure of Western philosophy, and read negatively points to the philosophy of the limit (Cornell 1992). However, deconstruction need not be read as a form of nihilism, which leads us into a never ending circulation of signs, suggesting that there is no transcendental signified to which language can point. Rather, constructive postmodernism provides an opening for a new way of knowing that reframes philosophy within a spiritual horizon. Paradoxically, postmodernism has brought into view a state of mind that cannot avoid the role of the spirit as we go about deconstructing the world and our being in it.

Similarly, Larre (1994)<sup>120</sup> writing in the context of Chinese medicine offers his reading of the first two chapters of the *Nèi Jīng Sú Wèn*. The central theme to these two chapters, according to Larre (1994:3), is understanding the Way of Heaven and how our presence is ‘placed between Heaven, which pours its gifts, and Earth which

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<sup>119</sup> Mackie (1985:192) describes it, ‘... as a mode of derangement of the accepted [which] brings the chains of that accepted into view so that we can see how to undo them.’

<sup>120</sup> Even though Derrida may be seen as rupturing the logocentric, discursive horizon of Western philosophy, there is also an ambiguity in his work, which points to the centrality of the spiritual in the postmodern world. Derrida writes: ‘Between the theological movement that speaks and is inspired by the Good beyond Being or by light and the apophatic that exceeds the Good, there is necessarily a passage, a transfer, a translation. An experience must guide the apophysis toward excellence, not allow it to say just anything, and prevent it from manipulating its negotiations like empty and purely mechanical phases. This is the experience of prayer.’ Derrida goes on to explore this experience of prayer saying, ‘In every prayer there must be an address as other; for example - I will say at the risk of sounding shocking - God. The act of addressing oneself to the other as other must, of course, meaning praying, that is, asking, supplicating, searching out ... This characterises a discourse (an act of language even if prayer is silent) which, as such, is not predicative, theoretical, theological or constative.’ (In Budick et al 1989:41). His view allows us to reinterpret discourse on the spiritual without having to resort to religion. Tacey (2003b) takes up Derrida’s ideas arguing for a ‘re-assembling’ and a ‘re-collecting’ of religion and spirituality.

gathers them in', meaning that those who find authenticity in themselves are in communion with Heaven and Earth. Real authenticity, Larre argues, 'is inexhaustible and reliable ... and happens between Heaven and Earth, because there exists a Way, about which nothing can be said but that it reveals its virtue, and through which all that takes place occurs (Larre 1994:4). Animated between heaven and earth, 'the life that possesses me makes me aware that I exist. I am here as 'me', you are here as another 'me' and there are still others, all 'me's'. And, 'in order that the 'me' that 'I' am can rediscover the inspiration that is always blowing from on high, the constant virtue. The ephemeral and precarious 'me' becomes balanced. The vital current flows and fulfils me' (Larre 1994:5).

The central point to this complex statement is that Larre alerts us to how Chinese medicine functions onto-semantically and that before one begins exploring acupuncture as a techno-medical endeavour, a beginning acupuncture student is inevitably confronted firstly by philosophy. Importantly, the argument is that thinking in Chinese medical terms seems to be designed not to elicit an 'answer', but to effect a transformation by attempting to grasp<sup>121</sup> an essence which may be best understood as non-dual thinking, situated beyond discursivity and within a spiritual horizon.

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<sup>121</sup> Larre (1994) offers a view of 'to grasp an essence'. He notes, 'it is necessary to grasp *before* [my italics] understanding, to understand before interpreting ... Grasping is like hunting, where if one approaches the animal, it protects itself by escaping and hiding. Knowledge of its movements and of its habits is required.' In this way, it is easier to understand medical ideas than to say, '... what an understanding of it actually consists of. It is not so much a question of an intellectual process as we conceive it in Western terms. It is more precisely bringing the vital qi into play through the heart, which takes charge of all things. Understanding is taking all the beings which are manifest under Heaven as they come, ...' (Larre 1994:11). The phrase, 'bringing the vital qi into play through the heart, which takes charge of all things' seems to refer to a clause from the Běn Shén chapter. In the Chinese, the notion of 'grasp' is intimately connected to the ideograph that depicts the human hand, shǒu 手 and the act of writing, calligraphy and art. For instance 筆畫 bǐ huà means a brush stroke and 秉 bǐng depicts a hand holding on to a sheaf, meaning 'to grasp' and seen in the acupuncture point Small Intestine 11. Chinese writing hits the eye first and not the ear. The act of brushing characters on a page, the stroke order and the right way of scribing each line would demonstrate to the reader that the writer had grasped the essence of the written character. In other words, the writer is at one with the brush and being in such a state of mind would transport the writer to the essence of being a writer. Indeed, even the reader would also experience such a transformation, because the reader would be able to 'follow and reconstruct in his mind the successive movements of the calligrapher's brush.' (Leys 1999:27) See also Van Briessen (1963). For centuries, literally millions of Chinese 'have devoted themselves to the exercise of calligraphy ... as a solace, ... as an obsession, as a liberation; ... a method for achieving the harmonious integration of the mind and body, and the key to enlightenment.' (Leys 1999:26)

Construed as a postmodern impulse, Chinese medicine offers a constructive response, pointing to the mystical: the idea of being beyond being (Wilber 2000).<sup>122</sup>

In this section, my concern is to offer a brief review on the idea of the spiritual while demonstrating how Chinese medical ideas, understood as reflecting the postmodern impulse, brings into consciousness the world of the spiritual.

What then do we mean by the spiritual: a search for the sacred, a desire to know the numinous? Much has already been said and is being said about the sense of the spirit and the nexus with religion in the academic literature and in particular in what may be generally known as the helping professions as it relates to well being.<sup>123</sup>

Recognising that we seem to be entering into a kind of renaissance where religion and the spiritual will return to our consciousness the meaning of spirituality will introduce new and altered concepts of the sacred (Tacey 2000). Spirituality is difficult to define. Recognising the universality of the spiritual, Remen<sup>124</sup> puts it another way. She writes:

There is no place to go to be separated from the spiritual, so perhaps one might say that the spiritual is that realm of human experience which religion attempts to connect us to through dogma and practice. Sometimes it succeeds and sometimes it fails. Religion is the bridge to the spiritual - but the spiritual

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<sup>122</sup> Wilber (2000:171) notes, 'the enduring contributions of the postmodern era – the world is in part a construction and interpretation; all meaning is context-dependent; contexts are endlessly holonic – are truths that any comprehensive view would surely wish to embrace. ... This integral agenda is the heart of a constructive postmodernity, and the heart of any truly integral psychology and spirituality.'

<sup>123</sup> For instance, work has been produced in the fields of psychology, social work, medicine and psychiatry, religious education, nursing and even in architecture (See Tacey 2000, 2003, Fox (1989), Stockton (1995), Hassed (2000), Mackay (2004), Peach (2003), Pert (2004). Pert's (2004:66) groundbreaking work in the field of psychoneuroimmunology has, 'dismantled previously erected barriers between biological subsystems, bringing mental and emotional processes into the healing equation demonstrating bidirectional relationships within immune components.' For instance, the peptide 'VIP', first described as a vasodilator, present in the central and peripheral nervous system seemed to function primarily as a neurotransmitter. However, VIP-secreting cells and receptors also line the entire gastrointestinal tract suggesting that they are possible mediators of the so-called 'gut reaction'. In Chinese medicine, this idea comes close to the spleen/heart matrix, which speaks of the digestive system and the 'mind'.

<sup>124</sup> Wilber (2000) has offered a thick description of spirituality where he explores the thorny question of whether and how spirituality grows. He identifies five aspects and concludes that, 'not everything that we can legitimately call 'spirituality' shows a stage like development. Yet interestingly, Wilber notes that one of the '... major difficulties in coming to terms with a stage conception is that most people, even if they are in fact progressing through stages of competence, rarely experience anything that feels or looks like a stage. In their own direct experience, 'stages' make no sense at all. (2000:129).

lies beyond religion. Unfortunately, in seeking the spiritual we may become attached to the bridge rather than explore and cross over it.' (1998:2)<sup>125</sup>

Importantly, as Remen (1998) asserts, spirituality ought not to be confused with offering an answer to what is right and wrong.<sup>126</sup> It might help, but the spiritual is beyond right and wrong and more concerned with being non-separative and non-judgemental for the spiritual is not within time and presumably does not vary from time to time. The assumption is that there is more in common than uncommon across cultures when expressing and experiencing things spiritual. Nor is the spiritual ethical, understanding that ethics is a set of values or code of translating the moral into daily life. The spiritual is not psychic, even though psychic capacities may provide a bridge to seeing and experiencing the spiritual. In this sense, psychic abilities may offer the individual the means in which to witness and experience the sacred.<sup>127</sup> Finally, it is not the religious although religious traditions do speak at length on the spiritual (Kelly 2004, Hanlon 2004). The problem is that religious dogma and the set of practices that arise out of the dogma is perceived as an obstacle meaning that the way to things spiritual is exclusive to a particular religion. The suggestion is that the spiritual is inclusive and that we all participate in the spiritual whether we know it or not (Remen 1998). In a strong sense, the desire for the search of the sacred may be seen as a defence reaction, a disenchanting postmodernism emphasising the reasons for its disappointment with modernity. It points out that human reason has not opened to

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<sup>125</sup> I am reminded of the 'Joy of fishes' story where Chuang Tzu, standing on a bridge, remarks to his friend, Hui Zi: 'Look at those fishes. How free and easy they swim – that is their joy'. Hui Zi and Chuang Tzu enter into an intellectual sparring match about the statement. However, Chuang Tzu changes the direction, taking the discussion beyond the intellect. Ryckmans (1996:8) offers a point of view. 'Borrowing from Hui Zi's original word 'whence', he transforms its meaning: whereas Hui Zi had used it in an abstract sense of logical deduction, Zhuang Zi now takes it in the literal sense – 'from which point in space' – and he answers it literally. But the literal answer proves also to be the most profound ... I know it from this bridge.'

<sup>126</sup> Similarly, Mackay (2004) attempts to deal with the same issue of what we mean by right and wrong, as it is understood in an Australian context.

<sup>127</sup> Interestingly, the psychic has often been used to prove the spiritual. However, the view is that the spiritual does not need to be proven. It lies beyond proof. See Kelly (2004), Needleman (1974), Wilber (2000).

‘truth’, but rather to knowledge for the sake of controlling others. Perhaps we are passing from a pathological conception to a therapeutic one.

In Australia, David Tacey (2002, 2003a, 2003b) in particular and others<sup>128</sup> has identified a growing interest in spiritual<sup>129</sup> pursuits: what Tacey calls a search for the sacred. Tacey<sup>130</sup> (2002) notes:

... from where I stand, it looks like Australia is going through a spirituality revolution ... as virtually every traditional discipline or area of knowledge struggles to come to terms with the postmodern interest in spiritual matters. The shift appears to be relocating spiritual activity from the religious to the secular domain and the phenomena is not limited to Australia and there has never been more longing for the spirit and therefore more hope for the future’.

The popularisation of the spirituality revolution has become democratised (Johnston 1995). Experiencing things spiritual has become available to everyone and is not necessarily bound up with religious affiliations.<sup>131</sup> Indeed, the worldliness and secularism often associated with Australian society seems to be masking the desire to engage in a search for the sacred. Spiritual life in Australia seems to be going through a period of revitalisation. It appears from popular writings such as those produced by Khahil Gibran’s *The Prophet*, Redfield’s *Celestine Prophecy*, the growth of various new age movements, the attraction to mythical narratives such as *Star Wars* and more recently *The Lord of the Rings* or *Harry Potter* and interest in Eastern philosophy and spirituality such as Daoism and Buddhism (Macy 1993). In relation to Australia, it also appears as our increasing awareness of the spirituality of Australia’s indigenous peoples and an appreciation of the need for reconciliation. Indeed, Tacey (2000) argues

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<sup>128</sup> See Kelly (2004), Lonergan (1972), Gebser (1985), Hanlon (2004), Westphal (2000), Weiss and Wesley (2004), Prainsack (2002), Albanese (2004), Johnston (1995).

<sup>129</sup> I use the word spirit, sacred and numinous interchangeably to represent the sense of attempting to relate one self as a whole to reality as a cosmic whole.

<sup>130</sup> From a talk Tacey gave at the January 2002 Convention of the Theosophical society, Adelaide.

<sup>131</sup> Significantly, especially in Australia, it seems that organised religion appears as an obstacle and encumbrance to a search for and understanding of spirituality. This dissonance has been recognised within organised religion. Noting this Kelly (2004) suggests a number of talking points for a new phase in the conversation between an ecclesial Christian faith and the expanding phenomenon of spirituality as he sees working in Australia.

that our Australian landscape and history have shaped our spirituality.<sup>132</sup> It appears, as I have suggested earlier, that the search for meaning through the experience of things spiritual is not a passing fashion but intimately connected to the process of globalisation and the postmodern condition.

Though the academic literature is devoting substantial attention to spirituality, it seems the concern for spirituality is more general and pervasive and these forms of spirituality may not be the ones that traditionally the Christian churches recognise, it is nevertheless a reflection of the human desire to know of and experience the sacred.

Contemporary Western literature is devoting substantial interest on the relationship between spirituality and health, emphasising the idea that to experience the spiritual is inextricably linked to health, disease and states of being. Peach (2003) notes that over the past decade the number of offerings on the relationship between spirituality and health, has increased sixfold. While these studies on spirituality and wellbeing may be considered as more mainstream approaches, recent research has also focused on other more speculative and controversial ways of understanding the role of spirituality: what we could call the ‘quantum’ or supernatural effects on wellbeing (Sidorov 2002, Benor 2003, Levin 1994, Dossey). There is increasing evidence that an individual’s spiritual exercises (prayer, meditation, healing touch) or an energy healing intervention by another may engender positive outcomes through this quantum effect. The theory underlying this pathway comes from quantum mechanics, which has suggested that observers can affect experimental outcomes through ‘mental processes’ strongly suggesting that mind and matter do intersect (Dossey 1993, 2003, Gribbin 1991).

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<sup>132</sup> See also Brady (2005)

Dossey (1993) has summarised a number of studies many of which were randomised clinical trials demonstrating the effects of mental processes such as prayer, and meditation. Similarly, Benor (1992) reviewed around one hundred controlled studies of the effects of spiritual healing, energy healing and therapeutic touch. Around two thirds of the studies demonstrated positive effects: the growth rates of enzymes, bacteria, cancer cells, plants and the well being of animals were all positively affected by this kind of treatment. Intimately associated with spiritual healing of this kind are the notions of intention, distant healing<sup>133</sup> and healing as a ‘non-local event’, ideas to which Chinese medicine has consistently alluded.

Enter Chinese medicine and the world of spirit. As recent research has begun to assert and emphasise the importance of the relationship between the spiritual and wellbeing, Chinese medicine has been saying similar things, but with an important turn. In what is considered as Chinese medicine’s premier text, the *Nèi Jīng*, numerous references to 神 *shén* or spirit are scattered throughout the text emphasising the idea that the status of a person’s *shén* will determine illness progression or otherwise. The *Nèi Jīng* also suggested that to be a good practitioner meant one would know how to apprehend a client’s *shén*.<sup>134</sup>

To understand the coming and going of *qì*, sometimes also understood as *shén*, *Nèi Jīng* authors put the view that a practitioner’s first duty is to grasp *shén* – in the other and the self, always in connection with the channels, *jīng luò* 經絡; the organs or *zàngfǔ* 臟腑; spiritual attributes, *wǔ zhì* 五志 and emotions *qī qíng* 七情. Scholars agree that no one particular English word quite captures the meaning of *shén*.

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<sup>133</sup> See Astin et al (2000)

<sup>134</sup> It is for this reason that the words *shén* and *qì* are often presented in ambiguous ways. One suggestion is that any symptom recognised as *qì* can also be construed as a window to the *shén*. Symptom then may be construed as an aspect of spirit. Rossi (2000:44) writes that, ‘... knowing *shén* is to be understood in a total sense – *shén* of the therapist (knowledge of one’s own motivations, one’s own structure and dynamics at play), *shén* of the patient, *shén* of the situation that is created.’

However, notions such as mind (Maciocia 1983, 2005), mental vitality, spirit (Larre and de la Vallée 1991), psyche (Chiu 1986, Maciocia 2005), and even consciousness (Sivin 1987) are often invoked.

When asked by the emperor Huáng Dì what are the rules of acupuncture, Qì Bō responds by talking about shén first. He begins:

Shén is something that you will recognize when you see it. The shén can be observed through the patient's eyes. But the true vision is through your own eyes. What you receive as messages, your heart will understand. You can then visualize the patient's condition in your mind. You can intuitively know what the problem is. You do not have to depend on language. This is similar to the nighttime, when no one sees anything; but you can see, as if the wind has blown away the fog and mist. This is the shén I refer to. You can confirm the shén by detecting the nine pulses of the three areas. But you do not have to depend on that. If you are developed, you can pierce beyond the physical and know the truth (Ni 1995:105).<sup>135</sup>

Chapter six in the *Líng Shū*, *Běn Shén*, may be rendered as 'Giving Primacy to Shén', and begins with a statement that places the presence and role of the spirit as paramount in any therapeutic encounter (Chiu 1984).<sup>136</sup> As the *Běn Shén* statement in the *Líng Shū* unfolds, a detailed picture about activities of the mental and spiritual life is revealed.<sup>137</sup> Essentially, the reader is introduced to an evolving pattern of ideas connected to thinking thoughts, feeling feelings, the sense of will, virtue, destiny and wisdom, all of which offer a view on the mental and spiritual life. Understanding this relationship also meant that one could understand the 'commands of heaven', implying one has attained a marvellous wisdom or zhì 智 (Larre 1991, Chiu 1984, Taranto 1989). Having zhì is never far from the idea of cultivating life. Indeed, displaying zhì

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<sup>135</sup> In the OICSAA translation of the *Nèi Jīng* (Su Wen Chapter 26) (1979:71) the text is rendered as, 'The great worker knows to observe all these phenomena of nature; he knows to see the invisible. When the Perverse energy attacks the body of Man, one does not see it, but the great worker knows to treat before it is transformed into sickness, by examining the pulses. The small worker only knows to treat in the presence of sickness, because he does not know how to discern the disturbances through the examination of the pulses and symptoms ...' Cf. Veith (1974:222) and Wu and Wu (1996:143).

<sup>136</sup> Wu (1993) offers, 'The Roots of Spirit' and Larre and de la Vallée (1995) translate *Běn Shén* as 'Rooted in Spirit.'

<sup>137</sup> The *Jia Yi Jing*, (Yang and Chace 1994) is considered to be the first major Chinese text to offer a comprehensive discussion on acupuncture points. A compendium and analysis of the *Nèi Jīng* and *Ming Tang*, the *Jia Yi Jing*, begins with a re-statement of *Běn Shén* from the *Líng Shū*.

智 meant a deep understanding of the coming and going of qì in the world and the other.

Understanding shén in the Nèi Jīng tradition also touches on an examination of a fundamental human concern: of being able to see and know beyond the ordinary things of this world. Discussion concerning mental activity is situated within a context of what might be called mystical things in a wondrous universe. The unceasing activity of qì, now understood as shén, in all its manifestations, becomes a window into understanding not only the mind but also those energies that help us understand how the world may be transcended. The idea of qì and shén are often used interchangeably clearly indicating a fluidity of thought but also creating ambiguity.

In the opening line of Běn Shén, Huáng Dì begins by stating, ‘All acupuncture laws first must be rooted in the shén’ (Wu 1993:39).<sup>138</sup> Though the statement could have ended with the word qì, Nèi Jīng medical scholars clearly suggested that understanding shén confers passage to knowing qì. In this instance, qì is named as shén and, at the same time, is construed as another presentation of qì. Attention is directed to how qì, now perceived as shén, illuminates what can generally be described as activities of the mind.

To practitioners, it may seem remarkable to suggest that shén and qì, two fundamental Chinese medical ideas, may be thought of similarly. This is not to suggest that they are the same. The central point is that Nèi Jīng authors tended to blur the distinction between these two terms, as well as many others. The etymology for the character 神 shén is instructive. The etymological origins of shén arise from shì 示, meaning ‘an influx from heaven, auspicious or inauspicious signs, by which heaven is

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<sup>138</sup> See OICSAA (Líng Shū) (1979:35). The line reads as, ‘Before beginning to puncture, it is necessary to know well the role of the Mental.’ However, this translation has Qì Bo making the statement. Larre (1991:89) attributes the statement to Huáng Dì, who states, ‘In all needling, the method is above all/Not to miss the rooting in the Spirits.’ Either way we get the impression that Huáng Dì is a bright student.

known ...' (Wieger 1965:29). The three down strokes are said to indicate 'that which streams down from heaven, meaning the stars, moon and sun, the mutation of which reveals to humans the transcendental things' (Wieger 1965:29). Thus, shi 𠄎 is 'what we see for good or evil in the way celestial objects are suspended in the heavens' (Blakney 1926:74).

The two horizontal lines in shi 𠄎, are derived from sān 三, the number three, representing the trinity of heaven, earth and humanity. Wieger notes that the two horizontal lines of the number three, meaning the number two, èr 二, represent the old form of the character shàng 上 meaning 'high or superior', alluding to the idea of heaven (1965:29). What is also being alluded to is the significance of numerology and the transcendent (Larre 1994).

The phonetic shén 甲 is a modern representation of two hands clasping, giving or taking from above, and seen in the character, guàn 盥 meaning to wash ones hands over a container and probably a sacrificial vessel. The phonetic 甲 depicts someone holding on to a rope, emanating from heaven suggesting one is in the process of stretching, extending and explaining celestial matters (Blakney 1926, Wieger 1965). The combination, 𠄎 shén, is understood as humanity's comprehension of things spiritual or mystical.

Adding to what may appear as further ambiguity to distinguishing between shén and qì, Adler (1998) notes it is probably qì that bears the closest resemblance to spirit. The original meaning of qì was mist or vapour, probably rising from a sacrificial vessel, now taken as the vapours emanating from rice being cooked in a pot. This idea of rising vapours indeed comes close to the Latin word 'spiritus' meaning breath. In their writings, Larre and de la Vallée (1993, 1995) constantly refer to qì as *the breaths*. In a broad sense, Adler (1998) and Larre and de la Vallée (1993, 1995) seem to be

referring to the idea that *shén* may be considered to be the finest part of *qì* implying a connection to vapours or breaths.

In her reading of the *Tai Su*, a text considered to be a more pristine version of the *Nèi Jīng*, when compared to other versions currently accessed in the West which strangely has not been translated into English, Chiu (1984:130) offers a detailed analysis on how *Nèi Jīng* authors attempted to understand the mental life, cogently demonstrating how *Nèi Jīng* authors conflated *shén* and *qì*. She notes that for *Nèi Jīng* authors, ‘the predominant variable behind one’s life was ... that *ch’i* was the ‘King’, the ultimate basis for every activity in the entire universe.’ Further on Chiu notes:

It is often difficult to tell what distinguishes *shen ch’i* in its global sense from *ch’i* in its most abstract level of meaning. By adding the qualifier *shen*, the apparent implication is that this kind of *ch’i* must be an especially marvellous kind, which is responsible for equally marvellous human abilities. The basic notion that *shen ch’i* is a very special sort of *ch’i* underlies the statement ... that *shen* is the refined part of *ch’i* from food. (1984:136)

Porkert (1965, 1974) however, classifies *shén* as superordinate to *qì*. Taken from a passage in Chapter 66 of *Sú Wèn* he notes that, *shén* becomes *qì* in the sky and takes form on earth.<sup>139</sup> Porkert<sup>140</sup> (1965:190-191) also refers to another clause in the *Sú Wèn* that ‘in the east, *shén* becomes wind in the sky and wood on earth.’

The apparent ambiguity and contradiction does not necessarily diminish our understanding of *shén* and *qì*, nor does it suggest that *Nèi Jīng* scholars could not agree on a precise definition. Indeed, the demand for precise definitions may be construed as reflecting a Western, modernist concern. Rather, we are presented with a fluidity of boundaries between ideas, suggesting that *qì* is always on the verge of becoming something else, underscoring the notion that all things are in a constant state of change.

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<sup>139</sup> Cf. Wu and Wu (1996:310) and OICSAA (1979:178).

<sup>140</sup> See also Adler (1998), Keegan (1988), Chan (1957), Keightley (1983), Lopez (1996), Roth (1990) and Hsu (2000) on how *shén* and *qì* have been used interchangeably.

Having learnt that when people become sick qì goes into disarray, the emperor Huáng Dì asks for a response. Qì Bō firstly contextualises the response by situating humanity between heaven and earth, clearly alluding to the idea that to know a person one must also have a deep understanding of the ‘big picture’.

The response begins:

Heaven in me is virtue. / Earth in me is breaths. / Virtue flows down, the  
Breaths expand, /and there is life./ The coming forth of living beings  
indicates the Essences. / The embrace of the two Essences indicates the  
Spirits. / That which follows the Spirits faithfully in their going and  
coming indicates the *Hun*. / That which associates with the / Essences in  
their exiting and entering indicates the *Po*. / When something takes charge  
of the beings, / we speak of the Heart. / When the Heart applies itself, we  
speak of Intent. /When Intent becomes permanent, we speak of Will. /  
When the preserving Will changes, we speak of Thought. / When Thought  
extends itself powerfully and far, / we speak of Reflection. / When  
Reflection can have all things at its disposal, we speak of Knowing-How. /  
Thus, Knowing-How is the maintenance of life. / Do not fail to observe  
the Four seasons / And to adapt to heat and cold, / To Harmonize elation  
and anger / And to be calm in activity as in rest, / To regulate the *yin/yang*  
/ And to balance the hard and the soft. / In this way, having deflected the  
perverse energies, / There will be long life and everlasting vision. (Larre  
and de la Vallée 1995:16 and 64).<sup>141</sup>

In other words, the heart of shén is rendered into the clinical discourse. In this context, and having established the importance of knowing shén the reader is provided with a theoretical perspective for seeing and grasping the spirit of another. The central point to the above discussion on shén is that as a physician cultivates their knowledge of shén they would be in an ideal position to assess a person’s state of being and provide a means of discerning the correct acupuncture treatment protocol.<sup>142</sup> In other words, the shén spirits played themselves out, as it were, in the body and practitioners

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<sup>141</sup> See also Larre and de la Vallée (1995:3, 16-17), Wu (1993:39) and OICSSA (1979:35) for differing renditions of the chapter. Though I adhere primarily to Larre and de la Vallée’s rendition, reference to variations by other authors is made.

<sup>142</sup> It can be argued that any acupuncture point on the body will have an impact on a person’s spirit/shén. However, there are a substantial number of points with a direct reference to the shén spirits. These include points that retain Chinese words for heaven, tiān 天, spirit, líng 靈 and shén 神, or dào 道, a group of points that are said to specifically impact on one’s spiritual attributes and some twenty seven points that retain alternative names which include the notion of guǐ 鬼, speaking on the idea of spirits and ghosts. See Jarrett (1998, 2004), Lade (1989), Ellis, Wiseman and Boss (1989).

who knew how to be present to and engage with qì would know what acupuncture points to select and needle. In the process the body is repaired and the being restored.

Chinese medicine puts the view that the spirit of the cosmos resides in every individual suggesting that each person is a little universe of shén. Offering his view on the purpose of Chinese medicine Jarret (1998, 2003) has eloquently argued that the primary role of acupuncture is to restore our memory of original nature and that acupuncture practice is, as a restorative medicine, intent on encouraging a person to enliven their spiritual evolution. The suggestion is that hidden beneath the usual understanding of what points do at a material level, knowledge of the symbolic nature and meaning of points provides access to how the universal Dao moves and remains in a person. Relieving symptom then is only the first step along the way to discovering the role of medicine becoming a path to apprehending ones nature, a sense of the spiritual and ones link to the cosmos. Having knowledge of the coming and going of qì in the body and in the acupuncture loci was critical in helping a person to re-establish their sense of virtue, dé 德 and destiny mìng 命 or as Jarret (1998:27)<sup>143</sup> puts it, ‘our contract with heaven’ or the vast extent of space representing unity that is above, infusing humanity with the potential ‘to see beyond being’.

These ideas on shén spirits are grist to the acupuncturist’s mill (Larre 1994, Gardner-Abate 1995). Rather, the intention is to demonstrate how the body, replete with conduits along which qì is said to ‘bubble up’ on the surface of the body, suggests

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<sup>143</sup> Chinese characters may be construed as symbols and images containing an intrinsic capacity to express abstract ideas as a drawing, usually depicting the concrete; qì 氣, presented as a universal force living in the body and universe, depicts rising, odorous vapours from cooking grain (Karlgrén 1990, Wilder and Ingram 1974, Wiegner 1965). Jarret (1998:29) writes, ‘... the character, mìng 命, may be taken to represent a picture of a contract or written order, suggesting that mìng 命 represents the fulfilment of one’s contract with heaven that preserves primordial unity. The bottom half of the character indicates the seal of heaven’s authority fixed on the contract. On the bottom left side, the mouth of heaven is depicted, dictating to humans their destiny between heaven and earth.’ Dé 德, or virtue from a Daoist perspective represents the ‘original nature prior to moral distinction and conscious effort’ or as Wiegner (1965:37) puts it, ‘The rectitude of the heart.’ A component of this character comes from zhí 直 meaning perfectly right, ‘because the eyes, having looked at something did not discover any deviation’.

that knowledge of acupuncture point actions also speak on states of being. As a human endeavour guided by the richness of imagery and symbolism attached to acupuncture points Chinese medicine may be construed as a metaphor for apprehending the human condition. In a simple sense, discourse on Chinese medicine is an attempt at grasping the ways in which qì speaks for itself, offering a method for understanding not only illness, but deeper human questions such as what am I, why I am here and what am I doing about it?

Understood as being part of a constructive postmodern critique, Chinese medicine involves a stepping beyond the limitations of language, arguing for new ways of knowing and experiencing the world that is not based on the power of technology associated with the modernist project. Chinese medicine points to other ways on knowing the other and the self, which may be taken as a genre of knowledge. Chinese medicine engenders a spiritual discourse without having to resort to theocratic religion. The notion of Chinese medical knowledge is premised on a special kind of attentiveness, which requires an engaging presence giving special attention to realms of experience (de Quincey 1998). Discourse on qì, framed as the shén spirits, speaks of the unspeakable, because it functions outside the subject/object dualism inherent in language. Whilst it may be argued that there is no point to speak of the unspeakable, it draws forth the desire to speak. The relativistic position may argue that all life worlds are contextual and culturally embedded, meaning there is no way to choose. Chinese medicine discourse, however, situates the spiritual as core, is 'privileged' philosophically and politically because it is capable of recognising and accepting the multiplicity of human worlds.

I began by identifying myself as an acupuncturist, practicing an alternative, foreign medicine and wondered: about acupuncture in particular and about medicine in

general. Those musings reflected in the prologue also alluded to a range of considerations such as what kind of involvement does a practitioner develop with clients, especially when we have been told ‘don’t let emotions intrude or get emotionally involved’ with clients. Other questions were, does acupuncture really work - let alone how it works. What is this subtle energy called qi? How and where do we locate illness and its causes? For instance, if we live in a biosphere<sup>144</sup> that we have made ‘sick’, how can a people be ‘healthy’, and are we as practitioners merely ‘patching up’ people only to return them to a dangerously ill environment? How then can one genuinely say that one practices a wholistic medicine? What then do we mean by health?

However, probably a most important received message from the Chinese medicine paradigm dialogue was that if humanity is subject to the forces of creation, sickness and disease may be taken as a reflection of humanity’s interference with or lack of understanding of the constantly shifting harmony of forces of nature. The enemy to be feared was not nature but our insensitivity to nature at work within us (Eliade 1972, Grossinger 1985, Needleman 1994, Tacey 1995). The suggestion was that we in the Western world were estranged and alienated from our interconnectedness and interdependence with nature, implying that we are damaging the forces which are meant to sustain us (Capra 1996). Chinese medicine spoke of this interconnectedness going one step further, suggesting that it treats disease, the person and the practitioner. A related message is that qi as discourse and therapy could heal humanity, renewing our interest in the spiritual.

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<sup>144</sup> In *Joe Cinque’s consolation*, Helen Garner, writing in a different context, makes a similar remark, restating Justice Crispin’s comments made in court. He said, ‘What if somebody who really believes they’re dying goes to a doctor. What if the doctor says to them, ‘I can’t find out what’s killing you, but hey – I’ll refer you to a psychiatrist who’ll make you feel happier while you die’? Would the patient really say, ‘Okay – I’ll have some psychiatric treatment so I’ll be cheerier as I cark it.’ (Garner 2004:63)

One way of beginning this study was to endeavour to locate the emergence of acupuncture within what we understand as a globalising, postmodern world and how these ideas might speak about practicing medicine and practicing health. I have already alluded to my interest in acupuncture as a medical and a human endeavour, and the general direction of this research project.

The research then constitutes a small beginning, exploring the view on how mind and body is intimately connected to knowing self, culture and nature and that medicine is practiced with meaning. The chapters that follow give specific attention to the research questions and methodology followed by a reflective comment on the idea of conducting qualitative inquiry.

## Chapter 3: Methodology

### Research aim

This research project focuses on the ways in which a traditional medicine<sup>145</sup> indigenous to China is being accessed and functions within a local social setting. The research explores the ways in which Australian practitioners access and understand states of being through a Chinese medical gaze providing an understanding of the therapeutic encounter as it is experienced and understood by practitioners in clinical settings (Kuriyama 1994, 1995, Kaptchuk 1983, 1987). It aims to do so as a study of, and through the premise that, the idea of being-in-the-world is a study of the movement and transformation of qì, a code and method for understanding lived experience (Jarrett 1998, Larre and de la Vallée 1995, Van Manen 1988, 1990).

At its outset then the project asks and seeks to answer the following question with specific reference to practitioners working in Melbourne: *reflecting on their experience as practitioners trained to be readers of qì, how do practitioners make meaning of qì as they encounter the other in the clinical setting.*

Subsumed within the research question is a selection of related thoughts and questions which depending on how my contacts with practitioners evolve may become

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<sup>145</sup> What we describe in a shorthand way as 'traditional medicine' represents a diverse range of local knowledge traditions connected to particular locations and social settings, which has evolved over some thirty centuries in China. Instead of taking the view that Chinese medicine, when practised in non-Chinese settings, is divested of its original meaning as Unschuld has suggested we can also argue that a distinctly Australian flavour is being created hybridising a medical perspective, which has shown itself capable of accommodating differing points of view. Qi is central to the practice of acupuncture: it is also central to Chinese philosophy and social theory. Understanding its meaning in the latter context provides clues to understanding its significance in the former. Given that our own understanding of Chinese philosophical traditions will be located within different Western traditions, the 'meaning' of the Chinese tradition will necessarily reflect a degree of hybridity which, it is argued, adds to the significance of Chinese philosophy and, in turn, Chinese medical discourse and practice. In a strong sense, Australian practitioners are creating a new, Australian traditional Chinese medicine. See Adams (2001), Sivin (1987), Unschuld (1987).

significant. At the same time, these questions are not meant to drive the interviews. Rather, they are identified as a way of positioning myself within the context of the research.

The questions are:

- In what ways do practitioners characterise notions such as symptom and sign?
- When and how are the utterances, behaviours and experiences of clients recognised as symptom?
- What is a diagnostic question?
- In what ways do practitioners ‘look’ at qi and how are they able to articulate their sensitivity to qi?
- In what ways do practitioners relate and understand the actions of acupuncture points to being-in-the-world?
- How do practitioners understand the notion of acupuncture point actions/functions?
- In what ways do acupuncture point actions/functions speak of qi patterns?
- What is meant by the term pattern?
- How does an acupuncture intervention change a client’s pattern?
- What do practitioners mean by illness, cure, disease, balance or harmony?
- How is balance and change related to ‘cure’?

