

## Acknowledging the distinct cultural nuances in the exchange between the physician and patient in conventional Chinese medicine.

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### Abstract

Chinese medicine has not only been challenged by debates over its efficacy in comparison to Western medicine but also by wars brought on by globalisation. For example, the Wall Street Journal reports that the Nobel Prize committee, when discussing TuYouyou, the first Chinese woman to win a Nobel Prize in chemistry for developing Chinese medicine to treat malaria, gives more credit to modern technology inspired by plant-based treatment than it does to traditional Chinese medicine.”

However, because of its growing popularity across the world, researchers are starting to examine the medical, cultural, and communicative success of TCM in China and the West. In order to better understand

how some of TCM's basic principles and important values are being lived and displayed in and within the profession, researchers in China will monitor TCM practitioners in their interactions with patients. This study proposes to use a discourse analytic approach supplemented by anthropological field notes and interviews to examine video recordings of practitioner-patient interactions during TCM practise sessions such acupuncture, Chinese herbal medicine prescription, and TCM massage or tuina. The purpose of this research is to gain a better understanding of how "healing, quiet, and the miracle cure" manifest themselves in patient contacts at the clinic.

**Keyword:** Modern Technology, Medical Practitioner, Plant Based Treatment

### INTRODUCTION

For some in Western societies, Traditional Chinese Medicine may be unique because of the language, idea, or origin, even if it is widely recognised. For the most part, Google searches for Chinese medicine revolve on questions like, is it safe? Or where can I find a Chinese medicine clinic near me? How far has Chinese Medicine come since then? Or what exactly is chinese medicine and how does it work? In Chinese medicine, the herbs are shown in hemp bags and on Chinese scale cheng, together with pictures of Chinese calligraphy, the bagua 8-

character sign, and Chinese art, in strong and bright hues, which depict the use of Chinese medicine. If we had typed in food, we would have discovered the same colourfulness and wealth of cultural connotations, but a web search for Western Medicine returned a solitary collection of pills, tablets, and bottles. According to the results of the previous search, just because Chinese medicine has a soothing, exotic, and natural feel about it, doesn't imply it's better at eliminating viruses or healing ailments. Some westerners may associate throwing unidentifiable dried herbs into a pot with witches in Disney movies, who appear to do the same thing when they mix in a large black pot of green liquid to make magical medicine for the helpless. Instead, it conjures up images of patients who want to heal themselves.

## **LITERATURE REVIEW**

To better understand how these TCM ideas are embodied and expressed in TCM sessions, this part covers the theoretical basis of the key TCM concepts—healing, quiet, and the miraculous cure. Given the lack of prior academic work on these three TCM ideas, the researcher proposes to leverage debates from health communication, rhetoric, and medical anthropology as a springboard for developing TCM-specific theories and analyses in the three analytical chapters. acupuncture, pulse reading, and tuina are all examples of how researchers suggest using these important principles in their research.

### **Healing**

Healing is something that all creatures desire, whether it's an action, a result, or a mental state, and it's limiting to say that healing only occurs within human society; animals and plants other than humans can heal, and objects can even heal by interacting with their environment in order to adapt. A number of previous academic works have explored healing from a variety of perspectives, including religious healing (Altridge, 2000; Barnes and Sered, 2005); medical and biological healing (Kaptchuk, 2002). Healing, according to these experts, is both a medical and scientific activity and a spiritual and religious comfort. In Weil's (1983) understanding of healing, healing does not only refer to the physical body but also to the healing of the mind and soul, and the fact that we are looking for spiritual remedies like meditation is also an example of healing in the body. This bridges the gap between medical and spiritual conceptions of healing. According to him, our body has the potential to repair itself by identifying three different types of healing processes: reactions, regeneration, and adaptations (p. 68). (e.g., wound healing, bleeding, scarring). Because their rhythms are so slow compared to ours, we cannot perceive how they are changing, he believes that healing is not confined to living things (p. 72).

