Chapter 2

The Cultural Perceptions, Folk Taxonomies and the Relationship with Alternative Medicine Practices Among Hong Kong People

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Additional information is available at the end of the chapter

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1. Introduction

Alternative medicine is often embedded in a society's social and cultural beliefs. Every society has its unique social and cultural belief system in health and diseases, and this can influence how people understand and classify diseases. Such classification system embedded in local social and cultural system is referred as folk taxonomy in anthropological terms as suggested by Emile Durkheim in 1912, and this classification is often based on people's own cultural belief system rather than scientific knowledge. Folk taxonomy is noted as a form of ethnoscience, which "refers to system of classification that people construct to organize knowledge of their universe… Such systems are based on taxonomic hierarchies in which some entities are ordered hierarchically…and other entities are contrasted taxonomically" [1]. Understanding the folk taxonomies of diseases will be another important approach in understanding people's therapeutic approach(es), since their cultural understandings on diseases can be crucial in influencing their choices of remedy. As Kleinman (1980) stated,

> Since beliefs about illness are always closely linked to specific therapeutic interventions and thus are systems of knowledge and action, they cannot be understood apart from their use.

> Beliefs about illness, the central cognitive structure of every health care system, are closely tied to beliefs about treatment. Thus, ideas about the cause of illness (as well as its pathophysiology and course) are linked to ideas about practical treatment interventions. Part of medicine's therapeutic mandate is that sickness beliefs organize health care seeking choices and treatment interventions [2].

The motivations for seeking alternative medicine for therapy are many, and they are never simple. As treatment decision is closely related to the cultural beliefs about illnesses and diseases, hence Kleinman (1980) argued that a structural analysis of the cultural understandings and classification of diseases, ie. folk taxonomy of diseases, can enable the understanding of people's motivations in practicing alternative medicine. "Medical anthropologists have shown that the application of values to types of illness has an important influence upon the decisions people make in responding to particular episodes of sickness" [2].

Hong Kong is a medical pluralistic society. Alongside the mainstream medical system of biomedicine, other alternative medical systems such as traditional Chinese medicine, *qigong* (氣功) and *tai chi* (太極) co-exist. Many personal, social, and cultural forces intertwine together in influencing people's choice of remedy. Besides the perceptions on different medical systems and the illness experiences during the therapeutic process [3], the underlying cultural perceptions on diseases also explain why people turn to alternative medicine such as *qigong* and *tai chi* for remedy in Hong Kong. In other words, people's *qigong* and *tai chi* practice can be influenced by their underlying cultural health and disease beliefs, which are reflected in their folk classification of diseases. In this chapter, I therefore sought to construct a folk taxonomy of diseases of my research participants in order to understand their underlying motivation in *qigong* and *tai chi* practice.

1.2. *Qigong* and *tai chi* in Hong Kong

Qigong and *tai chi* are common alternative medicine practice in Hong Kong. According to Hong Kong Tai Chi Association, more than 300,000 people were practicing in morning *tai chi* classes in 2001 [4]. Presumably there are more than 300,000 *qigong* followers in Hong Kong after a decade now as many other followers practice outside these morning classes. Not only do *qigong* practitioners aim at reaching the balance of *qi*, the maintenance of health, and life prolongation through the practice, but *qigong* practice itself has also become a popular remedy among patients who receive biomedical treatment. Some patients' resource centres in biomedical hospitals also provide *qigong* classes for their patients.

Little literature has provided a clear definition of *qigong*. As Dong (1990) stated, "[*q*]*igong* is an ancient Chinese system of 'breathing' or 'vital energy' mind control exercises" [5]. Generally, most people would describe *qigong* as a form of "breathing exercise".

Two categories of *qigong*, hard *qigong* and soft *qigong*, can be identified according to literature. Hard *qigong* is considered as a kind of martial arts. Breaking steel rods, splitting bricks by hand, and resisting attacks by assailants with weapons are common representations of hard *qigong*. Soft *qigong* is mainly for health maintenance purpose [5]. As this chapter concerns the role of *qigong* as alternative medicine and its relation with cultural beliefs, soft *qigong* is the focus of this chapter.

Four major traditions are noted within the category of soft *qigong* according to literature. The first tradition is Taoist *qigong*, which emphasizes the training of body and mind and focuses on the relationship between the individual and the cosmic environment. Prolongation of life expectancy is a key focus of this tradition. The second tradition is Buddhist *qigong*,

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emphasizing the cultivation of mind and moral will and aiming at escaping from "hard life". The third follows the Confucian tradition, emphasizing on the setting of the conceptual mind, righteousness, honesty of higher thought, and altruism, and the obtaining of rest, steadiness, and tranquility. The fourth tradition is medical *qigong*, which aims at the prevention and treatment of diseases, with the primary goal of health maintenance [5]. Although theoretically there are four traditions, the boundary of these traditions is not clear-cut in practice.

Figure 1. Heart disease patients practicing *tai chi* in a function of biomedical setting. (Photo courtesy by *Mingpao*)

Tai chi is another form of breathing exercise which falls into the category of soft *qigong*. Some people would refer it as a form of "active gong" (動功), since the practice of *tai chi* requires body movement; whereas *qigong* is often referred as "quiet gong" (靜功), since its practice mainly involves breathing and mind control as well as meditation. As Miura (1989) stated,

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Contrary to popular perception, *Qigong* is not a type of *Taiji quan*, but rather the other way around. *Taiji quan* seems to have developed through combinations of various *Qigong* styles with martial and longevity practices… They have certain basic features in common: martially inspired exercises, abdominal respiration, relaxation, and the collection of energy in the lower cinnabar field [6].

