

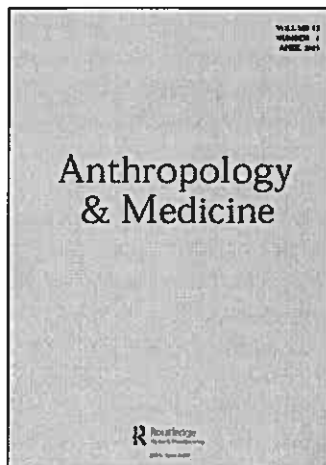
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The establishing of Chinese medical concepts in Norwegian acupuncture schools: the cultural translation of *jingluo* ('circulation tracts')

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Acupuncture and other forms of so-called alternative treatments, originating outside the West, have increasingly become an integrated part of the repertoire of medical practices widely used in health care remote from their places of origin. The main aim of this paper is to elucidate the cultural translation of Chinese medical concepts in a Western, acupuncture setting located far from China. Drawing on material from ethnographic fieldwork in acupuncture schools in Norway, this study discusses how concepts used in Chinese acupuncture are taught and interpreted for biomedically oriented students. The paper concentrates on the concept of *jingluo* ('circulation tracts', 'meridians') which the schools considered to be vital in order to conduct acupuncture. Similar to several other Chinese medical concepts, *jingluo* presents claims about the body that significantly differ from biomedical assumptions. The paper adds novel resources and insights to the research concerning medical conceptions, in that it applies the perspective of 'finitism' as developed in the field of sociology of knowledge by Barnes, Bloor and Henry (1996) in its analysis. It presents an analysis of five empirical examples demonstrating how a variety of interpretations of *jingluo* – many of them from different fields and some of them contradictory – were involved in establishing *jingluo*. Finally, by examining examples of Chinese concepts of the body, the paper seeks to contribute to the wider field of the anthropology of the body as well as to add to our understanding of the ways in which medical pluralism and globalisation of acupuncture unfolds.

Keywords: alternative medicine; complementary medicine; ethnography; medical anthropology; Norway

Introduction

This paper concerns conceptual dimensions of ways in which acupuncture is globalised by focusing on how Chinese medical concepts are established in acupuncture education in Norway. Here, as in the rest of the world, the use of acupuncture has increased considerably during the last few decades (Eisenberg et al. 1998; Hanssen et al. 2005; Hsu and Høg 2002). In the early 1970s there were only a few individuals practising acupuncture in Norway and no form of acupuncture education was available. Since then, many acupuncture courses, schools and

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associations have come into being. The exact number of persons who currently practise acupuncture is uncertain; but more than 2000 persons have received some kind of acupuncture training (Norheim 2005; Sosial og Helsedirektoratet 2004).¹

Acupuncture in Norway is conducted in a health care landscape where biomedicine prevails.² Acupuncture is mostly practised outside state institutions. However, basic medical notions of the body are generally influential throughout health care practices, also outside public health. Nonetheless, a relatively high percentage of practitioners in Norway,³ including physicians and other groups of health personnel trained in biomedicine, report that they use Chinese medical concepts such as *jingluo* ('circulation tracts', 'meridians'),⁴ *qi* ('vital energy', 'breath'), and *zangfu* ('visceral systems of function', 'organs')⁵ as guiding principles in their practise of acupuncture (Sagli 2003). This finding is rather intriguing as in many ways these Chinese medical concepts, at least how they are used in China, contradict biomedical notions of the body (Hsu 1999; Kuriyama 1999; Porkert 1974; Sivin 1987; Unschuld 1985). Furthermore, Chinese concepts generally oppose influential Western ideals of how scientific concepts should be constructed and applied (Good 1994; Lock and Gordon 1988). This calls for an inquiry into the ways in which Chinese medical concepts are introduced and applied in acupuncture education in Norway. Given the biomedical dominance, the question of how Chinese medical concepts are interpreted and taught in order to be found acceptable for biomedically oriented students, evokes special interest.

To discuss these questions this paper will examine ethnographic material generated from interviews and participant-observation in two acupuncture schools.⁶ These schools were among the first to be established in Norway, and a great number of Norwegian practitioners have received their training here.⁷ Both schools prioritise the practice of acupuncture based on the use of Chinese medical conceptions. At the time of this fieldwork, the schools required their students to be trained in biomedical subjects before they could be admitted. Thus, data gathered from these settings are highly relevant to examine how Chinese concepts are established in schools with biomedically informed students.

