

***Needling the Spirit: An Investigation of the Perceptions and Uses of the  
Term Qi by Acupuncturists in Québec***

by

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## RÉSUMÉ

Ce mémoire a pour but d'explorer les différentes manières dont les acupuncteurs formés au Québec interprètent et utilisent le terme *qi* dans leur pratique. Il avance que les choix des acupuncteurs sont influencés par le lien implicite qui est fait entre les médecines alternatives et complémentaires (MAC) et la spiritualité nouvel âge. Au moment où les médecines asiatiques telle la médecine chinoise développent un créneau qui leur est propre à l'intérieur du système de santé biomédical dominant, on observe une volonté de faire valoir la cohérence scientifique des MAC au sein de la médecine biomédicale et, simultanément, un désir de répondre à la fascination nouvel âge et orientaliste que suscitent les médecines asiatiques "traditionnelles" et les propriétés spirituelles inhérentes qui leur sont attribuées. L'étude conclue que bien que les acupuncteurs québécois aient une bonne connaissance des interprétations historiques du terme *qi* et de ses usages médicaux, ils ont néanmoins tendance à comprendre le *qi* dans le cadre de leur propre spiritualité et de la relation que celle-ci entretient avec leur pratique. En outre, l'étude démontre que cette tendance est fortement influencée par le contact avec les notions nouvel âge eu égard à la guérison et au mouvement des MAC. Du fait qu'elle est située dans le milieu culturel québécois, l'étude prend en compte le contexte religieux et historique spécifique à ce lieu ainsi que les effets de ce dernier sur les praticiens.

## ABSTRACT

The intent of this thesis is to explore the various ways in which acupuncturists trained in Québec interpret and use the term *qi* in their practice as healers. It argues that these choices are influenced by the implicit connection between complementary and alternative medicine (CAM) and New Age spirituality. As Asian medical systems such as Chinese medicine carve out a niche within the dominant biomedical health-care system, there is a simultaneous desire to present its medical system as scientifically coherent within the biomedical context and a desire to cater to the New Age orientalist fascination with “traditional” Asian medicine and what is perceived as its inherent spiritual qualities. This study concludes that although Québécois acupuncturists are well-versed in the historical interpretations of the term *qi*, as well as its medical applications, there is nevertheless a tendency for these practitioners to understand *qi* as a part of the framework of their own personal spirituality and the relation of that spirituality to their work as healers. Moreover, it is shown that this tendency is strongly informed by the interface of New Age notions concerning healing and the CAM movement. By situating the study within the cultural milieu of Québec, the specific religio-historical background of this locale and its effects on these practitioners is also taken into consideration.

## **Acknowledgements**

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## **Conventions**

I have used the Pinyin system of romanization throughout this thesis. For clarity purposes, I have italicized all Chinese words except those that are proper nouns. The Pinyin system is currently the most widely used system of romanization.

In addition, in the final two chapters, I will refer to interviewees by calling them “participant A,” or “B”, and so on in order to protect their anonymity.

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## Introduction

The practice known as Traditional Chinese Medicine (TCM) is somewhat of a misnomer as it has been well documented that the development and institutionalization of this “traditional” medicine only solidified as a recognizable entity under Mao's government in mid-twentieth century China, although it first appeared in the 1920's and 30's (Croizier 1968; Sivin 1987; Farquhar 1994). A century of civil war and foreign invasions had left China isolated and in a state of chaos with nothing but their own resources to combat their substantial economic and social problems, including a rapidly expanding population. In an attempt to combat the growing popularity and prestige of Western biomedicine in China, the Communist government spent considerable energy on promoting Chinese medicine as a source of national pride.<sup>1</sup> As Vivienne Lo and Sylvia Schroer have indicated, a crucial component of that initiative consisted of purging the native medical tradition of superstitious or “spiritual” elements in order to compete with the evidence-based scientizing biomedical culture (2005). Throughout the last century and continuing to the present, the standardized and institutionalized system of TCM has been transmitted to the West and received with increasing enthusiasm. However, although there is no doubt that the practice of TCM is largely presented and taught as a “scientific” medical

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1 Kim Taylor's 2005 work *Chinese Medicine in Early Communist China, 1945-63: A Medicine of Revolution* provides a very thorough analysis of the subject. See also Paul Unschuld, *Medicine in China: A History of Ideas* (1985); Judith Farquhar's *Knowing Practice: The Clinical Encounter of Chinese Medicine* (1994); Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (2002); Elisabeth Hsu, *Transmission of Chinese Medicine* (1999); S.M. Hillier and J.A. Jewell, *Health Care and Traditional Medicine in China, 1800-1982* (1983); and, of course, the classic work by Ralph Croizier, *Traditional Medicine in China: Science, Nationalism, and the Tensions of Cultural Change* (1968).



tradition with evidence-based legitimacy, it is equally true that the very incorporation of the word “traditional” into its title invokes a notion of a “romanticized vision of non-Western system of healing...true only to its ancient origins, spiritual values and holistic philosophy” (Ernst 2002). This vision of “traditional” medicine as “spiritual” is, of course, not entirely inaccurate, given the fact that both Eastern and Western medical systems,<sup>2</sup> such as TCM, do indeed arise from the shared roots of medicine and religion (Goldstein 2000; Kelner and Wellman, 2000). What is striking however, is the inherent tension between scientization on the one hand, and spiritualization, on the other, that gets played out as Eastern medical systems come into contact with other prominent notions of spirituality, wholeness, and healing in the West, particularly those of the New Age movement and the burgeoning field of complementary and alternative medicines (CAMs) (Alter 2005). With increasing evidence that the use of CAMs, including acupuncture, is very much on the rise in Canada, as elsewhere (Andrews and Boon 2005), and that spirituality often has an important role in these practices, questions surrounding the transmission of different healing systems, and the particular conceptual framework they contain, come to the forefront.

There has been considerable discussion surrounding the issue of spirituality within CAMs and New Age influenced healing practices, including Chinese medicine. Catherine Albanese suggests that the implicit conflation of “spirit” with “energy” is characteristic of “subtle energy-based modalities”<sup>3</sup> such as Chinese medicine (1999). Academic

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2 I use the term “system” here in the sense of the following definition found in the *Canadian Oxford Dictionary*: “A body of theory or practice relating to or prescribing a particular form of government, religion, etc.,” but acknowledge that the term is problematic, as it suggests a static entity and a uniformity that scholars, such as Scheid and Farquhar, have gone to great lengths to refute.

3 Albanese uses the term ‘modalities’ to refer to the various healing techniques used in

contributions by Western practitioners of acupuncture highlight the current debate over the categorization of Chinese medicine as a “subtle energy-based modality” and the consequences conflating of the notion of *qi* with energy (Schulman 2004; Cassidy 2004). As a contribution to this dialogue, I am interested in investigating the interface between Western understandings of *qi*, often translated as “energy,” and spirituality as they are expressed within the context of both the greater North American CAM movement and the New Age movement. In other words, what impact do dominant notions of “science” and “spirituality” have upon the transfer of Chinese medical concepts, specifically that of *qi*?

The Chinese concept of *qi* has had a great number of meanings in the course of its history and continues to create difficulty for translators by virtue of its flexible and ambiguous nature. From its beginnings as a term for 'steam,' 'vapour,' 'gas,' or even 'ghosts' this key term took on a wide range of meanings and uses. Indeed, one finds reference to it in many early Chinese philosophical, religious, and medical texts and it can, in many ways, be considered central to all Chinese thought. In the twentieth century, diverse translations by Western scholars such as Paul Unschuld's “finest matter influence,” Manfred Porkert's “energetic configuration,” and Nathan Sivin's “stuff that makes things happen” or ‘stuff in which things happen’” reflect the multivalency of the term *qi*.<sup>4</sup>

In particular, I wish to investigate how the concept of *qi* manifests in the cultural milieu of Québec. Given the high degree of involvement in New Age practices and relatively wide acceptance of CAMs in Québec (Bird 1977), I argue that even though the teaching of Chinese medicine adheres to a standardized TCM model that downplays any

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CAM. For the sake of clarity, I will use the terms 'techniques' or 'practices'.

<sup>4</sup> See Unschuld, 1985, p. 72; Porkert, 1974; Sivin, 1987, 47.

connection between Chinese medicine and spirituality, acupuncturists trained in Québec nevertheless use and view the term *qi* as related to spirituality within a model of holistic healing.

## **Outline of Thesis**

### **Section One: Textual Studies**

I intend to take a two-fold approach in this study. In Chapter one, I will present a textual analysis divided into two major sub-categories. The first will be a historical analysis of the etymology and use of the concept *qi* in the early Chinese religio-medical<sup>5</sup> texts, including the *Huang Ti Nei Jing (The Yellow Emperor's Classic)*. This chapter will also examine *qi* as translated by scholars working within the Western academic milieu. Elisabeth Hsu's *The Transmission of Chinese Medicine*, Judith Farquhar's *Knowing Practice*, and Lu and Needham's *Celestial Lancets* all contain critical discussions concerning issues of transmission of Chinese medical knowledge. I will then look at the ways in which the Western encounter with Chinese medical terminology affected translation choices of major Western scholars including Joseph Needham, Nathan Sivin, Manfred Porkert, and Paul Unschuld.

Chapter two will examine literature concerning the CAM movement in North America. In so doing, I intend to provide a theoretical basis from which to view the incorporation of explicitly spiritual or 'New Age' ideas as directly connected to the

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5 I use the term 'religio-medical' in acknowledgment of the fact that the line between these two categories is somewhat arbitrarily and retrospectively drawn given the shared roots of religion and medicine.

globalization of 'traditional' Asian medical practices.

In Chapter three I look at the history of acupuncture in the West, specifically the relationship of Chinese medicine to the alternative health movement in the West and its notions of spirituality. Lo and Schroer's "Deviant Airts in 'Traditional' Chinese Medicine" is particularly pertinent for this discussion, as the authors investigate similar issues with regards to British acupuncturists' use of certain technical terms potentially viewed as esoteric or at least unscientific such as 'xie,' or 'evil' or 'heteropathic'. On the encounter of modernization and "traditional" Chinese medicine in China, Volker Scheid's *Chinese Medicine in Contemporary China: Plurality and Synthesis* stands out for his thorough analysis of the multiplicity of Chinese healing practices as well as his ability to frame this within a firm theoretical background that draws on both Chinese and Western philosophy.

Drawing on sources such as Wouter Hanegraff's *New Age Religion and Western Culture: Esotericism in the Mirror of Secular Thought* (1996), Chapter four outlines the development of New Age religion in the West. From its roots in the early Theosophy movement to its connection to the alternative health movement, this spiritual paradigm influences the way alternative medical practices are viewed and understood, both by the users and practitioners. Chapter five goes on to investigate the relationship between New Age and the CAM movement. Mikael Rothstein's *New Age Religion and Globalization* (2001) proves useful for being one of the few works to date that explores the New Age phenomenon and its relationship to specific locales and populations. Melton Gordon's analysis of the energetic based healing practice of reiki and its connection to New Age notions in "Reiki: The International Spread of a New Age Healing Movement" in the above volume is also pertinent to my own research for similar reasons.

## **Section Two: Ethnographic Study**

Chapter six is devoted to ethnographic qualitative research in which I will report and analyze interviews that I conducted with acupuncturists trained at Collège Rosemont in Montreal, a two-year junior college as well as a professional training institute. As the only location in Québec to offer certified acupuncture training and, as a provincially funded institution, all programs are free,<sup>6</sup> making it unique in North America and highly competitive. The three year program is taught in French; as a result, the majority of students are Francophone. I conducted a series of oral interviews with the current or former students in whichever language was most comfortable for the interviewees, English or French. All interviewees were asked an identical set of questions with the aim of uncovering not only their views on the terms *qi* and spirituality and the relation between the two in their practice, but also the extent to which their training impacts those views. Significantly, although the program loosely follows those in other standardized North American TCM colleges, its program shows a strong French influence in both its programming and materials.

### **Limitations of the Research**

It must be acknowledged that this research is narrow in scope and is limited by its exclusive reliance on English and French scholarship and translations of Chinese works. There is an important body of scholarship on this subject in Chinese and Japanese that

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<sup>6</sup> At the time of writing, there is a nominal fee of \$116 per semester. Compared to the several thousand dollars per semester charged at most private acupuncture training institutes in Canada, this is extremely low.

was not accessed for this study. Even though the focus of this work is on Chinese Medicine in the North America, it is, nevertheless, a significant omission.

### **Contributions of Study**

In my conclusion, I elaborate on these findings and attempt to bring these into line with the themes of transformation versus preservation, and scientization versus spiritualization,<sup>7</sup> as articulated in the first chapter. Taking into account the complex forces of globalization, standardization, and professionalization as well as the influence of the increasingly powerful CAM movement on 'traditional' Eastern medical systems in the West, I hope this research will be a step towards understanding the relationship between traditional Chinese medicine, healing and spirituality, and processes of transmission and transformation in North American culture, particularly that of Québec. To the best of my knowledge, this study presents a unique contribution to an under-explored, interdisciplinary domain that investigates the blurred boundaries of medical anthropology, religious studies, and health care studies.

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7 I am using the term “scientization” to refer to a process wherein something -- in this case healing practices -- is purposely given a scientific character, often with the desire to rationalize something that is seemingly irrational. Likewise, spiritualization is the action of giving a spiritual character to a practice.

## ***Chapter One***

### **Historical Views on *Qi***

The purpose of this chapter is to trace the origins of a key concept in traditional Chinese medicine – *qi*, as seen through the interpretations of prominent Western scholars. I intend to look at the historical origins and uses of the word, as well as its philosophical and religious applications. As a consequence, it is necessary to investigate how Confucians and Daoists view this concept. I will then turn to how *qi* is used in the medical context and the proliferation of meanings it accrues in that milieu. This will enable me to provide an overview of this key concept and its myriad of uses in order to move into an analysis of the transformations in interpretations that exist among contemporary acupuncturists trained in Québec.

### **Introduction to *Qi***

The concept *qi* underwent many transformations in China and came to refer to a dizzying array of meanings. The character is composed of two components: the upper portion contains three horizontal lines with the top and bottom line curving off in opposite directions and has the meaning of “vapor,” “steam,” or “gas.” The lower stem is the character for “rice,” which can be understood as a general term for “food,” or “nourishment”. Therefore, we can well understand how the term came to be used to indicate “moving power,” “vital force,” or “energy,” containing as it does the principles of transformation of matter (rice) into energy (nourishment) (Maciocia 36, Sivin, *Traditional Medicine in Contemporary China* 46 - 47, Kovacs 93). Furthermore, its multivocality can be attributed in part to the fact that the character contains both the

images of air, or insubstantial matter, and rice, or substantial matter. It may well be that the earliest notion of *qi*, before being elaborated upon by philosophers and medical practitioners, had a much narrower set of meanings, generally referring to something that has little concrete substance, as opposed to its later interpretations of all forms of matter and “energy,” but this is difficult to deduce as shall be seen shortly.

The notorious difficulty in defining this term has meant that most contemporary Western scholars choose not to attempt the task (Needham 369, Sivin, 1987, 47 n.5). Those who have attempted to provide alternate terms have generally not been successful in convincing subsequent authors of their choice of terminology. Examples include Paul Unschuld's undeniably cumbersome choice of “finest matter influence,” or his briefer but ultimately vague term of “influence” (1985, 72). Georges Soulié de Mourant, the French diplomat of the early 1900s, used the term “*élan vital*” to refer to *qi*. This term gained widespread use in the French language and is often simply translated into English as “energy.” Similarly, Manfred Porkert's decision to use the terms “energy” or “energetic configuration” has been condemned as overly simplistic by certain scholars, even while it is still the most popular translation among the general public.<sup>8</sup> Equally, this term, along with “vitality,” has remained popular in practice-oriented texts, at least until very recently. Porkert notes that although Chinese scholars attributed flexibility to the term *qi* that makes it difficult to translate into the Western term ‘energy,’ nevertheless, “whatever the context and absolutely without exception, (it) always implies a qualitative determination of energy” (168). Perhaps the most accessible definition, although undeniably inefficient, is proposed by Sivin in *Traditional Medicine in Contemporary*

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8 Unschuld emphatically argues that to translate *qi* as “energy” is “a basic misconception that is not supported by Chinese ancient sources” (1985, 72).



*China* when he states that *qi* is "...simultaneously 'stuff that makes things happen in stuff' and (depending on context) 'stuff that makes things happen' or 'stuff in which things happen'" (47). With this, Sivin neatly captures the breadth of usage the term contains and points to its ability to be both agent and recipient of action. In terms of the modern medical textbooks that I have analyzed thus far, it seems that the current trend is to simply leave the term untranslated.<sup>9</sup>

In order to develop an appreciation for the complexities involved in understanding and translating this term in contemporary Chinese medical literature, I will briefly look at its early shamanic origins before turning to a discussion about Confucian and Daoist interpretations. As any reader with even a passing interest in Chinese culture and society is bound to be aware, it is very difficult to separate these traditions into neat, separate categories. The amorphous, blurred boundaries between traditions and even concepts have been commented on by many scholars including Unschuld who remarks that:

The unique feature of the Chinese situation – and this should receive more attention from historians and philosophers of science – is the continuous tendency toward a syncretism of all ideas that exist (within accepted limits). Somehow a way was always found in China to reconcile opposing views and to build bridges – fragile as they may appear to the outside observer – permitting thinkers and practitioners to employ liberally all the concepts available, as long as they were not regarded as destructive to society." (57-58)

Even an attempt to separate the "philosophical" uses of a term such as *qi* from the

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<sup>9</sup> See Ted Kaptchuk, Nathan Sivin, Kenneth Cohen, Huan and Rose, as well as Maciocia.

medical, is bound to become muddled the further one reaches back into history, and indeed there will be much overlap in the ensuing discussion. Nevertheless, it is necessary to attempt to unravel some the complexity involved in the overlapping systems that inform current Chinese medical conceptions of the term *qi*.

### **Earliest Encounters with *Qi***

The earliest appearances of this concept are arguably from the oracle bone inscriptions (OBI) of the Shang dynasty (1600 – 1046 B.C.E).<sup>10</sup> Although this is a shadowy era of Chinese history and therefore difficult to draw many solid conclusions, there is some evidence of the cultural practices and beliefs of the time in the form of inscriptions found carved in oracle bones as well as from reports compiled in the later Zhou dynasty (Unschuld, 1985, 17-18). Some of the inscriptions include references to various “diseases” and “therapies,” although they differ greatly from how we would categorize these concepts in the modern day. Much of what can be deduced from these inscriptions leads to the conclusion that disease was understood as being caused by the curses of ancestors or perhaps even by a “Supreme Ruler”.<sup>11</sup> “Therapies” or cures would take the form of exorcisms.<sup>12</sup>

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10 See William G. Boltz's comprehensive work *The Origin and Early Development of the Chinese Writing System* (1994) for a detailed description of the oracle bones and their importance to our understanding of early Chinese thought.

11 The Supreme Ruler or Shang di is a term used for a deity recognized by the early Chinese people. Unlike similar deities found in other cultures, Shang Di, often simply referred to as simply “Di,” is not associated with human characteristics (Unschuld, 18).