As there are different traditions of *qigong* practice, therefore the way of practice is varied. There is no single method of practice. However, health maintenance is the ultimate goal for all *qigong* traditions. Its practice emphasizes on the balance of *qi*, or the cosmic force within body, to achieve health. In traditional Chinese medicine concept, the balance of *qi* within human body is important for good health. *Qigong* practice emphasizes the attention on breathing and a relaxation of mind. Through attaining a peaceful mind in the practice, a balance of *qi*, and thus health, can be restored.

1.3. History of *qigong* development as alternative medicine in Hong Kong

In Hong Kong, the practice of "active gong" – *tai chi* – is more easily visible than the practice of "quiet gong" – *qigong*. However, this does not necessarily indicate there are more *tai chi* followers than *qigong* followers. As the practice of *tai chi* requires more space than the practice of *qigong*, the practice of *tai chi* often takes place in outdoor areas such as parks. On the other hand, as the practice of "quiet gong" – *qigong* – requires a high state of calmness and tranquility, it often takes place indoors. Hence, people are more aware of the practice of *tai chi* than the practice of *qigong* in Hong Kong.

The term *qigong* first emerged in 1949 in Mainland China,

> it was only after 1949 that *qigong* became a generally-used term in Chinese medical, scientific and popular discourse, including in a single category all Chinese gymnastic, meditation, visualization and breathing techniques, to which, over the years, were added martial, performance, trance, divination, charismatic healing, and talismanic techniques, as well as the study of paranormal phenomena… [7].

In accordance with the four traditions, *tai chi* comes from the Taoist tradition of *qigong* practice. The emergence of *tai chi* is closely related to Taoist priests. As they lived in remote hilly areas with poor transportation and medical facilities, they developed the practice of martial arts in order to strengthen their health and resist against potential attacks of wild animals. These Taoist priests pioneered the practice of *tai chi* [8].

The founder of *tai chi* is Zhang San-feng (張三豐), who was born after the Tang Dynasty China. The practice was then spread by Taoist priests. Master Cheng Tin-hung, who is the founder of the Hong Kong Tai Chi Association in 1972, is recorded as one of the pioneers who introduced *tai chi* in Hong Kong [8].

When *tai chi* first came to Hong Kong, it was more a martial arts tradition rather than for potential use of health in the period between the 1940s and the 1970s. Only until late 1975 and early 1976 that *tai chi* came to a watershed for its development in Hong Kong. Due to the introduction of the official morning *tai chi* classes by the Leisure and Physical Education

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Division of the Department of Education of the Hong Kong Government, *tai chi* started to become a health-oriented exercise. The morning *tai chi* classes provided an opportunity for the Hong Kong people to learn about *tai chi* as an alternative means for them to enhance their health.

In Mainland China, the transition from martial arts tradition to health orientation of *qigong* practice also occurred around the same time by the end of the 1970s. One of the most famous *qigong* practitioners in this orientation is Guo Lin (郭林), who was a self-healed cancer victim teaching *qigong* in Beijing since the early 1970s. Guo Lin's "New *Qigong* Therapy", hailed as a cure for cancer, quickly spread to all parts of China [7].

The health orientation of *qigong* and *tai chi* practice was further emphasized in 2003 Hong Kong, where the Severe Acute Respiratory Syndrome (SARS) outbreak hit Hong Kong from March to May 2003. The *tai chi* athlete Li Hui, for example, introduced a new *tai chi* style called "*qi* enhancing and lung nurturing gong" (益氣養肺功) at that time, which claimed to have particular benefits to the lungs. The outbreak of the SARS epidemic led to the sudden rise in the attendance rate and the number of new *qigong* and *tai chi* learners. The health orientation of *qigong* and *tai chi*, thus, has been fully demonstrated and established in Hong Kong.

2. Methods

To understand how the cultural perceptions of *qigong* followers influence their understanding and organization of knowledge on diseases and so their therapeutic choices, free listing and pile sort [9] were conducted in Hong Kong with 57 participants. Among these 57 participants, 4 *qigong* masters and 53 *qigong* followers were asked to do two parts of qualitative study. The first part was the free listing of diseases, and the second part was the pile sort on the seventy-two diseases in which they had free listed. These 57 participants, who had the experiences in *qigong* and/or *tai chi* practice, were sampled purposively to join this qualitative exercise. The study revealed the relationship between the folk taxonomy of diseases and their alternative medicine practice. These 57 participants age ranged from 32 to 60, and were engaging in *qigong* and/or *tai chi* practice at the time of study.

2.1. Free listing

The 57 participants were asked to free list all the diseases that they knew and/or have heard at the time of study. This was to ensure the selected seventy-two diseases could represent the range of diseases that the participants, and so the public to some extent, were familiar with. The seventy-two diseases mentioned by the participants and used in the pile sort were shown in Table 1.

