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Embodiment in Traditional Chinese Medicine (TCM) Discourse: Healing, Silence and the Miracle Cure

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Abstract

Traditional Chinese Medicine (TCM), a thousand-year old medical practice originated in China, has stepped into the western world with globalization for years. TCM has entered the West with its foreign, distant and “unscientific” concepts despite the fact that medicine globalization is still a contested concept. My thesis aims to understand the embodied concepts of TCM through practitioner-patient interaction as culturally specific constructs. Among many TCM medical and philosophical concepts, I specifically focus on the healing, the silence and the miracle cure and how they are embodied and co-constructed by the practitioner and the patient during acupuncture, herb prescription and tuina massage treatment sessions. Using a discourse analytic approach informed by ethnographic field notes and interviews conducted in 2014 Kunming China, my thesis looks at data of video recordings of acupuncture, pulse reading and tuina massage sessions, through which I define the embodiments of TCM discourse are feelings as healing, interacting silences and the “miracle-minded” (Zhan, 2009) cure. The current thesis will provide groundwork for future inter/cross-cultural TCM practitioner-patient interaction comparison for the purpose of developing culturally competent alternative healthcare materials. It also provides the interactional and cultural insights to further research how to handle the interculturality of TCM in the West for the purpose of the betterment of the holistic treatment in the United States. Also, through studying the embodiment of TCM concepts in interaction, it provides us interactional and cultural insights to further our understandings of the interculturality with TCM labeled as the holistic treatment around the world.
Embodiment in Traditional Chinese Medicine (TCM) Discourse: Healing, Silence and the Miracle Cure

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Chapter 1

Introduction

While being accepted and embraced by Western societies, Traditional Chinese Medicine may appear as novelty to some, whether it is because of the language, the concept, or the origin. Besides locating the nearby Chinese medicine clinics, the Google searches of Chinese medicine center around the introductory, the questioning or concerning discourse in the English-speaking world, such as “Is it safe” “Does it mean a new era for Chinese Medicine” or “What is Chinese medicine.” Images of Chinese medicine are in robust and vivid colors in which herbs are displayed in hemp bags and on Chinese scale cheng together with illustrations of Chinese calligraphy, bagua “eight-character” symbol and Chinese paintings. The colofulness and the abundance of cultural meanings of the web search is very much similar to the dynamics and diversity that we would have found if we typed in food, and that contrasts with the singularity of pills, tablets and bottles which came out of a web search for Western Medicine. According to the above search, the fact that Chinese medicine presents a relaxing, exotic and close-to-nature image does not mean that it is preferable when it comes to killing viruses, or curing illnesses and diseases. The idea of throwing a bunch of dried herbs with untranslatable names into a pot seems not to be the wanted image for patients who aim to cure diseases; instead it somehow reminds some westerners of witches in Disney movies who seem to do the same thing when they stir in a big black pot of green liquid to produce the “magical” medicine for the innocent.

Chinese medicine has not only been the center of an ongoing debate about its efficacy compared to Western medicine but has also been facing the conflictsions brought by globalization. For example, Wall Street Journal reported on Tu Youyou, a Chinese medicine

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1 Google search result page for “Chinese medicine”: https://www.google.com/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8&q=chinese%20medicine
pharmacist and chemist who won the 2015 Nobel Prize as the first woman winner in China for developing Chinese medicine to treat malaria, with the fact that the Nobel Prize committee gives less credit to Chinese medicine but more to modern technology inspired by the idea of plant-based treatment.

Traditional Chinese medicine (hereafter TCM) includes acupuncture, Chinese herbs remedies, massage, and other techniques, which can be traced back to thousands of years ago in ancient China is now hospital-based and included in the Chinese health care system, and it is also widely practiced and used as a way to promote Chinese culture by the government (Scheid, 1999). According to Poon et al. (2014), despite the fact that the use of TCM has grown popular in many Western countries and that medical policies in those countries are becoming more inclusive than exclusive, when compared to the Western Medicine (hereafter WM) its scientific recognition is still disadvantaged. Basing off from the key diagnostic differences in Western and Traditional Chinese Medicine, and in order to scientize TCM, Poon et al. (2014) compared the efficacy of each using Comparative Effective Research (CER) methodologies for the purpose of establishing evidence-based and scientific recognition of TCM. While TCM is making progress at being globally recognized, it may stay foreign and distant to most Western Medicine users and practitioners as many of its medical philosophies and approaches are deeply-rooted in Chinese culture, especially in terms of the terminology and language, that neither a literal or a semantic translation can suffice, which might create confusion, misunderstanding, and ambiguity. However, the global recognition of TCM as an integrative medicine is urging researchers to compare the effectiveness of TCM in China and in the Western countries from medical, cultural and communicative standpoints. In this thesis, I will take a look into the practicing of TCM in
China through observing practitioner-patient\textsuperscript{2} interaction with the purpose to understand how some of the core concepts and fundamental values in TCM are being embodied and manifested through and within the practice. With a discourse analytic approach supplemented by ethnographic field notes and interview, I look at video recordings of practitioner-patient interactions at TCM practice sessions including acupuncture, Chinese herbal medicine prescription and TCM massage or tuina. This thesis aims to find out about how healing, silence and the miracle cure are embodied through interactions at the practice.

Many scholars have majorly studied Western Medicine doctor-patient interaction (See Heath 1986, 1992; Stivers, 2002, 2007, 2012, 2013; Maynard & Hudak, 2008; Maynard & Heritage, 2005, 2006) but TCM interaction has been a lesser-inquired topic. Scholars have done research related to other aspects of TCM, such as issues of culture and translation (Pritzker, 2012, 2014), the relationship between language and practice (Emad, 2006), acupuncture vocabulary (Boulanger, 1994), spirituality in acupuncture discourse (Ho, 2006), and qi-based speech code in acupuncture discourse and in holistic medicine communication models (Ho, 2006). Since the US health system has incorporated TCM treatment as part of the holistic healthcare plan after Nixon’s visit to China and the legalization of acupuncture in California in 1975, more and more people are inclined to recognize the medical and natural benefits of TCM. During the visit back home to Kunming China in 2014, I interviewed an experienced TCM practitioner and observed his demonstrative practice including acupuncture, TCM herbs prescription and tuina. Focusing on the embodiment of the three concepts I found distinct in TCM—healing, silence and the miracle cure, I explore how these culturally fundamental core values of TCM are manifested in the practitioner-patient interaction at practice. I also attempt to discover through comparison,

\textsuperscript{2} In this thesis, I pick “practitioner-patient interaction” over “provider-patient” “doctor-patient” “physician-patient”. In the United States or other English-speaking countries where WM is the dominating paradigm, “practitioner” is preferred to “doctor” in terms of the titling of TCM.
despite the cultural and philosophical differences between TCM and WM, how they differ from and resemble each other in diagnostics-in-interaction.