12 Unschuld describes this as “ancestor medicine” and explains that it “was completely integrated into the attitudes and mechanisms developed by this society to understand and solve social crises” (24). He argues that as the Shang dynasty fell and was replaced with the Zhou (1045 BC to 256 BC), the system of ancestor medicine was gradually replaced with what he calls “demonic medicine” that would eventually give way to a medical “system of correspondences.” Thus, the notion of demons

The healers who would undertake these healing practices were known as *wu*-shamans (Harper 43; P.Y. Ho 11; Lock 29). Although much about them is unknown, we can infer from the characters that make up the graph *wu* that they were some sort of ritual specialists, specializing in divination and exorcism.<sup>13</sup> The character itself suggests one who is a “dancing ritualist” (Sivin 1995, ch. VII, 31). Harper suggests that the *wu* may be linked to the notion of divine rulership that is found during the Shang but notes that by the Warring States period, their sphere of influence was declining as a result of the blooming of intellectualism, including natural philosophy and the rise of the *yi*, or physician tradition (152 n.1). However, it is important to bear in mind that the distinction or separation between the elite and the *wu* was not strict, and indeed, as we find in the Mawangdui manuscripts, magico-religious techniques were frequently used by the *yi*. Harper clarifies the issue in stating, “Shamans were an important part of the religious scene...but the elite themselves were already engaged in transactions with a highly organized spirit world” (153). By the Han times, however, the term “*wu*” took on an often pejorative meaning, partially due to the fact that these occult practitioners were most often women (156). The *wu* were frequently subject to persecution throughout

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causing illness was replaced at first by the notion of a malevolent force called “wind” as causing illness. This, in turn, would eventually be replaced with the notion of *qi* as that which influences health and illness. He explains that “With the development of the idea that environmental influences in general had an illness-causing potential, the central significance of wind in the origin of disease was relativized” (72). I find his argument useful as a potential explanation of the relationship between demon medicine, wind theory, and the notion of *qi*, but it is ultimately insufficient as Unschuld himself admits “To be sure, wind etiology was unable to eliminate demon etiology, and influence etiology was unable to eliminate wind etiology; all three interpretive models continued to exist concurrently” (73).

<sup>13</sup> Scholarship on the *wu* is not conclusive and much debate exists. For example, historian David Keightley maintains that the term “*wu*” did not refer to a shaman figure, but rather, appeared “to have served as the name of a Power” to whom the Shang presented offerings (73).

Chinese history. Furth notes that “by the thirteenth century, the campaigns against *wu* shamanism had been going on for almost two hundred years” (113). And yet, it is crucial to note that the shamanic tradition continues up until this day and, as in many other parts of the world, exorcism and other shamanistic healing practices remain a part of the diversity found among contemporary healers practicing in East Asia (Lock 19).

The notion of *qi* as a “life-giving force” in the phenomenal world was already present, as of the fourth century BCE. Contained in an account dated 540 BCE from a commentary in the *Zuo Zhuan* on the *Spring and Autumn Annals*, one finds an analogy of the body as a microcosm of the universe. It also contains an early cosmological conception of the word *qi*. It states:

In nature there are Six Ch'i. Embodied (in growing things) they give rise to the Five Flavours. They appear in the Five Colors and are manifested in the Five Modes of music. When they are in excess they produce the Six Illnesses. These Six Ch'i are yin and yang, wind and rain, dark and light (translated by Sivin, 1995, 55)

In contrast, the first time the notion of *qi* is extended to the notion of a “force” in the human body comes later. According to Donald Harper in his work on the Mawangdui medical manuscripts, *Early Chinese Medical Literature*, we must turn to a third century treatise on the subject of water called the *Guanzi*, in order to find the very first “explicit statement in received literature of the idea that *qi* 'vapor' flows along with blood through *mai* 'vessels' inside the body” (77). As to whether or not the concept of *qi* began as a term to refer to atmospheric vapors which was then glossed to refer to “the basic substance” of life (food, drink, air et cetera), or whether it was the other way around, is not clear. As Harper points out, although Shang and Zhou inscriptions of the term have meanings as

various as “food donation” and “end,” in the *Su Wen* it takes on the meaning of “cloud qi,” rendering any definitive conclusions about the initial meaning of the term difficult, if not impossible. In any case, what is clear, is that, as early as the fourth century BCE, the term “qi” was in use as “a fixture in discourse on nature” (77).

We have seen how in its earliest forms, *qi* had a wide variety of meanings, one of the most common being “breath,” “air,” “mist,” or “clouds,” and we can also see how the notion of transformation of substances is implicit in these understandings. Commenting on this multi-vocality of the early Chinese views on *qi*, Elisabeth Hsu states: “Although unifying, the concept of *qi* lent itself to the expression of great diversity. In the medical classics one of the most salient features of *qi* was how its qualities varied with its location or its position in comparison with other *qi*” (81).

### **Confucian Influences**

Chinese medicine was deeply influenced by Confucianism, and indeed, it is quite difficult to conceive of a Chinese medicine free from Confucian concepts or framework.<sup>14</sup>

Although scholars' search for a definitive origin for certain Chinese medical concepts has not yielded many tangible results, it is clear that, as Confucianism prospered, it influenced the direction of Chinese medicine, in particular through its adoption and adherence to both *yin/yang* theory and the Five Phases theory. As Unschuld has stated, Chinese medicine, intricately connected as it was to Confucianism, was “continuously dependent on the interests and fate of Confucianism itself” (67). In particular, Chinese medical

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<sup>14</sup> It is important to note that the same reification that tends to happen when we speak of a “Chinese medicine” also occurs within discussions about Confucianism. To speak of Confucianism as a static entity in early Chinese history is both problematic and misleading.

concepts were heavily influenced by the socio-political concepts found in Confucianism, such as the metaphors of organs as despots, or rulers, and illness as an invasion that must be thwarted. In this section I will look at the contributions of Confucian thinkers Mencius and Wang Chong.

The highly influential Confucian scholar known as Mencius (Mengzi) provided his own interpretations of the concept *qi*. Written in the fourth century BCE, the work commonly attributed to him, the *Mengzi*, contains two illuminating references to the word. In chapter seven, in speaking about the importance of one's surroundings, he states: "A man's surroundings transform his air (*qi*) just as the food he eats changes his body" (Needham 153). Here there is no attempt at a definition. The implication is that the concept of *qi* as he is using it here is common sense to his readers. Nevertheless, *qi* is something that is within a person, and something that may be transformed.

Mencius' next references to *qi* are much more widely cited but perhaps even more puzzling. First, in response to a question, Mencius states: "The will is the commander over the *ch'i* while the *ch'i* is that which fills the body. Where the will arrives there the *ch'i* halts. Hence it is said, 'Take hold of your will and do not abuse your *ch'i*'" (Lau 32). The first part of this explanation points again to the materiality of *qi* as a substance that resides in the body. The second sentence points to the relationship between will (*zhi*) and *qi*, and has moral implications. Xinyan Jiang argues that it is "one's *qi* (that) moves one to act courageously. In order to act courageously, *zhi* and *qi* need to work together" (158).<sup>15</sup>

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15 Given the complexity of both of these concepts, it is beyond the scope of this work to enter into this discussion at length. See Xinyan Jiang, "Mengzi on Human Nature and Courage" (158) and Irene T. Bloom, "Mengzian Arguments on Human Nature" (71) in Lu and Ivanhoe: *Essays on the Moral Philosophy of Mengzi* (2002); Alan K.L. Chan, "A Matter of Taste: *Qi* (Vital Energy) and the Tending of the Heart (*Xin*) in Mencius 2A2" in *Mencius: Contexts and Interpretations* (2002).

Perhaps his most famous reference to *qi* follows the previous discussion in response to Mencius' claim that his strong points are his way with words and his ability to cultivate his 'flood-like *ch'i*'. It reads as follows:

'May I ask what this "flood-like *ch'i* is?'

'It is difficult to explain. This is a *ch'i* which is, in the highest degree, vast and unyielding. Nourish it with integrity and place no obstacle in its path and it will fill the space between Heaven and Earth. It is a *ch'i* which unites rightness and the Way. Deprive it of these and it will starve. It is born of accumulated rightness and cannot be appropriated by anyone through a sporadic show of rightness. Whenever one acts in a way that falls below the standard set in one's heart, it will starve.' (Lau 33)

This passage has prompted a great deal of discussion among scholars through the ages as to what exactly is the nature of this flood-like *qi* (*haoranzhiqi*). Scholar A. C. Graham suggests argues that "The moral-energy that inspires us to do good without effort develops as we train ourselves in the habit of right action; but it grows inside us in its own time, we cannot seize it all at once from somewhere outside of us" (22). The notion that this flood-like *qi* should be read as mystical is refuted by Alan K. L. Chan who writes: "Ethics and spirituality are not mutually exclusive; nevertheless, the concept of a transcendental ego remains alien to Mencius, and *haoranzhiqi* arises out of 'accumulated rightness,' not meditation or mystical contemplation" (58). He supports his position by highlighting the fact that Mencius cannot be read in as if his thinking was unaffected by the intellectual strains of his time. Taking into consideration the accepted belief that ethical behavior is a part of life that is governed by the 'six *qi*' of heaven, Mencius' claim that nourishing one's flood-like *qi* is essential to one's well-being can be seen as in line

with key Confucian ideals such as rightness and virtuous action (59).

Renowned thinker and early Confucian commentator, Wang Chong (c. 27-97 C.E.) was a prolific scholar who further developed both *yin/yang* theory and Five Phase theory and stands out for his quest for a naturalistic explanation to reality. Wang did not accept that heaven had some sort of productive will, although he believed in its productive powers. This spontaneous growth was intimately linked to the notion of *qi* (Loewe 69). In chapter 65 of the *Lun Heng (Notions Weighed in the Balance)* he states:

That by which man is born are the two *chhi* of the Yin and the Yang. The Yin *chhi* produces his bones and flesh; the Yang *chhi* his vital spirit. As long as he is alive the Yin and the Yang *chhi* are in good order, hence bones and flesh are strong, and the vital force full of vigor; the former gives him muscular energy, and the latter consciousness. The former continues strong and robust, and the latter manifests the power of speech. While bones and flesh are entwined and linked together, they always remain visible and do not perish. (Tr. Forke (4), Vol. I, 249)

Here we see a perfect example of both the universality of *qi* as well as its existence as a productive, generative substance of both concrete matter (flesh and bones) and invisible form (consciousness). Wang goes on to state:

What people call unlucky or lucky omens, and ghosts and spirits, are all produced by the *chhi* of the Great *Yang* (i.e. The sun; acting alone). This solar *chhi* is identical with the *chhi* of Heaven. As Heaven can generate the body of man, it can also imitate his appearance...When the Yang *chhi* is powerful, but devoid of the Yin, it can merely produce a semblance, but no body. Being nothing but the vital spirit without bones or flesh, it is vague and diffuse, and when it appears it is soon extinguished again. (Tr. Forke (4), Vol. I, 249)



This passage is illuminating in that it provides evidence of the complexity of the system of *qi* and that of *yin/yang*. All that exists is composed of *qi*, of which there seems to be innumerable variations. And yet, it is when there is a lack of balance or harmony between the *yin/yang* forms of *qi* that problems occur. He writes, "As water turns into ice, so the *chhi* crystallize to form the human body" (Needham 368).

The influence of the Daoist tradition on Chinese medical concepts cannot be overestimated (Lock 46).<sup>16</sup> As with the teachings of Confucius, Daoist ideas developed during the turmoil induced by the Warring States period (Unschuld, 1985, 51). While the chaos and destruction of that era resulted in a search for social order through rules, hierarchy, ritual, and moral discipline for the Confucians, the Daoist thinkers took a very different approach; the goal of life was not to learn how to behave in a way that would be in harmony with society; rather, harmony with nature and one's natural surroundings was the goal. They emphasized a 'natural' spontaneity, wherein one was so attuned to one's environment, there was no need for intense intellectual pursuits. This concept is exemplified in the Daoist ideal of "*wu-wei*", literally "non-action" or "non-active intervention". We can see in these ideals an overt rejection of the dominant Confucian principles that the Daoists viewed as a rigid system of rites.

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16 For the purposes of this work, I am unable to enter into a detailed discussion about the vast field of Daoism, nor would it be appropriate. However, I am well aware that even to speak of Daoism immediately creates confusion. For the purposes of this paper, I will be mainly dealing with philosophical Daoism, specifically the works of Laozi and Zhuangzi, rather than discussing religious Daoism, or the practices done in the Daoist lineages. Recognizing that even these distinctions are insufficient, I will proceed but direct the reader to Nathan Sivin's excellent article "On the Word 'Taoism'" in *History of Religions*, 1978.

One of the most famous philosophical Daoists was Laozi (c. 3<sup>rd</sup> century BCE).<sup>17</sup>

In the text attributed to Laozi, the *Dao De Jing*, there are a few references to *qi*. In

Chapter ten it is written:

Can you keep the spirit and embrace the One,  
without departing from them?  
Can you concentrate your vital force and achieve the highest  
degree of weakness like an infant? (Translated by Wing-Tsit Chan, 116)

Already here we find a reference to vital force, or *qi*, which appears to mean some sort of substance that is inherent but can be cultivated or acquired. As with the concepts of yin/yang, it appears to be a common term, needing no further explanation.

The other most well-known Daoist thinker was Zhuangzi. The work that bears his name, *Zhuangzi*, is considered one of the great classics of Daoist thought, even though the origins of both the book and the person remain unclear (Watson 2-3). Nevertheless, in this important work, there are numerous references to the term *qi*. In chapter twenty-two, he writes “Human life begins with the original breath; when it comes together there is life, when it is dispersed, there is death.”<sup>18</sup> Note that the translators translate *qi* as “breath.” Here, *qi* is inherently connected to life and death as the substance that allows life to occur.

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<sup>17</sup> The Guodian *Laozi*, a version containing only forty percent of the received *Laozi*, is a recent archaeological discovery that sheds light on the question of the origin of the *Laozi* and the question as to whether or not he was an actual historical figure. Moss Roberts puts forward the hypothesis in his 2001 translation of the *Dao De Jing*, the Guodian *Laozi* was likely written by a figure called *Laozi* or Lao Dan, while the remainder of the received version came later. Others, such as William Boltz in “The Fourth Century B.C. Guodian Manuscripts from Chu and the Composition of the *Laotzyy*,” do not consider the Guodian fragments to represent the Laozi and questions surrounding the figure of Laozi remain obscure.

<sup>18</sup> Translation by Michael Palmer from the Penguin Classics edition of *The Book of Chuang Tzu*. London: Penguin Books Publishing, 1996.

Another Daoist text that contains relevant comments about *qi* is the *Huainanzi* (c. 122 BCE), wherein it explains that everything in the cosmos is made of *qi*. As translator and commentator, John Major, explains in his analysis of the text in his work *Heaven and Earth in Early Han Thought*, the *Huainanzi* views *qi* as something that “is both process and substance, and comes into being as the concrete manifestation of spacetime: differentiating into the light and clear, the heavy and turbid” (27). In this context, *qi* is considered a substance that is able to be either gaseous or solid matter. We can deduce, therefore, that this distinction between matter and 'energy', all important in the Western traditions, was simply not an issue for Chinese philosophers.

### ***Qi* – Medical Views**

By far the most important historical medical text in Chinese medicine is the *Huang Di Nei Jing*, or the *Yellow Emperor's Classic*. Although scholars agree that the mutually inconsistent sections and passages were likely composed by several different authors writing in different periods, it is commonly attributed to the ancient culture hero, Huang Di, or the Yellow Emperor and remains without a doubt the single most influential medical text in Chinese history. It has continued to withstand the tests of time and remains a crucial part of the curriculum of many contemporary Chinese medical colleges, both in the East and the West. It is a dense and difficult text that presents a wealth of information in an unsystematic manner. Unschuld describes it aptly as “...a compilation of heterogeneous, partly antagonistic texts. It does not provide the reader with a coherent set of ideas concerning the causation, character, treatment, and prevention of illness” (1985, 78). This can only add to the already ambiguous and heterogeneous nature of the definition of *qi*.

The concept of *qi*, as it became connected and incorporated into an increasingly complex system of correspondences, was subjected to subsequent differentiations of meanings. In order to understand the way it is used within a medical context, it is first necessary to briefly look at the main theoretical concepts underlying this system.

Underlying much of Chinese medical and philosophical thought is the concept of *yin/yang*. Simply put, it is a system of correspondences wherein all phenomena in the universe are classified as either *yin*, that which is soft, yielding, dark, wet, feminine, and so on, or its opposite *yang*, that which is firm, penetrating, bright, dry, masculine, and so forth. Although seemingly simple to grasp, this concept provides the basis for a highly detailed and complex medical system of diagnosis and treatment.

Equally crucial to this system is the underlying understanding of the relationship between human beings and the universe as being an expression of the relationship between microcosm and macrocosm. Here, there is a symbolic relationship in which whatever happens to the human body or spirit is understood to have an effect on the universe. Therefore, if one wishes to keep one's health, one must aspire to live in a manner that is harmonious with the universe, or on a smaller scale, one's environment. This correspondence becomes elaborated and codified within the classificatory system of the Five Phases.<sup>19</sup> This is a system of correspondence wherein all phenomena are

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<sup>19</sup> Again, there has been much debate on the most effective and appropriate translation of this term. Needham and Macocia feel that although "element" does not capture the meaning of movement that is implied in the term "*xing*," and that it is not entirely appropriate to link this theory to the Greek philosophy of the four elements as the building blocks of nature, nevertheless, as it has been translated that way by so many in the field, it is best to stick with the term "elements". While I most definitely can appreciate the desire to standardize terminology, in this case, I agree with Unschuld and Sivin and find the difference in meaning between "phase" and "element" significant, with the former being more widely applicable in all the different uses of the theory. Sivin quotes Chen Mengjia's explanation that "'Wu-xing' is the relative

categorized under one of the Five Phases of Water, Fire, Wood, Metal, or Earth. Over the centuries, a sophisticated theory developed that systematically attributed particular qualities such as emotions, tastes, colors, sensations, and so on to each of the phases. These correspondences were then used as a basis from which to analyze activity and, in terms of medicine, to provide a framework that could be used for a system of diagnosis.<sup>20</sup> Two examples of this include the mutual production sequence or generating sequence and the conquest or controlling sequence.<sup>21</sup> The first, the production sequence, is easy to understand from a bio-chemical model of processes that occur in the phenomenal world such as fire generating earth (ashes), earth producing metal (iron deposits for example), and so on.

The connection to the concept under investigation, *qi*, has not been forgotten. In fact, as with the concepts of *yin/yang*, the Five Phases are understood to be forms of *qi*. Sivin sums this up succinctly in *Traditional Medicine in Contemporary China* when he

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cyclic flow of five kinds of force, not five static elements" (75). John Major points out as the term was borrowed from modern chemistry; it provides the correct nuance of transformation of matter (18). Additionally, I find the suggested translations of "virtue" or "agent", provide certain nuances useful for particular situations, but in the end, perhaps create more problems than they solve. For more information on this debate, see Needham Vol.2, p.244; Maciocia 15; Kaptchuk 343; Unschuld, 1985, 59; Sivin, *Traditional Medicine in Contemporary China* 70-75; Major 18.

20 Not all branches of Chinese medicine would automatically be contained within this system. As Unschuld describes in *Medicine in China: A History of Pharmaceutics*, it was not until the "sociopolitical climate of Neoconfucianism" that material medica was incorporated into the Su-Wen tradition and its theories of Five Phases and *yinyang* (1986, 27).

21 The two sequences are the two patterns that are regularly used in TCM. In the Production sequence, Wood in its active phase is transformed into Fire, Fire is transformed into Earth, Earth into Metal, Metal into Water, Water into Wood. As Porkert describes: "The active impulse (yang) initiates an ordered series of phases...in which each successive phase is said to be 'engendered,' or produced, by its predecessor" (76). Similarly, the control sequence describes an ordering of the phases that shows how one phase is "overwhelmed" by another, resulting in a disruption of a harmonious state in the body.

states:

The names of the phases refer both to these spatial and cyclic relations and to the energies, the *ch'i*, that make them possible, maintain them, and guide their change. In other words, the Five Phases do what yin-yang does, but with finer divisions, analyzing into five aspects instead of two. Both are sets of labels for *ch'i* (1987, 76).

Seen in this light, the classificatory system of Five Phases is part of the particularizing movement of the universal notion of *qi*. This all-too-brief discussion should suffice to provide a basis to explore the further differentiation of *qi*.