The thesis is situated in a world of competing and apparently contradicting tensions. At the outset, I am dealing with what practitioners take as a universal phenomenon present in all things, and begin with the idea that knowledge of the world emerges from experience, which at best, only later can be put to words. In other words, the nexus between experience and knowledge functions like a conundrum especially in the Western mind, yet we know they are inextricably linked. When we separate them

into categories to talk about them, as we are wont to do, we create as it were, 'artificial boundaries' by talking and using words, which somehow get in the way of experiencing other realities. Nevertheless, we are also social beings who are partial to telling others what we know and how we know what we know.

In constructing these accounts, I have worked with many gnawing doubts about how to research and shape my accounts, especially when keeping in mind the postmodern critique of what is meant by knowledge and how knowledge is constructed. For instance, Phillips asserts, that 'in general it must be recognised that there is no procedure that will regularly (or always) yield either sound data or true conclusions' (in Maxwell 1992:280). Furthermore, that various techniques applied to answer the fundamental validity question are an illusion of technique and that validation is not a commodity that can be purchased by technique, begs the question of what we mean by truth and certainty (Denzin 1997, Sandelowski 1993, Bloor 1997, Flick 1992).

Being mindful of these critiques, my intention is to bring a sense of validity to the thesis (Guba 1990, Ellis, 2004, Hammersley 1992, Hammersley and Atkinson 1983, Altheide and Johnson 1994). Current ideas on validity, a central notion to qualitative inquiry, are now being reframed by including a sense of authenticity, strongly suggesting that one makes explicit the processes through which the interpretations and generalisations are made as a standard for constructivist research (Guba 1990). Hammersley (1992) calls it 'plausibility of knowledge claims'. The implication is that the accounts become 'trustworthy', though not in the same way as Lincoln and Guba (1985) first articulated the notion of trustworthiness.

In attempting to make the thesis trustworthy, analyzing the data then is driven by an ethic that calls for qualitative researchers to substantiate interpretations and

findings, that includes reflexive accounts and the how and why the interpretations were arrived at. Central to this research ethic then, is the notion of being as transparent as possible which includes discussion of the how and why of the interpretations, how the account is structured and the links between methods of coding, words used and even the writing style (Mishler 1990).

Linked to and complementing the idea of being transparent and reflexive, is that in shaping a social research project we do not oppress, silence or hurt the other, especially when research of this kind uses the words and experiences of the other as a centre piece for the research. Recognition of the interconnections between power, values and knowledge and its effects is not new to research (Clifford and Marcus 1986, Ellis 2004, Humphries and Truman 1994, Harvey 1990, Tierney and Lincoln 1997, Van Manen 1988, 1990, Fielding 1993). Even though social research attempts to report 'what's out there', authors of a criticalist orientation also recognise that social research in particular cannot be value free, putting the view that researchers should be guided by notions of fairness and justice, of creating a more humane reality. The central point is that including such considerations in the methodologies makes the constructing of accounts more persuasive in varying degrees (Barone 1992, Goodman 1998). Reflecting on and including these issues as part of the research, also makes the research(er) more transparent. The intention is to provide an orientation to qualitative inquiry that aims to persuade through verisimilitude.

## Access and recruitment

Negotiating entry into a research site forms a cornerstone of naturalistic inquiry and sets the parameters for many of the subsequent decisions that the researcher takes. In this thesis a variety of means were used to gain entry and a number of considerations guided selection. Since this thesis is also concerned with the idea of the transmission of knowledge, my particular interest is to give attention to how Australian practitioners access and apprehend Chinese medical ideas. My other criteria for selection relates to the notion that in Chinese medicine, knowledge comes to those who work with and experience qi. Their experience of being in clinical practice was an important consideration and, perhaps somewhat arbitrarily, I wanted practitioners with around ten years of continuous practice or more. Given that acupuncture practice in Australia is relatively new, this group of practitioners could be characterised as constituting our most senior and experienced practitioners working in the field. I also wanted to work with practitioners who have considerable clinical experience working in a local environment, who could give a voice to their experiences as if they were looking in on themselves as they work with others (Schwandt 1993). In my initial contacts with practitioners my way of introducing the research to them was to say that I was looking for *'home grown' practitioners, Australian born and trained, working with Australians who have been 'around the block a few times'*.

Finding and identifying participants<sup>146</sup> was a relatively easy task. Alluded to earlier, the cohort of practitioners with extensive clinical experience working in

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<sup>146</sup> All acupuncturists working in Victoria must be registered with the Chinese Medicine Registration Board of Victoria (CMRB) and most are members of the Australia wide Australian Acupuncture and Chinese Medicine Association (AACMA). At the time of writing, 907 practitioners were registered with the CMRB. Just under half are registered in acupuncture alone and some fifty-six percent are registered in acupuncture and herbs. The

Melbourne is small, I am one member of this group, and we have known each other as colleagues in some cases for up to twenty-five years. Nevertheless, fortuitous suggestions and tips made my initial contacts easy. How much does fieldwork also depend on lucky tips?

Twelve practitioners were contacted and all agreed to participate. Interviews with three of these practitioners served as a guide for me in conducting subsequent interviews. The purpose was to determine whether this data was evidence rich, to review my presence and interview approach and to gain an initial sense of emergent themes. I did this by listening to audiotapes whilst (re)reading and writing this early data. Constantly reviewing these transcripts had the advantage of assisting me to focus on the abundant evidence and by getting a 'feel' for it. In addition, these early feelings and thoughts provided me with a sense of what practitioners seemed to want to express. Importantly, the whole data did not emerge solely from the interviews, though these discussions represent a specific occasion whereby our conversations were intensely focused and in many cases, these interviews lasted around ninety minutes, sometimes more. The audiotapes were one aspect of what constituted the data. Indeed, the whole data is to be understood in a different way: it includes interviews, numerous observations, subsequent discussions, and each participant's personal contribution to the text of this thesis. My research contacts with participants occurred over a period of three years and critically, my continuing contact with them as colleagues from the time many of them first entered professional practice.

In relation to the in-depth interviews more specifically, practitioners were informed of the purpose of the study and why they were identified as a potential participant (Taylor and Bogdan 1984, Fine 1994a). In setting the scene about the goals

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prominence of acupuncture practice in Victoria is remarkable. However, this may change in time since most teaching institutions are now offering dual stream qualifications in Chinese medicine.

of the research with each participant, the idea of 'neutrality' on the part of the interviewer is considered critical to good qualitative research. The concern is that respondents might answer in a manner that they consider the interviewer wants to hear: they want to be helpful to us. The implication is that there is a truth out there that we must be careful not to pollute it. This issue of disclosing the purpose of the research affects the notion of informed consent and the right to know, which is considered a holy grail in naturalistic inquiry. I struggled with conflicting goals (Ellis 2004, Ellis and Flaherty 1992, Kleinman 1991). How much and what kind of explanation do I provide particularly as I found myself in a position of power and information control. Borrowing an espionage metaphor from Fine (1994b:6), I chose to distinguish my strategy as a form of 'explicit cover', whereby the researcher 'makes as complete an announcement of the goals and hypotheses of the research as possible, not worrying if this explanation will affect behaviour' (Goffman 1968, 1989).

Participants were made aware that information from the interviews and any other contacts was confidential, that anonymity would be maintained, and in the first instance, participation would be in the form of a tape-recorded interview. The question of follow up interviews was also raised, the purpose being to clarify and amplify issues arising from the first interview. They were also informed that they could initiate any kind of contact after the first interview. Most participants took up this offer and these discussions happened over the phone, outside a clinical setting, in a home or over a drink in a coffee shop. In relation to the interviews, all participants were given a transcribed copy to validate the contents and if required request any changes.

Once I made explicit my 'cover', they were asked to sign the consent form before beginning the interview. Interestingly, once the scene had been set, almost all of the participants became less concerned about anonymity and confidentiality. Rather,

they expressed gratefulness for being included in a study that allowed them to speak of their experience. In a sense I expected this but what surprised me was the intensity and enthusiasm that existed beside their words: 'It's about... time. At long last I now have an opportunity for my experiences to be put to paper'. 'This is the stuff of acupuncture which is missing' and 'It does seem bizarre - we ask our clients to tell us of their experiences when they come for treatment but no-one has ever asked me what my experiences are'. Nevertheless, participants were given seven days grace to think about the offer of being a participant and told that I would contact them later to hear of their decision.

## Interview style and format

All interviews and subsequent follow-ups began with a re-statement and explanation of the purpose of the contact. As a way of creating a beginning, I offered participants one of two 'prepared case studies'<sup>147</sup> written in a way not commonly seen

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<sup>147</sup> I include a copy of two 'cases': 'Lumbar support' and the 'The teacher'. In the former story, a writer reflected on what happened to him after he bought a new pair of jeans; something he had not done in a long time. At the time he was in his mid-50's. He wanted to re-acquaint himself with wearing jeans again. However, he also decided he needed to lose some weight before buying his new jeans. Having lost some weight, he noticed that getting into his new jeans and having to wear them he assumed a new disposition. Somehow, his temperament seemed to change. The change was so marked that he felt a compelling force to live towards what seemed to him to be the exterior world. Wearing jeans, he said, forced him to 'live in the exterior'. At the same time he also noticed that he was impeded from living and experiencing an 'interior life', something he was very used to doing. He said, '*any garment that squeezes the testicles makes a man think differently, influencing one's mood and mental agility*'. For him, a garment like jeans symbolised informality and 'anti-etiquette'. It also meant a sense of freedom of movement and a lessening of social restriction. In his view, wearing blue jeans was a metaphor for being free and reinforcing one's sense of individuality. However, wearing blue jeans also meant other things. The cut of the new jeans seemed to squeeze and hold up the pelvic region as if that area of the body was being lifted up, and there was more. As his lower body was pushed up, he sensed things on the skin. Somehow, the new jeans not only gave him 'lumbar support', he began feeling a sensation in other areas of his body. The experience was so significant that he exclaimed, '*wearing tight fitting jeans eliminated the opportunity to engage in contemplative activities*'. He mused that one of the reasons one wears loose fitting clothing, not unlike the monk's habit, is probably a pre-requisite to achieve a meditative or relaxed mood. In his experience, wearing tight fitting jeans impedes contemplation and cogitation, shifting the senses to the outside of the body: the skin, even though wearing jeans symbolised informality, 'anti-etiquette' and a sense of freedom of movement and lessening of social restriction. In his case, clothes maketh a different man.

The teacher: A forty-three year old secondary teacher presented for acupuncture on advice from one of his colleagues. For the past seven to eight years he suffered from severe bouts of griping, colicky, squeezing pains in the upper and lower abdomen. Western medical investigations revealed nothing remarkable. Medications were prescribed and neither of the selections made any significant impression.

I found obtaining a medical history to be difficult. For instance finding out whether food aggravated or ameliorated his discomfort, the time of day when things were better or worse were difficult to assess.

As a secondary complaint, he suffered from constantly dry and cracked lips, especially on the edges, which he described as a stinging pain. However, during the consultation he kept returning to the pains in his abdomen, often placing his hand over the area when he spoke. His face often grimaced and on occasions, he seemed to develop a yellow-green hue around his lips when he focused on his discomfort. Apart from the colicky pain, his other area of concern seemed to be his professional life. He joined the teaching service immediately after completing his teaching credentials. He was transferred to his current school six years ago. This school was not a happy place for him. He just did not seem to get along with his work colleagues at all, professionally or socially. Yet, he was not unpopular. Rather, he seemed to be given all the jobs that others did not want. Moreover, he took them without complaint. If a novice teacher needed assistance with writing up an assignment or planning a series of lessons, he was there to help. If he was criticised, 'he took it on the chin' (his words). The situation was similar at home. From his perspective, family members knew him as the peacemaker, the smoother over of conflicts. It seemed as if he swallowed everything that came to him or took on whatever was dished out. Whatever passed his way, complaints, insults, the cares of others, he accepted. He became consumed by other people's responsibilities. What also preoccupied him greatly was a fear of being seen as unhelpful, useless and most of all, rejected for who he was. After the third acupuncture session, he described that for the first time in twenty years he was able to express anger, much to his surprise and that of his family. He discovered that he could express negative feelings without being rejected because of them. This experience was a revelation to him. Just before the end of the school year, and after twenty years of work in the same occupation he took a redundancy package and went into partnership with his brother - painting houses. This was the kind of work he wanted to do before he entered into teacher training. In a follow up visit some eight months later, he presented in his painting overalls and delighted in showing some photographs of houses they had recently painted and decorated. He still experienced stomach pains though not as frequently, nor as bad. He now was able to express himself in ways he never did before. Summing up his experience he said, 'So, when the shoe doesn't fit, you don't change your feet'.

in current Chinese medical literature.<sup>148</sup> The intention to offer a case study was to provide a way in to the eventual interview, designed as a kind of ‘aperitif’, a starter to the main event. The words I used in introducing the case study to participants were framed by using the language of Chinese medicine in order to evoke an emotional response from the participants. In one case study, the person is not a ‘client’ in the usual sense. Rather this person describes a particular moment in his life where he talks about how he experiences his body in relation to wearing different types of attire. The second story is about a client attending for acupuncture but written in a way not commonly seen in medical texts. The case includes the acupuncturist’s ruminations on the encounter that attempts to bring the client’s experience to life in a different way.

The subsequent discussion flowed from wherever the case study took us. No formal schedule of questions was designed. However, I did have a number of areas of interest which I used as a guide for the interviews. Generally, my questions were designed as open-ended ones to assist in the process of eliciting responses from participants, not unlike the ways in which practitioners would engage in a consultation with a client. For instance probing questions were used frequently to seek clarification and more importantly to encourage the participant to elaborate more deeply about their experiences: ‘when you say this ... you mean ...’, or by encouraging them - ‘you seem to be on a roll, go on, tell me more....’. Other ways were to encourage or challenge the person to say more: ‘But isn’t it true that...?’, ‘Some people would say that...’, ‘Do you honestly believe that’?

Overall, my orientation to these interviews was to engage in a conversational relation (Byrne-Armstrong 2004, Van Manen 1990). I wanted to establish a different kind of talk that would allow for a flow of meaning between and among us

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<sup>148</sup> There are exceptions. See Chen and Wang (1988) Zhao and Li (1998)

(Csikszentmihalyi 1993, Bochner, Ellis and Tillman-Healy 1998, Grudin 1996, Polkinghorne 1988). My reason for encouraging a conversation is that knowledge making is socially and discursively constituted, and at the same time, what I observe and explain cannot be separated from ones values, predilections we each bring to the conversation (Altheide and Johnson 1994, Schwandt 1993, Richardson 1990 Ellis 2004). The other critical dimension of engaging in conversation, even though the topic is clear in the minds of the conversants, is it can go anywhere, but retain purpose, not unlike the coming and going of qi.

The nature and purpose of developing such an interview relationship is to place an emphasis on the idea of an exploration. The idea of exploration through conversation then seems to function as a method with meaning and as the method unfolds so too does meaning. My assumption was that a conversation style interview provides a space within which ones attention may be heightened and associated with a sense of permission and potency for the participant to talk about their experiences. At the same time, our conversation would also function like exploring 'unknown territory': we do not know what we will find or where the talking will take us, but we will find out things along the way. This way of thinking presumes that by doing things, in this case in relationship, we discover meaning (Van Manen 1990). Paradoxically, the conversational space provides a freedom to move, making it easier for the participants and myself to stay focused on the topic.

In exploring unknown territory through conversation, thoughts, impulses and judgments become suspended perhaps a little like phenomenological bracketing (Carr 1970, Ashworth 1999, LeVasseur 2003 and Bednall 2006). This kind of suspension involves attention, intention, listening and looking at all crucial notions to encouraging the flow of meaning (Csikszentmihalyi 1993). It also means that I am prepared to

reveal my reactions, thoughts and values to the other. The nature of such an exchange is at odds with the idea that the researcher is a blank slate; an unaffected, neutral observing instrument while the observed retains completely the opposite characteristics. The idea that a writer can take his presence and voice out of a social exchange is illusory, but it also means that researchers 'put in what they put in and leave out what they leave out' (Tanaka 1997). In reframing the idea of an interview as a conversation, it does not mean that a new strategy is being employed, although it is easy to construe the process in this way. Rather, as Byrne-Armstrong (2004:2) has argued, conversation requires us to be willing to be changed: 'It requires attention, surrender and letting go of ones ideas to meet those of another.... When we do this, new forms of relationship appear. We begin to appreciate one another ....'

These ideas equally apply to me as the researcher who then creates a space to reflect on and organize the findings in a way that validates and enhances the trustworthiness of reported observations, interpretations and generalisations, making them transparent and persuasive (Mishler 1990, Maxwell 1992, Barone 1992, Altheide and Johnson 1994). In other words the reflexive process places me in a position to 'show my hand' as a researcher engaged in naturalistic inquiry which as Altheide and Johnson argue is, 'not so much the objective truth of what is being stated as it is the processes or way of knowing. We should continue to be concerned with producing texts that explicate how we claim to know what we know' (1994:493).

## **Data analysis and thematic statements**

This research is concerned with the lived experience of acupuncturists: how they think, feel and see qi as they encounter the other in their daily practice. Lived experience is extraordinarily personal and we all in our own peculiar ways reflect on what happens to us and to others as we relate to each other. Lived experience may be discovered in many different ways: through talking, questionnaire schedules, transcribed tapes, diaries, personal accounts, passing comments, film, poetry or fiction (Van Manen 1990, Kleinman 1991, Richardson 1992). Accumulating data and meaning from the data through talking with others or any other approach as suggested above, presumes we have an idea of how it will be done. The analysis of the data was an ongoing process. It involved not only the transcription of the audio taped interviews but also the formation of a 'data dump' which consisted of fieldnotes, scratch notes, and a history of memories from previous contacts with practitioners and personal reflections (Ellis 2004, Tanaka 1997). I familiarised myself with the data constantly and somewhere in all of the countless pages, with notes to myself in the margins, reading the full transcription several times, listening to the audio-taped interview in conjunction with the full transcript to capture the nuances of expression and making notations, resided those themes which became the part of the analysis. It is through this immersion in the dense data that initial categories and themes emerged.

Rather than processing data from units of data, to categorise patterns and relationships, I followed Van Manen (1990) and approached the data through what he terms a 'sententious or wholistic way'. This approach resonates with Chinese medicine and with me. In the clinical setting Chinese medical ways of knowing the other

requires that practitioners utilise their senses of sight, hearing, touch and speaking - the four methods' wèn zhěn, 問診, to gain an insight into another's qì pattern. I am most familiar with this way of doing things. In other words, Chinese medicine has presented me with a kind of blueprint for immersing myself in the data and as a way of recognising and making meaning with the data. In simple terms this principle means that to listen to the part provides passage to the whole and, at the same time, apprehending the whole allows for an understanding of the part (Reaney 1992, 1994).

Van Manen (1990) puts the view that the researcher asks questions like what sententious phrase may capture the fundamental meaning or main significance of the text as a whole. Chinese medicine asks similar kinds of questions. For instance, how do practitioners relate a client's configuration of qì to their presenting reason(s) or how do practitioners relate and understand a client's qì 'constitution' as they attempt to apprehend a presenting pattern of disharmony? In reverse, how does a person's overall state of qì gleaned in other ways inform the practitioner of a client's specific symptoms? More simply, how is the part and the whole related? In being with the other, the practitioner moves as it were between these two parallel ways of knowing, revealing how qì remains and changes in the person and at the same time the person provides the practitioner with the resources to change the other. Such an approach resembles Van Manen's (1990) idea of a method of 'free imaginative variation' in order to verify that a theme is not an incidental one. In other words, is the phenomenon still the same if imaginatively changed or deleted from the phenomenon? The question that arises is how powerful is the relationship between the phenomenon and its meaning with the theme. For instance, practitioners spoke about manipulating qì with needles by applying various techniques. One question could be, does manipulation of qì with an acupuncture needle lose its fundamental meaning if it is removed from the

practice of acupuncture? Does the essence of knowing qì and working with qì remain if one does not use needles? On the other hand, can people speak of qì experiences without ever having practiced acupuncture? Indeed, these ideas were raised by practitioners as a way of exploring and understanding what Chinese medicine means to them. At the same time, because qì is taken as a universal self organizing principle there is also the view that qì is available to anyone, anywhere, at any time and how one chooses to speak and present themselves in the world is construed as an expression of qì. In this sense, nothing is incidental; everything we do and do not do reflects qì and is an expression of qì. What matters is how persuasive an argument is put that demonstrates how qì is linked to the identified themes.

Expressing these fundamental meanings is, according to Van Manen (1990), a judgment call. Different readers might see or hear differently offering additional interpretations. If I were to re-read my data in three or five years time chances are that I would see and extract different themes because chances are I would be attempting to answer a different question, even though qì remains as the principal theme which connects. Making judgment calls can be limiting and enabling in naturalistic research (Ellis 1997, Ellis and Flaherty 1992, Richardson 1992).

This chapter opened by identifying the research aim and questions linked to the research aim, suggesting that the notion qì and naturalistic inquiry share much that is in common and which also sustains the direction of this thesis. Acknowledging the postmodern critique, many of the fundamental principles of naturalistic inquiry are now contested and problematic in a deep theoretical sense. The approach taken to make this thesis trustworthy was to show my hand, for instance, by including reflexive accounts and by including participants' voices in different ways. A fundamental concern was with the how of garnering and rendering the data and accounts, driven by

what I refer to as a research ethic. The following chapter continues this theme by exploring a background to this thesis, locating myself as both a researcher and participant.

What will follow are three ways of presenting and constructing the data together with my reflections and ruminations appended. In Chapter five, the practitioners speak whereby they present a 'case study' which for them best exemplifies how they see themselves as an acupuncture practitioner. They are not 'real' cases taken from their files but rather a composite picture they constructed which portrays their presence in the therapeutic encounter, which I identify as 'fiction' The case studies represent a *fictional* account of their experiences in a way that is *real* for them: implying that the boundary between fact and fiction is blurred and ambiguous. In Chapter six, I create and include a composite picture of my fieldnotes: from observations, informal contacts, scratch notes, notes to myself and transcribed tapes. Three re-writes were created and each returned to the respective participant for verification and validation. They were asked a simple question: does my reconstruction provide an authentic representation of our conversations? If not, then what changes need to be made to satisfy the participant's understanding of their involvement in the research? Finally, I move to authoring myself in the text by providing an analysis and discussion of the themes that emerged from my conversations with participants. This is where I speak, in the more conventional way, as the researcher.

## Chapter 4: Methodological issues

In the first two chapters, I attempted to locate the emergence of Chinese medicine practice within the context of a globalising, postmodern world while intimating the broad strokes of the method, which I intend to adopt. Recognising that as the world and our views of it are changing, so too are our approaches to doing research especially in the field of qualitative inquiry and especially when the 'other's voice' is a central feature of data making, since the researcher attempts to listen to and include the 'other's voice'. Earlier I outlined the three ways in which the data will be constructed and presented. However, as I suggested, I will also attempt to provide a background for understanding my orientation to naturalistic inquiry and methods employed in the present study.

Birkerts (1994:54) wrote, 'The writer writes and the reader reads – or so it appears. And there the matter rests, for most'. The postmodern argument seems to rest on the idea that the ability of a text to make sense in a coherent way depends less on the willed intentions of an originating author than on the creativity of a reader (Clifford 1988:52). However, present discourse on what constitutes knowledge and how knowledge is garnered has given much attention to the proposition of exploring worlds of meaning that exist between 'what the writer writes and what the reader reads', which has profound implications especially for researchers entering into the world of qualitative research (Foucault 1979, 1980, Richardson 1994, Geertz 1991, Carrithers 1988). Accepting that we are now in the process of what may be taken as freeing ourselves of the modernist ideal and that texts can be presented as eternal memories for truth, we are now confronting a letting go of the old while entering a new world of

doubt. That doubt as Laurel Richardson puts it is at the core of the postmodernist critique. Postmodernism doubts:

... any method or theory, discourse or genre, tradition or novelty, has a universal and general claim as the “right” or the privileged form of authoritative knowledge. Postmodernism suspects all truth claims. .... The postmodernism context distrusts all methods equally. No method has a privileged status. The superiority of “science” over “literature”... is challenged. But a postmodernist position does allow us to know “something” without claiming to know everything. Having a partial, local, historical [situated] knowledge is still knowing. (1994:517)

Suspicion and doubt prevails (Rorty 1980, Tierney and Lincoln 1997, Richardson 1992, Ellis 2004). These doubts reflect what may be called a crisis of representation challenging the notion of what constitutes truth and the way language is used to present knowledge. The social sciences core values have come into question such as ‘reliability’, ‘trustworthiness’, ‘validity’ and even ‘ethical’ considerations,<sup>149</sup> as well as challenges to the idea of unyielding boundaries which have been used to separate science, humanities, philosophy and literature (Foucault 1970, Rorty 1980, Gergen 1991, Richardson 1990).

One conclusion is that we can only ever hope to produce texts that can at best be seen as partial perspectives. The questions we ask and the ways in which we go about finding and presenting the data all reflect our values; about ourself and others in the world, in relation to the simple idea of offering an answer to a question. Essentially the question now also becomes how can we be ethical in the way we construct and present our research while also knowing that the research itself occurs under conditions of profound ambiguity and uncertainty (Bauman 1993). This thesis then is situated within a domain of doubt, that the whole story can never be told, but puts the view that we can think self-consciously about the way we do the fieldwork and the

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<sup>149</sup> See Newman (1999), Kleine (1990), Schwandt (1997), Hammersley (1992), Hammersley and Atkinson (1983).

means we choose to relay the work to the readers. The thesis asserts that to accept my presence as an ‘objective’ observer who peers into worlds of the other with the aim of returning with the news, is not as simple as once considered. I create myself as instrument as I observe and participate with my participants in exploring the questions I pose. I seek to find their voice as I speak with mine in attempting to uncover in as much detail as possible how practitioners recognise and append meaning to qì in their daily life as acupuncturists. My attempt as Tierney and Lincoln (1997:xvi) put it, ‘is not so much to discover new lands – as if they are out there waiting to be found – but instead to help find new ways to see the world’.

My purpose is to situate myself firmly into the research process - to show my hand as it were. Firstly, as a researcher interested in how practitioners apprehend and make meaning of Chinese medical ideas as they work with the other, and as a person who also happens to be a practicing acupuncturist who has maintained professional contact with the participants of this study over a period of some twenty years. The participants are therefore not natives, located in another cultural setting essentially foreign to the researcher. Rather, what is native is the appropriation of a set of medical ideas and philosophical precepts from another culture and place from which we are removed. This research occurs within a local context and I, like the participants, belong to the world of acupuncture practice in 21<sup>st</sup> century Melbourne. The participants are also my colleagues and I engaged and continue to engage with them in a conversation about worlds of qì in a place like Melbourne.

## **A coming to acupuncture and naturalistic inquiry**

Before I outline the various considerations that operate within the scope of naturalistic inquiry, I attempt to locate myself within the research as a practising acupuncturist and from the point of view of my coming to acupuncture. The intention is to make explicit my experiences and reasons for engaging in a research topic that focuses on the notion of qì.

In a strong sense, I alluded to my call to naturalistic inquiry, indeed to Chinese medicine, by writing about Loretta at the very beginning of this thesis. It does seem strange to begin a methodology chapter by invoking the idea of call (Ellis 2004, Van Manen 1990, 1998). My understanding of naturalistic inquiry and Chinese medicine is that they both provide a framework for thinking about the world which also speaks of a way of being in the world as an involved, self-conscious participant. I have a deep interest in the sheer mystery of being a person and to be candid, a certain kind of nosiness to know how others think, feel and do that may inform me. Chinese medicine has offered me a tool, a code and method for understanding the world, myself in the world and worlds of the other.

By way of introduction, I offer a story from Chuang Tzu, a noted Daoist writer and philosopher whom I like because he is what he is and is far too great to need apologies from me. It is the story of the woodcarver who spoke of his experience of producing a bell stand. After having completed the job, he was asked how he was able to reproduce such an exquisite bell stand from a block of wood extracted from the forest. In a self-effacing way, he said he was just a worker who has no secret. However, he went on to say that before he was able to find the right lump of wood in

the forest, he prepared himself which took him some time. What did he do? Firstly, he guarded his spirit, he put his heart at rest, he fasted, he forgot about praise and criticism, he forgot about gain and success and eventually also forgot his body. He was now ready to look for the right lump of wood. He went into the forest to see the trees in their natural state and remarkably, the right tree appeared before him as if he did not have to look. Indeed, he was able to see the bell stand in the tree as he looked at the tree. Working the wood was the easy part, and with his own collected thoughts, he was able to encounter the hidden potential in the wood and the bell stand emerged. Another way of putting it is to say he was able to carve away everything in the wood that did not look like a bell stand.

I like the story for in many ways it speaks to me articulating a way for understanding my entry into a world of acupuncture and naturalistic inquiry. Like Goodall (1989, 2000), I like to think that acupuncture chose me rather than me choosing it and this research project, but not as easily as I have described the woodcarver's experience. On reflection the strange thing when I began my acupuncture training was that I had a vague idea of why and what I was entering into and I would not have explained it then as I do now. Indeed, I stumbled through my training and came very close to abandoning the course. The ideas I encountered though interesting and challenging seemed nebulous, slippery, ambiguous and constantly contradictory. When I thought I had grasped a particular meaning or idea it somehow floated away. I wanted certainty and found it difficult and frustrating to consider the idea that one concept could be spoken about in a multitude of ways or that different events could be explained in the same way. Nevertheless, I persisted and continued to live these uncertainties. In hindsight, it does seem to me that acupuncture and naturalistic inquiry chose me.

When I entered tertiary studies, some 12 years before I began my acupuncture training, I was drawn to the social sciences and East-Asian history yet I had no idea of what sociology or anthropology was, although when I asked, someone told me it was about people and society. That was enough for me to hear. These disciplines at the time were also new and unconventional. People studying these disciplines were seen as different and radical, they looked and behaved differently to others. However, what impressed me at the time was these intellectual pursuits gave attention to things that go wrong, the negative things in life. Much attention was given to deviance, social inequality or mental illness. The views and approaches encountered were interesting and challenging in the sense that emphasis seemed to be placed on what is wrong with people and society. The message was that to note and study what was wrong in the world the possibility of making it right also emerged.

In more recent times there has been a noticeable shift in research interest which includes for instance studying happiness (Myers and Diener 1996, 1997, Seligman 2002), the idea of going with the flow (Csikszentmihaly 1993), consciousness (Schlitz, Amorok and Micozzi 2005), spirituality (Reaney 1992, 1994, Tacey 1995, Fox 1989), healing, (Dossey 2002, Benor 1990) and intuition (Schulz 1998). I include Chinese medicine in this list as well. These topics reflect a change in emphasis redirecting ones energies to some of the good things of being alive and being a person, perhaps even a sense of optimism. But the question for me, as a researcher and practitioner, still remains – in what ways can we understand worlds of the other, how do people make sense of the world they live in, and how am I affected by the interaction and exchange? Indeed what can we, as practitioners, contribute to these fields of inquiry? At core it also means that a researcher like myself is inquisitive, because we want to know what goes on behind closed doors, we have an interest in, as one practitioner said, ‘You

understand, you try to understand people, like how they are, who they are. What are they doing walking this earth. That is what keeps me in the profession. Exclusively that.'

In training to be an acupuncturist, I was confronted with a major challenge. Much emphasis was given to understanding the sick person and learning about aberrant physiological processes. This made sense to me at first and Chinese medicine offered a way of understanding bodily felt sensations. This kind of thinking was not much different to biomedicine although acupuncture, understood as a kind of energetic 'surgery' of the body, did seem to be a strange way to practice medicine. However, woven through Chinese medicine's theories and its philosophical underpinnings was another critical feature: that the same points used to fix the body would help the person return to a state of well being. It appeared that the practice of acupuncture contained two imperatives. Acupuncture could repair the body but more crucially, one could return the individual and by implication the whole of humanity, to states of being more in accord with the way we know things and the way we live. Chinese medicine was not only a theory of knowing the world but also a set of ideas about being in the world (Albanese 2004, Prainsack 2002, Needleman 1994, Jarrett 2003).

In other words, Chinese medicine offered its adherents an ontology and an epistemology for not only understanding the world and ones place on it, but also how knowledge and experience of the world could be applied in a medical setting. At the time and even now this simple statement contained a powerful message that appealed to my sensibilities.

Relieving the other from symptom was one thing, but returning a person to what they are was a radically new and challenging proposition. How a medicine such as acupuncture could function as a palliative and prophylactic medicine and also return

a person to a 'lost or dormant' state of being became a central concern, something that the ancient sage physicians, represented as Huáng Dì and Qì Bō, knew about. The simple idea was that if we returned to a past wisdom we might be able to apply this knowledge in the present. The idea that knowledge comes by progressing and moving forward, a core value of the modernist project, was being questioned. For us would be practitioners, the questions became: how can two fictional characters who lived in a mythical past teach us about medicine, what do acupuncture points do, indeed how do the points know what to do, the presumption being that acupuncture points, being a representation of qì, seem to have a 'mind of their own'. And if they do have a mind of their own then what do we mean by consciousness? In other words, an alternative and marginalised medicine, made up of people who relied on simplistic ways of thinking, with a 'use by date' that had long since gone, now questioned the role of medicine and what symptom, cure, health or healing means in a contemporary urbanised Western setting.

The Nèi Jīng referred to earlier, is considered a practitioner's 'first text' and belongs to one particular Chinese medical tradition which gives emphasis to experiencing qì through practice and through a scholarly and literary approach to medicine (Chiu 1984, Sivin 1987, Unschuld 1998). It is not a medical textbook in our sense of the word. Rather it reads like a story where two people engage in a conversation about medicine and life: a story of the master and his apprentice. Compiled probably about two thousand years ago, the Nèi Jīng is a collection of medical treatises written by a number of unnamed scholars. The two characters are the mythical, apprentice physician, Huáng Dì who also happens to be an autocratic but benevolent emperor and his master physician Qì Bō. The two fictional characters are

situated in 'a time before time', who speak about a wisdom of the past to be transmitted to future generations.

These stories which were put to words formed part of an oral tradition for the transmission of medical knowledge and do not appear to be placed in a logical 'order' as we would expect. However, the number of chapters, eighty-one, for instance is significant in numerological terms (Larre 1984). Rather, the arrangement and sequence of the chapters is based on a kind of thinking that is now largely lost but which is speculated upon for more hidden meanings (Jarret 1998, Larre 1994).

Like many other would be acupuncturists, I read and re-read the *Nèi Jīng* and other classical texts in full on many occasions. Reading the *Nèi Jīng* can be a fulfilling experience and may be likened to listening in to a conversation between two people, making it easy to become an audience member. The characters talk about simple questions but sometimes the answers offered seemed too complex to apprehend. At the same time, and because there does not appear to be any logical sequence to the ideas encountered, Chinese medical ideas seem to appear and re-appear in different places throughout the text. Sometimes they make sense and at other times, and that is a lot of the time, they are replete with contradictory and ambiguous statements. It is easy to read the *Nèi Jīng* and it is easy to become frustrated by what one reads. Yet, like re-reading a novel, gazing at a work of art or watching a movie one can find new and different meanings each time.

Emphasis is given to reading the words of the other as a way of apprehending medical knowledge because it contains the revealed knowledge of master physicians who, because of their experience with *qì*, were regarded as wise teachers. Reading and reflecting on ideas found in the *Nèi Jīng* and other traditional texts, offers practitioners a route to attaining the essence, *jīng* 精, of Chinese medical knowledge. By

approaching classical works with reverence, practitioners are 're-awakened' and able to apprehend a multitude of meanings about an idea called qì. It is as if by thinking with a story (Frank 1993, 2000) one is able to go behind the words which conveys the reader to what Proust, writing in a quite different context, refers to as 'those dwelling-places into which we would never have been able to penetrate' (1994:36). Thinking with a story means it is affecting ones life, which allows one to find a truth about life. Reading in this way might be said to stimulate the experience of creative and intuitive ways of thinking, whereby the written word or character connecting deeper levels of meaning direct the reader to the complexity of the human potential.