The current thesis unfolds in seven chapters. In Chapter 2, I will discuss the background of TCM, how it is globalized and some key concepts of TCM—healing, silence and the miracle cure. Chapter 3 focuses introducing the data I use in this thesis and the methodology I adopt to analyze it, in which I explain how and when the data was chosen and collected and why I choose to use a blend of discourse analysis and ethnography. Chapters 4 to 6 are the three analytical chapters of the thesis—In Chapter 4, I explore the procedure of acupuncture treatment as well as how multimodality and embodiment in interaction serve as the context of acupuncture treatment, how bodily feelings act as physical translations and how healing is being embodied, and I come to identify the significance of embodied healings in acupuncture is to see the interchangeability between healings and feelings. Chapter 5 focuses on the silence in pulse reading during the TCM herb prescription session, through which I see silence as a discourse rather than a verbal interactive disconnect and I also see asymmetry in silence during the interaction. According to the practitioner, I also noticed that the silence is an act of mindfulness both for the patient and the practitioner in which the concept of xin “heart-mind” is embodied within. Last, I also identify silence as a culturally distinct aspect in TCM practitioner-patient interaction. Then I will exam the interaction of TCM massage/tuina treatment in Chapter 6 with a focus on how the practitioner and patient embody and pursue the concepts of jingluo and the miracle cure. I found out that the miracle cure in tuina, similar to acupuncture, is also a feeling-centered discourse. Interestingly, the miracle cure is associated with the patient’s deep beliefs in TCM being a national identity and a cultural treasure. The chapter also labels the TCM massage interaction as “face-to-back” as opposed to “face-to-face” which in a way suggests a new direction to look at
practitioner-patient interaction, which leads to Chapter 7 where I will focus on the implications of my current thesis and the directions of potential further research. Looking into the TCM practice, this thesis examines the three cultural aspects of TCM—healing, silence and the miracle cure, all of which, I argue, are fully embodied and constantly being constructed during the practice. I see these TCM concepts, in the case of this thesis, as “embodied-at-practice” or “embodied-in-interaction”. In the following part, I introduce the background of TCM, acupuncture, pulse reading and tuina.

**Traditional Chinese Medicine (TCM): Translocality, Healing, and the “Miracle Cure”**

One of the many topics in the scholarly discussion of TCM is centered around its globalization and how it affects the perceptions and receptions of TCM in mainly western countries, especially in the field of medical anthropology. Zhan (2009) explored the translocality of TCM in which she describes as TCM worlding meaning that the knowledge of TCM is being reconstructed based on wherever it travels to. In her fieldwork of a decade in clinics in Shanghai and San Francisco Bay area, she finds out that the label of TCM as “preventive medicine” is being re-evaluated in Shanghai and the acceptance of TCM as CAM in San Francisco has reshaped the knowledge of TCM. Her research not only shows that TCM is battling with the ignorance of Western Medicine but also demonstrates that TCM’s world-making is through its knowledge being reformulated. Translocality or globalization of TCM is challenging the worlds that it enters to present a new framework of understanding and knowledge. To further understand and define TCM world-making, in Zhan’s explanation, is to be aware of how the meaning-making and assimilation of TCM discourse, including its globalized practice, translated concepts and acculturated understandings, reformulates when it resides in different locations. An earlier

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3 CAM is short for Complementary and Alternative Medicine. For more discussions on the use of CAM in the United States, see Kelner and Wellman (2003) and Kayne (2009).
piece of work worth mentioning is Farquhar’s (1994) ethnographic encounters with the TCM practice, in which her field notes and experiences of clinical practice in China at that time first opened up the many mysteries surrounding TCM treatment. Farquhar’s work also hinted at TCM treatment being holistic, secure but slow to the Chinese. Although many of the TCM concepts are essentially contradicting Western ideologies, such as the slow and wholesome versus the quick and targeting treatment, the ultimate goal of curing and healing human body is unanimous.

A body of scholarly work on the education of TCM in western countries also contributes to the globalization and the acculturation of TCM. Important works such as Pritzker (2010, 2012, 2014a, 2014b) have discussed the difficulties of translation which brought along the barriers of understanding TCM and developing a culturally appropriate deciphering system. Pritzker’s idea of “living translation” posits a stance to appreciate the temporality of TCM translation, which she thinks that especially in educational settings, such kind of translational exploration is needed for the students to develop towards the best understanding they can have of TCM concepts. Discussions by Sagli (2001) and Flesch (2013) also see finding precision and accuracy in English translations of TCM medical concepts. The previous scholarly work has made us aware of the significance of comprehending TCM discourse, but insofar, the understanding and comprehension of the discourse of TCM practice is still at work in non-Chinese settings. Besides traveling to English-speaking countries, scholars such as Zhan (2009) who has looked at how TCM relocates to African countries and Napolitano and Mora Flores (2003) who have researched the transitions of TCM medical knowledge and concepts in south American countries, specially in Mexico.

Acupuncture
Acupuncture as a thousand-year old Chinese practice has received certain attention in scholarly papers especially when alternative holistic health models were introduced to the United States in the last four decades (Ho, 2006). Some relevant past acupuncture research areas include issues of culture and translation (Pritzker, 2012, 2014), the relationship between language and practice (Emad, 2006), acupuncture vocabulary (Boulanger, 1994), spirituality in acupuncture discourse (Ho, 2006), and Qi-based speech code in acupuncture discourse and in holistic medicine communication models (Ho, 2006). Scholars have also done ethnographic studies on acupuncture, in which themselves are the experiencers of TCM practice. For example, Emad (2003) summarizes her own acupuncture experience, in which she got asked about “feeling the Qi” with questions such as “did you get that” “did you feel that” or “can you feel that” frequently, as “a conversation between the body and the practitioner through the needle.” (p. 164) As Emad continues with her acupuncture treatment she finds herself learning and developing a new kind of language based on the practitioner-client relationship. The learning of this kind of language by the patient and the teaching of the language by the practitioner is called, by Mark Seem, an acupuncture specialist who used to study French philosophy and is a student of Michel Foucault, refraiming. Emad argues that refraiming acupuncture discourse results in a shift of feelings in patients from pain to sensation, but this shift is debatable in patients who are new to acupuncture treatment. Emad (2006) discusses that the debate between whether learning Chinese can promote acupuncture practice techniques still exists and will continue to one major issue of US acupuncture practice. She mentions that Mark Seem is a strong supporter of the positive relationship between language learning and acupuncture practice.