This paper will primarily concentrate on the concept of *jingluo* which in the schools was considered to be vital in the practice of acupuncture. However, the fieldwork data indicate that the conclusions drawn here are also valid as to how the other Chinese concepts were established in the schools (Sagli 2003).⁸ By presenting five examples of contexts within which the meaning of *jingluo* was constituted, the discussion is aimed at illustrating the meaning-making processes involved in the establishing of *jingluo* in the schools. Drawing on the theoretical perspective referred to as 'finitism' (Barnes, Bloor, and Henry 1996) (introduced in the following), it is argued that to learn acupuncture it is necessary to become familiar with specific interpretations of Chinese medical concepts as they are used in practical contexts. Precise definitions are not necessary for this purpose. Yet, biomedicine normatively requires precise definitions, and several students expected also Chinese medical concepts to be exactly defined.

Focusing on *jingluo*, this paper seeks to contribute to an ongoing debate concerning the use and interpretation of Chinese medical concepts. Explanations of *jingluo* and other basic Chinese conceptions play an important role in many of the works that have made Chinese medicine known to a broad Western audience (e.g. Kaptchuk 1983; Porkert 1974; Sivin 1987; Unschuld 1985). However, among

the socio-cultural studies focusing on Chinese medical practices outside China (e.g. Barnes 1998, 2003, 2005; Bivins 2000; Frank and Stollberg 2004; Lo and Schroer 2005, Zhan 2001), only a few studies examine conceptual dimensions (e.g. Barnes 1998, 2003, 2005; Lo and Schroer 2005). In contrast, 'concepts' have been a central theme in the works written by historians and anthropologists on Chinese medicine in China (e.g. Andrews 1996; Farquhar 1994; Hsu 1999, 2001; Kuriyama 1999; Lu and Needham 1980; Scheid 2002).

These studies have demonstrated diverse and innovative ways in which the Chinese medical concepts have been interpreted as they have been applied in new socio-political contexts. This paper aims to add to this research; both by extending its contextual and geographical scope from China to acupuncture training in Norway as well as by complementing its repertoire of analytical resources. Furthermore, a study of Chinese concepts of the body provides a contribution to the anthropology of the body. Moreover, this paper will shed light on the cultural translation of Chinese medical concepts as integrated aspects of medical pluralism as well as of the globalisation of acupuncture.

The concept of *jingluo*

Jingluo is one of the fundamental concepts in constituting the body landscape within which traditional acupuncture has been practised and understood in China. *Jingluo* is commonly used as a general name for a network of 12 main circulation tracts (*jing*) and their connections (*luo*) distributed in systematic constellations on the trunk, arms and legs of the human body. *Jingluo* engages in the circulation of enlivening *qi* in the human body. By the needling of points located on the *jingluo*, acupuncturists aim to regulate the flow of *jingluo* and thereby attune human life processes and restore health.

A variety of interpretations of *jingluo* (and other medical concepts), as applied in ancient Chinese medical texts as well as in modern textbooks used in state universities of traditional Chinese medicine (TCM)⁹ in contemporary China, have been explained in a series of scholarly works (e.g. Farquhar 1994; Hsu 1999, 2001; Kuriyama 1999; Lu and Needham 1980; Porkert 1974; Scheid 2002; Sivin 1987; Unschuld 1985). These studies demonstrate that beyond a general description, the meaning of *jingluo* is far from being clear-cut as to what it exactly is and does. For example, many Chinese texts, ancient as well as modern, state that *xue* ('blood') as well as *qi* circulates in the *jingluo*. However, it is not apparent whether *qi* and blood circulate in the same category of tracts.

For the purpose of this discussion here, it is especially important to note that it has been common among TCM trained acupuncturists in China to believe in *jingluo* as physical realities, although they know that scientists have not found generally approved evidence for this (Hsu 1996, 229). However, as no anatomically or physiologically defined equivalent to *jingluo* has been identified in the human body, many modern physicians in China – as elsewhere – have tended to doubt the existence of a *jingluo* circulation network distinct from the vascular or the nervous system (e.g. Kendall 2002; Mann 1987; Sivin 1987, 141).

Considering the different, and sometimes even conflicting, descriptions of *jingluo*, as well as its incompatibility with the anatomically and physiologically defined body

known in biomedicine, it is clearly not obvious how *jingluo* should be interpreted in order to be acceptable to biomedically informed Western practitioners.