Diseases free listed	Codes	Chinese Terms of Diseases (Names in brackets are layman usage in Cantonese Chinese)	Best Treatment Approach(es) as suggested by 57 participants		
			Biomedicine	Chinese medicine	*Qigong / tai chi*
AIDS	AIDS	愛滋病	57	57	57
Allergic Rhinitis	ALR	過敏性鼻炎 (鼻敏感)	32	30	49
Alzheimer's Disease	ALS	腦退化症（老人痴呆症）	57	0	18
Anaemia	ANA	貧血	40	57	57
Stroke	APO	中風	57	21	53
Appendicitis	APP	闌尾炎 (盲腸炎)	57	34	35
Arthritis	ART	關節炎	15	40	57
Asthma	AST	哮喘	50	48	54
Bone Cancer	BOC	骨癌	57	57	57
Brain Cancer	BRC	腦癌	57	57	57
Bronchitis	BRO	氣管炎	51	29	42
Cataract	CAT	白障	57	3	3
Cholera	CHO	霍亂	57	18	1
Chicken-Pox	CHP	水痘	40	42	11
Cirrhosis	CIR	肝硬化	57	53	43
Cold	COL	傷風	42	48	40
Constipation	CON	便秘	23	46	36
Cough	COU	咳嗽	34	45	31
Colon and Rectal Cancer	CRC	大腸癌	57	57	57
Cystitis	CYS	膀胱炎	48	39	22
Diabetes	DBT	糖尿病	57	48	48
Dengue Fever	DEF	登革熱	57	10	4
Diarrhea	DIR	腹瀉	38	31	12
Dizziness	DIZ	頭暈	24	41	40
Down's Syndrome	DOS	唐氏綜合症	57	0	5
Eczema	ECZ	濕疹	50	45	6
Emphysema	EMP	肺氣腫	52	32	48
Epilepsy	EPI	腦癇 (癲癇)	57	20	36
Fever	FEV	發燒	45	40	2
Gastric Bleeding	GAB	胃出血	57	24	12

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Diseases free listed	Codes	Chinese Terms of Diseases (Names in brackets are layman usage in Cantonese Chinese)	Best Treatment Approach(es) as suggested by 57 participants		
			Biomedicine	Chinese medicine	*Qigong / tai chi*
Gastric Cancer	GAC	胃癌	57	57	57
Gastroenteritis	GAE	腸胃炎	51	46	12
Gastric Ulcer	GAU	胃潰瘍	57	31	32
German Measles	GEM	德國痲疹	57	30	1
Glaucoma	GLA	青光眼	57	2	1
Gout	GOU	痛風	41	48	52
Headache	HEA	頭痛	32	38	40
Liver Cancer	HEC	肝癌	57	57	57
Heart Disease	HED	心臟病	57	24	45
Hemorrhoid	HEM	痔瘡	48	38	21
Hepatitis	HEP	肝炎	51	43	34
Herpes	HER	疱疹	57	28	4
Hand, Foot, and Mouth Disease	HFM	手足口病	57	11	1
Hypertension	HYP	高血壓	57	34	57
Influenza	INF	流行性感冒	43	43	2
Renal Disease	KID	腎病	57	5	40
Leukemia	LEU	白血病 (血癌)	57	57	57
Lung Cancer	LUC	肺癌	57	57	57
Malaria	MAL	瘧疾	57	3	2
Measles	MEA	痲疹	31	49	21
Mental Illness	MEI	精神病	42	23	57
Meningitis	MEN	腦膜炎	57	1	0
Nasopharyngeal Cancer	NPC	鼻咽癌	57	57	57
Osteoporosis	OST	骨質疏鬆症	32	25	57
Otitis Media	OTI	中耳炎	57	30	1
Parkinson's Disease	PAS	柏金遜症	57	2	38
Pharyngitis	PHA	喉嚨發炎	41	40	13
Pneumonia	PNE	肺炎	57	13	34
Psoriasis	PSO	牛皮癬	48	42	20

Diseases free listed	Codes	Chinese Terms of Diseases (Names in brackets are layman usage in Cantonese Chinese)	Best Treatment Approach(es) as suggested by 57 participants		
			Biomedicine	Chinese medicine	*Qigong / tai chi*
Kidney Stones	REC	腎石	57	24	19
Rheumatism	RHE	風濕	49	52	57
Sinusitis	SIN	鼻竇炎	48	32	28
Systemic Lupus Erythematosus	SLE	紅斑狼瘡	57	41	43
Sore Throat	SOT	喉嚨痛	24	38	24
Bone Spurs	SPU	骨刺	35	51	57
Stomachache	STA	胃痛	48	40	35
Syphilis	SYP	梅毒	57	2	6
Tuberculosis	TB	肺結核 (肺癆)	57	30	35
Athlete's Foot	TIP	足蘚(香港)	57	38	2
Tonsillitis	TON	扁桃腺發炎	57	24	15
Urethritis	URE	尿道炎	44	37	8
Urticaria	URT	蕁麻疹 (風癮)	34	47	3

Table 1. The 72 Diseases free listed for the Pile Sort

2.2. Pile sort

After the free listing, the names of the mentioned seventy-two diseases were printed on a set of cards. The same set of 57 participants was asked to classify these seventy-two diseases into groups according to their own knowledge and classification criteria. They were asked to put those diseases which they thought to be similar together in the same pile. The therapeutic choices on these seventy-two diseases were also asked (Table 1). By doing this, it demonstrated not only the folk taxonomy of diseases of each participant, but also the relationship between the folk taxonomy of diseases and the therapeutic choices, as well as the practice of alternative medicine, among the participants in Hong Kong context. As the folk taxonomy of diseases reflects the underlying cultural perception of health and diseases, this experiment enabled the exploration of how close the relationship between the underlying cultural health and disease belief and the practice of *qigong* and *tai chi* is. The folk taxonomy of diseases and the therapeutic choices for these seventy-two diseases could provide part of the reasons why the participants attempted *qigong* and *tai chi* for certain diseases, but not others.

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3. Results

3.1. What was shown from the free listing?

The free listing of diseases from the participants showed that the concept of "disease" could be varied. Some of the items listed by the participants were "symptoms" rather than "diseases" from the biomedical point of view. The participants perceived uncomfortable and abnormal feelings, or "symptoms" in the biomedical sense, as diseases, and their descriptions could be different from the biomedical explanations. The fact that some of the participants perceived "symptoms" and "discomforts" as diseases introduced a conceptual distinction between "illness" and "disease". Kleinman indicated that illness could include people's responses to symptoms, and they could perceive "symptoms" as "diseases" in this sense,

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illness…means to conjure up the innately human experience of symptoms and suffering. Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability…

Disease is the problem from the practitioner's perspective. In the narrow biological terms of the biomedical model, this means that disease is reconfigured *only* as an alteration in biological structure or functioning [10].