### ***Qi* as a Technical Term**

As previously indicated, within different systems of Chinese medicine, the notion of *qi* becomes subdivided into many different but interrelated concepts. In this next section, I outline the major forms of *qi* and their importance as conceived within the framework of Chinese medical thought. Again, there is considerable variation among scholars as to the translations of these terms. I will provide the most commonly occurring translations and indicate other versions when there is a significant difference.

Along with *xue*, or Blood,<sup>22</sup> and *jing*, or Essence, *qi* is one of the three vital substances that are found circulating in the body. These substances range from the more material of the bodily fluids, Blood, to the least material of subtle *qi*. But one must always bear in mind that all of these fluids are, nevertheless, considered to be forms of *qi* itself.

Before discussing the different forms of *qi*, we will first turn to the category of

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22 In the TCM model, the organs are defined first and foremost by their function and not, as in biomedicine, by their physical structure. For this reason, as Kaptchuk points out, TCM may speak of organs that do not have any physical correspondent in biomedicine, such as the Triple Burner (51). In order to differentiate the TCM notion of organs from the biomedical one, I will capitalize the organs when I am referring to them as they are understood within the TCM model.

*jing*, or essence. *Jing* is considered to be a refined substance, generally thought to be in liquid form that has a nutritive function. Kaptchuk states that it “is the source of organic change” (43). It can be further broken down into two or three types: pre-heaven *jing*, post-heaven *jing*, and Kidney *jing*. It is the latter that is most important to regular human functions. Maciocia states that “Essence is stored in the Kidneys, but having a fluid nature it also circulates all over the body, particularly in the 8 Extraordinary Vessels” (39). *Jing* is considered *yin* in comparison to *qi* but *yang* in comparison to *xue*.

*Xue*, or Blood, is closely related, but not identical to the contemporary biomedical understanding of the term. It is thought to be mainly constructive or nutritive compared to *qi*'s mainly protective or defensive function. In comparison to both *qi* and *jing*, it is considered *yin*. The functions and sub-categories of Blood are many, but for the purposes of this paper it is sufficient to say that while it is on one level considered a form of *qi*, it is also classified as the contrasting *yin* to *qi*'s *yang* in this pairing.

The most basic and fundamental form of *qi* is called *zheng-qi* and is translated as Normal or Upright *qi* by Ted Kaptchuk. Kaptchuk describes this *zheng qi* as being composed of three parts. *Yuan-qi*, is generally described as original *qi* or primordial *qi* and is understood as that *qi* which is inherent in our being and from birth. In Charlotte Furth's “From Birth to Birth: The Growing Body in Chinese Medicine,” she discusses how *yuan-qi* is “outside time” in that it is given to us at conception and although it needs substance (food and drink) to survive, it is “not ultimately renewable through these processes” (1995, 162). Porkert's definition as “Still undifferentiated structrue potential” furthers the idea of its primordial nature (173). According to Cohen, “Original *qi* accounts for our constitution and inherited tendencies toward health or disease.... (it) is largely a product of the health of the parents and the care they give the child in utero” (32). This

*yuan qi* is understood to be stored in the Kidneys. Along with *yuan qi*, *zheng qi*, or upright *qi*, is thought to be composed of two other types of *qi*: *gu-qi*, translated as grain, alimentary, or food *qi*, and *kong-qi*, the *qi* that is drawn from the air during the respiratory process. Kaptchuk states that “These three forms of *qi* intermingle to produce the Normal *qi* that permeates the entire body” (36). *Gu qi* or Food *qi* is essential as it is the product that is produced by the Spleen (understood in Chinese medicine to have a function much closer to that of the stomach in biomedical terminology) to be used by the entire body, in the form of air from the lungs or Blood from the Heart.<sup>23</sup>

*Zong qi*, is known as gathering *qi*, or ancestral, or essential *qi*.<sup>24</sup> This *qi* is also sometimes referred to as Chest *qi* as this is where it is said to gather, but as with so much of the discussion around *qi* in a medical context, it is most clearly defined by its function. *Zong qi*, then, is in many aspects, reflective of the functions of the heart and lungs, lying as they do in the chest, and therefore its deficiency or excess, to be discussed in more detail below, can be determined by the “relative strength and evenness of respiration, of the voice, the heartbeat, and the movement of the Blood” (Kaptchuk 39). Hence, circulation is controlled by *zong qi*. Porkert relates this *qi* to the “motion of the organism” as well to “the inborn capacity to execute...these rhythmic movements” (171).

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23 The relationship between the Heart and the Blood is an important one in TCM theory as in biomedicine. The Heart is said to rule the Blood as it is the heart that enables the Blood to flow smoothly and harmoniously throughout the body. It should be noted that this is only one three key relationships of the Blood with Organs in TCM – the other two being the Liver and the Spleen (Kaptchuk 42).

24 Maciocia points out that this term is sometimes translated as “ancestral” *qi*, as the character for “*zong*” does indeed mean “ancestor”, which leads to confusion among scholars and practitioners as it is easily confused with *zheng qi*, or primordial *qi*, as a genetic type of substance/energy. He also notes that while it gets translated as essential *qi* in most Chinese international medicine programs, he prefers the term “gathering *qi*” as it more accurately describes the function of this *qi*. See Maciocia p. 43, for more details.



This *zong qi*, or gathering *qi* is said to then combine in the chest area with one's *yuan qi* to produce yet another sort of *qi*, called *zhen qi* or, true *qi*. As Maciocia explains, "True *qi* is the final stage in the process of refinement and transformation of *qi*; it is the *qi* that circulates in the channels and nourishes the organs" (44).<sup>25</sup> It is important to note that *zong qi*, along with *zhen qi* and the following categories of *ying* and *wei*, are all types of *qi* that can be cultivated, as opposed to *yuan qi*, or primordial *qi* that is inherited from our parents and is therefore not subject to transformation.

The next categories of *qi* present a more functional role than an explanatory one in terms of describing characteristics. *Ying-qi* is described as nutritive, or constructive *qi* and, as can be easily deduced, nourishes the body (Porkert 170). Furthermore, it has a close correlation to Blood (*xue*). In this sense, then, it is often discussed in relation and contrast to *wei qi*, or defensive or protective *qi*. These two types of *qi*, *ying* (nutritive) and *wei* (defensive), are understood as complementary functions of *zhen qi*. The *ying qi* is thought to be the lighter, purer, *yin* component, which is distributed through and along the meridians, while the *wei qi* is understood to be a coarser, *yang* substance that circulates under the skin on the exterior of the body. It is this *wei qi* that resists invading disease in the form of *xie*, or pathogenic influences/*qi*/wind/evil.

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25 Perhaps it is worth stopping here to discuss Chinese medical views regarding anatomy. In *A Flourishing Yin*, Charlotte Furth describes the view found in the *Huang Di Nei Jing* as "a scheme of bodily organization whose main thrust is in describing vital process, not visible form or anatomical structure" (1999, 44). In *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*, Shigehisa Kuriyama writes eloquently on the subject of Chinese medicine and the body. He maintains that it is not so much that the writers of the Chinese medical texts were not interested in anatomy, nor that they never engaged in dissection as some have claimed – they did. Rather, he states that "Like their Greek counterparts, they scrutinized the body intently. Only they somehow saw it differently" (153), and goes on to explain that while the Greeks were interested in seeing muscles and nerves, the Chinese "lingered instead on measurements that Galen and his predecessors entirely ignored" (159).

This last term poses some problems, and there is little consensus among scholars. First, it is necessary to understand that when one speaks of *xie*, technically defined as “oblique” or “deviating”, it is in contrast to that which is upright. In medical contexts, it becomes a way to speak of *qi* that is the opposite of *zheng*, or upright. Other translations include “evil,” “heteropathic,” or “pathological evil”. Scholars Vivienne Lo and Sylvia Schroder, in their study of “Deviant Airts in 'Traditional' Chinese Medicine”, note that *xie* “...refers to invading agents, both conscious entities and manifestations of naturalistic phenomena like wind or damp, that enter the body and cause varying degrees of devastation” (45). Needham, arguably wanting to detract from its potentially supernatural roots, chose a Greek term to translate it, calling it “crooked *pneuma*” (353). Meanwhile, Porkert calls it “heteropathic *qi*,” again staying clear of any connection with notions of good and evil (171). It is this last term that is most frequently used in contemporary medical texts.

*Qi* can also be separated into the categories of organ *qi* and meridian *qi*, called *zang-fu-zhi-qi* and *jing-luo-zhi-qi*, respectively. Each organ is considered to have its own *qi*.<sup>26</sup> Of course, it is important here to understand that the organs cannot be thought to have a direct correspondence to the organs as they are viewed in contemporary biomedicine. Chinese medicine was never as concerned with the exact location or appearance of the organs as much as it was concerned with their functions. Indeed, when

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26 In TCM the organs are further differentiated into the two classes of the yin organs (*wu-zang*) and the yang organs (*liu-fu*), and are usually abbreviated to *zang* and *fu*. Briefly stated, the *zang* organs are responsible for any process related to production and transformation. Therefore, in this category are the Heart, Lungs, Spleen, Liver, and Kidneys – all of which have an important productive and transformative role to play, such as the Heart which transforms the Blood and so forth. The *yang* or *fu* organs such as the Gall Bladder, Stomach, Small and Large Intestines, the Bladder and the Triple Burner, all perform the functions of storage and absorption. For more information see Kaptchuk 53, Maciocia 93-94.

the Chinese classics refer to an organ such as the Spleen, Heart, Liver, et cetera, they might be rightly considered to be talking about a concept more akin to a depository, or a depot (Barnes 91): a place where a certain type of *qi* is either produced or stored. This understanding of *qi* is most important in this discussion as it points to the overarching tendency for the practitioners in this tradition to constantly particularize the universal concept of *qi* – which was always seen to pose no logical problems whatsoever within the Chinese cosmological framework of microcosm and macrocosm.

Of equal importance within the medical system is the use of the term *qi* in diagnostics. *Qi* is understood to circulate throughout the body in many different forms and it is the smooth flow of this *qi* that is responsible for harmony in the body. The *ying qi* and the *wei qi* work to nurture and defend the system from pathogenic forces, the ancient Chinese medical doctors observed the human physical body becoming compromised by and often succumbing to what biomedicine today would call disease. As far back as the *Huang Di Nei Jing*, the notions of health and illness in Chinese medical thought have been understood as states of balance and imbalance within the dynamic processes of the body. Imbalance can occur either when certain external factors penetrated the body's protective forces (as in being exposed to the pathogenic factor of “wind”), or when an internal force, such as anger or sorrow, becomes too strong and has a negative impact on the body.<sup>27</sup>

Additionally, this disharmony, or illness, is generally described as falling into one of four categories; one's *qi* is either deficient, collapsed (also called prolapsed), stagnant,

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27 It is important to note that with regards to the internal factors, the affects work both ways. That is, not only can too much anger damage the Liver sphere, but so too, can a distressed Liver lead on to experience anger (Sivin, *Medicine, Philosophy and Religion in Ancient China* 2).

or rebellious. Deficiency describes a general pattern wherein a particular type of *qi* within the body is insufficient to perform its duties of either nutrition or defense. Collapsed *qi* is an extreme case of the previous sort. Here the function it should be performing is completely impossible resulting in disorders like a prolapsed uterus (Kaptchuk 40). Stagnant *qi* occurs when there is a failure of a particular *qi* to circulate as it normally would. This is the second broad category in opposition to depletion. A sub-category of stagnant *qi* is rebellious *qi*, when the blockage impeding the *qi* to circulate in its usual manner is so severe that the *qi* actually begins to flow in the opposite direction. An obvious example of this occurs when the stomach *qi* is unable to descend as it normally should, resulting in it reversing direction and inducing vomiting. It is important to note that these four categories, in essence two main categories and their corresponding subdivisions are applicable to all types of *qi* found within the body. Therefore one's *wei qi* could be in a state of depletion or stagnation, with very different consequences. Although this is only a brief overview of the basic categories, one can already see how complex a diagnostic process it allows.

Briefly, TCM generally uses four forms of diagnostics entitled the Four Examinations: Looking, Listening and Smelling, Asking, and Touching. Looking involves observing the patient and taking note of things like their facial color, their demeanor, their body type, their *shen*,<sup>28</sup> and an examination of the tongue. The second, Listening and Smelling (Kaptchuk points out that the word is the same in Chinese) primarily involves listening to the voice and respiration of the client but also being aware

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28 *Shen* is often translated as “spirit” and in diagnostics often refers to the visible “energy a patient brings into the room, i.e.: whether they are “bright” or “dull.” Elisabeth Hsu admits that although a fundamental concept, *shen* is “notoriously vague and polysemous” (116).

of any unusual or strong odor they may give off. The third examination of Asking self-evidently entails a thorough interview of the patient in order to uncover any patterns that will reveal information regarding the patient's state. Lastly, Touching involves both physically palpating the client to sense where there might be sensitivity or blockages of *qi*, and also taking the pulse.<sup>29</sup> In TCM, pulse-taking is a very complex procedure that differs dramatically from that of biomedicine with up to twenty-eight possible types of pulses.

While this discussion has been rather technically orientated, its purpose has been to demonstrate the complex elaborations the term *qi* takes on in the medicine of systematic correspondences. Most remarkable is that it may take on this seemingly endless degree of variations while simultaneously maintaining its meaning as a substance/energy that underlies all things in the universe.

### **Summary of Historical Views on *Qi***

Finally, then, where does this leave us? *Qi* is remarkable for its multi-vocality. We have seen how from the first recorded instances of the word *qi*, it has contained a diverse range of meanings. From the philosophical treatises by Confucian scholars, we find they gave precedence to the notion of *qi* as a substance or “vital force” out of which everything is composed but subject to transformation. Daoists such as Laozi held views that differed from the Confucians but contributed to the understandings that *qi* is something that may be cultivated and “gathered”. Perhaps most importantly, the fluidity

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29 As Furth has discussed, this physical examination would take on different forms, depending on the time period during which it occurred and the gender of the person being examined. It would not be unusual, for example, for a physical exam of a woman to occur only through the use of an intermediary (1999).

of their ideas meant that *qi* was not classified within the dualistic terms of matter and energy as in most Western thought.

Medical texts, beginning with the *Huang Di Nei Jing*, utilized the term to create a diversity of sub-categories in order to catalog an increasingly complex understanding of the human body and illness.<sup>30</sup> While maintaining an understanding of *qi* as a 'vital force' that underlies, and indeed defines, all life, medical definitions would grow to incorporate detailed differentiations of bodily substances and functions such as *xue qi* for blood, and *wei qi* to describe a protective force against intruding forces of disease.

In reference to the plurality found in Chinese Medicine, Volker Scheid states “Although multiplicity and heterogeneity are now widely accepted as characteristic aspects of Chinese medicine, such plurality stubbornly resists all attempts to reduce it to the conventional categories of scholarly Western notions” (34). I believe the same can be said of the concept of *qi*. Although diverse range of meanings attributed to the term historically has been well-established, how contemporary acupuncturists living and trained in the West interpret this slippery term and its relationship to New Age notions around spirituality is less clear and it is to this question that I will devote the remainder of this work.

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30 As far back as the *Huang Di Nei Jing*, the notions of health and illness in Chinese medical thought have been understood as states of balance and imbalance within the dynamic processes of the body. Imbalance can occur either when certain external factors penetrated the body's protective forces (as in being exposed to the pathogenic factor of “wind”), or when an internal force, such as anger or sorrow, becomes too strong and has a negative impact on the body.

## ***Chapter Two***

### **Complementary and Alternative Medicine in North America**

In the twenty-first century, when going to a yoga class after work as part of a stress reduction plan or seeing a massage therapist for lower back pain is unlikely to turn any heads, it is difficult to believe that the general public once considered such practices to be unusual at best, and “exotic” or quackery at worst. Indeed, in their book dedicated to the study of complementary and alternative medicine (CAM), authors Merrijoy Kelner and Beverly Wellman comment ironically on how much public opinion had changed on the matter between starting their long-term project in the 1970s, and finishing it in 2000. In the beginning, they were met with skepticism and dismissal for engaging with such a fringe topic, whereas by the 1990s, given the popularity of CAM within the greater society, their study was considered very timely (2). What was once a small movement on the margins of mainstream society has become common currency in contemporary discussions surrounding health issues (Johnston, 2004; Saks, 2003), and is now generating millions of dollars within the growing natural health market (Goldstein 2000). Moreover, this growing interest is not limited to the general public. In a series of pioneering studies produced by David Eisenberg et al. in 1993 and 1997, it was found that the number of people seeking alternative health services in the United States had increased dramatically for reasons that will be discussed later. Additionally, Adrian Furnham and Charles Vincent relate how there has been a surge of interest among academics as well and point to an ever-growing number of academic journals dedicated to CAM (2000). Still, for all its popularity, the vast range of modalities, treatments, and

practices that fall under this umbrella term make it difficult to provide a concise definition of CAM. Indeed, it can be difficult to see how practices that make use of different philosophies of healing as diverse as those found in homeopathy, chiropractics, aromatherapy, or acupuncture can be considered part of the same category.

The National Center for Complementary and Alternative Medicine (NCCAM) in Bethesda, Maryland, defines CAM as "...a group of diverse medical and health care systems, practices, and products that are not presently considered to be a part of "conventional medicine" (Ramsay et. al). The term 'complementary' is used to describe a healing practice that is used concurrently with biomedicine.<sup>31</sup> An example might be when a medical doctor recommends the use of massage therapy in order to recover from an injury. "Alternative," on the other hand, defines a practice that is used in place of biomedicine. A cancer patient who rejects chemotherapy in favor of working with an Ayurvedic specialist would be an example of this.

Certain scholars, including Kellner and Wellman, make use of the notion of paradigms in order to explain the differences between alternative medicine and mainstream or biomedicine, claiming that while biomedicine draws on a theoretical model that is "rational and scientific," CAM practices "emphasize the uniqueness of each individual, integration of body and mind and spirit, the flow of energy as a source of healing, and disease as having dimensions beyond the purely biological" (5). In her article

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<sup>31</sup> I will use the terms biomedical and biomedicine to refer to the dominant medical system in the West, which rises out of the Western scientific tradition. The commonly used term "Western medicine" is problematic as it sets up a false dichotomy, and obscures the reality of the plurality of medical traditions that exist side-by-side in many parts of the world. It is important to bear in mind that in using the term biomedicine, I do not mean to suggest that biomedicine itself is a static entity. Authors, such as Farquhar, have discussed how the issues surrounding the reification of Chinese medicine can, and should, also be applied to biomedicine – which is no more a static medical system than the former (223-24).



“Conception of the Body in Complementary and Alternative Medicine,” Bonnie O'Connor echoes this view when she contrasts the biomedical conception of the body as “anatomical and physiological” with the CAM conception of it as “...interconnected with other key aspects of persons such as mind, will, spirit, psyche, or emotions, all of which affect and are affected by health and illness” (50). Another author who sheds light on what he calls the “interpenetration of mind, body, and spirit” is Michael Goldstein. He contends that most modes of CAM include an implicit emphasis on the “spiritual”, even though this might not be overtly stated (29).