The establishing of concepts: finitism

This leads to the question of how the concept of *jingluo* has been established in Norway. To analyse data from the schools, this paper will apply the perspective of finitism as developed in the field of sociology of knowledge – in particular by Barnes, Bloor and Henry (1996).¹⁰ At the core of Barnes and his colleagues' argument is that all scientific knowledge and concepts are socio-cultural phenomena, and that the establishment of their concepts and claims of truth should be studied as such.

According to these scholars, the meaning of scientific concepts is constructed, and continuously re-constructed, on the basis of similarity associations established between present and former applications of a concept. In this process they consider ostensive learning to be central (Barnes, Bloor and Henry 1996, 52–3). This means learning step by step, by being shown key examples of what a term is held to resemble (feels familiar to, or is said to be the same as) as well as key examples of what the concept should not be confused with (Barnes, Bloor and Henry 1996, p. 50). We learn on the basis of a finite number of instances and for this reason this view of classification is labelled 'finitism'.

Barnes, Bloor and Henry summarise the central claims of finitism as: 'the future applications of terms are open-ended', 'no act of classification is ever indefeasibly correct', 'all acts of classification are revisable', 'successive applications of a kind term are not independent', and 'the applications of different kind terms are not independent of each other' (Barnes, Bloor and Henry 1996, 54–9).

The establishing of concepts always involves complex, on-going, open-ended but interrelated interpretative processes. This implies that finitism opposes the viewpoint that concepts, medical or other, mirror objective realities that can be captured by definitions that are universal and fixed once and forever. Finitism also opposes that precise definitions should be crucial in the establishment of scientific concepts.

The argument of Barnes, Bloor and Henry is a general one. With striking examples from physics and mathematics, they show that concepts, which most of us habitually think of as crystal-clear key categories, have been established on the basis of inconsistent and even incommensurable instances of the terms. However, they make clear that their point of mentioning 'this chaotic and contradiction-ridden area of mathematics teaching is not to denounce its inadequacies, but rather to call attention to its adequacy, and to the fact that it is scarcely ever perceived as defective' (Barnes, Bloor and Henry 1996, 64).

To conclude, finitism makes it possible to explain incompatibility in definitions of scientific terms while in addition it shows how these inconsistencies often are unproblematic and sometimes not perceived at all, in practical problem solving. This paper suggests that it is precisely this capacity of finitism that can be an important base from which to explore the establishing of Chinese medical concepts in specific contexts – such as in acupuncture training in Norway.

Multiple ways of creating familiarity with the concept of *jingluo*

Applying a finitist perspective, the analyses of field data show that the establishing of *jingluo* involved various ways of creating familiarity with the use of this concept.

In the following, five examples of these contexts will be presented. In line with finitism, the examples illustrate how students in the acupuncture schools were taught to use *jingluo* based on a variety of meanings by being told or shown what this concept resembles, is different from, feels familiar to, is said to be the same as, stands in contrast to, or is extended from.

The five examples serve to demonstrate how a variety of interpretations of *jingluo* – many taken from different fields and some contradictory – were involved in the establishing of *jingluo*. Typically, as in the three final cases, the students learned about specific meanings of *jingluo* as part of the knowledge required to perform acupuncture as a practical skill. Furthermore, the five cases illustrate that although the teaching presented many challenging issues, such as the existence of *jingluo* as anatomical and physiological realities, the teachers did not necessarily present clear answers to the problems. From a finitist perspective, all these settings are contexts within which certain meanings of *jingluo* were established, in addition to explicit issues that the teachers addressed. Finally, progression in the understanding of *jingluo* is demonstrated from the first to the fifth example.

In the schools, teachers are clearly only one part in the interpreting process. The individual students make their own judgements of the teachers' presentations of the Chinese medical concepts. However, acknowledging the teachers' capacity as acupuncture authorities, the discussion in this paper emphasises the teachers' presentations.¹¹

Example one: Terms used as translations for *jingluo*

The teachers emphasised that it is nearly impossible to find suitable Norwegian or English translations for *jingluo*. Nonetheless, from a finitist perspective, the repertoire of terms suggested as translations constituted an initial context within which the meaning of *jingluo* was established.

In both schools the term 'meridian' was the most frequently used translation, although several of the teachers added that experts on the Chinese language agree that this translation perhaps is the least suitable.¹² Other terms such as 'tracts' or 'energy-tracts', 'channels', 'vessels' were also applied as translations.

The terms pointed out as translations actualise different notions of appearance and functions of *jingluo*. Meridians are theoretical lines on the globe. Vessels are hollow, open inside, primarily associated with circulation, pulse and are seen as carriers of blood. Tracts can also be seen as carriers, but tracts do not need to be open, they can even be solid. Channels are often (although not always) associated with water and are connected to circulation, transport and communication. *Jingluo* was presented as similar to, yet different from, these well-known categories. In the light of finitism, this new concept was beginning to become meaningful to the students by the making of connections between familiar classifications and *jingluo*.

