

The Use of *Qigong* and *Tai Chi* as Complementary and Alternative Medicine (CAM) Among Chronically Ill Patients in Hong Kong

Judy Yuen-man Siu

*David C. Lam Institute for East-West Studies,
Hong Kong Baptist University,
Hong Kong*

1. Introduction

Practicing *qigong* and *tai chi* in public parks is a common activity in mornings of Hong Kong. Many people have the impression that *qigong* and *tai chi* practice is mainly an exercise for the elderly. However, many young people are also practicing *qigong* and *tai chi* in Hong Kong. There were more than 300,000 people participating in the morning *tai chi* classes in 2001 (Hong Kong Tai Chi Association 2001: 194), and the number keeps increasing. As some followers practice *qigong* in other classes, presumably there should be more than 300,000 *qigong* and *tai chi* followers in Hong Kong.

Qigong and *tai chi* are common complementary and alternative medicine (CAM) in Chinese communities. Not only do *qigong* and *tai chi* practitioners aim at the balance of *qi*, the maintenance of health, and the prolongation life, but both practices also become a popular therapeutic remedy among patients who receive biomedical treatment. Some patients' resource centres and self-help groups in hospitals provide *qigong* and *tai chi* classes for their patients.

When societies have multiple medical systems, biomedicine usually occupies a dominant position. As is the situation in other countries, Hong Kong is a medically pluralistic society. Global and cosmopolitan medical system (such as biomedicine) coexists with regional medical systems (such as traditional Chinese medicine), and other local medical systems including folk remedies. In this context of medical pluralism, this chapter will discuss how and why people are motivated to practice *qigong* and *tai chi*, though biomedicine is the mainstream medical system in Hong Kong. The increasing number of followers who use *qigong* and *tai chi* in an attempt to maintain health status shows that *qigong* is one of the popular forms of CAM in Hong Kong.

Practicing *qigong* and *tai chi*, as shown by the participants, is a coping strategy for them to respond to, explain, and control their illness experiences. More on psychological and spiritual perspective during the therapeutic process is not the only reason that drives patients to seek CAM. The subjective feeling of patients about how they can be treated, which depends largely on their cultural background and knowledge and the fact that alternative remedies often fit

with their cultural ideas on health, also takes account. As CAM is most often deeply rooted in the cultural ideas, they serve the cultural needs which cannot be fulfilled by the mainstream biomedical system. This explains why every society has its own CAM therapy.

The motivations for seeking CAM therapies are many. Taking the *qigong* and *tai chi* practice in Hong Kong as an example, the personal experiences of patients of the inefficacy of biomedicine in treating their diseases are a strong motivating force. This relates to the understanding of the cultural perceptions of disease and medicine (ie. Biomedicine and traditional Chinese medicine in this chapter) of people. Other motivations including the seeking of social network and support as well as emotional well-being also motivates these patients to engage in the practice.

1.1 Brief introduction of *qigong*

Limited literature provides a clear definition of *qigong*. As Dong (1990) stated, “[*qigong* is an ancient Chinese system of ‘breathing’ or ‘vital energy’ mind control exercises” (Dong, 1990: 1). However, the definition of *qigong* is never static and rigid. In general, *qigong* can be described as a form of “breathing exercise”.

Two categories of *qigong* are noted in literature, namely hard *qigong* and soft *qigong*. Hard *qigong* is considered as a kind of martial arts, which involves the breaking of steel rods, splitting bricks by hand, and resisting attacks by assailants with weapons. Soft *qigong* concerns with enabling one to maintain health (Dong, 1990). As this chapter examines how people use *qigong* as a form of CAM, therefore, soft *qigong* is the main focus.

Four major traditions are noted within the category of soft *qigong*, namely Taoist, Buddhist, Confucian, and medical. Taoist *qigong* emphasizes the training of body and mind, focusing on the relationship between the individual and cosmic environment. Prolongation of life expectancy is one of its main goals. Buddhist *qigong* emphasizes the cultivation of mind and moral will, aiming at escaping from the “hard life”. Confucian tradition places its emphasis on conceptual mind, righteousness, honesty of higher thought, altruism, the obtain of rest, steadiness, and tranquillity. Medical *qigong* aims at preventing and treating diseases as well as to maintain health (Dong, 1990).

Although there are several traditions in soft *qigong* theoretically, the boundary of these traditions is not clear-cut in practice. The existence of *tai chi* leads to further difficulties in definition. However, most literature refers *qigong* and *tai chi* as the same thing (Miura 1989: 348). This chapter will also follow this idea as referring *qigong* and *tai chi* as the same thing.

2. Aims and objectives

This chapter aims to investigate the motivations for practicing *qigong*. The participants had encountered different experiences before they decided to engage in the practice. Their motivation thus is often a hybridization of their experiences.

Cultural perceptions are important in shaping ideas and beliefs on diseases. People have their own interpretations and explanations of diseases that can be different from biomedical explanations. Cultural interpretations influence how people view diseases, which in turn influences their decisions in seeking alternative therapies, such as *qigong*.

Cultural perceptions of medical systems influence how people perceive the strengths and weaknesses of different medical systems, which influence them in choosing a suitable therapy.

Beliefs and expectations also motivate people to practice *qigong*. The health benefits that they either expect or have already experienced serve as a motivation.

Although biomedicine is the mainstream medical system in Hong Kong, there are quite a number of followers practicing *qigong* for health purposes. Their experiences in seeking biomedical remedies also explain their motivations to practice *qigong*.

3. Research methods and participants

A qualitative approach by using an anthropological study approach was adopted to investigate the in-depth experiences and perceptions of the sampled *qigong* and *tai chi* followers in Hong Kong. Participant-observation and semi-structured in-depth interviews were conducted in the data collection procedure.

Participant-observation involves “getting close to people and making them feel comfortable with your presence so that you can observe and record information about their lives” (Bernard, 2002: 322). Participant-observation was conducted in three morning *tai chi* classes which were organized by the Leisure and Cultural Services Department of the Hong Kong government. Each class consisted of 40 followers. The majority of the followers were females, with only 12 male followers among these three classes. Most of the followers in these classes were in the mid-aged from 40s to 50s. Only a few were in their 20s and 60s to 70s. All the followers in these three classes were suffering from chronic conditions and requiring regular follow-ups in biomedical settings. The common chronic conditions that the followers were suffering included cancers in the recovering stage, hypertension, diabetes mellitus, heart diseases, and bone and joint problems.

