

Emergent Practitioners of Chinese Medicine:

An Ethnographic Inquiry into Medical Thought

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Introduction:

The study of any medical system should be both comprehensive and complex. This is particularly apparent to the study of Chinese medicine, a practice with over 2500 years of rich cultural identity and heritage grounded in ancient ideologies and thought¹. How one views this practice is dependant upon their approach. In the case of Chinese medicine in the modern age, this approach may be from an eastern or western medical or cultural environment. Understanding, and hence application, is therefore reliant upon which of these backgrounds the viewer may be coming from.

This paper presents the results of a 10 month investigation into the epistemics of Chinese medicine via in-depth interviews of emergent practitioners in Sydney's undergraduate Chinese medical institutions via ethnographic inquiry². Furthermore, this paper will explore, by means of a comparative ethnographic study, Chinese medical thought of today's emergent practitioners as a resource of creating insight into how Chinese medicine, as a traditional medical system, has changed. Analysis of both the clinical direction and the educational delivery of Chinese medicine will be contrasted against available archival material related to historical development.

As the globalisation and acculturation of Chinese medicine continues its expansion, the need for clarity in the comprehension of the origin of Chinese medicine increases. With more students comes the need for more educational institutions, and these institutions must ensure that the information they deliver is both rounded and comprehensive. As Chinese medicine has expanded into the global market it is possible that many of its underlying principles have become diluted due to variable translation and through cultural and medical integration.

This study investigates how the western student perceives, approaches, and develops the practice of Chinese medicine. How differing cultures, religions, medical systems and social environments impact and influence this is determined upon the approach of the individual. For instance, if we step back approximately 120 years we see that the perception of the western mind to the Chinese was somewhat reserved: Arthur Smith, a 19th Century American Missionary in his text “Chinese Characteristics”³ states:

“ One of the intellectual habits upon which we Anglo-Saxon pride ourselves most is that of going directly to the marrow of a subject, and when we have reached it saying exactly what we mean...

...No very long acquaintance is required with any Asiatic race, however, to satisfy us that their instincts and ours are by no means the same – in fact, that they are at opposite poles...

...no extended experience of the Chinese is required to enable a foreigner to arrive at the conclusion that it is impossible, from merely hearing what a Chinese says, to tell what he means. This continues to be true, no matter how proficient one may have become in the colloquial...”

Arthur Smith’s view that western minds and eastern minds are at opposite poles, and the possibility that correlation and comprehension between the west and the east is impossible, is probably an unpalatable thought to today’s practitioners. This rectilinear instinct ingrained in the western mind is seen as major obstruction to learning.⁴ Using this as a base, this project will hopefully shed some light on the differing cultures and thought processes of the east and west.

Aims & Objectives:

The primary aim of this study was to facilitate an understanding of what elements constitute current Chinese medical thought by inquiring into what components of Chinese medicine impact

on, and influence, emergent practitioners. Those components revolved around the processes by which Chinese medicine acquires its knowledge:

- a) Philosophy and Religion;
- b) Evidence Based Medicine & Modern Medical Sciences;
- c) Culture: Specifically the sociology of Chinese medical knowledge, and understanding where Chinese medicine is within the cultural framework of the west in relation to: *enculturation*, where individuals within the profession are functioning members of society, *acculturation*: the learning of appropriate behaviour of the host culture, in this case Chinese medicine and western medicine or *assimilation*: the point of no return for the society and culture of origin⁵.
- d) Current educational delivery;
- e) Current clinical practice.

Methodology:

This study employed a multi-methodical approach comprised of ethnography, phenomenology, humanism, and hermeneutics. Ethnographic, and hence anthropologic, research is crucial to the study of any medical practice. Proximal and prolonged emersion into particular social groups in order to understand cultural identity is of particular relevance to Chinese medicine – a system instilled and ingrained in over 2000 years of ideology and culture. The researcher / interviewer is both a practitioner and academic in the field of Chinese medicine.

This study involved six in depth semi structured interviews of undergraduate students of Chinese medicine in Sydney, Australia. A free flowing conversation was important to allow for innate human experience (relationality in phenomenology) of the participants: what Husserl (1962)⁶ describes as the “natural attitude”. Phenomenology views the person as an integral entity of the environment. This can be likened to the Chinese ideology, Daoism, which views the person as a microcosmic manifestation of the natural (macrocosmic) world. This approach allowed for multiple themes and theoretical development around the nature of being and the knowledge of self in Chinese medicine.

Thematic analysis was utilised to code the data generated. This method allowed for depth in the understanding of key themes and interrelated themes. This will be discussed in more detail when reviewing the results.