Other attempts to define CAM inevitably run into problems when they try to use terms such as orthodox versus unorthodox (Saks 2003), or traditional or alternative versus mainstream or Western. Charles Leslie was one of the first to address the problems implicit in the distinction between “traditional” and “Western medicine”, calling for a deeper reflection upon the dynamic nature of all medical systems (1976). As Kellner and Wellman point out, what is orthodox or mainstream in one society and culture, might be unorthodox or alternative in another. Volker Scheid and Judith Farquhar have both written extensively about these issues in regards to traditional Chinese medicine (TCM) as being a part of the dominant medical system in Communist China. Following Kellner and Wellman, I define CAM as those health practices that approach healing from a holistic<sup>32</sup> point of view, and which may be either complementary to biomedicine or an alternative to it. Examples of practices that would fall under the category of CAM include

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32 Even though the term ‘holistic’ is now deeply entrenched in the field of CAM, it deserves a closer look. There has been a great deal of discussion of this term by scholars in diverse fields but for the purposes of this work, I will restrict myself to the field of health care. Within this context, holistic refers to a mode of treatment or healing that takes the whole of the client into consideration when looking at an illness. According to the *Canadian Oxford Dictionary*, holistic approach considers both “mental and social factors rather than just the symptoms of a disease” (724).

a staggering array of techniques, from those based on a more biomedical model such as chiropractics and naturopathy, to more energy-based models such as Reiki, Healing Touch, and most importantly for our purposes, TCM -- including acupuncture. However, this does not mean that all CAMs are created equal, for as these authors indicate, certain practices, such as chiropractics and acupuncture, enjoy relatively more legitimacy and support from the dominant biomedical system than others, such as Reiki or Healing Touch (6).

### **CAM in Canada and Québec**

In keeping pace with their southerly neighbors, Canadians, like Americans, are turning to CAMs with greater frequency. Given that our health-care system is vastly different from that of the United States in that, in theory, all Canadians have equal access to free basic health care, it is not surprising that there are proportionately fewer Canadians using CAM than the Americans. Nevertheless, as numerous studies have shown, CAMs are currently being integrated into existing institutional settings and are being used in large numbers by the general public. In 1999, Cynthia Ramsay published a groundbreaking survey on the use of CAM in Canada, wherein it was shown that the use of CAMs by Canadians was definitely on the rise, and more recently, a 2006 study by Nadeem Esmail for the Fraser Institute shows that while the percentage of adult Canadians who have tried some sort of CAM at any some point in their lives remains at about fifty percent of the population, there has been a clear upsurge in the number who indicate that they have seen a CAM practitioner in this last year of 2006 (Esmail 17). Motivations for using CAMs in Canada range from the belief that, when used in conjunction with conventional healing practices, one is able to attain a higher level of health (74% of the population), to the wide-spread

belief that alternative practitioners spend more time with their clients, and therefore allow a more enjoyable, and thorough health care experience (held by 49% of the population). Surprisingly, only 16% of the population believes that CAMs are superior to conventional treatment (28). Use is highest among 18-34 year olds, women, and those with a university education were much more likely to consult a CAM practitioner (62%) than those with only a high-school education (37%). While all provinces showed an increase in the percentage of the population who had visited a CAM practitioner in the last year, British Columbians were the most likely to have done so, and those from Atlantic provinces were the least likely (19).

What is most significant to note in this study is that regardless of the fact that in the majority of cases, most patients have to pay for their CAM treatments, they are indeed willing to do so – in greater and greater numbers. Another recent indicator that the Canadian government is taking the subject of CAM seriously is the establishment of IN-CAM – the Interdisciplinary Network for Complementary and Alternative Medicine Research, a research group that is funded by not only Health Canada also by the Canadian Institutes of Health Research (CIHR) (Andrews and Boon, 2005) . Similarly, the Office of Natural Health Products (ONHP) was recently established to provide regulation and standardization of natural products, such as herbal medicine, across different fields within CAM (Saks 2003).

The current move on the part of the Canadian biomedical healthcare system to integrate certain aspects of CAMs into mainstream health institutions, while acknowledging that there are many legitimate fears around the consequences of this “integration” on both sides, can be seen as a result of many different factors, including

globalization.<sup>33</sup> Given Canada's ethnically diverse population and high rates of immigration, it is more important than ever to seriously consider the impact of globalization. This is noted by Chidi Oguamanam, who writes: "By facilitating multiculturalism and diversity, via record migration of peoples and cultures across the centres of global capital, globalization is a factor in the promotion of CAM and biomedicine's integrative attitude toward it" (2006).

Each province has its own jurisdiction over which health services will be covered by their healthcare plan and, consequently, we find a great variation in acceptance of particular CAM practitioners. For example, in British Columbia, mid-wives, massage therapists, chiropractors, and naturopaths are considered to be "health care practitioners," and as such are eligible to be covered under the healthcare insurance plan, whereas in Québec, they are not.<sup>34</sup> This is not to say that practitioners of those CAMs may not practice in the other provinces, simply that they must do so without presenting themselves as practicing medicine or health care as defined by the health care act of those provinces, and they are not eligible for Medicare insurance coverage – with the end result of placing many CAM treatments out of reach for many residents of Québec (Andrews and Boon, 2005).

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33 According to Roland Robertson "globalization" refers to "The compression of the world and the intensification of consciousness of the world as a whole...concrete global interdependence and consciousness of the global whole in the twentieth century" (8). Clearly this is a historically complex issue and there has been much heated debate about globalization, as there are those that believe the move towards a "global" and "interdependent" society is inevitable and will enable those in developing countries to attain a better standard of living, while others contend that it is nothing more than deliberate and ideological strategy of neo-liberal design to perpetuate the economic dominance of the Western countries. For more insight into this debate, see Robertson (1992) and Thomas L. Friedman (2000).

34 "Canada Health Act" <[http://www.hc-sc.gc.ca/hcs-sss/medi-assur/pt-plans/bc\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/medi-assur/pt-plans/bc_e.html), accessed June 4th, 2007>.

## ***Chapter Three***

### **Acupuncture in the West**

The Western encounter with TCM in general, and acupuncture in particular, has a long history that predates its current popularity. The first substantial texts describing this encounter that appeared were written by two Dutch physicians who had lived in Japan, working for the Dutch East India Company, Willhelm Ten Rhyne, and one of his students, Englebert Kaempfer, during the seventeenth and eighteenth centuries. The former's early attempt to portray acupuncture as practiced in Japan served to not only stimulate interest in Asian systems of healing, but also to create difficulties as the author confused the acu-tracts and blood vessels, leading to much confusion among Europeans for the centuries to follow (Lu and Needham 276). As Roberta Bivins notes, Kaempfer's much more precise work was also problematic as the "... emphasis on the material and mechanical aspects of acupuncture led to severe misinterpretations of the goals and practice of needling, and certainly hampered attempts to incorporate acupuncture into western medicine" (10).

Another early source of information regarding Chinese medicine came from Jesuit missionaries living in China, such as Fr. Jean-Baptiste Du Halde (1674-1743) (Barnes 2005). As of 1685, French Jesuits worked as missionaries in the Empire of China. Daniel Geoffroy points out that these Jesuits fulfilled a role that was at once "religious, scientific and diplomatic and many of the first accounts of China as seen through the eyes of Europe, came from these religious workers (23). Although the coming of the eighteenth century would bring with it a lessening of French contact with China due to the Vatican's

disapproval of the manner in which Catholicism was being interpreted within China, interest in Chinese medicine was sufficient enough to lead to the creation of a group of clinicians known as the Parisian school. This group of physicians developed an experimental approach to acupuncture during the latter part of the nineteenth century. They claimed to have achieved remarkable results with acupuncture and created a sensation among the European medical community of the time. The reasons for this are complex, but as Bivins notes:

In France, China and things Chinese were serving political as well as intellectual ends. The philosophes had seized China as a stick with which to beat their opponents, largely because the Confucian texts had been interpreted as a religion of reason and natural law....Jean-Baptiste Du Halde, who took over editing the *Lettres édifiantes et curieuses* with the ninth volume, presented China in a glowingly positive light. (78)

Although by no means widely accepted among the French medical community at large, acupuncture was nevertheless so successfully promoted by the Parisian school that in time Britain, where interest in the practice had died out for almost a century, would later come to associate acupuncture with France and not Asia (Bivins 166). Prominent French physicians who helped promote and popularize its use included Félix Vicq-d'Azyr (1748-1794), Charles Jacques Saillant (1747-1814), and Jean Baptiste Sarlandière (1787-1838). Later, Soulié de Morant would have a great impact on the transmission of Chinese medicine not only within his native homeland of France (Needham 302; Barnes 2005), and subsequently Québec but also to the rest of the Western world.

It is worthwhile to mention that while the status of acupuncture would fluctuate on the margins of the medical world in the West, so too, did it fluctuate in China.

Acupuncture was not highly regarded in China as of the 16<sup>th</sup> century. It was often viewed as a practice of the common people, whereas herbal medicine had more prestige among the educated elite. As contact with the West increased, acupuncture was perhaps one of the first facets of traditional Chinese medicine to fall under suspicion as being unscientific. However, as Kim Taylor points out in *Chinese Medicine in Early Communist China, 1945-63*, its status as the medicine of the people, positioned it ideally to be embraced by Communist leaders intent on finding an effective, cheap medicine that could double as a source of national pride (17-29). Communist China's embrace of Chinese medicine and its "creation" of TCM had an enormous impact on the transmission of this medicine to the West.<sup>35</sup>

### **Acupuncture in North America**

The point at which acupuncture soared into the public spotlight in North America can be pinpointed very precisely. At this time, a chance event occurred during President Nixon's visit to China in 1972, when James Reston, a journalist traveling with Nixon, had to have an emergency appendectomy.<sup>36</sup> His glowing reports of the benefits of the treatment he received – particularly the acupuncture component – were detailed in a television series that included images of Chinese patients undergoing brain surgery with no anesthetic apart from acupuncture needles. This event sparked a flurry of interest in acupuncture

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<sup>35</sup> A thorough discussion on this subject is clearly beyond the scope of this thesis. For a detailed account of the "creation" of TCM and the Communist party, see Crozier (1968), Taylor (2005), Scheid (2002), and Hillier and Jewell (1983).

<sup>36</sup> This is not to say the practice was completely unknown in North America before 1970. In *Celestial Lancets*, Lu and Needham recount how a practice involving a mechanical device created by Charles Baunscheidt, and containing many needles simultaneously inserted into the skin using a spring, gained considerable popularity among German immigrants during the 19<sup>th</sup> century (1980, 300).

within the medical community and the general public (Hui et al 2002). While the initial enthusiasm for acupuncture anesthetic would eventually die down, due to its limited applications, this was the beginning of a growing interest and fascination with Chinese medicine in North America that has exploded in recent years. Recent statistics show that as many as one million Americans receive ten million acupuncture treatments each year, and that there are more than fifty-three acupuncture schools in the United States (Hui et al, 2002).

### **Acupuncture in Québec**

According to Esmail, acupuncture is the fastest growing CAM modality in terms of popularity among users<sup>37</sup> in Canada.<sup>38</sup> However, as with other CAM's, the current situation of acupuncture in Canada varies considerably depending on the province. At the time of writing, only three other provinces regulate acupuncture as a profession: Québec, British Columbia, and Alberta. This means that these provinces do not have to deal with the problems facing Ontario, wherein the practice of acupuncture is currently not regulated, and one can practice acupuncture either as an acupuncturist or as professional health care provider such as dentist, nurse, or chiropractor.<sup>39</sup> This is cause for considerable tension among Ontarian acupuncturists, who receive three to five years of training from private Traditional Chinese Medicine colleges, compared to healthcare

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37 <<http://www.fraserinstitute.ca/admin/books/files/Altmedicine.pdf>>, p 4, accessed on July 14<sup>th</sup>, 2007.

38 A popular website on health and wellness in Canada lists twenty-four acupuncture or TCM colleges in Canada, with the vast majority of these being evenly split between British Columbia and Ontario. However, I know of at least two others in Alberta that have only opened in the last two years, suggesting that the list is not up to date with this rapidly expanding field.

39 <[http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/tc\\_med/tc\\_med\\_eng.pdf](http://www.health.gov.on.ca/english/public/pub/ministry_reports/tc_med/tc_med_eng.pdf)>, p 12, accessed on July 10<sup>th</sup>, 2007.



professionals who often undergo no more than two hundred hours of training in order to use acupuncture as an adjunct therapy or in a “Western context.” This differs considerably from Québec where physiotherapists are the only other health-care professionals that may legally use acupuncture as an adjunct therapy to their own practice, although they may not call it acupuncture but must use the term “needling” and are restricted to how many points they may use.

Although it was surely being practiced by the small Chinese community living in Montréal before the 1960s, one of Soulié de Morant's last students, Oscar Wexu, is widely considered the grandfather of acupuncture in Québec. Working outside of the biomedical establishment, Wexu began training students in the 1960s and is responsible for creating the first school, the Acupuncture Institute of Québec, now defunct, and the first Association of Acupuncturists in Québec (AAQ) in 1972.<sup>40</sup> Some of his first students went on to become very influential to the profession in Québec and include Bernard Grimaux, Lucien Pelletier, Bernard Côté, and Henri Solinas. It would be twenty years before and many failed attempts until acupuncture was officially recognized as a profession by the province of Québec with the adoption of the *Loi sur L'acupuncture* in 1994. Although the creation of the *Ordre des Acupuncteurs du Québec* (OAQ) was a hard won success, that success was tempered by the fact that the law did not contain any recommendations with regards to education requirements. In 2000, after six years of

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40 Although Wexu's first school did not survive, the AAQ that he established still exists. It is non-profit organization that serves the economic and social needs of acupuncturists in Québec. It differs from the *Ordre des Acupuncteurs du Québec* in that the Ordre is a government funded organization whose mandate is to regulate and supervise acupuncture as a profession and to protect the welfare of the public at large. The latter is where a client would turn if they had a complaint about a practitioner and wanted legal recourse, whereas the former serves the needs of acupuncturists themselves – presenting conferences and providing forums for its members.

research, the OAQ presented the government with a proposal to turn Rosemont's acupuncture program into an undergraduate program at Université du Québec à Trois Rivières (UQTR), but was ultimately turned down. Not only this, but in 2002 the *Ordre des Professionnelles du Québec* (OPQ) created a stipulation that prevented any other institution from offering acupuncture training aside from Rosemont. Research continues and the OAQ remains confident that it will one day become a university program. The adoption of Law 90, an amendment to the *Code des Professions du Québec*, in 2002, ensured that only those acupuncturists meeting the criteria established by the OAQ would be able to use the term acupuncturist as their profession or acupuncture as a modality that they practice.<sup>41</sup> Physiotherapists may use needles in their treatments but with the understanding that what they are doing is not acupuncture and must not be presented as such to their patients. However, here it is important to note that acupuncture is not included among the treatments that are insured by Québec's medicare system.<sup>42</sup> The resulting drive for legitimacy currently underway within both the OAQ and the program at Collège Rosemont, has had, and will continue to have, a profound impact on how acupuncture is taught and practiced. As will be seen in following chapter, with legitimization comes the pressure to scientize, modernize, and “Westernize” acupuncture in order to be accepted within the dominant biomedical institutional healthcare system.

In contrast to every other province or state in North America, and for the reasons stated above, Québec only has one institution at which to study acupuncture. Collège Rosemont has a three-year intensive acupuncture program that takes in between thirty to

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<sup>41</sup> <<http://www.ordredesacupuncteurs.qc.ca/public/main.php?s=1&l=fr>>, accessed on August 1<sup>st</sup>, 2007.

<sup>42</sup> <<http://www.acupuncture-quebec.com/faq.html#faq13>>, accessed July 26<sup>th</sup>, 2007.

sixty students a year, although a smaller number than that actually graduate. As a part of the CEGEP system, again unique to Québec, the program leads to the graduate receiving a Diplome des Études Collegiales (DEC) making acupuncture only one possibility of the many technical programs Québec residents may take. It is, to my knowledge, the only acupuncture program in North America that is provincially funded, meaning that fees for the program are exceptionally low.<sup>43</sup> Being virtually free, the only place to study acupuncture in Québec, and a small program, entrance to Rosemont is extremely competitive – a fact that keeps the numbers of acupuncturists practicing in Québec down. The program is entirely in French which has the effect of creating a largely Francophone student body, and relatively few Anglophone acupuncturists practicing in the province.

A brief look at the curriculum at Rosemont College's acupuncture program provides insight into its teaching philosophy and overall direction. In comparison to other acupuncture programs in Canada, Rosemont's program has a decidedly biomedical focus. The program contains 1980 hours of instruction and includes courses on anatomy, physiology, Chinese medical theory, clinic management and professional issues, and a clinical internship, all of which are very similar to those offered in other Canadian acupuncture programs. However, it is not what the program contains, but rather, what it omits that stands it in sharp contrast to the others. Almost all acupuncture programs offered in British Columbia, Alberta, and Ontario contain courses related to other Chinese healing arts such as *tui na* (Chinese massage), the Chinese medical classics such as the *Huang Di Nei Jing* and the *Nan Jing*, and many also include training in *qi gong*. One of

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<sup>43</sup> As of the date of writing, summer 2007, the tuition fees for one year are \$116. There are, of course, additional expenses for equipment and books. However, acupuncture programs at any other institution in Canada range from \$6000-\$9000 per year, making the Rosemont program exceptionally inexpensive.

the foremost colleges, Nelson, B.C.'s Academy of Classical Oriental Sciences, contains all those topics previously mentioned as well as mandatory courses on Tai Ji and Daoist principles.<sup>44</sup> The omission can be partially explained by the fact that, as a government-funded CEGEP program, the curriculum at Rosemont must include a set number of general courses that are mandatory for all CEGEP students. Therefore, the overall number of hours available for program specific education is more limited. Regardless, it is clear that the program at Rosemont actively tries to present itself as “scientific,” and downplays references to Chinese medical concepts. There is no mention of term *qi* on their web site; the only reference to it reads as follows:

An acupuncturist is a therapist who provides front-line health-care, who evaluates the *vital energy* of their patients using the principles of Traditional Chinese Medicine (TCM), and who performs acupuncture treatments with the aim of improving patients' health or reducing their pain.<sup>45</sup>

The choice of “vital energy” or, in French, “l'état énergétique” is interesting in that, as shall be seen in the interviews I conducted for this project, most acupuncturists are cautious about using this term to describe *qi*. That the program directors at Rosemont should steer away from using Chinese medical concepts such as *qi* suggests that there is a conscious effort to present acupuncture as a Western “science.”

A further look at their web site also gives evidence of this emphasis as found in the following description in their outline of the program requirements:

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44 See <[http://www.acos.org/calendar/index.shtml#synop\\_acu](http://www.acos.org/calendar/index.shtml#synop_acu)>, accessed on July 30<sup>th</sup>, 2007.

45 From Program description on the English version of their website at <<http://www.agora.crosemont.qc.ca/dacu/anglais/program.html>>, accessed July 30<sup>th</sup>, 2007. I have added italics for emphasis.

The Department of Acupuncture gives equal importance to specific-training courses as it does to classes in biology and Western medical pathology. It is expected that students fully integrate these notions into their practice of acupuncture.<sup>46</sup>

Again, it is telling that there is no reference here to Chinese medical philosophy.

Furthermore, when looking at the actual required courses it becomes clear that the program is weighted towards Western science, as the majority of the courses offered fall onto this side rather than on the side of Chinese medicine.<sup>47</sup>

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<sup>46</sup> Ibid.

<sup>47</sup> <<http://www.agora.crosemont.qc.ca/dacu/anglais/cours.html>>, accessed July 30<sup>th</sup>, 2007.

## ***Chapter Four***

### **The History of New Age in the West**

In discussing the New Age phenomenon, we are immediately confronted with two pivotal questions, namely, what is the precise nature of the New Age and can we legitimately call it a movement? Although the term New Age is almost certain to immediately bring to mind certain practices such as channeling, crystal healing, various forms of divination, energetic healing, Transpersonal psychology, and guru like figures such as Deepak Chopra and Dr. Andrew Weil, it is equally certain that there is little consensus on the boundaries of this category.<sup>48</sup> Adding to the problem of finding a definition for the term is the fact that, as a relatively recent phenomenon, there has been a dearth of serious academic discussion on the topic. The last ten years, however, has seen the publishing of a number of studies devoted to investigating different aspects relating to New Age, including those of Wouter Hanegraaff, Paul Heelas, and Catherine Albanese.

