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UPDATE

Volume 5 • Issue 2

Fall 2001

East Meets West

by Paula J. Hayford

Every "Truth" has a beginning story or experience; such is the case with my belief and understanding of Traditional Chinese Medicine. I would like to tell you my story so you will have a better understanding of why I believe Western (allopathic) and Eastern (TCM) medicine have value in today's society. I believe that the two should be combined in practice for the best health care possible.



I have a Bachelor's degree in Clinical Laboratory Science giving me a good knowledge base in the tradition and practice of Western medicine. I was also privileged to be introduced to "alternative" medicine, approximately 11 years ago. I became very ill and found peace and true healing in Traditional Chinese Medicine. Because of my practice of Chinese medicine I was invited to study at the Institute of Acupuncture and Qi Gong Medicine in Beijing. The purpose of this article is to share the differences and similarities of the philosophies behind Eastern and Western medical models. This is not a discussion of social or political practices of either system.

The largest difference in philosophy between Western and Eastern medicine is how each views the body. Western medicine looks upon the body as being very mechanistic. After the Middle Ages, the great philosophers separated the union of man, nature and heaven introducing analytical reasoning. Descartes' statement that man's physical body is separate from his soul began the scientific study of the body through autopsy and the scientific method. Western medicine then began to fix the ailing "part" or diseased system without viewing the entire person as a whole. After Descartes, entire philosophies and ways of medical practices previously held in high esteem were looked upon as less than perfect and disdained because their practices could not be proven by the scientific method. Out of that period herbology, homeopathy and naturopathic practices were deemed as outside the mainstream of medicine. It is only within the past 5 to 10 years that these practices are again beginning to gain respect with the traditional Western community.

Traditional Chinese Medicine dates back nearly 5000 years. It began with the observation of man and his relationship to nature, others and self. *The Yellow Emperor's Classic of Internal Medicine* written by emperor Huang Ti in approximately 2697 BC is still the mainstay of Traditional Chinese Medicine. Traditional Chinese Medicine, as well as most Eastern medical models view the body as an ecosystem, a garden within a garden. They view the doctor as a gardener who is responsible to cultivate health with the patient in a partnership. The philosophy of Traditional Chinese Medicine comes from Taoist teachings and is one of integration and balance. The belief in a life force or vital energy called "Qi" (pronounced "chi") that is present in all things is paramount. Qi flows through our bodies giving us our life energy. When the flow of Qi is disrupted we become out of balance or diseased. Qi travels through 12 major pathways and 8 minor pathways in our bodies called meridians. A Traditional Chinese practitioner will use 3 major forms of diagnosis and act upon the energy that is creating the dis-ease or disharmony.

A diagnosis in Traditional Chinese Medicine varies greatly from that of Western medicine. In Western medicine the person presents himself or herself with a major or chief complaint and allopathic

practitioners formulate a diagnosis and treatment of the symptoms. There is the basic belief that diseases are standardized and develop from established causes that are treated by relatively fixed protocols. In contrast, the Chinese practitioner relies on three basic methods of diagnosis: Tongue, Pulse, and Patterns. Tongue diagnosis is done by looking at the person's tongue and assessing its qualities. Some descriptions of the tongue would be its size, shape, whether/how it is cracked, shade of red in certain areas, or whether it is covered in yellow, white or green moss. Tongue diagnosis helps the Chinese practitioner to better understand what is going on in your life. The next form of diagnosis is the Pulse. Western medicine checks the pulse to determine the heart rate. Chinese medicine assesses 32 pulse qualities that identify the flow of Qi in the meridian system. Each meridian system is related to a function of the human body. When blood and Qi stagnate or become blocked the processes of elimination and regeneration terminate. Lastly, the Chinese practitioner will talk with the person about what is going on in their lives in relation to their lifestyle, family, and work as well as consider the time of day the symptoms occur, the season of the year, and the moon phases.

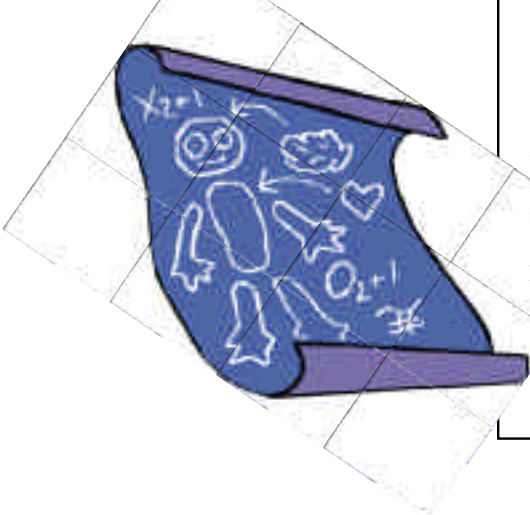
The symbol of the Taoist black and white sphere represents Chinese balance, the ideal state of existence, not only for the individual but also the universe. Chinese diagnoses are based upon an understanding of the significance of that symbol: the Yin (female energy) and Yang (male energy). Very simplistically, the disharmony in a person's body is identified as either an excess or depletion of Yin and Yang Qi energy. Yang energy is external (climate, pollution, bacteria), heat and excess. Yin energy is internal (emotional, stress, heredity, fear, guilt), cold and deficiency. Traditional Chinese Medicine uses a variety of treatments: herbs and teas, Qi Gong (medicinal movement therapy), acupuncture, breathing, gua sau, cupping, moxabustion and feng shui to name a few.

