

UNDERSTANDING THE DISTINCT NUANCES OF CULTURE IN THE EXCHANGE BETWEEN THE PHYSICIAN AND PATIENT IN CONVENTIONAL CHINESE MEDICINE.



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Understanding the distinct nuances of culture in the exchange between the physician and patient in conventional Chinese medicine.

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Abstract: Globalization-related wars have challenged Chinese medicine in addition to discussions about its effectiveness in relation to Western medicine. For instance, according to the Wall Street Journal, the Nobel Prize committee gives modern technology inspired by plant-based treatment more credit than traditional Chinese medicine when discussing TuYou you, the first Chinese woman to win a Nobel Prize in chemistry for developing Chinese medicine to treat malaria.

Nonetheless, as TCM becomes more and more well-known worldwide, scholars are beginning to look into the therapeutic, cultural, and communication effects of TCM

in China and the West. To gain a better understanding of the ways in which some of the fundamental ideas and principles of TCM are being practiced and demonstrated in and within the researchers in China will keep an eye on TCM practitioners as they engage with patients. This study aims to analyze video recordings of practitioner-patient interactions during TCM practice sessions, such as acupuncture, Chinese herbal medicine prescription, and TCM massage or tuina, using a discourse analytic approach augmented by anthropological field notes and interviews. The goal of this study is to learn more about the ways that "healing, quiet, and the miracle cure" show up in interactions between patients and the clinic.

INTRODUCTION:

Even though traditional Chinese medicine is widely accepted, for some people in Western societies it may remain unique due to its origins, ideas, or language. Google searches for Chinese medicine

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typically center on queries like "Is it safe?" Or where can I locate a local Chinese medicine clinic? Since then, how far has Chinese medicine progressed? Or how precisely does Chinese medicine function? Chinese calligraphy, the bagua 8-character sign, and Chinese art are displayed alongside the herbs in hemp bags and on Chinese scale cheng, all in vivid and vibrant colors that illustrate the application of Chinese medicine. Had we entered "food," we would have seen the same abundance and color 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

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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.

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The goal of the study is to comprehend how TCM principles are applied and shown during sessions, as well as how these traditional ideas relate to the roots and cultural rootedness of TCM.

Research Issues

- How can the roots and cultural rootedness of TCM be linked to these antiquated beliefs?

RESEARCH METHODOLOGY:

The researcher suggests using online videos of TCM acupuncture therapy, TCM medication prescriptions, and massage/tuina in this thesis. Mandarin and Chinese dialects are featured in two of the videos, while English is featured in one. Additionally, the researcher will draw on ethnographic notes he took while visiting a private TCM clinic in Kunming, China. The clinic is run by practitioner Doctor Wen, a seasoned TCM practitioner and a longtime friend of the researcher's parents. Wen, a TCM practitioner with over 25 years of experience based in Kunming, recommended that we record his remarks from the demonstration sessions he attended, the accounts of his interactions with TCM treatments, his practice philosophies, and his views on TCM globalization. To compare and contrast with Western approaches to TCM and how it is practiced there, an interview was done in addition to the analysis of video footage. Anthropological notes were also taken.

DESIGN OF RESEARCH

When search terms like "tuina" and "acupuncture sessions/practice/treatment" are coupled with relevant videos from YouKu (a Chinese video-sharing platform that functions similarly to YouTube), the selection of data is justified by the videos' instructiveness, length, content, and suggestive purpose. If you search for TCM therapy films on YouTube repeatedly, you can find a lot of scripted, semi-naturalistic versions of the videos for demonstration, commercial, and introduction purposes. These repetitions, especially when the practitioner uses their knowledge of TCM to diagnose, unequivocally show some naturally occurring statements with incorrect beginnings and the verbal filler "uh" are examples of these. For the sake of this thesis, which focuses on the application of TCM principles during sessions, only relevant portions of the films—which range in length from two to thirty minutes—are studied. Unscripted, spontaneously shot movies may have more interactions than scripted demonstration films. This changes based on the audience and the video's goal.