Semi-structured interviews were conducted with 30 participants who were sampled in these 3 classes by purposive sampling. The interviews were conducted with an interview question guide which covered the main areas of concern. Participant information sheets were distributed to the participants prior to the interviews so to ensure their clear understanding of the research. Twenty participants who had learnt *qigong* and *tai chi* for more than five years and another 10 participants who had just started the learning were purposively sampled. To examine the motivations of the practice in relation to their health conditions, the participants with chronic conditions and were receiving biomedical follow-ups were purposively sampled.

4. Perceived role of biomedicine and TCM in health maintenance and disease treatment

Biomedicine and TCM are the two largest medical systems in Hong Kong. Perceptions and understandings of these two approaches by the participants enable the understanding of the perceived strengths and weaknesses of these medical systems, and so the underlying motivations for practicing *qigong*. For the remedy to appear effective, it is often important that the remedy ideas are compatible with the cultural ideas of patients.

Health maintenance has never been in the concept of biomedicine to the participants. The followings were the most common impressions of the participants on biomedicine:

I have never heard western medicine [biomedicine] has such concept. Perhaps taking vitamins is an approach. However, I would not think it is a good approach to maintain health. To me, vitamins are drugs, and I think taking drugs definitely would not have any positive effect on health. Besides vitamins, I cannot think of any other approaches that can maintain health from the viewpoint of western medicine. [P3]

I think [biomedical] doctors would only ask you to do more exercise and have a balanced diet to maintain your health. However, I think the advice is so vague that it seems they have recommended nothing at all for people to keep up their health. What western medicine recommends is only a common sense that even a primary school kid can tell you the same thing. [P14]

Although more participants perceived that TCM could help to maintain health, many of them believed that its concept of health maintenance is not strong. Participants perceived biomedicine and TCM as forms of therapy, to which they would only turn to when they suffered from health problems. Although many participants believed that TCM has the concept of health maintenance, they would only consult TCM practitioners when they encountered health problems. This comment represents the most typical viewpoint among the participants:

I would just only see [TCM] doctors when I was ill. If I saw a doctor just merely for health maintenance, I would feel very strange, though I think it can still be reasonable to see a Chinese medicine practitioner just for the purpose of health maintenance. It is just the same case with western medicine [biomedicine]. How could I ask him to give me some drugs just for maintaining health? The doctor will think I have gone crazy! [P6]

5. Perceived role of *qigong* in health maintenance and disease treatment

In contrast to their views of biomedicine and TCM, the participants perceived *qigong* as having more role in maintaining health. They perceived *qigong* as a form of exercise, and exercise is one of the approaches to maintaining health. However, the form of exercise represented by *qigong* and the form of exercise that the biomedical doctors mention are, to them, two different things. As this female informant stated:

*Tai chi is different from other exercises like running. Western [biomedical] doctors often recommend people to do running or swimming; but these exercises are "hard exercises"; they train your muscles only. Tai chi is different. Though it is also an exercise, it is an exercise that can strengthen you internally; you can feel the "hot qi" flowing from inside to outside. This "hot qi" is very good for you; your health becomes better because of this "hot qi". Having those "hard" exercises cannot produce "hot qi". You feel hot only, but not due to the "hot qi". The exercises with no "hot qi" are not as good as *qigong*. [P22]*

On the other hand, most participants would not perceive *qigong* as a form of standalone therapy that can treat diseases. They would not think one can rely solely on the practice of *qigong* for recovery. Rather, they believed they still had to consult doctors, no matter biomedicine or TCM. *Qigong* could only serve as a form of complementary remedy for them after prior diagnosis and treatment by biomedicine or TCM:

Tai chi of course cannot be used as a major form of therapy for most diseases; it can only serve as a complement. You still need to see doctors and take the medicine. If you only practiced tai chi when you were sick, then the situation may become worse. Tai chi is good for health, but it is mainly used as prevention or complement, when you are sick, you still need doctors to help you. [P11]

However, a minority of participants believed one can use *qigong* only as a therapy for emotional problems, stress, depression, and psychiatric and psychological illnesses, since they perceived biomedicine and TCM were unable to deal with these problems:

Qigong can be used as a major therapy for some diseases, though not all. If you often feel stressed, nervous, or have psychiatric diseases, I think it is enough for you to practice qigong only, since qigong can help you to relax. For these mind problems, qigong is the best and you can practice it alone. Western doctors can only give you some tranquilizers or other drugs, but it is difficult for you to have a full recovery, and I have never heard Chinese medicine can treat these problems, so I think qigong alone is enough already. [P2]

6. Degree of participation of patients

6.1 Biomedicine

The perceived degree of patient participation in biomedicine and TCM as active or passive also provides another aspect to understand the motivations to practice *qigong* as related to the perceptions of patients' role in treatment.

The majority of participants perceived their role in biomedical remedies as passive. "Active" in the therapeutic process, to the participants, means they have the opportunity to ask questions; whereas a "passive" role means that they rarely have the opportunity to ask questions and have little room for making decisions.