Example two: *Jingluo* in the context of biomedically oriented research

In their lessons on *jingluo*, the teachers in both schools first prioritised perspectives from traditional Chinese medicine (TCM). Nevertheless, before the teachers turned to the postulates of TCM, they referred to biomedically oriented research concerning *jingluo*. From a finitist perspective, the teachers' presentation of such research is seen

as constituting an important context within which certain meanings of *jingluo* were established, as well as updating students on research issues.

The well-established concepts of nerves and blood vessels are examples of what *jingluo* was connected to. *Jingluo* was presented as similar to nerves and blood vessels since some of their functions are seen to be the same. Their routes, however, are not identical. Furthermore, it was emphasised that the reflexiological relations implied in the *jingluo* model go much further than current Western neuro-physiology knowledge of reflexes.

Acupuncture theory postulates a close connection between *jingluo* and acupuncture points. This means that research concerning the status of the points as physical realities also suggests meanings related to the concept of *jingluo*. The teachers pointed to several examples of such research: for example, research that indicates reduced electrical resistance in the tissue where the points are located, infrared photographing indicating more radiation of warmth from the tissue around points, and acupuncture points having better nerve supply than the tissue in the surrounding environment.

Several of the teachers told the students that although they found this kind of acupuncture research interesting, they did not see it as solid enough to convince them that *jingluo* are physical realities. Some emphasised that although they found *jingluo* very useful as a model to guide their practising of acupuncture; this did not imply that they were certain about the existence of *jingluo* as physical facts. However, in the light of finitism, the teachers' presentation of this research constituted important contexts for the *jingluo* interpretative process; although the validity of the research that indicated such connections was considered to be doubtful.

Example three: Learning the routes of jingluo

Jingluo was used as a model to locate and select points to needle. Knowing the *jingluo* routes well was therefore seen as a basis for performing acupuncture as a practical skill. Accordingly, instruction on its pathways made up the most comprehensive part of what the acupuncture students learned about *jingluo*.

In line with well-established TCM theory (e.g. Cheng 1987), the teachers taught that there are 12 main 'meridians' (the term they most often turned to) running through the body on both sides. Major extra-meridians as well as of several other networks were also taught. In addition, the location of numerous important acupuncture points located on the *jingluo* formed part of the lessons.

According to finitism, the feeling of resemblance can also be based on similarity relations other than appearances and properties (Barnes, Bloor and Henry 1996, 59–69). Sameness may, for instance, be established on a similarity in spatial relations. And indeed, the meaning of *jingluo* as a network of lines all over the body – on the trunk, arms and legs – was emphasised in this part of the teaching. The students became familiar with *jingluo* as this spatial meaning was pointed out in several different ways; on maps of the body, directly on the students' own bodies, and on their fellow students' bodies. The *jingluo* routes had to be continuously repeated when this model was used as a guiding principle for the selection of useful points to needle. As a consequence, the establishing of the concept of *jingluo* as lines on the body surface was reinforced.

Example four: Blending of 'qi-sensitive points' and 'trigger points'

The needling strategy taught in the schools involved the needling of *qi*-sensitive points according to TCM theory as well as the needling of so-called 'trigger points' (Travell and Simons 1992; Birch 2003). Practising trigger point localisations made up a substantial part of the teaching. With finitist insights in mind, the students were gaining familiarity with the concept of *jingluo* in yet another way, through the blending of needling of trigger points with traditional Chinese *qi*-sensitive acupuncture points.

The idea of trigger points is not developed within the context of Chinese practices. Trigger points are defined as hypersensitivity points in the musculoskeletal system, often with radiation of pain in specific patterns. Various kinds of treatment directed at trigger points are well-established among groups of health personnel, in particular among physicians in physical medicine and physiotherapists (Baldry 1989). The needling of trigger points was therefore presented as an example of a domain representing considerable agreement between biomedical and TCM postulates. As an example, a teacher referred to a well-known study which has demonstrated a 71% correlation between the localization of trigger points and acupuncture points.¹³

From a finitist viewpoint, the similarity relations between traditional *qi*-points and trigger points were reinforced when the practices based on these different concepts were mixed in the acupuncture class. The exercise to locate trigger points was carried out much in the same way as when the students were learning to find the *jingluo* routes; on maps of the body, on the students themselves or on fellow students' bodies. The body maps with illustrations of trigger points were similar to those used when learning the routes of *jingluo*. They differed only in that the *jingluo* routes and acupuncture points had been exchanged for trigger points and their patterns of pain radiation.

