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Chinese Medicine Users in the United States Part II: Preferred Aspects of Care

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ABSTRACT

Objectives: While a limited amount of data describe who seeks Chinese medicine care and for what conditions, there have been few attempts to explain what users think the care does for them, or why they value and "like" the care. This article presents such data via an analysis of a sample of 460 handwritten stories collected as part of a mixed quantitative qualitative survey of 6 acupuncture clinics in 5 states. *Results*: Quantitative data collected in this survey (Part I) showed that respondents were highly satisfied with their Chinese medicine care. The qualitative analysis found that respondents valued relief of presenting complaints as well as expanded effects of care including improvements in physiological and psychosocial adaptivity. In addition, respondents reported enjoying a close relationship with their Chinese medicine practitioner, learning new things, and feeling more able to guide their own lives and care for themselves. While these factors mesh well with Chinese medicine theory, respondents did not reveal familiarity with that theory. Instead, their language and experiences indicate familiarity with an holistic model of healthcare—and they seem to have experienced Chinese medicine care as holistic care. *Conclusions*: This finding matters because it shows that respondents are not seeking an 'exotic' kind of healthcare, but are utilizing a homegrown, if nonmainstream, model of healthcare. The finding also matters because it shows that an holistic health delivery model is not only feasible, but currently exists in the United States: how Chinese medicine practitioners are trained, and how they subsequently deliver their care, could serve as a model for American healthcare reform.

INTRODUCTION

Chinese medicine[1] is increasingly popular in the United States, as shown by the rapid rise in the number of schools (24 accredited since 1975) and practitioners (approximately 10,000; National Association for the Certification of Acupuncturists, 1997) who serve an es-

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[1]In this article, I use the term "Chinese medicine" as a generic to refer to medical practices that originated in China and have expanded throughout the world; it is also often called "Oriental medicine." By using the term "Chinese medicine" I do not wish to imply that there is a single coherent "system," rather the term is used pragmatically to refer to diagnostic and therapeutic practices, including primarily acupuncture needling, moxibustion, and Chinese herbal therapy, that are offered by practitioners trained at various schools of "Chinese" or "Oriental" medicine. I do not use the term "traditional Chinese medicine" or "TCM" because these refer to a particular style of practice developed in the post-1949 period in China; many other styles of practice are extant and some were utilized in the clinics reported herein. I use the term "biomedicine" to refer to the form of medicine that is also called "allopathy" and whose primary practitioners earn the MD (or DO) degrees. The values and concepts of biomedicine also underlie the practices of nursing, psychotherapy, physical therapy, and other "mainstream" medical practices in the United States.

timated 1 million patients annually (Culliton, 1997).

Despite popularity, little research has explored who uses this medicine, and, especially, why. Limited ethnographic research on American patients served by professional American (including Asian-American) practitioners indicates that users praise close patient-practitioner relationships, and feel that the care they receive not only alleviates symptoms but also teaches them new perspectives or links them to a meaningful community (Emad, 1994; Hare 1992, 1993).

Part I of this paper (Cassidy, 1998), reporting primarily quantitative data from a sample of 575 patients gathered from 6 clinics in 5 states, describes user sociodemographics, conditions for which respondents sought care, their response to care, and their satisfaction with care. Satisfaction proved to be extremely high, whether measured in comparison with biomedicine specifically, or as the relative importance of Chinese medicine, among all medical practices used, in returning them to a sense of improved health. Respondents clearly felt that Chinese medicine makes them feel and function better.

Part II mines qualitative (and limited quantitative) data collected in the same survey to identify both what users say Chinese medicine does and why they like it so much. The pattern of preference shows that what respondents value about Chinese medicine is that—at least as delivered in these six clinics—it fits a desired model of "holistic" care, that is, patient-centered care that treats "body-mind-and-spirit." This finding matters because it indicates that respondents are not seeking something "foreign," or "exotic," but a normative if not mainstream care model. It also shows that a model of care that healthcare planners often recommend not only exists and is practiced in an "alternative" venue, but apparently produces many of the markers desired by "new" or "integrated" medicine. These include (besides symptom relief): patient-centered care, self-reliant patients who work at wellness, and reduced reliance on high-tech and high-cost care. In short, Chinese medicine patients may provide a model for the assessment of the feasibility of holism as a healthcare model in industrial society.

MATERIALS AND METHODS

Qualitative research

Qualitative research differs from quantitative research in several important features (Bernard, 1992; Brink and Wood, 1988; Cassidy, 1994, 1995; Morse and Field, 1995). While both gather data in a systematic and scientific manner, quantitative research describes populations in terms of distribution ("how many?," "how much?"), while qualitative research seeks to understand the reasons for various behaviors ("why?"). Thus qualitative research characteristically moves beyond description to offer explanation—in the present case, to identify values and motivations, and what characteristics explain high satisfaction.

Qualitative data are gathered by asking people to talk or write about their experiences and perceptions. Questions are phrased in an open-ended format so that the respondents have guidance as to the general subject matter, but are not required to respond within the predetermined answer categories that characterize quantitative question-asking. This means that respondents have a free hand to report whatever they wish; researchers in turn assume that what they report is what matters to them, and that the words themselves, as well as the tonality of the response, also matter. All these, then—the response content, the words, the tonality—are the data of qualitative research.