Acupuncture was first used during the Cultural Revolution period as one of Mao’s propaganda campaigns, which was also majorly serving Chinese rural peasants who have no
access to modern medicine (biomedicine), and it carries the message that under the leadership of Mao proletariats can afford and benefit from the medical treatment, that the Western medicine which was supposed to be expensive and unaffordable is unnecessary; during the same period, acupuncture has already become globalized since Mao was recruiting students from Africa and sent acupuncturists to cure diseases in Africa: “from the 1960s to early 1970s, during the cold war era, the Chinese government organized the export of traditional Chinese medicine as a quintessentially Chinese, low-cost, low-tech, preventive medicine suitable for healthcare in Third World countries, especially those in Africa (p. 34).” But the idea of acupuncture being modernized and truly “globalized” was when the number of white students started to increase (Zhan, 2009).

The fundamental concept of qi has been a long-time topic in scholarly discussions of TCM treatment. Current concerns are how we conceptualize qi, how qi should interpreted in the western context and how important is the understanding of qi for the practitioner and patients. Ho (2006) discusses how qi should be focused in acupuncture discourse with the Qi-based speech code which is a system she develops for people to talk about TCM as a health care system. She discovers three aspects of qi-based speech code in the ethnographic research done in acupuncture discourse, that, first, qi should be explicitly mentioned in acupuncture treatment, second, acupuncturists who practice the feeling of qi distinguish themselves as more professional and skilled than others, and third, qi is often use to separate Chinese and Japanese forms of acupuncture. Karanikas (1997) mentions that despite the fact that acupuncture is now approved by FDA and is widely practiced in the US there are four technical communication difficulties in integrating TCM with western medicine; first is TCM in western society either gets devalued or overvalued, second is that ambiguity in terminology is necessary in TCM but is intolerant in
western medicine, third is that TCM origin has different philosophical views of nature, the last is that western medicine and TCM have different perspectives of the human body.

Ho and Bylund (2008) have concluded that holistic health communication model is positively affecting the health care outcomes. It is necessary to research if there is positive relation between practitioner-patient interaction during acupuncture treatment and the holistic health care. Further questions such as what interaction patterns can be found in acupuncture treatment and what sorts of interaction will be positively affecting patients’ health care should be investigated. According to Ho and Bylund, if holistic medicine communication model is positively related to health care quality in the US, then improving communication within acupuncture discourse could be positively related to treatment outcomes as well.

Looking into acupuncture practice sessions not only exposes TCM practitioner-patient interaction to potential TCM users but also provide discussions that are potentially useable for future TCM and WM comparative work. Also, through examining interactions at practice, certain generalizable interactional pattern could offer samples and models for TCM practitioners and patients to potentially improve communicative efficiency at practice and in the long run to help improve the efficacy, outcomes and patient satisfaction of acupuncture treatment in the West. Furthermore, development on the above issues could eventually maximize the benefits of acupuncture and expand the user group among western patients.

**Pulse Reading**

Pulse reading, or pulse diagnosis, in Traditional Chinese Medicine (TCM) which means the examination of “mai (pulse)” was first found in the biography “Lie Zhuan 列传” of a doctor called Chunyu Yi 淳于意 in the Han dynasty (206 BCE - 220 CE), in which he recorded most of his medical cases, questions and answers and rationale (Hsu, 2010). Pulse reading is the most
symbolic among the four “wang 望 (look) wen 闻 (smell) wen 问 (ask) qie 切 (read pulse)” TCM diagnostic methodologies and is fully representative of the “wholesome concept” in TCM; if pulse reading is not practiced when one goes to visit a TCM practitioner, s/he will be doubtful of the practitioner’s professionalism (Jiang, 2006). Hsu (2010) takes an anthropological view toward pulse diagnosis in early Chinese medicine in which she focuses on the “tactility” on mai as a cultural-specific way of what she calls the “telling touch” to examine the bodies. In Hsu’s study, not only are the cultural aspects of TCM highlighted but also are the relationships between the patients’ bodies and the practitioner, as in this cultural bodily relationship is unique to pulse reading in TCM. Compared to Modaff’s (2003) discussion of how objects are incorporated interactionally in Western doctor-patient interaction, one feature of TCM pulse reading diagnostic method is that it requires less or even no high-tech medical equipment involvement, that it only needs the practitioner’s fingers and the patient’s wrists.

Less academic discussion has focused on pulse reading as an interactive activity in practitioner-patient communication. Previous scholarly discussions have looked at pulse reading from various perspectives including medical, interactional and linguistic. One issue that stays concerning for scholars in the medical field is the standardization, classification (Shu & Sun, 2007) and the quantifiability of TCM pulse reading (Chung et al. 2013). Research like this is focusing on how TCM fits in the biomedicine or the WM paradigm, and it also suggests ways in which that in order to potentially integrate TCM into conventional or “scientific” medicine it is crucial to quantify and standardize the basic diagnostic methodologies in TCM.