Example five: Deqi and wandering of deqi

The final example concerns unfamiliar body sensations, referred to as *deqi* ('obtaining *qi*') and 'wandering of *deqi*'. Learning about and experiencing *deqi* and the wandering of *deqi* were important contexts within which *jingluo* was established in yet new ways in the schools. To see body sensations as involved in the establishing of medical concepts is uncommon. It is therefore necessary to expound in some length on the empirical basis for this claim.

The importance of *deqi* to achieve therapeutic effects from the needling was continuously stressed in the acupuncture classes.¹⁴ Patients' potential for benefiting from acupuncture was seen as related to the ability to achieve *deqi*. *Deqi*, it was explained, is sometimes achieved as soon as the acupuncture needle reaches the correct depth of the body tissue, but most often the needle has to be manipulated – commonly rotated or pulled up and down – before *deqi* is achieved. The students practised various techniques to provoke and reinforce the *deqi*-sensation. When practising needle insertion and needle manipulation on each other, the majority of the participants told that they achieved *deqi*.

The teachers explained that for some people it is possible to stimulate the sensation to wander in proximal or distal direction along the leg or arm. This experience is called 'wandering of *deqi*'. They recounted the surprise they felt

the first time they experienced that patients, without any prior knowledge of the *jingluo* pathways according to TCM postulates, had described the pattern of the progression (the wandering) of the *deqi* in a way that proved identical with the course of one of the 12 routes as described in Chinese acupuncture theory.

For the students, *deqi* was in the beginning an unfamiliar sensation.¹⁵ To guide the students, *deqi* was described by the teachers as resembling feelings such as numbness, of something expanding in the flesh, as a deep, aching pain, as radiation of a kind of electric feeling, as soreness, as heaviness or as a feeling of warmth. With finitist insights in mind, it is notable that similarity relations were in the beginning created on the basis of resemblance between *deqi* and these more familiar sensations.

In class, none of the students reported any distinct feeling of wandering of *deqi*. However, with their experience of *deqi* present, it was easy to imagine wandering of *deqi* as a logical continuation of a common *deqi*. Similarity relations were further established between the wandering of *deqi* and *jingluo*, since incidents of wandering *deqi* had happened to coincide with the course of *jingluo* routes, according to the acupuncture teachers' accounts. Thus, *jingluo*, as understood as lines in a network, was located at the same places as the radiation of *deqi*.

The teachers stated that research, as well as their own clinical experience, suggested that *deqi* was important to achieve acupuncture effects. Therefore, the meaning of *jingluo* not only as lines in a network but also as mediators of acupuncture effects was more firmly established when related to the *deqi* experiences. The overall purpose in this setting was to teach the students proper needling technique so that they would be able to achieve *deqi* in their patients and hence to obtain therapeutic efficacy. From the viewpoint of finitism, it was a context within which one more meaning of *jingluo* was established.

The establishing of acupuncture concepts: Shifting contexts and changing meaning

As illustrated in the five examples, the establishing of *jingluo* in acupuncture schools in Norway involved a variety of interpretations. To sum up, several meanings of *jingluo* as used in these schools clearly broke away from biomedical assumptions of the body. The example of *jingluo* as a body sensation – the 'wandering of *deqi*' – described in the last example, is a clear case. A category parallel to *deqi* does not exist in biomedicine or within other fields of knowledge in Norwegian society. There were also several other examples of meanings of *jingluo* that do not correspond with biomedical viewpoints; such as *jingluo* as mediators of effects between different body regions and as lines on the body surface.

However, other interpretations of *jingluo* matched biomedical assumptions much better, such as the research mentioned that has attempted to clarify the material basis for *jingluo*. The meaning of *jingluo* as related to trigger points is also suitable for biomedically informed students. Thus, acupuncture students have not abandoned biomedical notions of the body but rather the biomedical interpretations of the body have been complemented with new understandings.

Furthermore, Chinese concepts that break with biomedical assumptions did not have to be made clear before the biomedically oriented students accepted the use of Chinese concepts as guidelines for acupuncture. For instance, the use of *jingluo* was established without making clear the relationship between *jingluo* and the nerves and

the blood vessels of biomedicine. Moreover, although the reality of *jingluo* was hinted at in several of the examples, *jingluo* was not established as a physical reality.