By systematically analyzing the themes that emerge from a sample of such reports, researchers identify the range of issues and the relative importance of issues. Tonality provides clues to respondents' psychic investment in the subject. Word choice can be used to study conceptual modeling, or the success of communications efforts (as between practitioner and patient), and provides guidance for the design of both quantitative survey questionnaires and outreach efforts.

Qualitative research is not as dependent on "large" sample sizes for significant results as is quantitative research, for qualitative research

focuses on detail rather than on frequency. However, since quantitative researchers are fond of referring to patient stories as "anecdotes"—a term with negative connotation—it is important to distinguish the true anecdote from patient stories that are systematically collected while performing qualitative research. An "anecdote" is typically a single story whose applied value is questionable because its representativeness is unknown. In contrast, when a series of experiential reports is systematically collected and analyzed it *can* be used to assess value and understand motivation for a whole population. That is the process used in this article, which reports data from the analysis of a large sample of handwritten patient stories, and uses excerpts from selected stories to illustrate conclusions.

A final point before moving on to data: because qualitative research does not offer answer categories to respondents, the frequency with which an issue is spontaneously mentioned provides a relative measure of its importance to people, but not a count. It would be misleading, for example, to say that "only" 5% of respondents had fewer colds with acupuncture care based on how many mentioned this factor in stories. What the stories reveal is how many respondents *thought to mention* a reduction in colds while writing up their stories. To maintain accuracy, instead of percentages, qualitative researchers report relative frequencies with words like "rarely," "often," and "many."

Source materials

As described in Part I, data were collected using a pilot-tested anonymous mixed qualitative-quantitative written questionnaire, offered to all nonemergency patients during predetermined 14-day collection periods at six general service acupuncture/Chinese medicine clinics located in different parts of the United States (Seattle, WA; San Francisco, CA; Memphis, TN; Watertown, MA; Baltimore, MD; Columbia, MD).

The questionnaire included an explanatory cover letter that invited respondents to add handwritten comments in the "white spaces" provided. Six of the 28 quantitative questions offered white space for that purpose. The final question was wholly qualitative, and provided 1.5 pages of white space. It was phrased:

> Now tell us your own story, using the space on the next page. We've provided one true patient story to give you an idea of the kinds of details we need. The important subjects are repeated in the list above the space we've provided for you to write in. Also use the back of the page if you wish. Please remember to write clearly.

Q21e combined a Likert scale with white space, and was phrased:

> If you've experienced a change in your health since beginning acupuncture care, do you think it's acupuncture that made the difference? Choose one phrase and explain. 1. Definitely 2. Probably 3. Unclear 4. Probably not. 5. It was a combination of factors.

Data in this article are taken from the answers to the final question combined with the written remarks attached to Q21e (the quantitative data from this question are presented in Part I).

A sample of 575 acupuncture patients completed the entire questionnaire (response rate 45.9%). Of these, 462 (80.3%) answered Q29 and/or added remarks to Q21e. The reports ("stories") were transferred from written form to a word processing program. Analysis was performed using both word processing functions, and Ethnograph (Qualis Research Associates, 1997, Amherst, MA) a software program designed to facilitate analysis of qualitative data. Written responses within Ethnograph format averaged 19.3 computer lines in length (Courier 10-point type, 4-inch column; site averages from 17.0 to 23.6 lines), ranging from a single remark ("Acupuncture is magical!") to 1.5 pages of description or analysis.

The most popular "storyline" was the "path-to-acupuncture" pattern in which the respondent detailed his or her experiences prior to receiving acupuncture care, and then described what had changed in the presence of acupunc-

ture care. A much smaller number chose other patterns, as by limiting their comments to acupuncture care alone, or by expressing healthcare opinions without detailing their own experiences.

Stories also differed in how much thought respondents had given to the meaning or character of their experiences with acupuncture. Some respondents (about 40%) limited themselves to simple descriptions of their experiences, while the remainder offered some analysis or evaluation of their acupuncture experience, often in comparison to other healthcare or life experiences. For example:

> *Descriptive Excerpt*: "Migraine headaches—many years—never consulted anyone except acupuncturist about 1992. Since then, less frequent occurrences in spite of very high stress. Now receive treatment @ 1×/mo" (4031).
>
> *Analytic Excerpt*: "Migraine headaches as frequent as 3× per week. I was becoming less energetic and more melancholy. The material I'd read on headaches was very disappointing. I did not think I needed a psychologist/psychiatrist. I decided to give acupuncture a try. The energy came back first, then I noticed fewer headaches gradually over 1 to 1.5 years. The depression improved although there were relapses. I have one headache every 3–4 months now. The depression has just about gone. Acupuncture [helped] me with a new direction to follow to remedy the problems and the energy to pursue the solutions" (4024).

For the purposes of this article, few complete stories are reported. Instead, brief excerpts are used to illustrate points. To show the analytic process, however, consider the following rather typical story: "I did not come to acupuncture 11 years ago for any specific physical disorder. I was feeling "stuck" in my life . . . depression . . . unresolved grief. All that is gone and through the years we have worked on my back problems and menopause symptoms. One or two treatments seem to shift me a few degrees so I can work on taking care of myself" (4080).