Apprehending Chinese medical ways of knowing by engaging with the thoughts of classical scholars may be viewed as a personal journey through Chinese medical knowledge. With the *Nèi Jīng*'s presentation as a dialogue between a master physician and apprentice practitioner, the reader is invited, as it were, to embark on a journey of experience in which Chinese medical ideas are waiting to be discovered. In reading classical sources practitioners are afforded an altogether different means of absorbing medical knowledge: reading the revealed wisdom of ancient medical scholars, understood as an experience with qì, is said to convey practitioners into the world of qì. Chinese medical knowledge can be attained through the practice of reading. Absorbing Chinese medical knowledge is taken to be an interactive and interdependent relationship and exchange between practice and scholarly documentation - a learning dynamic which transforms both knowledge and people. Thus, the experience of reading can convey the reader into other worlds of knowing. According to this view, one is required to immerse oneself in and behind the words, absorbing their meaning as one experiences the thoughts of others. Contacting the past by listening to a conversation can transport the reader along a learning path which gives meaning to

everyday life. In turn, everyday life is understood as an important vehicle through which medical ideas become known.

Like the woodcarver's experience, knowledge and the ability to perform come to those who know how to wait. The capacity to prepare oneself represents a 'way out' from those factors that might hinder the process of becoming. Entering into a preparatory process of this kind means in some sense that one gets lost, suggesting that one can become enabled to discover undisclosed knowledge contained within.

What I am suggesting is that even though the *Nèi Jīng* does outline the theoretical foundations of Chinese medicine within a Confucian and Daoist framework, the story becomes a mode of reasoning and representation. Theory emerges from a collaborative conversation in contrast to thinking of theory in terms of empiricism, where the purpose is to generalise, control and predict. Theory, which emerges from story, functions in a different way because the reader determines whether the narrative speaks to them about their experience. Theoretical validation occurs by comparing how our life is similar or different to what we read, even though the story comes from another time and place with which we are mostly unfamiliar. The focus of being able to generalise moves away from for instance surveying and tabulating responses from a sample in a population to the reader. In other words, the *Nèi Jīng* may be characterised as portraying the features of good naturalistic inquiry.

In my reading of the *Nèi Jīng*, there were many occasions when I identified myself as *Huáng Dì* asking questions, admitting confusion, uncertainty and times when I thought that I had grasped an idea. Sometimes, I saw myself as *Qì Bō* because it seemed as if his responses were in me: I knew what he was talking about. These were the 'aha' experiences that came and went, most of the time, and not unlike the participants experiences documented in this study. Interestingly, trying to recapture the

moment of those 'aha' experiences at another time, as practitioners often related, never seemed to happen. They 'recurred' at another time and place as if some other aspect of the person was able to recall it, having a 'will of its own'.

In many ways my conversations and observations with participants seemed like we were re-constructing and re-creating a contemporary Australian conversation of the *Nèi Jīng* with all its conundrums and issues such as the mind and body, the *shén* spirits, attentiveness to *qì*, the purpose of diagnosis and treatment or ones emotional life.

I have a predilection for story telling. I like a good 'yarn'. As Ellis (2004:32) writes, 'Stories are the way humans make sense of their worlds. Stories are essential to human understanding.... Stories are the focus of Homeric literature, oral traditions, narrative analysis, and fairy tales. ... stories should be a subject and a method of social science research.' Ellis (2004:32) notes stories contain similar elements and follow a similar pattern. They include people depicted as characters, there is an epiphany or crisis which provides dramatic tension to the story and events in the story point to an explanation. There is a moral or point to the story that provides meaning and value by way of different explanation.

In many ways, this thesis is my story of coming to acupuncture and naturalistic inquiry and my experience of Loretta serves as a point of entry. At the same time, the participants also have a story to tell. In my intention to research the other and discover how fellow practitioners think thoughts and do things as part of their acupuncture practice experiences, my question was how do I construct a text that represents the ideas and experiences of the participants (and mine) that will add to rather than detract from a shared knowledge and experience of acupuncture. I am guided and encouraged by a recent and increasing collection of ethnographic offerings by authors who have

approached their topic in creative ways. Not surprisingly early examples of creative naturalistic inquiry already exist (Moustakas 1961, Mathieson 1962, Castaneda 1972, Rabinov 1977, Cushing 1979, Hayano 1982). For instance Hayano did not 'go native' in his research. He was native to his research. Hayano was a full insider (like myself) who explored the world of professional poker players. More recently, there has been a noticeable growth in more creative ways of producing texts (Van Manen 1988, Tierney and Lincoln 1997, Denzin 1997, Clifford and Marcus 1986, Tanaka 1997, Ellis and Bochner 1996, McLaren 1999).

McLaren (1999) explores the ethnographer's role in the postmodern era by applying a nineteenth century term of the *flaneur* who, he argues, is undergoing a crisis of representation within and without the field of academia and within and outside the self. He situates the discussion from the perspective of the self-reflexive *flaneur*, often associated with the writings of Baudelaire, Balzac and Benjamin. The *flaneur*, an idle man about town, strolls the city streets, scrutinising the city evoking the essence of a city. Baudelaire writes:

For the perfect flaneur, it is an immense joy to set up house in the heart of the multitude, amid the ebb and flow. To be away from home, yet to feel oneself everywhere at home; to see the world, to be at the center of the world, yet to remain hidden from the world such are a few of the slightest pleasures of those independent, passionate, impartial natures which the tongue can but clumsily define. In McLaren (1999:145)

The ethnographer as a *flaneur* is now located in a postmodern world, not the nineteenth century, and can no longer function as a detached observer. As the researcher *flaneurs* through his research, he is seen as a change agent creating the conditions that amplify the voices of people left out in accounts of the city. The researcher as McLaren argues, is required to risk reflexivity making the ethnographer a postmodern *flaneur*. In much the same way, my presence in this work resembles that

of the postmodern *flâneur*. I cannot escape my position of being subject and object of the gazing. Like the flâneur, who belongs to the city streets, I am part of the acupuncture landscape and if the acupuncture landscape like the city is crowds, how then does one experience and speak of this landscape.

I also take courage from other authors such as Ellis (2004), Ellis and Bochner (1982), Richardson (1992) and Tanaka (1997), which have led me to seriously consider how to craft a research project which strengthens and combines the participants' voice within the project. It is their reflection of experiences that I shared in which sustains this thesis. I am also aware of the dilemmas of how, when and where participant's words are to be used to provide evidence of points that I wish to make. For instance, the inclusion of a participant's words creates the illusion that the text is multi-vocal, but the final product is essentially still under the control of the author, who decides what and where words are placed in the text. At the same time, this research project is driven by a research question, which I have posed, and attempt a response that includes other people's ideas. Essentially the research is still mine. The central point is that some decisions need to be made in constructing a text that attempts to present a trustworthy account of subjectivity. This thesis and the interpretation offered reside at the lived border of reality and representation (Mumby and Spitzack 1983, Hammersley 1992).

My intention in this thesis is to include and give authority to the participants and I will do this by having them speak for themselves in different ways which I have referred to earlier. Firstly, we will hear them speak directly, through a story, offering a view on how they see themselves at work in a Chinese medical encounter. Secondly, I rework their words from my 'data dump' and present them in a shortened form, which follows an idea encountered in Laurel Richardson's (1992) work. In the third and last

text it will be I, the author, who speaks whereby I intend to combine their voices into a unified literary and academic experience. Perhaps the end product may not be interpreted as polyphonic in the Bakhtian sense (Bakhtin 1981, 1990). The purpose is *to utilise the data organised and presented in different ways bringing them together under one expression: fiction, memoir and personal experience to redefine the boundaries of naturalistic inquiry.*

As I have alluded to throughout the thesis so far, my additional gaze and predilection is also guided by my understanding of Chinese medical ideas which are strongly linked to the Nèi Jīng tradition of Chinese medicine. I deliberately position myself in the text in this way because I cannot avoid speaking about the notion of qì because qì is the theme which binds the essence of this thesis.

## The setting for the research

The practice of acupuncture in Melbourne and surrounds by Australian born and trained practitioners essentially commenced around the early to mid 1980's. Compared to other alternative therapies such as chiropractic or naturopathy, the number of 'home grown' practitioners is very small. Indeed the number of practitioners who have been in continuous practice since completing their studies for lets say more than ten years, is also small. Excluding native Chinese practitioners, of which there are many, a substantial number have not graduated from mainstream tertiary institutions. Like myself, most of the participants in this study completed their training with privately run institutions that began offering courses of study in the late 1970's and early 1980's. Acupuncture was the only course of study at the time.<sup>150</sup> Some of the teachers involved in delivering acupuncture courses had been to China, usually for a short stay of about three months, which coincided with China's desire to open itself up to the world. Of those that completed their studies in the late 1980's very few remain in practice. As an example, when I began training in 1981 there were some 35 students. Five finished the course, only one remains in practice, and that person is I.

At the time, available Chinese medical texts written in English for Western consumption were very few. Most texts were offered as translations from the Chinese by the Chinese (Anon, 1980).<sup>151</sup> The texts were often produced by a committee, meaning that its contents and ways of describing medical ideas had to conform with the politics of China (Sivin 1987, Leslie 1980, Croizier 1968). We need to be mindful

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<sup>150</sup> In Melbourne, Chinese herbal studies began in the late 1980's.

<sup>151</sup> There were a few Western attempts at translating Chinese medical textbooks. One of the first to appear was O'Connor and Bensky's (1981) text on acupuncture, which was a translation of a 1974 edition from the Shanghai College of Traditional Chinese Medicine.

that China had only recently emerged from the brutal effects of the Cultural Revolution (Chang 1991). Almost all of us could not read or write Chinese, making access to Chinese sources out of bounds. However, two translations of the *Nèi Jīng* did exist. A partial translation of the *Sú Wèn* was available and written by a Chinese language scholar (Veith 1974), not trained in Chinese medicine and which many detractors of her work often said to us at the time, and two other complete translations of the *Nèi Jīng* and the *Nán Jīng* (OICSAA 1979).<sup>152</sup> The OICSAA work for instance, was a translation from the French. Compared to the ‘official’ textbooks these translations were considered to be the ‘real’ source. The difficulty for us was our unfamiliarity with texts of this kind. Certainly, the style of language of the *Nèi Jīng* was artful and poetic but read like a strange kind of poetry. Nevertheless, many of us read and re-read these books. It was all we had available. Frustrated, many of us left them alone and relied on received local knowledge. There were some Western journals available notably one emanating from the United Kingdom,<sup>153</sup> which is still in production and an American one.<sup>154</sup> Numerous attempts at producing an Australian journal occurred, re-badging itself some three or four times from the mid 1980’s. This particular journal ceased production a few years ago. In twenty years, there has been a most remarkable increase in offerings in Chinese and in English, an ever increasing number of websites devoted to Chinese medicine, general medical texts, texts on specialist subjects, on aspects Chinese philosophy and medicine, *qì gōng* and more translations of the *Nèi Jīng* or other classical sources.<sup>155</sup>

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<sup>152</sup> See also Lu (1979). Currently, there exist a range of translations and more are beginning to appear. See Ni (1995), Wu (1993) Flaws (1999), Wu and Wu (1996). Translations of other classical texts are also available. See Yang (1993), Yang and Chace (1994)

<sup>153</sup> Notably, the *Journal of Chinese Medicine*. In 2006, the *Australian Journal of Acupuncture and Chinese Medicine*, the first peer reviewed journal began, sponsored by the Australian Acupuncture and Chinese Medicine Association (AACMA).

<sup>154</sup> The *American Journal of Acupuncture*.

<sup>155</sup> A Google search on ‘Chinese medicine’, ‘acupuncture’ or ‘Chinese herbs’, will present almost thirty-three million, fourteen million and almost two million hits respectively.

In 1992, acupuncture training became part of mainstream tertiary education in Victoria, the first in Australia and the first cohort of acupuncture graduates occurred in 1996. Currently in Victoria, there are two universities and two private colleges offering degree programs in Chinese medicine. In contrast to other Australian states, Victoria is the only state to register the practice of Chinese medicine (acupuncture and Chinese herbs). Two other Australian states are likely to introduce legislation to register Chinese medicine in the near future. The creation of a Chinese Medicine Registration Board in Victoria is an example of the process of the professionalisation of vocational groups legitimising practice.

In a period of not much more than twenty-five years, training in acupuncture has been transformed. There has been a tendency to move training in Chinese medicine into the university sector. However, there also remain a few private institutions also offering Chinese medicine training. In Victoria eligibility to become registered requires a tertiary award. Chinese medicine in Victoria has become regulated by a government endorsed registration board.<sup>156</sup> The number of people entering and completing courses of training has increased and access to available written and on-line material has markedly increased. Importantly, acupuncture is moving away from the margins,<sup>157</sup> and is now not only practiced in a 'traditional form', but is also being appropriated by other registered health care workers such as chiropractors, osteopaths and biomedical practitioners.<sup>158</sup>

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<sup>156</sup> There is some debate here. In Victoria there are two private and two public sector institutions offering courses in Chinese medicine. Victoria University will cease offering a Chinese medicine course from the end of 2009. Throughout Australia there has been a move to introduce Chinese medicine training into the university sector and it appears that this trend will continue. Given that the registration of Chinese medicine is likely to become nationalized in the foreseeable future the minimum entry qualification to be eligible to be registered is likely to be a tertiary award. In addition to the two private institutions in Victoria that eligible to offer an award qualification in Chinese Medicine, other institutions throughout Australia may also follow the Victorian example.

<sup>157</sup> The extent to which Chinese medicine marginalizes other aspects of acupuncture knowledge and practice as it moves more into mainstream health care taking on the role of oppressor from within remains an open question.

<sup>158</sup> In 1984, acupuncture became a Medicare benefit. Claims for acupuncture by Australian GP's since 1984 have risen from 655,000 to 960,000 in 1997. Medicare reimbursements have increased from \$7.7 million to \$17.7 million, respectively. In 1996, 15.1% of GPs in Australia claimed for acupuncture. The proportion of GPs using

This brief vignette serves to demonstrate my presence within the research and the profession itself. I am not exclusively an outsider looking in. Aspects of the life worlds of the other are not foreign to me, as I am and have been inextricably connected with the world of acupuncture in contemporary Melbourne.

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acupuncture in Australia is comparable to the proportion of German and New Zealand doctors, interestingly much higher than our United Kingdom counterparts. (Easthope, Beilby, Gill and Tranter 1998).

## Reflections

This is not exclusively a thesis for the postmodernist in a globalising world. The thesis is also for the social science researcher who like me, has listened to, read and re-read with interest the many views that focus on multi-vocal texts, reflexivity, relativism, audiences, authorship and the nature of the therapeutic relationship. However, we nevertheless are interested in the lives of others the context of which may be called naturalistic inquiry, rather than critiques on epistemologies associated with naturalistic inquiry. My interest is much like many other researchers; why and how people think, what they think, feel and do. In simple terms my intention is to 'get the news out' and make it available to two audiences at least. To other social science researchers with a bent to qualitative inquiry and to my acupuncture colleagues who having been in practice for some time, continue to wonder what this qì is and how qì speaks to them about healing and knowing the other.

As I outlined earlier a major concern for me was how to put to life in the written form that which I discovered in my fieldwork with practitioners. Having read widely on what constitutes naturalistic inquiry, I also became enmeshed in the debate of postmodern ways of knowing the world and that the simple idea of 'putting the news out' as a thesis is not as straightforward as it first seems. For instance, there is the responsibility to get it right for the participants and my academic colleagues. How, in choosing a methodology does a researcher 'get it right' for ones colleagues, how is this balanced with the idea of not appropriating the experience of ones informants? Then again, how do we fulfil our responsibility to our participants? For this thesis to be taken seriously as a scholarly work, a certain style of presentation is fundamental. My

point is that I am guided by the idea of getting it right for my academic colleagues, practitioners and for myself.

This thesis does not reflect the views of all practitioners with whom I talked or other practitioners in the field. This work represents my understanding of Chinese medicine because of my conversations with particular practitioners, interpretations of Chinese medical texts and clinical experience. Like the participants, I am also a homegrown practitioner. Again, my purpose is to make sense of what I have heard, read and experienced and make it available.

Postmodernism has questioned the ideas on representing the experiences of others from a culture different to one's own (Said 1978). Indeed, others have questioned the ethics of even trying to do so, carrying a critical implication: how can we in Australia, and I, also include others from the West, appropriate a foreign medicine, and re-represent it in a culture far removed from the cultural and linguistic origins from which it came? Have we been ethical in our appropriation or have we been imperialistic colonisers in reverse? The questioning is important, the answers, however, will vary. For instance, knowledge of Chinese medical ideas and its practice in Australia is not the Chinese medicine of China, if indeed we could characterise Chinese medicine as a homogenous entity within China. Then again, other eastern cultures also practice a traditional medicine that has its roots in China: Taiwan, Japan, Korea and Vietnam are examples. They do share a similar geography and linguistic origins and at the same time have appended additional layers of significance and meaning to Chinese medicine. We in the West are doing the same.

This thesis then is different. The starting point is that we are continuing to appropriate and inscribe a medicine together with its theoretical and philosophical underpinnings on to a local, Western cultural landscape. The question is not to

determine and debate whether it is a practice worthy to be called 'Chinese medicine' or any other medicine when compared to for instance, biomedicine. Rather, the emphasis is on how the practice of acupuncture functions within a local setting like Melbourne. Research of this kind sets out to convey the researcher's understanding of the observations within their culture. The better the observer the more likely the research will capture participant's understandings of the meaning of their experiences. The ways in which the 'data' are written will also determine how valuable and useful the findings are to an interested observer or someone from another culture.

The researcher has not travelled to some faraway place, intent on observing a small isolated community of 'natives' to capture primitive facts (c/f Farquhar 1984). Rather, my aim is to engage in a conversation with local colleagues that explores, appreciates and builds relationships through a sharing of ideas. And through this process, the attempt is not to rest on the 'author's ability to capture primitive facts in faraway places and carry them home like a mask or a carving, but on the degree to which he is able to clarify what goes on in such places, to reduce the puzzlement – what manner of men are these' (Geertz (1973:160). The inclusion of three case studies and the attempt at re-rendering my fieldnotes is to be seen as a way of dealing with that puzzlement.

Throughout all my contacts with participants they especially brought to life moments of clinical encounters. Aspects of clinical cases often surfaced in our conversations and were used as an explanation for understanding the movement and effect of qi. I recognised early that the idea of the 'case study' regularly surfaced both as a point of departure and as mode of explanation. The richness of material in the case

studies was presented in a way not usually seen in the professional literature.<sup>159</sup> What did emerge during my conversations were the rich descriptions and reflections on the encounter noted as missing in conventional case study presentations. In a medicine that strongly claims that every encounter is unique and that gives attention to all aspects of an individual's life world, large 'chunks' of the individual are kept silent. These forgotten chunks kept re-appearing in a way that I could not avoid nor resist.

As I outlined earlier, the data is comprised of three 'texts' describing in different ways what practitioners observed, experienced and reflected on as part of their everyday practice. Each text takes on a different perspective and is written in a different style and has different outcomes. All three cases focus on the same theme – what it means to be a practitioner of acupuncture. The first text is presented with minimal editorial intervention. The second applies an idea taken from Richardson's work: using the participant's words as much as possible, I re-work my fieldnotes and transcripts to (re)produce another account and text. Each chapter is followed by a commentary in which I use the text to reflect on some of the problems and promises related to writing in a reflexive and evocative manner.

The three case study texts in Chapter 5 might be construed and labelled as experimental qualitative inquiry, but it was written as fiction, although this text would also be considered as *fact using fictional forms*, as some postmodernists would strongly argue (Ellis and Bochner 1996, Tierney and Lincoln, 1997 Tanaka 1997). The 'I' voice in these texts is that of the practitioner situating the self as narrator but telling their story of a clinical encounter which may be taken as a more in-depth appraisal of how they show themselves to themselves.

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<sup>159</sup> There are some exceptions, notably MacPherson and Kaptchuk (1997), Kane (1983), Connelly (1993), Jarrett (1998), Hicks et. al. (2004). Compare with Deng (1999), Zhao and Li (1998), Chen and Wang (1988), Maciocia (2004), Li and Tan (eds) (1998), De Schepper (1995).

I could have added other voices for instance those of the clients who experienced acupuncture treatments. Another could have been a member of the family such as children.<sup>160</sup> Accounts by family members might be different from the ones presented by practitioners. Indeed, they ‘see’ what the client or practitioner does not see (Van Manen 1988). Often when clients present at the reception counter as they leave they engage in a conversation with reception staff, speaking about some aspect of the experience. They exchange experiences, talk about what the needles felt like, where on the body the needles were inserted, about that smelly stuff called moxa<sup>161</sup> and especially how the client feels just after treatment. These conversations occur outside the clinic room, in another space, at another time, where the client has ‘become’ another person. Indeed, in what ways are the reception staff or waiting in the reception area, part of the therapy (Kaptchuk 2002)?

All of the voices, including the ones presented most fully in the pages that follow, interpret events and behaviours with a vested interest, from their eyes, some more closely connected to events and others from a distance. Perhaps this is a failure of the fieldwork, although given the research question those voices were situated at the periphery. Have I then, by posing the research question(s) ‘robbed’ these other informants of their place as observers of the other? At the same time, I did assign authority to others, which is where my interest is founded. Their authority is clear since I attempt to allow others to speak. I do not try to speak for them but about them, even though I do use their voices to tell my story.

A researcher, particularly one engaged in naturalistic inquiry, listens to many voices and then chooses to transmit those opinions, attitudes and behaviours to

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<sup>160</sup> In my clinical experience, children seem to be astute observers of adult behaviours and their sharp insights have been telling. Again, it is not unusual to see sometimes up to three generations of a family on the one occasion. It begins with one person and others are brought along after a change takes place.

<sup>161</sup> Moxa is the herb *Artemisia Argyi Folium*, Ai ye 艾葉 and applied by way of ‘heating’ and invigorating qi at the points.

members of another culture or within their own culture. The choice in this case, my acupuncture colleagues, is not arbitrary but neither are their accounts, because I have identified what I consider to be my primary source material. Given the nature of such an inquiry, this is the dilemma that a researcher confronts and eventually the responsibility of putting down on paper their words as part of a larger text. I see no way out of this dilemma, since the idea of giving attention to something or someone in part requires that we exclude, knowing that what we exclude is part of the bigger picture. This notion is not without great potency for practitioners because we do work in a similar way. There is always something left out, left alone or unaccounted for in any clinical encounter. Case study presentations of the client in most clinical texts exemplify this point of view. We aim to get a 'full' picture of the person when we diagnose the other. We never really know the other, yet one purpose for being who we are, is to know the other.

From a Daoist and Chinese medical perspective, Chuang Tzu's account on recognising the importance of things devalued and lacking significance is most telling and represents for me both the promise and the problem of selecting and representing the other. The story, titled 'The useless' begins with Hui Tzu (Chuang Tzu's friend and intellectual sparring partner) complaining that Chuang is always talking about things that have no use. Chuang Tzu begins his response saying:

If you have no appreciation for what has no use  
You cannot begin to talk about what can be used.  
The earth, for example, is broad and vast  
But of all this expanse a man uses only a few inches  
Upon which he happens to be standing.  
Now suppose you suddenly take away all that he is actually not using  
So that, all around his feet a gulf  
Yawns, and he stands in the Void,  
With nowhere solid except right under each foot:  
How long will he be able to use what he is using?  
Hui Tzu said: 'It would cease to serve any purpose.'

Chuang Tzu concluded: 'This, shows the absolute necessity of what has 'no use'. (Merton 1992:227-228)

In the Chinese, Chuang Tzu is playing with words but the point is made clear in the translation. To the postmodernist, the notion of leaving something out may be construed as intolerable. Leaving out things privileges others, which is what can happen in naturalistic inquiry and smacks of positivistic objective research. To others it seems plainly obvious or just not good enough and lacking in depth. Researching the other is what naturalistic inquiry thrives on, an occasion when in-depth and wide-ranging discussion can occur. It also means that the other is constantly re-defined and so appears as having vague boundaries with multiple meanings. At the same time, the research choices creates others and also dismisses others. That is we may or may not know when other voices are to be included or listened to and as a consequence, they are not heard of in the text. Our responsibility is as much as is possible to be sensitive to the implications of our position as researcher especially one who works with others within their own culture.

When I began my research, there were few instances of studies that gave emphasis to the lived experience of practitioners. Of those that did, the practitioners were traditional healers working in China or other places in the East being researched primarily by Westerners (Gould-Martin 1978, Kleinman and Sung 1979, Farquhar 1984, Bowen 1993, Zhang 1999, Shao 1999, Shapiro 2001, Ots 1991, 1994, Pan 2000, (cf. Ryan 2001). This research as outlined earlier locates the study within the researcher's field of experience with local practitioners. The context and setting, as it were, is reversed. I may not have 'got things right' all the time but the practitioners were taken seriously as agents

and I identified with them largely because of my personal experiences as an acupuncturist.

In the three texts, I (re)present the other: as another researcher, as subject and at the same time somewhere in all of this is also me. In the fiction piece, I deliberately set out to blur the boundary between subject and the other. In the fieldnotes, I attempt to amplify the others' voices but in the end, I have chosen to voice their thoughts. In the final text, I am speaking after having listened to their thoughts, which I discovered in the research.

What follows is the first text: a fairly straightforward and highly personal account offered by practitioners describing in some detail their perceptions and experience of a clinical encounter. There is no formal analysis on my part. The purpose is to allow the reader to listen directly to each participant, who in their own words, provide reflective comments on their experience. Written by practitioners, a text of this kind gives the reader who has never experienced an acupuncture treatment a sense of the clinical encounter that they would not get by reading a conventional case study or from where I speak in the analysis chapter. By highlighting the practitioners first, my primary source material before I speak, I am in a sense wanting to capture the reader's interest so that the reader is enabled and prepared for the rest of the text. In an ethical sense, I showcase the participants first because they are the 'data'.

The following chapter offers three versions of an acupuncture encounter and let it begin.<sup>162</sup>

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<sup>162</sup> I asked all practitioners to supply a 'case study'. Three were in a position to do so and I include them all.

## Chapter 5: Fiction, Voices and Data

The case study accounts offered in this chapter are not my fieldnotes. This chapter attempts to broaden and expand the idea of fieldnotes and go beyond the usual meaning that a researcher's notes exclusively emerge from more formal interviews. The following accounts can be construed as part of the whole data: the data dump as Tanaka (1997) has argued. This chapter represents the first occasion to listen to the participants, giving attention to the ways in which practitioners depict their clinical experience through the creation of fictional<sup>163</sup> accounts. Though the idea of fiction is usually taken as that which has been written by an author, these notes were created and are owned by the practitioners.

I have included the notion of fiction deliberately, since the boundaries we create between fiction and non-fiction are socially constructed, a creation of our own making. Practitioners were invited to '*create a case study*,' the intention being that the cases offered would function as another way of getting into the meaning and practice of acupuncture. Although the case studies are written in a way that does not resemble a conventional case description, the practitioners do speak of their presence in the encounter. The case studies are fictional in the sense that they may be taken as another account on how practitioners choose to represent themselves as acupuncturists. The accounts become another way for practitioners to re-write themselves, by creating a text of their own that tells their story, not in conversation with a researcher but as a tale

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<sup>163</sup> I am aware, as a number of doubters have suggested, the use of fiction may serve to exacerbate rather than solve the problem for which they have been used. Carrithers (1988:54) writes, 'Writers write fiction, and our usual understanding of fiction is not real, so to regard anthropologists as writers is to grant them intrinsic worth but to withdraw credence'. Such approaches pose a risk for the author and a threat to a discipline such as naturalistic inquiry. Carrithers goes on saying, 'we cannot very fruitfully apply criteria useful in thinking about fiction to a different genre altogether. To do so is like trying to reach a judgment on significance of rhyme for Henry James: not an absolutely pointless exercise but at best a tangential one'.

they want to tell on what it's like to be an acupuncturist. The practitioner's own hand becomes directly part of the whole data, adding another layer of meaning to what may be meant by fieldnotes, 'allowing' a variety of and perhaps competing voices to have their say.

The purpose for applying this strategy was to include and amplify the participant's voices as directly as possible. A text of this kind aims to give the reader who has never experienced an acupuncture treatment a different sense of the clinical encounter, one that would not be acquired through a reading of usual case presentations in contemporary Chinese medical textbooks. I asked all participants to offer a case study and obtained three.<sup>164</sup> The reasons for including these accounts was not only because they were interesting and covered a range of issues but also that they challenge conventional approaches to writing up a case study about highly personal experiences.

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<sup>164</sup> The case studies were left largely unedited.

## Betty

This 40 year-old female client came to see me for about 3- 4 years. Chronically tired and diagnosed with haemochromatosis, she came wanting to improve and maintain her health. She stated that she was 'always tired'. Like many who still come to see me, I think she was looking for some kind of understanding, medical, possibly spiritual, certainly a deeper understanding that tied things/her dilemma together in a way that she could make sense and would fit her experience. I learned a lot both personally and as a practitioner during the time she came to see me. Patience was certainly amongst the most prominent, though I would not say I have mastered it, I would say I'm more aware of the necessity for it in this line of work.

She presented as being very tired, certainly there was enough evidence of that on her face each time she came to see me. From the dry appearance of her hair to her pale washed out look, the permanent dark bags under her eyes and the sound of her voice when she spoke. When she was telling her story, for the first 12-18 months there was rarely if ever anything other than stressful situations spoken about. From work, her boys, to her finances there never seemed to be any time for anything other than crisis management. She would constantly reflect on historic events of her life that she felt contributed to the state/place she was in: family issues, lost loves, particularly her first. She seemed very life weary.

I often felt like a combination of coach or towel boy in a boxer's corner. I am ring side towelling off some sweat, speaking some words of encouragement, sometimes offering suggestions and sending her back out into fight!

Shortly after her first visit, maybe a month, I summed her pattern up as being a separation of water and fire. Before that time I was really just hitting acupoints that I felt energised, tonified qi & yang, or calmed shén as there was ever present, some form of emotional stress. Then discovering the water fire imbalance, I got clever with point selection, hopefully even more artful. I was going to make a profound difference! But it seemed the cleverer I got the less effect I had. Water, fire separation? What was I thinking? She wasn't really in the immediate throngs of dying. Later maybe after a year or so and after a seminar or two and some reading, I knew she was experiencing Adrenal Fatigue, Burnout syndrome, Kidney Yin/Yang xu. That would explain why I saw her pattern as fire/water separation. Definitely there seemed to me to be a pay off for living life through crisis, a prominent feature of adrenal fatigue syndrome (crisis can make us feel more alive – or just feel more, period). I knew this to be true for me also (my truth – a template for viewing others / or the only way I can view others? Not too sure) and could keenly see it in those coming to see me for acupuncture and this client seemed an extreme example. This was a turning point for me. The adrenal burnout syndrome seemed to have answers for me personally as well as giving me an understanding into the natures of my patient's presenting symptom patterns.

Here I could find the basis for certain types of behaviour, from sleep to eating patterns. Why even the most fatigued patients went out of their way to tire themselves some more, why in spite of their own needs they seemed unable to say no to others. Possibly me too for that matter. This pattern seemed to have aspects of Qi/Yang deficiency, also Yin deficiency and therefore false fire patterns and all that they bring. Patients experiencing this seemed to be empty, empty of blood, qi, yin and yang or all of them and this client was no exception. Simple tonify! But that didn't seem to make any further headway than anything else I was doing. Moxa didn't seem to help much

either, though sometimes it was wonderful for this person. Although I could argue emptiness, was she really empty? I began to notice that perhaps her emptiness and/or deficiency wasn't due to lack of. Sure, pulses could have been stronger. She did however have a lot of life coming at her. Heaps, in fact, almost too much to keep up with. She wasn't transforming it though, not into something that she recognised as enjoyment or happiness. Or that lifted her spirits, gave her a positive outlook on life or provided lasting energy or vitality. The same with food, she had mentioned some mild digestive discomfort. I had a moment of Uh huh!

When you're full, you are not empty. If what you're full of does not seem to sustain or uplift/support you then you experience deficiency and you remain hungry, craving, wishing for. As you get further into the pattern, it seems tastes get more desiring. Ordinary, plain doesn't seem to nourish. It's like you need extreme things to breakthrough the blockade and remind the mind/body to transform. Hence, we say that when various organs are out of balance we crave the flavour that nurtures them. Sweet nurtures the Earth. When under stress and our Earth is tired we often want life to be sweetened, holiday, monetary windfall, a special non ordinary or ordinary experience that is somehow richer. Often when that situation arises we have plenty of life, we're just not transforming it into meaning that satisfies us, adds pleasure! It is possible we also seem to attract or become involved in the type of life that calls upon one or more of the organ systems to work just that bit harder - just as we will hunt out those flavours in our foods. So now, it seemed that her pattern was an issue of transformation. But still to transform you need something supporting you: Yang support, Kidneys/adrenals, Kidney Yin/Yang, to support you from below, hold you upright in order to be able to transform. Interestingly as we started to get to the point of beginning or just starting to transform her monetary worries were such that she

couldn't afford to come anymore. This was a recurring pattern. Just starting to make headway, see some improvement, can't afford to continue, the ground falls away from underneath. Also seemingly true of a lot of her life that should have been rewarding. I decided as a strategy to treat for free, knowing that this would challenge her, her stuck pattern. She appeared not to have someone there to genuinely support her since early childhood. I felt this would be like the support of Kidney qi, support from underneath and in its own way even nourish kidneys. Certainly it initially raised a degree of fear & uncertainty, which I took to be a positive sign of healing crisis with the involvement of kidney qi. With this done I relaxed into treatments aimed at transformation. With all these things present progress seemed to be being made.

Of course there was still large amounts of fresh life drama, constant tiredness, restless legs. However, there was now more than at any other time since she had started seeing me, a greater sense of hope. Things were going to change, were changing. There was the promise of many new things: career, relationship (her first love now came back into her life). In any case it seemed her heart was more open to possibility, new experience, reinterpreting previous experience in new light that seem to add more than detract from life. Although tired, she seemed less weary.

1. For me the experience showed me that often my patients can be there in front of me reflecting my own stuff back at me. Not always, but often enough.
2. Sometimes they do not make headway in their health/life issues until I did.
3. Sometimes their headway augurs my own.
4. There always seems to be transformation within me if I can help it to occur for them.

5. It seems vitally important to arrive at the simplest statement for the pattern you see in front of you and work with that. Eg failure to transform! I was still using pretty much the same points as I had been since she started seeing me. Really only the reason for using them had changed. That seemed to have more impact possibly than the technique I used with the needle, though I will say that with some reservation. As a point of clarity I think needle technique may influence the immediate drama, the battle eg tiredness and of those some you win some you lose. However, the logic behind why you've even acted at all, eg transformation, I think is the strategy that addresses the war! If indeed, that is what it is.
6. It can take some time if ever to arrive at that simple statement.
7. It requires patience to arrive there and patience toward your "patient" to arrive in a similar place of transformation.
8. In the end, it would seem that there is mutual engenderment and its duration may only be momentary.

## Sarah's story

The first time I met Sarah I knew we were going to be working together for quite some time. I also had a strong gut feeling that working with her was going to challenge me professionally. It was as though I had been putting out the feelers for just such a challenge. This is a pattern I am familiar with in myself. When things are sailing along and I am getting clinical results with little effort, I put out an unconscious message, '*send me a challenge*' – and I had it now.

So, I took her on knowing that this challenge would be a great way to learn more about the human condition, and provide me with the opportunity to expand my own skills and personal (clinical) experience. I also knew that I could help her in her journey towards wellness. Past professional experience told me that I could work very well with Sarah and that she would make the commitment to do whatever it took to get where she needed to go. How did I know this? It would be easy to say, '*I had a feeling*'. But my gut feeling is based on 20 years of practical clinical data.