Inconsistency in the use of medical concepts clearly opposes the scientific ideal of medical concepts to be distinctly defined. Yet, Barnes and his colleagues show that, for practitioners of such prestigious sciences as physics and mathematics, incongruities in definitions of scientific terms are unproblematic in the everyday solving of scientific problems (Barnes, Bloor and Henry 1996, 63). For acupuncture students the case is analogous. Similar to mathematicians and physicists, acupuncture students also need to learn how to apply different examples of concepts in order to handle specific problems. The meaning of *jingluo* was constituted as the students were taught what they needed to master to be able to carry out acupuncture as a practical skill; such as correct manipulation of the needles to obtain *deqi* and the locating of the *jingluo* routes in order to find useful acupuncture points to needle. However, for this purpose they do not need to possess any consistent idea of *jingluo*. Finitism supports the viewpoint that Western scientific concepts and Chinese medical concepts alike are used with different meanings as they are applied in shifting contexts. Arguably, learning to become a competent user of the concepts is a suitable description of how the meanings of the concepts are established.

Concluding remarks

Medical pluralism, cultural mixing and global travel of medicines have commonly been discussed in terms such as 'hybridisation', 'syncretism', 'creolisation', 'appropriation' and other concepts that offer opportunities to explain processes of medical transfer and interactions in general broad manners (Hsu and Høg 2002; Frank and Stollberg 2004). To complement this repertoire, this paper suggests that insights learned from finitism as elaborated by Barnes, Bloor and Henry (1996) can usefully be applied to elucidate conceptual dimensions of ways in which medical pluralism and globalisation of medicine unfold.

As has been demonstrated, finitism has the capacity to allow for a processive, detailed concept analysis. Importantly, finitism opens up for the analysis of concepts encompassing examples from a variety of fields, and it is not just limited to language and text as is common in some other forms of concept analysis. Interestingly, one of the interpretations of *jingluo* was a body sensation referred to as 'wandering of *deqi*'. This sensation thus is involved in the establishing of a Chinese medical concept and plays a role in facilitating the globalisation of acupuncture.

To conclude, the globalisation of medicine, including practises of Asian origin, encompasses the flow of drugs, technologies and techniques as well as the transfer of medical understandings and concepts (Alter 2005; Hsu and Høg 2002). This encourages us to study how the adoption of Chinese medical therapies contributes to peoples' perceptions of the body in health and illness. A finitist perspective not only creates an opportunity to develop claims about ways and processes of how medical concepts are established, but also makes it possible to identify concrete examples of how these concepts have been interpreted in specific contexts.

A finitist perspective offers an opportunity to demonstrate how new and foreign understandings of the body have been introduced and accepted while well-established notions of the body, both biomedical and other, continue to flourish. Further research is needed to investigate how interpretations of concepts belonging

to other forms of medicine, also biomedicine, may shift in accordance to new contexts and settings.

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Notes

1. As a background the following numbers might be useful: As of 2 November 2009, The Norwegian Medical Association had 22,836 physicians-members (<http://www.legeforeningen.no/id/8449>). The Norwegian Physiotherapist Association had 9044 members in November 2008 (<http://www.fysio.no/english/>).
2. For introductions to the Norwegian health care system and the welfare state, see for example Kildal and Kuhnle (2005) and Johnsen (2006).
3. A questionnaire survey among different groups of practitioners of acupuncture in Norway showed that 85% ($n=250$) used one or more of Chinese medical concepts (Sagli 2003, 154–80).
4. *Meridians* is a well-known translation for *jingluo*. This translation is, however, rejected in sinological writings on acupuncture, which instead suggest 'circulation tracts' (Lu and Needham 1980; Sivin 1987), 'conduits' or 'transportation channels' (Unschuld 1985) and 'energetic conduits' or 'sinarteria' (Porkert 1974).
5. For introductions to Chinese medical concepts as used in China, see for example Farquhar 1994; Hsu 1999, 2001; Kuriyama 1999; Lu and Needham 1980; Porkert 1974; Scheid 2002; Sivin 1987; Unschuld 1985.
6. For the sake of simplicity we refer to both these acupuncture training institutions as 'schools', although one of the institutions was labelled as a 'course', while the other called itself a 'school'. In the period from 1995 to 1998, the author took part in the majority of the 270 hours of instruction that comprise the 'course'. The other school's program lasts over a period of three years (totally 844 hours). In 1996, the author followed the first-year students in all the seminars arranged during the introductory six months.
7. For an overview of acupuncture training institutions, acupuncture associations and legal regulation of acupuncture in Norway at the time of the fieldwork (1995–98), see Sagli (2003, 136–54). A new law and a new voluntary registration scheme for practitioners of alternative treatment have been in effect since January 2004 (*Det Kongelige Helsedepartement* 2002–3). On legal regulation in Europe, see Ersdal (2005).
8. The reception of *jingluo* and other frequently used Chinese medical concepts among practitioners of acupuncture in Norway has been thoroughly discussed in the doctoral thesis (Sagli 2003, 199–278).
9. Traditional Chinese medicine – with TCM as the officially approved translation – is a term used from 1955 to label the revised, modernised forms of indigenous Chinese medicines promoted by the Chinese Communist Party (Hsu 1999; Taylor 2005).
10. For the purpose here it is only the part of finitism that specifically relates to the establishing of concepts that is of interest. The hypothesis of finitism is, however, part of a larger project within the field of sociology of scientific knowledge, aiming at the establishing of a theoretical foundation for the study of scientific knowledge as a cultural phenomenon. This project is primarily associated with the scholars Barry Barnes and Henry Bloor, belonging to the so-called Edinburgh School.