This respondent initially sought care for what Western-paradigm thinkers might call emotional support. She begins by describing her situation experientially, using a term that describes a sensation (and is often used by Chinese medicine practitioners to describe a particular energetic situation)—*stuck*—and then she locates this in commonplace Western terms of "emotional" discomfort—*"depression, unresolved grief."* Because she feels that her symptoms are alleviated, she continues care; that is, she invests psychic energy, time and money in continuing care—at the time of writing she has used it for 11 years. She also uses it comprehensively—for several disorders, including physical complaints. She offers a second energy metaphor to explain what happens to her when she receives care—*"shifts me a few degrees"*—and states that because of such care, she takes more responsibility for her own health (self-efficacy)—*"so I can work on taking care of myself."* Finally, she presents her relationship to her practitioner as a partnership—*"through the years* we *have worked on my back problems . . . "*.

WHAT IS HOLISM?

As noted in the *Introduction*, the factors that respondents report as satisfying about Chinese medicine, and the language with which they express themselves (next sections) represent it as an holistic practice. What does this mean?

Although "holism" has a specific meaning and it is not difficult to identify particular healthcare delivery behaviors that should emerge from this meaning, the term has become faddish, and has suffered from vague use, *"an amorphous label often glibly used or made trivial for any perspective that sees biomedicine as too reductionist and/or materialist. It has also become a generic name for any therapy that does not consider its clinical perspective to be reductionist. And finally, it has become the new family name for any intervention . . . that is informed, knowingly or unknowingly, by some form of nineteenth century vitalist perspective* (Kaptchuk, 1996, p. 44). This article uses the term advisedly, and measures "holism" in terms of specific defined features, listed below.

Holism is, in actuality, a particular philosophy that is expressed somewhat differently in

the biological and medical sciences (Kopelman and Moskop, 1981; also see Cassidy, 1994, 1995; Hare, 1991), but generally implies an emphasis on the *whole* or complete organism (as opposed to reductionism), and to the sense that this whole is *emergent*, or more than the sum of its parts. The general holistic health explanatory (theoretical) model has five features: it views health as a positive state (not merely the absence of disease) and often conceptually combines "health" with "well-being"; it argues that health resides not just in the physical body of a person but also in his/her mental, emotional, spiritual, and social bodies; it argues that the individual has some part in and must take some responsibility for both creating and alleviating his/her own ill-health; it emphasizes the importance of health education to help guide people toward self-reliance so that they are better able to avoid ill-health and promote their own well being; and it commonly honors "gentle" and "natural" or "low-tech" interventions.

Because the "whole" is emergent, each person must logically not only be distinct from every other, but must also be in flux, and there is therefore much scope for hope, growth, and flexibility. This leads to the further logic that not only can the practitioner intervene, especially as facilitator, but the patient can also change his or her health status by changing actions and attitudes. However, this position also demands that the practitioner know his/her patient very well, and that the patient, also, become self-aware. In practice, holistic practitioners commonly try to actualize holism by (1) establishing close and horizontal or peer relationships with their patients; (2) offering hands-on care to treat complaints; and (3) treating the "whole" body-person, which includes listening carefully and offering suggestions and "education" about actions patients can take on their own to prevent reoccurrence of their symptoms, enhance their health or, indeed, redirect their lives.

In the United States, Chinese medicine has frequently situated itself as "holistic" whether or not practitioners like or accept the designation (Kao and McRae, 1986).[2] Remarks from popular texts such as those in Table 1 that describe fundamental characteristics of Chinese medicine, make it clear why it is theoretically holistic as the term is defined here. At the same time, of course, it is also distinctive: it is *Chinese medicine*, not some other form of holistic practice. The most apparent "holistic" components of the theory are its focus on the whole person in his/her social environment, and the guiding physiological metaphor—that *qi (ch'i)* flows through the body, person, and universe, and lack, excess, or blockage of this flow causes malfunction. *Qi* is popularly translated as "energy" in the West, although Chinese medicine adepts know that the concept is far wider and more inclusive (including of materiality) than the Western notion of energy. The theory is actualized by (1) the clinical expectation that treatment will have effects wider than the physical, (2) that because each patient is unique, the practitioner must observe the movement of *qi* with intense attention, and (3) that patients can avoid much malfunction by learning techniques to keep *qi* flowing smoothly.

RESULTS: WHAT DO RESPONDENTS SAY CHINESE MEDICINE DOES?

In Part I, data were presented showing that pain relief, emotional care, and wellness care were the three top reasons respondents sought Chinese medicine care. Asked to report what happened to their complaints, 91.5% claimed that their presenting symptoms or complaints had "disappeared" or "improved" in the presence of Chinese medicine care. A majority of respondents also stated that their quality of life had improved (by several measures), and that they were seeing fewer biomedical specialists, using fewer prescription drugs, and sometimes

[2]There is considerable controversy on this subject. Many scholars note that there is no "Chinese medicine" of singular or well-defined nature, yet most would agree that there are some shared underlying concepts, eg, Tao, yin-yang, imbalance of *qi (ch'i)* as the source of malfunction, and the microcosm-macrocosm argument (Eckman, 1996; Ergil, 1996; Hare, 1991; Unschuld, 1985). The goal in this article is to describe how American patients interpret the Chinese medicine they receive, not to argue whether or not what they receive is historically accurate or whether their interpretations would please practitioners or scholars.