In many cases, the participants had already classified the diseases into groups in their free listing. They would free list the diseases together if they perceived them as having similar elements and nature.

The participants also tended to free list those diseases that caught their attention most and that they were most familiar with in the first instance. They started with the more serious and life-threatening diseases, such as cancers and heart disease. They then proceeded to free list those diseases that occur commonly and which they often experienced, such as cold and flu.

The free listing also features common diseases in a society, those which have been present for a long time as well as those which have recently emerged. Hand, foot, and mouth disease, for example, was a new disease common in kindergartens and widely reported in the media at the time of the study, hence it was mentioned frequently by the participants.

In addition, the free listing of diseases could be time- and/or environment-bound. As the free listing was conducted in summer, therefore those diseases that mainly occur in summer, such as cholera, were often mentioned. Presumably the results of the free listing would vary depending on time and context. The free listing could thus reflect the social and cultural environment of a society.

The diseases free listed by the participants not only reflected a culture's focus on disease, but also portrayed the institutional and social forces shaping the social beliefs and ideology on health and diseases of people. Female participants tended to free list more diseases than male participants. This could be related to their higher ratio in engaging domestic role in which they could have more time to learn about diseases from various media. The "women's television programmes" in the afternoon, in particular, could be a popular medium for housewives to learn about diseases that were of current concern. On the other hand, male participants were more reluctant to free list sexually-transmitted diseases and those diseases that were suffered by females exclusively.

The free listing gives a general picture of how people of a culture view diseases, and how the social, environmental, and institutional forces influence people's views on diseases. The free listing shows how people organize the knowledge of diseases, and the diseases in which a society is familiar with and concerns about. Therefore, free listing of diseases can reveal the difference between cultural belief system of "diseases" and biomedical point of view.

3.2. Folk taxonomies of diseases as mentioned by the participants

After the disease free listing, the participants were asked to do pile sort in which they were asked to classify the free listed diseases into groups. They were asked to put those diseases which they thought to be similar together in the same pile according to their own knowledge and understanding. The 57 pile sorts were analyzed by ANTHROPAC. A multidimensional scaling diagram of the 72 diseases was generated and constructed by ANTHROPAC according to the classification of the 57 participants (Figure 2). This showed how the participants classified diseases according to their own knowledge. Those diseases that were located closely together were perceived as similar by the participants.

Several clusters, ie. folk taxonomies, of diseases in Hong Kong context were illustrated from the multidimensional scaling diagram (Table 2). The folk taxonomies illustrated how the participants perceived and organized the knowledge of the free listed diseases. Those diseases in the same taxonomy were sharing similar nature and characteristics according to the participants.

Eight clusters were noted in participants' folk taxonomy of diseases.

Cluster	Diseases
1	Bone cancer, brain cancer, nasopharyngeal cancer, leukemia, colorectal cancer, gastric cancer, lung cancer, liver cancer, cirrhosis, renal disease, kidney stone, gallstone, hepatitis.
2	Cholera, malaria, Dengue Fever, Hand foot and mouth disease, German measles, measles, urticaria, psoriasis, eczema, chicken-pox, athlete's foot, syphilis, herpes.
3	Fever, cold, asthma, tuberculosis, allergic rhinitis, cough, influenza, sore throat, pharyngitis, otitis media, bronchitis, sinusitis, tonsillitis.
4	Appendicitis, hemorrhoid, cystitis, urethritis, gastric ulcer, gastric bleeding, pneumonia, emphysema.

Cluster	Diseases
5	Osteoporosis, spurs, rheumatism, gout, stroke, arthritis.
6	Glaucoma, cataract.
7	Parkinson's Disease, Alzheimer's Disease, Down's Syndrome, epilepsy, mental illness.
8	Systemic Lupus Erythematosus, meningitis, dizziness, headache.