In summary, Western medicine in general acts upon the Yin, the substance of the body, the actual cells and chemicals. Oriental medicine works more on the energy that animates those cells. What Western medicine tends to diagnose and treat is the effect that the disease-state has on the body itself. The Chinese practitioner diagnoses and acts upon the energy that creates the disease-state. Chinese medicine is very good at treating the dis-eases that Western medicine considers "idiopathic" which means the cause is unknown, such as Fibromyalgia, Irritable Bowel Syndrome, and Chronic Fatigue Syndrome. In Chinese medicine the cause is simply a stagnation of the flow of Qi energy due to a variety of factors. The fact is, the cause is not physical, however the symptoms are. Western medicine can see and measure certain changes in the body's chemistry and functional activities with these conditions, but cannot act upon these changes for lack of understanding of their cause. The symptoms are too divergent and unrelated from a mechanistic viewpoint.

We are lucky to be living today when Oriental and other non-traditional medical practices are being integrated into our healthcare system. Dr. Andrew Weil has instituted an entire program for physicians at the University of Arizona in Phoenix in Integrative approaches to health care and wellness. The National Institute of Health has a division called the National Center for Complementary and Alternative Medicine. Western Medicine has given us the ability to probe deeply into the human body. Its general philosophy of treating sickness is remedial — giving medicine to counteract the effect of the symptom(s) or illness. Eastern medicine looks at the body as a garden and its practitioners are responsible to cultivate life by treating the imbalances in our systems that cause us dis-ease.

Just as we are seeing many Western practitioners use non-traditional healing modalities today, especially acupuncture, so is China experiencing a huge growth in Western medical practices. Many hospitals in China's larger cities offer both Western and Traditional medicine where doctors help select the treatment that is best suited for their patients. Hopefully, the strengths of both medical technologies might be combined, minimizing the weaknesses of each.

Paula Hayford is the Clinical Laboratory Manager at the Student Health Center and the owner of Integrative Healthcare Systems, a business through which she imparts life long learning skills for health and wellness.



When You think a Student Needs Help? Where to Turn, What to Do?

How can you tell when a student is overly stressed or distressed or simply experiencing the growing pains usual in students' development?

The staff of the Counseling Center is available to talk with you about a student that worries you. We will weigh the problem with you and make a plan for you and for that student. We can also talk with you about how to refer that student to the Counseling Center. Call the Counseling Center and talk with any of our staff members. Similarly, if you have concerns about other faculty or staff members, we can be of help.

University Counseling Center **920-424-2061**
Employee Assistance Program **920-424-1078**

A Holistic Approach to a Healthy University

Susan E. Barbour, EAP Director

Over the last year I have become more aware of how people become ill as they age. What struck me is the way illness becomes evident. It is often the case that by the time symptoms appear, they are merely the tip of the iceberg. Disease begins long before the illness comes to our awareness. Someone discovers a lump and finds cancer in the lymph node as well. The break of a bone in an older woman heralds the realization of progressive bone density loss. Our continuing physical well being rests on a long history of how well we take care of ourselves on a day-to-day basis and establish healthy routines.

Health and illness in our physical body is analogous to health and illness in work-place groups. A workgroup is a cluster of staff members joined to accomplish a “primary task” (Rice and Miller, in Colman & Bexton, 1975, Group Relations Reader 1) For instance, an academic department is a workgroup and a program within that department may form another workgroup, one that overlaps with the department workgroup. Staff members who take care of campus heating and air conditioning systems are a workgroup within the more diversified workgroup of facilities maintenance. Problems in workgroups can begin long before the effects show. Once problems begin, they may affect other workgroups and ultimately may have an affect on the broader community.

We are a community with goals to provide a “quality education” for students, technological advances for the region, employee growth and empowerment, and diversity. Such ideals are difficult to actualize, and it takes the whole community together to reach them. When one part is ailing, the rest may feel the effects. For that reason, when employee workgroups are ailing, students can also feel the repercussions, even if they aren’t aware of the facts. If too significant a portion of the “whole” becomes unbalanced in some way, then the organization will not be able to carry out its mission.

Problems in a workgroup show in many ways. Staff turn-over is one way – people decide to look for a job elsewhere. Absenteeism is another way that problems emerge, along with a high rate of people feeling ill, feeling stressed, reduced productivity and potentially having to go on disability. Problems show when staff subgroups in departments divide and oppose each other on sides of an issue.

Various organizational theories focus on how groups function when they come together. Groups form a “group mentality” (Bion, W.R., 1961) which is like a collective “personality” of the group,

What can be done?

Many businesses and universities are implementing work-life and wellness programs by having resources such as our own child care center on campus or our “employee health promotion” program. The Highsmith company “one of the healthiest companies in the nation in 2000” in Fort Atkinson Wisconsin experienced a decline in turnover rate from 14.5 percent to 7.4 percent, while premium payments for worker’s compensation decreased 24% over the six years of its wellness program. (NYT, 6/24/01,D11).