TABLE 1. SAMPLE QUOTATIONS FROM POPULAR TEXTS ON CHINESE MEDICINE THAT PRESENT IT AS AN HOLISTIC PRACTICE

Focus on the Whole

1. The Chinese physician . . . directs his or her attention to the complete physiological and psychological individual (Kaptchuk, 1983, p. 4);
2. The ancient Chinese perceived human beings as a microcosm of the universe that surrounded them . . . a part of one unbroken wholeness, called Tao, a singular relationship continuum within and without. . . . Within that view the subtle, ephemeral, and invisible were as significant as what could be seen, touched, and counted, and caring for the human spirit was no less essential or real than caring for the human structure, nor separate from it (Beinfield and Korngold, 1991, p. 5);
3. Chinese medicine instructs us to perceive the way the world functions and recreate harmony with the context of the whole (Beinfield and Korngold, 1991, p. 6);
4. Traditional acupuncture is a healing art and science which teaches how to see the entire human being in bodymindspirit . . . treats the person, not the disease (Connolly, 1979, pp. 3–4)

The Whole As Emergent

5. So the Chinese doctor, searching for and organizing signs and symptoms that a Western doctor might never heed, distinguishes . . . patterns of disharmony . . . [that] are similar to what the West calls diseases in that their discovery tells the physician how to prescribe treatment. But they are different from diseases because they cannot be isolated from the patient in whom they occur . . . to Chinese medicine, understanding means perceiving the relationships between all the patient's signs and symptoms. . . . The Chinese method is thus holistic, based on the idea that no single part can be understood except in its relation to the whole (Kaptchuk, 1983, pp. 6–7);
6. . . . the process is all there is; no underlying truth is ever within reach. The truth is immanent in everything and is the process itself (Kaptchuk, 1983, p. 258);

Focus on Well Being and Patient Education

7. Sages describe a state without suffering and a way to get there. That way is not to search for a single remedy, a panacea, a "magic bullet," but to engage in the ongoing process of learning to become more animated, more connected: more charged with life (Beinfield and Korngold, 1991, p. 7);
8. All systems of medicine can be practised more or less holistically, depending on the wisdom of the physician. What is remarkable about Chinese medicine is that it places diagnosis of the person at the core of its diagnostic process and regards nearly all chronic disease as a manifestation of that individual's particular weaknesses. When acupuncture treatment is directed at these long-standing weakness or "imbalances," the patient is often amazed to find that not only is his main complaint improving, but many secondary complaints are also responding (Mole, 1992, p. 5).

avoiding surgery. The written responses flesh out these statistics with detail and a sense of the human struggles and successes that lie behind the numbers.

Respondent statements about what Chinese medicine care does group under three major headings and several minor ones (Table 2). The same points developed by quantitative research recur, and novel ones—particularly concerning psychosocial functioning—emerge. Examples of respondent remarks that illustrate the themes are offered below. These are selected to illustrate particular themes, but often, remarks actually cover several subjects at once—change in function, change in perspective, remarks about the practitioner, and statements about what they find rewarding about the care.

Theme 1: Chinese medicine care relieves symptoms and improves function

Not unexpectedly, this theme is mentioned in a majority of the respondent stories; for most people, it is the initial reason for seeking medical care. For many patients it is also the most important result of care, though perhaps less so in this population which strongly honors the outcomes grouped under themes 2 and 3.

Relieves physical pain

1005: In 1992 began seeing MD for shoulder and arm pain. He gave me pain killers and muscle relaxers . . . that did not help. I began going to the chiropractor in March 1993 . . . only temporary relief. I began

TABLE 2. WHAT RESPONDENTS SAID CHINESE MEDICINE CARE DOES AND WHY THEY LIKED IT

Theme 1: Chinese medicine care relieves symptoms and improves function
- relieves physical pain
- relieves or releases emotional pain
- decreases the frequency, intensity or duration of complaints

Theme 2: Chinese medicine improves physiological coping or adaptive ability
- increases "energy"
- induces sensation of calm, relaxation
- helps reduce reliance on prescription drugs
- reduces the frequency of "colds," and "strengthens the immune system"
- speeds healing, as from surgery
- minimizes side-effects of drugs

Theme 3: Chinese medicine improves psychosocial coping or adaptive ability
- increases self-awareness
- engenders a sense of wholeness, balance, centeredness, well-being
- increases self-efficacy
- changes lives

Theme 4: Chinese medicine involves a close patient-practitioner relationship

Theme 5: Chinese medicine treats the "whole" body/mind/spirit/social person

acupuncture treatments and after six treatments my pain was gone. After each treatment there was significant improvement. There was no major pain for 18 months. I began feeling some pain about 3 months past and now I have started treatments again.