It is my customary approach to spend the first 10 - 20 minutes in freewheeling conversation with my clients and this is what I did with Sarah. During this time, I collected data and established rapport. I listened very carefully for the give-away sounds, telltale visual signs and established a felt sense of her pattern.

Sarah related a devastatingly harsh life pattern and found it very difficult to trust (anyone). As is my approach in such instances, I listened far more than I talked and when I did, I spoke honestly and directly to her questions. Upon later reflection I understood this to be about feeling a strong need to establish rapport at as deep a level as I could; as quickly as I could. For her the issue of trust was paramount to any

success. And I sensed that trust would come only through listening and being totally open and honest with her.

During the conversation, I noticed a number of things (least of all perhaps was the content of her story). Her eyes were dark and sunken and they had that particular look of utter despair and forsakenness. Yet, her life was so, so full (work, friends, great partner, etc.). Here was a person who had given everything she had to her work and other people with little concern for her own requirements. As the conversation unfolded it became apparent for me that this was for her a way of avoiding facing her own demons.

I also noticed that Sarah looked a lot younger than her actual age. Her skin almost glowed and she moved as one would move if one had heaps of energy. Yet, she described periods of absolute exhaustion; her eyes were deep, dark and lacklustre. She sat slumped in the chair one moment and the next she was upright and effusive. Her voice was strong and her words calculated; yet, there was sadness in her tone, and it went deep into the lungs. She smiled and laughed far too loudly and it had falseness about it (the overjoyed heart pattern). She described having many close and supportive friends, yet expressed anger and resentment at them (for me a strong Liver qi reaction). She talked of violent thoughts and a racing heart.

I could not help but be puzzled by the contradiction that sat in front of me. Her descriptions and presentation did not fit together. She had signs of excess and deficiency – all rolled into one. And I was absolutely drawn into her world, more through fascination at her depth of understanding of her own dilemma. Yet, I could not help but sense the sadness that pervaded her very spirit.

When I diagnose I have a preference for identifying themes and metaphors. I then translate them into Chinese Medicine patterns. The themes, which came through

in this session and subsequent sessions were anger, fear and grief. The metaphor that we both agreed on was transition - moving from one sense of self to another. This came through in Sarah's dreams, story and experience of daily life over the last few years.

Sarah described various transitions she had brought upon herself, and those, which she believed were brought upon her by others. For example, she described in some detail two of these. The first, being the transition from one culture to another. The second transition was from the 'potential of being a mother' to being a 'barren' woman. And this latter was the one she identified as having 'brought her unstuck'.

I combed through this information after our first session looking for the patterns. I felt the Five Phase Model was an appropriate framework to begin with and the pattern, which spoke to me, involved a breakdown between Water, Wood and Metal. Which one was at the seat of it was real guesswork for me at this stage. Was it Metal failing to support the Water and not checking the Wood? Was it Water being weakened over time by fear and then not feeding the Wood, which then attacked the Metal? At this stage, I did rule out the Wood as being the jump off point.

I acted on this hunch for the first few sessions and we did appear to get somewhere. Sarah began to feel a little more directed in life and far less saddened by the prospect of the future. It was probably about two months into working with Sarah that I began to question my initial 'diagnosis'. Sarah had made changes and appeared to be getting somewhere, and then she began to unravel – Big Time. She began to lose of any sense of self, yet she was able to articulate this.

Given her sense that she was strong enough to work through this, and also given that she felt safe and secure in the belief that the needling and I had brought her to the brink, we should '*push on through*' (her words, not mine). After much soul

searching and questioning of my own skill to handle this level of commitment, I agreed to remain on this journey, but I asked her if she would mind trying a few “new things”. I explained to her that I felt that much of her life to date had been about choices: choices she had made and choices she felt she could not have made. I put it to her that perhaps she had made choices to retreat outside of herself when the going got too tough.

In order to make sense of what was going on here, I dropped my adherence to a Chinese Medicine model and adopted another model I find useful for myself when I feel like I am ‘not myself’ (funny how we find in ourselves answers to our client’s dilemmas – or is it the other way around?). I explained to Sarah that perhaps she was made up of a number of ‘parts’. These parts all performed different functions and all of them had at their core positive intentions. Perhaps a significant part had split off from the other parts; its positive intention being to protect her from the pain she could not deal with. And perhaps our work could centre on identifying this part, honouring its intention and asking it for permission to explore some alternative (and better) ways of fulfilling its positive intention.

What followed was a 6-month journey using acupuncture, story telling, journal writing and creating setting small, achievable goals. Sarah reached a point where she recognised that her future lay, not in revisiting her past: she’d ‘*done that to death*’ [her words] through years of counselling: but in creating a new and compelling future. For this we created models and mentors real and fictional (people she knew and people she admired, and characters from novels Sarah was drawn to), and we began to construct a new future, but firmly grounded in the present.

We are still working our way towards that future and things go well, most of the time.

What does all this have to do with how I practice acupuncture? Sometimes I would have to say, 'I don't have a clue'. Other times I would say, 'everything'. As stated earlier I am drawn to the stories. Every person has a story and I know hundreds and thousands of those stories. Over time, I have collected people's stories and each time a new one comes along, I build on my library.

Healing, for me, is also about moving qi and Acupuncture and stories move qi, so do people. So, if one cannot do it with needles then one does it by drawing on other people's experience. In Sarah's case, I would (and still do) ask her to choose one of her mentors or models and ask herself what they would do in this instance. Most times the movement of qi is quite evident.

For me, a person's story is a metaphor for the state of their qi. If I can help them to understand their stories and then re-write them, their qi moves differently. Where do the needles and Acupoints come into this? Well, I often use them simply to focus the client's attention on the physical reality of the movement of qi. Once we can do this then I use the points, and the ancient metaphors of those points (and my own at times), to connect the dots of their story, as it evolves. Sometimes it works, sometimes it does not, but it certainly makes for an interesting time. Now that reminds me of a story!

## **Dancing in the dark**

I have treated Dana for over 15 years. Her journey and mine plots distant, yet resonant courses. She became a sort of barometer of where I was at in my therapeutic and personal path. One with many twists and turns.

I first met Dana when she parked in my driveway, blocking all exits, her red sports car parked as if it were in a showroom. I often observe clients as they arrive, something Kaptchuk was fond of saying, and so it was with Dana. Short skirt, almost white dyed hair, she made quite an entrance, being late as well. Being short of time, I ushered her in, and commenced a short assessment of her 'reasons for coming to me'. Seemed a relatively straightforward pattern of Liver qi stag, with ongoing Spleen issues. Her food and lifestyle issues played right into the pattern. Everything was excessive, demonstrative: her descriptions of herself, her food, alcohol, and recreational behaviour. She was a party girl. Happy, hard-working, and living life to the full.

I was prepared at the time to go along with her, until I could see more of her pattern, and began a course of treatments, that basically moved liver Qi, and helped nourish her spleen. Resolving some of her unwanted kilos was a "main" issue for her. During our talks over many months, we discussed many things, mainly focussed on TCM lifestyle and diet changes. She demonstrated a strong ability to understand the direction I was leading her, as a means of changing her health patterns, but struggled to put them into practice. She committed to come for treatment once a month, and thus I became her assistant in maintaining her health. Whatever was 'wrong' when she came for treatments, we addressed. Of course, I had a deeper undercurrent of thought, and constantly mixed into my treatments, little changes, as my approach centred on her

inability to resolve some emotional issues from the past. She kept a lot of anger, just below the surface. I believed that this was impinging on Earth, and causing the ongoing accumulation and digestive problems. The treatments always made her feel great, and lasted for days, weeks, sometimes longer, but she continued to return with similar issues each month. Her unwillingness to change her diet, or behaviour significantly, we both agreed, was the problem. However, she always 'sensed' when I changed the treatment focus, saying that she didn't like it when I did something 'different' because that made her feel uncomfortable. Over many months, even a couple of years, we 'danced' around each other. Me trying to make significant changes, her resisting change, and me trying to be one-step ahead. By this time, she was almost family, and had met many of my friends, and partners along the way, and we had become friends. She was always trying to find me a wife, and sent many of her friends for treatment. I suspect, like a dating service.

As a practitioner, I had my own journey running alongside, and through many ups and downs, Dana was a constant. Every month, same problems. With travel, and living overseas for a while, it was around nearly 10 years since I'd first treated her. My experiences living in had broadened my connection with qi. I began for the first time, began to see threads and patterns in my own life, which were like currents. Where my own currents had taken a change of direction, there was a definite and powerful sense of 'knowing' that had accompanied these 'changes'. I was only now able to consciously recognize them. I reflected on many things, around this time. I had not long been back from Bali, and guess what, Dana rings, as if psychic, wanting a treatment, as if I'd never left. She 'knew' I was back. Ten minutes into this treatment, I saw things I'd never noticed before. My questions took a totally different path, as I

‘challenged’ her for the first time. She got extremely upset, and we didn’t speak for many months. But when she did come back finally, I saw a different person.

Within the space of the next five years, Dana got married, had two children and never looked happier. She put on and lost weight, but all the years of harping on about her diet had paid off. She was finally taking my advice. She now lives interstate, running a thriving business and is happy.

Before she left, we managed to have ‘the conversation’. All that time we both had danced a sort of dysfunctional cycle around each other. Healer/patient. I needed to be her fixer, but couldn’t! She needed to have her ‘fixer’, but wouldn’t be fixed!

It wasn’t until I shifted (and moved with) the flow of my own current, which at the time was a profound change in my life, that I was able to change that pattern that Dana and I had set up. From that moment on, I realized that I’d become ‘aware’ of the nature of these currents, and that I’d followed many without consciously knowing it.

Since then, my practitioner self has a kind of conversation with that aware self, and we come to a consensus as to which way the treatment will go. Seems an inexact science, but it has led me this far. The only difference to before is that I welcome that flow into my thinking, and find it has enhanced my enjoyment of my work immeasurably, and I believe its effectiveness.

## Reflections

Not so long ago, the inclusion of material deemed fictional into a research project and presenting it as a critical attribute of the research would have cast doubt on the veracity, reliability and validity of the research. Indeed, is the writing of fiction a threat to naturalistic research? Even if fiction evokes, is it sufficient and does it bring credence to the research? Is this kind of writing largely self-indulgent?<sup>165</sup> Why, include fiction in research? Why is there an interest in including fictional accounts? Why transport a research project into the field of the experimental?

My reasons for being 'experimental' by including fictional accounts have already been alluded to in earlier chapters and, as I have suggested, takes its impetus from the postmodern debate marked by problematising fundamental questions about doing qualitative research. What should one's stance be to researching the other, how do we know that what we observe is 'true', suggesting that the data obtained through research is constructed by the researcher in search of the data (Angrosino 1998) and more importantly, the postmodern argument that even naturalistic research falls into the same deception levelled at realist research (Kincheloe 1997). All our utterances construct the world and are connected to social networks. The presentation of one's findings helps construct the meaning of how people do things and feel things in life so that the question changes from what are the facts, to what facts can I make explicit that may be used to inscribe, describe and validate one particular way of explaining them over another way.

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<sup>165</sup> Ellis (2004), Lincoln and Tierney (1997) for instance note that naturalistic research endeavours, which move towards the inclusion of experimental approaches, seem to be applied by academics after they have secured tenure, rarely if ever before, suggesting that it is still far too risky a venture when realist approaches are still the 'order of the day'. This research is a 'firstborn' risk.

One of the most potent postmodern critiques of researching the other is the control that the researcher has over who speaks and who says what in the text. The author establishes their control of the text by using the participant's words as if they belong to the author. One postmodern goal is to amplify the participant's voices and allow 'everything to come out', not necessarily in any order and where contradictions and ambiguities abound in the text. Though the text may appear messy, it is left up to the reader to involve themselves with the text and take from the text what makes sense to them. The reader is required to make up their own conclusions and not necessarily accept those of the author. However, this also raises the problem of how creative the reader is in reading the text and reading 'between the lines of the text'. The less creative I am as a reader, then my reading will become mundane and by implication less valuable. In this sense, are we asking too much of the reader especially when a research project also begins with the idea that the purpose of the research is for the researcher to take prime responsibility in doing the telling. It does seem strange that on the one hand a researcher sets out to tell a story about the research and, at the same time, asks the reader to minimise the author's authority in producing the text, because it is the reader who eventually makes up their mind (Ellis 2004, Kincheloe 1997). How much and what does an author say and how much do we ask of the reader?<sup>166</sup>

This then is a dilemma for naturalistic research. If naturalistic research aims also to evoke, rich, complex texts albeit in different ways is writing in a different form such as experimenting with fiction good research?<sup>167</sup> Richardson (1992) offers an argument for being experimental in attempting to deal with the problem of how and what to include in research projects that seek to write an interpretive account in representing the other. In writing about 'Luisa May', Richardson writes, 'I have

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<sup>166</sup> Watson (1987:36) alerts us to the dilemma saying, 'It is not enough that writers stop hankering after authority; it is necessary also that readers stop requiring authoritative accounts from writers'.

<sup>167</sup> See also Tanaka (1997), Ellis and Bochner (1996), Ellis (2004), Crapanzano (1980), Denzin (1997).

breached sociological writing expectations by writing sociology as poetry', which in her case had profound implications for her sense of self. At the same time, by violating 'the norms of sociological production' she 'felt the power of those norms, their role in suppressing lived experience, and the exhilaration of writing no alienating sociology' (1992:127).

Not unlike Richardson, my reasons for including a fiction of this kind is that the practitioners can speak for themselves, they become their own authors who have control of their text, which in my view is also ethically principled. The stories also speak to me and have made me ponder the ways in which the 'ill' person has as much to tell me, as does Chinese medical theory. I am a vulnerable participant observer (Behar 1996). In this research, I struggled with the idea how to offer a unified, holistic account of my experiences with practitioners while also allowing the practitioners to speak of their experiences in their own way. Including a fictional account, after Richardson (1992), and Ellis and Bochner (1996), provided me with another way of representing the other while recognising and articulating my presence within the research.

Connected to the idea of minimising control of a text by including other voices, a related issue for authors presenting their findings suggests that we can never be sure who is speaking. Including a multiplicity of voices, the postmodernist's goal, may be construed in a negative sense: the researcher is hiding behind the others' voice, as if they speak for the researcher. Making a text polyphonic is taken as a solution to rendering the researcher less powerful in controlling texts as well as enriching the more simplified account of the researcher describing and interpreting what happens. However, as a researcher I am confronted with the question of how to strike a balance between presenting a work that includes many others and the old-fashioned approach

of ‘we look at them and tell you about it’. What was once a seemingly simple task of articulating a methodology and presenting research findings is now contentious and problematised.

From a Chinese medical perspective, the dynamics of the clinical encounter resembles and makes explicit some of the issues articulated in the postmodern critique. For instance, though the encounter begins as a therapeutic relationship between the practitioner and the client, the encounter can be understood in different ways: as an exchange of qì, for one to learn about qì and by implication the self, as well as an occasion to relieve and some would also say to re-live symptom.<sup>168</sup> Understanding that the encounter is like qì in action also suggests that the client has ‘many different voices’ because qì can be expressed in different ways. The practitioner then aims to listen and pay attention to the other as qì in its many guises such as xuè 血, wéi 爲, jīn yè 津液, the spleen 脾 in ones qì or as the qì of the spleen. Moreover, even though the client identifies the self as the one wanting to get better, this same goal may be equally applicable to the practitioner. In other words, how does the practitioner use their qì to learn of the other and in what way does the qì encounter affect them? Construed as a form of naturalistic inquiry, Chinese medicine, though it begins by treating or healing the other, may also function as therapy for the practitioner. Who then is the client and how and when do these roles reverse? Indeed, as Ellis (2004)<sup>169</sup> notes, there resides a therapeutic value to naturalistic inquiry: that it can be of benefit for the other and the researcher. In other words, an ethical feature of naturalistic inquiry is not to oppress but to empower and make things ‘better’, not unlike the aims of Chinese medicine.

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<sup>168</sup> By this, I mean that part of the idea of Chinese medicine is to return a client to health and sometimes this means that a client backtracks, as it were, through symptom in time, reliving past symptoms. Sometimes this is referred to as a healing crisis and considered as a way of recognising that disease is regressing. This idea is particularly relevant to the notion of the penetration and progression of perverse evil in the body and symbolised by the emblem of six-channel theory.

<sup>169</sup> See also Miller (1996)

The central point is that practitioners, understood as researchers of the human body, attempt to hear the other as one who has many voices with many different selves. The individual, like qi, is constantly changing just as one's sense of being in the world reflects the constancy of change. How one configures one's qi will also be a function of the environment in which they find themselves. The practitioner asks and looks for the many 'voices': whether it is by listening to the pulse or attempting to tune into the five phases of the body. To an observer the process may appear to be a chaotic, disorganised and messy interaction as if there is no medical protocol to follow.

I could have created these case studies. Given my ongoing conversations with practitioners I could have melded their ideas and my experiences in a way that represented for me the experiences of my research. In this sense, the fiction would have been of my creation. However, I wanted them to speak for themselves. Practitioners supplied the three case studies and they introduce their voice and the presence of a client. Everything that happens is through the narrator's voice. They are in charge; they set the scene, introduce the characters and speak of a plot as they weave their presence in the case study. Expressing how things happened, what they did and what meanings they made of the encounter could be construed as a confessional tale: they talk about uncertainties, lack of clarity, discomfort as they proceed through the encounter (Van Manen 1998). It can also be seen as a reflexive text since the practitioners are recreating an encounter that attempts to capture an essence of who and what they are as practitioners. In it we see how they reveal themselves to themselves and to us, their biases, the emphases they give to symptoms, how they choose to interpret the client's qi pattern, and that they choose to apply a particular approach to the 'exclusion' of another.

The purpose of including these 'snapshots' is firstly to gain the readers attention and empathy. It functions as a hook, to read firstly how a practitioner presents a 'case' and how the practitioner chooses to represent herself. There are no dates, even though a course of treatment is implied, because the actual encounter never occurred. Parts of the case study probably did happen and what is offered is quite likely an amalgam of scenes from past encounters. Finally, there is no complete resolution. Not all the case studies come to a tidy close where all the loose ends are made complete. There might be a beginning and a middle part but the end is left open. We get the impression that things got better for the client but other questions also arise. My interest is in the process and the intention is that readers stop requiring authoritative accounts from researchers (Gottlieb 1995, Gergen 1991). At the same time, does it make the whole text less valuable if data written as fiction is presented by a non-researcher: raw material, analysed and of undetermined quality (Tierney and Lincoln 1997, Polkinghorne 1988). We are still left with the problem as to how to differentiate research data from fiction or indeed any kind of data not deemed research data.

The choice of presenting a text in a particular way reveals our intentions, how the researcher presents the self and how the participants are presented and for whom the text is directed (Clifford and Marcus 1986, Lincoln 1997, Kleine 1990, Hammersley 1993, 1997). My inclusion of fictional accounts reveals a bias, but in a different way. These first accounts begin with the participants offering a story about themselves, conveying a kind of analysis and interpretation about qì, how they 'tune into' a person and what practitioners learn from the encounter. Taking into account the postmodern perspective that we need to be ethical and include other voices while portraying the complexities of being in the world, we may indeed minimise the accusation of speaking for and appropriating the other and not marginalise participants

in the research. At the same time, I attempt to prepare the ground for when I choose to speak, guided by an old fashioned idea of coming back with the news, which is usually the starting off point for most qualitative research inquiries.

Finally, I want to bring this discussion back to Chinese medicine and my experience of what Chinese medicine means for me. In many ways, being a practitioner of qì may be construed as a form of naturalistic inquiry but with a significant turn. Chinese medicine attempts to listen to the whole. In listening in to the whole, Chinese medicine also aims to cure and heal the other and, as I have suggested earlier, there resides a therapeutic value for the researching individual (Ots 1991, 1994). In simple terms, practitioners listen, ask, watch and touch, trying to discover the interior life of the other while also acknowledging that one's interior life is part of a much larger picture, meaning that we live in the presence and are part of a much larger external world. From a Chinese medical perspective, the question becomes what manner of person is in front of me while, at the same time, offering another view of being in the world and states of being. Guided by multiple, overlapping, sometimes ambiguous and contradictory theories of the body, the case studies presented earlier provide an insight into how practitioners make sense of the clinical data as they go about being change agents. My ruminations on qì as an epistemology and ontology form part of the analysis and method throughout the thesis.

In the therapeutic encounter, Chinese medicine asks that practitioners search for the many stories said to reside within a person, because qì manifests in many 'guises'. In other words, Chinese medicine does not attempt to conceal or ignore. Rather, as a mode of thinking, the goal is to reveal, whereby Chinese medicine returns attention to our being in the world and to medicine's original preoccupations and concerns. The case studies tell stories, and as Ellis (2004:144) suggests, the goal 'is to

evoke, to give voice to others often concealed and relegated to the margins, meaning the appendices in research inquiries, writing in a style that breaches’.

## Chapter 6: Fieldnotes

What follows are my fieldnotes<sup>170</sup> but in a different form to when they were first created. They represent the second phase of presenting the gathered data. These fieldnotes are a compilation of the participant's words, my jottings, notes to myself, scratch notes<sup>171</sup> and observations made over fifteen years with the exception of the transcribed tapes and discussions which occurred more recently and over a period of three years. The fieldnotes are not re-arranged in any chronological order because they could not be for they represent my reconstruction of the conversations and written material gathered over an extended time. Technically speaking, one could argue that the fieldnotes are not 'raw' data. Then what do we mean by raw data when data in naturalistic inquiry comes into existence as a co-creation.

These fieldnotes as they have been constituted in this chapter are a selection of my notes re-written in a condensed form from three of the participants and loosely follow Richardson's (1992) approach.<sup>172</sup> Having read Richardson's (1992) work which encouraged me to follow her lead, I modified her approach by requesting the participant's involvement in the production of the fieldnotes. My purpose was to produce a text that reflected my experience, what I observed and wrote about and the next step was to include the participants in this (re)construction of the data. The participants were then given the text to scrutinise before it was finally written. The

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<sup>170</sup> I attempted to use the participant's words as much as possible in re-rendering my fieldnotes.

<sup>171</sup> Garner's description of what she did and what it meant for her to make notes in the field resonated with me. Similarly, I too '... sat down to read the papers with scissors in hand. Nothing interested me but murder, trial, punishment. I hunted out accounts of psychiatric evidence, trying to perceive the reasoning behind them, to make sense. I read trashy tabloids that railed against the leniency of courts, screamed for harsher sentences, trumpeted about what it cost the taxpayer to keep murderers in custody. I collected horrors, pointlessly, fanatically, in a sort of secret grief. It was a long grinding, obstinately interior process that had nothing to do with intelligence. My files bulged with cuttings that did not enlighten me.' (Garner 2004:275, See also pp 280-281)

<sup>172</sup> I did not include all participants because it would have taken up considerable space. Secondly, and more bluntly, I could not reduce the notes to say three to four pages for each participant, as Richardson (1992) was able to do. These three re-writes of fieldnotes were matched with the 'case' presented by each of the three practitioners.

question to them was does this text faithfully reflect what you think and feel about acupuncture given our encounters and conversations. These fieldnotes then represent a condensed compilation of the 'raw' data. Including this data also offers readers the opportunity to hear the participants again. However, on this occasion the fieldnotes are presented in a different way to the one already encountered in the previous chapter. In the reflection, which occurs immediately afterwards, I consider some of the difficulties associated with the creation and meaning of fieldnotes and the researcher's presence and role in the process.

## Practitioner A

I can be mechanical but I don't think I am a mechanic.  
Sometimes I think I work like a mechanic and I work in a situation of – almost blind  
faith to some degree – and it is like heavy plodding

every so often, something magical happens and I assume maybe the qi  
it just happens – it shocks me – it just ....  
I can't predict when I am going to have an experience like that.

A contemplative? ...

Haven't arrived, I am moving, towards assisting people to nourish themselves.  
Nourishment I think is the key. Think I was always a nourisher.

Hard to put to words.

There are times when there is two of me or more.  
Often I feel like I am observing from the back of my head  
looking down through somebody else's eyes.

Tcm theory provides us with a reason for being there  
to know things .

I have a genuine desire to be of service to another.

How am I going to do that?

That's where acupuncture fascinates me, the hook  
You focus on energy, this intrinsic and intangible energy that  
nobody can really put their finger on  
that's the mystery involved in that.

Theory then gives us a starting point,

Theory gives us a why

You know because otherwise it is like,  
well somebody walks in and hey, I've got a problem  
yeah I'm going to stick a sharp bit of metal in you.  
intention

Textbooks do not inform clinical practice for me.

There are grounding and a platform from which to work from.

It's the clinical practice what you do in the clinic.

When I go back to the textbooks it's usually for physical reasons  
meaning that there is a physical presentation  
But often what I will extrapolate out of that  
and the physical stuff will now have greater meaning for me.

Re-write the rules for yourself to a degree,  
or you need to re-write a theory for yourself  
or rewrite yourself

Yeah, I'm the textbook now.

Talking to you:

When I listen.

My preference is get the person to tell their story.

One part of me is attached to it

the other part of me is sitting there pulling it apart  
likewise, I do that with patients when they are telling me stuff  
I am trying to read round in circles  
what are they really telling me when they say XYZ  
you know  
sometimes that's a good thing  
sometimes its not.

Some days I ask very few questions ...  
Some days I find that it is real hard work  
and I feel really compelled to ask more questions  
Even when I can hear myself saying  
you are really trying too hard here,  
you know go with the flow.

Practicing acupuncture is about discovering the hidden.  
Traversing the unknown even though others have done it before.  
Discovering this mysterious stuff and assisted them in living fuller lives.  
The only answer is to get all personal.

The journey for me is you suspend where you have come from and you immerse  
yourself in something else  
Then you realise that you haven't gone very far anyway.

Growing up in a Christian family believing in a God  
at some stage something occurs and the message,  
expression of God  
didn't fill the holes, the darkness, the gaps  
It's not really informing you of life in this world

I abandoned it and went looking for other stuff  
somewhere along the journey you come across this stuff and  
it seems to have some answers for you.

Then what you realise was that your impression of your first God or your first unified  
energy field or Dao or whatever is actually all the same.

It doesn't matter whether I am tuned into God or whether I am tuned into Dao ...  
maybe through studying Chinese Medicine and Daoism  
I have actually got to know a little bit more about the nature of God  
of belonging and of being.

It's a bit scary too.  
A little fixated on the whole God notion or the Dao,  
that stuff because I hate for it to creep through into the clinic too much  
Do you know what I mean?

People.  
Looking to belong to something,  
to some unified whole  
We belong in the group,  
we can express the divinity of who we actually are

And that is the next bit  
People seem to be either lost,  
not know where their place is  
unable to express  
who they are  
who they really are  
whether they ...

Acupuncture it might be just the whole ritual  
they are getting used to the acupuncture ritual  
come in, lie down, chill out.  
A ritual that you work through that seems to help the person reveal other things,  
as the needles begin to reveal things for them.

I am often in a quandary  
do the needles actually do anything?  
Is it the whole experience,  
Do the needles shift perception?  
My feeling is that it is many things.  
I guess if you just had them come in and lie down and just breathe for instance  
I mean just lie there and breathe  
then maybe would the same happen as well.

And that is the nature of healing for me.  
And so it has shifted from  
I'm going to fix colds, flu's, sore backs and headaches  
to really  
what we are doing here.  
This, I think at the end of the day is helping  
people find where they belong in the world  
and be all that they can be in that.

I think that is my journey as well

How do I think of the points?  
You look at how they are traversing their world or not traversing their world.  
Are they taking on too much  
do they appear to be taking on too much life  
more than what they can handle  
not transforming that into something useful  
does their life look phlegmy and damp.  
Now can I see that in their body somewhere?  
Okay I can go and use points that transform

But are they connected to their centre?  
Are they centred?  
Are they earthed?

Or

Somebody comes in and they seem to be a little stuck,  
a little rigid  
Describing a world that is becoming progressively intolerable to them  
tolerating stuff, less and less  
This makes sense to me.

It's me too.  
Sometimes my qi struggling  
How much I am holding onto that  
I think on days where I am less attached to outcome  
less attached to the whole process  
things flow more smoothly because I am not as obstructed.

You don't feel much  
you don't necessarily feel connected or disconnected to anything.  
Maybe unattached is the way to describe it.  
Unattached, detached and with intention  
Those are often days when stuff happens.

## Practitioner B

How I look at people, qì  
I think and feel in metaphors.  
Everything with acupuncture  
for me is about restoring flow, an ease of flow.

Qì stories tell me how qì is obstructed and not flowing.  
Like the transporting points  
qì is like a river with three layers, three levels.  
There is the surface of the river,  
there is the water itself  
and then  
there is the riverbed.

When I listen,  
I am listening to the tones in the voice,  
the pitch, the timber.  
then gets turned into an image in my head,  
the river is not flowing freely,  
there is an obstruction here that I can hear in the voice  
immediately I have a picture whether  
it is just a ripple on the surface.

Whether it is affecting the flow?  
because someone has put their hand in there and  
the water has to move around it,  
whether in fact there is an obstruction in the river bed or  
the river floor that is causing the rest.

Acupuncture to me is a ritual I perform to balance qì and bring change  
in that person's qì and how it manifests.  
Where I stick the needles if I am really honest doesn't fucking matter.

Restore a smooth flow.  
If you have got a river that looks wild and out of control  
its dangerous, it reeks havoc where ever it goes.  
It runs over embankments,  
it destroys, it wrecks.

Restore proper flow.  
Plugging up the embankment, removing the rock,  
taking the hand out of the water.  
It is almost like sometimes the acupuncture points are  
a bit like a waterfall or a turbulent area,

You stick it in and create turbulence of a waterfall  
so that when it hits and you notice  
just downstream from a waterfall  
there is always a calm spot.

As the river once again readjusts.

And I feel it in my body.

The first one is from my own personal point of view  
I know when the flow is disturbed because I get pains,  
I get restriction in movement or impaired movement,  
when the river is full and overflowing,  
washing away embankments and  
it is muddy and sluggish,  
you get that full sensation.

I know when it is turbulent because I sense rapid jilted movement along with  
irritability or anger or frustration.

The second part.

I may use my own body as an interpretative tool for others.  
Getting rapport, contact a person  
I sometimes take on their physicality.  
I will take on the way they sit,  
they way they stand,  
the way they talk  
the way they breathe.

Now that to me then starts to register physically in my body what  
I interpret is going on in theirs.  
My body is a little bit like a dividing line.  
Don't do it well all the time.

Beginning to learn how to separate that from my own and I don't always do that  
successfully.

I may actually be treating somebody's rampant liver  
And you know it you know it might actually be mine.  
But then that's fine,  
I treat theirs and I fix mine anyway.

Tell me your story is what I ask.  
I have a fascination for language and how people use it.  
I want to hear about them,  
I am not interested in when they talk about symptoms.

The story is their qi.  
The representation is how it comes out of their mouth.  
Word is the spirit.  
So by the time that they have got into their story,  
I already have a fairly clear idea about what I am going to do.

Don't think of that in terms of TCM diagnosis,  
don't think about it in terms of any of the other structures  
within Chinese Medicine/acupuncture  
I am merely thinking about,  
there's the pain there,

that's there,  
then I start thinking  
channels, passages, spots, blockages,  
theory comes out after.

No, no not the TCM ... you don't ... I can't  
I won't go down that road,  
I just find it unproductive for me.

I will select according to five phase, eight extra, six division, I will select according to  
acupuncture meridian  
not TCM  
Not the patterns of disharmony

Don't actually go through any process of making a diagnosis.  
Liver qi stagnation, heart qi xu.  
That for me doesn't inform me  
how to use the needles.  
And that has been a dilemma for me for a lot of years

I might use Liver 3  
I know it is going to create flow.  
I tend to use a small amount of points for a broad range of things  
that I know have worked before  
so I am using my own clinical experience.

Stories give me points.  
The story is a person,

We are always working on qi.  
But whose qi are we working on?  
qi is qi.  
By working on my qi, I am working on someone else's qi.  
By working on their qi, I am working on mine.

I mean it is like the old thing you know mind and body.  
Where are you going to draw the line.  
Is there a line – I don't think so.  
When do you know you have crossed the line.  
I don't know.

But for therapeutic purposes have to make a decision about where to stick the points  
and

I have to try and stick the points in that are appropriate for them not for me.

Why am I using Liver 3,  
this person is pissing me off,  
why are they pissing me off.  
That informs my diagnosis tremendously.

They are not pissing me off.

I'm pissed off. Maybe I needed that.  
The lesson?

It is affecting me. I am experiencing it.  
I read it as a signal  
that I am not paying attention to.  
You know and who separates the both of us  
the old story of who is watching the watcher?  
For me there is no watcher and there is no watched,  
the watcher and the watched are one and the same.

Because at the end of the day if I have established a good rapport and  
I live within my own belief that what I am doing will have a positive effect for that  
person

All that I then need to do is to perform a ritual that will give them  
a conscious convincer that I am doing something.

I perform rituals throughout the day,  
rituals that people don't see that I do in here.  
I am a good visualiser  
What I do at the beginning of each day every morning  
I will sit and meditate,  
but I don't meditate in the normal empty and like variety,  
I don't rub a mantra around or anything.  
Try to clean things up.

Someone once said.  
The superior practitioner will use only one needle or no needles  
that person will be in such a state that merely their presence  
will bring about the changes that are required.

If I can say that is my intended outcome.  
Where I would like to get to and I endeavour to do that every single time  
What this means to me is that the work gets done before the work gets done.

Acupuncture is about change and it does bring about systemic change.

I think change is, change is the only constant  
and everybody has within them the resources  
they require to bring around the changes that they need.

Acupuncture is about change.

Change, change for positive or negative.

It is like the minute you walk into a room and you are carrying a cloud of shit over  
your shoulders it is going to be picked up within a second.

By healing others, I heal myself.

By adjusting other people's qi,

I am adjusting my qi.

It is my way of moving through this world in a way that makes sense to me.  
This has spiritual connotations for me.

But spiritual in the sense that it provides me with meaning and understanding of the purpose of life.

What is the mind? What is the body? What is the spirit?  
You know, show me. Give them to me.  
So, for years, I spent searching and I guess

I can always remember the time when I first heard this guy talk and  
whhhhaa bang,  
it was like hello  
he has opened up a whole new world here.  
This is really, really fascinating.

Why don't you just listen to people talk to you?"  
So to me truth is just something you create as a method of holding someone else's attention that whatever there is in truth is within the individual's experience and manifestation of their own qi.

That is the only truth.  
There is not a universal truth anywhere.  
That is important for me.  
Practising acupuncture is a way of me going about in the world that makes me feel comfortable that further assists me to understand the nature and essence of qi.

Now behind the outcome is an intention and the question is – for what purpose am I doing this for what purpose would I like to take this person's backpain away and that then helps me to separate my outcome from their outcome. Because they might have just come in there and they just want relief from their backpain they don't want to change their whole life or maybe they do want to change their whole life and the backpain is just a reason for being there.  
I always attempt to articulate in my own mind what my intention in this encounter is.

About what's the bloody purpose of me being here if I want to change them and they don't want to change what am I doing here?

But most patients do come in and say yes I want to change, I want some treatment, but I don't think most patients have an idea of what the consequence both positive and negative of changing some aspect of the qi is.

Needling is a way of listening to the person and eventually obviously the way I hear it, see it, feel it inside my body.

Needling.

The aim is to bring my intention and engender those resources of change in the person.

Qi is self-organising.  
Holy shit, qi then has its own conscientiousness then.

I can't back away from that now.  
I have never thought about that before.  
It has just come to me now.  
It has to be.

## Practitioner C

Just getting one's feet.  
Virtually doubting everything that was going on  
trying very, very hard.  
After every patient, got the books out after they left  
Waiting and wanting for proof of qi.  
I was told: you will get it together one day  
Never really quite understood what that meant.  
Probably not until recently  
gone through my own personal revelations  
clearing the junk out of the house.