Table 2. The folk taxonomies of diseases that are suggested by the participants

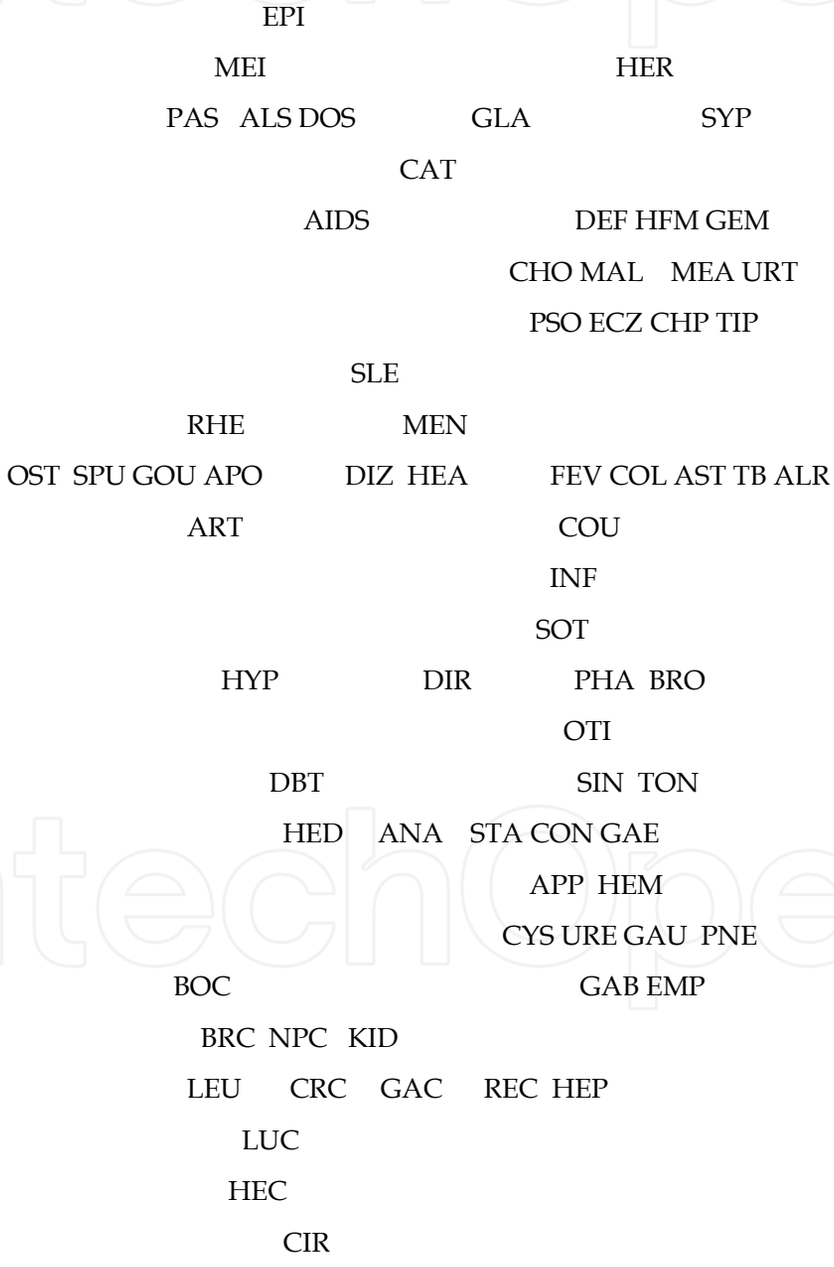

Figure 2. The Multidimensional Scaling Diagram of Diseases as classified by the participants

Cluster 1

This cluster consisted those diseases that were serious and life-threatening from the participants' point of view and those diseases that often required surgical treatment, such as cancers, kidney stones, and gallstones. On the other hand, the language of a culture also influenced the perceptions and cultural beliefs of people and the ways in which they classified diseases. Hepatitis was situated next to the gallstone in this cluster because, according to some participants, there was a Chinese slang expression which literally means "liver and gall bladder help and complement with each other" (肝膽相照). See the Sapir-Whorf Hypothesis, as recounted in Bonvillain (2000),

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Some elements of language, for example, in vocabulary or grammatical systems, influence speakers' perceptions and can affect their attitudes and behavior… In fact, both Sapir and Whorf wavered in their statements on the issue of causal or directional relationship between language and thought [1].

Cluster 2

This cluster consisted infectious and contagious diseases from the participants' point of view. This mainly included dermatological diseases. All dermatological diseases were included in this cluster. Other infectious diseases that are not dermatological but with skin symptoms were also classified in this category. Some other infectious diseases such as cholera, malaria, and Dengue Fever were in this cluster as well. Such lay classification revealed the underlying perceptions of the participants on dermatological diseases as contagious (though not all of them were contagious), which were perceived as similar to those infectious diseases such as cholera, malaria, and Dengue Fever. On the other hand, the participants perceived some infectious diseases as dermatological, even though they are infectious in nature. For example, German measles, measles, and hand, foot and mouth disease are infectious in nature. However, because the symptoms of these diseases often appear on skin, this led the participants to have an impression that infectious diseases were similar to dermatological diseases.

The sexually-transmitted diseases, such as syphilis and herpes, were located closely to this cluster of infectious and dermatological diseases. Besides the contagious nature and the skin symptoms, the specialty classification in Hong Kong's biomedicine also played a role in influencing participants' perceptions, since both the sexually-transmitted diseases and dermatological diseases were under the same specialty – Dermatology and Venereology [11]. The biomedical institution thus constructed the disease perceptions of the participants. From the participants' viewpoints, the diseases in this cluster were infectious and contagious.

Cluster 3

This cluster consisted the diseases and symptoms of the upper and lower respiratory system, which were perceived as common for anyone to suffer. Again, the specialty classifica-

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tion in Hong Kong's biomedicine played a role in influencing participants' perceptions in this group of diseases, as some participants indicated that most of the diseases in this cluster were under the specialty of otorhinolaryngology [11].

Cluster 4

This cluster mainly contained the diseases in relation to gastrointestinal and urological system. However, two diseases in relation to breathing system were also grouped in this category. In participants' terms, the diseases in this cluster were related to "internal organs".

Cluster 5

This cluster was made up of those diseases that were perceived as having a long-term impact on patients, or chronic diseases. This cluster mainly consisted bone and joint diseases. Some participants used age as a criterion in grouping these diseases together in the same category, having the impression that these diseases were mainly suffered by the elderly.

Cluster 6

This cluster consisted of ophthalmological diseases in participants' understanding. The diseases of glaucoma and cataract were usually straightforward to participants, since they often grouped these two diseases together in the same pile quickly.

Cluster 7

This cluster contained those diseases that were related to mind, nerve, and brain function, and the participants often had the impression that these diseases were chronic and incurable. Another feature noted in this cluster was that the participants often did not have much knowledge on these diseases, since many of these names were new and "foreign" to them.

Cluster 8

This cluster contained diseases in relation to head, though Systemic Lupus Erythematosus was located in this cluster as well. Some participants commented as Systemic Lupus Erythematosus has skin symptoms, especially in the area of face. Therefore, they grouped this disease under the category of "head".