## **SILENCE**

We are afraid of the silence. What do you think is wrong? The silent treatment is given only when something is unsolvable and typically linked with rage when silence happens in conversations with friends or acquaintances; or with significant others, the thoughts did I do anything? or What's he going to do? often enter our minds when quiet occurs. Stillness, especially sudden silence, is disturbing, troublesome, and bad, according to Glenn's (2004) incisive investigation into silence as rhetoric and rhetorical art. As a result of our overly

talkative Western culture, where self-promotion and speaking are encouraged, quiet is often overlooked. When it comes to interpersonal interactions, silence may be an issue. According to Jefferson (1989), quiet in Western discussions should not be more than 0.9-1.2 seconds, because any stillness that lasts longer than that may elicit inquiries or shame from the other party. In spite of this, silence does not imply that it is uninteractive or devoid of meaning; in reality, silence is not only interactive in and of itself, but it also conveys meaning based on many sociocultural settings as well (Glenn, 2004).

### **MIRACLE CURE**

The topic of miracles has received adequate attention in religious studies, particularly in light of Christianity and God's participation (Ashe, 1978; Woodward, 2000; Weddle, 2010). Miracles are discussed in depth in Twelftree (2011), with an emphasis on how diverse religious beliefs may intervene to turn the unknown into a miraculous. There should not and will not be one standard method to think about or characterise miracles, according to Basinger (2011). Since the term "miracle" is often misused, it may mean both finding a pen that had been missing for days and curing an incurable sickness at the same time. Scholars of religion are also highly interested by miraculous healing, because it is complicated by the merging of indigenous ceremonial effects and the acknowledged healing of the self and the psyche. Miraculous healing To better understand how physicians should deal with the reality that they may sometimes be both good and negative resources for patients, Hvidt (2011) conducted study on their patients' beliefs in miraculous healing.

### **Statement of the Problem**

Traditional Chinese medicine (TCM) includes acupuncture, Chinese herbal remedies, massage, and other techniques that date back thousands of years to ancient China and are now available in Chinese hospitals as part of the country's health care system. It is also widely practised and used by the government as a way to promote Chinese culture (Scheid, 1999). When comparing Traditional Chinese Medicine (TCM) to Western Medicine (henceforth WM), its scientific recognition remains disadvantaged, according to Poon et al. (2014), even though TCM use has grown popular in many Western countries and medical policies in those countries are becoming more inclusive than exclusive. For evidence-based and scientific acknowledgment of TCM based on the major diagnostic distinctions between Western and Traditional Chinese Medicine, Poon et al. (2014) used Comparative Effective Research (CER) techniques to assess each other's efficacy and scientize TCM. Even though Traditional Chinese Medicine (TCM) is becoming increasingly well-known around the world, many of its medical philosophies and approaches are firmly rooted in Chinese culture, particularly in terms of the terminology and language, making a literal or a semantic translation impossible, which could lead to misunderstandings, confusion, and ambiguity among Western users and practitioners.

### **Objective of the Study**

- To understand how the TCM concepts are embodied and manifested in the practice at sessions and the way these traditional concepts attribute to the cultural rooted-ness and foundations of TCM.

### **Research Questions**

- How the TCM's cultural rootedness and roots may be traced back to these ancient beliefs?

### **RESEARCH METHODOLOGY**

The researcher proposes in this thesis to employ Internet-published video recordings of TCM acupuncture therapy, prescription of TCM medicines and massage/tuina. One video feature English, while the other two feature Chinese dialects and mandarin. The researcher will also make use of ethnographic notes that he made while visiting a private TCM clinic in Kunming, China, run by practitioner Doctor Wen, a long-time friend of the researcher's parents and an experienced TCM practitioner. During an interview with Wen, a Kunming-based TCM practitioner with over 25 years of experience, he suggested that we take notes on the comments he made during the demonstration sessions he was invited to, the narratives of TCM treatment interactions he experienced, and his practice philosophies and thoughts on TCM globalization. Additionally, in addition to analyzing video footage, an interview was conducted, as well as anthropological notes were taken to compare and contrast with Western approaches to TCM and how they are performed there.

