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Traditional acupuncturists and higher education in Britain: The dual, paradoxical impact of biomedical alignment on the holistic view

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ABSTRACT

Traditional acupuncturists' quest for external legitimacy in Britain involves the standardization of their knowledge bases through the development of training schools and syllabi, formal educational structures, and, since the 1990s, the teaching of undergraduate courses within (or validated by) Higher Education Institutions (HEIs), a process which entails biomedical alignment of the curriculum. However, as holistic discourses were commonly used as a rhetorical strategy by CAM practitioners to distance themselves from biomedicine and as a source of public appeal, this 'mainstreaming' process evoked practitioners' concerns that their holistic claims are being compromised. An additional challenge is being posed by a group of academics and scientists in Britain who launched an attack on CAM courses taught in HEIs, accusing them of being 'unscientific' and 'non-academic' in nature. This paper explores the negotiation of all these challenges during the formalization of traditional acupuncture education in Britain, with a particular focus on the role of HEIs. The in-depth qualitative investigation draws on several data sets: participant observation in a university validated acupuncture course; in-depth interviews; and documentary analysis. The findings show how, as part of the formalization process, acupuncturists in Britain (re)negotiate their holistic, anti-reductionist discourses and claims in relation to contemporary societal, political and cultural forces. Moreover, the teaching and validation of acupuncture courses by HEIs may contribute to broadening acupuncturists' 'holistic awareness' of societal and cultural influences on individuals' and communities' ill-health. This investigation emphasises the dynamic and context-specific (rather than fixed and essentialized) nature of acupuncture practice and knowledge.

1. Introduction

Various studies have portrayed Complementary and Alternative Medicine (CAM) therapies' quest for external legitimacy via 'mainstreaming' strategies, such as the codification of their knowledge bases through the development of training schools and syllabi, the production of formal guidelines, accreditation procedures, and disciplinary mechanisms (see for example: Barnes, 2003; Flesh, 2013 in the US; Shahjahan, 2004 in Canada; Shuval and Averbuch, 2012 in Israel; and Cant, 2009; Clarke et al., 2004; Saks, 2001 in Britain). This process, often discussed in the context of social closure by which professional privilege is guarded by restricting other groups from accessing resources or rewards, involves a degree of 'biomedical alignment', i.e. increasing the teaching of biomedical content and biomedical research methods as part of CAM training and education (Cant and Sharma, 1998, Gale, 2014). For example, in discussing the knowledge claims of acupuncturists, homeopaths and naturopaths in Ontario as a way of determining jurisdictional boundaries, Welsh et al. (2004) suggested that those groups that are seen to 'biomedically-align' their knowledge claims most, have the greatest chance of gaining social closure.

Since the 1960s, CAM practitioners adopted a holistic/'anti-reductionist' rhetorical strategy which overlapped with the holistic health movement and mirrored the counter-culture critique of biomedicine (Rosenberg, 1998; Saks, 2001). However, the later attempts to 'mainstream' CAM presented significant challenge to practitioners' claims for holism as well as for the indeterminacy and intuitive/artistic emphasis inherent in their practices (Clarke et al., 2004; Givati, 2015; Hirschkorn, 2006; Welsh et al., 2004). Moreover, as pointed out by Barnes (2003) in relation to acupuncture in the US, practitioners found themselves adhering to an educational system which has an increasing resemblance to that of medical and allied medical professions.

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1.1. The dynamic nature of the holistic discourse in CAM

While discourses of holism are central to most CAM therapies (Fadlon, 2004; Keshet, 2009; Shuval and Averbuch, 2012), holism in CAM is not a fixed, 'essentialised' term, and holistic discourses vary in relation to settings, audiences and circumstances (Givati, 2015). Notions of holism are commonly discussed as a number of interrelated concepts: the 'whole person' view and the interconnectedness between body, mind, emotions and spirit in the social context; recognising the important interaction between biology and culture in shaping 'who we are'; an increased patient empowerment and patient engagement in the therapeutic act/encounter; and the notion of vitality (Fadlon, 2004; Scott, 1999; Shuval and Averbuch, 2012).

However, it is necessary to clarify a number of important issues in relation to CAM's holistic discourse. First, in light of the fluid and dynamic nature of practitioners' holistic claims, we avoid any static definition of holism. Rather, we would like to point at CAM practitioners' strategic utilisation of holistic claims and discourses as a professional resource, which are adaptable in relation to audiences and circumstances (Givati, 2015). Second, in light of the complex historical and political nature of the relationship between CAM and biomedicine, and 'given the remarkable complexities of the therapeutic act' (Bates, 2002, p.14), a certain degree of dichotomy is unavoidable. It is not our intention, however, to argue that biomedicine is purely 'reductionist' or 'un-holistic' while CAM is the exact opposite. In fact, the debate over holism and reductionism was part of biomedicine long before the 1960s medical counterculture (Lawrence and Weisz, 1998) and is integral to contemporary medical and allied to medical education and practice (Hasegawa et al., 2005; Hill, 2003; Rosenberg, 1998). Furthermore, in relation to the practice of acupuncture, whilst Chinese medicine and biomedicine are often presented as two discrete and competing medical systems, historical and ethnographic literature point to the ongoing cross-fertilisation between the two frameworks whereby practices and knowledge are adopted, integrated or appropriated in a process of two-way diffusion in relation to societal, political, medical and emotional needs (Barnes, 2005; Bivins, 2001; Scheid, 2002).