Participants always felt difficulty in raising questions in the biomedical encounter due to the short consultation time. However, short consultation time was not the only reason for their inability to ask questions in many cases. Limited knowledge of biomedicine also led to their sense of helplessness, since they did not know how and what to ask. Even if they asked their doctors about their health problems, they would not necessarily get the feedbacks as doctors held absolute control and power to determine what and how they would tell the participants:

I do not know what I should ask the [biomedical] doctors, because I do not have much knowledge in western medicine [biomedicine] and its medication. I can just only ask them whether I need to avoid eating some food. That's all. I had tried asking doctors about my diseases in the past, but they would only tell you about the diagnosis. If you asked them about the drugs, they would just tell you that the nurses would tell you later, and all you need to do is to follow the instructions of the nurses. All I can do is to believe in doctors. [P11]

The biomedical encounter is a setting with clear power relations. Professional knowledge of medicine and treatment is under the absolute control of doctors. The experience for those participants with higher education level was better in communicating with doctors than those with lower education level, since a higher education level often enabled them to ask questions. However, their feelings about the responses of biomedical doctors were similar:

In western medicine [biomedicine], it is impossible for a patient to be active. It is the [biomedical] doctors to take the leading role in the therapeutic process. It is the doctors who give the prescription and help you, though you still need to put the drugs into your mouth by yourself. Sometimes I tried to be more active by asking doctors some questions relating to my diseases, and sometimes I asked the doctors whether there were any other possibilities with my case. However, the doctors would start

becoming unhappy and keep silent. Even worse, they would just reply me with one sentence – “if I said yes, then it would be yes”. Perhaps they thought that even if they explained to me, I would not understand; or they were unhappy about that I was challenging them. [P9]

Some participants also noted that the “order” of biomedical doctors could make them feel they were expected and required to be obedient during the therapeutic procedure. Such feeling was particularly strong when they were under physical and clinical examination:

The instructions from [biomedical] doctors are orders. You need to obey him when you are in the consultation room. You have to open your mouth if the doctors ask you to; you have to take off your clothes if the doctors ask you to. You can choose not following his instructions afterwards; but when you are in the consultation room, you have to obey all of his instructions, no matter whether his orders are reasonable or not. [P21]

The participants’ experiences in biomedical encounters illustrated the hierarchical doctor-patient relationship. This relationship could lead to a sense of helplessness on the participants. The pretence that they were being given a choice of remedies also led to a sense of helplessness among the participants in the context of biomedical treatment:

My doctor had suggested several therapeutic options as well as their advantages and disadvantages to me. Then he asked me to choose which remedy I would pick. However, I really think that I do not have much room to choose. During the discussion, the doctor would reveal his preference and indicate which one is the best option. Will you dare to choose another option? [P19]

The one-way communication from doctors to patients was a major factor contributing to the passive feeling of the participants in the remedy process. This, in turn, served as a motivating force for them to seek other forms of remedy which enabled them to take a more active control on their own health.

6.2 TCM

Participants perceived their role in TCM as more active than biomedicine, though it was still passive to them. Being able to ask more questions enabled them to experience a more active role in the therapy, as both the patients and TCM practitioners shared a common cultural knowledge in TCM. Longer consultation time and their deeper knowledge of TCM contributed to such sense:

Although my role is still passive in Chinese medicine, I think I can be more active than western medicine [biomedicine]. The whole consultation process of Chinese medicine is more like Q and A [questioning and answering]. I know how to ask and what to ask. I know more about Chinese medicine. I can ask whether I am too “hot” or too “cold”. I can ask about the prescription of Chinese medicine, because I know the names, nature, and usage of some common herbs. I can have more time and opportunity to ask questions and tell him more about my discomforts. At the same time, he is willing to listen and explain to me without losing patience. I can have more interaction with him as a result. How can I ask the [biomedical] doctors about the drugs? I know nothing about it, and so don’t know how to ask. [P15]

Although participants perceived themselves as more active during the therapeutic process in TCM than biomedicine’s, still they perceived their role as not active enough. As a result, they are motivated to search for other alternatives, such as *qigong*, which served as a solution for them.

6.3 *Qigong*

The practice of *qigong* enhances and empowers participants with an active role in their health. Compared with biomedicine and TCM, most participants believed that the participation role is most active in the practice of *qigong*:

You need to be active in the practice of tai chi, because you need to keep on practicing by yourself. You practice because you are willing to practice, and because you want to keep up your health. Nobody can force you to practice if you are unwilling to do so. It is different from western medicine [biomedicine] and Chinese medicine. You go to see doctors because you are ill; you need their help, because you cannot treat yourself, so the role is passive when you need treatment. [P4]

I practice qigong besides receiving the western [biomedical] treatment. I think I need to do something for my health. If I just sit here and wait for the doctors to give me treatment, then I would feel I could do nothing for my health. I learn qigong because through the practice, I feel like I can do something for my health. [P10]

The doctor said my disease had been cured after my stomach had been taken out. I did not need to take any biomedical drugs and therapy after the surgery, but I still think that I have not yet fully recovered. I think it is better for me to practice tai chi after the surgery, because western [biomedical] treatment cannot treat you thoroughly. I don't feel very good if I just rely on western medicine [biomedicine]. I do not feel comfortable if I do not do something by myself. Practicing tai chi can make me feel more secure that I am doing something for my health. [P21]

“There is a potential for people to resist the passive patient role” (Lupton, 2000: 115). The search of “feel like they can do something for their health” reveals their unconscious desire to regain an active role in their health, and they were able to regain an active control on their health through the practice of *qigong*.

Alternative therapies ascribe the causes of ill health to more than just the purely biological, and encourage individuals to take responsibility for their own health by rejecting the disempowered role of the submissive patient. The emphasis is upon the perception of health as a value in itself, and upon the individual actively participating in the ongoing maintenance of good health... Unlike biomedical medicine, alternative therapies can provide satisfactory explanations for the questions ‘Why me?’ and ‘Why now?’ ... (Lupton, 2000: 125 – 126).

7. Motivations of the *qigong* practice

Both biomedicine and TCM were inadequate to fulfil participants’ cultural perceptions and needs of health and diseases. As they perceived biomedicine and TCM as a form of therapy, they turned to *qigong* for health maintenance and body strengthening after the therapeutic process. To the participants, only *qigong* could provide them with such a concept. The passive role of patients in biomedicine and TCM, in addition, explains why the participants were driven to practice *qigong* as an alternative for remedies and health maintenance. As the followings demonstrate, the practice of *qigong* is often due to a hybridization of concerns, including health, social and emotional concerns.

The concept of remedy, if it is to appear effective, needs to be compatible with the cultural ideology and needs of patients. As biomedicine and TCM are inadequate to provide satisfactory explanations and fulfil the needs in treatment, the participants were attracted to

the practice of *qigong*, which is more compatible with their cultural understandings on health and illnesses.