### **Research Design**

When key words such as "acupuncture sessions/practice/treatment" and "tuina" are combined with related videos from YouTube and YouKu (a Chinese video sharing website similar to YouTube's functionality), the rationale for data selection is based on the videos' suggestive purpose, length, content, and instructiveness. There are numerous scripted and semi-naturalistic versions of TCM therapy films that may be found on YouTube through repeated search efforts, including demonstration, commercial, and introduction reasons. These iterations, particularly when the practitioner employs his or her TCM knowledge to provide diagnosis, clearly demonstrate some naturally occurring utterances such as the verbal filler "uh" and sentences with erroneous beginnings. Although the films range in duration from two to thirty minutes, only pertinent segments are examined for the purpose of this thesis, which focuses on the embodiment of TCM principles during sessions. Scripted demonstration films may feature fewer interactions, whereas unscripted, spontaneously filmed movies may have more. This varies depending on the objective of the video and the audience.

### **Data Analysis**

The video recordings of Traditional Chinese Medicine (TCM) treatments such as acupuncture, TCM herb prescriptions, and massage/tuina that have been made publically available on the internet are the sources of data that I make use of in my thesis. In one of the movies, English is used as the language of communication, while Mandarin Chinese and a Chinese dialect are used in the other two videos. I will also be using the ethnographic notes that I made in Kunming, China, when I visited a private TCM clinic operated by practitioner Doctor Wen. Doctor Wen is an experienced TCM practitioner and a long-time friend of my parents. I took these notes during my visit to Doctor Wen's clinic. I took notes during my interview with Wen, who has been practising Traditional Chinese Medicine (TCM) in Kunming for over 25 years. I took

notes of the comments he made during the demonstrative sessions that I was invited to, the narratives of TCM treatment interactions he experienced, his practise philosophies, and his thoughts on the globalisation of TCM. The goal of the interview, the ethnographic notes, and the analysis of the video recordings is to complement and contrast the ways in which TCM is practised in the West and the embodiment of TCM concepts. This will be accomplished by providing a supplement to the analysis of the video recordings and by conducting the interview. The rationale of the data selection is based on the suggestive purpose, the length, the content, and the interactive-ness of the videos that were found using key words such as "acupuncture sessions/practice/treatment," "tuina," and "Chinese medicine" on YouTube and YouKu (a Chinese video sharing website with similar functions to YouTube). In my experience searching for films on TCM therapy on YouTube, the most common categories are those with a demonstrative, commercial, or introductory aim; many of these videos are written in what I call a "semi-naturalistic" fashion. Some naturally occurring utterances, such as the verbal filler "uh" and the erroneous beginnings in sentences, are obviously demonstrated in these versions, especially when the practitioner employs his or her TCM knowledge to offer diagnosis. Although the films range in duration from two minutes to thirty minutes, only pertinent sections are evaluated for the aim of this thesis, which is concentrating on the embodiment of TCM principles during sessions. The amount of contact between the practitioner and the patient can vary widely from video to video, with planned demonstration films potentially including fewer exchanges than their unscripted, spontaneously filmed counterparts. Since the current thesis is more concerned with the embodiment of TCM's discourse and context (of its concepts and ideologies) than the embodiment of the practitioner and patient's talks (the verbal and nonverbal exchanges), I analyse films with varying degrees of interactivity.

A video titled "Acupuncture - Back Pain Treatment - Full Version 4" was uploaded to YouTube on August 22, 2013. The video runs for 9 minutes and 30 seconds and shows the entirety of an acupuncture session except the needle-holding phase. According to the video's description, Ingrid Boe-Wiegaard is a licenced acupuncturist with over 30 years of experience who now works at the CT Acupuncture Center with locations in Fairfield, Bethel, and Wilton in the U.S. state of Connecticut. The male patient in the tape is receiving treatment from the practitioner with the intention of relieving his back pain; the session takes place in a dimly lit room with the patient lying face down. You may also find this movie in the "interesting videos" section of the "about" tab by clicking on the link to the acupuncture clinic's website that is provided in the film's description. This video was chosen because it is the only one on the clinic's website that shows the full treatment session; the others are instructive clips about the ways in which acupuncture may alleviate various bodily aches and pains. In Chapter 4, I go through this clip with an emphasis on the healer's embodiment of the healing principle. I then make a connection to what I've seen in Chinese medical sessions, where the patient is encouraged to actively embody the healing process and the associated sensations.