Then Bali.  
completely changed all,  
everything, living conditions, everything was different.  
Created a complete change in the way I looked at myself.  
That was when, I actually felt like me the person, the practitioner.  
I was whole.

I was seeing evidence  
on a daily level - qi.  
I think on a deep level I hadn't really accepted that there was a relationship between  
me putting in an acupuncture needle into somebody, stimulating the point  
I figured there was something else going on

Indescribable.  
I was able to actually sense the qi on the needles for the first time.  
It had something to do with me.  
Away,  
Not living in a way that I was used to at all  
so many things had – barriers had broken down  
my belief systems suspended on a number of levels.  
going through my own personal stuff  
my own personal shit there were moments great clarity

My journey  
into my understanding of qi was growing in a very subtle way.  
It wasn't conscious.  
I wasn't there looking for qi  
I wasn't going oh I can feel qi.  
I was sensing something - like I don't really know what is happening.  
I am just prepared to see what happens.  
And I went back and forward many times.

I'm living in this place of great qi.  
It is effecting me, forcing, encouraging me in all aspects of my life.  
If I hadn't had that experience?  
I might just be stuck in practice with my head down into the books

and  
even my view of the clientele when they come in.

I saw irrefutable evidence.  
comes down to a feeling,  
how it resonates  
one's awareness of energy

or  
some people call it a spiritual force  
everybody has their own personal description of it  
it just resonates as a feeling for me.

I feel it in a physical sense  
I can.  
The moment I consciously try to connect to that feeling  
is when the feeling disappears  
seems to evade me.

I am with a client I can feel an almost empathic qi  
that I somehow intuitively understand

what sort of treatment is needed today  
hook into that and analyse it – well what is going on?  
How do I think about it?  
What am I feeling?  
You know like vaporises

But often it reflects in inner knowing  
it guides me, my direction of questioning,  
try to intellectualise it and  
go back a step and say well hang on,  
what is the logic behind that, or why  
it is almost a bit like two parts of the self.

There is an inner knowledge  
that I have had to gain to move through my own personal life  
an inner understanding of my own innate needs  
hand in hand  
with my own innate understanding of qi.  
trust in that.  
Go and trust in that almost  
non-conscious information that I am getting.

My revelations, my relationships and understand the qi involved in that  
the coming together  
the growth  
the problems  
the stagnation

how that is reflected in my body and in my own health,  
from a personal level

it is strange as we said before  
the number of clients who come in with the same conditions as me  
as if, you know in some cosmic sense  
drawn to people to  
that I need to give them my own personal advice  
I mean over 15 years it is astounding  
it is not just a coincidence  
I am completely sure of it  
that they are as much a gift to me

For me it's the encounter before the encounter.  
A simple thing of – I need to be at any given moment  
I spend more time preparing myself before clients arrive  
my kind of meditation  
where are you at just a few minutes.  
An awareness before the person arrives.  
Okay – your stuff – to be in the right state of mind.

Really important for me because if I do the old – I'll be right, no problem –  
then I notice that the whole qi rapport doesn't work.  
But it just happens – that's the word – it just happens

Just happens when I pick points.  
Why did you choose those?  
No idea – let me think.  
It's obvious  
Points choose themselves.

Get a sense that  
we need to deal with is on an emotional,  
spiritual level  
because I conclude, the illness starts in the spirit  
and manifests in the emotions and then into the body

Sure, they have got a sore shoulder. Sure a headache,  
But how do I interact now, next time?  
Help them make their initial movements.  
Where am I at?

We don't know what the outcome of our treatments will be.  
But we do know that changes will happen.  
How and in what way? Who knows?  
We can only believe that there is something.

What I am doing is that I intuitively feel them.  
I will start to soften the hardness. Bring a bit of blood to the area

Seemed an uncomplicated kind of story.  
Lots of stagnation – the tongue was purple.  
Sad: don't know what I am doing with my life

Humour comes in. Giggles.  
Rapport just grows and grows.  
Simple treatment. Nothing spectacular.  
Three years later. 'You might remember me?'  
Couldn't recognise her, so changed, looked years younger  
and with a young child.  
Needling: she saw her life and everything she had done  
she felt herself move through it  
Profound change.  
There was an almost an empathy, a connection of qi in a way.  
I find that the work I am most comfortable  
working with is when  
I can actually have some sort of an understanding about who they are.

Yes a sore back  
But many, many times it is more.  
So, I often think of metaphors:  
softening the heart,  
drain the swamp,  
helping them digest their current predicament,  
freeing the rigidity,  
find courage,  
just be,

As the treatment flows,  
I feel more increasingly comfortable with in my life.  
The irrefutable proof.

## Reflections

These fieldnotes themselves are much more than the transcribed notes of interview. They include scratch notes, headnotes, journal entries, notations from subsequent discussions with practitioners that occurred on many occasions and dare I say it, notes made from my memories. But what are fieldnotes? Are they descriptions of events as they happen? Are they unanalysed material gathered from participants? Are they the most important link between what is on the ground to what ends up in the hand and eyes of another? Indeed, what are the connections between fieldnotes and the writing of ones research?<sup>173</sup> In other words, what do fieldnotes do and what act do they perform? Earlier I mentioned that my recollections of things past found their way into the fieldnotes, one question for me is how much, and in what ways does memory find its way into research? How does memory interact with notes from the field, which eventually becomes part of the end product? How do researchers create fieldnotes and what do they do with them? Geertz offers a neat description of the purpose of fieldnotes in that the researcher, ‘... inscribes social discourse; he writes it down. In so doing, he turns it from a passing event, which exists only in its own moment of occurrence, into an account, which exists in its inscription and can be consulted’ (1973:19). In this process of inscribing, a metamorphosis emerges on the written page from ones fieldnotes to be a comprehensible thick description and analysis.

Attitudes to fieldnotes, what they are, can be, and how they become constructed is a touchy subject (Jackson 1990, Fine 1994, Sanjek 1990, Lederman 1990). Jackson (1990) interviewed a group of qualitative researchers (mainly anthropologists) and

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<sup>173</sup> In his writing of the Argonauts of the Western Pacific, Malinowski provided extensive discussion on his methods and speaks of a kind of cross fertilisation or dialectic between being in the field and notes taken. See Tornton and Skalnik (1993), Young (1979)

discovered they had strong, ambivalent feelings about their notes. Their approach to fieldnotes varied considerably: from those who read and re-read them, those that were embarrassed by them because they contained errors, were difficult to read, undisciplined, incomplete and disordered to those who hardly looked at them (Sanjek 1990).

Regardless as to how fieldnotes are generated and how many notes are produced in whatever form, they are seen as almost a sacred text, the first tangible piece of evidence from which qualitative research writing is derived. They are the dirt, spit and blood of doing fieldwork (Fine 1994). In one way or another, all naturalistic inquiry researchers who rely on the others' story make notes and in the process end up having an effect on the writing.

In the end, somehow these notes, whether they are on cards, scraps of paper, tapes or a combination of these plus memory become transformed and realised as part of the researcher's final write up. Perhaps this is why so often researchers are advised to design a project that can include recordings of interactions, making these the record and thereby minimising the importance of other ways of gathering data. Since we place great emphasis on the importance of accessing primary source material, social researchers like myself who rely on the words of the other have to live the fact that we are also responsible for having co-created the primary source material through our interactions with participants. How researchers make sense, organise and write up their work from varied forms of fieldnotes is a question worth considering since the methods of garnering data will influence what and how one sees and experiences events. In this research my notes were in a kind of constant dialogue, an essential corrective experience between what we have in our heads and what is down on paper and there were 'gaps in time' between sitting with the notes in front of me and having

the experience of my notes in my head as I did other things. Emerson, Fretz and Shaw (1995:8) note that writing fieldnotes is not a matter of passively copying down the 'facts' about 'what happened'. Rather, such writing involves active processes on interpretation and sense making: noting and writing down some things as 'significant', noting but not ignoring others as 'not significant', and even missing other possibly significant things altogether. As a result, similar (even the 'same') events can be described for different purposes, with different sensitivities and concerns. The fieldwork then becomes the fieldnotes. But the question remains how reliable then are fieldnotes<sup>174</sup>.

And this is where Richardson's (1992) work was instrumental for me about what fieldnotes are and can be, and my relationship to what I heard and observed. In 'following' Richardson (1992), some important implications must be made explicit. Firstly, that my fieldnotes are to be placed within the text. In other words, material that is usually kept at a distance and largely hidden from the reader is made available and consistent with the aim that the other's voice is kept alive and central to the research work. It also maintains an ethical stance – the participant's words, meanings and experiences are not marginalised or kept silent. Then again, it could be argued that because I have re-written my fieldnotes I am re-writing the participants voices by using mine. My dilemma is that I see no way around it since a fundamental, old-fashioned purpose of such research is to go out there and come back with the news.

By way of contrast, the case studies are exclusively the voices of the other, said in their way where they speak from a different vantage point in another place and from another time. The case studies are not my fieldnotes in the sense that I produced them.

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<sup>174</sup> Sanjek (1990:187) notes that if we were to ask social researchers how they 'have transcribed, inscribed, and described we see patterns but we also see change over on hundred years of fieldwork' and most of the actual practice and advice is unrecorded or inaccessible. See Briggs (1986).

However, they are, like the transcripts, headnotes or log entries, one part of the available data which form part of the whole which transforms.

What did Richardson (1992) do that encouraged me? She took a creative leap and restated a thirty-six page transcript of Luisa May's words (her participant) into a three page poem to convey the narrative. I have not done this because I am not as good as Richardson at turning my fieldnotes into poetry. However, being encouraged by Richardson I attempted to do something similar, since the core idea is to apprehend the essence and meaning of the narrative. This was for me not easy to do. In producing a condensed re-write of the participants' words, I re-created my conversations by reflecting on my whole experiences, which included all that had been written down on paper. At the same time the process functioned as a method for organising the data but in a different way and as Richardson (1992) notes, a breach of this kind of writing in social research provides unexpected consequences for the self and may be of sociological and methodological interest to others struggling with alternative forms of representing the sociological.

The participants are given prominence through me in an attempt to draw out and make available what emerges (Van Manen 1988). Offering these fieldnotes in this new form was intuitive as I reflected on my sense of what might be important and interesting for the reader, while also reflecting on what might be interesting or important for the participants. It also means that as the researcher I always choose particular aspects and contexts for inclusion while others are ignored (Van Manen 1988). They are, as a text, a partial description of conversations and scenes. It cannot be any other way since these thoughts and experiences have been sealed as a collection of written statements based on prior interactions between participants and myself.

They are partial 'truths' that have been coded and interpreted which speak of the way I have ordered and included the participant's voices.

These fieldnotes then are not 'unedited'. However, they do provide a beginning insight into the question of what constitutes data and also allows the reader another kind of entry into how one researcher develops and makes sense of the data. In a strong sense, including fieldnotes may be considered risky but not unexplainable. I am not uneasy about revealing and entering into a dialectic of fieldnotes even though as Emerson, Fretz and Shaw (1995:ix) note, even though fieldnotes can be a kind of 'back stage scribbling – a little bit dirty, a little bit suspect, not something to talk about too openly or specifically. Fieldnotes seem too revealingly personal, too messy and unfinished to be shown to any audience'.

## Chapter 7: The call to qì

*What is it, in the end, that induces a man to go his own way and to rise out of unconscious identity with the mass as out of a swathing mist? It is what is commonly called vocation: an irrational factor that destines a man to emancipate himself from the herd and from its well-worn paths. ... Anyone with a vocation hears the voice of the inner man: he is called.*

Carl Jung<sup>175</sup>

This chapter and the three that follow constitute the last of three texts offered as a way of making sense of the data and on how fieldnotes may be interpreted and reconstructed. My long-standing conversations and engagement with participants may be considered a memory dump and together with the interviews, observations and personal experiences, both theirs, and mine comprise my data (Tanaka 1997). The first set of fieldnotes represented a collection of fiction, unedited and composed by practitioners showcasing themselves through a ‘case history’. Inspired by Richardson (1992), the second representation was written entirely by me, but in consultation with participants who read through, commented on as well as suggested changes to the notes. These two sets of fieldnotes offer the reader an opportunity to ‘meet’ the participants early in the work and my intention was to not place these notes in the appendices which in my opinion would remove the participants from the core of the text. In a minor way, these fieldnotes can then be construed as a kind of co-authoring of the data.

The section which follows is written in my voice and in a style more in keeping with usual presentations of analysed fieldnotes. It tells the story of participants’ lived

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<sup>175</sup> Jung (1967:299)

experience of being an acupuncturist and follows Van Manen's (1990) 'sententious or wholistic method' of approaching and interpreting the data.

The interpretation is based on my understanding of how and what I heard, attempting also to insert the cadences, actions and emotions as I observed them. I can still hear the inflections and cadences recognising the individuals with whom I worked. My attempt was not to speak for them, but about them, as I use my words to tell my story about our conversations which arguably may be considered a reconstruction of the Other. As a researcher, my sense of the other is culture, the culture under study and something to create a relation with, to preserve and interpret. I also recognise that the notion of other can have a multitude of meanings. The two previous texts attest to the idea that separating subject and object is not as simple as one would expect, even though the discussion focuses on the same ideas. Subject and object can change into each other, a notion central to Chinese medicine.

As researchers, we can only try to be sensitive to the implications of our status especially for those who work in their own social setting. It is impossible to remain 'politically correct'. No matter how careful or sensitive a researcher sets out to be, we must be prepared to be resented by the objects of our study. For instance, my acupuncture colleagues in general may suggest a misappropriation of power by misrepresenting Chinese medical practice and ideas, by using the other to present my perspectives. However, when I began the study I was not aware of other researchers actively interested in exploring Australian acupuncturists lived experiences. I may not have got it right but the participants were taken seriously as agents.

In this section, the participants 'speak for themselves' as I showcase them based on my reading of the participant's engagement in the research. Emerging from my conversations, I have identified four broad categories for interpretation, all linked to

the idea of the ways in which practitioners are able to apprehend and experience qì in the clinical setting. Firstly, on the idea of *being called to qì* and belonging to a world of acupuncture. Secondly, I explore what practitioners meant by *cultivating qì as it relates to knowing self and the other*. The third category is what may be called *transcendent, peak experiences whereby one 'leaves' or 'escapes' the self to discover the 'true' self again*. Finally, on the primacy accorded to *narrative* as a way of listening in to and experiencing the other as qì. In the final chapter, I give attention to a way of *envisioning qì*.

In their recollections, practitioners consistently told the story of acupuncture's promises which I have already mentioned. In many ways, the attraction to qì was a dormant one and connected to previous life experiences all pointing to the realisation that something was missing in their life. In a strong sense, and in hindsight, practitioners suggested they were 'ready' to be called to qì. However, to them it seemed that something personal needed to happen to set them on their way that reminds me of Campbell's (1988) articulation of the Vision quest or Hero's journey, whereby one has to leave things behind in order to discover other worlds of being. Though practitioners did not talk about exorcising demons or confronting evil, they spoke about their personal struggle to overcome personal weaknesses and limitations whereby the consciousness of the quester is enlarged (Jung 1964, Elliot 1990, Needleman 1994, Jacoby, Kast and Riedel 1992).

Qì offered a worldview of being able to live in harmony with cosmic and earthly forces, a worldview in which a person can render as meaningful their own living drama by becoming part of a much larger world of meaning.

For some practitioners the call occurred *before* they ever knew that a medicine called acupuncture existed. For others, interestingly, the moments of call occurred during their early days of practice. For instance, this 47 year-old practitioner recalls being deeply moved by someone giving a talk on Daoist philosophy and acupuncture years before he decided to enter into acupuncture studies. He opened by saying:

What is the body? What is the spirit? You know show me. So, for years I spent searching and searching and I guess I can always remember the time when I first heard [a person's name] talk and that was like whhaa bang. It was like hello he has opened up a whole new world here. There are some answers in here so that the whole concept of qì felt comfortable to me. Qì ... is a way of me going about in the world that makes me feel comfortable, that further assists me to understand the nature and essence of qì.

His account can be taken as a quintessential expression of someone being drawn to a way of knowing the world that strikes the listener at the core of their being. In simple terms, the journey of learning about and experiencing qì begins as an intellectual one, where he enrolled in a course of study. However, the deeper message is that his first contact makes possible an inward voyage, symbolising a path of discovering a new and different world, having implications on how this new reality could become a way of understanding others as well. The accounts that practitioners offer about their coming to qì provide opportunities for the production of identity and they emerge as they tell their story. In a strong sense the telling of stories, encourages others to tell their own story and this becomes a route to diagnosing and knowing the other.

Through the performance of narrative, when practitioners look back on moments of their past, we also witness a performance of self. Reflecting on his early days of practice as an acupuncturist, this practitioner contextualises his current way of practicing to having taken a pilgrimage, going to another place outside Australia.

Providing him with the opportunity to work with people in another cultural setting, his coming to qì symbolised a profound transformation of self. Interestingly, he left Australia not for China, as many seem to do, but for Bali:

Then Bali. I spent time living and working in Bali and completely changed all of my – everything – living conditions – everything was different. Created a complete change in the way I looked at myself. That was when – probably for the first time in my practice where I actually felt like [his name] the person, the practitioner. I was whole. I was seeing evidence of – on a daily level of qì. Somehow, it seemed to be the perfect location for me to actually have that experience.

So potent was his experience that in a period of almost three years he travelled to Bali some ten times. His notion of seeing evidence of qì was two fold. He not only saw qì in people, on a daily basis, but Bali was a place replete with qì. He said:

The experience in Bali gave me an underlying deep sense of belief in the presence of qì – and the power of that qì to change because I saw – I saw irrefutable evidence. And, it comes down to a feeling, I suppose it comes down to – how it resonates within me – one’s awareness of energy – or some people call it a spiritual force – everybody has their own personal description of it – for me it is – it just resonates as a feeling. Boggling.

And, looking back on himself, he left behind an old self; meaning that to know qì the way he does now makes him a better practitioner:

If I hadn’t had that experience – I might just be stuck in practice with my head down into the books – and behaving a certain way – but it caused me to change – have a major change in the way I see and the way I work – in that – and even my view of the clientele when they come in.

Replete with qì, Bali presented him with an exceptional, transformative landscape. Far from home, Bali then represents another place and occasion with living evidence of the presence of qì that he was able to sense throughout his body:

I can't explain it – but I feel the energy of this place – and I would touch down on the plane and feel the energy of the place – so for me it took a powerful experience for me to come to know – hey hang on – I'm living in this place of great qi. It is affecting me- it is forcing, encouraging me in my own personal life. It was a break through.

The defining moment of a coming to qi occurs firstly in a foreign place, as a working practitioner, where for him direct personal experience becomes the key to knowing about himself and of being better able to diagnose and understand the other, so that more than ever before his ability to diagnose goes beyond being a technically competent physician. He discovers another kind of connection with patients, treatments become 'easy' and points somehow 'seem to choose themselves'.

Similarly, this 43 year-old practitioner's coming to qi also occurred during early years of practice, but this time it occurred in a local Australian setting. The initial impulse for him relates to a predilection and deep interest in meditative practices as a young person. These early life experiences distinguished him from his peers at an early age, fashioning a mind that would enable him, at a later time, to recognise the call of qi. Entering into formal acupuncture studies years later seemed like a natural progression. In other words, he was already on his way to knowing qi *before* he 'knew it to be so'. The defining moment for him however, comes after having been in practice for a few years and is construed as reflecting an evolution of self:

I don't know the process or the methodology, the method. I don't know how it came. But what I can say is that from my meditation practice that I have been doing for a long time and something out there: qi as I know it now. Of course, I did not call it qi then. But I was open and then one day it just happened. I was working on a client, boom, and I mean boom, it just happened, just like that. Then I explored a bit more, felt more stuff.

Critically, it is the experience of qì that mattered; the experience enlarges the self and importantly occurs in the face of the other. Delighted and stunned by the moment it:

... opened me up to a different level of being, a different level of being a practitioner. It allows you to perceive, you know the stuff that we talk about. As acupuncturists, our subject matter is qì. And a lot of acupuncturists work with qì but only on an intellectual level. But when you can actually feel it, it helps a lot. It helps a lot. The intellectual stuff becomes less important.

Interestingly, the realisation emerged not through a desired intention in the sense he knew exactly what he was looking for. The moment occurs at a time when he was least expecting it and not, it seems, as a result on an intellectual endeavour.

These comments suggest that meaning comes to those in search of meaning. However, some preparation is initially required and necessary so that one is enabled to experience qì. How and when things ‘just happen’ cannot be predicted but the suggestion is that one must be prepared, as such opportunities do not appear all the time.

The following practitioner came to qì again during her early days as an acupuncturist but in a most confronting way and speaks of the necessity of being in life. Life can be hard, but the challenges which we confront, become personal lessons of qì:

... do you know what qì is? Qì is what you experience qì to be within yourself as your own journey – as your own growth as the practitioner. Because looking back, compared to when I first started my understanding of qì was so different.

... the first few years of practicing was so different then. During that process, I had a few – life experiences that made me see qì from an experiential point of view. It is life itself. And that has actually brought another dimension to my practice. .... You know what I mean – I just can't put it into words. I don't know – I suppose I get in tune with something that I never was able to before experiencing my stuff.

Her stuff, her being in life, was to experience a terrible motor vehicle crash severely paralysing her for almost a year. Her story is illuminating. She began:

Okay I had a car accident and I basically, what it was – I was literally paralysed ... and I couldn't even – I had to have the doctors and the surgeons to come over to my house – I couldn't be lifted – I couldn't sit – I couldn't do anything .... I had to be -I had to be on morphine 24/7. Loads and loads of it.

In what could be called a moment of surrender, motivated by a feeling of being desperate, she thought to herself, 'but I have studied Chinese medicine, I have studied qi gong and I gave myself a challenge'. She continued and I include her lengthy statement to offer the strong sense of feeling as she spoke of her desire to get better:

... I had a calendar next to me – and I thought okay – I will give myself by the end of the week I will do whatever I was doing – the meditation for pain relief and I should be able to have one minute of pain relief. Because the pain was just you know – unbearable. Unbearable. ... you feel sorry for yourself and how am I ever going to walk and what is going to happen to me and then things just started happening on a spiritual level.

I started connecting with something amazing – this qi that we have talked about during the course - It meant something completely different for me – yeah. Yeah, and then there was a point during the 10 months of not being able to move and walk I think half way through that what happened was – my nice little calendar there – and I thought this month I am going to actually lift my body up and actually raise my body upright and through the Qi Gong and the total connection with your own qi I was able at that stage to move and direct the qi to my lower back and to bring the heat there and then bring it further down my sciatic nerve and I was able to - Well, when desperation hits you can do anything.

And that day I had my headphones on .... going through our meditation ... and I raised my body up. I raised my body up! I thought this is amazing. I walked outside. I know this is a bit too much. You think. You know this is why I am not normal any more I am an abnormal human being. I thought oh my God, I started crying, literally from amazement - I got up, I walked around the block – half way around the block – I know Peter this is too much isn't it? You are not going to believe this. Half way around the block there was a sensation of this amazing energy – it was so strong it.... It was such a strong energy which came from the bottom of my feet all the way up to the crown of my head, all the way up and I could feel it – and see it – a strong white light – and I looked up at that point – I couldn't feel a thing I was numb – completely numb. I don't know how long that lasted – it could have lasted 30 seconds or 30 hours – time was irrelevant – and I looked up and went – oh my God – thank you. I walked home and I collapsed for

another month. So I had to overdose on the morphine - but that experience set it off for me.

Coming to a personal realisation of the power of being able to lead qì and of course her surrender and determination to rid herself of the unbearable pain, posed an even bigger question for her. Do we have to be so desperate to be able to make such shifts in consciousness? Looking back there remains a gratefulness for the experience, as the after effects of the crash symbolised a kind of 'stuckness' for her and by extension to being trapped by everyday life, forgetting that everyday life offers opportunities to learn about self (Steindl-Rast 2005). The accident and the injuries sustained provide her with an occasion to see the world again but in a different way and in the process, she was renewed and revitalised as a person and practitioner.

Her coming to qì challenges the conventional notion of well people coming to qì through the practice of qì exercises, like practicing tàì jí in a local park or doing a walking meditation. The revelation of experiencing qì as a healing force arrives in strange ways and sometimes we can never be sure how and when the moment will come. Yet, it seemed to this practitioner that qì was always part of her, dormant as if qì was waiting to be discovered.

And what did the experience mean for her?

You want me to answer the biggest question of the universe. This qì is my life. But how can you ever not believe it when you have experienced all this and how can you ever not feel comfortable in that zone when you experience something like this. To me it means that reality. And you try and juggle living in society and treating clients with that point of view and from where you have experienced that deep essence of qì. And you try and bring it together. Through the performance of narrative, we witness a

performance of self. For many practitioners the meaning and significance of knowing qì assumes critical value as they re-collect past experiences. These experiences are spoken of as defining moments, which offered deep insight into the nature and

meaning of their sense of place in a world of qì. The narratives suggest that knowing qì is intensely personal, that one can discover qì anywhere and any time provided, there resides a desire to go in search of qì. These examples given reflect the idea that ones approach to qì is essentially an inward journey but also demonstrates how qì moves through them.

Leaving home may be important for some practitioners, but the deeper meaning is that one leaves another self only to discover what was already present, albeit in a latent state. While the clinic room may be a stable marker for where qì work is meant to happen, practitioner's reflections of their coming to qì appends additional layers of complexity to the idea of being a practitioner of qì. Their memories of qì are a critical dimension of being in practice and contain an intrinsic value, which becomes potentiated in the story telling. These accounts and moments of recollection give structure to their inward journey that endows it with meaning and becomes part of their ever-deepening knowledge of self as qì, and of the self with qì.

Though practitioners' coming to qì may be described as having been inwardly transported to a new consciousness, it is also not separated from the other, which returns our attention to earlier ideas of what consciousness can mean.<sup>176</sup> Coming to qì is a personal experience but the occasion also happens in a social context which can be shared with others. Qì might be a phenomenon of the natural world and as practitioners recounted, must be personally experienced to understand how qì moves in the world and through us. However, making the experience available and known to others is not 'natural'. We are left with language, as it were, as a principal means of telling the other what qì is like. The inward journey is made public and shared with others and the acupuncture encounter becomes an occasion for qì to move through us. Knowledge of

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<sup>176</sup> Consciousness derives from the Latin verb 'conscire', literally meaning, 'to share knowledge with others' and not necessarily an experience or knowledge of the world and self that is a totally private.

qì is personal, it can also occur in relationship allowing people to share in the experience of what it means to be with qì. It also means that as one establishes a personal relationship with qì, it suggests that one can become healed as they work with qì. Qì then is present to the individual and between individuals.

The stories reveal how people embody different dimensions of existence through performance. These accounts also reveal how practitioners creatively make meaning, attempt to order their experience and construct stories that provide a coherence for self. The stories show how qì moves through people as they inhabit culture. In their telling, practitioners find a self that becomes energised. While qì can serve as a symbolic marker for personal growth and knowledge of the world, the experience of qì in the clinical setting becomes a site where practitioners dramatise visions of self, which adds to their sense of identity they carry in everyday life. They also dramatise visions of how qì can move through people as they go about attempting to understand the other.

## Chapter 8: Cultivating qì, cultivating self

*Contemplating and cultivating qì is never a monologue<sup>177</sup>*

This chapter continues the idea of coming to qì, but in a different way. Experiencing the call to qì also means one continues on a path of qì, suggesting the idea that there is more to be discovered along the way. The act of being on the way speaks of cultivating qì, meaning one also comes to new realisations of self. Intimately connected to being a practitioner resides an imperative: that as part of everyday life one explores and experiences qì by cultivating qì.

Probably the most important consideration that practitioners identified as central to being a good diagnostician was the notion of how one gives of their time to a simple idea: personally cultivating qì. Associated with particular techniques for cultivating qì was that activities of this kind would not only enhance ones health, it would also be enlightening, and in doing so one would become a good practitioner. Just as acupuncture treatment transports and transforms qì, a personal cultivation of qì would also do likewise for the adherent. In this instance, cultivating qì means that one is on a path of attaining wisdom, zhì 智, and one would be able to take ones place gratefully in the cosmos and in history. Such a person becomes ennobled and also an astute observer of the human condition.

From a Chinese medical perspective, particularly the ideas encountered in the Nèi Jīng and other texts of the tradition this meant that one prepared themselves to

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<sup>177</sup> As said by one of the participants.

become what is commonly understood as *míng lǎo*, someone embodying a transpiercing vision or *shén míng*.<sup>178</sup> Having ordered their *qì* a practitioner becomes ideally placed to move beyond straightforward and technical diagnostic approaches. Knowledge of *qì* allowed for a different kind of perception, a kind of enlightenment that comes after mental concentration, enabling the practitioner to know what to ignore whilst keeping the mind clear. Being an astute observer of the human condition, practitioners quite simply could get to the heart of the matter. In Chinese medical terms, this means the practitioner has skilfully apprehended the coming and going of *qì* and knows precisely what to say or do next.<sup>179</sup>

Engaging in *qì* cultivating activities allows one to arrive to *qì*; however, one cannot achieve deep knowledge of *qì* unless one experiences *qì*. To many people this kind of thinking suggests one is doomed to fail from the very start: how can one who is used to thinking in a linear manner enter a circular way of thinking? The answer is a simple one. One can enter at any place and at any time, because ‘beginning’ and ‘end’ are phases of the same movement and event.

If ‘beginning’ and ‘end’ are phases of the same movement and event how then does one speak of the relationship between thinking,<sup>180</sup> understood as an intellectual

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<sup>178</sup> A passage in the *Sú Wèn* contextualises these themes of cultivating *qì* by relating the practice to understanding ones place within the cosmos. ‘Man is born on earth, but his destiny depends on heaven. Heaven and Earth blend their *chi* (and the result) is called man. If man is able to remain responsive to the four seasons, heaven and earth are father and mother to him, as when he who shoulders the burden of dominion over the myriad things is called the Son of Heaven.... He who can visualise the metamorphoses of the winds of the eight directions, and the changes in ascendancies of the Five Phases as they overcome each other, who can master the regularities underlying depletions and repletions, goes in and out alone [i.e., has no peer among mortals, and will survive as an immortal]. No matter how faint the moan [of the patient], nor how subtle the symptom, nothing escapes his eye’. The statement also suggests ‘the aim is to persuade readers that self-cultivation and self-discipline are the foundation of sound governance, no less than of good therapy’. The breaths change and move, within the body and body politic, permitting humanity the opportunity to remain conscious to cosmic forces’. (Sivin 1987:58)

<sup>179</sup> Chiu (1986) describes *shén míng* 神明 as mystical intuition: the ability to know, experience and see what others do not. *Shén míng* are, ‘... manifested in the individual by a special brightness that transfigures him or her, manifested by the optimal functioning of all the other organs which by virtue of the close relationship of the *shen* with the heart, are fuelled by the heart’. (Larre, Schatz and de la Vallée 1986:165)

<sup>180</sup> In Chinese medicine, thinking and reflecting is associated with the spleen’s activity in the body and ‘overworking ones thinking processes’ understood as ‘thinking too much’, damages the earth quality within. Symptoms such as craving the sweet flavour of food, feeling tired, having a poor appetite, muscular weakness and not uncommonly weight gain are typically associated with ‘weak earth *qì*’. One problem is that Westerners ‘reflect too much’ in contrast to other kinds of mental and bodily activities. The idea of excessiveness is spoken about in

activity and the attainment of knowledge. This nexus is a central theme in Chinese medicine and philosophy and is always linked to the activity of the heart, xīn, a place special to where ones spirit or shén 神 is said to reside. At the same time, aspects of the heart or fire phase of the wǔ xíng can demonstrate a presence in any other part of the body.

But the heart, shén and wǔ xíng can also be taken as another form of qì (Sivin 1987). Such a way of thinking confounds and is at the same time critical of the view that concepts must be defined accurately with little or no ambiguity or contradiction. Circular ways of thinking means that by talking about one thing also means that one has to talk about everything. Using different words, appending different qualities and giving different locations to qì reveals that qì is multifaceted, always changing and moving. Qì has a name but can also be characterised in many different ways. It is up to the individual to recognise how qì transforms in nature and in the body (Chiu 1984).<sup>181</sup> Thus, when one performs a task as with Chuang Tzu's master woodcarver, is engaged in a learning relationship or doing qì exercises, ones being must be fully immersed in the activity. Qì is the theme which connects. Qì may be spoken about in different ways, but always returns our attention to unity.<sup>182</sup>

We can also turn this idea around and look at it in a different way. Since qì is omnipresent, qì can gather in certain places meaning its presence is vigorous, forceful

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relation to other kinds of bodily activities. Interestingly, in Australia (and the West) one behavioural and attitudinal response is to work out at the gym, engage in a range of aerobic type exercises or go on fat busting diets: precisely the kind of activity that depletes our spleen qì. It is no accident that the Chinese think about 'fitness' in ways that seem strange to us and to the Chinese we Westerners get fit by consuming our yang energies (Maciocia 1994). This does not mean that the Chinese do not suffer from weak earth qì.

<sup>181</sup> Learning Chinese medicine in institutions that demand one learns by using the intellect is a challenge, for it seems to violate Chinese medical ways of thinking. In my experience in the field of acupuncture education, many students withdrew from their acupuncture studies not because they were incapable of learning Chinese medicine but because institutional imperatives functioned as an impediment to learning Chinese medicine. On the other hand, students also withdrew because Chinese medical concepts and its philosophical underpinnings challenged their view of the world. To provide a balance, for instance, it is not uncommon to begin classroom sessions by doing a set of qì gōng activities and followed up during a break. Such an activity would balance the 'excessive' mental activity that is part of attending a lecture.

<sup>182</sup> For instance the Chinese saying, 心之官則思 思則得之 不思則不得也 xīn zhī guān zé sī, sī zé dé zhī, bù sī zé bù dé yě means, 'the role of the heart is thinking. It is by thinking that one can attain knowledge. And one cannot attain knowledge without thinking'. (Gong 1994:35)

and precious. If one knows qì, then knowing where to go and remain becomes another step in the right direction to self-cultivation. This notion is often represented in Chinese art where we see an individual, if we look hard enough, sitting in the expanses of a natural setting. Simply put, a lesson derived is that one knows how to cultivate qì by going to the right place. Knowing a landscape is as important as having the right mind when one attempts to cultivate qì. But it can happen anywhere if one is attentive to qì. The practitioner who went to Bali and felt the presence of qì in the landscape provides us with a modern day example.

If we know how to find qì in natural open spaces, we can also recreate open spaces in a building,<sup>183</sup> a house or a room, meaning the clinic room, which now takes us into a popular appropriation of fēng shuǐ 風水 or wind water as it is transliterated. In addition to taking stock of commercial and marketing factors to find the best location to establish a practice, another critical factor is to ensure that the qì of the surrounding environment retains a correct and true movement, zhèng 正, also implying that ‘incorrect’ or perverse, yāo 邪 xié qì can be detrimental to practicing acupuncture. In other words, the location and indeed the way in which the entire setting is constructed will be harmonious. We could say that the clinical setting has a healing ambience.

All of this is grist to the acupuncturist’s mill. The central point to the above discussion is that cultivating qì is more than a technical proficiency in performing qì type exercises such as tài jí or qì gōng. By trying to increase and perfect ones self awareness by all sorts of methods and practices may, indeed, become counter-productive or as Chuang Tzu remarks, we forget our ‘solidarity with the uncarved block’, meaning the awesome and numinous nature of qì. Cultivating qì then is not about individualism. Rather, cultivation of qì gives priority to the whole person, not

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<sup>183</sup> For instance, it is said that in designing Melbourne’s casino fēng shuǐ principles were applied from the point of view of attracting ‘money qì’. The social, political and ethical implications of applying fēng shuǐ are obvious.

the idea of ego. To give priority to the person means respecting the unique value of the other, as well as one's own. Focusing exclusively on the individual self to the exclusion of others introduces a kind of deceit and in the end proves itself to be fraudulent.