Literature Review:

Prior to approaching the literature associated with this study it was vital to define and distinguish the possible variation between scholarship and research. The need for this distinction arises due to the fact that Chinese medicine in the modern age is an integrative system of traditional theory and modern medical science. Therefore much of the literature that is available is either strictly quantitative clinical trials (evidence based medicine) or qualitative historical investigation. It is for this purpose that Robert Schole's⁷ approach was adopted. He states:

“Research, as I have said, is progressive; it involves invention or discovery of something new. And it often leads to new techniques or products, for which it is rewarded. Scholarship, by contrast, is more about recovery than discovery. It is about understanding more clearly or more richly the meaning of texts or events from the past, including how we got to our present cultural situation...the end product of this scholarship is not new commercial processes; it is a pedagogy enhanced by the best knowledge available. Scholarship is learning in the service of teaching.”

The theory of textual interpretation and analysis, or hermeneutics, plays a key role in qualitative research and in particular, archival ethnography. In approaching historical texts, some of which are dated to over two thousand years of age, it is imperative to have comprehension of which the intended audience may have been. In the case of Chinese texts, language and nomenclature is the biggest hurdle as many terms and characters used in classical China are not incorporated into modern Chinese. Furthermore, this study will focus not on primary texts in Chinese but on English translations of those texts. This poses two further hurdles of understanding as we have to determine who the translators'/scholars' intended audience were and whether their interpretation of classical Chinese language, which is ideographic (as opposed to English which is phonetic based), was a true reflection of the intended meaning and context.

The literature review provided varying results, to date there have been no studies conducted into Chinese medical thought of today's students or practitioners. In other disciplines, medical thought is either rarely or never investigated. Searching databases such as PubMed, ProQuest,

Jstor, Medline, and Ebsco produced no results in regards to “research” of Chinese medical thought and the west. Searching the key terms “integration” and “Chinese medicine” provided more promising papers on the use of CAM (complimentary and alternative medicine) in conjunction with the modern medical model, however, the scope of these papers was limited to clinical practice and did not address the educational process.

Historical, anthropological, and sinological research by English scholars such as Joseph Needham, Nathan Sivin, Donald Harper, Elisabeth Hsu, Vivienne Lo and Paul Unschuld⁸ has shed a great deal of light on the previously poorly-understood early eras of Chinese medical history. Their research in both ancient and modern Chinese language sources opens a window into some of the major intellectual trends that eventually gave rise to the first synthesis of Chinese medical thought. Those trends include law, warfare, politics, cosmology, and of course medicine. The archival data is important allowing great insight into how it was; however, whether this is applied or even relevant to today’s practice is uncertain and as such is the focus of this research.

Comparison is the key, and the Pre-Han and Qin / Han⁹ dynasties portrayed great synthesis of differing lineages and streams of thought. The modern era is similar in the way that integration and syncretism is vital to not only the survival but also the development of Chinese medicine.

Results:

Method of Analysis:

Thematic coding and content analysis provide extreme depth in understanding the varying themes that may arise in qualitative interviews. Categorisation of the content was approached using Mayring’s (2004)¹⁰ content analysis procedure as a base; where material, situation, and transcription were all defined in the coding process.

Eight key themes presented themselves in this study: Culture, Philosophy / Religion, Evidence Based Medicine / Modern Medical Sciences, Education, Practice / Style, China, and several miscellaneous themes. For the purpose of this presentation we will focus on four of these themes, Evidence Based Medicine / Modern Medical Sciences, Education, Culture, and Philosophy / Religion. The latter two themes will be discussed concurrently.

Culture & Philosophy / Religion:

Csikszentmihalyi in his text “Readings in Han Chinese Thought”¹¹ it states:

“In Han Dynasty China, the word most often used to talk about the many ways of knowing, and sometimes used to talk about a higher level of knowing that subsumed all the others, was “Way” (Dao).”¹²

The terms used for describing Culture, Philosophy and Religion in association with Chinese medicine were:

- “About Life”
- “Integration”
- “Wholism”
- “Non-compartmentalisation”
- “Open-mindedness”
- “Connectedness”
- “Immersion”
- “The Way / Dao”

All participants saw that it was and continues to be fundamental that students understand and comprehend Chinese culture in order to be competent practitioners. Within this, the study of the classics was vital, particularly the medical texts such as the Huang Di Nei Jing, Nan Jing, Shang Han Lun, Shen Nong Ben Cao Jing¹³ and in addition the philosophical treatise such as the Five Confucian Classics, Dao De Jing, Zhuang Zi, Lei Zi¹⁴ and so on. All participants agreed that it was not necessary to believe in some of the practices but it was necessary to delve deep enough to have an ingrained comprehension.

It was also noted that as Chinese medicine undergoes acculturation and exposure, varying religious and ideological beliefs will integrate or conflict with Chinese medicine, which is naturally rooted in the philosophical heritage of Daoism, Confucianism, and Buddhism¹⁵.