Moreover, there seems to be a clear gap between CAM practitioners' passionate claim for holism within the realm of individual responsibility and individual behaviours and the simultaneous lack of awareness for what Scott (1999) labelled as 'wider world' holism, i.e. recognising broader socio-political influences on health. This arguably leaves CAM practitioners with limited holistic narrative. The presentation of 'CAM's holism' versus 'biomedicine's reductionism' was critiqued by a number of scholars (Baer, 2003; Baer et al., 1998; Crawford, 2006; Lowenberg and Davis, 1994; Montgomery, 1993; Scott, 1999) which argued that CAM practitioners' focus on individual behaviour and personal responsibility for health encourages 'victim-blaming' while failing to consider broader socio-political aetiologies such as living and occupational conditions or socio-economic inequalities.

1.2. The dynamic, ever-evolving and 'holistically-diverse' nature of traditional acupuncture

Acupuncture is a broad, dynamic and diverse field of practice (Scheid, 2002), which is reflected in its large number of theoretical models and practice styles. However, in the Peoples' Republic of China (PRC), as part of the nationalisation of Chinese medicine, acupuncture underwent a process of institutionalization and 'streamlining'. This process involved the removing of older tests and practices that were deemed 'superstitious' or religious in nature (Barnes, 2003). As Barnes (Barnes, 2003) points out, many of the first European Americans who came to China to study Chinese medicine studied the systemized and politicized version of the PRC, known as 'Traditional Chinese Medicine (TCM)'. One exception was an Englishman named Worsely, who, studied in the Far East during the 1950s and 1960s and 'imported' the 'Five Elements' acupuncture, a school of practice that became an immense influence on the development of acupuncture in Britain and the US. Broadly speaking, compared to TCM, the 'Five Elements' school of practice claims to have a greater orientation to the emotional and spiritual nature of practice. In contrast, 'Five Element' acupuncture is challenged by some practitioner-groups as neglecting the more 'technical-physical' perspective of acupuncture practice (for a discussion of 'Five Elements' acupuncture see Connelly, 1979).

For example, on its website, one of the leading Chinese medicine schools in Britain describes TCM acupuncture as 'concentrating on the symptoms of a patient's illness' and 'as an effective framework for treating complaints', while suggesting that the 'five elements constitutional acupuncture [practice style] focuses on the person who has the illness, rather than the illness itself'. Another leading Chinese medicine school, on its website, describes TCM acupuncture as '*a reductionist* [our emphasis] approach to simplify what can be observed in ill health and offer a direct remedy', while the 'Stems and Branches' style is described as being 'about transformations and interactions of qi that affects a person both internally and externally', rooted in the way 'the ancient Chinese' viewed the world as 'a holistic world [whereby] everything in the universe is connected'.

Each of the English schools accredited by the largest professional body of traditional acupuncturists, the British Acupuncture Council (BAcC), adopted and teaches somewhat different acupuncture style. Although 'Five Elements' practitioners often argue that TCM is too narrowly focused on symptoms as opposed to their more 'constitutional' practice (Barnes, 2005), schools commonly teach a synthesis of both approaches. Other popular traditional acupuncture modalities taught by accredited schools are 'stems and branches', which finds its theoretical roots in the cosmological Daoism, and Japanese meridian acupuncture.

1.3. Acupuncture and Higher Education in Britain

The process of standardizing acupuncture education in the UK started in 1980, following the unification of a number of disparate associations, with the aim to overcome the divisions of the varying practice traditions. A decade later, the British Acupuncture Accreditation Board (BAAB) was established as an 'educational arm', setting standards for acupuncture education through a formal process of approval (Saks, 1999). The formalization process was further enhanced in 1995 with the formation of the BAcC, the leading self-regulatory body for the practice of traditional acupuncture in the UK. From the mid-1990s, CAM courses, including acupuncture, started appearing in, or became accredited by, Higher Education Institutions (HEIs) in the UK (Isbell, 2004). Between 1995 and 2009 the number of CAM BSc, BA and MA level courses delivered or accredited by British universities grew dramatically from 4 to 44 courses (The Prince's Foundation for Integrated Care, 2009). The number of undergraduate acupuncture courses reached ten at its peak in 2009, while for the academic year 2014/15 eight such courses were on offer (of which three were not recruiting new students).

The 'mainstreaming' of acupuncture courses in Britain triggered two main concerns among practitioners. Firstly, that the increased formality, standardization and codification of traditional acupuncture knowledge will limit the indeterminacy and 'artistic interpretive autonomy' that is inherent in their practice (Clarke et al., 2004; Givati, 2015; Hirschkorn, 2006). And Secondly, often