But it takes more than supportive resources to make a more healthy community. It takes building trust and respecting differences.

beyond that of any one individual. One way to think about the group mentality is to use a metaphor that describes the climate of the group. Is your department a three-ring circus, a bell choir or a workhorse?

One individual may express or carry the weight of the group problems. That individual may become as a “spokeperson” and communicate — whether in words or in behaviors such as frustration or absenteeism — an expression of group ill health that is “split-off” (unavailable to be thought about) from others’ experience. These are “prodromal” symptoms – symptoms that appear in advance of getting ill – such as when we are tired and cranky and then come down with the flu.

Is every individual case of illness or is every disgruntled employee an indication of an unhealthy workgroup? Certainly not. However, it takes some careful consideration and assessment to know the difference. Whenever there is a history of continuing problems over time there is an indication of things amiss. “Good relations between members of a work group are considered a central factor in individual and organizational health (Cooper and Payne, 1988,) particularly in terms of the boss-subordinate relationship.” (Encyclopaedia of Occupational Health & Safety, Chapter 34.34).

There are (at least) four necessary ingredients to better workgroup morale:

1) **A receptive supervisor or department chair** – who recognizes the signs of trouble, takes them seriously and holds equitable group boundaries. The supervisor responds not only one-to-one with individuals, but to the group-as-a-whole. The supervisor has a central role from this perspective in establishing the equity relations of the group culture.

2) **Time** – there are few productive outcomes if there is no time for the workgroup to address problems as a group with all in attendance. Time has to be made on a regular basis to root out problems impeding communication.

3) **Space** – workgroup employees are the greatest asset in defining the problems and the strategy to address them. This is not something to be done one-on-one, but a change in “group mentality” requires the group problems be discussed as a group. One-on-one meetings with individuals about other individuals in the group cultivate rifts.

4) **Trust** – trust builds with congruence of actions and words, integrity (doing the right thing consistently), care about others, and a shared common purpose.

Group mentality occurs because we are attracted or repelled to various conscious or unconscious characteristics in others, similar to the force field between two magnets, and a group is filled with many such positive and negative cross identifications. These same human forces are the basis of our friendships and intimate relationships. The energy field of a group can be very strong. How that energy is cultivated and harvested by supervisor and group members makes a big difference in both group morale and the ability to effectively accomplish the primary task.

Information on Job Stress is available: National Institute for Occupational Safety and Health: <http://www.cdc.gov/niosh/stresswk.html> and in the Encyclopaedia of Occupational Health and Safety, 4th Edition, (ISBN 92-2-109203-8), Vol. 1, Chapter 5, Mental Health; Vol. 2, Chapter 34, Psychosocial and Organizational Factors.

UPCOMING

EAP Brown Bag Seminars

Swim Clinic

Andy Salm, Head Coach
September 20, 2001
Noon - 1:00PM
Albee Pool

Andy Salm, Men's and Women's Swimming and Diving Coach, along with members of the men's and women's swim teams will offer instruction and feedback on breast, crawl and back stroke, breathing and turns. Put on that bathing suit and get in the water, or come and learn by watching!

Quitting Smoking is a Drag: Learn How to Make It Easier

Michael Altekruze, Ph.D.
October 17th, 2001
Noon - 1:00PM
Reeve Union 201

If you want to quit smoking in the next year, come to this program. We will review the tools and techniques for successful quitting, coping with craving and overcoming relapse. We won't try to make you stop or feel bad for smoking - feel good about your ability to quit!

Death and Dying in America: Are We doing it Well?

Gretchen Bambrick
Executive Director Wisconsin Coalition to Improve Palliative Care.
November 15, 2001
11:30 - 1:00PM
Reeve Union 201

After a brief historical overview of death and dying in America. Gretchen Bambrick will describe the current picture and the medical and ethical dilemmas we find ourselves in. She will discuss efforts being made at the national, state and local levels to improve how we care for people at the end of life. Finally, death is not an option for any of us. Information will be provided so you know what you can do to ensure that your final months and days or those of a loved one are peaceful, pain-free and compassionate.

Frazzled? Coping with Job Stress

EAP Brown Bag Seminar
Susan E. Barbour, Ed.D.,
October 24, 2001
Noon - 1:00PM, Bring your lunch!
221 Reeve Union

Learn about workplace pressures and what you can do to reduce your stress!

Letters to the Editor

EAP Update invites comments related to EAP articles of interest to employees, or relevant to the University community. Space limitations may prevent all letters from being published, however, every effort will be made to accommodate submissions. Letters must be constructive, civil, and present a serious discussion of your point of view and suggestions. EAP staff retain the sole right to edit provocative, inflammatory, and devaluing usage or refuse publication that would fuel controversy in a counterproductive manner. Submit letters of 250 words or less in Microsoft Word to

Barbour@uwosh.edu
or by campus mail to 201 Dempsey Hall. Anonymous letters will not be published.

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Susan E. Barbour, Ed.D., EAP Director

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