Furthermore, language is seen as imperative to the comprehension of Chinese medicine and it is essential that both students and practitioners study classical Chinese, an ideographic colloquial as opposed to phonetic, in order to receive an un-diluted textual transmission. Currently language study is often provided as an optional elective or not at all.¹⁶ Studying Chinese, and more importantly classical Chinese, allows for greater depth in grasping the often multi-faceted terms used in Chinese medicine. If only translations are used then it is quite possible that students will be receiving only part of the true meaning of the ancient writings.¹⁷

Evidence Based Medicine / Modern Medical Science:

Modern medical sciences have come to be the global medical system within the last 200-300 years. It is a system which possibly speaks true to Arthur Smith's idea of "to the marrow". Evidence Based Medicine or Practice has come to be the gold standard for any medical research within the quantitative field, particularly in relation to complementary medicines.¹⁸ Inquiries into this field produced 6 internal themes:

- a) Communication: Between practitioner and other medical professions, between practitioner and patient. Both of these were seen as imperative to Chinese medicines integration with modern society.
- b) Education: This will be discussed next.
- c) The colonial mentality and power play: This is a large subject in itself.¹⁹ The non-questioning acceptance of the modern medical model was seen as dangerous and detrimental to both the practitioner and patient. Much of this was due to a lack of fundamental understanding on the part of the Chinese medical profession.
- d) Direction: Each practitioner should have a set direction in clinical practice. If one wishes to use modern sciences then that is what should be practiced and vice versa for Chinese medicine.
- e) Integration: As we are in the reality of the modern medical paradigm, it is in the hands of the Chinese medical profession to enable this to happen. This somewhat reflects the syncretic nature of Han thought: where multiple ideas were unified without losing their core ideas.

- f) Evidence Based Medicine and clinical trials were important for the acceptance of Chinese Medicine, but remove the personality and dynamic of clinical practice. Some participants stated that they believed it de-valued Chinese medicine as it showed a lack of self confidence, poor direction, and no clarity.

Education:

The Huai Nan Zi states: (REF)

“What the feet tread does not take up much space; but one depends on what one does not tread in order to walk at all. What the intellect knows is limited; one must depend on what it does not know in order to achieve illumination.”²⁰

Education during the Pre-Han to Han period occurred through lineage based transmission, where the student and teacher relationship was the binding factor. During the Han Synthesis, Jia or family lineages or styles²¹ were developed for the purpose of inner cultivation of the individual for the greater good of the state as a representative of the cosmos (or Tian).

Modern teaching institutions revolve around mass education with little binding relationship between student and teacher. The inner perspective offered by the students allowed for great depth and thick description of our current education system: Speed was a major factor – 4 participants felt that more time was needed for cultural studies, language, and philosophy, all in relation to the classics of medicine. This should be taught before the technicalities of the system which were referred to as the tail end of the spectrum.

A few of the participants found the duration reasonable however felt that certain fundamentals were lacking. One participant said *“in learning traditional Chinese medicine it is like I have picked up a pallet, and have (been) given the colours in which I can paint my own picture but I only feel that I have been given say out of 10 colours I only received 7, so of course you can continue painting and use your own interpretation and have your own style of tcm with 7 colours but it will not be the same without those remaining 3”*.

It is necessary for Chinese medical students to learn modern medical sciences to enable effective communication with other professionals and patients. In regards to communicating with patients

it was felt that we must strive do so in the language and terminology of Chinese medicine, so as to not dilute and flatten the practice.

Enabling students to build their own style of medicine by teaching varying clinical and theoretical models of Chinese medicine was seen as a positive component of the current education system, only so long as the fundamentals were the same. Again language became a major theme as more and more texts are produced in the English language. Varying terminologies or translations are often seen as confusing and misleading.

Bringing it all together: Defining Chinese medical thought:

Defining Chinese medical thought revolves around the understanding of cultural identity, knowledge of self, clinical practice and language. Much like that of Han China, the definition is perhaps only possible via syncretism. The Han was a period of intense integration and was the first period where the “three teachings” (or sanjiao) of Confucianism, Buddhism and Daoism existed together.²²

All participants agreed that no one term could define Chinese medical thought. One participant used Dao, but said even then it is non-descriptive. Other terms used were: “life”, “observation”, “individualism”, “a way of living”, “integration”, “expression”, “connectedness”, and a “mirror of nature”.