**TCM Massage/Tuina**

Understanding the basics of tuina is crucial for scholars to further investigate whether it will benefit patients in what types of physical discomforts. We need to focus on two things—the
concepts of tuina are rooted in and originated from Chinese philosophy and the techniques of tuina are the work of practitioner’s hands. In Susanna et al.’s (2012) discussion on how tuina helps balance the heaven-earth-man relationship by improving patients’ digestive system, they introduce the concept of tuina this way:

The Yin/Yang emblem pervades the whole Chinese classical thought and traditional Chinese medicine (TCM) techniques: the very name, TuiNa, seems to repeat the binary symbol that enchanted mathematicians, philosophers and doctors. Massage, with both hands, a qualified instrument to favour a free energy and blood circulation, replaces man in the centre of spatial-temporal relations, allowing a new micromacrocosmic harmonisation. (p. 208)

Tuina has been well documented early in human history that it is effective in relieving stress and stress-related pains, and that the practice of tuina has the long-term efficacy of enabling the body to heal itself via adjustment of the flow of qi (Dune, 2006). Dune also explains the basics of tuina hand techniques and how it works to cure our body:

The tuina provider used therapeutic manipulations to energy meridians, points, and superficial to energy meridians, points, and superficial parts of the body to treat symptoms or diseases. The tuina practitioner used hands, fingers, wrists, and elbows to provide persistent, forceful, even and gentle manipulations. (p. 543)

Besides the exploration of how tuina works, Dune also provides a very detailed description of a typical tuina session in the United States, of which the procedure roughly resembles the one in China that I analyze in this thesis. However, there are some noticeable differences. One is that the western tuina session requires very detailed patient documentation, whereas the Chinese session only requires patient’s brief self-report or self-diagnosis. We can tell by this that the western tuina practice is adopting and projecting a WM framework, in which specific numbers must be given, patient’s medical record must be presented, and accurate diagnosis will be given before the tuina session starts. The Chinese sessions, however, seems to prefer acknowledging
the practitioner’s ability to figure out the patient’s discomfort at hand, and a certain level of 
ambiguity is bearable.

Tuina is the pinyin of the Chinese characters 推拿 and differing from “massage”, the 
word “tuina” itself seems to be new vocabulary which needs to be acquired voluntarily by non-
Chinese speakers. If one searches “tuina” in Google, many of the first-page results are answering 
the question of “what is tuina”. Ever since tuina entered the western world along with TCM, it 
has been studied by many scholars in the medical field, most of which are with a purpose to 
define the efficacy of this foreign-looking form of physical therapy. For example, Cooper (2010) 
sees tuina’s development in the UK and the transformations/changes it faces when it travels to 
the west. Research has also been done on how tuina, as an ancient form of massage that started 
early in 1700BC China, can benefit people’s lifestyles. Franco (2012) has demonstrated that 
many techniques used in tuina (e.g., acupressure) can help benefit stress relief and prevent 
depression because during the tuina session the use of these techniques creates more endorphins 
and serotonin. Similarly, Dune (2006) has explored to incorporate tuina into nursing, in which 
she believes that patients can benefit from the ways that the human body interact with tuina 
techniques to cure chronic body aches and stress-related disorders. Facing the status quo that 
tuina is still in the process of being recognized by the WM community, current research on tuina 
is mostly about its techniques (Susanna et al., 2012; Franco, 2012; Dune, 2006), how it can fit 
into the WM-dominated paradigm (Cooper, 2010), and its efficacy. Less scholarly discussion 
paid attention to the language use of tuina and the interactions between practitioner and patient. 
Understanding how tuina works from a medical or biomedical point of view is important for the 
proliferation of tuina practice in western countries, but we cannot dismiss the fact that TCM 
practice, same as other medical practices, is socially situated too, and since the situatedness of
TCM has been complicated by its translocality, globalization, and interculturality, being able to understand how TCM practitioner-patient interaction works is contributing to the knowledge of TCM in western societies.

In summary, this first chapter has introduced the background of TCM in the US and China, and I specifically focused on aspects of its globalization and translocation. I then introduced the three TCM treatments that I will focus in the following chapters—acupuncture, pulse reading and tuina massage. I introduced the medical basics and overviewed the scholarly backgrounds of the three treatments. In the next chapter, I will review the literature of the three main concepts—healing, silence and miracle cure, which I focus on in my analytical chapters.
Chapter 2
Theoretical Foundation

This chapter reviews the theoretical background of the TCM concepts relevant to my analysis—healing, silence and the miracle cure, for the purpose to explore how they are embodied and manifested through TCM sessions. Since less previous scholarly work has focused on the above three concepts of TCM, I draw discussions from the fields of health communication, rhetoric, and medical anthropology which later provide groundwork for TCM-specific theories and analyses to be made in the three analytical chapters. I adopt the key concepts here to demonstrate how they are embodied in acupuncture, pulse reading and tuina individually and characteristically.

Healing

Healing, as an act, a result or a state of mind, is what all creatures crave for, and it is limiting to say that healing only functions within the human society; non-human animals heal, plants heal, and even objects heal in the way of interacting with the environment for the purpose of adaptation. Previous scholarly work has discussed healing from various points of view—religious healing (Altridge, 2000; Barnes and Sered, 2005; Barnes and Talamantez, 2006; Barnes, 2007), medical and biomedical healing (Weil, 1983), and ritualistic healing (Kaptchuk, 2002). These scholars see healing as an important medical and scientific behavior as well as a spiritual and religious relief. Weil’s (1983) understanding of healing is particularly important as it crosses between the medical and the spiritual conceptions that healing is not only referring to physical body; this universal healing is also referring to the healing of the mind and soul and the fact that we are searching spiritual remedies such as meditation is also an example of the healing in the body. Identifying three types of healing—reaction, regeneration and adaption (p. 68), he
thinks, our body has the ability to cure itself; healing is one of the most important commonalities of all creatures (e.g., wound healing, bleeding, scarring). He says, “healing is not limited to all living things; I believe that rocks heal, too; their rhythms are just so slow compared to ours that we cannot see them change” (p. 72).

To focus on the healing of TCM, aspects of spirituality and philosophy should not be neglected since TCM is stemmed from Chinese culture and philosophies. Barnes (2006) sees the connection between religion and medical anthropology in which she emphasizes we should not overlook the diversity and dynamics of healing system across cultures and religions, and she writes:

…biomedicine is only one of many rich and diverse healing systems developed by human societies, and that biomedical illness categories, therapeutic responses, and meanings of efficacy are not universal. Some of these scholars, however, have been less successful in avoiding the reduction of religious systems to economic, political, psychological, or sociological substrata, with corresponding implications for studying the diversity of religious healing (p. 3).

In crossing between religion and medical healings, Barnes also sees the significance of healers. She is concerned that the term of CAM especially the “complementary” part of the definition that it reflects how the United States is marginalizing other healing systems and neglects the fact that people, not necessarily patients, can “arrive at the healer identity through culturally and religiously recognized forms of calling” (p. 15).