My introduction to the cultivation of qì began by learning tàì jí, some four years before I entered acupuncture studies. I did not know about qì, yīnyáng, shén or the Dao.<sup>184</sup> The slow flowing movements of tàì jí had an appeal I could not put to words. It just looked good to me, albeit a little strange, and at the same time I also thought, somewhat arrogantly, what is so hard about doing an 'exercise' that is done so slowly. When I first watched a couple sparring, what impressed me was the power these two people could generate as they moved. I was confused and intrigued by a 'strange' form of martial art. But learning tàì jí was not easy to do. In learning tàì jí, I often carried out an internal dialogue trying to convince myself of what I recalled and needed to do. Somehow, the tàì jí instructor could see my 'disordered qì' and let me know about it. With a gentle tap on the body, I was reminded of what not to do. Not unlike practitioner's recollections of coming to qì, things 'fell into place' for me at times that I least expected.

But what did practitioners say about cultivating qì? In much the same way practitioners spoke of their preparation and attentiveness to qì. The idea of preparing oneself was construed as a meeting of the mind and body, so that as one practitioner described, he became enabled 'to receive its [qì] harmonies'. Like many other practitioners this 45-year old acupuncturist cultivates his qì by doing Indian yoga, which does seem strange since it is not from the Chinese tradition. He offered an eclectic view of what cultivation of qì means, which included tàì jí, meditation and even following specific dietary regimes. His preparation firstly allows him to sense qì

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<sup>184</sup> See Frank (2000)

in himself, a pre-requisite for recognising qì in the other. Put another way, he becomes better able to listen and be attentive when taking a client's medical history:

And that [doing qì gong, yoga etc] actually enhances my sensitivity in being able to perceive the qì because of a direct experience on yourself and then you can sense it in other people. So that has a really big place to play because I see a person is not just a physical being but we are actually multi-dimensional and one of the aspects of our being is an energy being. So it is a matter of being able to relate to that and sense it within myself and also within the other person.

Though he engages in a range of qì cultivating activities throughout the day, morning time is especially important and related to his understanding of Chinese medical ideas:

... waking up early in the morning produces a deep sense of calm in the mind and that is when the yang is very strong. So, if you do your meditation during that time you will find that your energy will be stronger during the day.

The view offered by this practitioner is a common one and relates to diurnal qì rhythms. The morning, usually around sunrise, is a favourable time in which one begins to inhale and circulate a relatively young and 'new yáng' energy, especially related to the bodies respiratory activities, energising ones sensitivities and enabling one to better feel qì when engaged in various palpation techniques of which pulse taking is considered especially important. For this practitioner, the importance of regularly doing qì cultivation techniques goes further than honing his ability to feel qì at his fingertips when taking the pulse, because practicing qì cultivating techniques holds a deeper meaning. It goes to the core of being a good practitioner and promoting healing: for the client and for the practitioner:

So once you learn to cultivate your natural vitality and you come in harmony with the natural vitality which can be translated as qì. Then that enhances every aspect of your life. So it just sort of permeates into whatever you are doing. So the thing about qì is that I believe it is universal and it permeates everything, and if you know how to tap into that then healing takes place automatically. .... It is just a matter of understanding it and incorporating it with awareness. So the key factor here is awareness. Developing your awareness and your understanding. And in that sense that makes me feel that I can give a better service to people ... In a sense that if you are healing from your innate intelligence then healing happens spontaneously for the patient and I get healed too.

While affirming the idea that the morning is a special time for collecting and practicing qì, it can be done at other times and in other ways. Practitioners have many options available to them. This practitioner provides a shift in emphasis but one that is still consistent with the idea of getting in touch with qì. Whether the practice is a form of meditation, tàì jí, qì gōng or some other practice, the key issue for him is discovering fluidity, a term so often used to describe how qì is meant to move. In addition to doing these exercises, but more importantly for him, the sense and meaning of being fluid is situated in a social context. His early life experiences of growing up alongside an oriental family (for almost twenty years), introduced him 'to oriental ways of thinking, feeling and living with others'. These twenty years meant that I:

... learnt the idea of fostering cooperation and developing fluidity with others. This is cultivation: a way of understanding the role around you and the way of being in this world as well. I have had a lot of influences in my life that have actually provided me with this way of thinking. And fortunately or unfortunately, they have become part of me and when these influences happen very early in your life they become part of one's foundation, one's actual construct.

In other words, one can discover and cultivate qì by being with and sharing one's life with others, supporting the idea that qì can be found and experienced not only anywhere and at anytime but with anyone.

There were other lessons learnt. Living with this family revealed for him a deeper meaning of cultivating qì, one that strikes at the core of his being, why he continues to work as an acupuncturist and the purpose of Chinese medicine. He says:

Probably the biggest thing that I learnt growing up alongside my Oriental family is this thing isolation and cultivating your own life. And one thing that I have come to understand is that we are born alone and we die alone. Working in the suburb that I work in, this isolation thing is very topical as a conversation piece with clients. That is the hardest thing for people to understand, I reckon, in this area. That is the hardest thing to understand. People don't understand this thing isolation. They don't understand.

Cultivating qì brings you to the realisation of the finitude of life and the importance of confronting our mortality: 'you can intellectualise the fact that everyone is going to die and that is okay, but what Oriental<sup>185</sup> medicine affords you is an insight into, as a practitioner, who you are. Your own intuitive nature as well as inside into other people's intrinsic nature'. The idea of cultivating qì is now related to how to live life.

If one can cultivate qì by doing breathing techniques, meditating or practicing qì gōng, a thirty-seven year old practitioner noted, 'I think there needs to be a mindfulness about qì. I think you can probably cultivate qì by playing golf provided there was some mindfulness there'. He went on saying:

You know whether you are waving your arms in rhythmic fashion – and pretending to be birds and animals and stuff – whether that is important or not I'm not so sure. Doing tai ji and qì gong and imagining light entering your body and all that sort of thing – is it critical to do?

I have a sneaking suspicion that if you sit in a chair and close your eyes, breathe and allow your mind to empty itself however you choose to do that – or focus your mind on one object for any length of time to the point where you – basically become one with the object and you lose the thing of I am looking at something – I think the more often that you practice that you are cultivating qì anyway. You can do this by playing golf also.

His idea that cultivating qì need not necessarily be a technique that emanates from China is a critical one, meaning one mimics the movements of birds or animals. To

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<sup>185</sup> This practitioner chose to use 'oriental' instead of Chinese medicine, because of his prior experiences.

him ‘going through the motions’ whether by playing golf or ‘emptying ones mind’ is also a way of getting in touch with qì, which to him means one makes qì move in the right direction: ‘if qì is empty it will fill up – if qì is blocked it will free up – that sort of thing’.<sup>186</sup>

The practitioner invokes a Western sporting activity such as golf to describe what qì is like. Indeed, the activity of playing golf suggests that one’s actions resemble the movements of qì. Playing a round of golf, perhaps riding a horse, preparing food or carving a bell stand out of a block of wood seems to imply that one becomes qì by being mindful while engaging in quite likely any kind of activity. Returning to the golfing analogy, this practitioner put the view saying that *before* the ball was struck, he ‘knew’ whether it would be a good or bad shot. He mused, who or what is the golf club? The experience of playing golf reflects unity. In all of this, it could be said that the presence of mind is in the swing.<sup>187</sup>

This practitioner did not discover stillness or mindfulness by playing golf. He recognised his stillness by running a busy practice, moving around quickly as he worked with others:

But look – I tell you.... A while ago I had a practice that was very busy and I was always running with multiple rooms – it was like I arrived at work – as soon as that first patient went through the door I switched on – it was like okay I have got a mountain of work to get through today – bang – and it is almost like a rush of energy – hello the lights are on the eyes wake up – the eyelids come up – bang I am into it – and on those days.... I found that you are summing people up very quickly, you are not spending an hour or half an hour or something trying to get to the bottom – you are just going with what you see there and then and you place the needles accordingly –

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<sup>186</sup> The practitioner is referring to the notion of xū 虚 and shí 實: to empty what is full and fill what is empty.

<sup>187</sup> Not long ago an elite footballer presented for treatment for a recent injury to his ankle. He was looking at three to four weeks’ absence from playing again, a long time in a season that lasts about twenty-two weeks. During one of the sessions, he articulated a similar mindset to the golfing metaphor used above. As part of his training regime he included tài jí and one reason for including tài jí was that he learnt how to maintain ‘balance’ and importantly ‘knew how to fall’ reducing the likelihood of sustaining more serious injury. Tài jí helped him to become a better footballer, which surprisingly for him improved his stamina. Other players, he said, thought it all a little strange, but then again elite footballers will do many things to keep playing at this level.

and I think that the pace and just the attitude provided for stronger treatments – more energetic type treatments.

To someone who practices more ‘traditional’ forms of qì cultivation the statement might seem strange. These practices tend to be linked to being still or at least doing things very slowly, suggesting a misplaced understanding of getting in touch with qì. Then again, when tàì jí is applied as a martial art, movements are extremely quick. This practitioner’s presentation of cultivating qì is especially revealing. It happened during practice and not as an activity performed before beginning a days work. Self-cultivation occurs precisely during the time spent working with the other. The second element is things do not have to happen slowly as in tàì jí or that one looks still or does not move as in many types of meditative practices. However, in moving quickly, he moved freely and fluidly, like qì, ‘unattached’ but nevertheless present to the moment:

What I am saying is that it goes back to being in the moment and cultivating energy – I think the situation demanded energy of me in the busier times and the button would just switch on and I would be alive – now in order to keep that kind of pace up – obviously requires some kind of cultivation of your own health. You need to focus – you need to take care of yourself – and if you don’t you crash and you burn and so I experience that too sometimes.... And I think that the pace didn’t allow me to become attached – didn’t allow me to fixate on any particular thing – didn’t allow my energy to stagnate – I think I am moving freely – I am flowing – I am running from one room to the next to the next, to the next. There is no time to be still but I am moving freely. Bizarre.

It is as if the individual self is lost in the ‘ritual’, a word he used to describe the therapeutic relationship, and one emerges as a higher self, whereby he learns how to take his place in a world of qì. His recollection reminds me of the Chinese concept of Li: the ability to make use of particular forms of activity to give a full expression of oneself in relation to others, allowing the individual to understand the way of heaven, enabling an individual to do things without going contrary to the laws of heaven (Larre 1994). My sense of his way of practicing and being in tune with qì made it possible for

him to act quickly, freely and creatively, in response to the demands of practice, energising and allowing him to be more proficient as a practitioner. His treatments became more 'energetic' as well as appearing energetic as he practised. The implication is that his needling went to the core of the client's qi pattern. While this practitioner did not necessarily wave his arms about mimicking birds or animals, he nevertheless was able to cultivate qi in the presence of the other. It does seem like a strange paradox.

Another practitioner likened the notion of cultivating qi to balance and the creation of movement after attaining a sense of balance. In describing what she meant she likened her idea to riding a bicycle, something she did on her way to and from clinic. She said, 'firstly you must find your balance on the bike and once balance is attained movement can begin', and you can ride as slowly or as quickly as you like. It is like saying once you have learnt to ride a bicycle it is not hard to get back on a bicycle after a long absence. One just knows how to do it because the knowledge and experience of riding a bicycle become embodied. Her choice of metaphor struck me as a very simple way of making sense of two fundamental Chinese medical terms: balance and movement.

From a Chinese medical perspective, cultivation of self is not different to articulating a treatment principle. Qi naturally moves even if one is still. The purpose is to make qi move and go in the right direction. Moving in the right direction means that qi is balanced. On the other hand, obstruction of qi can occur because there is not enough energy to create balance and consequently qi moves in an aberrant manner. Feeling 'stuck', describing symptoms that denote obstruction can mean that one has lost or forgotten how to maintain balance. Feeling stuck, obstructed, stagnant can emerge from not having enough qi or using up ones qi leading to an emptiness which

causes obstruction. Thus, the Chinese medical axioms: pain is the result of lack of movement of qì or pain can be the result of 'emptiness' because qì is not promoting movement. The treatment principle is to engender balance so that correct movement occurs. These axioms then become a metaphor for cultivating life.

Chuang Tzu puts it another way that to me represents a simple description of cultivating the self. In the story 'When the shoe fits', Chuang Tzu said:

Ch'ui the draftsman could draw more perfect circles freehand than with a compass.... His mind was perfectly simple and he knew no obstacle. So, when the shoe fits the foot is forgotten, when the belt fits the belly is forgotten, when the heart is right 'for' and 'against' are forgotten.... Easy is right. Begin right and you are easy. Continue easy and you are right. The right way to go easy, is to forget the right way and forget that the going is easy. (Merton 1992:166-167)

His story also reminds me of Sartre's (1956) notion of the body 'passed over in silence' (*passé sous silence*), because we do not ordinarily notice the body when things are going right, when we read, walk or drive a car. Van Manen (1998) refers to this state of being as a kind of 'unaware awareness'. Doing things in balance, where everything seems to fit and work together allows the individual 'space and time' to become aware of other aspects of being in the world. When illness comes, we become completely aware of the body because qì is not in the right place and the world just does not seem right to us.

The central point is that the ideas related to cultivating self as qì, are equally applicable to and cannot be separated from 'cultivating' qì in another. Cultivating qì makes the individual aware of self, but also in ways that helps one forget about the self and in the process of working with others, also helps the practitioner not only observe qì in the other, but also provides a critical basis for constructing a treatment principle.

Pointing to his upper body, this fifty-year old practitioner performs rituals at the beginning and end of his working day. These rituals are linked to his concept of the good practitioner. Calling on his understanding of a passage from the *Nèi Jīng* that speaks about the qualities of the ‘superior practitioner’, he aspires to a time when he will use only one needle or no needles, a goal also voiced by many other practitioners:

I can say that is my intended outcome. ... that is where I would like to get to and I endeavour to do that every single time I encounter someone knowing full well that each time I encounter someone there will always be something new, something unique about their particular manifestation of qì.

What are his rituals? At the beginning of the day, every morning:

... I sit and meditate, but I don't meditate in the normal empty and like variety, or I don't rub a mantra around or anything. What I do is I actually have, it's almost like I have a programme running which I then talk to the unconscious part of my mind which is not on a conscious level and I say okay let's run the day through how we would like it to be.

He performs this ritual before he sees the next client, and ‘by the time I have walked someone out to reception I have already cleaned the slate – up goes an empty one so I walk in and allow them to overlay their template on me – and that interprets me then. I go in clean and at the end of the day I perform another ritual’.

At the end of his working day, he then spends about ten or so minutes ‘tracking through the whole day and I run it like a movie. Exactly the way it was. Making just a mental note, bit like an editing process as you go through that part I would like to change’. If for instance in his replay of the day he notes, ‘... woops I didn't actually treat that person with the respect they deserved, or I don't think I needed that person appropriately, whatever...’ he reconstructs the day by inserting the changes deemed necessary. In reconstructing his working life, this practitioner re-creates his past and

makes it present so that for him this kind of self-examination becomes a way of cultivating himself, 'a way of cleaning my part in the process' preparing himself for future client contacts.

Perhaps from a traditional Chinese perspective the foregoing description seems like an unusual way of cultivating qì. His approach could be likened to a 'self-diagnosis' whereby he looks in on himself but in relationship with the other. In the process, he creates and re-creates himself, allowing for changing visions of self.

All of these accounts give attention to the ways in which practitioners get in touch with the self and how finding self allows them to realise qì. At a superficial level, what seems clear is how they go about their activities although they all seem to do things in ways that are specific to their nature. What is common is the desire to know self. As they go about preparing themselves in their own peculiar ways, their sensitivity to and awareness of qì in the other is also enriched. Implicitly, these approaches are also used as a way of distinguishing themselves from others who minimise or do not engage in an inward journey of self-cultivation and reflection meaning they will hear, see and feel what others would miss.

Practitioners do recognise and affirm the importance of performing traditional qì exercises which typically include breathing techniques, postures, slow moving exercise or meditation. However, these kinds of exercises are not the only way. They describe and construe the idea of self-cultivation in ways that seem different to the diverse range of traditional techniques elaborated on in the literature.

At the same time, the stories suggest that practitioners find value in spending time with themselves, by moving inwardly to discover things that exist inside and outside themselves. Sometimes, the amount of time spent is only a few minutes, which can occur on a number of occasions throughout the day. Some rise after dawn to

collect the first yang energies of the day, others make time between patients, but they are all perceived as accomplishments and knowledge of qì is enriched. Critically they too are enriched and restored as persons. The implicit suggestion is that qì is available to anyone at any time and one can use qì to heal the other and one can use qì to heal the self.

Practitioners discover the best part of themselves by 'leaving' as it were their everyday self to discover other co-existing worlds, implying that everyday life can get in the way of knowing self and the other. However, if on their return to everyday life the lessons in qì are learnt and become applied in relationship, the implication is that world can become a better place.

The accounts practitioners offer make cultivation of self appealing. As they leave the everyday to venture into inward spaces, their experience allows them to know how the interior and exterior are related. The accounts are celebratory and by going away inside themselves the practitioners get in touch with qì and discover worlds of qì in the self. This discovery offers practitioners opportunities to understand what it means to belong to the world.

In cultivating qì, one discovers a renewed sense, enabling one to learn how to be present to the other and in turn intensifying their ability to apprehend qì in the other. As acupuncturists, they gain deeper insight into how to make qì move in the right direction and ultimately how to be.

## Chapter 9: Escaping to self and the mystery of transcendence

*Every day, ... I consider that the work I do is all a mystery to me. I will tell you now. Even after more than fifteen years of treating clients, I have treated significant numbers of people now, half the stuff I don't understand what I am doing. I don't know what I am doing, but I am going in there with, that there is a power beyond me, beyond the sickness, and if you just trust in that power, results happen.<sup>188</sup>*

Way back in the early 1920's, George Mallory the first serious contender to try and reach the summit of Mount Everest was asked why he risked his life, energy, money and time to climb the world's highest peak. In a seemingly brush-off response the answer was 'because it's there'. This simple, effortless response has become immortalised and used by many people to explain why they do what they do: whether to engage in extreme sports, achieve a personal best in jogging or swimming or trekking through the bush. Perhaps we don't really know what drives us to get to the top of mountains, run further or faster. However, in fleshing out meanings attached to the 'because it's there' response, perhaps one way of understanding what compels mountaineers, runners or swimmers is not to suggest there resides a daredevil risk taking gene but rather in terms of the 'isms': romanticism, spiritualism or athleticism.

The responses are varied. Perhaps, it does have to do with testing ones mettle, to experience the adrenalin rush. Being 700 feet up on a rock face, climbers have put the view they are forced to look into themselves and ask questions about who they are or what they believe in.<sup>189</sup> The adrenalin rush may be part of the experience but they also think of the infinite, the divine and death. Certainly being engaged in such

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<sup>188</sup> As said by one of the participants.

<sup>189</sup> The Australian mountaineer, Lincoln Hall, who nearly died on Mount Everest, wrote, 'If you want to feel insignificant, go and climb Everest. For me it is a spiritual journey, it makes me feel part of the greater whole.' (Siewert 2007:18)

situations does provide for excitement, purpose, perspective and joy, perhaps offering the individual an opportunity to experience those momentary glimpses of the mysterious things of life.

Why did I begin by invoking a mountaineering analogy? In much the same way as mountains 'are there', qì is also 'there' to be experienced as a journey of departing and returning into those aspects of life that offer deep meaning on what it means to be alive, indeed even about death. As an alpinist might begin her journey from a base camp, regardless of where the journey begins, it is as if one ends up in the same 'place' as others do. Not unlike the practitioners desire to cultivate qì, the route to qì is personal, yet its meaning can be shared. The experience requires that one prepare oneself, take risks and learn from 'being there'. There are different ways of beginning a journey and as practitioners identified, no one way is taken as better than any other. In the end, the journey to qì also speaks strongly of knowing self as one steps outside into nature suggesting that knowledge of self and the world brings us home, to a place which we all deeply recognise (Reaney 1994).

Though acupuncture is not an extreme sport or activity, acupuncture does contain risks but not quite in the same way as attempting to climb a vertical rock face. One of the risks for practitioners, for instance, is the potential for cross infection which has increased in recent times. There are other risks too, such as the potential to harm by needling too deeply, as a business enterprise, or perhaps discovering that being a practitioner is just too hard especially when ones working life is spent with sick people.

Acupuncturists do not literally leave their home and travel to foreign places to climb mountains or attempt some other form of intense activity where the probability of dying is never far away. However, in establishing a therapeutic relationship,

practitioners work and situate themselves in settings whereby they engage with a force that is simultaneously life giving, affirming, and heteropathic or pathogenic. Compared to a mountain, qì does not retain a physical appearance and cannot be weighed and measured, yet practitioners will speak of qì as having a location, or attribute different qualities to its movement and location on the body landscape. Importantly, climbing a mountain or being present to qì can transport an individual whereby they become transformed experiencing moments of personal insight. As one practitioner put it, ‘Look acupuncture for me is simple. As I heal the client, I heal myself’, ‘From where I’m coming from, it’s as if my qì is on temporary loan from the universe’, and when ‘I die my qì returns and becomes re-distributed... it sure gives me a sense of clarity and connection to a greater presence’. If mountains present individuals with opportunities to understand the self by traversing a natural landscape, the body as qì offers practitioners a different kind of natural landscape to explore bringing them nearer to qì. One 38 year-old female practitioner put her experiences of qì as, ‘You can’t force it, it depends, it depends ... qì lets you go where it has to go’.

This section gives emphasis to the stories that practitioners told about their clinical experience with respect to what might be called an ‘escape to self’ whereby the one ‘leaves’, to discover another self. Bound by the experience of being in the flow with qì, they experienced moments of being transported and transformed, enhancing their connection with the world and the other. As practitioners characterised ‘what is there’ and what happens to them, they describe the idea whereby they shed a part of themselves as they discovered qì. On occasion, practitioners seemed to live differently, albeit for a little while. In their practice, the participants seemed to ‘flee’ their non-working lives of home and family. The clinical setting provided them with an

opportunity to seek out and discover ways of getting closer to qì that served some basic primary mode of being. This male practitioner noted:

It's strange you know, sometimes I feel like not going to clinic, yet when I get there and get ready I get a kind of second wind. I could work for hours. I don't get hyper or tired. I get invigorated and could go on for hours. Everything seems so easy.

The clinic becomes a place where one discovers excitement and freedom and the encounters provide moments of a deep connection to qì in what appears to be a mundane setting. Those instances in either the clinic room or when practitioners performed qì type exercises become moments of self-transcendent experiences where they 'lose' themselves, discovering a new sense of self awareness, by engaging with qì. Immersed in the engagement, practitioners described a kind of experiential flow not dissimilar to Csikszentmihalyi's (1982, 1993) view that people seemed to seek flow, primarily for the flow itself and not so much because of the rewards that might follow because of flow. However, this view is double edged, since being present to qì will bring the experience of flow. The idea of flow or being fluid during the encounter, a word commonly invoked by practitioners, tended to describe a merging of self in the presence of the other. Practitioners articulated the view that when needling, in conversation, or palpating the body, they sensed a merging of action and awareness as if the practitioner is aware of her actions but not of the awareness itself (Csikszentmihalyi 1993).

This female practitioner noted that:

... the best times in my life, the most comfortable moments, the most amazing moments in my life is when I am actually acupunctureing ... I don't know, I get into this zone. A clarity. And I know who I am...

Whereas this practitioner is offered a glimpse into ‘who I am’, another practitioner described flow as his loss of ‘self awareness’. Reflecting on his experience of supervising students in the clinical setting after he was asked to explain his acupuncture point selection he remarked:

... in the flow. And it just happens when I pick points. For example often observing students ask me to explain my thinking. Sometimes we talk, sometimes I will say – listen, hear this person – lets look at the tongue – lets not ask questions. Other times I will go in ask a few questions – tell a few jokes – put a few needles in and walk out. Why did you do that someone asks? I will say I have no idea – let me think about it. Or it is very obvious – most of the time the points choose themselves.

Similarly, another practitioner said, ‘when things move smoothly, I feel as if everything takes no time but also feels like much time has passed. When this happens all I can say is that I had no method in doing things’. On many occasions, for this practitioner, her sense of flow is deeply related to being present to the situation whereby she is better able to get a sense of what needs to be done as if she had not been thinking at all. For this practitioner, the action of needling comes *before* a diagnosis is articulated. The diagnostic assessment, understood as the ‘cause and condition’, is located and discovered in the needling protocol. In that space of creativity emerges a sense of self, experienced only for a moment that allows the practitioner to integrate their experience of qi as spontaneous, almost mysterious.

Though going and being with flow can occur when as practitioners we engage with patients or through needling, one practitioner remarked that he senses flow by doing ordinary things such as preparing for needling, likening it to a ritual, transporting him into another state of being. He goes on saying:

As I prepare the bench, wash my hands or begin sorting out my needles what it does allow me is to take in a whole bunch of thoughts. It’s as if I have the space within me at the time that I do not have at other times in my

life. Things just come together. Sometimes I can see myself washing my hands. Weird stuff.

In reflecting on his acupuncture practice, this 44-year-old practitioner remarked:

For me acupuncture is not just about going from one client to another. It's about getting from one way of thinking to another way of being. I leave everything behind. It is just me. I leave everything else behind and I see things differently. I don't purposefully do it. It just kind of happens. So when I palpate the channels or take the pulse I kind of see the qì, stuck here, not moving up, a little empty. And all this happens like in a moment.

There are times in the clinic room, another practitioner stated, 'that for a split second, no-one else is in the room. I can see qì. Qì appears to me and I can sense where it is going. It doesn't happen always, but happens often enough for me not to forget it.'

Practitioners described this 'zone' of being in flow, as an experience of solitude, reflecting the desires of many who look to qì seeking some kind of primary and natural relationship with qì. The experience of solitude, strange as it may seem, when practitioners are meant to be engaging with another also seemed to address and prepare practitioners to become open to more fundamental human concerns: how qì speaks of our finitude. Indeed the sense of leading a solitary life, interpreted in a positive way, is so powerful that one practitioner remarked that his sense of being alone as critical to understanding not only how acupuncture should be practiced but as a marker of one's existential presence in the world. He said:

... and that is my personal desire. I try to, I approach it in the same way and TCM helps along with my personal relationships. And an even bigger branch still is the fact that I like to keep to my own nature. What I perceive to be my own nature. But I also know that life is limited. Our qì is limited, though it is limitless. And, if you experience mortality, ... it is the nature of the thing and it is OK, it is the way it is supposed to be. And therefore, you try to conduct your way through life in reflection of this all the time. I don't get upset by this, but there is not one day that I do not think about it.

This practitioner's account reminds me of Sun Si Miao's view that our three treasures: jīng, qì, shén confer a kind of virtue shaping our knowledge of the existential obligation of being human: we are as he said 'candles in the wind' and our responsibility is to understand that we are finite beings, to understand how candles blow in the wind. His accounts return me to my meeting with Loretta and the impact of her sudden death, and to the words of Rainer Maria-Rilke's poetry when he wrote on living the solitary life. Though writing in a different context, his impressions read like a commentary on Chinese medical ideas, in particular what we practitioners understand as the yīn water phase in the wǔ xíng. Understood as the organ system that stores a vital essence derived from pre and post heavenly energies, the kidney, zhēn 真 is said to infuse the individual with potential motive force for all qì in the body. In addition to those aspects of kidney function said to be related to physical concerns, the kidneys are also intimately related to a sense of will, purpose or determination, gathering the shén spirits so that wisdom, the virtue of the kidney, is preserved and cultivated. Cultivating wisdom, a resource of the kidney, which is another way of naming qì, conveys and reminds the individual to stay 'in touch' with a primal human emotion: the fear of death and dying (Becker 1974 Jarrett 1992, 1998).<sup>190</sup>

One way of understanding the kidney or water arrangement of the wǔ xíng is to suggest that the kidney of ones qì somehow retains those characteristic energies that

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<sup>190</sup> In the Běn Shén chapter of the Líng Shū, Qì Bō, the ever astute physician and listener responds to the emperor Huáng Dì by going, as it were, to the heart of the question of what it means to be finite beings. Qì Bō suggests that to understand any clinical presentation practitioners must recognise and acknowledge that human experience is always located within the condition of life in the universe - 'Heaven within me is virtue, earth within me is the breaths, virtue flows down, the breaths spread out and there is life' (Larre and de la Vallée 1991:27). That means practitioners must understand qì whether the context of discourse is about atmospheric influences, the spirit and body or movements of the mind. Any deviation from what may be called the movement of life will lead to the burdens of being human. There is of course a delicious irony. We cannot know our virtue (dé) or destiny, shén, essence or qì unless we experience and have knowledge of the burden of being mortal beings. In other words, it is our lot to experience loss of essence, the agitation of hún or worry and apprehension. Practitioners are at once confronted with knowledge of participation in the infinite spaces of the heart pointing the way to being in and with life. The most fundamental question, which arises, is the notion of being which, at the same time, immediately raises the question of what it means when one feels they are lost and not oneself. Some writers call this non-being. However, as Larre suggests, the problem is not to be seen as 'am I or am I not'. Rather, it is to be seen, as 'He who is in life, has to be in life because he is speaking. To be or not to be is not the question! There is no question!' (Larre and de la Vallée 1991:29).

provide wisdom to apprehend the notion of finitude, ones sense of singularity and connection to the whole. As one practitioner put it, ‘... it’s as if my practicing acupuncture allows me to know in a kind of flash, a universe of qì as I sense qì in a client. And it happens often enough to remind me what knowing qì is all about’. In the instant qì is sensed, an entire universe is grasped and at the same time the practitioner added, as did many others, ‘but I don’t know, it all seems real and unreal’, suggesting they seem to be grasping a tiny glimpse of a whole that is available to know and is liberating at the same time. One practitioner remarked that when she felt present to qì, her lost nature would return, bringing her back to herself. Being in the flow with qì offered practitioners unique opportunities to ‘leave and get lost’, providing them with a transcendence and freedom as qì transporting them ‘above’ the human condition, whereby they begin to apprehend how body and spirit speaks of the wǔ xíng notion of heaven and earth.<sup>191</sup> It could be argued that such moments are not peak experiences or mystical visions, but without them, practitioners noted that as clinicians they would not be able to be a ‘good’ practitioner (Maslow (1964, 1968). To invoke a Zen phrase, these experiences seemed to convey practitioners to a state of being signifying that we are all ‘bound by our own rope’.<sup>192</sup> If, as practitioners constantly noted, that qì, also understood as the cosmos, is self creating, self maintaining and self defining, qì then is a given, located everywhere, informing individuals on how to be. Thus the observation and experience of symptom patterns can be taken as markers, pointing to the potential for transformation, in the self and the other.

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<sup>191</sup> Two particular acupuncture points on the kidney channel seem to offer an insight to its function of a getting of wisdom. Kidney 8, jiāoxìn 交信 sometimes translated as ‘intersection reach’, but the ideograph also retains the meaning that one can be faithful and honest with one’s words because one has deeply understood the role of kidney qì. Kidney 4, dà zhōng 大鐘, translated as ‘big bell/goblet’ was described to me as implying a clear link to the spirits above. Dà zhōng can also mean, ‘ring bell, wake up shén’. O’Connor and Bensky (1983) render Kidney 8, jiāoxìn as ‘communicate belief’.

<sup>192</sup> What seems to me to be a critical phenomenon of Chinese medicine, from a deconstructive perspective is Chinese medicine’s dual function: being onto-theological. Chinese medicine offers what needs to be deconstructed and is also deconstructive providing an example of how to deconstruct. In simple terms, Chinese medicine can deconstruct ‘itself’.

If practicing acupuncture allows practitioners and their patients to escape the self and recognise 'their nature, their own individual essence', practitioners were also aware and sensitised to the idea that qì seems to have a mind of its own, alluding to the idea that one would be deluded if one articulated the view that qì can be fully 'known'. At times utterly mysterious to them, practitioners were nevertheless trustful of the healing power of qì, meaning that qì has a tendency to find the right way. A 38 year-old practitioner begins:

... one thing I have learnt from practice is and I can talk all day about this is never say never. Because when it comes to matters of qì and health there are processes there at work that most people are blind to and I will call them miracles.... Every day I work, I consider that the work I do is mysterious, even after more than 18 years of practice.... I don't know what I am doing, but I go in there ... that there is a power beyond me, beyond the sickness and if you just trust in that power, results happen. Do I like working with mystery? Put is this way, working with the mysterious or working in situations that I don't quite fully understand, um, doesn't really worry me... I don't understand what's going on, but I know something will tell me, a little voice will tell me - hang on - ... And a lot of the processes that bring about healing, is what fascinates me. We can say we did this with the needles and all that, but it is more. It is not only the needle. The again if you think too much about this stuff, you go round the bend.

This practitioner's description of an intense energy and feeling, as if he is being guided and helped in situations he does not fully comprehend, reveals the extent to which he becomes caught up in mysterious moments. He comes alive and finds himself in a kind of middle ground between uncertainty and the ability to know how to be guided along the way. It seems to become a space where choosing acupuncture points and manipulating qì with the needle becomes a creative activity. He describes a kind of transcendence of self where there is a merging of heightened awareness, a trust in an energy that will guide him are applied to meaningful experience.

Other practitioners spoke of the unpredictability of qì, meaning that practitioners can never be certain as to which symptoms would be rectified and in what

order. So often practitioners are asked questions such as the likelihood that acupuncture will save a client from the surgeon's knife; that acupuncture will help pass a gallstone or the success rate of acupuncture for sinusitis, hay fever or headaches. These questions are common and difficult to answer when compared to the level of 'certainty' expected with biomedical intervention. However, practitioners often spoke about occasions when the acupuncture effect seemed to go in directions they never expected, also noting there was nothing unusual or extraordinary about the acupuncture points selected. This practitioner recalls:

... every so often it's unpredictable. It can happen on the first visit or any other visit. I can think of an example when someone walked in – really bedraggled face, sunken eyes, worn out, really puffy eyes. I placed stomach 36 in - the qi ran down the leg and I gave it a small twirl, pulled the needle out, closed the hole and within seconds the face looked different. It literally looked full of blood and life in it. And I swear the puffiness in the eyes was gone – or less than – certainly significantly less than before - so it blew me away. It was enough to – well it was a wake up call – this stuff is powerful and it really needed only subtle intervention. Sometimes I think I work like a mechanic and I work in a situation of – almost blind faith to some degree – and it is like heavy plodding - every so often something magical happens and I assume maybe the qi – it just happens – it shocks me – I can't predict when I am going to have an experience like that.

On other occasions, the unpredictability is related to having selected the right point and regardless of what kind of manipulative needle technique the practitioner employs, it is as if the body recognises that qi is being 'instructed' to do what needs to be done. Even though a tentative diagnosis may have been correct for a presenting client, this practitioner still wonders what actually happens when the needle touches qi:

Often I get definite sensations of movement and know something is transforming right in front of you. You know a point must just be opened, must just be ready to be needled and it would not matter if you twirled it to the right or left, pushed it in further or raised it. My feeling is sometimes just the mere fact that you have hit the right spot on the right day at the right time and things happen. Why is a particular point right for a person on a particular day? Come back and ask me in 20 years time. I really don't know.'

It seems that for practitioners to experience qì, means that one can never be sure of what acupuncture will do: for the client or for the practitioner. Certainly, practitioners know they can effectively deal with musculo-skeletal aches and pains, the snotty noses or fevers. At the same time practitioners were acutely sensitive to the idea that acupuncture 'makes space for change' and the space discovered transports both practitioner and client into other worlds of being. 'At the end of the day,' this practitioner says, '... sure acupuncture is about fixing the body. But the emphasis has shifted now to what are we really doing here, where we belong in the world and be all that we can be'.