Relieves or releases emotional pain

5100: I have had 8 hospitalizations for anorexia nervosa since age 17 (am now 26). . . . My medical doctor suggested I try acupuncture since all medications had failed to help with appetite, digestive problems. After 3 months of acupuncture, I have gone from 4 psychiatric meds to 1, and I have gained about 15 pounds. All of my digestive problems have greatly improved. My mood is very stable.

6005: Anger was causing some of my fatigue. After the first month [of acupuncture care] I started to feel a little more energy and a lot less anger. My energy level gradually increased . . . and my fears of not being able to handle the falling apart of life . . . diminished. I became aware of a "happy" sprout somewhere inside me and started to take care of that sprout. [Acupuncture] saved my life in an emotional/psychological way. Restored my sense of self at a time when life had beaten me up and drained me badly. I now have vigor and accept myself and life!

Decreases the frequency, intensity or duration of chronic complaints

5061: I was diagnosed with multiple sclerosis after a confirmation with CAT scan/spinal fluid analysis. . . . After 2–3 acupuncture treatments numbness on my right side leg/arms began to resolve. . . . My numbness, though recurrent, has been controlled to a tolerable level and often resolves after treatment. I have regained a functional level of energy, significantly improved since my first visit. The side-effects of beta-interferon have been minimized. With the advice of [my acupuncturist] I have made numerous positive lifestyle changes, adding to my sense of health and well-being. Acupuncture has strongly influenced a positive change in my health.

1035: Acupuncture makes the pain go away part of the time and each time staves it off for longer amounts of time. Soon, I hope to be pain free.

4094: When I was 15 . . . I threw up almost every time I ate. By the time I was 21 I was throwing up 3× a day from the esophageal reflux. I started acupuncture regularly and within a year I have decreased my stomach pain dramatically and I do not vomit more than once or twice per month.

Theme 2: Chinese medicine improves physiological coping or adaptive ability

Chinese medicine works with the movement of *qi* within the body, and conceptualizes sickness as "imbalance" rather than "disease." Thus as the body-person comes into balance, effects are felt throughout the body, not just in the parts that were malfunctioning in the presenting complaints. This is the first

component of the "whole body" or expanded effects of care concept that characterizes both Chinese medicine theory, and holism theory. In our case, respondents commonly stated that with receipt of care they quickly noticed a sense of increased "energy" (they do not speak of *qi*), decreased "stress," and/or a feeling of "calmness" or "relaxation" in connection with needling treatment. Evidences of longer term improvements in physiological adaptation include, from most frequent to least frequent mention, reduced reliance on prescription drugs, reduction in colds and other infections (which some respondents conceptualize as "stronger immune system"), rapid recovery from surgery, and minimized side-effects from drugs. For example:

Increases "energy"

1014: my energy level is higher, my pain and stress levels are lower.

1015: Acupuncture does not clear my sinuses as quickly [as allergy medicines] but it has worked well over a period of time. And it gives me a lift instead of making me tired.

6001: even after only 5 acupuncture treatments I feel energy building and centeredness being reestablished.

2001: After my first treatment my energy level had lifted. Within one month I was able to hike again and live my life normally with more energy than I had had before.

Induces sensations of calm, relaxation

5005: [for] attention deficit disorder... acupuncture treatments have [meant] I'm calmer, more relaxed, focused with reduced mood swings and emotional outbursts. I handle stress better.

1042: Acupuncture makes me feel smoother and more balanced.

2061: I am a hyper and tense person, and afterwards I feel really calm for hours.

Helps reduce reliance on prescription drugs

5089: I have been able to eliminate Theodur after 15 years and gain control over asthma using acupuncture, herbs, and change in lifestyle. I am 100% satisfied with my acupuncture treatment and practitioner.

5028: I had a Grand Mal seizure in 1989... no reoccurrence for 3 months but my [medical] doctor insisted I take Dilantin in a very high dosage... caused my hand to tremor... exacerbated my liver disease and periodontal disease. In 1991 I began seeing an acupuncturist. With acupuncture, herbs, meditation, dietary changes, and improved oral hygiene... I eventually got off my anti-seizure meds entirely. My gums have improved and my liver is greatly improved.

5015: I am a physician (MD) diagnosed w/Crohn's disease. I took high doses of prednisone for months at a time with multiple side-effects. Acupuncture, herbs and [the acupuncturist's] expert and logical medical advice [have] kept me in general good health with what was once a debilitating disease. The disease is still active with occasional "flares" which are relieved quickly and effectively in 1–2 acupuncture treatments. I continue to take prednisone, but at only 4 mg/day.

4106: With acupuncture and seeing a holistic doctor, I have reduced my prescription drugs [for lupus] by $300 a month.

Reduces the frequency of "colds" and "strengthens the immune system"

5004: As I've gotten older the frequency of my URI's [upper respiratory infections] has increased. I decided I needed to take another approach to boost my... immune system and use a mind/body integrated approach. [With acupuncture and herbs] I am still getting frequent colds but they have been milder and of shorter duration.

5075: I am HIV-positive, asymptomatic for 7 years. Acupuncture helps me manage low back pain and I believe it keeps my immune system 'toned.'