Healing of TCM is inseparable from the medicinal power and the Chinese herbs. Elizabeth Hsu has contributed much significant work to the acculturation and globalization of TCM in the English-speaking countries, and among many of her discussions, the interdisciplinary work between medical anthropology and ethnobotany is crucial to the understanding of herbal healing in TCM. Hsu (2010) problematizes the concept that “natural herbs” should be seen as a remedy in which she takes a specific look at the Chinese herb qinghao.
and emphasizes that each herb is loaded with its geographical meanings and cultural practice.

She further goes:

Herbal remedies, just like pharmaceutical drugs, are subject to culture-specific processing. Their therapeutic efficacy depends on the timing of collection of the plants; the techniques of persuading plants to be effective, sometimes through spells and charms, sometimes by cunning action; and their mode of preparation (p. 5).

Compared to Hsu, other scholars take a medical and healthful perspective to examine the multitude of TCM herbs and how the healing of each one of them functions (Reid, 1995; Hou & Jin, 2005).

Healing of TCM is grounded in the five-element theory which considers the resemblance of ecology between nature and the human bodies. The Chinese language considers nature daziran “the big nature” and the body the small nature of individuality which is dependent on the five elements. Zhao and Kinoshita (2006), in their discussion of TCM as an ancient medicine is benefiting modern females, reemphasizes that the key concepts of TCM—qi, zangfu (a TCM theory of how human internal organs work), five elements (gold, wood, water, fire, soil), and the importance of reaching harmony within human bodies and with the surrounding environment. They think that TCM is all about “restoring harmony in the body rather than pinpointing disease-causing bacteria and using antibiotics to fight them off” (p. 27) and the imbalance is the key and the only symptom to cure. Other earlier scholarly work has extensively interpreted, reviewed and evaluated the core theories and concepts of TCM (Hsu, 1999; Milburn, 2001; Scheid; 2002; Barnes, 2004; Barbaso-Schwartz, 2004; Kohn, 2005; Barnes, 2005; Teng et al., 2007; Hinrichs and Barnes, 2013), and among the many, Kaptchuk’s (1983) work is especially contributive to the TCM understanding in the western societies in which he describes the ideologies of TCM as a web that has no weaves, meaning that the connections between the environment and the human bodies are so embedded deep within that sometimes most of us ignore its existence. His work has
also contributed not only to the medical field but also to the field of philosophy when he see the interconnections between TCM and ancient Chines philosophers.

As the concept of holistic and wholesome is well known in western societies, the key to TCM healing is the ideology of wholesome healing. Pan (2003) discusses how TCM healing emphasizes emotional health besides yang “cultivating health within”. The emotional health Pan brought up here is different than mental health, it instead is a balanced state of mind following the tranquility principles of TCM philosophies. Zhao and Kinoshita (2006) utilized the wholesomeness idea to resemble the narratives of women’s health, in which they see the fundamental value of TCM is to prefer holistic to isolated:

In TCM, disease is an expression of the whole person—body, mind and spirit—in relation to the environment. Chinese medicine doesn’t just treat isolated symptoms in isolated body parts. It gently encourages an awareness of the self as a whole, which in turn promotes strength and healing (p. 8).

The healing of TCM contributes to the efficacy of TCM which is still a hot topic in western countries. Scholars such as Barnes (2005) have extensively discussed various aspects of how efficacy is received and interpreted by western patients. She identifies such the globalized TCM-healing as an ongoing “cultural process” which is entering a “larger cultural process” of acupuncture as well as a dilemma of defining the TCM efficacy in the United States. Her questioning of the “traditional” in the naming of TCM makes her believe that this borrowed concept is still at work and that it is harmful in the way in which it encourages the polarizing of “traditional” versus “biomedical”:

Insofar as traditional functions as a popular ‘good’ archetype, and biomedicine is stigmatized as the dark side of healing, both become parodies of actuality. The polarizing of traditional medicine and biomedicine overlooks both the biomedicalizing of traditional modalities and the modulating of biomedicine through the cultural influence of other systems (p. 241-242).
She mentions, that the healing concept in acupuncture is firstly considered more of a religious thought, and secondly, it is working towards the ultimate goal of self-healing; eventually, the TCM-healing is redirecting back to the self-healing ability that all living creatures have. Barnes’ ethnographic discovery is, however, more from the perspective of TCM practitioners and less concerning about the patient’s attitude and receptiveness of TCM healing. She sees the struggles of TCM in the western context and argues that TCM in and of itself is a “pluralistic system,”

I suggest that, as a pluralistic system in its own right, acupuncture in the United States not only illustrates but also contributes to culturally complex meanings of efficacy currently at work among us, providing an entrée into larger cultural process (p. 240).

She also writes about how acupuncture is invoking the ritual and religious healing in the philosophies of TCM that one way to understand how acupuncture achieve efficacy is how it evokes “ritual healing.” The westerners feel harder to resonate with the religious and cultural associations that the Chinese have with acupuncture and other TCM practices/treatment that the religious healing connection is harder to be made through the practice of acupuncture in the United States, and for some American acupuncturists, the practice itself is still attached to “healing the spirit:”

Although not indigenous to the Americas, acupuncture has long functioned as a traditional system for some, as a modality related to culturally grounded approaches to religious healing for others, and as an alternative or complement to biomedicine for still others (p. 241).

In addition, I see translation of zhongyi and zhongyao—the English translation of zhongyi as Chinese medicine is assigning a biomedical framework while limiting and overlooking the healing aspects of TCM, which is the yi part. Yi is a healing process when compared to yao which is a terminal medical object—the medicine that patients will consume.

More recently, because of the prevalence CAM (Complementary Alternative Medicine), aspects of its healing power gained attention both from the medical and the psychology fields, in
which placebo is emphasized by scholars such as Miller et al. (2009) based the lingering and residual thoughts of questioning CAM’s efficacy. Miller et al. point out that the discussion of whether the healing of CAM is related to the cultural feelings and rituals is an arising question during the globalizing of TCM. They say, that TCM healing is especially the one which they consider should be studied with the effects of placebo. Kaptchuk (2002), whose theorization of TCM plays an important role in the western understanding of TCM relates some of the TCM healings as ritualistic, which later he defines that as “performative efficacy” that weighs the cultural and ritual performativity more than the scientificity of the TCM knowledge.

In summary, I have reviewed literature of how healing has been researched both in and out of the context of TCM. To look at the embodiment of healing in this thesis, based off of the above review of literature, I focus on how healing is embodied, communicated and enlivened as temporalities within the interactivity between the practitioner and the patient and how it constructs and maintains a cultural relationship with TCM. More specifically, I see the healing discussed in this thesis as an interactional cultural construct between the practitioner and patient in treatment sessions.