Without a doubt, Wouter Hanegraaff's *New Age Religion and Western Culture*:

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<sup>48</sup> Channeling refers to process wherein a person receives information from an internal source which they believe is not a part of their regular consciousness. Well-known channelers in the New Age movement include Edgar Cayce and Jane Roberts or "Seth." Crystal healing is a healing technique that involves the belief that crystals contain spiritual energy, often corresponding to Eastern concepts of chakras. Transpersonal psychology is based in the writings of figures such as Abraham Maslow, but also of Carl Jung. Concerned with the personal experience of that which is beyond the day to day realm, it is distinguished from the Human Potential Movement by being considered an academic discipline of sorts, although it is still not accepted as such by all those in the greater discipline of psychology. Deepak Chopra and Andrew Weil are both major figures in the alternative health world. Chopra and Weil are both MD's who have become internationally renowned speakers and prolific authors on alternative health issues.

*Esotericism in the Mirror of Secular Thought* is the most comprehensive and thoroughly researched work on the subject to date. In it, he addresses some of the confusion surrounding the term New Age, and in particular, distinguishes it from new religious movements (NRM's). He points out that although most new religious movements are organized, have a recognizable leader, and have some sort of doctrine, the New Age movement cannot as a whole be identified consistently with these characteristics (1996, 14). Hanegraaff draws on Colin Campbell's typology of the "cultic milieu" with its tendency to be individualistic, inclusive, undefined and transient in order to situate the New Age movement in contrast to NRM's, which often fit into Campbell's "Sect milieu" as collectivist, exclusivist, tightly-structured, and stable (15). Hanegraaff has further clarified the beliefs of those who hold New Age views as being opposed to Western thought, in particular science, an attraction to things that promote holism, and a strong sense that some sort of separation from self has occurred and must be rectified (291). Additionally, he considers the New Age movement as "a movement which emerged in the second half as the 1970s, came to full development in the 1980s and is still with us at the time of writing" (12).

Although Hanegraaff consciously focuses on the New Age movement within the context of Western culture and esotericism, in so doing, he neglects to consider the considerable impact of the Western engagement with Eastern philosophy and religion, something that various authors have called New Age Orientalism.<sup>49</sup> Olav Hammer points out that while movements such as Swedenborgism, Spiritualism, Mesmerism,

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49 Sita Reddy defines New Age Orientalism as "the most recent inheritor of the tendency in American romanticism to idealize the East and to critique the West in terms of that ideal, it is also the *source* of new stereotypes of the East" (216-217) in "The Politics and Poetics of 'Magazine Medicine', p. 215, in *The Politics of Healing: Histories of Alternative Medicine in Twentieth-Century North America*, ed. Robert Johnston.

Rosicrucianism, and Helena Blavatsky's Theosophism are often considered to be the forerunners of the modern-day New Age movement, contemporary New Agers are much more likely to feel rooted in and connected to Eastern religion. He writes:

Bestselling literature in this genre places by preference origins of its doctrines and either in a distant East or among native peoples. With the passing of time, the esoteric tradition would thus seem to have been a locus of massive globalization. The trend toward seeing non-European religious traditions as one's positive Others lies in the very center of the construction of a New Age tradition. (50)

In *The New Age Movement: The Celebration of Self and Sacralization of Modernity*, author Paul Heelas also provides a useful outline of the characteristics of the New Age movement, citing the belief in Self as the authority of one's spiritual well-being, the belief that this Self has been somehow tainted or uncovered by the pollution of "society", and the acceptance of different techniques, practices, or beliefs contained within the New Age pantheon that will enable the seeker to find his or her true "Self" (1996). He encapsulates all of this in his succinct term "self-spirituality". Furthermore, Heelas was the first to propose a bifurcation of the categorization of New Agers into the realms of "counter-culture spirituality" and "prosperity spirituality," positioning those who are primarily dissatisfied with mainstream religious life and seek to rebel against it in contrast with those whose primary motivation is to prosper either in terms of health, wealth, or power.

Another author who has also written widely on the history of new religious movements and the New Age movement in North America is Catherine Albanese. In "The Subtle Energies of Spirit: Explorations in Metaphysical and New Age Spirituality,"



she traces the movements of the early metaphysical traditions of North America, paying special attention to the relationship between the spirit and matter. She states: “And from America....came both philosophical and practical forms of spiritualism that traded on beliefs about the continuous flow between matter and spirit (a refined form of matter)” (309). She goes on to say that “keeping the channels open, keeping the flow unimpeded, in – for the metaphysical tradition and its New Age manifestation – the essential spiritual task” (309).

Taking into consideration the definitions provided by the authors above, for the purposes of this study I will be using the term New Age or New Age movement, to describe a broad, inclusive movement that has been visible since the 1970s, which celebrates the Self as the seat of spirituality, draws on a wide variety of metaphysical traditions, and generally sees itself as an alternative to mainstream society in some sense.<sup>50</sup> Furthermore, and of particular importance for the study, there is an underlying belief in energy and its role in connecting one to the universe as well as a feeling of connectedness to either Eastern religious traditions or North American indigenous ones.<sup>51</sup> Finally, although originally this movement was largely seen as a “movement of modern Western, industrialized society” (Hanegraaff 12), recent scholarship suggests that it is a global phenomenon (Alter 2004; Goldstein 2000). With specific regards to New Age healing practices, the success of international movements such as Falun Gong and other *qi gong* groups are good examples of global movements that blur the lines between New

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<sup>50</sup> I use the term “mainstream society” here to refer to the current dominant cultural force in North America, namely that of the white middle-class.

<sup>51</sup> “Energy” is an important and commonly used term within the field of CAM. It is most often used in this context to refer to a “life-force” that each living being possesses, but that transcends the physical body. As Goldstein has pointed out, this energy, or life-force, is considered to be intricately connected to the healing process (2001).

Age spirituality and healing (Melton 2001).<sup>52</sup>

Although there are those who argue that the notion of a New Age movement is already passé and that we are now in what some within the movement itself are calling the Next Age (Melton 1998; Introvigne 2001), I agree with Heelas who maintains that New Age beliefs or views have a profound influence not only on those who self-identify with the New Age but also on society in general. Indeed, much of what we take for granted within energetic healing and other forms of alternative healing modalities would be impossible to discuss without taking into careful consideration the impact of the New Age. As such, I feel that although it may no longer be appropriate to speak of a New Age movement per se, New Age views nevertheless can be seen to inform contemporary notions surrounding spirituality and alternative healing to a significant degree.

### **Critiques of New Age**

One of the main critiques of the New Age is its appropriation of diverse cultural practices and knowledges (Kuhling 2004). As well, the lack of scientific basis and its inherent anti-intellectualism makes the movement an easy target to criticize. As Hanegraaff points out, some, but not all, of these critiques have “...no apparent goal other than to ridicule and make fun of the movement” (2). With regards to one of its off-shoots, the holistic health movement, scientists, researchers, and doctors in the biomedical tradition often cite the lack of proper double-blind testing in order to prove its claims. Those within the holistic health movement have contested this by claiming that it is unjust to expect that

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<sup>52</sup> The case of Falun Gong is complicated in that it is inextricably tied up with political concerns and motivations. For further discussion on the subject, see David A. Palmer's 2007 work, *QiGong Fever: Body, Science, and Utopia in China*.

the tools used to measure biomedicine will be effective for holistic healing – they claim that the underlying paradigms of these two “systems” are so vastly different that it makes no sense to try to measure one by the other's framework. O'Connor comes to the conclusion that:

The questions of the researchers committed to strictly material models of health and illness, and the questions of people drawing on both theoretical models and personal experiences that incorporate essential immaterial elements, overlap only to a degree. The analytic process of reductionist investigation raises utterly different kinds of questions than do the wide-reaching syntheses of a holistic view of persons, health, and healing. (57)

As shall be addressed in Chapter six, although many people who participate in activities that would be considered New Age under the all the definitions discussed, nevertheless, there are far fewer who would actually self-identify as a New Ager. My results show that this seems particularly true of any generation that was born after the baby-boomers, who seem to view the term New Age with disdain. Crucially, however, as shall be discussed later, these same people often will admit to having eclectic religious practices, believing in energetic healing, astrology, and so forth, in short, the way they perceive their world in terms of spirituality and healing is strongly influenced by New Age beliefs and ideas. As Choquette states, speaking of the New Age in Canada, “...although the movement itself may be in decline, its influence on contemporary culture has been profound and will likely prove enduring in many respects” (422). Because of this, it becomes essential to understand this phenomena and its impact in Québec. Additionally, a frequently heard critique of New Age ideas, particularly in the realm of its relationship to healing, is that in its focus on the individual as creating his/her own health, the implication is that the

individual also creates his/her own illness as well. This topic will be discussed in more depth in the next chapter.

### **New Age in Quebec**

Although in many ways the history of religion and spirituality in Québec has much in common with religious history in North America, it is equally true that the distinct society of Québec has created some significant differences. Until the 1960s, Québec religious life was largely dominated by the Roman Catholic Church. Although there have always been a smattering of other religions or traditions in Québec, the vast majority of the largely rural population was inextricably bound to Roman Catholicism. Even after 1763, when the colony of New France was abandoned by France after the French were defeated by the English, Catholicism continued to thrive. As the one of the only surviving French speaking societies in North America, and consequently perceiving itself under perpetual threat from the surrounding Protestant Anglo-American culture, “the survival of the nation and the Catholic battle...were thus one and the same” (Beyer 136). However, the clergy had much power over the largely uneducated population and the dominance of the church in virtually all facets of the average Québécois' life inevitably came to be greatly resented. Ask almost any third-generation Francophone Québécois today about their grandparents' lives, and they will tell you stories about their grandmother's being constantly goaded by the priests to bear more children.<sup>53</sup> This dissatisfaction and growing resentment among the populace of Québec eventually led to the Quiet Revolution. As its name suggests, this was a peaceful movement that saw Québec move swiftly into

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<sup>53</sup> It is not uncommon in Québec to come across people whose parents come from families with anywhere from ten to twenty siblings.

modernity. One of the most remarkable changes brought about by this revolution was the dramatically decreased influence of the Roman Catholic Church in the daily lives of the people (Métraux 3). Beyer accurately portrays the nature of this revolution, when he states “.... increasingly large numbers of Québécois began, not so much to attack or even harshly criticized the church, as to ignore it,” and that “they differentiated, perhaps for the first time in their history, religion and the nation” (141). Nowadays, the average third-generation Francophone Québécois is simultaneously very likely to consider him or herself non-religious, or even anti-religious, and also drawn to alternative spiritual practices.

The 1960s and 70s brought other changes to Québec as well, including new waves of immigrants from diverse places such as Cambodia, Vietnam, and Tibet, as well as a general loosening of social norms and morals brought on by various youth and counterculture movements. The combination of these two factors -- increased contact with Asian cultures and the growing dynamism of counter-cultural movements – provided ground for the emergence of new religious movements (NRM) and widespread interest in the New Age. As Métraux indicates, the Quiet Revolution left many Québécois with a sense of spiritual emptiness that has led to a relatively large number turning to spiritual practices and traditions outside of the mainstream (1997; Bird and Reimer 1982). There are many NRM's in Québec, from the infamous Raelians to the seemingly endless plethora of smaller, less well-known groups. Taking Québec's religious history into consideration, then, it is not surprising that there is a general openness to NRM's as well as New Age views in general.

## **Chapter Five**

### **Relationship between New Age and CAMs**

According to Hanegraaff, healing is one of the principal domains in which one finds New Age influences. Along with various personal growth movements, different forms of “alternative therapies” constitute “one of the most visible aspects of the New Age movement” (42). As Hanegraaff points out, Arthur Kleinman's seminal work, *Patients and Healers in the Context of Culture: an Exploration of the Borderland between Anthropology, Medicine and Psychiatry*, was the first to introduce distinctions between the terms disease versus illness, and curing versus healing. Kleinman characterized the biomedical model of curing a disease as being based on a mechanical view of the physical body where something is broken and must be fixed or replaced, whereas “traditional” medical systems tend to view illness in a holistic manner, where all aspects of the individual, including spiritual well-being, are considered and treated. This view of understanding healing is intimately connected to what Hanegraaff calls the “Holistic Health movement” (53), which he sees as an off-shoot of the Human Potential movement.<sup>54</sup> Regardless of its roots in Transpersonal psychology, holistic healing is nowadays such a common term that it has become a key descriptor for most practitioners working in alternative healing practices. Additionally, it has also become a key term in

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<sup>54</sup> The Human Potential Movement is a term used for a movement that emerged in the early nineteen sixties. It was closely related to humanistic psychology and is often connected to the ideas of thinkers such as Abraham Maslow and to the Esalen Institute in Northern California where people such as Aldous Huxley came to lecture on the subject. The movement is sometimes compared to the New Age movement but is more concerned with psychology than spirituality per se.

many cutting-edge biomedical training programs such as McGill University's "Whole-Person Care" program, where all in-coming students are encouraged to view physicianship as being a "healer", committed to "whole-person care."<sup>55</sup>

Many of the practices that fall under the broad category of CAM can certainly be considered as part of the holistic health movement and are influenced by New Age ideas. Those that rely on energetic principles are especially closely linked. And while there are those such as Hanegraaff, who have pointed to the underlying and implicit critique of biomedicine by holistic and/or New Age healing modalities,<sup>56</sup> author Carmen Kuhling extends this analysis by suggesting that this critique of biomedicine is an expression of a larger critique of "expert knowledge" and situates this within a twentieth-century response to modernity and postmodernity, animated as it is by "an anxiety about the limits of modern narratives in progress" (7).

Another crucial link between New Age and CAMs is the way in which CAMs drawing upon holistic notions of healing frequently invoke the idea that one's health is one's own responsibility. The New Age classic, *Living in the Light: A Guide to Personal Power and Spiritual Transformation* by Shakti Gawain has this concept as its foundational groundwork with many statements such as: "If I see or feel something, if it has any impact on me, then my being has attracted or created that event to show me something" (26 – 27). Many different CAM's adhere to this same philosophy and encourage the patient to "take responsibility" for his or her illness in order to reach one's perfect state of health through improving one's mental, physical, or spiritual self. Emphasizing the connection of holistic healing to the therapeutic movement Hanegraaff

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<sup>55</sup> <[http://www.medicine.mcgill.ca/ugme/curriculum/objectives\\_en.htm](http://www.medicine.mcgill.ca/ugme/curriculum/objectives_en.htm)>, accessed on July 20<sup>th</sup>, 2007.

<sup>56</sup> Hanegraaff 43.

states: "In this way, everyone is personally responsible for "creating" his/her illness or, alternatively, for creating health. The individual is challenged to find the deeper meaning of his/her illness and thus to use it as an instrument for learning and inner growth instead of taking the passive role of the victim" (54).

### **Eastern Medical Systems as New Age**

In recent years, the relationship between Eastern systems of healing and New Age notions in the West has come to the attention of scholars. This is particularly true with regard to those investigating the relationship of the West to practices such as yoga and Ayurveda.

Joseph Alter, in his work *Yoga in Modern India*, elucidates the tension between the legacy of the Orientalist scholars' drive to uncover the "philosophy, mysticism, magic, religion, and metaphysics" of yoga, and its contemporary scientized, populist, and modern manifestation (9). He notes how yoga, as just one of any number of self-help practices so common in the New Age movement, has become a commodity that one can acquire by reading one of "approximately 10,000 popular books on the subject" (9).

Natalia Abraham's thesis *Ayurveda and Religion in Canada* also looks at the ways in which New Age beliefs have influenced certain presentations of Ayurveda to the West – notably within the Transcendental Meditation movement (TM), and contemporary North American "Spa culture" (2003).<sup>57</sup> This phenomenon is again highlighted in Martha Ann Selby's work "Sanskrit Gynecologies in Post-Modernity," wherein she states:

Can we really think of bodily practices such as Ayurveda and yoga as

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<sup>57</sup> For a discussion on North American spa culture, see Susan Slyomovic's article "The Body in Water: Women in American Spa Culture," in *Bodylore*, Katherine Young, ed. (1993).



commodities, as “goods” -- “circulating things”? The current demand for these practices in Euro-American contexts seems driven by a New Age Orientalist desire for esoteric Eastern knowledge. Items “for sale” are purity, wellness, and enlightenment (129)

In the contemporary Western pursuit of “wellness” through Eastern healing practices, we find the unmistakable trademarks of New Age notions: the rejection, disdain, and suspicion of biomedical systems; the favoring of the self as the seat of spirituality by picking and choosing eclectic healing practices as one desires; the privileging of esoteric or metaphysical practices over rational, scientific ones; and, of course, acceptance of “the East” and its practices as the authoritative homeland of spirituality and healing.

In certain ways, the relationship of acupuncture and Chinese medicine to the New Age shares many things in common with that of yoga and Ayurveda. Certainly, as with yoga and Ayurveda, the “interplay of the exotic, the scientific and the pragmatic has shaped contemporary lay and professional responses to acupuncture, and thus mediated its diffusion” (Bivins 187). Therefore, the impact of Orientalist thinking, whether it be of the European or American variety, has profoundly influenced the ways in which Eastern medical systems and practices are viewed.<sup>58</sup> But there are a number of differences between the two situations as well. First, given the great historical differences in the encounters between Europe and India, on one hand, and Europe and China, on the other, we can clearly expect the West's contemporary relationship to these Eastern practices to be different as well.<sup>59</sup> And second, while Ayurveda has been explicitly linked to the New

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<sup>58</sup> For a discussion of the differences between European and American Orientalism, see Reddy, p. 215.

<sup>59</sup> While it is clearly beyond the scope of this thesis to enter into a detailed discussion of the historical differences between these encounters, factors to bear in mind include such diverse components as the long legacy of colonization in India versus the limited

Age via the New Religion Movements (NRM) of Maharishi Mahesh Yogi's Transcendental Meditation (TM), and other yoga or Vedanta schools such as Sivananda or Kripalu Yoga,<sup>60</sup> TCM has a much different history, both within China and in its relationship and transmission to the West. It is to these differences that we will now turn our attention.

As stated above, while certain factors contributed to the tendency of the West to view Ayurveda and yoga through a lens that was strongly influenced by New Age notions, TCM, by and large, has not followed the same trajectory. This is largely due to recent developments in the history of TCM in China itself. The style or system of Chinese medicine that is widely practiced in Europe and North America can be most frequently categorized under the heading Traditional Chinese Medicine (TCM). TCM is, as I have mentioned before, a misnomer of no small degree as it has been thoroughly documented that this system is the result of a radical systemization and reformulation that took place under Mao in 1949 (Scheid 294 n. 18; Farquhar 11; Hsu 8-9). Up until this point, it would have been difficult to talk about something resembling a single medical tradition in China. Rather, as Farquhar points out, there existed many "diverse and scattered practitioners of traditional medicine, with their small academies and family clinics" that did not necessarily have much contact with each other and certainly lacked any sense of being a part of a cohesive group of practitioners, or even a shared identity as healers (12). The move to institutionalize Chinese medicine into the category of TCM is complex and may not be entered into here in any depth. However, one of the most striking outcomes of this move to professionalize indigenous systems of healing for the purposes of this study

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success of, and only partial colonization of China (Hong Kong), by the British.

<sup>60</sup> Abraham provides a useful synopsis of this connection in *Ayurveda and Religion in Canada*, p. 52-55.

has been the push to divest the newly created system of any esoteric, spiritual, or religious signification.<sup>61</sup> This move has had far ranging consequences and the tension between the appeal to Chinese medicine as an “ancient” or esoteric tradition and the need for it to be legitimized by the biomedical establishment is currently being played out around the world, including, as we shall see, Collège Rosemont. As with the vast majority of Chinese medicine teaching institutions in North America, at Collège Rosemont, the TCM model is synonymous with Chinese medicine. Moreover, there is a strong push to professionalize and standardize TCM as practitioners seek legitimacy within, and access to, the biomedical system. All of this is to say that as opposed to Ayurvedic systems of healing that have been less standardized in their place of origin and so come to the West in a great variety of forms,<sup>62</sup> Chinese medicine has come as a largely homogeneous, pre-standardized system.<sup>63</sup> Therefore, the conflation of this latter system with North American New Age notions does not so readily present itself.