We will transcribe the dialogue in this video and take still images to depict any hand motions that may be important to convey. YouKu, China's answer to YouTube, is where we get the second video, titled "TCM pulse reading" (5). The three-minute and ten-second clip appears to show a pulse reading between a "folk practitioner" and a tourist patient, as evidenced by the practitioner's dialect and the Chinese letters ("Dali" is city in Yunnan province adjacent to

Kunming city) on the patient's T-shirt. In the films, the patient speaks a northern Chinese dialect similar to Mandarin, while the doctor uses a southwestern Chinese dialect akin to Kunming hua (dialect or Kunmingese). Instead of a Traditional Chinese Medicine (TCM) clinic, the pulse reading is performed at the practitioner's home. Together with field notes and transcripts of conversations from the pulse reading session in Kunming, this film will be dissected in Chapter 5. The third video is an episode from the Taiwanese documentary series "Fully Documented Big Love," titled The Hand that Handles the World, which aired on August 11, 2012. Pulses6 is a 48-minute representation of traditional Chinese medicine (TCM) practitioners, who are on the verge of extinction in today's westernised culture but are slowly but surely regaining the respect and faith of patients of all ages. Using a narrative structure, this video explores how traditional Chinese medicine (TCM) views miracle cures, holistic healing, and the body's ability to work in harmony with nature. Since dissecting the entire film in the space allotted for this thesis seems impossible, I will instead focus on two specific parts: the healing stories told by patients and the explanations given by TCM practitioners of the system's fundamental principles. When I consider these two domains together, I find a thread of miraculous healing linked to national identity running through the narrative. Part of this video will be used in Chapter 5, and the bulk of it will be used in Chapter 6, when I explain the patient-initiated miraculous cure reactions I witnessed during the tuina massage session I observed.

This thesis's analysis proceeds as follows: Chapter 4 focuses on the embodiment of healing and feelings in the practitioner-patient connection, thus I will begin by analysing films of acupuncture treatments given in English and then compare them to my observations of TCM sessions in China. In Chapter 5, I will compare my findings from the Chinese-speaking sessions with the TCM herbal prescription video, focusing on the treatment and positioning of quiet in the context of interaction. In Chapter 6, we look at the TCM massage or tuina session and how it embodies the miracle cure idea. In Chapter 7, I'll summarise my findings and offer suggestions on where to take the research in the future.

## **CONCLUSION**

Since Chinese medicine does not disrupt the body's natural harmony and balance, the researcher was taught it as a child. My mother used Tiger Balm (Chinese for "everything essential oil") and a firm cow horn to scratch my back in order to stimulate blood-letting by "scraping sand," so releasing the cold in my body and allowing it to recover to a more normal temperature. She also used moxa, which she rolled in a circle over my sore spot to relieve stress. My mom is the one who taught me all of this.

### **Limitations of the Study**

The human body is a huge, complicated system that we don't fully understand. The lack of a shared language has made it difficult to integrate the best of Western medicine with Eastern medicine in the past. To put it another way, we discover the language of Western holistic science in EC's Yin-Yang and Wuxing, which is naturally friendly to Eastern thought. Future studies may be able to use what we've learned here to bridge the gap between general system characteristics and behaviours and the attributes of the system components, and from the qualitative to the quantitative as well as from abstract notions to actual practise.