7.1 Health motivations of *qigong* practice

Health concerns and illness experiences were the chief motivations in the practice of *qigong* among the participants. The particularly high sense of health consciousness was apparent among the participants, who were mostly middle-aged persons and having been suffering from chronic diseases.

7.1.1 Concept of “legitimacy” of health maintenance

Definition of “legitimacy” among the participants on perceiving a suitable health maintenance method was greatly influenced by their cultural perceptions. Health maintenance shopping is common among the participants. Although they also tried exercising, still they perceived *qigong* as the most “legitimate” form of health maintenance approach:

Before I came here to learn tai chi, I had tried having many kinds of exercises. I had tried jogging and dancing in the past. However, I really think that if you want to maintain your health, you should find a more “legitimate” practice. Simply moving your hands and legs is definitely not enough. I think tai chi is more “legitimate” because you have to follow the procedures in the practice. [P6]

The concept of “legitimacy” was often closely tied to the concept of “healing” and “tradition”:

What I mean by “legitimate” is...hmm...is...[pause for 5 seconds]. Qigong has a very long history; it is our tradition, and a traditional way to maintain health. The Chinese in the past also practiced qigong, so it should be good. Only good things can survive for a long time, so it [qigong] should be “legitimate”. Also, you cannot find another method that can help you to maintain health and treat your disease in a single practice. Running, swimming, or having ballgames can only train your physical fitness, but it cannot treat you [disease], so qigong seems more “legitimate”. [P18]

7.1.2 Deteriorating of health status

The participants were mainly aged 30s to 50s, and one of the major motivations was their deteriorating health status associated with their age. All the participants reaching such middle age indicated that they have experienced some extent of deteriorating health status. They caught diseases much easier than when they were young, though these diseases were not necessarily serious and life threatening:

When I was young, I rarely got sick. I rarely caught cold and flu. However, when I entered 40s, I started catching more and more minor diseases, such as cold and cough. In the past, even if I caught a cold and flu, I could drink some “box tea” [an over-the-counter Chinese medicine which treats cold and flu] and then recovered quickly. However, now I need to see doctors when I got a cold and flu; otherwise, it could be very difficult for me to get recovered. [P7]

Because of their experiences of deteriorating health status, they felt the strong need of keeping up their health through exercising. In view of their decreasing health status and physical fitness, they perceived exercises with soft and slow motion - such as *qigong* and *tai*

chi - as the most suitable option. They perceived vigorous exercises as damaging, and even life threatening, for them:

Vigorous exercise is not suitable for everybody. I am old, so I am not capable of doing such vigorous exercises like running. Running can lead to injury of legs and knees. Also, I don't know whether my heart is still capable of coping with such vigorous exercise. You know, newspapers often report middle-aged people died suddenly when they were playing ballgames, even though they appear to be normal and healthy. Therefore, I choose tai chi, since it is mild and slow, and I can cope with it. [P27]

The suffering of menopause was a significant reason that motivated middle-aged women to practice *qigong*. The classes had a gender imbalance with a high proportion of female followers. The participants suffered from different degrees of discomfort associated with menopause, and the prevention of such discomforts was a key concern for these middle-aged female followers. Quite a number of middle-aged female followers were attracted to practice *qigong* because of the frequent reports about its efficacy in preventing osteoporosis:

My doctor said he could prescribe some hormones for me to alleviate my discomforts. However, I am reluctant to take these drugs, because it is said that taking such medicine for a long time can increase the probability of getting cancers. Also, medicine is medicine, and it is unnatural, so it can have a lot of side effects. The newspaper reports said tai chi can help to prevent osteoporosis, and said tai chi is good to bones and health for old people, so I come to try. [P25]

7.1.3 Suffering from diseases

Disease suffering was a major motivation for the participants. Two main categories of diseases were identified from the participants: 1) the life threatening diseases such as cancers, and 2) chronic illnesses. Although all participants had already completed the major therapeutic procedure, many of them felt uncertainty, which was a strong motivation for them to practice *qigong*:

Although I have finished the surgery and chemotherapy in the hospital, I still need to go to the hospital regularly for check-ups. Superficially, it seems that I have recovered, and the regular check-up is just for safety concern. But I understand that there is still a possibility for the cancer to relapse. It may not be in the same place [organ], but can transfer to other places [organs]. If I really have recovered, then why should I have to go to the hospital regularly? Is it really for safety purpose? Perhaps it is, because it is often safer to check whether the cancer will relapse. Qigong may not help preventing the cancer from relapsing, but at least I have tried something. I have tried my best to do as much as possible, and to practice qigong as frequently as possible. If the cancer really relapses, then that's my fate that I have to accept. However, I think my health will become better if I practice qigong; even if it [cancer] relapses, my body will be stronger to accept and able to cope with the therapy procedures. [P16]

Some participants were second-time learners of *qigong*. They had the experience of practicing *qigong* many years ago but stopped practicing after some time. The suffering of diseases motivated them to re-engage in the practice:

I had learnt tai chi many years ago because I felt I was not healthy. However, I did not have time to practice it because of work. Also, I did not have much patience and physical ability at that time. I had to work until late at night, so how could I wake up early to attend the lectures? Therefore, I gave up the practice. Only when I caught cancer that I suddenly recognized that health is really very

important. I regret that I did not keep on practicing it at that time. If I had kept on practicing at that time, perhaps I would not need to suffer from this disease. As I have the chance [to get the recovery] now, so I would not miss this chance again. Suffering from cancer is a warning signal for me. It reminds me that health is very important, and I should do everything that can help to maintain health. Hence, I pick up the practice again. [P1]

Some participants were “forced” to practice *qigong* because of their diseases. Although they thought *qigong* is boring, still they practiced it because they believed *qigong* could help with their diseases:

Honestly speaking, I really have no interest in learning tai chi. It is very boring. If I were not sick, I would not have come to learn tai chi. [P11]

Some young participants were reluctant to practice *qigong* because they believed such practice was not appropriate for their generation. However, they were “forced” to practice *qigong* because of their health problem:

If I were healthy, of course I would not have come here to learn tai chi. You know, tai chi is an activity for the elderly. I am still young, so I should choose other kinds of sports instead of tai chi. I had been struggling for a long time whether I should come, because I am afraid that my friends would tease me. However, I have no choice. My bones have problems; if I play sports, I would further injure myself. As I heard that tai chi can help with the bones, so I come and try. [P8]