2077: A side benefit [of] acupuncture has been in reducing symptoms or length of colds...

Speeds healing, as from surgery

1041: After bilateral bunion surgery I was in severe pain and experienced awesome swelling every day. Since I had to work... I began treatments of acupuncture and was amazed at pain reduction

and lessening of swelling even when I remained on my feet mowing lawns.

Theme 3: Chinese medicine improves psychosocial coping or adaptive ability

This theme is the second component of the "expanded effects of care" that logically should characterize both Chinese medicine *per se*, and "holistic" health care in general. While remarks that group under Themes 1 and 2 tend to be offered quite coolly and descriptively, respondents offering Theme 3 comments often express strong emotion, demonstrate that they are psychically invested in Chinese medicine. Indeed, changes in psychosocial functioning often feel, to respondents, like life-changing events, like "miracles."

Increases self-awareness

5023: always experience an opening . . . sense of wellbeing greatly improved . . . look forward to next visit.

5070: [came in] desperate need of quitting smoking. I came to him 2 times a week for 13 weeks—quit smokes and caffeine. I continue to see [him] for other things . . . once every 3 months . . . I just love it. I always feel so good. I'm more in tune with my body and . . . have more awareness in other things I would normally do that damage my body.

2119: My treatments have always provided new information that was absent to me before. I would label my sessions as minor realizations—placing a framework around what I intuitively knew to be true. My general health has improved but more importantly, I've experienced a sweeping clean of many old emotional blockages. This has helped me to relate to myself and others much better and fell much more grounded . . . and aware of myself.

4074: Not only did my physical symptoms improve but my mental health and spiritual awareness have been very good.

Engenders a sense of wholeness, balance, centeredness, well being

3015: I feel [Chinese medicine's] been very calming, centering, and part of being able to work through so many things and claim my right to be healthy and happy.

3028: Acupuncture makes me feel more whole, more in tune—body and mind together.

4118: Acupuncture has greatly reduced my severely stressful outlook on life, which was killing me. It has helped to center me and slow me down.

2007: With help by the acupuncturist, I feel much better and I look forward to my treatments. I tell everyone how great it is to go for these treatments.

Increases self-efficacy

1025: I now judge my life differently. Success is not being pain free—but not having to take pain medications and being able to be out of bed some.

6057: Before acupuncture I set about doing what I wanted kind of ignoring my body and its conditions . . . if it was hurting I either took pills or just proceeded forth. Upon finally coming for acupuncture [after two laparotomies] there has been incredible movement on all, each and every, aspect of my life. These days I am paying attention to my body. My period has evened out. I still have some cramps. Previously I would take up to 8 200mg Ibuprofen. Now 2 a day is a lot. I am now up to the challenge: it is no longer happening to me, I am happening with it.

2061: I like my caregiver/practitioner very much . . . It is a partnership and I must do my part without expecting to he healed by being passive.

6007: I take more responsibility for my health, now, and feel more empowered to control the depression.

Changes lives

6003: I began acupuncture treatment while living in a slum constantly drunk. I had reached this state over a long period of years. With support from my acupuncturist (and a Reichian therapist) I am now happily married, with three children, living in a beautiful house, not drinking alcohol, etc. My symptoms are gone. Acupuncture allowed me to reestablish clear contact with my energy, my self.

2023: Thanks to the folks at the acupuncture clinic, I have modified my diet, kept myself warm, changed my lifestyle, and

most of all reduced the pain [of rheumatoid arthritis].
2037: I began acupuncture one year ago and made an immense growth in my overall health, resiliency, and my ability to function in relationship and in work.
4078: Acupuncture, along with ownership of my body and mind, has definitely helped. I have begun exercising regularly. Stopped drinking coffee and alcohol, and stopped smoking pot. I feel like a million bucks.
1016: I feel that there has been an awakening in my body. My pain decreased to no pain. T4 (CD4) count increased 100 points in 3 months. Energy that was not there for some time, rejuvenated, so that life can be looked at from the right angle. New Human!
4149: Acupuncture totally changed my life, my attitude, outlook—so profoundly that I decided to study acupuncture and make it my life's work.

RESULTS: WHAT DO RESPONDENTS SAY THEY VALUE ABOUT THEIR CHINESE MEDICINE CARE?

As the excerpts make abundantly clear, respondents valued the therapeutic component of their care. In addition, many respondents, perhaps a fourth of the total, made special mention of their practitioner as pivotal to the success of their care and to their willingness to continue care. A minority also performed mini-comparative analyses and drew out characteristics of Chinese medicine that they felt made it desirably different from other forms of care they had experienced. While some characteristics were mentioned by only one or two respondents (and won't be discussed here), one theme was stronger: many stated that they value Chinese medicine care because it treats "the whole person" or is holistic.