11. In this paper, data from the two schools will be analysed together. Differences between the schools have been discussed elsewhere (Sagli 2003, 154–90).
12. See Note 4.
13. The teacher was referring to the study by Melzack, Stilwell, and Fox (1977). In a recent study an 18–19% rather than 71% correlate was found (Birch 2003).
14. In the acupuncture literature it is common to describe *deqi* as important to achieve efficacious needling (see Kong et al. 2007 for an introduction to *deqi*). *Deqi* has also been discussed from anthropological perspectives as ‘acute pain infliction’ which may enhance healing (Hsu 2005).
15. For a critical anthropological viewpoint on calling *deqi* a ‘sensation’, see Hsu (2005, 89–90).

References

- Alter, J.S. 2005. *Asian medicine and globalization*. Philadelphia: University of Pennsylvania Press.
- Andrews, B. 1996. The making of modern medicine, 1895–1937. PhD thesis, Cambridge: University of Cambridge.
- Baldry, P. 1989. *Acupuncture, trigger points and musculoskeletal pain*. New York: Churchill Livingstone.
- Barnes, L.L. 1998. The psychologizing of Chinese healing practices in the United States. *Culture, Medicine and Psychiatry* 22, no. 4: 413–43.
- Barnes, L.L. 2003. The acupuncture wars: The professionalizing of American acupuncture: A view from Massachusetts. *Medical Anthropology* 22, no. 3: 261–301.
- Barnes, L.L. 2005. American acupuncture and efficacy: Meanings and their points of insertion. *Medical Anthropology Quarterly* 19, no. 3: 239–66.
- Barnes, B., D. Bloor, and J. Henry. 1996. *Scientific knowledge: A sociological analysis*. Chicago, IL: University of Chicago Press.
- Birch, S. 2003. Trigger point-acupuncture point correlations revisited. *Journal of Alternative and Complementary Medicine* 9, no. 1: 91–103.
- Bivins, R.E. 2000. *Acupuncture, expertise, and cross-cultural medicine*. New York: Palgrave.
- Cheng, X. 1987. *Chinese acupuncture and moxibustion*. Beijing: Foreign Language Press.
- Det Kongelige Helsedepartement [The Royal Ministry of Health]. 2002–3. Ot.prp.nr. 27 Om lov om alternativ behandling av sykdom mv [Proposition no 27. On the Act relating to the alternative treatment of disease, illness, etc.] Oslo: Government Administration Services.
- Eisenberg, D.M., R.B. Davis, S.L. Ettner, S. Appel, S. Wilkey, R.M. Van, and R.C. Kessler. 1998. Trends in alternative medicine use in the United States, 1990–1997: Results of a follow-up national survey. *Journal of the American Medical Association* 280, no. 18: 1569–75.
- Ersdal, G. 2005. How are European patients safeguarded when using complementary and alternative medicine (CAM)? Jurisdiction, supervision and reimbursement status in the EEA area (EU) and EFTA) and Switzerland (Report) Tromsø <http://www.cam-cancer.org/CAM-and-the-law>
- Farquhar, J. 1994. *Knowing practice: The clinical encounter of Chinese medicine*. Boulder: Westview Press.
- Frank, R., and G. Stollberg. 2004. Conceptualizing hybridization: On the diffusion of Asian medical knowledge to Germany. *International Sociology* 19, no. 1: 71.
- Good, B. 1994. *Medicine, rationality, and experience: An anthropological perspective*. Cambridge: Cambridge University Press.
- Hanssen, B., S. Grimsgaard, L. Launso, V. Fonnebo, T. Falkenberg, and N.K. Rasmussen. 2005. Use of complementary and alternative medicine in the Scandinavian countries. *Scandinavian Journal of Primary Health Care* 23, no. 1: 57–62.