Suffering from chronic diseases was another common motivation, since biomedicine and TCM failed to ensure total recovery for them:

I often feel pain in my knees, especially when walking upstairs and downstairs. I could not take buses, because sitting for a long time could make my knees and legs feel numb. If you look at my knees, you can see they are swollen and larger than the normal size. I had seen a western [biomedical] doctor before, but he told me there is no remedy for it. He just told me that I could only have more swimming. However, swimming is not a remedy; it is just an exercise! Then I realize there should be no good remedy for me. But I cannot wait until I could not walk, and I should try my best to heal myself, so I come to learn tai chi to see if it can help. [P26]

7.1.4 Seeking a faster recovery

Qigong was expected to provide faster recovery to many participants. They believed the recovery process would be shortened if they practiced *qigong* in addition to the biomedical treatment.

“Recovery” was a subjective perception to participants, as they often had their own definition of “recovery”. This subjective perception motivated them to practice *qigong* for attaining full recovery:

I really think that I still have not recovered yet. If I was recovered, then I would not need to take drugs and pay regular visits to the hospital. You know, I need to take the drugs for the rest of my life. The doctor told me that I can be considered as having recovered, but I don't think so, because I still need to take drugs and pay regular visits to the hospital. I think it is impossible for me to gain full recovery, because I have to take drugs on a long-term basis. I cannot rely on doctors, but rather I should rely on myself, so I learn tai chi. [P28]

The subjective understanding of “recovery” was thus different from the clinical definition. This revealed the conflicting explanatory models between biomedical doctors and patients. The conflict in the explanatory models, I argue, is due to the different concerns on “disease” and “illness”. Unlike biomedical doctors who concerned about “disease”, participants concerned about their “illness” experience. Indeed, past literature shows that the distinction between “disease” and “illness” is often vague for chronically ill patients:

In chronic disorders...it may be difficult to distinguish the disease from the illness. In such disorders, illness may exist when the disease is in remission, and recurrence of the disease itself may be due to the illness... illness can occur in the absence of disease, for example, in...chronic “functional” complaints... In that sense, illness is a reaction to an imagined, perceived, or even desired disease... (Kleinman, 1980: 74).

Patients recovering from cancers often require long-term care and regular medical check-ups. Such experiences made these recovering participants felt that they were still “sick”, because they were under the influence of their illness experience.

The idea of the “five-year recovery period” as mentioned by biomedical doctors also motivated participants to keep on practicing *qigong*:

I also want to consider myself as recovered. However, it is difficult to tell whether you can really recover, especially if you are a cancer patient like me. I asked the [biomedical] doctor whether I could be considered as recovered, but the doctor just said if I did not suffer from a relapse [of cancer] in the coming five years, then I can be considered as recovered in their sense. However, how about having it again more than 5 years later? It still has this possibility. I just know that I need to continue practicing tai chi, at least I want to pass these five years. [P30]

7.1.5 Alleviating chronic pain

Alleviation of chronic and long-term pain was another motivating factor for their *qigong* practice. This motivation was particularly apparent among those participants who were suffering from rheumatic and bone pain. Although biomedicine could relieve their pain quickly, the efficacy was short unless they took painkillers on a long-term basis. As they had a negative impression on biomedical drugs, they searched for a more natural approach to alleviate their pain. This led them to *qigong* practice:

I want to get rid of my rheumatic pain through learning tai chi. Western [biomedical] doctors cannot deal with this. They can do nothing besides prescribing painkillers and injection to me. I think both are useless in my pain, because they fail to give me a complete cure. The pain will come back again after several hours. However, tai chi is different. If you have patience, then it can cure your pain. Even if you still suffer from the pain, the frequency and level [of pain] is reduced. I have not used any painkillers since I started practicing tai chi. [P24]

The desire for long-term alleviation of chronic pain was often spurred by their desire to avoid physiotherapy. Some participants perceived physiotherapy as a painful experience, both physically and emotionally. *Qigong* could thus serve as an escape for them:

I have suffered from sciatica [low back pain] for many years. I used to seek western medical [biomedical] remedies for my pain. When I need western medical attention, my pain is so serious that I need to be hospitalized. The doctors would prescribe me a heavy dosage of painkillers or even a morphine injection. However, the pain returned after several hours. I also needed to receive

physiotherapy. It is really very painful for me. I needed to go into the hospital for treatment every few months. It is really an endless therapy and a nightmare for me. The most discouraging thing is my situation did not get any better. I just felt like I was wasting time on doing useless and painful things. I therefore learned tai chi. I do not feel pain anymore since I started practicing it. Therefore, I will keep on practicing it with the hope that I will not need western medical treatment again. [P13]

The concept of “Chinese” physiotherapy was mentioned by the participants. They perceived *tai chi* as a Chinese form of physiotherapy. However, unlike biomedical physiotherapy, this “Chinese physiotherapy” was much better in the perception of the participants:

I think tai chi is just like physiotherapy, since you need to move your body, hands, and legs during the practice. It is very similar to western [biomedical] physiotherapy. However, tai chi is a lot less painful than [biomedical] physiotherapy. If you could not do some certain motion in tai chi, then you could choose not doing that motion, or just only do part of that motion. You will feel comfortable with the practice, and will be willing to continue with it. But you cannot choose what to do or not to do in physiotherapy. You have to follow all the instructions of the nurse [physiotherapist]. You cannot say I don't want to do it because I feel pain. The nurse [physiotherapist] will ask you to do it even harder if you feel pain! If the outcome of both is similar, then of course I will choose the painless tai chi. [P5]

7.1.6 Restoring of health after surgical treatment

The desire to restore health after surgery was another most common motivation for those participants who received surgical treatment. Surgery was perceived as harmful to their body and could lead to “depletion” as a result. As “depletion” is a Chinese concept, they believed only a “Chinese” approach could help. *Qigong* was the first approach that they could think of.