Classically, Chinese thought has evolved around the perception of the individual living in and representing the natural world that surrounds them. Connecting with and understanding this world, and being able to then express it through practical application was and, as it seems still is, the basis of Chinese medical thought. These terms may assist with understanding the approach that Chinese medicine has towards clinical practice and understanding of being as a whole, however, they fail to apply definitive measures to the entire scope of Chinese medical practice and education. One term used, however, differed slightly to the rest: Individualism, something which was essential to the Han synthesis, as Nathan Sivin²³ points out:

“Individuality – personal character, original points of view, iconoclasm, and idiosyncrasy – was not at all rare in early China. Every philosopher down to 250 B.C., and most of those later, spoke with a characteristic voice about personal vision.”

Against the background of this study this “personal vision” appears to be of utmost importance to both comprehension and application of Chinese medicine. Personal approach and “individualism” may be under threat within the current educational system as more modern evidence based sciences are introduced at the expense of cultural and language studies within the classical texts. A balancing act is required in order to appropriately integrate and synthesise²⁴ old and new scientific systems of health care.

¹ For a detailed account of the cultural roots of Chinese medicine, please refer Needham J. et al (1954), Unschuld P. U. (1985), and Lloyd G. and Sivin N. (2002).

² This study is part of a much larger project titled “Chinese Medical Thought in the West: The impact of and influence of classical literature and modern medical sciences on clinical practice and education” being conducted at the College of Chinese Medicine at the University of Technology, Sydney. Ethical approval was obtained for this study via the UTS Human Research and Ethical Committee.

³ Smith A., (1894) pp.63.

⁴ Jullien F., (2000) pp. 17

⁵ Concise Oxford English Dictionary 3rd Ed (2002), Cultural Theory: The Key Concepts (2002)

⁶ Cultural Theory: The Key Concepts (2002) pp. 271.

⁷ Schole R. (2003) as quoted in Willis J. (2008) pp 39.

⁸ Naturally there are many other contributors to the historical and sinological study of Chinese medicine and culture. These authors works represent the forefront of scholarly investigation.

⁹ The Qin 221BCE – 206BCE and the Han 206BCE – 220CE dynasties saw the first systematic inquiry into Chinese civilization, a major component of this was medicine where the “classical” era of China truly began. The Pre-Han era is known for its rich philosophical development following intense disunion among the varying states of the time. Such key figures as Confucius (Kongfuzi 551BCE – 479 BCE) and ZhangZhou (399?BCE – 295?BCE) existed during this period.

¹⁰ Mayring P. (2004) pp. 266 – 269 as quoted in Flick U. (2006)

¹¹ Csikszentmihalyi M. (2006) pp 65.

¹² In fact the definition of Dao is quite difficult and many scholars have faced difficulty in explaining or defining this obscure philosophical term. This is even clearly stated in the earliest Daoist work, the Daodejing (or “Way and its Power”), in chapter one: “*The Dao which one can explain is not the unchanging Dao. The name which one can name is not the unchanging name.*”(Richter, 1998).

¹³ These texts are considered the fundamental basis of Chinese medicine and are considered the cornerstone works of classical medicine. Varying translations are available in English.

¹⁴ These texts are the key philosophical thinkers of the pre-Han era. Their influence on Chinese culture, in particular ethics, politics and medicine was, and on the basis of this study is, immense.

¹⁵ Buddhism became more integrated in Chinese culture only after the 6th century and hence its influence on the early classics was minimal if not at all.

¹⁶ Information gained from syllabus notes March 2009 for the SITCM, UTS, UWS, RMIT undergraduate degrees in Traditional Chinese Medicine.

¹⁷ For further analysis of the importance of understanding the Chinese language for the study of Chinese medicine please refer to Goodman R. L. (2008), Larre C. (1987, 1994), and Unschuld P. U. (2005).

¹⁸ It is not within the scope of this paper to detail the defining aspects of evidence based medicine. Please refer to Sackett D. L. et al (1996).

¹⁹ Colonial mentality refers to the possibility of the inferiority within varying societies or individuals that have been subjected to colonialism. David and Okazaki (2006) discuss this as a form of “internalized oppression, characterized by a perception of ethnic or cultural inferiority.” Sourced from www.colonialmentaility.netfirms.com/CM.html.

²⁰ Lau D.C. and Ames A.T (1998)

²¹ In this paper I have adopted Nathan Sivin’s (2007) interpretation of the character *Jia* as “lineage” or “style” as the common “schools” is not consistent with the time of the early Pre-Han / Han period where not such institutions existed. Sivin states clearly that the Chinese term for school or *Xuepai* did not come into use until the twentieth century.

²² See Lai K. (2008), Unschuld P. U. (1985), Lloyd G. and Sivin N. (2002), and Kuriyama S. (1999).

²³ Sivin N. (1995)

²⁴ Kaptchuk T.J, and Miller F.G. (2005) pose three differing models of relationship between mainstream and alternative medicine: opposition, integration, and pluralism. This paper does argue that pluralism should be the encouraged possibility of the three.

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