INFORMATION ANALYSIS

The sources of data I use in my thesis are the publicly available video recordings of Traditional Chinese Medicine (TCM) treatments, including acupuncture, TCM herb prescriptions, massage, and tuina. While Mandarin Chinese and a Chinese dialect are used in the other two videos, English is the language of communication in one of the movies. Additionally, I'll be referring to the ethnographic notes I took during my visit to a private TCM clinic run by practitioner Doctor Wen in Kunming, China. My parents have known Doctor Wen for a very long time; she is an accomplished TCM practitioner. During my visit to Doctor Wen's clinic, I took these notes. Throughout my interview, I took notes. with Wen, a Traditional Chinese Medicine (TCM) practitioner of over 25 years who practices in Kunming. I made notes of his remarks during the invited demonstrative sessions, the accounts of his interactions with TCM practitioners,

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his practice philosophies, and his opinions regarding the globalization of TCM. The purpose of the interview, the ethnographic notes, and the video recording analysis is to contrast and complement the Western practices of Traditional Chinese Medicine (TCM) and the embodiment of TCM concepts. This will be achieved by conducting the interview and offering an addition to the video recordings' analysis. The length, content, suggestive purpose, and other factors all play a role in the selection of data. The interactive nature of the videos found on YouKu (a Chinese video sharing website that functions similarly to YouTube) and YouTube using keywords like "acupuncture sessions/practice/treatment," "tuina," and "Chinese medicine" Based on my experience, the most popular categories on YouTube when looking for videos on TCM therapy are demonstrative, commercial, or introductory; many of these videos have a "semi-naturalistic" writing style. These versions clearly illustrate some naturally occurring utterances, such as the verbal filler "uh" and incorrect sentence beginnings, especially when the practitioner uses TCM knowledge to provide a diagnosis. The films last anywhere from two to thirty minutes, but only the most relevant portions are assessed in order to achieve the goal of this thesis, which focuses on how TCM principles are applied in sessions. From prearranged demonstration films to their unplanned, spontaneously filmed counterparts, the amount of interaction between the practitioner and the patient can differ significantly. I analyze films with varying degrees of interactivity because the current thesis is more interested in the embodiment of TCM's discourse and context (of its concepts and ideologies) than it is in the embodiment of the talks between the practitioner and the patient (of their verbal and nonverbal exchanges).

On August 22, 2013, a video with the title "Acupuncture - Back Pain Treatment - Full Version 4" was posted to YouTube. With the exception of the needle-holding part, the entire 9 minutes and 30 second video depicts an acupuncture session. Ingrid Boe- Wiegaard is a licensed acupuncturist with over 30 years of experience, according to the description of the video. She currently works at the CT Acupuncture Center, which has locations in the U.S. states of Connecticut, Bethel, and Wilton. The practitioner is treating the male patient on tape in an attempt to relieve his back pain; the session is taking place in a poorly lit room with the patient lying face down. This film can also be found under the "interesting videos" section of the "about" tab by selecting the website link of the acupuncture clinic that appears in the description of the movie. This particular video was selected because it is the only one available on the clinic's website that features the entire treatment session; the other videos are educational segments that discuss the different physical aches and pains that may be relieved by acupuncture. I go through this clip in Chapter 4, focusing on how the healer embodies the healing principle. I then draw a comparison to my observations of Chinese medicine sessions, in which the patient is actively invited to embody the sensations and the healing process.

CONCLUSION

The researcher was raised on Chinese medicine because it preserves the body's inherent harmony and balance. My mother scratched my back with a firm cow horn and Tiger Balm (which is Chinese for "everything essential oil") to encourage blood-letting by "scraping sand," which helped my body release the cold and return to a more normal temperature. She also applied moxa, which she rolled around my tender area in a circle to reduce tension. I learned all of this from my mother.

LIMITATION

We still don't fully comprehend the vast and intricate workings of the human body. Because there isn't a common language, integrating the best of In the past, Western and Eastern medicine were combined. Stated differently, EC's Yin-Yang and Wuxing reveal the language of Western holistic science, which is inherently amenable to Eastern philosophy. What we've learned here may be applied in future research

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to close the knowledge gap between general system characteristics and behaviors and the attributes of the system components, as well as between qualitative and quantitative research and abstract concepts and real-world application.

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