The folk taxonomies of the seventy-two diseases showed how the participants organized and understood diseases by using their own cultural beliefs. From the multidimensional scaling diagram as shown in Figure 2, there were at least two scales at work regarding the nature of the diseases. On the first scale, the diseases perceived as life-threatening were located at one end, while the diseases perceived as infectious and contagious, and as chronic and incurable, were located at the other. In the second scale, the diseases perceived as chronic and long term were located at one end, and the diseases perceived as acute and short term were located at the other. Such scaling demonstrated when the participants made classifications, whether the diseases are life-threatening or not and whether they are acute or chronic were the subconscious force at work in their perceptions.

3.3. The interrelationship between the folk taxonomy of diseases and the choices of remedy

Cultural belief system affects how people organize their knowledge on diseases. In addition, common sense, lay perceptions, and illness and treatment experiences also influence people's decisions in choosing remedy. This section will examine the interrelationship between the folk taxonomy of diseases and the choice of therapies, and whether the same choice of therapies were to be used on the same clusters of diseases among the participants. The participants' choices on the therapeutic approaches provide a framework of the underlying reasons for their *qigong* and *tai chi* practice.

After the pile sorts, the participants were asked about their choice of therapies in dealing with those seventy-two diseases. They were asked to rank their choice of therapeutic approaches for suitability (Table 1). Their treatment decisions were to be compared with their folk taxonomy of diseases. Treatment choices are to be influenced by one's cultural beliefs. As Kleinman (1988) stated:

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local cultural orientations (the patterned ways that we have learned to think about and act in our life worlds and that replicate the social structure of those worlds) organize our conventional common sense about how to understand and treat illness; thus we can say of illness experience that it is always culturally shaped… Expectations about how to behave when ill also differ owing to our unique individual biographies [10].

An obvious interrelationship between the folk taxonomy and treatment choices was noted for cluster 1 diseases, which were perceived as life threatening and serious. As most of the diseases in this cluster were cancers that were life-threatening, all 57 participants had no hesitation in asserting that they would try all forms of remedies, including biomedicine, traditional Chinese medicine, *qigong, tai chi*, and even other folk remedies. All the participants except two would choose biomedicine first, and then traditional Chinese medicine and *qigong* as the complement. The participants had more confidence and trust in biomedicine to cope with the life-threatening diseases. They believed they would need biomedical investigation and treatment at the beginning stage. Once the diagnosis was confirmed, then they would seek traditional Chinese medicine and *qigong* afterwards as a complement.

Although the participants would use all the remedies they knew for life-threatening diseases, the acceptability of alternative medicine was much higher for cancers than for renal disease, kidney stones, and gallstones. Some participants even would try all sorts of alternative medicine for the treatment of cancers, no matter how "strange" the remedies were. However, participants tended not to search alternative remedies for renal disease, though a few would search for *qigong*, and then traditional Chinese medicine for treatment. As most participants recognized the necessity of adopting biomedical therapy such as dialysis (for renal disease) and surgery (for kidney stones and gallstones), they would only seek traditional Chinese medicine and *qigong* afterwards as a supplementary remedy. As participants per-

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ceived cancers as more life-threatening and dangerous than renal disease, hence they were more motivated to search for other alternative medicine for remedy in cancers. Also, the known and established remedies of biomedicine in renal disease, kidney stones and gallstones explain why the participants tended to only attempt biomedicine for treatment.

Another cluster of disease which showed clear corelation between folk taxonomy and treatment choices was dermatological, sexually-transmitted, and infectious diseases. Most participants would first seek biomedicine for therapy for this cluster of diseases, and then some of them, especially those older ones, would use traditional Chinese medicine afterwards. The underlying Chinese cultural belief in health motivated these participants considering traditional Chinese medicine for remedy. In that case they would perceive their body suffered from "wet toxin" (濕毒). As this concept is embedded in traditional Chinese medicinal belief, therefore adopting the remedy with the same cultural medicinal belief would be perceived as a "sensible" solution for the participants. On the other hand, the participants believed biomedicine was the best remedy for contagious diseases. As contagious diseases were more "polluting" in both physical and cultural sense, participants would prefer the remedy that they were most confident. Also, biomedicine often gave an impression "quick" to the participants, therefore biomedicine was often attempted in order to get rid of such social labeling as soon as possible.

Social and cultural environment and gaze on certain groups of diseases also influenced participants' decision in remedies. As shown from the folk taxonomies in the multidimensional scaling diagram, dermatological diseases located closely to sexually-transmitted diseases. Sexually-transmitted diseases receive much stigmatization in Chinese culture. As dermatological diseases located closely to the cluster of sexually-transmitted diseases, which indicated these two types of diseases were similar from participants' viewpoint, presumably the participants would want to get rid of dermatological diseases in order to avoid being stigmatized. As biomedicine was perceived as giving a quick treatment, the participants were thus motivated to choose biomedicine in the first instance.

Age was another influential element in predicting how participants choose treatment approach. Same disease could be perceived differently by different age groups. Take inflammatory disease as an example, the treatment choices can be varied for different age groups. Younger participants were more under western cultural exposure so they were more motivated and ready in choosing biomedicine. Antibiotics were widely known by these young participants. In contrast, middle-aged and the elderly participants would prefer traditional Chinese medicine more as they were under more influence of Chinese culture. They believed many inflammatory diseases, and dermatological diseases, were induced by the "wet hot" (濕熱) and the toxins of the body, and the best way to deal with these bad forces was the use of traditional Chinese medicine in order to "clear the root".

Whether the disease itself has a cultural medicinal explanation would be remarkable in participants' choice of alternative medicine. If the disease had a cultural medicinal explanation, participants would be more motivated in using alternative medicine. As alternative medicine is embedded in a community's cultural belief, therefore using the same cultural medici-

nal approach is to be perceived as the most optimal approach. Just like "wet hot" and toxins is a Chinese cultural medicinal concept, hence these problems are believed to be best overcome by the Chinese approaches.