Silence

Silence scares us. Guessings of “What’s wrong?” “Did I do something?” or “What’s he gonna do?” often cross our minds when silence occurs in interactions with friends or strangers; or with significant others, the “silent treatment” is given only when something is unsolvable and usually associated with anger. In Glenn’s (2004) insightful look into silence not only as a rhetoric but as a rhetorical art, silence especially unexpected silence is troubling, problematic and negative. In this very verbal Western society where speech and self-marketing are promoted, silence tends to be unappreciated. Interactionally, silence is also problematic. Jefferson (1989)
argues that the maximum length of silence in Western conversations is no more than 0.9-1.2 seconds, which indicates that any silence longer than that might trigger questions or embarrassment. But besides the worries and negativities it brings into interactions, silence does not mean that it is uninteractive and meaningless; in fact, not only silence is interactive in itself but it also delivers meanings based on different sociocultural contexts (Glenn, 2004).

Similar to everyday interactions, silence occurs and is also interpreted differently in institutional interactions. Chapter 5 in this thesis analyzes the data collected in the City of Kunming in Southwest China and aims to make observations of the interactional meanings of silence in Traditional Chinese Medicine (TCM) settings. Specifically, the interactions of one of the diagnostic TCM methods called Pulse Reading/Checking/Taking is the main focus. Since TCM has a long history and is now widely practiced in China and internationally, the intersection of it being culturally and institutionally distinct is what makes the interactions within worth paying attention to. The current study uses video-recording data published on YouTube and YouKu supplemented by the ethnographic fieldwork (e.g., field notes and practitioner interviews) done by the author in 2014 at a private TCM practitioner clinic in Kunming China. Using discourse analysis, silence in pulse reading is found to be highly interactive in embodiment between the patients and the practitioner, and like what was identified by Heath (1986, 1992) in Western medical interactions, asymmetry in both verbal and silent interactions is evident; also, how silence influences the practitioner’s delivery of diagnosis is another important finding. This study ends with the implications, possibilities of future studies of TCM interactions and how it can benefit patients, practitioners and the TCM community both in China and in the US.
Silence is not a new topic in scholarly work, and that silence does not equal a lack of interaction is usually the premise of most discussions. Silence is categorized as either verbal or rhetorical silence (Brummett, 1980). Many rhetoric scholars have helped us understand that silence is not only interactive but also meaningful (Scott, 1972; Brummett, 1980; Scott, 1993; Cloud, 1999; Bell, 2014), among these studies, silence has been identified as highly communicative and rhetorical but at the same time risky and unresponsive in different contexts. Glenn (2004) pointed out that silence delivers meanings based on different social contexts:

Containing everything in itself, silence is meaningful, even if it is invisible. It can mean powerlessness or emptiness—but not always. Because it fills out the space in which it appears, it can be equated with a kind of emptiness, but that is not the same as absence. And silencing, for that matter, is not the same as erasing. Like zero in mathematics, silence is an absence with a function, and a rhetorical one at that (p. 4).

Tannen and Saville-Troike (1985) started the discussion of silence in various situations in interaction by saying that the absence of words and sound of silence shall not be seen as empty and meaningless. Among the many messages that silence may convey, Bruneau (1973, cited in Tannen and Saville-Troike, 1985) categorizes the meanings and functions of silence into psycholinguistic, interactive and sociocultural.

However, in the more talkative Western societies, silence is not appreciated; similar to the blanks waiting to be filled in exam questions, that if one turns in an unfilled question then what waits ahead is a low score and a message to the teacher that one has not spent time studying. Not only silence associates with and sends negative messages but it also urges people to “say something” to fill the blanks. Turner (2012) explains, “silence, in fact, is widely regarded as nothing more than a disagreeable hole that must be filled at all costs and by whatever means come to hand” (p. 2). The simplification of silence means nothing and speech means at least something is challenged by scholars. Acheson (2008) refuses the dichotomy/binary of silence-
speech and emphasizes that silence shall not be treated as blank and as “zero-signifier” (p. 537), instead she offers that silence itself is not only semiotically paralleled with speech but also is an embodiment because our bodies can detect and hear it. She further explains that:

Silence, too, is unavoidably an embodied phenomenon. We only know it to be present because we sense it, and I do not mean to limit this sensing to what we hear, for silence is more than heard. We feel it in our bodies. Silence produces emotional and physical symptoms in our phenomenal bodies, both when we encounter it and when we ourselves produce it. (p. 547)

In other words, Acheson argues that silence instead of being seen as invisible it should be taken as embodied and gestured. Also, Scott (1993) addressed that the dialectic relationship between speech and silence needs to be revisited since ambiguities, changes, and interpretations exist in between the two, that silence and speech shall not be in binary position, and silence, like speech, is communicative. But in terms of the normativity of silence length, Jefferson’s (1989) observation of the maximum time of silence in between daily conversations is no more than 1.2 seconds, which means that if silence lasts longer than that someone will start talking, otherwise both listener and speaker might start making guesses, usually negative ones, about the “long” silence as “trouble pre-monitory.” Since Jefferson’s findings are based in the Western sociocultural context, scholars are curious about indications of silence in non-Western cultures and at the same time feel the need to what these differences say about silence in interactions.

Studies of silence done in other cultures have demonstrated that not only longer silence is accepted but also in some cases it tends to be normative. Basso’s (1996) encounter with Apache community and Carbaugh’s (1999) ethnographic work among the Blackfeet community both indicate that silence means respectful listening and silence itself instead of talking all the time is how they solve problems and communicate. Mushin and Gardner (2008) studied recordings of Australian aboriginal conversations in which they found out that the “comfortable silence” is
longer than what Jefferson (1989) suggested in daily Anglo-American conversations and they also found out that the Australian Aboriginal culture does not see long periods of silence in conversations as problematic. Molina-Markham (2014) pointed out that silence is how the Quakers make decisions in meetings. In his book *The Power of Silence*, Turner (2012) explores the role of silence in religion, which provides chances for people to hear themselves and even save lives. Turner ends his book suggesting that we all reflect on and embrace the power of silence:

> I salute all those, from any and every walk of life, who recognize the value of silence and have been trained to use it with the skill and discretion that it demands and deserves. And to those who have never tried to tap its riches, I would say: give it a try, there is nothing to be lost. There may be no quick pay-off but, if you ignore its possibilities, you may be robbing yourself of a great and enriching adventure in travelling through what is, after all, our own, unique inner universe. (p. 246)

Turner’s suggestion not only addresses the importance of silence but also privileges it as a strategy to listen to yourself and tackle difficulties in life. Silence has also been studied in the field of intercultural communication. Nakane (2007) uses second language learning classroom interactions of Japanese and Australian students to examine the role of silence. The author uses the case studies of language learning in order to demystify and to redefine the so called “silent East and articulate West” that silence, at least in the studied intercultural communication cases, is contextually constructive and performative; not only do the cultural contexts but also the languages matter to how silence functions at interactions.