Perhaps the most obvious place in which we find an overlap between Chinese medical concepts and New Age notions is within bodily practices such as *qi gong* and *tai qi*. As Nancy Chen notes in her work *Breathing Spaces: Qi Gong, Psychiatry, and Healing in China*, *qi gong* went from being a practice that was only undertaken by Asian practitioners to spreading to different segments of the population, particularly the white,

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61 For discussion of the modernization of Chinese medicine in China, see Ralph Crozier's *Traditional Medicine in Modern China*, Judith Farquhar's *Knowing Practice*, Volker Scheid's *Chinese Medicine in Contemporary China*, and Elisabeth Hsu's *The Transmission of Chinese Medicine*.

62 See Abraham 2003.

63 It should be noted that as Scheid, Hsu and Farquhar have made abundantly clear, there has always been diversity within China itself, in the forms of systems of lineages, folk healers or shamans etc. that continue to exist side-by-side with the new institutionalized system. It should be also be noted that Taiwan, Hong Kong, and elsewhere in the Chinese Diaspora, all have their own unique medical histories.

middle-class and its professionals. She credits part of this transformation to the growing interest by North Americans in New Age or alternative healing practices, an increase in client dissatisfaction with what is perceived as the more impersonal or depersonalized approaches of biomedical practices, and the commodification of holistic health practices by big-name guru-like figures such as multi-millionaire Deepak Chopra (29). In speaking of the tendency for the North American holistic health enthusiast to appropriate different aspects of “traditional” medicines, she states that “the current celebratory and lucrative embrace of alternative medicines in the United States and other countries often overlooked social histories of translation and usage” (30).

In the 2005 article “Deviant Airs in 'Traditional' Chinese Medicine,” Vivienne Lo and Sylvia Schroer discuss a similar study to this one, wherein they examine a group of British acupuncturists' use and understanding of the Chinese medical term of “*xie*”. This study was influential for me, as it sought to uncover the ways in which the beliefs of Western practitioners of Asian medicine influence both their translations of a classical concept in Chinese medicine – in this case the term was “*xie*” often translated as “evil influence” -- and how this affects their performance as healers. Although their findings suggested that most contemporary acupuncturists trained in Britain did not place any metaphysical significance on the term “*xie*” in their practice, the study sheds light on the transmission and translation of Chinese medical terminology within the West and points to the need for more research in this area.

## ***Chapter Six***

### **Views of Acupuncturists Trained at Rosemont College, Montréal, Québec**

#### **Design**

This study was designed as a qualitative research project using an ethnographic approach. A qualitative approach is most appropriate for this project as the subject matter blurs the line between different research disciplines, in particular those of medical anthropology and religious studies. It corresponds to the criteria for qualitative research delineated by John Creswell in his seminal work, *Qualitative Inquiry and Research Design*. Those criteria include research that seeks to understand *how* rather than *why*, and that is exploratory in nature as it pertains to an area that is, as yet, not well defined (17-18). Given the limited time frame of this project as well as the small number of participants, this study cannot pretend to provide any definitive answers to the questions at hand; rather, I hope to use my findings that show the connection between the beliefs and practices of Québec trained acupuncturists and a New Age influenced spirituality as well as the impact of a move towards scientization on the part of training institutes, as a contribution to interdisciplinary research being done in this field and ultimately highlight new avenues of inquiry.

#### **Data collection**

For this project, I interviewed five acupuncturists who all shared the essential criterion of having been trained at Collège Rosemont. When the first contact was made, I asked participants if they would be interested in participating in the study. Upon receiving their

consent, at the beginning of each interview informants were required to sign the consent forms in accordance with the McGill Committee of Research Ethics. Interviews consisted of roughly one hour of semi-structured guided questions, although at times it was more fruitful to allow the conversations take their own form. Please see appendix B for a copy of the interview guide. The digitally recorded interviews were then transcribed and translated by myself from French into English as necessary. This data was then analyzed and evaluated by identifying certain key themes shared among respondents and situating it within the historical and theoretical framework developed in the previous chapters.

### **Content and Setting**

The interviews typically took place in the practitioner's clinic or place of residence, and, in some cases, this was one and the same. One interview took place in a café. I recorded all the interviews with the consent of the interviewee. After completing an initial set of questions regarding the interviewee's personal background, participants were asked about their views on the following topics: professional practice, contact with East Asian culture, religious/spiritual practices and beliefs, the New Age movement and holistic health, Chinese medicine, spirituality, and *qi*.

### **Participants**

All five participants were selected randomly using the Order of Acupuncturists of Québec's listings on their web site, with the exception of participant A, who was an acquaintance and participant B who had been referred to me by a friend. Two of the candidates were males – participant A, 38 years old, and participant E, who at 29 years of age, was the youngest in the study. The three women, participants B, C, and D, were aged

46, 44, and 34 respectively. With the exception of participant B, who has been working as an acupuncturist for about 15 years, the remaining interviewees had all been practicing in the field for six years or less. Only one participant, acupuncturist A, had not yet had any experience working professionally as he was just finishing up his studies at Rosemont – although he had over a year of clinical practice during the program.

### **Participant Backgrounds**

Three out of five acupuncturists interviewed were Francophone and two were Anglophone (A and C). Statistically, this percentage is high, given that the program is conducted entirely in French. No doubt this is skewed by the fact that one of the Anglophones was already known to me through my own largely Anglophone network. Both of the Anglophones commented that they were one of the only non-Francophones in their particular year. All participants came from white, middle-class families and were the only member of their family in Chinese medicine, although participant C had two family members that were physicians in the biomedical field. This is in keeping with recent statistics concerning the demographics of practitioners in the CAM field that point to the predominance of practitioners from a largely white middle-class background. It should also be noted that with 60% of the participants being women, this is slightly under-representative of the actual percentage of women in the field (Vincent and Furnham 1997). In terms of educational background, all of the participants had received a post-secondary education in fields as diverse as art history, psychology, music, and communications before turning to acupuncture.

Their motivations for choosing a career in acupuncture included having experienced a serious illness or lived through the illness or death of a family member, or

simply developing an interest in alternative health and energetic healing. The majority of practitioners indicated that they felt that studying acupuncture would allow them to explore "something more spiritual" and that would enable them to know themselves better.

### **Religious background**

With regard to their religious background, three of the interviewees stated that they came from families that were at least somewhat religious, meaning that they went to church with some sort of regularity. The other two stated that their families had been "oppressed by Catholicism," and as a consequence, had raised their children in a nonreligious way, but acknowledged that given Québec's religious history "religion is such a part of the mentality here...all of our swear words are related to the church, and our guilt too, so we are still affected by it even if we didn't go to church when we were growing up" (D).

Unsurprisingly, the two Anglophones came from Protestant families, whereas the rest shared a Catholic background. Most associated the term religion with an institutionalized form of spirituality-- some had very negative associations with the word religion, even going so far as to say "Religion for me has connotations of...not exactly domination but of conquest or war" (D).

When questioned about the meaning of the term spirituality, the answers were more varied but shared an underlying similarity. Most suggested that it was something more "vast" than religion, that it was more individual and personal, and that it did not require a fixed set of beliefs as did religion. While two participants thought spirituality involved some sort of personal, inner quest, another simply stated that spirituality meant to "feel happy in your own skin." Participant B thought it meant "to have purpose or to be



at peace with your lack of purpose...being connected to everything in letting everything connect to you...been open to everything.” Echoing this view was participant C who stated that: “I think spirituality is about letting go. It's not a condensation, it's an opening. I think it's about being in touch with everything around you and in not isolating yourself. I think that a lot of religious or spiritual practices tend to isolate rather than open.”

Everyone considered themselves as spiritual and felt that spirituality was very important to their work as healers. Significantly, none of the participants belonged to a religious organization or even identified with a major religion with the exception of participant E, who identified himself as a Daoist, although this, too, did not take the form of a group or organized practice. However, when asked about whether or not they did any practices that they considered spiritual, all the participants confirmed that they did. The term spiritual was obviously interpreted in a broad way here as these practices ranged from *qi gong* (B,C, E), to walking the dog (A), to movement classes (C), to doing sports, or to just making up their own practices or exercises (D).

Obviously, having completed the three year acupuncture program at Rosemont, all of the participants were somewhat familiar with East Asian culture; however, there was a great variety in the depth of their contact and breadth of their knowledge. Three of the participants had actually been to Asia; two of them went there specifically to do an internship in Chinese medicine (B and E). Everyone had at least had some familiarity with Chinese medical classics such as the *Huang Di Nei Jing*, as well as the Daoist classic, that *Dao De Jing*. With regards to the centrality of the *Huang Di Nei Jing* to their practices as acupuncturists in the West, the answers ranged from “Well yes! Of course! It's fundamental, it's essential!” (B), or “of course it is relevant to my practice, because every book that is written about acupuncture must be based on that book” (E), to feeling

that one could be a good acupuncturist without having a deep understanding of the text (D). Similarly, for some of the acupuncturists, having a familiarity with East Asian philosophy in general was part of what made one a good acupuncturist: "for me it is important to live the philosophy if I'm going to be of use to people in my practice" (D), whereas others had a more ambivalent view of the matter. Participant C stated that:

There are a lot of acupuncturists who think that the texts are sacred. I think that they are alive and dynamic, but that it reflects the time when they were written...they come to us basically from the 11<sup>th</sup> century...so it's good to know the basics of qi and jing, but we also have to know how to talk to people in a language that they understand. You know, I really don't like people who just refer to the texts and throw everything else out.

A number of participants also lamented the fact that much of the philosophical component had been taken out of the program and replaced by biomedical courses. One states "In a number of acupuncture programs, they teach *qi gong* and the ancient texts as well. They phased that out [at Rosemont], because they brought in more Western medicine. You don't study that [philosophy], you study bacteria and the chemistry of the blood." Two participants came right out and stated that they had been discouraged from talking about *qi* by the professors in the program. Participant E elaborates:

They teach the points in the physical body very well. But they don't talk about and *qi*, in fact, it's very taboo. You don't want to get into it at all. According to them, it doesn't really exist, [they say] we know the Chinese think it is there and maybe it is...we just put the needles in here and it works. So that's that. Seems like actually all the students really do believe in *qi*, and maybe even the teachers do too, that because they're studying under this school, and there's all these regulations in such an effort to be standardized, we have to follow some rules.

Significantly, these two participants who were discouraged from mentioning *qi* in their

practice were also the most recent graduates of the program, suggesting that the professors are being encouraged by administrators of the program and/or the Ordre des Acupuncteurs de Québec to move towards a more and more 'scientific' approach to Chinese medicine.

When asked whether or not they thought that the average acupuncturist in Québec was affected by New Age ideas, most of the interviewees agreed that that was the case. The youngest participant (E) thought that this was changing with the new generation -- "Yes, I think that that tendency exists. I don't know what the percentage is, but I think it must be strongly connected to age. It seems to be mostly women in their mid-40s. And for some reason, they really associate acupuncture with New Age." The findings of this study do not corroborate this suggestion however, as the two forty-year old women in this study were at opposite sides of the spectrum with regard to their views.

### **New Age**

The practitioners had a wide range of reactions to the term "New Age." The initial responses of two acupuncturists (C and E) were very negative. Participant C in particular had a strong response:

It makes the hair on the back of my neck stand up. I loathe it. I think of it like bad music. I associate it with the Baby Boomers, and I don't think that Chinese medicine has anything to do it. It's really negative to me and pejorative. People trying to get in touch with themselves. I mean, I think it's about very narcissistic people trying to get in touch with their youth. It's like a rejection of old age, and it's like throwing the the baby out with the bath water. And I see a lot of rejection in New Age, and a lot of people without any roots.

Interestingly, participant E also associated the New Age with bad music and the Baby

Boomers. The other three acupuncturists were more ambivalent or positive about the New Age. One of these, participant A, simply did not have very much to say about it, whereas the other two had more positive views. Both of these linked the New Age to the 1960s and described it as part of the movement against mainstream society. Participant B stated that "It seemed like, during the sixties, a new wind was blowing on the planet...and yes, we all felt something very strong. I would call it the period of Off, like Off-Broadway" and that these were people who were "deeply involved in a sort of quest." Four out of the five participants mentioned people who work with crystals or channeling as typical of a New Ager. In speaking about many of his aunts and uncles that he felt were very into the New Age, participant E stated that "somehow it's just underneath the way that these people think in that they collect a lot of symbols from different places and cultures and collect different objects. I think it's not so much about the actual practice, as in the way things are presented." Lastly, almost all the participants related the New Age to the Baby Boomer generation in general, and the majority brought up the fallout from Québec's Quiet Revolution as having created a "spiritual emptiness" in many Québécois.

Participant C elaborated:

I think it is popular among a whole portion of the population in Québec. There are a whole lot of seekers, you know, because they were left really bereft. They've really rejected religion and spirituality so now they're looking for something to take its place.

Curiously, even those who had a negative reaction to the term "New Age" conceded that they had at one point done practices that might be considered New Age or they were currently doing so. Participant C considered a homeopathic doctor who she had seen at a

certain time in her life to be somewhat New Age, although in the end, he “got a little crazy.” Likewise, the other acupuncturist to have had a strong negative reaction to the term “New Age” admitted to having spent a weekend at a *qi gong* retreat where they spent a lot of time “talking about the blue light” and it was something he was really just starting to explore. Others talked about having visited psychics, aura readers, and channelers in their own explorations of spirituality and healing. With the exception of participant C, who “loathed” anything New Age, all participants agreed that they had read literature that could be categorized as New Age, mentioning books about channeling, the inner child, and, specifically, “Hands of Light” by Barbara Brennan, as examples. One unexpected topic that most of the interviewees mentioned was that of quantum physics. In speaking about quantum physics, participant D states that “I like the whole idea of the observer. You create your own world. Because you're an observer, there's no such thing as an objective world.” If taken to be representative, this recent interest in quantum physics corresponds to a growing tendency to view Asian medical practices in a scientizing light as opposed to the romanticized, esoteric light of previous decades described by Sita Reddy in her work on Ayurveda (214).

While only two of the acupuncturists overtly felt any affiliation with a New Age movement, nevertheless, many did make comments about their beliefs and practices that would certainly fall under the category of New Age as we have defined it in the previous chapter. First, a number of the practitioners expressed their beliefs surrounding illness as being self-created, a common thread in New Age healing notions. Participant D states:

It's especially (interesting) in terms of healing, because if you believe that you are sick, and think that you are sick, then you will be sick. And by the same token, if you believe that you aren't sick anymore then there's a good chance

that you won't be no matter what any text will say. For me, the importance of deciding is primordial in any type of healing.

Finally, with the exception of participant E who said that he was beginning to think about it, all of the acupuncturists confirm that reincarnation and karma were a part of their belief system. This confirmation ranged from complete identification, "Yes, I definitely believe in karma and reincarnation," to "I believe them to about 90%. We are reincarnated, but never entirely. We just get recycled," to "it's certain that it exists but I don't think it's that important." What was most noteworthy to me about their answers is the degree to which they appeared to take these views for granted.

In terms of defining holistic healing, the answers were quite conceptually uniform. All of the interviewees agreed that holistic healing is a system that deals with not only the entire body but also with the mind, emotions, spirit, lifestyle, and environment of the patient. They were also in agreement that Chinese medicine is, without doubt, a holistic healing system. In the words of participant C, "If you're not practicing holistically, then you're not doing Chinese medicine." Additionally, as for the "body-mind connection," all of the participants pointed out that that term is somewhat misleading and inappropriate for Chinese medicine as the latter does not make a distinction between body and mind. In the words of practitioner A, "That's another Western view. That there is some sort of split between the body and the mind. In Chinese medicine, they are not split."

When asked if acupuncture was an inherently spiritual practice, the answers ranged from "If you are dealing with suffering on a daily basis, you can't not be empathetic and you cannot be somewhat clued into spirituality. Because it's obvious if you deal with people who are suffering a lot, that suffering doesn't come from pain" (D),

to “If you try to get the patient to think about their illness and learn something about themselves and maybe a bit about why they have this illness, then yeah, that's spiritual”(E). He goes on to explain:

To me acupuncture does have a spiritual dimension to it because it's something I chose to do and I want to make sense out of this and incorporate it into my everyday life. But that's just a choice. I could just work at a physiotherapy clinic and punch in and punch out, needle some people, and get my paycheck...of course it's spiritual because it's a whole, and it's something I want to do with my heart, so that's a spiritual practice. It definitely has a spiritual side to it. But I could work for Bell Canada and try to have a spiritual side there. And it's not because it is Asian or that we work with needles that it's spiritual.

Perhaps the strongest negative reaction came from participant A who stated “I'm really nervous about using the term spirituality. It goes into that whole New Age area. I'm not going to go there. Spirituality is a private thing. I see it as a private thing.” His reluctance to be identified with spirituality in his professional life was not the norm, however, and in general the responses of the participants indicate that the majority of practitioners do see what they do as acupuncturists as spiritual. Contrary to what I had expected, however, this was not due to an underlying belief that Chinese medicine is more spiritual than biomedicine. Rather, their answers were much more nuanced and articulated a belief that all holistic healing contains a spiritual element to it.

### **Views on *Qi***

Finally, then, we arrive at the heart of the matter: how do these acupuncturists translate view, understand, and use the term *qi* in their practice? Clearly, this was a difficult

question for participants to answer, as in the words of one participant: "The Chinese have been trying to describe it for three thousand years, and they still haven't really succeeded" (E). All agreed that it was very difficult to translate the term into a single word.

Only participant A defined *qi* directly as energy, stating "*Qi* is energy. That's how the Chinese define it. *Qi* is movement and energy, but it is also the basis to produce energy." Others agreed that it is energy, but qualified it in different ways. For example, participant D states that "I would probably use the term energy, because that's what they [the patients] are expecting. But it's not just energy, it's also particles." Likewise, participant E showed ambivalence about defining the term as energy, in saying that "I'm going to try really hard not to say energy," indicating his recognition of the problems behind such an interpretation.

Some of the respondents used a noticeably biomedical model to explain *qi*, stating that: "It's what gives structure form, it's what holds the molecules together in a table and a certain pattern to give them strength and fluid seen. It's what organizes and keeps the molecules orbiting around" (C). In speaking about the nature of what she called *yang qi*, one of the participants stated that "It's the molecular cohesion between the cells" (B). This scientizing language seems reflective of the emphasis that is placed on Western science within the program.

Many of the participants also made use of metaphors in order to explain the term. These ranged from "It's dynamic...like a fire in the chimney" (B), to "It's like the space between two tectonic plates" (E), to the traditional metaphor of steam rising off of cooking wheat or rice (C and E) so often mentioned in Chinese medical texts.

At the other end of the spectrum was participant B who explained *qi* in a much more overtly metaphysical way:



We could translate *qi* by using the term energy or wind, but we really have to remember that it's inexplicable. You have to be open, because it's the mystery...because it's like *qi* touches the mystery of life directly. And it has to be that way because human nature will never be able to discern this mystery. You can read all the books you want to, and that's good, it's wonderful, but there comes a time when you have to accept that, okay, I'm never going to really touch the mystery.

Only one of the participants seemed to have faith that biomedicine would eventually be able to define the phenomenon of *qi*. When asked about how he dealt with the fact that biomedicine has still been unable to provide a reasonable definition of *qi*, he had the following comment:

They want to know exactly (the nature of *qi*) by using a Western modality to study in an Eastern way and it doesn't seem to be working. I think they are still trying to find a way to link up the Western and Eastern. They'll come to it at some point; they're close to it. (A)

He made reference to a well-known German study<sup>64</sup> that claims to have photographed the meridian channels using special equipment. This study is cited on the Acupuncture Association of Québec's (AAQ) web site as evidence of the gains acupuncture is making in the scientific realm. The desire for legitimacy in the eyes of biomedicine is a clear motivator for this acupuncturist and it is obvious that he has faith that "science" will eventually "prove" that the meridiens actually "exist."