- Hsu, E. 1996. *Acumoxa in Yunnan: A case study of standardising Chinese medicine at a medical college of the People's Republic of China*. Kunming: Yunnan Minzu Chubanshe.
- Hsu, E. 1999. *The transmission of Chinese medicine*. Cambridge: Cambridge University Press.
- Hsu, E., ed. 2001. *Innovation in Chinese medicine*. Cambridge, UK: Cambridge University Press.
- Hsu, E. 2005. Acute pain infliction as therapy. *Etnofoor* 18, no. 1: 78–96.
- Hsu, E., and E. Høg, eds. 2002. Countervailing creativity: Patient agency in the globalisation of Asian medicines. *Anthropology and Medicine* 9.
- Johnsen, J.R. 2006. *Health systems in transition: Norway*. Copenhagen: WHO Regional Office for Europe.
- Kaptchuk, T. 1983. *The web that has no weaver*. London: Rider.
- Kendall, D.E. 2002. *Dao of Chinese medicine: Understanding an ancient healing art*. Oxford: Oxford University Press.
- Kildal, N., and S. Kuhnle, eds. 2005. *Normative foundations of the welfare state: The Nordic experience*. London: Routledge.
- Kong, J., R. Gollub, T. Huang, G. Polich, G. Napadow, K. Hui, M. Vangel, B. Rosen, and T.J. Kaptchuk. 2007. Acupuncture de qi, from qualitative history to quantitative measurement. *Journal of Alternative and Complementary Medicine* 13, no. 10: 1059–7.
- Kuriyama, S. 1999. *The expressiveness of the body and the divergence of Greek and Chinese medicine*. New York: Zone Books.
- Lo, V., and S. Schroer. 2005. Deviant airs in 'traditional' Chinese medicine. In *Asian medicine and globalization*, ed. J.S. Alter, 45–66. Philadelphia: University of Pennsylvania Press.
- Lock, M.M., and D. Gordon. 1988. *Biomedicine examined*. Dordrecht: Kluwer Academic.
- Lu, G.D., and J. Needham. 1980. *Celestial lancets a history and rationale of acupuncture and moxa*. Cambridge: Cambridge University Press.
- Porkert, M. 1974. *The theoretical foundations of Chinese medicine. Systems of correspondence*. Cambridge: MIT Press.
- Mann, F. 1987. *Textbook of acupuncture*. London: William Heinemann Medical Books.
- Melzack, R., D.M. Stillwell, and E.J. Fox. 1977. Trigger points and acupuncture points for pain: Correlations and implications. *Pain* 3, no. 1: 3–23.
- Norheim, A.J. 2005. *Acupuncture in health care: Attitudes to and experience with acupuncture in Norway*. PhD thesis, Tromsø: University of Tromsø.
- Sagli, G. 2003. *Acupuncture recontextualized: The reception of Chinese medical concepts among practitioners of acupuncture in Norway*. PhD thesis, Oslo: University of Oslo.
- Scheid, V. 2002. *Chinese medicine in contemporary China: Plurality and synthesis*. Durham, NC: Duke University Press.
- Sivin, N. 1987. *Traditional medicine in contemporary China*. Ann Arbor: Center for Chinese Studies, the University of Michigan.
- Sosial og Helsedirektoratet [The Directorate for Health and Social Affairs]. 2004. Delrapport 1- akupunktur: Utredning om utdanning i akupunktur og homøopati [Part 1-Acupuncture: Report on the training in acupuncture and homeopathy]. Oslo.
- Taylor, K. 2005. *Chinese medicine in early communist China, 1945-63 a medicine of revolution*. London: RoutledgeCurzon.
- Travell, J.G., and D.G. Simons. 1992. *Myofascial pain and dysfunction: The trigger point manual*, vols. 1–2. Baltimore: Williams and Wilkins.
- Unschuld, P.U. 1985. *Chinese medicine: A history of ideas*. Berkeley: University of California Press.
- Zhan, M. 2001. Does it take a miracle? Negotiating knowledges, identities, and communities of traditional Chinese medicine. *Cultural Anthropology* 16, no. 4: 453–80.