The use and functions of silence have also been explored in intuitional interactions. Though there shall not be a clear distinction between institutional and ordinary interactions, Drew and Heritage (1992) offers three dimensions that researchers interested in analyzing institutional talk might pay attention to: goal-oriented, constraints and inferential framework. Heath (1986) specifically looked into the physical examination in Western medical
communication, in which the doctor’s hands are “licensed” to perform inspection on patients’ bodies; he focuses on doctor-patient bodily interactions and finds that silence is associated with patients’ embarrassment and disengagement. Besides, silence is also discussed in classroom interactions. Leander (2002) studied the strategy of silencing in classroom interactions as a way to produce, relate and embody social spaces. Her study relates to the concept that Glenn (2004) offered, that silence is not a still and stable phenomenon, but instead, it circulates, flows and hops in between conversational sequences. Both Turner (2012) and Leander (2002) have reminded us that silence is not only a strategy but also a powerful one, but in everyday life, silence is everywhere according to Glenn (2004), that it surrounds people, travels among conversations and sends messages. Since this thesis determines to observe silence in TCM during the pulse-reading period, silence is then investigated cross-culturally in medical interactions both as a strategy and as inherent in interactions.

Even though previous scholarly work has not neglected silence in medical interactions especially with Heath’s (1986) work looking at silence in physical examinations in Western medical communication, but not much research has focused on silence in TCM communication. However, TCM as a field has been discussed previously by scholars from the perspectives of practice techniques (Bing et al., 2010), spirituality (Shi and Zhang, 2012), cross-cultural concerns such as issues of translation (Pritzker, 2012), social meanings (Kong and Hsieh, 2012) and cultural brokerage (Lo, 2010) and globalization (Boozang, 1998; Stollberg and Hsu, 2009; Chung et al., 2010). Pulse reading as a TCM diagnostic methodology is usually discussed by scholars interested in its standardization as the diagnosis delivered after pulse reading has been criticized to have the tendency of being too subjective (Chung et al., 2013), how it works scientifically as a diagnostic method (Hsu, 2000) and its historical and anthropological
indications (Hsu, 2008). In the specific context of TCM, silence was brought up by anthropologist Judith Farquhar, she sees silence, in the process of pulse reading and other TCM diagnostics, posits the problem of the binary of silence-speech in TCM treatment (Farquhar, 1994). Farquhar has looked into the English translation and the original Chinese terminologies of TCM, in which she found out that the TCM practitioner disassociates the illness from the patient and treat it as a separate yet wholesome entity. Just as the term “looking at illness” goes, there needs to be silence in the process in order to observe it and detect the problem. My thesis takes an ethnographic discourse analysis perspective to investigate the interactional features of silence during the phase of pulse reading in TCM interactions; related to healing of TCM, Csordas (1994) discusses silence as a way to channel through religious and unconventional healing.

In summary, I have reviewed literature of how silence has been researched in the field of communication, rhetoric and TCM. Looking at silence during pulse reading in this thesis, I focus on how silence is treated in the interactivity between the practitioner and the patient and the cultural specificity of silence in the context of TCM. I pay attention to the ethnographic narrative of how practitioner and patient react to, interact within and make sense of the silence they are immersed in. With the interview notes, I also discover that the interactivity of silence in TCM is more of the interactivity of silences, in which both the practitioner and the deal with the heart-mindful silence to achieve at the state of silence which is appropriate and benefitting TCM pulse reading.

**Miracle Cure**

Miracle is often related to superstition, indigenous rituals, religion, spirituality, myths and the supernatural. With this said, when attached to the concept of cure, especially for medicinal and health purposes, it is less considered to be scientific and more to be unexplainable
phenomena that should never be seen as legitimate treatments. Here, since not a lot of scholarly discussions have mentioned the relationship between the TCM medical knowledge and the miracle cure, I will first begin to review some theories and previous works on miracles and later I will review literature that crosses between miracles and medicines with a specific focus on TCM.

Miracle has been adequately discussed in the scholarship of religion, especially Christianity and the involvement of God (Ashe, 1978; Woodward, 2000; Weddle, 2010). Twelftree (2011) expands on the topic of miracles in different religions with a focus on how the unknown becomes miracles with the intervention of various religious beliefs. Basinger (2011) makes the notion that there should not be and will not be one standard way to think about and to define miracles. In fact, miracles are loosely termed in daily language use that ‘miraculous’ could at the same time be one suddenly found a pen that has been lost for days and an uncurable illness was cured. Miraculous healing is another topic that religion studies scholars are deeply concerned, since it is complicated by the intertwining of indigenous ritualistic influences and the recognized healing of the self and the mind. Hvidt (2011) researched patients’ beliefs in miraculous healing and how physicians should cope with that given the fact that sometimes they are both positive and negative resources. He further explains:

One the one hand, it may imply a risk by camouflaging a deferring attitude as when patients decline medical treatment on the basis of their belief in divine intervention, or demand utopian life-prolonging treatment so that God may be given time to perform a miracle. On the other hand, faith in miracles forms an important part of a well-integrated religiosity by inspiring hope and so helping patients to find meaning and initiative in situations in which they might otherwise be tempted to give up (p. 309).