This same interviewee also goes on to clarify that although spirituality may occasionally come up during their three years in the program, it is "not a big part of what we do." This is significant as it is clear that participant A considers himself to be a

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<sup>64</sup> Schlebusch, Peter-Klaus, Maric-Oehler, Walburg, Fritz-Albert Popp. *Journal of Alternative and Complementary Medicine*. Vol.11 (1), 2005.

spiritual person, even calling himself a Daoist, and yet he seems to strongly feel that spirituality does not have a prominent place in his life as a professional health-care provider. These sentiments are echoed by participant E who admitted that although it would be “amazing” if acupuncture could be presented as spiritual and recognized as legitimate by the greater health community, “We have to go for the medical first and make it in concrete” (E).

I next asked the participants whether or not they felt that *qi* was something that you could actually sense with your fingers without touching the patient. The answers ranged from affirmative responses such as “Yes, yes of course it is!” (B), to negative answers such as participant E's “No I'm not there yet. I hope to one day be there,” that articulates his belief that such an ability was both possible and desirable. Another negative response was participant D's:

When I started studying I wanted to be able to feel *qi* with my hands. But it's not really how it works for me; for me my practice is very emotionally based. So when someone walks in, the first impression I get is their emotions and how they're feeling. And that's an expression of their *qi*. The angst of not getting everything that I think I should be getting is slowly starting to fade away. And I'm just going with what there is that I can see and sense. I have tried to get some training from a person who tried to teach us how to feel energy without actually touching the person, but for me, I'm not a very tactile person. And I am much more in touch with how the person is feeling emotionally. It's almost telepathic, I don't even need to touch a person or even see them to get that feeling off of them.

Both of these negative responses indicate that even though these acupuncturists did not see themselves as being “advanced enough,” or perhaps physically sensitive enough to sense *qi* without actually making physical contact, they both believed that it was possible. Others did not come straight out and give a concrete answer, but we can draw conclusions

based on their responses. For example, participant E did not directly say that she could or could not feel *qi* in her patients without touching them, but the following quote suggests that she does: "I have to wear copper bracelets when I treat, because in the beginning I used to get all of my patients' illnesses, I tended to take on other people's problems." Although she did not use the term *qi* here, it is clear nonetheless that, energetically speaking, there is some sort of energy that may be perceived, exchanged, and potentially avoided.

In the next section, I asked the practitioners whether or not it was important that the patients believed in the existence of *qi*. Believing that it did, on the far end of the spectrum was one practitioner who states:

It helps. It helps because if you believe in the whole thing then what you're receiving will help you or it will be easier than if you didn't believe in it....So, there's this huge mental component with regards to healing that is subjective. It has nothing to do with me as a practitioner. (A)

Another acupuncturist, participant E, described how his views on this subject have changed: "Before I would have said 'no, not at all'. But as time goes on, I think more and more that it does at least a bit. It's not so much that they need to believe in *qi*, but they have to believe in... the treatment" (E). Two acupuncturists held the opposite perspective -- that is that it does not make a difference whether or not the client believes in *qi* for the treatment to be effective. Both of these made reference to the fact that acupuncture treatments work well on both animals and children who, particularly in the case of animals who do not have any strong feelings or beliefs surrounding *qi*. What they both conceded, however, is that perhaps the one downside to not believing in *qi*, is that "they

(the patients) may stick with the treatments a little less longer.” Falling somewhere between these two polarities, was participant B:

I would say that no, it's not important that they believe or don't believe, but it's important that they participate in the treatment. Because if someone is opposed to his or her treatment – and it doesn't matter which type of treatment...even for a biomedical treatment – it's not going to be as effective as if he or she does believe.

I was also interested in the participants' approach to *qi*. Was it something that they believed could be generated or acquired, and if so how? Would it make them a better practitioner, if they did? Tellingly, all of the participants answer the question affirmatively and mentioned *qi gong* as one of the best ways to build one's *qi*. Participant B was the most involved with *qi gong* – she practices as much as three hours a day, and definitely practiced at least one hour every morning, and is certain that this makes her a better acupuncturist, although she also stated that some people feel that this makes her “too personally involved.” In speaking about her practice she states: “*Qi gong* really helps us to be in our bodies. Where there is no difference between our body and our spirit. When I do *qi gong* I feel like I am inhabited by something more vast than me, something beyond.” Participant E also did a lot of *qi gong* and felt that it contributed to making him a more sensitive practitioner. The remaining acupuncturists were not currently practicing *qi gong*, but did other activities that they felt helped them to build and replenish their own *qi*. These included stretching and breathing exercises, going into the country and breathing clean air, eating healthy food, and, curiously, walking the dog. Additionally, each acupuncturist stated that they often suggest or recommends such *qi*-building exercises or practices to their clients – even though they do not always do themselves.

In order to clarify the participants' views on *qi* in spirituality in healing practices, I asked them to compare the practice of the energetic healing practice of Reiki with that of acupuncture, and whether or not they considered one of these more “spiritual” than the other. The participants all agreed that the two practices were different forms of “energetic healing” and that they were very similar. One acupuncturist suggested that the two dealt with different parts of *qi*. Another stated that “yes, it's all the same. They do the same thing as we do without the needles and but it scares people more, because they don't understand it” (C). Participant A agreed that there were similarities but felt that Reiki was more New Age. Still, he admitted that “It seems to work, a lot of people do it.” Some also pointed out that Reiki was a more subtle practice and therefore potentially harder to learn how to do well. Many of the participants also agreed that Reiki could not be considered more spiritual than acupuncture as the two practices are “inherently spiritual.”

Lastly, intrigued by some of their descriptions and of what it feels like to be filled with *qi*, I asked the acupuncturists if there was any similarity to the state of being filled with *qi* to the state of being filled with the holy spirit or having some other type of religious/spiritual experience. Their responses were insightful:

I think *qi* is spiritual in that we can't really quantify it and we can't measure it or see it. It doesn't need you to exist, but if you feel connected to it or believe in a concept like it, I think that it opens your horizons, because it is something larger than yourself and something unexplainable, something that's hard to grasp. It's like letting go. It's hard to explain but once you've lived it, you definitely know what it is...I think it's very similar to the concept of God. Except that it doesn't have the volition that we would attribute to God” (D).

Another acupuncturist who agreed that *qi* could be compared to what some people might call God or a Higher Power, was participant B who stated:

Yes, I think that the only thing that I've really known since I was very young, is that we have to know that we are part of God. God is not outside of you...*qi* is not something that we can work with using our will. It's something that you open to, that you create more and more space for (B).

Others presented a more qualified opinion on this question, as seen in the following response: "I think it depends on what kind of *qi* you are talking about. There can be *xie qi* which is pathogenic *qi*, from the outside, or there can be *zong qi* for example. I actually think that *sheng qi* would be more spiritual" (E).

From this discussion, then, we can see that the practitioners' views on *qi* are multiple. In terms of their interpretations of the term within the "traditional" Chinese medical application, all of the acupuncturists had a sound comprehension of the diversity of uses of the term *qi*. Their answers demonstrate that they can provide text-book definitions of the term and understand the many different types of *qi* used in Chinese medical theory but also that they are willing and able to provide metaphors in order to explain this different aspects of *qi* to different clients based on the clients' backgrounds and expectations. Most importantly, for the purposes of this study, the majority of practitioners also understand *qi* as an underlying "force" or energy that is intimately connected to holistic healing and spirituality.

## ***Chapter Seven***

### **Conclusion**

I began this study by looking at historical interpretations of the term *qi*. From this discussion we saw how the term possessed a multi-valency that has belied attempts to provide one word translations. Nevertheless, it is also perhaps the single most important concept for understanding Chinese medical theory. I also discussed how the syncretic nature of Chinese medical thought means that the traditions of Daoism and Confucianism remain visible within different aspects of contemporary TCM. Although the contemporary form of acupuncture as it is taught in North America is largely based on the standardized, or even sanitized, TCM model introduced by the Communist government in 1950's China, it is still possible to find a connection between spirituality and healing, albeit in a very different mode. Indeed, even if we can find Confucian and Daoist elements in TCM, nowadays the average North American practitioner of acupuncture is bound to view Chinese medical concepts such as *qi* as framed by a contemporary form of spirituality. Though rarely overtly stated, practitioners' understandings of *qi* are informed by both the current "scientific" model of TCM as taught at Rosemont in terms of the way they choose to present it to their patients and by the interface of New Age notions surrounding holistic healing as described in previous chapters.

Although the interviewees were obviously well versed in the more medical/clinical aspects of the term *qi*, we have seen that there is conformity in their perceptions of the term with regards to its conception as an underlying, all pervading energy or force that, in most cases, corresponded with a specifically contemporary

understanding of spirituality. This contemporary spirituality as understood by the interviewees corresponds to descriptions of the current characterization of the many people who consider themselves as “spiritual but not religious” provided by scholars such as Wuthnow, Fuller, and Hawkins. Being “spiritual but not religious” aptly describes these acupuncturists who engage in a sort of spiritual “bricolage” (Hawkins 49) that is fluid and inclusive rather than static and exclusivist, focused on a journey or searching rather than what Fuller calls a “dwelling place,” and usually develops after giving up on religion, rather than the other way around (48). The influence of New Age thinking has deeply influenced this spirituality and is clearly seen in the current tendency of CAM practitioners, including the acupuncturists at Rosemont, to view healing as a “spiritual” practice. As my findings indicated, the majority of the interviewees did not explicitly identify with New Age notions nor did they uniformly participate in New Age practices. Certain participants, such as participant A, were overtly opposed to the term New Age and went to great lengths to explain how they did not consider themselves as a part of that category. This opposition appears to stem from an underlying desire for legitimacy that is a reflection of the movement within the Rosemont program itself for recognition from the greater conventional medical community. And yet we have seen how many of their beliefs about *qi* and their practice as healers corresponds closely to accepted descriptions of the New Age. These include a general dissatisfaction with the dominant “Western” paradigm of health and medicine, a belief in the term *qi*, understood as an underlying life-force or “energy” that gives one a sense of connectedness to the universe and is central to contemporary notions of holistic healing generalized belief in personal responsibility for one's own health.

Holistic healing as understood by CAM practitioners is strongly influenced by



New Age notions, although it has always been an integral part of the Chinese medical thought. In "Unorthodox Medicine and American Religious Life," Robert Fuller contends that, although belief in a holistic system of healing where "everyone is connected with everything" is often viewed as simply a matter of fact in contemporary health care trends, in fact, it is "a bold metaphysical interpretation of reality that envisions the interpenetration of physical and nonphysical spheres of causality to a degree that is inherently incompatible with the naturalistic framework of our modern scientific heritage" (57). It is important to bear this in mind when considering the interface of spirituality and healing as expressed through practitioners' views *and* beliefs concerning *qi* in their practice. Belief in concepts of an all pervading substratum such *qi*, *prana*, life force, or vital energy perfectly express this shift in the way healing is viewed. Indeed, we have seen how practitioners' views on *qi* support this metaphysical *re*-interpretation of healing.

Arthur Kleinman has argued that medicine and health care can, and must, be understood as a "cultural system, a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions" (24). Considered in this light, it becomes apparent that, as a system that has fundamentally different roots than the biomedical dominated culture of North America in which it finds itself, acupuncture specifically, and TCM in general, will not only continue to transform as they come into contact with North American culture, but likewise profoundly impact this culture as well. Obviously, certain factors must be taken into consideration when assessing the impact of the interpenetrations of these multiple cultures. With regard to this particular study, the frequent references of these acupuncturists to Québec's Quiet Revolution, suggests that Québec's religious (and anti-religious?) history created fertile

ground for New Age ideas, NRM's, and a new spirituality that is often connected to alternative healing practices. However, it must be noted that contrary to what I had suspected before beginning this research, although acupuncturists trained in Québec were indeed very open to New Age ideas and in general viewed their practice as containing a spiritual element, this did not lead to romanticized notions about "traditional" Chinese medicine. More to the point, it appears that the current legal uncertainties facing many CAMs in Québec, leads to a search for legitimacy from the dominant biomedical-model institutions. The ramifications of this search create a great deal of pressure to standardize and professionalize with the result that anything that is not "scientific," including the term *qi*, is played down by program directors, teachers, and even practitioners themselves, even though, as we have seen, most continue to hold beliefs that conform to this New Age influenced spirituality. The unique insights uncovered in this particular study, then, ought not to be taken as representative, but rather as a point of departure from which to investigate and compare these practitioners' experiences with those in other locales.

My reflections here suggest that there is a need for more in depth research into the ways in which contemporary CAM health care practitioners consider themselves spiritual and how they incorporate that spirituality into their work as healers. This is particularly true in the case of alternative healing modalities that are based on energetic models of healing, as discussed here through the term *qi* in Chinese medicine. Although the majority of practitioners considered themselves non-religious, or even anti-religious, all considered themselves spiritual and all felt that what they did as healers had a spiritual component to it. This is consistent with the findings of other scholars on contemporary religiosity of North Americans. Fuller's comment, that "We have much to learn about the role of un-churched religion in Americans' personal spiritual lives" (2) is especially pertinent to the

issues facing all those involved in health care and healing, be they practitioners in the biomedical field, CAM practitioners, or patient/clients of either one.

## Appendix B: Interview Consent Form

### McGill University

**Title of Research:** Needling the Spirit: An *Investigation of the Perceptions and Uses of the term 'Qi' by Acupuncturists Trained in Quebec*

**Researcher:** Erin Reid, MA candidate, Religious Studies

**Supervisors:** Dr. Robin Yates and Dr. Katherine Young

**Contact Information:** [erin.reid@mail.mcgill.ca](mailto:erin.reid@mail.mcgill.ca); --- (h) or 514-398-5751 (w)

#### Purpose of Research:

I am contacting you as a potential interviewee for part of the research for my Master's thesis on the term 'qi'. Participating in this project will enable me to compile information on the uses and understandings of this key term used in Chinese medicine by practitioners working in Quebec. I am particularly interested in looking at the various ways acupuncturists translate and use the term 'qi' (pronounced *Chi*) with the aim of investigating the relationship between such beliefs within the greater context of the North American 'alternative health' and New Age spirituality movement. This research will compose a major section of my Master's thesis, and as such will be available in written form to the general public.

To meet the goals of this research project, I will conduct a one hour oral interview about various aspects of your practice as an acupuncturist, mostly those aspects relating to your uses and understandings of the term 'qi' and its relationship to spirituality. I am contacting you because as an acupuncturist trained in Quebec, you have the particular experience that I am looking for. Your participation is of the utmost value to the success of this project and I will do everything possible to accommodate your schedule and clarify any questions you may have at every step.

Your participation in this research project is completely voluntary and you may withdraw at any time. Additionally, you may refuse to answer any questions for any reason. You may rest assured that all information you give will be reported in such a way that your identity will remain confidential unless otherwise agreed upon by both parties. All confidential data collected will only be seen by myself, my two supervisors, and a translator if necessary. It will not be accessible to anyone else.

Please feel free to contact me at any point during this research with any concerns or questions you may have. You may also contact either of my supervisors, Robin Yates or Katherine Young, at any time at [robin.yates@mcgill.ca](mailto:robin.yates@mcgill.ca) or [katherine.young@mcgill.ca](mailto:katherine.young@mcgill.ca).

Remember that you may withdraw at any point for any reason.

Your signature below represents your agreement to be a part of this study.

Thank you

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**Consent:** I agree to be identified by name in this study      ☐ Yes      ☐ No

I have read the above information and agree to participate in this study.

Participant's signature: \_\_\_\_\_

Participant's printed name: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_

Researcher's printed name: \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Appendix C: Interview Guide**

### **Section 1: Background Information**

**Gender**                      Male \_\_\_\_\_                      Female \_\_\_\_\_

- Q1. What is your age?
- Q2. Where were you born?
- Q3. Where did you grow up?
- Q4. What is your partnership/marriage status?
- Q5. What is your father's occupation? Your mother's? What is the highest level of education they each achieved?
- Q6. What is your mother tongue?
- Q7. How long have you lived in Montreal? Quebec?
- Q8. What is your educational background?
- Q9. When did you begin your studies at Collège Rosemont?
- Q10. When did you graduate?
- Q11. How long have you been working as an acupuncturist?

### **Section 5: Professional practice**

- Q12. Why did you decide to become an acupuncturist? Describe the factors that led to your choice of profession.
- Q13. What is the background of your average clients? What are their motivations for seeing an acupuncturist?
- Q14. Why do you think acupuncture is becoming so popular in Canada?
- Q15. Do you think your clients would feel as comfortable with a Chinese-trained acupuncturist? Why or why not?

### **Section 2: Religious/Spiritual Issues**

- Q16. Do you come from a religious family? How do you define "religious" and "spirituality"?
- Q17. Do you consider yourself religious or spiritual?
- Q18. Do you do any religious or spiritual practices?
- Q19. Do you do meditate or do Tai Qi, Qi Gong, martial arts or yoga? Is this for health reasons or spiritual reasons? Do you recommend these to your clients?
- Q20. What does it mean to have spiritual well-being? Is it important to being healthy?
- Q21. Do you believe in karma or reincarnation? What happens when you die?

### **Section 3: Contact with East Asia**

- Q22. How familiar are you with East Asian philosophy or religion? Could you describe the differences between Confucianism, Daoism and Buddhism? Have you read any primary sources, ex: *The Heart Sutra*, the *Lao-tzu*, the *Analects*?
- Q23. Have you ever been to East Asia? If yes, did this contact influence your decision to become involved with acupuncture? If no, do you think it would help your practice to go?

Why or why not?

Q24. Is it necessary to be familiar with East Asian philosophy and/or culture to fully understand Chinese medicine? Would you say that you identify with East Asian culture?

Q25. Have you read the *Huang Ti Nei Jing*? Is it relevant to your practice?

Q26. Do you speak or read Chinese? If so, do you have an advantage over those who do not? If not, would it be beneficial to your practice?

#### **Section 4: New Age holistic health**

Q27. What is your definition of New Age? What are some typical New Age practices? Have you ever been to a New Age event, institution, or practitioner for health or “spiritual” reasons? Have you ever read any New Age literature?

Q28. What is holistic healing? What is the body-mind connection? Is it applicable to acupuncture or Chinese medicine?

Q29. How do you think acupuncture is viewed in Quebec? Is it influenced by New Age notions such as holism?

Q30. Do you think the average Western acupuncturist incorporates elements of New Age philosophy or holistic healing into their practice?

Q31. Do you think acupuncture has anything in common with a practice such as Reiki? How are they similar or different? Are they both forms of energetic medicine?

#### **Section 4: Chinese medicine and Qi**

Q32. In your opinion, what are the main differences between Chinese medicine and Western medicine? Is one more “spiritual” than the other? How have your understandings about the two changed since you began your studies?

Q33. What is *qi* and what is the role of *qi* in your practice as an acupuncturist? How important is it to understanding acupuncture? How can you identify *qi*? Is it important that the patients experience, feel, or believe in *qi*? Will acupuncture work better if they do? How do you explain it to your patients?

Q34. Do you do practices to build or maintain *qi*?

Q35. Is *qi* related to the spirit or spirituality? If so, how? How does *qi* impact the spiritual well-being of your patients?

Q36. Do you consider practices like *qi gong* to have a spiritual dimension?