I learn tai chi because I had a major surgery ten years ago. After the surgery, I felt “depleted”. I often felt dizzy and tired, and my friends told me that I looked really pale. My relatives had prepared some Chinese medicine tonics for me after the surgery. I felt a little bit better, but I still felt it was not enough – I still could not return to the health status I had before surgery. Some of my friends who had surgery before also practiced tai chi at that time and they told me that it could help. Hence, I went to learn tai chi. [P3]

7.1.7 Experiencing the side effects of biomedical treatment

The side effects induced by biomedical treatment were a common motivation. In many cases, they experienced side effects of long-term medication due to their chronic disease suffering. They believed practicing *qigong* was the first step to rebuild their health.

The idea of side effects was also a subjective feeling of the participants. In some cases, they did not really experience any side effects, but they perceived they did because the popular belief on biomedicine led them to link biomedical drugs with the side effects together:

I need to take western [biomedical] drugs for a long time. I want to stop the drug treatment, because I think it is not good to the body if I take these drugs for a long time. I have asked the doctor whether I can stop taking drugs if I feel better, but he just told me to follow his instructions. I really feel uncomfortable after taking these drugs. How uncomfortable? [paused for 10 seconds]. I do not know how to tell you, but I feel really uncomfortable. This uncomfortable feeling must be due to the side effects of the drugs. I believe tai chi can rebuild my health, and the side effects will no longer appear. [P16]

In other cases, the “side effects” that the participants experienced were the symptoms of their diseases. However, they perceived the uncomfortable feelings as due to the biomedical drugs. The attempt to alleviate the “side effects” of the biomedical drugs could motivate them to practice *qigong*:

Because of hypertension and diabetes, I need to take [biomedical] drugs on a long-term basis. However, I often feel dizzy and have a headache after taking the drugs. I told the doctor but he [biomedical] just told me that the uncomfortable feelings are due to the diseases but not to the drugs. I asked the doctor whether I can stop taking them, but he just told me to take the drugs accordingly. I really think that these feelings are due to the side effects of the drugs. I really think that the drugs have depleted my health. If I cannot stop taking the drugs, then I need to learn tai chi so to strengthen my health in order to get rid of these uncomfortable feelings. [P11]

7.1.8 Escaping from the biomedical treatment

Unpleasant experiences in receiving biomedical treatment served as a motivating force for some participants. The unpleasant experiences were often related to perceived inappropriate biomedical treatment. This drove them to try keeping their exposure to biomedicine to an absolute minimum. They attempted to gain better health and avoid seeking biomedical advice through the continuous practice of *qigong*:

If you were sick, of course you needed to see the doctor; but whether you can get proper treatment is another matter. Sometimes I feel it heavily depends on luck whether you can meet a good and experienced doctor. If you met an unscrupulous doctor, then you could not get proper treatment even though you have seen the doctor. The reason why I learn qigong is partly due to such unscrupulous doctor. When I played squash with my friend, I suddenly felt sick. I found difficulty in breathing. Therefore I rested immediately. I was very afraid at that time, and so I went to see the doctor ...

The doctor just carried out some simple examination roughly. He told me [part of] my lungs was “burst” and so he referred me to a private hospital immediately. At first, I felt doubtful, because I felt difficulty in breathing at that moment only; but as he had been my family doctor since I was a child, so I trust him. When I was in the ward, he suddenly told me that the best way to treat my case was by operation, and he recommended a surgeon to handle this operation. Then I felt strange; why the operation was decided so suddenly without telling me first? So I told him I needed to think about this and I requested to leave. The doctor seemed quite unhappy with this...

I found another doctor who was recommended by a friend; and this doctor gave me another diagnosis that my heart has a problem. I was very disappointed. Why did he [the family doctor] cheat me? I had been seeing him for such a long time. It is hard for me to believe it. Even a familiar doctor can treat you in this way, so how can I trust other doctors? Even if this new doctor does not cheat me that my heart has problem, I still feel doubtful about him. I feel doubtful with the doctors; it is better to see them as few times as possible. If qigong can really help, then I can recover and need not to see them. [P14]

The desire to avoid surgical treatment also motivated some participants to practice *qigong*:

The [biomedical] doctor suggested removing the gallstone by surgery as soon as possible; otherwise, I would have a 3% probability of suffering from cholecystitis. You know, surgery is really horrible. I heard from others that practicing qigong can help to dissolve the gallstone, so I come to learn qigong. If qigong could really help, then I can avoid having surgery. I take Chinese medicine as well, because my friends told me that some Chinese medicine can also dissolve the gallstone. [P20]

7.2 Positive belief on health of *qigong*

Strong belief in *qigong* on health was a remarkable motivator for the *qigong* practice. Participants believed that *qigong* could serve as a long-term health maintenance approach, provided that they have the patience to practice it continuously. They believed that even if *qigong* did not bring health benefits, it would not have harmful effects on them either.

Their belief in the positive effects of *qigong* on their health was often due to their experiences of improved health, which gave them confidence in continuing with the practice. Even those participants who had not experienced obvious health improvement still believed in its efficacy provided they would continue with the practice. They would blame themselves for being lazy and unserious in their practice if they failed to experience these benefits:

Although I still cannot experience the benefits of tai chi, I strongly believe that it will be effective on my case. I am still a beginner in tai chi. I am sure if I have patience in the practice, I will see its benefits. Tai chi has a long tradition in China, hence it is already a clear evidence. I think I still have not devoted myself to the practice, since I do not practice it everyday. Therefore, I will not blame tai chi as useless to me. It is my fault if I cannot enjoy the efficacy of tai chi, since I am not hardworking enough in the practice. [P5]

A strong belief in the efficacy of *qigong* for health was noted. Even though some participants still suffered from their diseases after they have practiced *qigong*, they still maintained their beliefs of *qigong* in their health:

Honestly speaking, I could not feel any better with my "wind wet" pain [rheumatic pain], though I have practiced tai chi for almost one year. However, if I did not practice it, my "wind wet" pain may have become even worse. [P13]

The strong belief in the efficacy of *qigong* did not diminish even when the participants experienced adverse effects from it. Even though they felt worse with their ailment after practice, they believed it as the healing process of *qigong*:

I have had low back pain for many years. After I have taken the Omega oil capsules, my back pain has gone already. However, the pain returns after I practice qigong. I often move vigorously when I am practicing, and my back moves even more vigorously. Perhaps due to the vigorous movement, the back pain returns. However, as the master said, body moves because qigong is treating the diseased area. The vigorous movement of a certain part indicates that part has problem, and qigong can treat your problem by moving that part more. I believe qigong is treating my back pain. [P23]

7.3 Social and emotional motivations of *qigong* practice

Besides their health concerns and their hope for treatment and recovery, the social support, bonding, and network that had been built up during the practice was also a significant motivation for their continuing practice.