Theme 4: Chinese medicine involves a close patient-practitioner relationship

A question on the quantitative portion of the questionnaire asked respondents to select one among nine words to describe how they felt about their relationship with their Chinese medicine practitioner. The nine words included five that represented an authoritarian or vertical relationship (parent, teacher, doctor, authority, expert) and four that represented a facilitative or horizontal relationship (partner, friend, guide, coach). The horizontal terms, especially the first three, were preferred by 67.6% ($n = 376$) of respondents. Of the authoritarian terms, only "doctor" was popular, and this only at sites where at least one practitioner used the title Doctor.[3]

The written reports underline the preference for a horizontal, peer relationship with practitioner. Patients specifically appreciated their practitioner's skill, their listening and caring, and especially, what they offered in the way of education and encouragement. For example:

5039: This acupuncturist really listens and suggested a good position for sleeping that works pretty well. [I] feel better, less hyper and yet buoyant. He sees me as a whole person and I am also encouraged to help myself in various ways, e.g., exercise.
4102:[Name] is a consummate professional and a beautiful person, so loving, so tender, so caring.
4098: They are very friendly here and like family. [Practitioner] is objective and compassionate. She has taught me to cut back. I feel safe here. It reminds me to enjoy life.
4114: The most important part of acupuncture is the trusting relationship I have with [name], and the fact that it has made [me] much more aware of my body and its relationship to my spirit.
1033: I appreciate [acupuncturist's] help with herbs, teas, etc. I consider her a wonderful friend as well as teacher.
4074: I have learned so much from my practitioners—I've had three, each brings unique gifts—I consider them to be lifelines to wellness.
[My] acupuncture practitioner also introduced me to revised dietary patterns, psy-

[3]The Memphis practitioner has a PhD; one San Francisco practitioner has an OMD; no practitioners in this study had MD, DO, or DC degrees.

chotherapy augmentation, herbs, and new reading materials. Comprehensive treatment. I understand myself—mind/body/spirit—better now.

Theme 5: Chinese medicine treats the "whole" body/mind/spirit/social person

Those respondents who provided intellectually analytic remarks about what makes acupuncture care distinctive described it in terms that are recognizably holistic, or actually used the term holistic (or "wholistic"). For example:

2059: Acupuncture feels balancing . . . like my whole mental/emotional/physical/spiritual being is touched.
4086: [After] 3 surgeries and multiple infections, [acupuncture] treatment was the one place that I got help seeing the causes and interactions of these so-called "separate" problems. I cannot say a "cure" was the result but acupuncture treatment certainly reminds me when I am taking poor care of myself, and it helps me regain a sense of balance and perspective. [Among all forms of care in 16 years] acupuncture treatment is the central treatment which can connect the applications of the other forms of treatment. It has been the one place where my mind and body and emotions do not feel disconnected during a course of treatment.
6001: I especially appreciate being looked at as a whole being, mind and spirit as well as body, and one body as opposed to separate parts. I feel the acupuncture treatments are the best and nicest things I've ever done for myself and my well-being.
5057: Acupuncture increases my circulation and has a more wholistic approach to my leg condition as it relates to my liver, kidney, heart, lungs, etc. The herbs and advice about diet and lifestyle have given me more energy and an overall improved feeling of health and groundedness in my life. I also have the feeling that my acupuncturist and his staff actually care about my well-being. I could not say this about my M.D. and his staff. The combination of needles, work, and herbs have definitely stabilized my overall health.
5063: Acupuncture has improved my health from a holistic viewpoint—not just a fragmented symptoms approach. I feel a constant core of wellbeing, more able to withstand the onslaught of modern life.
5079: I guess my biggest complaint is the medical doctors' cost and approach to only treating the symptoms. My acupuncturist is taking a holistic approach which includes treatment and herbs and fasting . . . I believe that this approach leads to a lifetime of self-care, self-understanding. Acupuncture treatments are making me more aware, thus more inclined to take steps needed to care for myself.

DISCUSSION

The goal of this article was to analyze a set of 460 handwritten patient stories to identify what respondents thought Chinese medicine was doing for them, and what they value about it. These are experiential data—the content of most of the stories simply recounts events connected with the receipt of Chinese medicine and states why they liked (or disliked) their experiences. A minority try to fit their experiences into a larger philosophical frame. It is this frame that concerns us in this last section.

The aspects of care that these respondents named as outcomes and as valued include: relief of presenting symptoms, expanded effects of care including improved physiological adaptivity and improved psychosocial adaptivity, close and warm patient-practitioner relationship, education from practitioner, and attention to the "whole"—physical, mental, emotional, spiritual, and social bodies.

If this is what respondents experienced, is it also what practitioners intended to deliver? And how does knowing these points about the experience of Chinese medicine matter to the larger society?

Returning to Table 2, we see that the list generated from patient stories closely matches what we might expect holistic medicine to look like as delivered—peer relationships with patients, hands-on care, treating the "whole" in-

cluding offering education and encouraging self-efficacy.

But when we attempt to match it with the list of what the Chinese medicine model might look like as delivered, we find that the match is close—expanded effects of care, highly attentive practitioner, education of patient towards self-efficacy—but the core Chinese concept of qi appears to be missing or buried, though it may have been anglicized as "energy."

To check this observation, I counted how often various cue words were used by respondents in their stories, and to what other words these cue words linked. The holism cue words included *holism, wholism, whole, balance, center, ground, aware, awake, stress,* and the like. The Chinese medicine cue words included *qi, yin, yang, deficiency, excess, nurture, liver, lung, kidney, meridian,* and so forth.