Whether one practices qì gōng, some other form of qì exercises or practicing acupuncture, the potential is for transcending conditions that hold a stable self in check and for providing opportunities where other dimensions of self emerge. Acupuncture practice is an experience of pleasure, intensity and awe but the experience is also ephemeral. Attempts to revive those special events are typically unsuccessful, because the dimension of self-conscious participation seems to impede deep awareness of qì. However, these experiences, some of which might be labelled as peak experiences, are important because they testify to the potential of experiencing the world in profound and dramatic ways. Clinical practice seems to provide many moments that mark the possibility for one to be with qì, seemingly absent in everyday life, indicating that acupuncture has as much to do with transformation and healing as it does to symptom relief.

There is also a paradox. Practitioners described a coming to qì, which sheds light on the constraints and structures of everyday life. However, elements of everyday life re-appear as a basis for the value and meaning of being a practitioner. Acupuncture practice seems to provide a way home to the self, as one immerses oneself in a world

of qì and sheds an experiential paradox on the ambiguous meaning of being with qì. In many ways, the ghosts of an old self or other self tag along as practitioners peer into worlds of the other, reminding practitioners of the unpredictable nature of healing and the healing power of qì.

Practice narratives recall the simple details of what practitioners encounter in their work, but they also reveal bodily felt sensations where symptom intersects with the experience of qì. While a practitioner can easily detail a constellation of signs and symptoms for a case history or discuss points chosen, the descriptions can easily become allegories that reveal how qì functions in the body landscape. Perhaps such moments in acupuncture do not occur that often and then only in a flash. However, those flashes seem to offer profound moments, can make one feel whole and restored while providing a glimpse of something that may never be defined but always talked about. For example, as one practitioner who attempted to offer a view as to what acupuncture practice has taught her remarked, ‘every time I breathe, I breathe in qì, like its my prayer of being in touch with a universe of qì’, a metaphor for an inner journey. Another practitioner said, ‘when I return home from work, it fascinates me how acupuncture brings change, how people talk of being better and those that don’t. And sometimes I think it has nothing to do with what I do to the needle. It’s just qì doing what needs to be done’.

To practice and experience acupuncture brings practitioners into a world of unpredictable possibilities, which can reveal ways for knowing the other and the self. Acupuncture practice seems to detail how one’s private concerns and troubles can connect one to one’s past, present and future, linking the practitioner to larger meanings of being in a world of qì. Acupuncture practice provides a continuing opportunity to discover possibilities for re-making the self, offering views on the

questions of existence and never offering a final, permanent solution. Not unlike George Mallory, perhaps every acupuncturist retains that sense of adventure of wanting to rediscover the self, get glimpses of what lies above, always in relationship and always with a needle.

## Chapter 10: Narrative and the therapeutic encounter

*Tell me your story. I want to hear about them, I am not interested in when they talk about symptoms ... The story is their qì and it is a representation of how their qì is manifesting at that point in time. It can be both. The representation is how it comes out of their mouth. ... Word is the spirit. ... By healing others, I heal myself. By adjusting other people's qì, I am adjusting my qì. It is my way of moving through this world ....<sup>193</sup>*

Previously I explored how acupuncturists attested to ways in which instances with qì become moments of profound self-transcendence in their working life. Engaging with qì by, for instance, doing qì cultivation activities, practitioners seemed to lose awareness of their everyday self during these moments of self-transcendence. Characteristically, during the experience of being in flow practitioners described an enhanced and deep connection to the world, while implying the experience was to be expected and necessary if one deeply wants to know qì and be a better clinician. Whether a practitioner recognises their own nature while twirling a needle or reflects on the mysteriousness of how qì moves, being an acupuncturist provides the conditions where new dimensions of self will emerge. However, these moments are typically ephemeral, unpredictable and almost impossible to repeat but will always occur. Enabled by qì, practitioners learn how to be and the immediacy of being offers a story, not on what qì is, but the many ways in which qì may be expressed which speak of the human condition. As one practitioner described:

Acupuncture is getting from one way of thinking to another way of being. As I leave to go to clinic, I leave many things behind. All I need to do is just to be present and I am able to see things in a different way. I choose

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<sup>193</sup> As said by one of the participants.

when I work to get empty, forget the bills, social engagements, etc. etc. Acupuncture teaches me to be myself. You know, qì does for me more than I ever expected. As I treat the patient I am treating myself.

In narrating moments of self transcendence acupuncturists testified to the potential for experiencing the world in profound and dramatic ways clearly suggesting that medicine and healing is never unidirectional.

In this section, attention is given to ways in which practitioners loudly gave voice to those aspects of the therapeutic encounter that have been largely marginalised in contemporary Chinese medical texts. Acknowledging the importance of contemporary Chinese medical texts which outline, analyse and propose treatment protocols for patterns of disharmony, practitioners saw them more as 'how to, technical manuals', alluding to the idea that most texts seemed to marginalise the human side of arriving at a diagnosis and treatment approaches (c/f Jarrett 1998, 2003, Connelly 1993, Hammer 1990). Whereas texts amplify discrete symptom patterns, they have tended to minimise aspects of the therapeutic encounter that to practitioners seemed crucial. Presumably, if a practitioner is familiar with the various patterns of disharmony, all they need to do is ask the right questions as well as noting the appropriate signs. In other words, the life world of the client would become known in this way.

Though practitioners noted that patients seek acupuncture treatment for many reasons, with pain being probably the most common presenting complaint, they noted that patients often raised other concerns such as wanting to explore new directions in life, get over a past relationship, a feeling of alienation from the body or from others, an unbalanced spirit disposition or wanting a 'seasonal balance and tune'. Much of the language invoked by patients to describe their lived experience in the therapeutic

relationship does not appear in contemporary Chinese medical texts,<sup>194</sup> which suggests that an additional task for practitioners is to translate and accommodate the ways in which Australians express bodily felt sensation into Chinese medical ways of understanding symptom.<sup>195</sup> However, practitioners seemed comfortable with this idea suggesting that the words and symbols which are held to constitute Chinese medicine are sufficiently flexible to be applied in non-Chinese settings. Comprehension of these and other Chinese medical ideas builds upon the metaphor which informs and structures discourse on understanding the client's lived experience. It is no accident then that practitioners, when referring to their texts, often said they were nearby, but significantly, 'left on the shelf', clearly implying that their use-by date had long since passed.

Acknowledging that Chinese medicine functions like naturalistic inquiry, practitioners seemed to afford the client the space required for a client to tell their story, enabling them to engage in a wide ranging dialogue on states of being. Chinese medicine it seems thrives on listening to the other. Just as practitioners were able to articulate how being with qì afforded them deep knowledge of qì, they were also eager, noting a necessity, to offer patients the opportunity to speak for themselves. Critically then, a client's sense of self is understood as an invitation to explore and discover meaning as practitioners observe and experience qì.

The permission afforded 'to tell it like it is' resonated with practitioners' understanding of early Chinese medical sources, which advises any would be acupuncturist that their duty is to make a proper assessment of a client's shén or spirit

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<sup>194</sup> Although Chinese medical texts do provide rich detail on a wide range of symptoms and how they are to be interpreted, much of this discussion centres on the translation and discussion of Chinese terms into English (Ergil 2004, Wiseman and Boss 1990, Wiseman 1995, Zhang 1990, Bachmann 1996). Translating Chinese medical ideas in general into English is not an easy task, and much has already been said on this subject (Creel 1943, Karlgren 1950, Bodde 1991, Blakney 1926, Wilder and Ingram 1974). Common to all translations is the problem of reproducing ideas in a radically distinct idiom and discourse. The dilemma is compounded when we as Westerners, removed from Chinese linguistic and cultural webs of significance, attempt to reproduce Chinese ideas into English.

<sup>195</sup> There are some exceptions for instance Jarrett (1998, 2003), Connelly (1983), Hammer (1990).

disposition.<sup>196</sup> Significantly, by renaming qì as shén, medical discourse is now transformed, whereby understanding states of being takes precedence. Another way of saying this is to suggest that as a practitioner engages herself, by attending to the other, the client's shén will become known. Implicitly, the practitioner's ability to attend can also be construed as 'shén at work'. A practitioner's ability to perceive shén may be understood as a fundamental precursor for establishing a therapeutic alliance (Millerson 1995).<sup>197</sup>

Practitioners were mindful of a range of features that constitute a helping encounter – the architecture and décor of the clinic room, how furniture is positioned, positioning of plants, lighting, artwork, and what may be generally described as basic attending skills, that allows a client to know they are being listened to. What follows may be read as a contemporary Australian account attesting to the significance of the telling and hearing of stories as a premier route to knowing qì in the clinical setting.

Probably, the most common approach applied by practitioners was the sense of inviting the client to tell their story. As a technique, structuring a therapeutic relationship in this way empowers the client, encouraging them to speak. The balance of power in the physician/client relationship is shifted and the client is more likely to tell it like it is. Such an approach makes the encounter more personal while also introducing a sense of authenticity (Yaloum 1991).

At a superficial level of meaning, it does seem strange to begin a clinical dialog by asking for a story when presumably the clinical imperative demands the articulation of clinically specific questions by the practitioner. However, for practitioners the

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<sup>196</sup> On making a proper assessment of shén Chuang Tzu writing in another context states, 'The hearing that is only in the ears is one thing. The hearing of the understanding is another. But the hearing of the spirit is not limited to any one faculty, to the ear, or to the mind. Hence it demands the emptiness of all faculties. And when the faculties are empty, then the whole being listens. There is then a direct grasp of what is right there before you that can never be heard with the ear or understood with the mind.' (Merton 1992:76)

<sup>197</sup> I use the term alliance to indicate that there exists an agreement to share and that both the client and practitioner receive benefit from the bond developed in the encounter.

answers to clinical questions would emerge through story. In other words, the client's narrative functions as qì manifest, as if qì is speaking as, and for, the client. The story is then construed as the pattern that is.

Almost as a matter of course this 40 year-old practitioner remarked that in every encounter he begins by asking, 'tell me your story' (Shopes 1987). He goes on saying, 'I want to hear about them, I am not interested in when they talk about symptoms – eventually I will shift them off that. Their story is their qì and it is a representation of how their qì is manifesting in them at that point in time'. Another practitioner remarked, 'sure I could use the eight questions and I do but their words are more powerful because there is a quality in the words heard that I don't get when I apply the traditional eight questions. It's the way the client responds to my questions and statements that I'm interested in'.

Practitioners minimised and recast the usual understanding of symptom. Rather than ask about particular symptoms, practitioners seemed more interested in how patients spoke of their symptoms. This male practitioner began:

I can get a better understanding of them when I hear them talk about themselves. I want to see them act. I pick up by listening to how they are talking. More and more, I listen to the voice and the noises that come from the body, their breathing sounds and other sounds. I am not that interested in content.

Textbook descriptions of symptoms are listened to and asked for; however, what seems important for practitioners is how the symptom story affects them.

Construed as qì, stories heard seem to enter the practitioner's mode of being, meaning that as they listen, practitioners experience the client's qì as if it becomes lodged in their body. One practitioner remarked:

... I use my body as an interpretive tool for others. I can take on their physicality, the way they sit, stand, walk and the way they breathe. Now

that to me then starts to register in my body what I interpret is going on in theirs. ... I can look into myself and see what I am doing. ... hands behind my head stretching back I know that someone is getting right behind and in between my shoulder blades and neck. ... It is affecting me. I am experiencing it. So then for me the question becomes what is it specifically that they are saying or that they are doing that is affecting my qì in this way? And I don't take it as a one to one correspondence, oh, their neck might be out, no, no. I read it as a signal that I am picking up something I am not paying attention to.

To practitioners, diagnosis is construed as reading the body and by inviting patients to narrate the self, practitioners experience qì in their body. In the process, the practitioner's qì becomes transformed providing them with clues as to what needs further attention or what needs to be done. For instance, this practitioner recasts stories heard to simple metaphors that can be easily understood in a Chinese medical sense. He goes on saying:

... it might be a sore back but many times their experience of pain speaks more to me like I need to soften the heart, help them digest their current predicament, softening and freeing their current rigidity, helping the qì, helping the blood ....

Another listens to stories and sees maps of qì and the metaphors invoked relate to water, shape, direction, contour, colours, soil, flat and high places. He then translates his appreciation of the body map story saying, 'I can see the little creeks of qì, some dry, some running quickly, hot spots or cold spots in the body. Once I get this kind of information it's really easy to select points or start asking questions that I want answers to'.

Significantly, this practitioner listens to the actual words used and tries to match the words to the body landscape he perceives. Reflecting a recent case history, this practitioner described a client who presented asking for help to lose weight or more accurately about changing her body shape. He described the client's body shape as if it was in two halves: top and bottom. He began:

Too much and too wide down the bottom and too narrow and small up top and always complaining of feeling cold. Her story about foods she ate and how she prepared food took up a lot of time and I got the sense that I was being 'convinced' that she was doing everything right, at least from a Chinese shi liao perspective. It seemed to me that she chose her words carefully, spoke slowly and with intensity. I heard many words but no feeling. In my four sessions to date with her, I have not seen her smile. Her relationships at work were described in a similar way. She's a schoolteacher and seems acutely aware that many times, she behaves in a heavy fashion with colleagues and students - She knows she is not liked a lot which does bother her .... Anyway, to cut the story short at one stage during the second visit she offered a comment that for me was the diagnosis. She said, 'I want to get things right and I want to be liked'.

Having heard his story, I was impatient to hear of his diagnosis and needling protocols. However, I was not offered a typical TCM diagnosis. His diagnosis was to 'work on her heart and spleen, and allow her spleen to smile and her heart to think'. Statements such as these are not found in Chinese medical texts. Indeed, they would not be acceptable as a 'diagnosis'. However, the diagnosis seemed tellingly simple and accurate. He could not recall his point selections except to say that Spleen 2, Stomach 40 and Du 20 were applied in each session.

The above story was offered as a snapshot of an encounter. However, practitioners also noted that stories heard in the encounter are not as simple as, 'ask the right questions, take the pulse, look at the tongue and chose your points'. The encounter is portrayed as a complex relationship, whereby the invitation to tell a story offers the client a potency to say it as it is. Their story regardless of the way they present it is taken at face value and at the same time is rich in meaning for practitioners. As the story unfolds, practitioners listen to and 'watch' a client's words, as they also observe the body, allowing them to recreate the story in terms they understand. For these practitioners the patients are the textbooks of qì patterns.

As one practitioner remarked:

Yeah, yeah, I'm the textbook now. You know, like if you read – a classic kidney yin deficiency you will see the dry throats, you will see thirsts, the heats. But a kidney yin person doesn't always come through the doorway talking that stuff – in fact probably rarely for me. ... but what they will often be is out of sync with sleep patterns ... they will be going to bed later and later - I don't ever recall seeing that in textbooks. They will say things like there are not enough hours in the day, describe situations where their world is becoming more and more intense in terms of stress and pressure – and they will often engage in physical activity to burn off excess energy or are completely shagged out and have got no energy. ... They seem to take extra risks making life difficult for themselves, keep tripping themselves up in every endeavour just to make it more stressful to encourage the kidneys to give that little bit more.

This practitioner provides a contemporary interpretation of a common pattern of disharmony recognised as kidney yīn xū. Although the traditionally accepted symptoms associated with this pattern may occur, his experience in observing kidney yīn patterns is recast as a story that speaks of the experience of stress clearly suggesting that stressful lives beget more stress, an idiom of our distress in Australia. Kidney yīn xū he stated, 'helps us ... helps us to understand why we push ourselves hard, have lost the sense of stopping a while and needing to 'chill out' a bit'.

While kidney yīn xū may speak of people who are overcharged with energy in many spheres of life, the implication is they are consuming a kind of energy, jīng 精, that is meant to last to old age. As one practitioner remarked, 'we may be living longer than earlier generations but I wonder whether we are getting any wiser as we get older'.

If patients provide stories, stories provide acupuncture points, which in turn encapsulate states of being. In outlining patterns of disharmony, most texts also propose a suggested group of points to address the pattern of disharmony. Often the discussion as to why points are selected tends to be related to particular symptoms and together the group of points cover as it were most if not all of the symptoms gleaned. Ironically, as many practitioners attested, this kind of approach to selecting points

seemed like reductionist thinking. Implicit is the critique that contemporary Chinese medical texts have been written in a way that diminishes ‘traditional’ ways of knowing. These guiding ideas at first seem appealing since an answer by way of describing the actions of the points is offered. Although practitioners acknowledge the importance of knowing patterns and associated point combinations, they tended to forget them, suggesting that such descriptions are a static portrayal of patterns that do not really ‘exist’. For instance, one practitioner remarked that textbook analysis of patterns does not inform him on how to use needles:

... which one do I insert first, second or third. Whether they should be removed in reverse order or not or how long each one should remain in situ. It’s all useless. And, the textbooks to me suggest that if I diagnose a person as spleen qi xu then I should be using the same set of points every time I see the patient. Does it mean I don’t need to ask any more questions? What it does say to me is that these books present the kind of reductionist thinking that CM is supposed to be critical of. Now work that one out.<sup>198</sup>

Instead, practitioners seemed to arrive at point combinations in other ways. ‘Stories give me points’ one practitioner exclaimed and textbook patterns are relegated secondary status. Having heard a brief description of a case history we discussed he said:

... that guy we talked about earlier, I would use Kidney 3 – because Kidney 3 says to me - uh – it will move qi through the lower back and I would use Liver 5 because most of the discomfort is in the front of his body, in the lower abdomen. And I would probably use Du 20 as well. And throw another one in for balance on the upper limb. How do the three fit the story? I guess what I would say I do is select them individually but in reality, I have selected them as a group. ... For me the story involves balancing all four extremities and by including Du 20, I find that for me it somehow gives that picture of groundedness for all the points. The story is the person, yeah I know what is happening here.

Another practitioner posed the question to himself. How do I think of points?

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<sup>198</sup> The power with which this practitioner’s strength of feeling as he spoke remains with me.

When I choose points one question that is often in my mind is how is the person traversing their world or not traversing their world. Are they taking in too much? Do they appear to be taking on too much life, more than they can handle, not transforming that into something useful. Does their life look phlegmy and damp? Now can I see that in their body? Okay I can go and use points that transform phlegm. But if they are not centred, then what? So I sometimes use Pericardium 6, Ren 12 and Stomach 36, five points in all. I like five it's the number for earth.

This 37 year-old female practitioner while reflecting on a recent client contact, remarked that arriving at a diagnosis and point selection still remains a mystery for her. I include her comments as a way of demonstrating how narration of self-diagnosis and acupuncture intervention intersects. She begins:

A 34 year-old lady comes in, a sous chef, complaining of urinary incontinence. I thought to myself, now this is different! How can this be? A 34 year-old person? She looked 'frazzled'. She had just cycled in from work for this appointment and it took her about 40 minutes in peak hour traffic. At some point in her story, I asked whether her incontinence was related to her life stresses and I am still not sure why I asked this question at this particular time. Her response was she had been thinking about this for a long time, to find a connection, a reason for the incontinence. She spoke at length about these thoughts, but was at a loss. Out of nowhere an image emerged for me: thinking and loss, she's leaking and sinking. This remained with me for the duration of the session. When she was lying on the treatment table and palpating her lower limbs, her feet and ankles felt cool and I let her know about this. 'Always', was the answer. So, I decided to ask whether her sensations of coldness were more noticeable during bouts of incontinence. In a vague sense she said she seemed to feel colder when she had to pee and this tended to occur not long after she began her working day.

The practitioner's conclusions and diagnosis seem tellingly simple. She continued:

Everything seemed to fall into place. It seemed just so easy. Look, this lady is a chef, works 12-14 hours a day, standing up. She's given orders by the head chef and she orders others around too. She's thinking, thinking on her feet all day and she hasn't enough yang qi to keep her warm even after cycling to work! Not enough qi to hold her up. Pretty obvious but lots of moxa was the order of the day. But I wasn't sure whether the acupuncture and moxa would work. The points came easy too. Fire up the spleen, lift the qi up. Did lots of moxa at Spleen 2 and Du 20. Can't recall much else. But it did work. What is she doing now? Well this is the part I do and don't fully understand. Yes, the treatment did help. Her incontinence is largely gone. At least the worst part of it is. But after 4 sessions, she announced she quit her job and interestingly shifted her attentions to writing on cooking.

The offer to do this kind of work had been around for her for some time but she was not yet prepared to have a go. From standing to sitting and still thinking. You see qì goes round and round. And, maybe she'll get haemorrhoids from the writing

Not willing to specify a diagnosis, this practitioner speaks of images received when listening to a client's story:

Somebody walks in and from their story I get an image – oh look I'm caught between a rock and hard place – I don't know whether to go in this or that direction. And if someone is stuck at a fork in the road. And by the way, this is one of the most common presentations. I always do pericardium 6 and Liver 2. It's my alternative to the four gates. ... Someone walks in and seems a little timid or overwhelmed or they have a lot of stuff sitting on them. I will often use Kidney 4 – it's just like it scares the negative away. ... for me the energy at the point is a bigger bully than whatever is bullying them.

The two vignettes demonstrate how a practitioner is able to capture the essence of a client's story and verbalise it in a way that is still consistent with Chinese medical thinking. The results are no less startling. Though perhaps hard to 'prove', not only was the major symptom relieved, but remarkably the client also made a significant life changing decision. When asked to comment on what she meant by the mystery, her comment was, 'we have a sense of what a treatment will do, but you never quite know how a client will respond. Qì goes around in many ways. That's why I like practicing acupuncture'.

These descriptions attest to a re-thinking of what acupuncture points do and seem to put forward a view that is critical of contemporary textual sources. Asserting that practitioners in the West are re-inventing point actions in a way that is not in accord with traditional descriptions, such approaches, it is argued, are not valid, distort the practice of acupuncture and cannot be supported by the extant literature

(Macdonald 2000).<sup>199</sup> Perhaps such approaches will continue to keep acupuncture practice at the margins of medicine when compared to contemporary TCM textbook perspectives. However, the reality is that Australian practitioners are in a strong sense re-writing Chinese medicine practice appending new layers of significance and meaning to an ancient medical tradition as practitioners attempt to understand what it means to be in a world of qì.

In contrast to experiencing transcending moments, practitioners were also acutely aware that qì could affect them in ways they do not expect. For instance when practitioners spoke about experiencing a client's qì in their body, for some this meant becoming vulnerable to another's illness pattern. Though practitioners often spoke about becoming invigorated through acupuncture practice, at the same time, practitioners attested to the xié/evil 邪 aspect of qì, which could make them sick or affect them emotionally.<sup>200</sup>

Reflecting on a recent encounter, this male practitioner began:

A lady came to see me about a lumbar spine problem. In two sessions, her back problem did improve. On the third session, she talked about how her partner, a successful businessman, was overseas and she was looking after his two young children. She was happy to have stopped short her career, that she was happy in life and everything else. While she was saying this things did not add up for me.... Interesting thing was though it affected me. I was sort of; I don't know why I was angry at this particular person. I remember when the session ended I was a bit more tense than usual. So I am thinking, well, you know I walked out thinking, well this isn't going to work between me and her. I'm sort of peeved. I wasn't happy with the situation.... She didn't come back. I went off and got some acupuncture from a friend and guess what my liver qì was all over the place. That night I got the worst flu for some time. Looking back, I just was not there and I missed hearing what needed to be heard from the patient. But you have to protect yourself. You can't do it all the time but you need to protect your wei qì. It is tough.<sup>201</sup>

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<sup>199</sup> Moreover, re-interpreting acupuncture point actions in this way do not lend themselves to the rigors of hardnosed research thereby making it even more difficult to appraise the therapeutic efficacy of acupuncture.

<sup>200</sup> Practitioners also noted that when they 'felt off colour or not well', strangely patients seemed to cancel their appointment for the day, implying that the 'universe' was looking after them.

<sup>201</sup> I am reminded of the ancient Arabic proverb, 'No man is a good physician who has never been sick'.

This sketch of how qì can be heteropathic is commonly heard in acupuncture circles. Even though the usual answer is to engage in qì cultivation type exercises to gather one's true qì, zhèng, practitioners recognised the dilemma of becoming 'trapped' in another's qì story. Recognising that qì can also go in the wrong direction, I have wondered about the extent to which practitioner illnesses are related to practice and indeed, why so many practitioners eventually leave practice. Acupuncture is medicine but acupuncture can make you sick.

In simple terms, to narrate the self can be taken literally. However, practitioners also seemed to construe narration as more than a verbalisation of ones being. Some practitioners put the view that patients tell stories in different ways. Stories, practitioners said, can be 'heard' through touch.<sup>202</sup>

This 40-year-old practitioner said that he did his best listening when the client is on the bench whilst he palpates the channels, abdomen or back. Guided by what he has already heard (and sometimes not), he likened his palpation as if he was wandering along the body with purpose. His sense of touch becomes the means with which he listens to other:

Sure, I look at the tongues, I don't take pulses that much. But I can feel qi by working on the channels and that's my way of communicating with people and letting them know I'm listening to them. I can't explain it but I know when muscle pain is just muscle pain and when muscle pain is emotional stuff and that gives me a guide as to what questions to ask, what statements to make or what points I choose to needle.

Similarly, another practitioner remarked that he combines palpation while listening to the client's words. He continues:

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<sup>202</sup> Traditionally, the most superior form of touching was to take the client's radial pulse. In the act of taking the pulse the physician was not meant to speak, look, listen, smell or think. Traditionally, taking the pulse is meant to occur after asking and looking and usually as a way of confirming what the practitioner has experienced. At the same time contemporary practitioners seem to be able to work similarly by palpating the channels, the abdomen or points on the body.

I can hear the story in my fingers and hands. My hands do the talking and listening. I move, stop, push down, move to another area, maybe make a statement or ask something. I have no method of travelling(?) the listening and watching as I go. I find it easier to talk to the patient as I do my palpation work. You could say the act of palpation is a kind of investigation but for me its personal and I find that patients will say more when I palpate. For me this kind of listening tells me much more than feeling the pulse. My view is simple just stay in touch and you will hear what needs to be heard.

Another practitioner uses his hands to ‘scan’ the body, registering what qì feels like. The scanning may be along a channel, while noting anything special about points said to lie on the channel, or in particular anatomical regions such as the abdomen. In addition to his purposeful channel wandering, ‘my xiāo yáo wán of touch’<sup>203</sup> as he put it, he also attempts to discern difference between above/below, front/back, cool/warm or hard and soft. He continues:

I don’t know how this [skill] has happened. I do this better than anything else. As far as I can tell you I kind of fell into it. I can pick up things now that in early days would have been completely mysterious to me. For me getting the client’s story is not by asking the eight or ten questions. I remember someone once saying they are really the eight silly questions and I now think that’s right. This might sound strange but I’ll give an example. Lets say I am palpating the whole back. Sometimes I might come across a cold spot, a hard or soft spot on the back and all I need to say is, - oh, you’re bit cold here, what’s going on around here. What happens is that I get an idea of what points could be needled and the patient begins telling me more about themselves.

Consistent with Chinese medical imperative that one is meant to listen to the other in order to apprehend their state of being, practitioners went about their listening in ways that affirm the idea that narrating the self is a singularly significant way to engage with the other. The client is accorded a primacy which presumes that they bring with them all the resources required to the encounter. In contrast to Chinese approaches where taking the pulse and observing the tongue is accorded more significance than talking about oneself, engaging in story in the Australian encounter is

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<sup>203</sup> The phrase ‘xiāo yáo wán’ is also the name of a herbal formula that translates as the ‘relaxed wanderer’ or ‘bupleurum and dang gui combination’.

taken as a premier route to knowing the other. The invocation of vital metaphors becomes a way of reducing a story to another story, providing practitioners with different ways of arriving at a diagnosis, although their diagnoses often seem at odds with contemporary textual presentations. Importantly, practitioners noted that listening to stories can also make you sick, suggesting that one needs to be mindful of one's presence in the face of the other. However, a clear message seems to be that to not include story telling in the therapeutic encounter would diminish acupuncture practice. The therapeutic encounter becomes, as it were, a living text on the coming and going of qì.

A key aspect of the therapeutic encounter is the significant role of talking which conveys practitioners into the client's lived world. Talking occupies a central place in the Australian client-practitioner relationship and becomes an occasion for re-discovering and re-creating Chinese medical ideas, providing practitioners entry - via client narrative - into a field of discourse about states of being. An overwhelming majority of clients who present for acupuncture do not know of Huáng Dì or Qì Bō nor, for that matter, what to expect of the traditional acupuncture encounter - other than knowing that needles will be inserted. Listening to clients offer personal descriptions and stories about their health status, practitioners begin to discover and understand qì not only as symptom patterns but as symbolic descriptions of states of being. As in the Nèi Jīng discourse, the everyday language of Australians may be viewed as the dwelling place of the coming and going of qì. Therefore, concepts such as yì 意, sī 思, lù 慮, zhì 智 or shén 神 are often expressed in ways that ask practitioners to experience these ideas as qì in addition to developing a technical understanding of these terms. To understand qì, practitioners are required to be awake to activities beyond the physical realm, which demands that one cultivate an attitude of

mind in addition to being a technically skilful practitioner. Mentioned earlier, the notions of *zhì* and *shén míng* may be considered as exemplifying a state of mind practitioners are meant to achieve. What is being suggested is that, for Australians, knowing *qì* can be witnessed through narrative. It is, as it were, a local Australian way of giving primacy to *qì*. Understanding *qì* through narrative is an exceptionally important route to apprehending states of being.

Ellis (2003:194) wrote, ‘there is nothing more theoretical and analytical than a good story’. Stories function as a way of seeking approaches to understanding the world in which we live (Geertz 1973). Stories help us to ‘... remember the past, turn life into language and disclose ourselves and others the truth of our experiences (Ellis 2003:126). In their experience as acupuncturists, practitioners applied their knowledge in ways that simultaneously allowed life stories to emerge that allowed practitioners to make meaning of their patients’ experiences. The body ceases to be an object in need of repair and perceived as an embodied self in a unique life-world. The body is construed as retaining all the necessary resources to create change. By placing emphasis on the client’s lived story, the client is afforded a centrality not usually experienced in an orthodox medical setting. Change in the client is identified as symptom relief but also as a way of recognising that people are able to re-create new and different narratives of self. Symptoms and patterns discerned by practitioners during the encounter are understood and represented in creative ways and are at times at variance with contemporary textual descriptions.

As humans we are wont to construct meaning out of the world we live in and with that which we are surrounded. The telling of stories is one particular human response which can centre discourse about things that matter (Taylor 1991). Telling stories can mean that any lived experience, and in particular illness as lived, is

affirmed as being worthy of being told. Stories afford a different reality and imply value. For practitioners story telling becomes an occasion when people co-author themselves in response to questions that require answers with meaning: the most fundamental questions being 'what shall I do' and 'how shall I do it'. The answers are not permanent but crucial, provisional and contingent ones that provide insight for those in search of meaning. At core these ideas return us to a theme that has persisted throughout this work, one which speaks of a disenchantment and suspicion of modernity and its promises, that scientific progress will explain all. As Max Weber (1958:15) put it, 'one could master the human body by calculation and that there are no mysterious incalculable forces that come into play'. Lost to modernity these mysterious forces become meaningless, because we are left alone as it were to explore the questions of how to be and how to live. Because Chinese medicine is replete with naturalistic interpretations of the world, it offers a view to experiencing the self in the world, also suggesting we are not alone in search of meaning. Story making in Chinese medicine imagines a re-enchantment in the world. In a much more global sense, local acupuncture practitioners while proposing different ways of practicing medicine, function as a critique of modernity, asserting the importance that medicine is about relationships that can heal as we struggle to understand the world, the self and other.

## Chapter 11: A vision of qì

*Do you want to improve the world? I don't think it can be done.  
The world is sacred. It can't be improved. If you tamper with it,  
you'll ruin it. If you treat it like an object, you'll lose it.*  
Lao-tzu<sup>204</sup>

I began this thesis by deliberately writing myself into it, by reflecting on a particular clinical experience and on a range of questions that arose for me as a 'beginning' practitioner of traditional acupuncture. Emerging as a new, alternative medicine on the Australian landscape Chinese medicine offered its adherents a range of startling promises. One received message was that as a medicine, acupuncture could accomplish two things at once: acupuncture could repair the body and restore the person. The philosophical underpinnings of Chinese medicine also spoke of a deeper and arguably more meaningful promise. This promise spoke eloquently to our being in the world, clearly directing attention to telic concerns and how being in the world contributes to knowledge making: what I have referred to as qì engaged knowledge.

Chinese medical ways of knowing also offered a compelling epistemology, clearly suggesting that Chinese medicine's approach to researching the body functioned like naturalistic inquiry. The epistemology of qì and Chinese medicine's naturalistic approach to garnering knowledge provided the base from which this thesis emerged. Unreservedly acknowledging the life world of a client, Chinese medicine gives prominence to lived experience and in doing so articulates a praxis that embraces the mind and body whilst also having profound implications on the sphere of

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<sup>204</sup> S. Mitchell, <http://acc6.its.brooklyn.cuny.edu/~phalsall/texts/taote-v3.html#29>.  
C/f Willhelm, R. (1989) *Lao Tzu, Tao Te Ching*. London: Penguin.

transaction between 'self' and 'other', especially when a core feature of an inquiry of this kind asks that I, as the researcher, 'meet the other'.

Considered as naturalistic inquiry in action, Chinese medicine offers the client the opportunity to speak for themselves. In encouraging the other to speak Chinese medicine also offers an all-inclusive language to apprehend the other, suggesting that as a method of naturalistic inquiry Chinese medicine is ethically principled. The capacity for telling one's own story is reclaimed, a feature of postmodern times, as the individual's story is no longer told as secondary. The individual's story becomes primary and Chinese medicine retains the means to include and understand such stories. In other words, Chinese medicine's promises provided a critical point of entry into this research project.

Deeply critical of the modern Western episteme, Chinese medical ways of knowing the world put the view that the relationship between knowledge and experience cannot be separated. As I, and other practitioners who warmed to these promises, I was also confronted with many 'doubts' and questions on the role of acupuncture. One inescapable question was how does a medicine such as acupuncture 'prove itself'? How does one go about proving and testing the efficacy of acupuncture? How could we construct research trials to test an interactive medicine such as acupuncture? Indeed, could acupuncture co-exist with biomedicine as a legitimate medical endeavour? These kinds of questions still persist, even now, as Western research approaches into acupuncture are being re-appraised.

Understood as a 'new' approach to medical research, with some proponents advocating it constitutes a paradigm shift,<sup>205</sup> the emergence of evidence-based medicine, it is suggested, may be able to accommodate some of the criticisms

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<sup>205</sup> Cohen, Stavre and Hersh (2004). Schon and Stanley (2003) argue that to see evidence-based medicine as representing a paradigm shift is both a philosophical and practical mistake.

previously aimed at clinical based trials when testing the claims of acupuncture (Verhoef, Lewith, Ritenbaugh, Boon, Fleishman and Leis 2005, Kaptchuk 2001, Jacobe 2006).<sup>206</sup> Offering what he calls a ‘gentle critique’ of evidence-based medicine, Little (2003) eloquently argues that medical research needs to be sensitive to how research can diminish the individual and their illness experience strongly suggesting that we need to keep an open mind about the nature and meaning of evidence. Any medical endeavour he suggests, is ‘the servant of that respect we have for human life in quantity and in quality’ (Little 2003:186). The challenge to research in general and evidence-based medicine in particular, is how to include and give emphasis to subjective experience derived from client narrative. In Chinese medicine, this particular aspect is paramount, since the therapeutic encounter generates knowledge in relationship, highlighting the necessity of exploring and apprehending lived experience. The inescapable conclusion is that in Chinese medicine, client narrative will necessarily venture into, and becomes a mode for, describing states of being.