## References

- Abraham, Natalia. *Ayurveda and Religion in Canada: A Critical Look at New Age Ayurveda from the Indian Diaspora Perspective*. MA Thesis, McGill University. 2003.
- "Academic Calendar: 2006 – 2007." Academy of Classical Oriental Sciences. Updated July 26<sup>th</sup>, 2007. Accessed July 30<sup>th</sup>, 2007. <<http://www.acos.org/>>
- "Acupuncture Program at Collège Rosemont." *Département d'Acupuncture Traditionnelle*. Accessed July 30<sup>th</sup>, 2007. <<http://www.agora.crosemont.qc.ca/dacu/anglais/program.htm>>
- "Acupuncture Program Course List." *Département d'Acupuncture Traditionnelle*. Accessed July 30<sup>th</sup>, 2007. <<http://www.agora.crosemont.qc.ca/dacu/anglais/cours.htm>>
- Albanese, Catherine. "The Subtle Energies of the Spirit: Explorations in Metaphysical and New Age Spirituality." *Journal of the American Academy of Religion* 67:2 (1999): 305-325.
- Alter, Joseph S. ed. *Asian Medicine and Globalization*. Philadelphia: University of Pennsylvania Press, 2005.
- \_\_\_\_\_. *Yoga in Modern India: The Body Between Science and Philosophy*. Princeton: Princeton University Press, 2004.
- Andrews, Gavin and Heather Boon. "CAM in Canada: Places, Practices and Research." *Complementary Therapies in Clinical Practice* 11:1 (2005): 21-27.
- Barnes, Linda L. *Needles, Herbs, Gods, and Ghosts: China, Healing, and the West to 1848*. Cambridge, MA: Harvard University Publishing, 2005.
- Beyer, Peter. "Roman Catholicism in Contemporary Quebec: The Ghosts of Religion Past?" *The Sociology of Religion: A Canadian Focus*. Ed. W.E. Hewitt. Toronto: Butterworths Canada, 1993. 133-156.
- Bird, Fred and Bill Reimer. "Participation Rates in New Religious and Para-Religious Movements." *Journal for the Scientific Study of Religion* 21:1 (1982): 1-14.
- Bivins, Roberta E. *Acupuncture, Expertise and Cross-Cultural Medicine*. London: Palgrave Press, 2000.
- \_\_\_\_\_. *Alternative Medicine? A History*. Oxford: Oxford University Press, 2007.



- Bloom, Irene T. "Mengzian Arguments on the Human Nature (Ren Xing)." *Essays on the Moral Philosophy of Mengzi*. Eds. Liu, Xiusheng and Philip J. Ivanhoe. Indianapolis: Hackett Publishing Company, Inc., 2002. 64-100.
- Boltz, William G. *The Origin and Early Development of the Chinese Writing System*. Connecticut: American Oriental Society, 1994.
- \_\_\_\_\_. "The Fourth Century B.C. Guodian Manuscripts from Chu and the Composition of the Laozi." *The Journal of the American Oriental Society* 119:4 (1999): 590-608.
- Boon, Heather. "Regulation of Complementary/alternative Medicine: A Canadian Perspective." *Complementary Therapies in Medicine* 10:1 (2002): 14-19.
- Bourdieu, Pierre. *Outline of a Theory of Practice*. Trans. Richard Nice. Cambridge: Cambridge University Press, 1977.
- "CAM Basics." *National Institute of Health*. Updated February 2007. Accessed June 22<sup>nd</sup>. (<http://nccam.nih.gov/health/whatisacam/>)
- "Canada Health Act." *Health Canada*. Updated April 27<sup>th</sup>, 2007. Accessed June 4<sup>th</sup>, 2007. ([http://www.hc-sc.gc.ca/hcs-sss/medi-assur/pt-plans/bc\\_e.html](http://www.hc-sc.gc.ca/hcs-sss/medi-assur/pt-plans/bc_e.html))
- The Canadian Oxford English Dictionary*. 2<sup>nd</sup> ed. Don Mills, Ontario: Oxford University Press Canada, 2004.
- Cassidy, CM. "What Does it Mean to Practice an 'Energy Medicine'?" *Journal of Alternative and Complementary Medicine* 10:1 (2004): 79-81.
- Chan, Alan K. L. "A Matter of Taste: Qi (Vital Energy) and the Tending of the Heart (Xin) in Mencius 2A2" *Mencius: Contexts and Interpretations*. Ed. Alan K L. Chan. Honolulu: University of Hawai'i Press, 2002.
- Chan, Kelvin and Henry Lee, eds. *The Way Forward for Chinese Medicine*. London: Taylor and Francis Press, 2002.
- Chen, Nancy N. "Mapping Science and Nation in China." *Asian Medicine and Globalization*. Ed. Joseph S. Alter. Philadelphia: University of Pennsylvania Press, 2005. 107-119.
- \_\_\_\_\_. *Breathing Spaces: Qigong, Psychiatry, and Healing in China*. Columbia University Press, 2003.
- Choquette, Robert. *Canada's Religions*. Ottawa: University of Ottawa Press, 2004.
- Chuang Tzu. *The Chuang Tzu: Basic Writings*. Translated by Burton Watson. New York: Columbia University Press, 1964.

Creswell, John W. *Qualitative Inquiry and Research Design*. London: Sage Publications Inc., 1998.

Crozier, Ralph C. *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change*. Cambridge: Harvard University Press, 1968.

"Curriculum Objectives." *McGill Faculty of Medicine*. Updated November 6<sup>th</sup>, 2006. Accessed July 20<sup>th</sup>, 2007.

Eisenberg D.M., Davis R.B., Ettner S.L., Appel S., Wilky S., Van Rompay M., Kessler R.C. "Trends in Alternative Medicine in the United States, 1990-1997: Results of a Follow-up National Survey." *Journal of the American Medical Association* 280 (1998):1569-1575.

Ernst, Waltraud, ed. *Plural Medicine, Tradition and Modernity, 1800-2000*. London: Routledge, 2002.

Esmail, Nadeem. "Complementary and Alternative Medicine in Canada: Trends in Use and Public Attitudes, 1997 – 2006." *The Fraser Institute*. May 2007. Accessed July 14<sup>th</sup>, 2007. (<http://www.fraserinstitute.ca/admin/books/files/Altmedicine.pdf>)

Farquhar, Judith. *Knowing Practice: The Clinical Encounter in Chinese Medicine*. Boulder: Westview Press, 1994.

Fries C.J., Menzies K.S. "Gullible Fools or Desperate Pragmatists? A Profile of People Who Use Rejected Alternative Health Care Providers." *Canadian Journal of Public Health* 91:3 (2000): 217-9.

Friedman, Thomas. *The Lexus and the Olive Tree: Understanding Globalization*. New York: Anchor Books, 2000.

Fuller, Robert. "Unorthodox Medicine and American Religious Life." *The Journal of Religion* 67: 1 (1987): 50-65.

\_\_\_\_\_. *Spiritual but not Religious: Understanding Unchurched America*. Oxford: Oxford University Press, 2001.

Furnham, Adrian and Charles Vincent. "Reasons for Using CAM." *Complementary and Alternative Medicine: Challenge and Change*. Eds. Merrijoy Kelner and Beverly Wellman. Amsterdam: Harwood Academic Publishers, 2000. 61-78.

Furth, Charlotte. "From Birth to Birth: The Growing Body in Chinese Medicine." *Chinese Views of Childhood*. Ed. Anne Behnke Kinney. Honolulu: University of Hawai'i Press, 1995. 157-192.

- \_\_\_\_\_. *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Berkeley: University of California Press, 1999.
- Gawain, Shakti. *Living in the Light*. California: Nataraj Publishing, 1998.
- Geoffroy, Daniel. *L'acupuncture en France au XIXe siècle*. Paris: Maisonneuve, 1986.
- Goldstein, Michael. "The Culture of Fitness and the Growth of CAM." *Complementary and Alternative Medicine: Challenge and Change*. Eds. Kelner, Merrijoy and Beverly Wellman. Harwood Academic Publishers, 2000. 27-38.
- Graham, A.C. "The Background of the Mencian Theory of Human Growth." *Essays on the Moral Philosophy of Mengzi*. Eds. Xiusheng Liu and Philip J. Ivanhoe. Indianapolis: Hackett Publishing Company, Inc., 2002. 1-63.
- Hammer, Olav. "Same Message From Everywhere: The Sources of Modern Revelation." *New Age Religion and Globalization*. Ed. Mikael Rothstein. Denmark: Aarhus University Press, 2001. 42-57.
- Hawkins, Merrill M. "Personal Spirituality." *Faith in America: Changes, Challenges, New Directions. Vol. 3*. Ed. Charles Lippy. London: Praeger Publishers, 2006. 45- 60.
- Harper, Donald J. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. London: Kegan Paul International, 1998.
- Heelas, Paul. *The New Age Movement: The Celebration of the Self and the Sacralization of Modernity*. Oxford: Blackwell Publishing, 1996.
- Hillier, S.M. and J.A. Jewell. *Healthcare and Traditional Medicine in China, 1800-1982*. London: Routledge, 1983.
- Hobsbawm, Eric. "Inventing Traditions." *The Invention of Tradition*. Eds. Hobsbawm, Eric and Terence Ranger. Cambridge: Cambridge University Press, 1983. 1-14.
- Hsu, Elizabeth. *The Transmission of Chinese Medicine*. Cambridge: Cambridge University Press, 1999.
- Hui, Ka kit; Jun Liang Yu and Lidia Zylowska. "The Progress of Chinese Medicine in the United States of America." *The Way Forward for Chinese Medicine*. Eds. Chan, Kelvin and Henry Lee. London: Taylor and Francis Press, 2002. 345-378.
- Hunt, Stephen. *Alternative Religions: A Sociological Introduction*. Burlington: Ashgate Publishing Company, 2003.
- "In-Depth: Health Care." *Canadian Broadcasting Corporation (CBC)*. August 22, 2006. Accessed July 2<sup>nd</sup>, 2007. <<http://www.cbc.ca/news/background/healthcare/>>

- Introvigne, Massimo. "After the New Age: Is There a Next Age?" *New Age Religion and Globalization*. Ed. Mikael Rothstein. Denmark: Aarhus, 2001. 58-69.
- Jiang, Xinyan. "Mengzi on Human Nature and Courage." *Essays on the Moral Philosophy of Mengzi*. Eds. Liu, Xiusheng and Philip J. Ivanhoe. Indianapolis: Hackett Publishing Company, Inc., 2002. 143-162.
- Johnston, Robert, ed. *The Politics of Healing: Histories of Alternative Medicine in Twentieth-Century North America*. New York: Routledge, 2004.
- Kaptchuk, Ted J. *Chinese Medicine: The Web that has no Weaver*. London: Rider Press, 1983.
- Keegan, David Joseph. "The 'Huang-Ti Nei-Ching': The Structure of the Compilation; The Significance of the Structure." Dissertation, Berkley: University of California, 1988.
- Keightley, David N. *The Ancestral Landscape: Time, Space, and Community in Late Shang China*. Berkeley: University of California Press, 2000.
- Kelner, Merrijoy and Beverly Wellman. *Complementary and Alternative Medicine: Challenge and Change*. Amsterdam: Harwood Academic Publishers, 2000.
- Kleinman, Arthur. *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine and Psychiatry*. Berkeley: University of California Press, 1980.
- Kolak, Daniel, ed. *Zhuangzi*. New York: Pearson Education, Inc., 2007.
- Kuhling, Carmen. *The New Age Ethic and the Spirit of Postmodernity*. New Jersey: Hampton Press, Inc., 2004.
- Kuriyama, Shigehisa. *The Expressions of the Body and the Divergence of Greek and Chinese Medicine*. New York: Zone Books, 1999.
- Laozi. *Dao De Jing*. Translated by Moss Roberts. Berkeley: University of California Press, 2001.
- Lao Tzu: *The Tao-te ching*. Translated by Wing-Tsit Chan. New York: Bobbs-Merrill Company, Inc., 1963.
- Leslie, Charles. *Asian Medical Systems: A Comparative Study*. Berkeley: University of California Press, 1976.
- Leslie, Charles and Allan Young, eds. *Paths to Asian Medical Knowledge*. Berkeley: University of California Press, 1992.

- Lippy, Charles H., ed. *Faith in America: Changes, Challenges, New Directions. Vol. 3.* London: Praeger Publishers, 2006.
- Liu, Xiusheng and Philip J. Ivanhoe. *Essays on the Moral Philosophy of Mengzi.* Indianapolis: Hackett Publishing Company, Inc., 2002.
- Lo, Vivienne and Sylvia Schroer. "Deviant Airts in 'Traditional' Chinese Medicine." *Asian Medicine and Globalization.* Ed. Joseph S. Alter. Philadelphia: University of Pennsylvania Press, 2005. 45-66.
- Lock, Margaret M. *East Asian Medicine in Urban Japan: Varieties of Medical Experience.* Berkeley: University of California Press, 1980.
- Loewe, Michael. *Faith, Myth and Reason in Han China.* Cambridge: Hackett Publishing Company, Inc., 1994.
- Lu, Gwei-djen and Joseph Needham. *Celestial Lancets: A History and Rationale of Acupuncture and Moxa.* Cambridge: Cambridge University Press, 1980.
- Lun Heng. Translated by Alfred Forke. London: Kelly and Walsh, 1907.
- Maciocia, Giovanni. *The Foundations of Chinese Medicine.* London: Churchill Livingston, 1989.
- Major, John S. *Heaven and Earth in Early Han Thought.* New York: State University of New York Press, 1993.
- Melton, J. Gordon. "Reiki: The International Spread of a New Age Healing Movement." *New Age Religion and Globalization.* Ed. Mikael Rothstein. Denmark: Aarhus University Press, 2001. 73-92.
- Mencius. *Mengzi.* Translated by D.C. Lau. Harmondsworth: Penguin, 1970.
- Métraux, Daniel A. *The Soka Gakkai Buddhist Movement in Quebec: The Lotus and the Fleur de Lys.* Lewiston, N.Y.: Edwin Mellen Press, 1997.
- Moss, Karen, Heather Boon, Peri Ballantyne, and Natasha Kachan. "New Canadian Natural Health Product Regulations: a Qualitative Study of how CAM Practitioners Perceive They will be Impacted." *BMC Complementary and Alternative Medicine* 6:18 (2006): Accessed on July 20<sup>th</sup>, 2007  
<<http://www.biomedcentral.com/1472-6882/6/18>>.
- MPP Consultation Group on Traditional Chinese Medicine and Acupuncture. "Traditional Chinese Medicine and Acupuncture in Ontario: A Report to the Minister of Health and Long-Term Care." Summer 2005. Accessed on July 10<sup>th</sup>, 2007.  
<[http://www.health.gov.on.ca/english/public/pub/ministry\\_reports/tc\\_med/tc\\_med](http://www.health.gov.on.ca/english/public/pub/ministry_reports/tc_med/tc_med)

Needham, Joseph. *Science and Civilisation in China. Vol. 2.* Cambridge: Cambridge University Press, 1956.

---

. *Clerks and Craftsmen in China and the West: Lectures and Addresses on the History of Science and Technology.* Cambridge: Cambridge University Press, 1970.

O'Connor, Bonnie B. "Conceptions of the Body in CAM." *Complementary and Alternative Medicine: Challenge and Change.* Eds. Merrijoy Kelner and Beverly Wellman. Amsterdam: Harwood Academic Publishers, 2000.

Oguamanam, Chidi. "Biomedical Orthodoxy and Complementary and Alternative Medicine: Ethical Challenges of Integrating Medical Cultures." *Journal of Alternative and Complementary Medicine* 12:6 (2006): 577-581.

Palmer, David A. *QiGong Fever: Body, Science, and Utopia in China.* New York: Columbia University Press, 2007.

Palmer, Michael. Translator. *The Book of Chuang Tzu.* London: Penguin Books Publishing, 1996.

Porkert, Manfred. *The Theoretical Foundations of Chinese Medicine: Systems of Correspondence.* Cambridge: MIT Press, 1974.

Pregadio, Fabrizio. *Great Clarity: Daosim and Alchemy in Early Medieval China.* Stanford: Stanford University Press, 2006.

Queen, Sarah A. *From Chronicle to Canon: The Hermeneutics of the Spring and Autumn, according to Tung Chung-shu.* Cambridge: Cambridge University Press, 1996.

"Questions les plus fréquentes". *L'Association des Acupuncteurs du Québec.* Accessed July 26<sup>th</sup>, 2007. < <http://www.acupuncture-quebec.com/faq.html> >.

Ramsay, Cynthia, Michal Walker, and Jared Alexander. "Alternative Medicine in Canada: Use and Public Attitudes." *Public Policy Sources*, Number 21. Vancouver: The Fraser Institute, 1999.

Reddy, Sita. "The Politics and Poetics of 'Magazine Medicine': New Age Ayurveda in the Print Media." *The Politics of Healing: Histories of Alternative Medicine in Twentieth-Century North America.* Ed. Robert Johnston. New York: Routledge, 2004. 207-230.

Robertson, Roland. *Globalization: Social Theory and Global Culture.* California: Sage Publications, 1992.

- Rothstein, Mikael, ed. *New Age Religion and Globalization*. Denmark: Aarhus University Press, 2001.
- Saks, Mike. *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care*. London: Continuum Press, 2003.
- Scheid, Volker. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. London: Duke University Press, 2002.
- Schulman, Daniel. "Is 'Energy Medicine' a Good Label for Acupuncture?" *Journal of Alternative and Complementary Medicine* 10:3 (2004): 419-421.
- Schlebusch, Klaus-Peter, Walburg Maric-Oehler, Fritz-Albert Popp. "Biophotonics in the Infrared Spectral Range Reveal Acupuncture Meridian Structure of the Body." *Journal of Alternative and Complementary Medicine* 11:1 (2005): 171-173.
- Selby, Martha Ann. "Sanskrit Gynecologies in Postmodernity: the Commoditization of Indian Medicine in Alternative Medical and New Age Discourses on Women's Health." *Asian Medicine and Globalization*. Ed. Joseph S. Alter. Philadelphia: University of Pennsylvania Press, 2005. 120-131.
- Sivin, Nathan. *Medicine, Philosophy and Religion in Ancient China*. Great Britain: Variorum, 1995.
- \_\_\_\_\_. *Traditional Medicine in Contemporary China*. Ann Arbor: University of Michigan Press, 1987.
- \_\_\_\_\_. "On the Word Taoist as a Source of Perplexity." *History of Religions*, 17, No.3/4 (Feb. - May, 1978). 303-330.
- Slyomovic, Susan. "The Body in Water: Women in American Spa Culture." *Bodylore*. Ed. Katherine Young. Knoxville: University of Tennessee Press, 1993. 35-56.
- Strauss, Sarah. *Positioning Yoga: Balancing Acts across Cultures*. Oxford: Berg Press, 2005.
- Tambiah, Stanley Jeyaraja. *Magic, Science, Religion, and the Scope of Rationality*. Cambridge: Cambridge University Press, 1990.
- Taylor, Kim. *Chinese Medicine in Early Communist China, 1949-63: A Medicine of Revolution*. New York: RoutledgeCurzon, 2005.
- Tremblay, Pascale. "Historique." *L'Ordre des Acupuncteurs du Québec*. Updated August 1<sup>st</sup>, 2007. Accessed August 4<sup>th</sup>, 2007.  
<<http://www.ordredesacupuncteurs.qc.ca/public/main.php>>
- Unschuld, Paul U. *Medicine in China: A History of Ideas*. Berkeley: University of

California Press, 1985.

\_\_\_\_\_. *Medicine in China: A History of Pharmaceutics*. Berkeley:  
University of California Press, 1986.

\_\_\_\_\_. ed, *Approaches to Traditional Chinese Medical Literature*.  
Dordrecht: Kluwer Academic Publishers, 1989.

Veith, Ilza Translator. *The Yellow Emperor's Classic of Internal Medicine (Huang Di Nei Jing) (HDNJ)*. Birmingham: Leslie Adams Pub., 1988.

Wuthnow, Robert. *After Heaven: Spirituality in America Since the 1950's*. Berkeley:  
University of California Press, 1998.