The results are clear: among 460 stories, there were zero uses of *oriental, yang, excess, deficiency, sedate, tonify, ch'i,* or *qi.* Only 7 people used any Chinese medicine language at all, eg, [treatment to] *nurture my depleted yin (2089)* or *He treated me for low energy and liver, kidney imbalance (5017).* In short, the recurrent terms were holism cue words.

How cue words linked to one another in respondents' writing (measured within a distance of two sentences) shows something of the underlying logic of the users. The resulting "cognitive map" shows that the strongest logical link—40% of linked cue words—was between "stress" and various words that were coded with "self-awareness" or "wholeness." The second strongest link was between "energy" and self-awareness (21.5% of sample). Meanwhile, only very weak links occurred between "stress" and "Chinese medicine," or even between "energy" and "Chinese medicine." The latter suggests that these respondents were *not* making an identity between the English word/concept "energy" and the Chinese concept *qi.* In fact, these data generally suggest that the theory of Chinese medicine *per se* was either unknown or irrelevant to these respondents.

In a pragmatic sense this implies that these respondents were really not buying "Chinese medicine," but rather, "holistic healthcare." Yet, if asked, they would say they were purchasing Chinese medicine, and their practitioners would presumably make this claim as well. We can infer, then, either that American Chinese medicine practitioners have been surprisingly unsuccessful at teaching the Chinese medicine explanatory model (improbable since they won kudos from respondents for their teaching skills) or more likely, that they have successfully "translated" a foreign practice into the American idiom. If this is so, then American users of Chinese medicine are not selecting something "exotic" or "foreign," but staying close to home and simply seeking practitioners who offer a culturally familiar if not mainstream theory and consequent healthcare delivery design, that is, holism.

For some years the United States has been aware that its mainstream medical system is in trouble. Not only is it top heavy, costly, and based in just one of many possible healthcare models, but it has garnered a reputation as both reductionistic and unfriendly to the consumer. Although thus far no one seems to have clearly delineated an integrated "new" medicine, calls for transformation are all around us. Some authors are tackling aspects of the problem, which I have elsewhere listed as simultaneous developments in comparative philosophy, technology, and institutionalization or delivery (Cassidy, 1996a). Dacher (1995, 1996), Schwartz and Russek (1997), and Cassidy (1994, 1996b) focus on theory development, while Russek and Schwartz (1996) explore one aspect of technology development.

As for the issue of the institutionalization of a "new" medicine, the concept of the close patient-practitioner relationship—patient-centered care—has been identified as pivotal to improved care delivery (Gatterman, 1995; Tresolini and the Pew-Fetzer Task Force, 1995; also see Foss, 1996). However, these authors do not situate patient-centered care as necessarily "holistic." Note that as it functions in the present study, patient-centered care cannot stand apart from other aspects of holism since *it is the means by which* practitioners can achieve other holistic goals of hands-on care, educating the patient and encouraging self-reliance.

In fact, there have been few efforts to cut through faddish use of the term "holism" to

identify its core theoretical and delivery components; more often the claim that a practice is "holistic" has been ridiculed. Thus the present study is important not only because it reveals patient perceptions and values, but also because it defines theoretical components of holism, shows how these might be actualized in practice, and then goes on to show that, in at least one case, a large sample of patients are receiving care *that they experience and define as holistic*. This is all the more remarkable as these patients are located in clinics that are geographically remote from each other. What links the clinics, then, is not location or experience, but a construct called "Chinese medicine"—and this medicine, whatever the case elsewhere in the world, or even in other American settings, emerges in this setting as holistic.

This study, then, can serve as a model not only of what holism feels like to patients, but also of what it might look like in practice. And what it "looks like" is very much what healthcare philosophers and planners are seeking: a low-tech, high-relationship practice with users experiencing both relief of presenting complaints and expanded effects of care including improved self-reliance, plus high satisfaction with the care and the experience.

SUMMARY

Parts I and II of this article have presented quantitative and qualitative data from a largescale (n = 575) survey of acupuncture patients attending general care Chinese medicine clinics in six locations in five states. Descriptive data—sociodemographics, epidemiology, response to care, satisfaction with care—are discussed and then embedded in a discussion of the larger meaning of the data. The conclusions include: these patients are utilizing a variety of healthcare options and functioning as sophisticated plural users. Yet they report generally preferring Chinese medicine. Apart from the methodological fact that these data were collected in Chinese medicine clinics, the qualitative analysis shows that patients can detail reasons for their satisfaction, and these reasons identify components of value and represent Chinese medicine as holistic.

These findings are important because in the current national conversation about reforming the national healthcare system, these respondents represent a sample of people who are apparently already living many of the targeted components of the desired future "integrated" medicine. They are doing this both by utilizing a wide variety of care, and by depending on an already existing functionally holistic healthcare delivery system, namely, "Chinese medicine."

Future research should develop components of this argument, by gathering formal cost-effectiveness data, by exploring in more detail why Chinese medicine seemed to be preferred, and by detailed examination of the reported link between Chinese medicine, holism, and patient satisfaction.

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