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Original Article

Beliefs and values in Japanese acupuncture: an ethnography of Japanese trained acupuncture practitioners in Japan

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ABSTRACT

Background: Japanese acupuncture is gaining international recognition. However, previous research has failed to comprehensively describe the characteristics of Japanese acupuncture by not investigating it within the Japanese clinical environment. This study aimed to identify unique and routine elements of Japanese acupuncture, describe these elements in detail, and examine how the current beliefs and attitudes of Japanese acupuncture practitioners related to philosophical concepts in their practice.

Methods: Between August 2012 and December 2016, ethnographic fieldwork was conducted in Japan. Japanese trained acupuncture practitioners were recruited by chain referral and emergent sampling. Data were collected through participant observation, interviews, and by analyzing documents. Thematic analysis was used to critically evaluate the data.

Results: Thirty-eight participants were recruited. Of these participants, 22 agreed to clinical observation; 221 treatments were observed with 172 patients. Additionally, 17 participants consented to participate in formal semistructured interviews and 28 to informal unstructured interviews (fieldwork discussion). Besides "knowledge," "beliefs and values" was a major theme interpreted from the data. Subthemes—including Zen Buddhism, effect through technique, instant effects of treatment, anatomical areas of significance, resolution of abnormalities, minimal stimulation, and patient comfort and customer service—were identified.

Conclusion: Beliefs and values are an underrepresented, yet extremely important aspect of philosophical concepts influencing acupuncture practice in Japan. Uniquely Japanese beliefs and values that do not rely on a commitment to any spiritual or religious affiliations or proprietary knowledge of traditional or biomedicine may be successfully exported from Japan to advance acupuncture education, research and practice in international contexts.

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1. Introduction

Acupuncture based on traditional Chinese medicine (TCM) is used worldwide, and practitioners are educated through under- and postgraduate university courses internationally.[1,2] As familiarity with acupuncture from TCM has developed, so has the understanding of acupuncture in other East Asian countries. Particularly, acupuncture from Traditional Japanese Medicine is gaining popularity as an alternative to acupuncture from TCM in the West.[3–5] However, there appears to be misconceptions and contradictions in the published English language literature describing Japanese acupuncture.[6–11]

The tripartite typology of health, illness, and healthcare has long been used in the explanation of medical systems.[12–14] In this typology, healthcare refers to the technical or practical aspects of care provision, usually to oneself or someone who is unable to do so themselves.[15] The beliefs and behaviors surrounding healthcare are profoundly affected by the interaction of culture, society, and individual experiences.[16] It is therefore important to investigate these elements collectively and create contextually appropriate explanations of healthcare practices, including acupuncture.[17] Therefore, this study focused on professional healthcare as it relates to Japanese acupuncture within the sociocultural context of Japan.

In describing Japanese acupuncture, philosophical concepts were included as a key category of investigation. Philosophical concepts have been identified as some of the most important aspects of acupuncture, and are inextricably linked with the study and practice of acupuncture in Traditional East Asian Medicine (TEAM).[18,19] The *International Standard Terminologies on Traditional Medicine in the Western Pacific Region* provides an explanation of the philosophical concepts in TEAM acupuncture.[20] According to the World Health Organization, philosophical concepts relate to the branch of TEAM dealing with the basic concepts, theories, rules, and principles.[20] The World Health Organization suggests that different acupuncture styles are based on certain theories or philosophical concepts, which identify them as distinct from other TEAM acupuncture approaches.[20] Other authors also state that TEAM acupuncture styles are made up of variations and combinations of traditional concepts, theories, and conceptual models that mark them as unique, and have used philosophical concepts as a thematic category to compare, contrast, and describe acupuncture styles.[21–24] Investigation with a specific focus on philosophical concepts was determined as a necessary step in describing Japanese acupuncture practice in Japan.

The aim of this research was to understand the philosophical concepts in Japanese acupuncture. Specifically, this study sought to identify procedural elements of Japanese acupuncture, describe these elements in detail, and investigate the current beliefs and attitudes of Japanese acupuncture practitioners in Japan toward their practice.

2. Methods

2.1. Setting, recruitment, and practitioners

This study aimed to describe and interpret the characteristics of Japanese acupuncture by investigating it in the diverse social and cultural constructs in which it is found. Therefore, ethnography was selected as the methodology to address the descriptive and explorative aims of this study. Consequently, long-term ethnographic fieldwork was conducted in Japan. The research project was approved by the University of New England Research Ethics Committee (approval number HE-12-142) and was carried out in accordance with the ethical principles of the World Medical Association (Declaration of Helsinki) for research involving humans.

Participants were required to be experts in Japanese acupuncture and were eligible for recruitment if they held acupuncture qualifications obtained from a Japanese educational institution and were nationally registered practitioners. Prior to recruitment and data collection, practitioners received information sheets and consent forms, which when signed and returned, indicated their informed consent to participate in the study. Practitioners were recruited through chain referral[25,26] and emergent sampling,[27] which is common in ethnographic research when targeting members of a specialized and difficult to reach population.[14,28,29]

Fieldwork began in August 2012 and concluded in December 2016. The study was based in Osaka, and fieldwork was conducted at a variety of prefectures ($n = 7$) across Japan. The positioning of the primary fieldworker in this study was one of an Australian trained practitioner of acupuncture with a cultural understanding of acupuncture in Japan and Australia, as well as clinical and educational experiences of acupuncture in Japan and Australia.

2.2. Data collection

A single researcher conducted all data collection. This was accomplished according to the principles of ethnographic fieldwork[30–32] and involved participant observation, semistructured interviews, and analysis of documents. Participant observation involved shadowing practitioners, watching them, asking questions, and recording what was seen and heard. Recordings in participant observation were informed by observation guidelines developed for this study, which were revised iteratively. The guidelines included prompts for what should be observed in relation to the clinical environment, clinical procedures, patient–practitioner interaction, tools, and techniques. Observation included taking photographs and audio recordings. Interviews were conducted according to the interview schedule that was revised iteratively and covered topics related to philosophical concepts, routine elements of the clinical encounter, and general practitioner experiences (Table 1). Interviews were recorded digitally and in notebooks. Additionally, relevant documents were acquired for analyses.

2.3. Data analysis

As is common in ethnographic research,[33–35] thematic analysis was the key analytical method. Thematic analysis was conducted after every data collection opportunity and involved translation and transcription of data. Data were analyzed using theoretic and inductive analysis.[33,36] All transcription and coding was performed by a single researcher. A coding template was developed based on the World Health