7.3.1 Emotional attachment with *qigong* masters and fellow followers

The close relationship between *qigong* masters and fellow followers was particularly apparent in the morning *tai chi* class. Owing to their continuing practice, their relationship has become closer and closer. Such emotional attachment encouraged them to continue with the practice. Besides relationship in class, such close bonding could be recognized from the

activities and gatherings other than lectures. It was a common practice for them to go to Chinese restaurants to have breakfast together after class. At the end of each course and during some important Chinese festivals, the followers would invite the master for a “thank master feast”. Such emotional attachment among fellow followers and with the master was an important consideration for them in the practice:

We have practiced together for several years. Our relationship is not just only a master-follower relationship, but we have become very good friends as well. After the lecture, we would go to yum cha [Chinese dining with dim sum] together, and we would go shopping together afterwards. We would chat everything, including children, family, health, etc. We would not view the master as a master, and the master would not view us as her followers. I do not want to leave my practice. If I really quit my practice, then it would be more difficult to keep up our relationship. Perhaps we can still be friends if any of us quit the practice, but I think the relationship cannot be kept as good as present. Indeed, the master is really very nice. Although she is stern during lecture, she is serious in her teaching and cares about us. She is very nice after lectures. [P26]

I often visit the master outside lectures. We often have meals and buy things together. I think we are very good friends with each other, because we share all our happiness and unhappiness together. [P10]

I think the relationship between my master and myself is very similar to a father-son relationship. When he scolded me, I did not dare to resist him. Even though he has retired to Zhongshan [in the Mainland China] now, I often phone him and visit him when I have a holiday. [P9]

The family atmosphere was significant in motivating the followers to continue with the practice. The master was viewed as a core of spirit for the followers, whereas the senior followers in the class often served as the “elders” in a family, supervising the practice of other followers. In the first lecture of the course, the master announced:

All the followers here should be treated as family members with one another. As you participate in this class, you are just like a member in our family. Therefore, we should take care of one another, and be devoted to the practice.

7.3.2 Social networking

As most participants have followed the master for a long time in the morning class, learning new things was not their aim. Although some of them practiced in the hope to sharpen their skills, the morning class was also a kind of social gathering for the followers and master in reality.

The participants also sought for a social relationship and a wider social network, which was a motivation for the continuous practice. The search for a social support was apparent as most participants were housewives or having been retired, they would perceive the class practice as a form of social resource for support.

I feel happy to come to practice tai chi here every morning, because I feel like I am back to the family. We will greet and chat each other, and will have gatherings other than lectures. The class is just like another home for me. Before I come to practice, my life was just concentrated with my husband and children. I felt lonely and helpless if any problems emerged in my family. However, after I have joined the tai chi class, I can have support from my fellow classmates. I know where I can get support and advice if any problems emerge. The master and classmates are so warm and we are just like family members who will support each other. [P22]

8. Conclusions

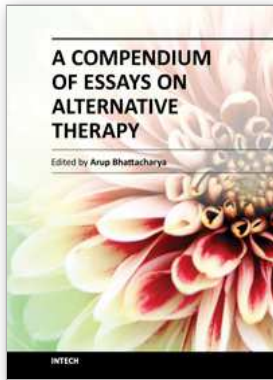
As discussed in this chapter, there are many motivations for the participants' practice of *qigong*. In many cases, these motivations were intertwining together to motivate the practice. These motivations related to their experiences in seeking medical treatment, their illness experiences, their search for a social support network as well as an emotional attachment with fellow followers and masters. Besides, their perceptions on biomedicine and TCM in the role of health maintenance and disease treatment, in addition to their search for a more active control in their health also accounted for their practice.

9. References

- Baer, Hans A. 2001. *Biomedicine and Alternative Healing Systems in America: Issues of Class, Race, Ethnicity, and Gender*. Madison, Wisconsin: The University of Wisconsin Press.
- Baer, Hans A., Merrill Singer, and Ida Susser. 1997. *Medical Anthropology and the World System: A Critical Perspective*. Westport, CT: Bergin and Garvey.
- Bernard, H.R. 2002. *Research methods in anthropology: qualitative and quantitative approaches*. Walnut Creek, CA: AltaMira Press.
- Brady, Erika. 2001. *Healing Logics: Culture and Medicine in Modern Health Belief Systems*. Logan, Utah: Utah State University Press.
- Chen, Nancy N. 1995. "Urban Spaces and Experiences of Qigong." In Deborah S. Davis et al., *Urban Spaces in Contemporary China: The Potential for Autonomy and Community in Post-Mao China*, pp. 347 - 361. New York: Cambridge University Press.
- Cheng, Tin-hung, and Wun-kong Tsui, eds. 1996. *The Record of Tai Chi Martial Arts of Master Cheng Tin-hung*. Hong Kong: Hong Kong Tai Chi Association.
- Croizier, Ralph C. 1968. *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change*. Cambridge, MA: Harvard University Press.
- Dong, Paul, and Aristide H. Esser. 1990. *Chi Gong: The Ancient Chinese Way to Health*. New York: Marlowe and Company.
- English-Lueck, J. A. 1994. "Taijiquan and Qigong." In Dingbo Wu and Patrick D. Murphy, eds., *Handbook of Chinese Popular Culture*, pp. 137 - 151. Westport, CT: Greenwood Press.
- Fabrega, Jr., Horacio. 1999. *Evolution of Sickness and Healing*. Berkeley: University of California Press.
- Farquhar, Judith. 1994. *Knowing Practice: The Clinical Encounter of Chinese Medicine*. Boulder, CO: Westview Press.
- Frohock, Fred M. 1995. *Healing Powers: Alternative Medicine, Spiritual Communities, and the State*. Chicago: The University of Chicago Press.
- Greenhalgh, Susan. 2001. *Under the Medical Gaze: Facts and Fictions of Chronic Pain*. Berkeley: University of California Press.
- Good, Bryon J. 2001. *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press.
- Hahn, Robert A. 1995. *Sickness and Healing: An Anthropological Perspective*. New Haven: Yale University Press.
- Hatty, Suzanne E., and James Hatty. 1999. *The Disordered Body: Epidemic Disease and Cultural Transformation*. NY: State University of New York Press.

