Acupuncture Research: Colonization or Interdependence?

Dear Editor:

We thank our colleague Charlotte Paterson for her thought-provoking reflections on the 2007 annual meeting of the Society for Acupuncture Research (SAR).1 This conference, organized to mark the tenth anniversary of the landmark National Institutes of Health Consensus Development Conference on Acupuncture, presented an overview of the current state of acupuncture research and fostered creative dialogue on issues of research design, interpretation, and direction. In the spirit of this dialogue, we would like to take issue with Dr. Paterson’s inference that, in reflecting the current multifaceted approaches to research on this traditional health care practice, the SAR conference contributed to “the colonization of the lifeworld of acupuncture.”

We begin by agreeing with Dr. Paterson that encroachment upon and displacement of various “lifeworlds” by the Western socioeconomic system is a major source of concern. This is evident in health care, for example, by the virtual disappearance of the general practice physician and the routine medicalization of childbirth. Yet, to refer to the collective research presented at the SAR 2007 Conference as a product of colonization by “money, power, and the dominance of positivism and biomedicine” is dangerous and misleading in its own way and serves only to divide the field and deepen miscommunication. We would do better to consider scientific inquiry into acupuncture as an unexpected consequence of its clinical success. Furthermore, while we agree with Dr. Paterson that “the lack of resonance between many of the research findings and the everyday practice of acupuncture” poses a critical dilemma (which can lead to inappropriate conclusions regarding the evidence base for acupuncture),2 we differ on how to interpret and resolve the dilemma. Rather than displacing the “lifeworld” of acupuncture and Oriental medicine (AOM), we see the collision between the systemic, patient-centered, interactive, and contextual practice of acupuncture and the reductionistic, mechanistic, and analytical methods of the biomedical research model as increasing the viability of this “lifeworld” as a contemporary health care option. An encouraging sign relative to this dilemma is that clinicians embedded in the principles and practice of acupuncture and Oriental medicine are sitting at the table and engaging with scientists and researchers. In this manner, methodologies are being developed that are increasingly consistent with the principles of this traditional system of health care and that foster recognition of acupuncture as a complex intervention.3 Change is unlikely to occur by fueling a divisive discourse that pins biomedicine as a colonialist power planning a takeover of traditional medicines. As Thomas Kuhn observed, “frameworks must be lived with and explored before they can be broken.”4 Just as the exploration Kuhn alludes to has defined and, on occasion, transformed the history of science, so patients, practitioners, and researchers are currently helping to reexamine, expand, and ultimately transform the research agenda. While one can argue that practitioners should abstain from participating in research in an attempt to preserve the “lifeworld” of Chinese Medicine, this approach will only prevent a fair representation of AOM in the research dialogue. We believe that acupuncture research, informed by the explanatory model of this traditional medicine, will expand our current understanding of health and healing. The process of scientific inquiry, when informed by clinical experience, can enhance rather than hinder the sustainability of acupuncture in modern-day health care.

References


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