At its core, evidence-based medicine still relies on the randomised controlled study and associated assumptions that underscore this approach to garnering knowledge (Little 2003, Kaptchuk 2001). Nevertheless, questions about how acupuncture works and how useful it is as a medical endeavour remain and need to be explored. In my reading of Chinese medical ideas, the importance of discovering evidence is framed in different ways to biomedical imperatives. For instance, classically Chinese medicine never asks about giving treatment to everyone in a group. Rather, it asks what kind of treatment a particular client needs, in contrast to the idea that clinical research seeks to discover a treatment approach that ‘best fits the many’. By shifting emphasis to subjective experience, Chinese medicine allows and indeed

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<sup>206</sup> See also Greenwood (1999).

insists on engaging with the other as a significant route to constructing knowledge. The notion of the evidence must be broadened and reframed to include the idea that knowledge emerges by engaging others (Verhoef et al 2005). As Little (2003:181) concluded, 'we have not eliminated the fundamental truth that the health services are morally based in the intuitive respect we have for human life in quantity and quality. A medicine that seeks evidence in whatever form it takes is the servant of the intuition, not its replacement'. However, it is possible that one could conceivably construct a composite measure of healing using different outcome domains (Miller, Crabtree, Duffy, Epstein and Stange 2003).

Chinese medicine constantly invokes and reminds practitioners of the principle of earth, tǔ.<sup>207</sup> Indeed, one Chinese medicine treatment axiom is to never harm earth, since the earth within contributes to the maintenance of life. I am reminded of Nye's (1994) metaphor of likening the contemporary philosophers work to bread-making whereby the inclusion of leaven leads to the creation of bread. The handful of leaven thrown into the mixture is not unlike the image I portrayed of Loretta. Loretta was a kind of leaven for me capturing the marginalisation of acupuncture while, at the same time, raising questions about what it means to be an acupuncturist. Recognising the human aspect of Chinese medicine, exploring how an energy medicine such as acupuncture could relieve symptom and even cure some diseases, involved a retreat from modern science's imperatives and enter into other worlds of knowledge making.

It is becoming more apparent that within the postmodern global context the impact of Western systems of knowledge that underpin medicine, though it has given us wealth, progress and a heroic medicine, has also been destructive (Grossinger

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<sup>207</sup> Indeed one Chinese medical axiom is 'never harm earth' in a client or always makes sure that a client has sufficient earth qi in order to sustain intervention, in acupuncture or herbal medicine. The idea of earth also speaks of the spleen's ability to 'hold things in their place' and allow one to stand tall suggesting that spleen uplifting energy can be interpreted in a spiritual sense. Feeling uplifted also means being humble, for the spleen also speaks of what it means to know one's earth while on earth. Interestingly the word humble is derived from humus or earth.

1985). Chinese medicine, however, offered not only an alternative view, but one that eloquently spoke to the Western mind on looking after the earth, harmony, balance, transformation and how to be. If qì engaged knowledge is likened to leaven, Chinese medical ideas and practice engenders a different ‘food for thought’ to garnering knowledge in a postmodern world. The promise of qì engaged knowledge necessitates reframing Western discourse within a human domain and the persistence of acupuncture is likely to reclaim important aspects of what constitutes medical knowledge.

Positing the view that Chinese medicine offers the Western mind a new and different way of knowing the human condition, and keeping in mind the impact of my meeting with Loretta, I asked why this genre of knowledge might be emerging in the contemporary context. Put another way, my concern was with the logic of the inquiry. The second part of the analysis was concerned with describing a genre of knowledge by identifying and engaging with a group of experienced acupuncturists, born and trained in Australia, working with Australian patients.

Summarising and contextualising the practice of acupuncture in Australia is defined by two emerging perspectives: globalisation and postmodernity. While these two theoretical frameworks appear to co-exist in tension with each other, both point to a crisis in knowledge in the Western episteme and Chinese medicine not only reflects the crisis of knowledge but also offers a way of reconsidering how knowledge is constructed.

Considering the global domain as a whole, globalisation is construed as an ever increasing inter-dependence and inter-penetration between cultures, suggesting that the world is being compressed into a global unit and does not necessarily mean that the world is becoming homogenised. Globalisation theory also establishes a global horizon

within which all knowledge systems function. At the same time the inter-penetration and exchange of ideas which globalisation engenders, also pushes towards relativism of all those systems of knowledge at the national, sub-regional, cultural and local. However, globalisation also functions in a reverse direction minimising the relativism.

Relativism seems to collapse the universal/particular dichotomy by separating rather than including. All universals are particularised creating barriers of difference. At its worst, relativism absolutises difference whereby the other is avoided. By confronting us with systems of knowledge different to our ways of knowing, the potential to be brought into new conversations becomes possible, especially in terms of 'knowing that' and 'knowing how'. From a more optimistic perspective, globalisation offers the potential for an increased reflexivity, which involves a deepening exploration of the Western episteme through conversation with other knowledge systems. This idea suggests that conversations with other knowledge systems push further still by highlighting that which might be common between cultures. In the process the practice of acupuncture in local settings is likely to evolve and change according to local needs and desires. Acupuncture practice may look and function differently in different settings but these differing practices will also share much that is in common. It is likely then that a multitude of acupuncture voices will co-exist as they converse. In the global context, the ways in which acupuncture practice remains and changes, and I use this phrase in much the same way that the activity of qi is understood, will become an identifying feature for the foreseeable future.

The global context also appears to be fostering a push to asking deeper questions of our humanity and our relationship to the earth and cosmos. We are witnessing a return to the sacred and challenging institutionalised religions which have tended to own such concerns. The shift seems to be away from adherence to religious dogma to

spiritual concerns, since the notion of spirituality speaks of transformation, revealing more expanded forms of subjectivity. Construed as a reflection of changing global contexts, Chinese medicine offers a complex and constructive response to spirituality by including, indeed insisting, that all practitioners become open to the transcendent.

Postmodernity is the second element I identify as a feature of the contemporary Western context. Whereas globalisation speaks more of the movement, exchange and interpenetration of ideas, postmodernity speaks of the rupture to the Western episteme. Like globalisation, postmodernity leads us into relativism and at its worst, into a nihilistic *cul de sac*. However, if responded to constructively, postmodernism transports us into other ways of knowing, challenging discursive representations of the world, giving prominence to the importance and necessity of the participatory nature of knowledge making. In deconstructing the meta-narratives of modernity, postmodernism confronts us with the limits of rational, discursive ways of knowing that has dominated Western thought, locking us into a play of interdependent signifiers. When, however, postmodernism moves away from relativism to deep reflexivity, the potential to move into non-discursive domains of knowledge production emerges, which from the Western point of view, belongs outside the domain of science.

Construed as an attribute of the postmodern era, Chinese medicine may be read as a critique of modernity, offering the possibility of moving beyond relativism and a way of re-opening conversations with other knowledge systems. Confronting us with the limits of rational, discursive ways of knowing that has dominated the Western episteme, Chinese medicine leads us back to how knowledge is constructed through engagement, highlighting the importance of the spiritual that was once an integral part of medicine's preoccupations and concerns. The practice of acupuncture sustains the

view that knowledge construction cannot be separated from experiencing the world, challenging us to consider the idea that medicine is transformative, highlighting the notion that medicine is both a secular and sacred human endeavour. Chinese medicine also confronts us with the idea that to understand the other we must engage ourselves with the other. The engagement requires a deep listening which brings forth issues of voice. However faltering in tone or confusing the voices may sound, Chinese medicine offers multiple means of hearing the other since the body also speaks in many different ways. Chinese medicine offers practitioners an ethic of listening, reflecting what has been proposed as a core morality of the postmodern impulse: that we can know and be in the world in different ways. As practitioners attested, in listening to the other, we listen to ourselves. The practitioners' accounts of witness become a story of testimony clearly offering a view of the mutuality of need. The genius of Chinese medicine is that the storyteller and listener enter the space the story creates. That space may be taken as reflecting the transformation of things. Though we can learn about qi by doing qi exercises, the other half of the story is that it must also happen in collaboration with the other. To be with qi also means we must be with people.

Both postmodernism and globalisation have helped create the conditions for the emergence of an energy medicine such as acupuncture, suggesting that experience be taken as a method for 'knowing how' and 'how to be'. Both postmodernism and globalisation seem to be directing us away from the grand narrative of modernity and the 'best' way to produce knowledge. Both postmodernism and globalisation seem to be providing the foundations towards apprehending non-dual ways of knowing that transcend rationality, allowing the potential to explore other ways of knowing and multiple forms of expression.

Acknowledging that this thesis is located in a globalising, postmodern era, I was confronted with a theoretical dilemma. My question was how do I shape a research project, qualitative in nature, while being mindful of the postmodern critique. As Birkerts (1994) noted, the production of research projects is no longer simply, the writer writes and readers read. Having recognised the profound implications of the postmodern critique, I was forced to rethink the project sorting out such notions as reliability, trustworthiness, validity and ethical considerations. More specifically, I intend to look more closely at three other areas of concern that relate to naturalistic research, particularly when the presence of people and their lives is central to data making in the research. These three areas relate to audience/readership meaning who are we writing for, authorship and the extent to which one can share and include other voices in the work and deciding on the kind of research topic to be selected which underscores the importance of not only topic selection but the manner in which the topic is examined and the evidence that accrues from the study.

Offering a response to the question of who is the audience is not as simple as it first appears. At one level, we could say anybody – from an area specialist to the general reader (Marcus and Cushman 1994). However, taking into account how the project was crafted, different sections of the thesis are likely to appeal to a different readership. Taken as a whole the intended audience are my acupuncture colleagues and those who have an interest in the human side of medicine. Part of my goal was to spread a little knowledge of acupuncture practice in a local, urban Western setting, but I was intensely interested in the characters, their personal experiences and reflections on qi in their work with others. At the same time our agenda as researchers is also to highlight how a practice such as acupuncture contributes to knowledge making, lived experience or theory building.

I suspect this research might not appeal to some postmodernists, especially those who argue that there is nothing beyond the text; writers should write what they write and leave it up to the reader to make meaning from the offering suggesting that style outweighs content. I also suspect that this research might not appeal to proponents of evidence-based research. If illness as lived is not accepted as evidence, what clients say and how health carers respond are relegated to the murky realms of inchoate experience, ceding these truth claims to client's subjectivity (Lambert 2006). Part of the difficulty relates to the methods used to collect evidence rather than the nature of the evidence that defines whether data is applicable.<sup>208</sup> Lambert (2006:12) somewhat optimistically suggests that evidence based medicine may be understood as a social movement and 'the incorporation or at least attempts to incorporate less tangible forms of evidence than that of trial results is inevitable'. It remains to be seen how this will happen and the direction research takes.

In a strong sense the practice of acupuncture also retains a political agenda, to demonstrate the power with which those strands of modernity, and I include evidence-based medicine, that have subordinated other forms of knowledge making. Part of the broader goal of Chinese medicine practice is also to demonstrate how alternate ways of knowing contribute to understanding illness, while also suggesting that the idea of healing is as important as the heroics associated with curing disease. Though the world is becoming compressed by globalising forces, it is paradoxically getting big enough to include different approaches to health care such as acupuncture.

Naturalistic researchers have also been concerned with the ways in which research projects have in appropriating the experience of informants tended to diminish or remove them from the text. Such tendencies begs the question as to what

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<sup>208</sup> See also Michelson (2004), Greenhalgh (1999), Descola (2005), Wilson (2004)

our responsibilities are to them. Though this research does not allow for co-authorship, an idea that has been considered, I have attempted to blur the boundaries by including the participant's presence in different ways (Clifford 1988, Ellis 2004). In this instance, participants were consulted, given their transcripts as well as inviting them to contribute to the text, which does not usually occur in works of this kind. The intention was to seek out ways of amplifying their voice, since their presence and voice constitutes the prime sources of data. Including participants functioned also as an ethical choice – the work allows participants to speak for themselves as well as me speaking about them insofar as I understood them.

Had I not identified such a topic for research perhaps no-one else would have. Choosing a topic to become knowledgeable about is, in this instance, a function of my personal interests and clinical experiences. It also functions as a way of presenting a method and evidence that highlights the human aspects of medicine, a notion acknowledged by some evidence-based medicine proponents but accorded minimal significance. In an emerging postmodern era in which this thesis is situated, the project alludes to the idea that researchers need to be sensitive to how research can diminish the individual and their illness experience. We need to be aware of the different needs of patients and their health concerns.

This research does highlight the activities of a marginalised medicine and that some aspects of acupuncture practice are rapidly being taken over by dominant and more powerful research forces.<sup>209</sup> At the same time I have also suggested the postmodern era is also likely to produce more collaborative and novel approaches to research that aim to include rather than exclude other forms of knowing.

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<sup>209</sup> See Sivin (1984), Kaptchuk (2001a, 2002), Freuhauf (1999)

The final section of this chapter returns discussion to other ways of characterising qì. Indeed, in a simple way the thrust of this thesis can be taken as a commentary on qì heard through other voices and thereby offering other ways of envisioning qì. My purpose is to situate the following comments in relation to recurring themes that have circulated throughout this work. As I argued earlier, Chinese medicine may be read as reflecting the postmodern critique of the modern Western episteme demonstrating that what constitutes knowledge and how knowledge is constructed is provisional, partial and contingent. At the same time, though the postmodern critique appears to have led us into a relativistic cul de sac, others have suggested that constructive postmodernism also offers a way out of the relativism, opening up possibilities for new and different forms of discourse (Wilber 2000). I have suggested that qì discourse can be taken as an exemplar of this potential opportunity.

Beginning with the assertion that qì is universal, an idea which some postmodernists would outrightly refute, the epistemology and ontology of qì demands that we speak of things always being in relation to each other, as transformative and even transcending, implying that qì provides the structures for deconstructing itself. Herein lies the paradox. At one level, qì is considered as a naturally occurring universal phenomena and, at the same time, the experience of being with qì and the ways in which language is used to describe the transforming actions of qì, always points to ways of ‘looking in on itself’. Exemplifying the postmodern impulse, qì discourse, constructs and deconstructs at the same time.

Accepting that qì is naturally present in the world, my intention is to situate the discussion within the context of the natural and the cultural. Even though qì is taken as a natural, universal force that exists beyond the cultural, somehow qì ‘naturally’ presents itself within the cultural, posing the problem of how one can understand the

relationship between the natural and the cultural. Most acupuncturists accept the view that qì is a naturally occurring universal force said to animate all living things, surrounding us ‘all the way up’ and ‘all the way down’. In addition to being universal, qì is also taken as having existed ‘before time’, as probably limitless and omnipresent. However, the moment qì is spoken about and brought into the cultural realm, and true to Daoist views, the essence of what qì is often gets lost in the words we use to express our understanding of qì.<sup>210</sup> It is not so much that qì ceases to retain those qualities from ‘before time’. Rather, qì discourse becomes altered because emphasis is given to how things transform in the world we live in. The act of talking about transformation brings people, in search of meaning, in touch with the opportunity to catch glimpses of qì beyond earth and beyond culture. From a Chinese medicine perspective, humans have been conferred with a special privilege and skill to apprehend and experience this numinous force in everyday life, clearly suggesting that we exist in nature and that nature inhabits us. The message is we belong to a much greater awesome world and the world is available to us to know.

Construed as a creation myth the idea of qì moves people to speak about human questions; what am I, why am I here, what shall I do and how shall I do it. Qì seems to offer a blueprint on how to be, as an individual and importantly in relationship. Human beings become, as it were, little universes imbued with qì from the universe. Eventually, however, the transforming quality of qì will cease meaning that we will die. The body decomposes and our qì returns to its other cosmic home. For instance, at the time of our death, Chinese medicine puts the view that the qì we call pó 魄 and hún 魂 leave the body, the former descending into the earth and the latter ascending into the heavens. Perhaps qì is neither fact nor universal, but what does matter is how

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<sup>210</sup> The opening statement in the Dao De Jing begins, ‘The tao that can be told, is not the eternal Tao, The name that can be named, is not the eternal Name. The unnamable is the eternally real. Naming is the origin of all particular things’. S. Mitchell, <http://acc6.its.brooklyn.cuny.edu/~phalsall/texts/taote-v3.html#1>

humans have struggled with the question of existence suggesting that as a human endeavour, Chinese medicine has much to offer.

In Chinese medicine, two major modes of thought are taken as underpinning medical ideas and together these two ways of thinking offer a perspective on understanding the human condition, underscoring the idea of the natural and the cultural. We know these as Daoism and Confucianism.<sup>211</sup> From a Daoist point of view, everything is the Dao, also meaning nature, insisting on the necessity of being natural to discover our sense of place in the world. On the other hand, Confucianism expressed the urgency for one to cultivate the self in order to discover our natural self. These two views pervade Chinese medical thinking and are clearly evident in what we take as the classical sources of Chinese medicine. The two views appear to be in opposition to each other and as soon as we attempt to seek clarity, the distinction between them becomes blurred. For instance, if we take the Daoist view there is no point to be natural, because we are already natural, and, on the other hand, if one cultivates the self in society, and culture is taken as nature manifest, we are wasting our time trying to be cultivated. In resolving this apparent impasse, Chinese medicine encourages the practitioner to work with the contradiction and ambiguity, which naturally reflects how things transform into each other. The experience of working in this way, grounds the participants as they attempt to access and apprehend knowledge.

Most people believe cognitively and feel intuitively that nature and culture are two separate kinds of things. We are stuck in a dilemma. Born into a social world that we have created we wonder nonetheless how it is that we can 'step outside' into nature and what happens when we do so. Stepping into and experiencing nature offers the view that we will be able to know another reality, a deep reality that will affect the

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<sup>211</sup> I have already alluded to the idea that in the West, it appears that Daoist thinking and influence is afforded more significance than Confucianism in relation to acupuncture, even though this view is disputed. See Unschuld (1994)

whole being: cognitively, affectively and behaviourally. We become conscious to nature because of the call to nature, in much the same way as practitioners attested to their call to qì.

The sense of perplexity and apparent contradiction is also witnessed in how Daoism and Confucianism compete and co-exist in two core theories encountered in Chinese medicine: wǔ xíng and liù jīng. Originally translated as 'Five Elements', wǔ xíng<sup>212</sup> is an attempt to 'classify phenomena in terms of five quintessential processes, represented by the emblems of Wood, Fire, Earth, Metal and Water' (Kaptchuk 1983:343). Compared with the concepts of yīnyáng and qì, wǔ xíng is a much later addition. Earliest records from about 400 BC speak more of the application of the wǔ xíng to morals, theory of history and succession of dynasties (Du Bary 1969) than to medical issues. By the second century BC the inclusion of natural phenomena and the wǔ xíng's application to the sciences and medicine is clearly noticeable: the wǔ xíng is appropriated and accommodated into medicine demonstrating how the natural and the cultural could be juxtaposed drawing attention to how humanity should behave.<sup>213</sup>

Though I introduce a new idea here, I do so as a way of demonstrating how Chinese medical ideas speak on how the natural and cultural circulate within humanity. The Liù Jīng 六經, or Six Channels, may be understood in two ways. Firstly

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<sup>212</sup> I have already referred to wǔ xíng earlier in the thesis. Earliest reference to the wǔ xíng is not medically oriented. Sivin notes that one of the wǔ xíng's original meanings referred, 'not to aspects of the physical world but to five moral qualities' (1988:71). It has also been associated with proper government and in social relationships. Kaptchuk (1983) in his critique of wǔ xíng theory describes it as being somewhat 'rigid' and at times required some 'fudging' by practitioners determined to use it. One inconsistency in wǔ xíng theory relates to the concept of fire. Associated with the heart is the notion of Fire but one can also talk of the 'Fire of Ming Men', which is a different concept. Another example is the idea of cold, which corresponds to kidney and winter, yet cold patterns of disharmony, an exterior attack, first penetrates Tai Yang channel with signs and symptoms reflecting lung disharmony. Which is correct? Perhaps it is not the question that matters; rather how the presenting manifestations are interpreted is of more concern. The answer is, in any case, it depends. Where apparent theoretical contradictions occur, a choice is made and one is simply avoided. We should not judge this as muddled thinking, but a particular style of thought with a strong tendency to reconcile and balance apparently mutually exclusive concepts (See Unschuld 1987:57). See Major (1976) for a discussion on the problem of rendering wǔ xíng as 'the five elements'. See also Barnes (1985), Beinfield and Korngold (1991) and Smith (1995) on a contemporary Western interpretation of the Five Elements. See also Freeland (1991) for his discussion of the five transporting points said to express wǔ xíng qualities in their functions.

<sup>213</sup> See Ni (1995), Sivin (1987).

on how heavenly influences circulate in humans: the qì before time. Secondly, as a medical construct, liù jīng offers an explanation on the origins, penetration and progression of qì, now said to be perverse or evil in humans on earth (Sivin 1987, Fraser 1984). Whereas the wǔ xíng describes a process of transformation and change of yīnyáng present on earth, liù jīng reflect the apparent movements of heaven in relation to earth. In contemporary texts, the impact of heaven is generally described as atmospheric factors such as wet/dry, dampness, heat/cold or wind. However, through his reading of the Nèi Jīng and the Yi Jing, Fraser (1984) offers an interpretation of liù jīng theory and its cosmology, emphasising how the natural order of six channel circulation perfectly reflects heaven. This particular view of the movement and direction of qì is distinct from the wǔ xíng. By positing the existence of six channels, medical scholars indicated qì followed a particular movement reflecting celestial movements. Liù jīng also speaks of the apparent movement and transformation of natural forces in people on earth. The former theory gives emphasis on how to stay healthy and the latter explores the reality that will we all get sick because we are subject to forces much greater than us. The central point is that qì is common to both views with the emphasis and interpretation attached to qì being the element that speaks of change and transformation. Nature and culture circulate in both, strongly suggesting that it is perspective that matters.

These two vignettes on theory suggest that as perspective changes so too can the bodymind, clearly pointing to the idea that two seemingly opposing views are ‘closer’ to each other than we think. In other words, we create the distance and difference, whereas Chinese medicine is constantly alerting us to peer into the spaces between opposites, because opposites always change into each other. Perhaps, as Unschuld (1987) has argued, that from a historical perspective Confucian influence in Chinese

medicine is more significant, when compared to Daoism. However, the Western emphasis on Daoist influences may also be read as reflecting the inherent versatility of Chinese medical ideas and, from a cultural globalisation analysis, how we at the margins of Chinese medicine append meaning to ideas within our social and political milieu. One probable reason for this reinterpretation is the West's fascination with new and different philosophies emanating from China and the East in general, pointing to a suspicion of the modernist project. Rather than positing things as black or white, either/or, right/wrong, observer/observed, silence/sound,<sup>214</sup> up/down, objective/subjective or us/not us, both Confucianism and Daoism speak on how nature and culture intersect in people, suggesting that any event, feeling or thing retains shades of the other within.

Probably the best indicator of how opposition, the material vs. the immaterial, fades away is in the act of needling. A naturally occurring material, fashioned by human hands could, when used by people, change the immaterial and in turn would transform the material. This reading can be taken as saying that in the real world nature and culture do intersect, unfold into each other impacting on ones state of being. Acupuncture practice then is perceived par excellence, that opposites and duality are an illusion of our own creation. Importantly, the relationship between nature and culture will become evident during the acupuncture encounter providing a pathway to therapeutic change and the transcendent.

If nature is qì and qì can be discovered and experienced by humans how then can we say what qì is? Alluded to earlier on a number of occasions, asking for and offering a definition of qì is not necessarily the best way forward. Perhaps, it may be more instructive to put the question in another way: what is qì like? In putting the question

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<sup>214</sup> I am reminded of the view that says the reason why we 'hear the sound of music' is the silence between two notes.

in this way, I am suggesting that to interpret qì is not 'natural'. Qì discourse becomes a part of the cultural in much the same way that wǔ xíng and liù jīng are interpretations of something taken to be natural. Exploring meaning is generated through social interaction rather than through some inherent quality in objects themselves. We participate in the transformation of things. In other words, we come to know the world of qì in terms of how the idea of qì has functioned in the cultural. We select the keys for making sense of experience and in relation to Chinese medical ideas and practice we develop a sense of what is happening. Of significance then to patients and practitioners the relationship that is constructed in the therapeutic encounter becomes a way of stepping 'outside' into a world of qì in order to experience the natural. We weave our webs of significance in the world in an attempt to apprehend how the world moves whilst also providing an opportunity for us to understand how we construct our webs of significance. Nonetheless, practitioners attested to the presence of qì through experience: inside them and as a force that circulates in the external world.

Even though the postmodern critique suggests that language cannot confer access to any self-present meaning, nor can it and cannot settle the question of whether our relationship to language and the so-called objective world is susceptible to radical transformation, there is also, as Wilber (2000) notes a 'good news story'. Thanks to Derrida and other postmodern writers one consequence is that it is possible to understand qì as a struggle and to appreciate the message that as we deconstruct on the one hand, we also become aware of the metaphysical, pointing to a view that there are other ways of knowing.

Qì discourse therefore speaks to us Westerners on a collection of critically important 'isms': dualism and materialism. In dualism, mind and matter are real but completely separate. The core problem is how they interact. If and when the distinct

entities of mind and body interact, which they do with real people, it involves, in the words of Humphrey (1993:4), 'a handshake across a metaphysical divide'. Yet, people know that body fluid, veins and arteries, bits of tissue and cells, somehow become transformed into 'the wine of consciousness' (McGinn 1989:98). Chinese medicine proposes a way of understanding the 'how' of this transformation. The mind-body problem is the problem of how the miracle is wrought. They are not rejected out rightly. Rather these ideas are included and embraced. For instance, qì discourse acknowledges opposites but takes one further step suggesting that opposites are always interacting and part of a larger whole.

In relation to materialism, and using qì as an example, energy is always in the process of taking form and vice-versa. The key problem in materialism is emergence, meaning how then does the mind emerge from lifeless matter. How for instance does one explain how the mind emerges from matter, which is meant to be completely lifeless and mindless. Something else would be required to solve the presence of a subjective world. An opposite view to materialism would be to suggest that only mind and consciousness is real. Denying that the physical has any reality of its own, the independent mind is what creates the world of things. The physical body is reduced to mind, thing to consciousness or culture to nature.<sup>215</sup> It may be, as certain 'mind-only' Buddhists assert, that there is nothing but consciousness and that all things are merely an illusion or what we take to be physical entities are but ideas.

Postulating that all things are in a state of change, always transforming into each other, qì discourse takes the view that mind, consciousness, matter, nature and culture are inseparable, going 'all the way down', suggesting that cells, molecules and atoms are sentient energy and goes 'all the way up'. Another way of saying this is that the

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<sup>215</sup> Hegel's metaphysics is an example of a cultural reduction of nature. De Chardin 'reverses' the Hegelian idealism whereby physical phenomena are not really real, being transitory in the cosmic metaphysical processes moving to the ultimate spiritual goal of the omega point.

part and the whole are one, not unlike the description of Indra's net or Thich Nhat Hanh's description of the universe residing in a page of writing.<sup>216</sup> He wrote:

If you are a poet, you will see clearly that there is a cloud floating in this sheet of paper. Without a cloud, there will be no rain; without rain, the trees cannot grow, and without trees, we cannot make paper. The cloud is essential for the paper to exist. If the cloud is not here, the sheet of paper cannot be here either... If we look into this sheet of paper even more deeply, we can see the sunshine in it. If the sunshine is not there, nothing can grow. In fact, nothing can grow. Even we cannot grow without sunshine. And so, we know that the sunshine is also in this sheet of paper. The paper and the sunshine inter-are. And if we continue to look, we can see the logger who cut the tree and brought it to the mill to be transformed into paper. And we see the wheat. We know that the logger cannot exist without his daily bread, and therefore the wheat that became his bread is also in this sheet of paper. And the logger's father and mother are in it too... You cannot point out one thing that is not here -- time, space, the earth, the rain, the minerals in the soil, the sunshine, the cloud, the river, the heat. Everything co-exists with this sheet of paper... As thin as this sheet of paper is, it contains everything in the universe in it. (Cook 1977:22)

Emulating this kind of thinking, Chinese medicine makes a connection between the organs and other parts of the body. For instance, the kidney is connected to the hair, ears and knees, the earth to the lips, muscles and four limbs or the liver to the tendons, eyes and sides of the body. At the same time, the kidney is related to fear, strength of will and wisdom, the earth to thinking and meditative thought, being nostalgic or feeling centred, and the liver<sup>217</sup> with feeling irritable, frustrated, angry,

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<sup>216</sup> In the heavenly abode of Indra, '... there is, a wonderful net that has been hung by some cunning artificer in such a manner that it stretches out infinitely in all directions. In each 'eye' of the net hangs a glittering jewel and since the net itself is infinite in all dimensions, the jewels are infinite in number. There hang the jewels, glittering like stars of the first magnitude, a wonderful sight to behold. If we now arbitrarily select one of those jewels for inspection, ... we will discover that in its polished surface there reflected all the other jewels in the net, infinite in number. Not only that, but each of the jewels reflected in this one jewel is also reflecting all the other jewels, so that there is an infinite reflecting process occurring ... a cosmos in which there is an infinitely repeated relationship among all the members of the cosmos. This relationship is said to be one of simultaneous mutual identity and mutual inter-causality.' (Cook 1977:2)

In Indra's Net, binary oppositions do not apply. The 'textuality' extends beyond language meaning that we are reading more than the insights of the text for on this page, as Thich Nhat Hanh states, the point is an entire universe. To emphasize the point, the metaphor of Indra's Net speaks more than our interdependence, for that would presuppose the existence of separate things which are related together. Rather, just as every sign is a sign of a sign, so everywhere there are only traces and those traces are traces of traces.

<sup>217</sup> The Wood phase (liver gān 肝 /gall bladder dān 膽) of the wū xíng is often linked to making choices/decisions and implementing them. Clinically, the task of assessing options seems too readily available and is often perceived as an answer to a problem not yet fully formulated. A perceived excess of availability of choice consumes and disrupts qì, especially liver qì. Engaging a series of thoughts, constructing a plan and implementing a plan require harmonious movement and activity of spleen and liver zang. Mackay (1993:11) notes that 1990's seem to represent

nervous or indecisive. To a practitioner, listening to someone cough, noting the colour of the lips or shape of the limbs is richly packed with information which, for instance, biomedicine is either oblivious to or tends to ignore. Indeed, an astute practitioner could construct a diagnosis by ‘listening in to one part’ while offering a diagnostic picture of the whole being.

Asserting that all things are in a state of transformation and qì is sentient in all transformation, suggests that qì may hold a memory of what is, and has happened: a remembered present. In other words, qì retains a memory of itself. Recent findings in genetics seem to point in this direction. Based on her work in ‘foetal-maternal microchemism’, Skatsson (2003) who asked the question why women live longer, suggested that ‘the egg that made you was actually forming when your mother was a six-week-old embryo during your grandmother’s pregnancy’.<sup>218</sup> In terms of atomic particles, we can suggest that the atoms of air we breathe in or exhale, or the atoms of water we swallow or excrete once lived in Charlotte Brontë, Confucius, Jesus Christ or Jack the Ripper. The atoms of air that circulated around Saddam Hussein’s lungs on the day of his execution may one day pass through the Oval Office in Washington. We are all, as Reaney (1992) asserts, children of the stars.

The central point is that knowing qì helps one understand how things remain and change, in nature and in people, and in doing so qì transforms knowledge. To learn acupuncture, Chinese medicine requires that practitioners engage in an interactive relationship with knowledge and practice, an engagement which reflects the

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a time of the ‘Big Angst’ for Australians. He writes, ‘The problem is that, all over Australia, people feel themselves to be operating on a short fuse. Little things which might, in previous generations, have been quite easily tolerated and absorbed as part of the ups and downs of daily life, now seem to assume bigger proportions. The general level of anxiety in the community is such that it only requires a small spark to ignite feelings of irritation, helplessness, frustration, anger or violence.’

<sup>218</sup> A recent news report noted that mirror neurons, a widely dispersed group of brain cells, seem to be able to track the motional flow, movement and even intentions of a person with whom we engage suggesting that the brain to brain link may account for feelings of rapport or sense of closeness to another. One conclusion is that a healing presence can relieve emotional suffering. Essentially the report confirms practitioners’ experiences that being with the other especially with the ‘needle’ not only brings healing but that the practitioner can feel the healing (Coleman 2007). See Diamond and Aspinwall (2003), Cacioppo and Berntson (2005), Cacioppo, Visser and Pickett (2005).

fluctuating activities of qì. It also means that engagement of this kind will point to concerns relating to identity and one's place within a greater order of things.

Learning qì can only happen in relationship and this assertion suggests that qì must be experienced. There is no other way since everything in the world is a complex play of relationships. The idea of being in relationship is to be understood in two ways. Firstly, as a personal relationship with qì by engaging in qì cultivating activities such as meditation, qì gōng or tài jí or indeed, in any other activity that speaks of qì such as reading a book, painting, cultivating a garden patch or riding a bike.

The second way is by relating to and engaging with other people. In a simple yet deep sense, engaging with the other means that I can find you in me, you can find me in you, we find each other and we are one. Out of the many, we find one.

Such a view pushes us into realising that we are not separate, unconnected beings. Qì discourse encourages us to ask what we mean when we use such words as 'I', 'me or myself'. Hardly unique to the postmodern era, we discover the sense of 'I being *for* the other' and as Frank (1994:15) puts it, 'I bearing responsibility for the other, because ... our lives as humans require living that way'. The self now is understood as coming to be human in relation to others and we continue to discover self as we engage with the other. In a strong sense then, the 'good news story' of qì is that we become transported into considering the contemporary self as a 'reflexive project' and that our self-conscious participation will transform us as we come to know self when each is for the other (Giddens 1991, Levinas 1981). A clear implication is that the experience of being with qì, by doing qì exercises, or in the therapeutic encounter, will make us a better person.

Engaging with qì also means that the transforming actions of qì will lead us to a deep knowing taking us beyond the limits of reason. These moments become

occasions where we come to know of qì as a numinous presence. In the Nèi Jīng tradition, medical scholars' interpretation of qì as an awesome and wondrous force giving substance to life was also identified, but renamed as shén. Indeed, understanding shén was critical to assessing an individual's energetic condition as well as making a diagnosis and prognosis. The ideas explored in Běn Shén, a chapter in the Líng Shū, were highlighted in this thesis, clearly directing attention to a range of activities associated with mental life: feeling feelings, thinking thoughts, human emotions and a range of spiritual attributes. Discourse on shén also served to demonstrate how scholars can shift their attention, but still continue speaking of the same phenomena. At times Nèi Jīng medical scholars considered shén to be a global force, meaning shén is an energy beyond qì. On other occasions, shén is specific to the activities of the heart, or identified as the spiritual attribute associated with the remaining zàng 臟 organs. The language of shén happens to be a unique attempt to understand mental life, while simultaneously suggesting that shén is a special form of qì conveying practitioners into a state of mind whereby they could develop a transpiercing vision of universal forces. By cultivating qì, practitioners become enabled to 'penetrate divine intelligence', tong shén míng 通神明. While shén discourse was placed in the context of medical practice, its understanding has profound implications for other spheres of human life. Discourse on shén focuses attention on another way of understanding the universe as wondrous and mysterious. Apprehending the philosophical ideas which underpinned Chinese medical knowledge, was considered critical to becoming a good physician and, by implication, a wise person. Though practitioners in this research did not always invoke the notion of shén, they did speak of qì as shén as they experienced qì. Being a physician means that one is in a fortunate position to discover and understand universal laws.

Experiencing qì is only possible if one is **in** and **with** qì, thereby we arrive as it were, to deep knowledge of the world, self and other. This means that to practice qì requires self-conscious participation which is tension filled, contradictory and, at the same time, comprehensible. Chinese medicine offers its adherents a philosophy for medicine and a practice such as acupuncture aims to heal by preserving and restoring the person. In this way, acupuncture practice functions as philosophy in action returning us to the idea that philosophy is a search for wisdom. Australian practitioners are in a position to ‘translate’ Chinese medical ideas in a non-Chinese setting and in this translation lies both the potential to revitalise medicine and capable of addressing ongoing universal human concerns.

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