- Helman, Cecil G. 2001. *Culture, Health, and Illness*. London: Arnold.
- Hong Kong Tai Chi Association. 2001. "The Three Hundred Questions of Tai Chi Quan". Hong Kong: Hong Kong Tai Chi Association.
- Hsu, Elisabeth. 1999. *The Transmission of Chinese Medicine*. Cambridge: Cambridge University Press.
- Kleinman, Arthur. 1980. *Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Berkeley, CA: University of California Press.
- Kleinman, Arthur. 1988. *The Illness Narratives: Suffering, Healing, and the Human Condition*. NY: Basic Books.
- Kleinman, Arthur. 1997. *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkeley: University of California Press.
- Laderman, Carol, and Marina Roseman, eds. 1996. *The Performance of Healing*. London: Routledge.
- Leisure and Cultural Services Department. 2002. *Leisure and Cultural Link*. Hong Kong: Leisure and Cultural Services Department.
- Loustaunau, Martha O., and Elisa J. Sobo. 1997. *The Cultural Context of Health, Illness, and Medicine*. Westport, CT: Bergin and Garvey.
- Lupton, Deborah. 2000. *Medicine as Culture: Illness, Disease and the Body in Western Societies*. London: Sage Publications Ltd.
- Mattingly, Cheryl. 1998. *Healing Dramas and Clinical Plots: The Narrative Structure of Experience*. Cambridge: Cambridge University Press.
- Mattingly, Cheryl, and Linda C. Garro, eds. 2000. *Narrative and the Cultural Construction of Illness and Healing*. Berkeley: University of California Press.
- McGuire, Francis A., Rosangela K. Boyd, and Raymond E. Tedrick. 1999. *Leisure and Aging: Ulysean Living in Later Life*. Champaign, IL: Sagamore Publishing.
- Miura, Kunio. 1989. "The Revival of Qi: Qigong in Contemporary China." In Livia Kohn and Yoshinobu Sakade, eds., *Taoist Meditation and Longevity Techniques*, pp. 331 - 358. Ann Arbor: Center for Chinese Studies, University of Michigan.
- Morris, David B. 1998. *Illness and Culture in the Postmodern Age*. Berkeley: University of California Press.
- Palmer, David A. 2003. "Modernity and Millennialism in China: Qigong and the Birth of Falun Gong." *Asian Anthropology* 2(3): 79 - 109.
- Penny, Benjamin. 1993. "Qigong, Daoism and Science: Some Contexts for the Qigong Boom." In Mabel Lee and A.D. Syrokomla-Stefanowska, eds., *Modernization of the Chinese Past*, pp. 166 - 179. Sydney: Wild Peony.
- Romanucci-Ross, Lola, Daniel E. Moerman, and Laurence R. Tancredi, eds. 1997. *The Anthropology of Medicine: From Culture to Method*. Westport, CT: Bergin and Garvey.
- Scheid, Volker. 2002. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham, NC: Duke University Press.
- Siu, J.Y.M., Sung H.C., & Lee, W.L. 2007. Qigong practice among chronically ill patients during the SARS outbreak. *Journal of Clinical Nursing*, 16(4): 769-776.
- Strathern, Andrew, and Pamela J. Stewart. 1999. *Curing and Healing: Medical Anthropology in Global Perspective*. Durham, NC: Carolina Academic Press.
- Yuen, Chung Lau Natalis, and Natalie Y. K. Yuen. 2001. "Scientific Bases of Qigong." *United Services Recreation Club*, pp.16.

Zhu, Xiaoyang and Benjamin Penny. 1994. "The Qigong Boom." *Chinese Sociology and Anthropology* 27(1): 3 - 94.



A Compendium of Essays on Alternative Therapy

Edited by Dr. Arup Bhattacharya

ISBN 978-953-307-863-2

Hard cover, 302 pages

Publisher InTech

Published online 20, January, 2012

Published in print edition January, 2012

A Compendium of Essays on Alternative Therapy is aimed at both conventional and alternate therapy practitioners, besides serving as an educational tool for students and lay persons on the progress made in the field. While this resource is not all-inclusive, it does reflect the current theories from different international experts in the field. This will hopefully stimulate more research initiatives, funding, and critical insight in the already increasing demand for alternate therapies that has been evidenced worldwide.

How to reference

In order to correctly reference this scholarly work, feel free to copy and paste the following:

Judy Yuen-man Siu (2012). The Use of Qigong and Tai Chi as Complementary and Alternative Medicine (CAM) Among Chronically Ill Patients in Hong Kong, A Compendium of Essays on Alternative Therapy, Dr. Arup Bhattacharya (Ed.), ISBN: 978-953-307-863-2, InTech, Available from:
<http://www.intechopen.com/books/a-compedium-of-essays-on-alternative-therapy/the-use-of-qigong-and-tai-chi-as-complementary-and-alternative-medicine-cam-among-chronically-ill-pa>

INTECH

open science | open minds

InTech Europe

University Campus STeP Ri
Slavka Krautzeka 83/A
51000 Rijeka, Croatia
Phone: +385 (51) 770 447
Fax: +385 (51) 686 166
www.intechopen.com

InTech China

Unit 405, Office Block, Hotel Equatorial Shanghai
No.65, Yan An Road (West), Shanghai, 200040, China
中国上海市延安西路65号上海国际贵都大饭店办公楼405单元
Phone: +86-21-62489820
Fax: +86-21-62489821

© 2012 The Author(s). Licensee IntechOpen. This is an open access article distributed under the terms of the [Creative Commons Attribution 3.0 License](#), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.