Another cluster which demonstrated a clear relationship between folk taxonomy and treatment choices were ophthalmological diseases. There was a strong preference in biomedical treatment among the participants in this category of diseases. As the biomedical treatment of ophthalmological diseases has long been established, hence the participants believed that only biomedicine and surgery could treat these diseases. Only a few older participants would attempt traditional Chinese medicine and *qigong* as a follow up treatment, since surgery was perceived as "hurt" to human body. Traditional Chinese medicine and *qigong* would be adopted only for rebuilding the body status after biomedical surgery according to these few participants.

Language influences how people think and perceive things. As demonstrated by the participants, the names of diseases could serve as an influential factor for determining suitable remedy. The participants tended to seek biomedical remedies for the cluster of brain, mind, and nerve diseases. As the names of the diseases, ie. Parkinson's Disease, Alzheimer's Disease, Down's Syndrome, in this cluster are "western" and "foreign" to them, they believed biomedicine was better in treating these "western" diseases. Another example was German Measles. All the participants would choose biomedicine as treatment for German Measles, though more participants would choose traditional Chinese medicine for ordinary measles instead.

Although gastrointestinal, urological, and lung diseases were in the same cluster according to the participants, treatment choices varied for these three groups of diseases. Participants preferred adopting biomedicine as the first line of treatment for the gastrointestinal and lung diseases, whereas they preferred traditional Chinese medicine in urological diseases such as cystitis and urethritis, and hemorrhoid, though younger participants would prefer biomedicine for urological diseases. For lung diseases, the acceptability of alternative medicine such as traditional Chinese medicine and *qigong* was higher for emphysema than for pneumonia. Since emphysema is a chronic lung disease, therefore the participants would search for alternative medicine as a complement. Pneumonia, on the other hand, is an acute disease, therefore biomedicine was still the first option for them.

Alternative medicine was shown to be popular in dealing chronic and long-term diseases, and the findings from the participants demonstrated the same picture. Traditional Chinese medicine and *qigong* were regarded as in a higher priority as treatment choice among the participants in managing chronic diseases.

Bone and joint diseases was another cluster which showed the strongest correlation between the folk taxonomy and alternative medicine practice as suggested by the participants. Most participants would choose *tai chi* in the first instance for this cluster of bone and joint diseases, since they recognized the weaknesses and experienced the limitations of biomedicine in managing bone and joint problems from their personal experiences. Besides practicing *tai chi*, acupuncture in traditional Chinese medicine was another popular treatment option as suggested by the participants, since acupuncture has a long history in dealing bone and joint diseases in Chinese society.

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For the cluster of diseases that were more common and less serious, such as those in relation to upper respiratory tract infections, the acceptability of traditional Chinese medicine as a remedy was high among the participants. However, the interrelationship between the diseases in this cluster and the choice of remedy was rather weak. Some participants would choose biomedicine as first line for remedy on account of its fast relief and efficacy, while others would choose traditional Chinese medicine as first line treatment. But in general older participants tended to choose traditional Chinese medicine as the first option for these diseases. Only when they failed to experience the efficacy that they would then turn to biomedicine for treatment.

The above findings illustrate that the folk taxonomies of diseases are closely related to people's organization of disease knowledge and perceptions, which is often based on their cultural belief system. This influence their treatment choices and decisions to a certain extent. From the participants' choices of therapies and their explanations on their treatment decisions, they usually had their own interpretations on the best treatment for those diseases. These revealed how they perceived the strengths and weaknesses of biomedicine, traditional Chinese medicine, and *qigong* to a certain extent. These underlying perceptions served as the underlying motivations for the participants' practice of alternative medicine such as traditional Chinese medicine and *qigong*. The folk taxonomies of diseases and the treatment decisions showed that their alternative medicine practice was to be related to the perceived weaknesses of biomedicine and the perceived strengths of traditional Chinese medicine and *qigong* on managing different diseases.

From the participants, the folk taxonomy consisting the relatively more serious diseases such as the life threatening diseases, the contagious and dermatological diseases, and ophthalmological diseases, a remarkable correlation with biomedicine was observed. In contrast, for the folk taxonomy that consisted of the less serious diseases such as the non-life threatening chronic diseases and the bone and joint problems, a strong correlation with alternative medicine practice such as traditional Chinese medicine and *qigong* was noted. As Lupton (2000) stated, "[t]he more common and the less serious the illness, the more likely it is that lay theories of causation and treatment draw upon traditional folk-models of illness" [12]. Although apparent correlation was observed between some taxonomies of diseases and remedy preferences, such correlation was not applicable to all taxonomies. The cultural perceptions of a disease were still a more decisive factor in influencing the treatment choices of the participants. On the other hand, another point to be noted is the common belief among the participants that they could still practice alternative medicine, in particular *qigong*, in almost all kinds of health problems, since it could strengthen their health and alleviate the suffering without conflicting with other remedies and exerting any harm to the body.

4. *Qigong* practice and the Chinese philosophical teaching

As alternative medicine practice is embedded in a community's cultural belief system, therefore, the cultural values and ideal will be transmitted and reinforced through people's prac-

tice. Alternative medicine practice also conveys other symbolic meanings as discussed by Lupton (2000), particularly the aspects of virtue and goodness within the Chinese culture.

Other than traditional Chinese medicine, *qigong* is another popular alternative medicine in Hong Kong. The operating logic of *qigong* reaffirms Chinese philosophical ideas and teachings. As its followers are more concerned with the pragmatic and therapeutic value of *qigong*, its connections with Chinese philosophical teachings are under-emphasized in contemporary practice. Although these philosophical ideas and teachings are not the focus of the practice, they still feature in the lectures in some traditions of *qigong* practice. These lectures are closely tied to the Chinese cultural medical belief system, as well as the Chinese cultural beliefs and values.