## REFERENCES

1. Acheson, K. (11). Silence as gesture: Rethinking the nature of communicative silences. *Communication Theory*, 18(4), 535-535.
2. Acheson, K. (2008). Silence as gesture: Rethinking the nature of communicative silences. *Communication Theory*, 18(4), 535-555. doi:10.1111/j.1468-2885.2008.00333.x
3. Aldridge, D., 1947, & ebrary, I. (2000; 2004). *Spirituality, healing, and medicine: Return to the silence*. London; Philadelphia: Jessica Kingsley Publishers.
4. Ashe, G. (1978). *Miracles*. London: Routledge and Kegan Paul.
5. Barbaso-Schwartz, A. (2004). Traditional Chinese medicine: Ancient holistic healing. *Home Health Care Management & Practice*, 16(6), 494-498. doi:10.1177/1084822304265849
6. Barnes, L. L. (2003). The acupuncture wars: The professionalizing of American acupuncture—a view from Massachusetts. *Medical Anthropology*, 22(3), 261-301. doi:10.1080/01459740306772
7. Barnes, L. L., & ebrary, I. (2005; 2004; 2009). *Needles, herbs, gods, and ghosts: China, healing, and the west to 1848*. Cambridge, MA: Harvard University Press.
8. Barnes, L. L., & Sered, S. S. (2005). *Religion and healing in America*. Oxford; New York: Oxford University Press.
9. Barnes, L. L., Talamantez, I., & American Academy of Religion. (2006). *Teaching religion and healing*. Oxford; New York: Oxford University Press.
10. Basinger, D. (2011). What is a miracle? In G. H. Twelf tree (Ed.), *The Cambridge companion to miracles* (pp. 19-35) Cambridge University Press.
11. Basso, K. (1996). *Wisdom sits in places* University of Mexico Press.
12. Bell, S. P. (2014). What does silence signify? Investigating the rhetoric of silence in Berghuis v. Thompkins. *Western Journal of Communication*, 78(2), 175-193. doi:10.1080/10570314.2013.835066
13. Biehl, J. (2013). Ethnography in the way of theory. *Cultural Anthropology*, 28(4), 573-597. doi:10.1111/cuan.12028
14. Bing, Z., Hongcai, W., Cheng, X., & ebrary, I. (2010; 2011). *Basic theories of traditional Chinese medicine*. London: Singing Dragon.
15. Boozang, K. M. (1998). Western medicine opens the door to alternative medicine. *American Journal of Law and Medicine*, 24(2/3), 185-212.
16. Brummett, B. (1980). Towards a theory of silence as a political strategy. *Quarterly Journal of Speech*, 66(3), 289-303. doi:10.1080/00335638009383527
17. Bruneau, T. J. (1973). Communicative silences: Forms and functions. *Journal of Communication*, 23(1), 17.
18. Carbaugh, D. (1999). "Just listen": "Listening" and landscape among the Blackfeet. *Western Journal of Communication*, 63(3), 250-270. doi:10.1080/10570319909374641
19. Carbaugh, D., Nuciforo, E. V., Molina-Markham, E., & van Over, B. (2011). Discursive reflexivity in the ethnography of communication: Cultural discourse analysis. *Cultural Studies ↔ Critical Methodologies*, 11(2), 153-164. doi:10.1177/1532708611401334

20. Chung, Y., Hu, C., Yeh, C., & Luo, C. (2013). How to standardize the pulse-taking method of traditional chinese medicine pulse diagnosis. *Computers in Biology and Medicine*, 43(4), 342.  
doi:<http://dx.doi.org.libezproxy2.syr.edu/10.1016/j.combiomed.2012.12.010>
21. Cloud, D.L. (1999). The null persona: Race and the rhetoric of silence in the uprising of '34. *Rhetoric and Public Affairs*, 2(2), 177-209.  
doi:10.1353/rap.2010.0014
- Cooper, Z. (2010). Tuina: East and West. *Journal of Chinese Medicine*, (93), 22-25.
22. Csordas, T.J. (1994). *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley, CA: University of California Press.
23. Drew, P., & Heritage, J. (1992). *Talk at Work: Interaction in Institutional Settings*. New York; Cambridge [England]: Cambridge University Press.
24. Dune, L. (2006). Integrating tuina acupressure and traditional chinese medicine concepts into a holistic nursing practice. *Explore: The Journal of Science and Healing*, 2(6), 543-546. doi:10.1016/j.explore.2006.08.011
25. Emad, M. (2003). Needling as translation: An anthropologist responds to TSCA's needling colloquium. *Clinical Acupuncture and Oriental Medicine*, 4(4), 164-168. doi:<http://dx.doi.org.libezproxy2.syr.edu/10.1016/j.caom.2003.11.001>
26. Emad, M. C. (2006). The debate over chinese language knowledge among culture brokers of acupuncture in America. *ETC: A Review of General Semantics*, 63(4), 408-421.
27. Fang, M., & Li, F. (2013). Research progress on the standardization of Chinese tuina therapy: A short review. (acupuncture and TCM) (traditional Chinese medicine). *Journal of the Australian Traditional-Medicine Society*, 19(4), 246.
28. Farquhar, J. (1994). *Knowing Practice: The Clinical Encounter of Chinese Medicine*. Boulder: Westview Press.