In the lectures of a *qigong* class during fieldwork, the master often emphasized the importance of reaching a highly relaxed and tranquil state in order to achieve the "highest" state of the practice, ie. trance. In order to reach such a state, the followers ought to control their emotions and feelings by forgetting all happiness and unhappiness, and their social roles in the real world. They ought to imagine that they are relaxing in a quiet and beautiful environment.

The importance of reaching a highly tranquil state recalls the importance of the ancient Chinese teaching about controlling the "seven emotions" (七情) properly, linking this with health. The ancient Chinese teachings, particularly the Confucian ideas, emphasize that one should not expose one's emotions in a vigorous manner. The "seven emotions" include: happiness (喜), anger (怒), worry (憂), puzzle (思), sadness (愁), fright (驚), and fear (恐). If one expresses these emotions in a vigorous manner, one will fall short of the model of an ideal human. In the practice of *qigong*, it is believed that failure to control emotions or to express them in an inappropriate manner can be harmful to one's health. As one female informant who has recovered from cancer stated:

In the past, I often felt unhappy and got angry easily. I was often annoyed with the staff. As I could not scold them, so I lost my temper to my family instead… Perhaps I expected too much on the job, so it exerted a lot of pressure on myself… I think these negative emotions accumulated to cause the disease. If I had known how to control my emotions and express them properly in the past, I would not need to suffer [from cancer]. The practice [of *qigong*] can let me learn how to control my emotions and attain calmness. I feel like I am having a rebirth in personality now.

Hence, not only does *qigong* practice affirm Chinese ideas of morality, virtue and goodness, but it also provides a sense of renewal for some participants. Such sense of renewal not only confines to the restoration of health, but which also includes a renewal in the psychological state of some participants.

Some *qigong* masters, thus, insisted that controlling emotions is the key in maintaining health, since a follower has to control emotion and keep calm so that he or she can achieve the "trance" state. Through the practice of *qigong*, not only can health be maintained or im-

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proved by emotional control, but the Chinese teachings of the ideal emotional expression – neutral expression of emotion – can also be reaffirmed.

The *qigong* practice, in addition, tries to reaffirm the importance of morality. As some masters indicated during lectures, since the practice requires appropriate control of emotional expression, there is a close relationship between the practice and the enhancement of morality. One *qigong* master indicated in his lecture:

Morality in contemporary society is a result of the control of laws, which aim at controlling one's behavior. It is very similar to *qigong*, since it emphasizes that a follower has to control himself or herself in a highly relaxed and tranquil state, so as to reach the "highest" [trance] state of the practice.

Some traditions of *qigong* also reaffirm the Chinese perception of the world and the cosmic order. The "five elements" (五行) – gold (金), wood (木), water (水), fire (火), and earth (土) – are the keys to achieving order and disorder. "Five element" should be in an appropriate order; otherwise, bad consequences can occur. Some traditions of *qigong* claim they can restore the order of the "five elements" within the human body in order to achieve health. The imbalance of the "five elements" within the human body can lead to diseases.

The practice of *qigong*, therefore, reaffirms the traditional Chinese moral teachings, the idea of cosmic order, and worldview. However, as the contemporary practice in Hong Kong focuses on its pragmatic usage to treat diseases and maintain health, its close relationship with the Chinese philosophical ideas is not emphasized. Anyway, the folk taxonomies of diseases among the participants are discussed, and the interrelationship between the folk taxonomies of diseases and the treatment options in Hong Kong context are examined in this chapter. All these have to do with the cultural belief system of a community, and the cultural backgrounds, traditions, and the personal experiences of people. The cultural understanding of diseases can thus provide another perspective on understanding alternative medicine practice.

5. Conclusion

As demonstrated in this chapter, a community's social and cultural belief system is remarkable in influencing people's understandings on diseases. This affects how they perceive and classify diseases, which can be reflected from the folk taxonomy of diseases. As folk taxonomy is a classification system embedded in a community's social and cultural beliefs, therefore each society has its own folk taxonomy of diseases. People's cultural perceptions on diseases can also influence how they choose remedy, whether biomedicine and/or alternative medicine should be adopted. Alternative medicine is mostly embedded in the cultural beliefs of a community, hence it is mostly used on those diseases which can fit with their cultural understandings. Also, biomedicine has its own weaknesses and limitations, therefore, alternative medicine is often used on those diseases which cannot be handled by bio-

medicine. This chapter demonstrates how people's cultural understandings on diseases can influence treatment approaches, and thus the practice of alternative medicine in Hong Kong.

Although cultural belief system can influence how people perceive and classify diseases and thus the disease folk taxonomy as well as their treatment choices, the interrelationship between folk taxonomy of diseases and treatment choices is not always absolute. As demonstrated by the participants, only some taxonomies of diseases, such as those that are life-threatening, serious, ophthalmological, and chronic bone and joint diseases show apparent relationship in the treatment choices. Treatment choices, however, are still more embedded in people's cultural perceptions on individual diseases.

The use of alternative medicine was widely welcome by the participants, since they would attempt alternative medicine (traditional Chinese medicine and/or *qigong*/ *tai chi*) for most common diseases. The key message is although alternative medicine may not treat all diseases efficaciously, still it is effective in maintaining and enhancing health, which is required for all kinds of diseases. From the participants' point of view, qigong and tai chi practice can be used on most diseases, since the balance of qi inside human body will be important for maintaining health and helping to fight against diseases. It is particularly common in the use of health restoration after biomedicine treatment.

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