What Hvidt concerns about is the aspect of worship in miraculous healing and the involvement of a religious faith, in which he determines that it should “in no way be viewed as pathological or as a sign of deferring attitude, since it is an integral part of many important faith traditions that have a transcendent divine reality” (p. 322).
As mentioned above, comprehending miracles in the medical setting is through studying the indigenous healing rituals and habits in different cultures; “miracle makers” is what differentiate the medical healers and the indigenous unconventional healers. Kleinman (1981) points out that especially for medical anthropologists, knowing about cultural indigenous healing rituals is crucial in understanding their health care systems. Kleinman’s reminders to cultural and medical anthropologists are also encouraging comparative cross-cultural healing research. He focuses on the field of psychiatry and notes that at the intersection of indigenous and modern healings, there might be significant indications of prospective psychiatric care. Earlier in time, Kleinman and Kunstadter (1978) have compiled case studies of indigenous miraculous healings in Asian societies, in which they have already made clear of the significance in recognizing and contributing to medical pluralism; they see the relationship between biomedicine and such unconventional medical miracles as “a range of response to plural traditions, from attempts at exclusivity to active competition, or to mutual co-existence or incorporation of diverse traditions into the legitimate national medical system” (p. 11). From believing miracles to forming medical knowledge, Sullivan (1989) thinks that in the process of cure-seeking, to form and medical knowledge is “the curer’s willingness to become familiar with what is new or strange in the repertoire of cultural wisdom” (p. 3). Both Kleinman and Sullivan have seen the significance of making sense of the crossings between beliefs of miracles and cultural medical knowledge, and both of them point to the fact that medical practices are in a way cultural practices. But unfortunately, most of the so-called “cultural” medicine and miracle healing are defined in a biomedical framework, such as Levinson and Gaccione’s (1997) encyclopedia of the scientized and deconstructed medical practices from multiple cultures.
A new trend of understanding medical miracles or magic is the efficacy of alternative medicine and the involvement of technology in medical treatment. Offit (2014) opens up the discussion passionately by expressing how much the acceptability of alternative medicine has increase dramatically in the United States:

Americans love alternative medicine. They go to their acupuncturist or chiropractor or naturopath to relieve pain. They take gingko for memory or homeopathic remedies for the flu or megavitamins for energy or Chinese herbs for potency or Indian spices to boost their immune system. Fifty percent of Americans use some form of alternative medicine; 10 percent use it on their children. It’s a $34-billion-a-year business (p. 1).

Offit offers case studies of how alternative medicine eradicates many of the illnesses that modern Americans have and thought they were just unhealthiness instead of illnesses. Vitamin and other plant-based supplements that are derived from TCM are what he claims to be the magic tricks of alternative medicine. On another note, Wyke (1997) takes a creative and bold point of view of looking at miracle medicine that are involved with robots, wonders and immortality. In his discovery, the miracle partially lies in the fact that technology eliminates the role of human physician and enables the freedom of heath and longevity engineering. What Wyke calls the “digital medicine” and “engineering health” is the experimental thoughts aiming for the betterment of future medical treatment and health care.

However, limited scholarly work has focused on miracle cure in the particular context of TCM. We cannot ignore Zhan’s (2009) work of the worlding of TCM in which some of her ethnographic encounters and observations have mentioned the concept of miracle cure which is based off of her earlier work on the observations of TCM “miracle workers” (Zhan, 2001). She defines the TCM miracle cure as the medical ability to solve yinān bīngli “suspicious and difficult medical cases”, which she refers to how the “folk medicine” that does not seem convincing within a biomedical framework can cure odd illnesses that seem uncurable to western
medicine practitioners. Zhan’s work specializes in how the TCM medical knowledge is being marginalized and othered, in which she describe when clinical success becomes miracle it is in fact a way to impose biomedical authority on TCM treatment and to dismiss its efficacy. She further explains that the marginality of TCM is “constructed and constantly transformed through a set of uneven, interactive sociohistorical processes of knowledge formation” (p. 93). Zhan’s understanding of TCM miracles is a way in which it negotiates “knowledge and authority in professional and broader social networks” (p. 93). On one hand, she sees such marginalizing as a potential way to promote and improve professionalism of TCM practices in the United States, but on the other hand she considers doing so is limiting the knowledge formation:

Thus various configurations of the marginality of traditional Chinese medicine suggest that as scientism mediates the professionalization and transformation of Chinese medicine into a sensational, transnational phenomenon, it also refines and even reduces the repertoire of traditional Chinese therapies (p. 106).

Zhan eventually proposes that the Great Divide (TCM versus WM) is still the dominating discourse in the TCM practice of the United States. Through analyzing miracle cures in TCM, whether it is called clinical miracles or unexplainable phenomena, she thinks that when we see TCM we should all be a bit “miracle-minded” (p. 116). What I offer in this thesis in Chapter 6 is similar to Zhan’s approach of examining the miracle cure in TCM through its actualization—from the respective perspective of the practitioner and the patient, through practitioner-patient interaction and through in general the production of TCM discourse, but what differs from her discussion is that I focus more on the patient, or the lay perspective of the miracle cures in sessions and how that affects, contributes to, and reflects the TCM narratives in China.

In summary, I reviewed literature of how miracle is discussed in the field of religion and medicine. With such theoretical background, I am looking at the miracle discourse initiated by the patient in TCM treatment sessions to attempt to examine how the patient and the practitioner
react to the miracle discourse and how it is related not only to the efficacy of TCM but also to the cultural and national pride of TCM being a miraculous treatment. I also look at how, because of the differentiation in TCM and WM frameworks, miracle is not pursued as a scientific and biomedical topic but as an identity marker and a way to maintain the holistic concept of TCM. In the next section, Chapter 4, I mainly discuss the embodied healing in TCM acupuncture treatment sessions in Kunming China and the United States.
Chapter 2

Data and Method

Data

In this thesis, the data I use is the video recordings of TCM treatment of acupuncture, TCM herbs prescription and massage/tuina published on the Internet. English is the language spoken in one video and Chinese dialect and mandarin are spoken in two videos. I also will use my ethnographic notes I took in Kunming China when I visited a private TCM clinic owned by practitioner Doctor Wen who is an experienced TCM practitioner and a long-time friend of my parents. Through interviewing with Wen who has been treating patients in Kunming for over 25 years, I took notes of the comments he had during the demonstrative sessions that I was invited to, the narratives of TCM treatment interactions he experienced, his practice philosophies, and his thoughts on the globalization of TCM. Together with the analysis of the video recordings, the interview and the ethnographic notes aim to supplement as well as contrast with the ways in which TCM is practiced in the West and the embodiment of TCM concepts.

Using key words such as “acupuncture sessions/practice/treatment” “tuina” “Chinese medicine” along with the related videos that YouTube and YouKu (a Chinese video sharing website similar to the functions of YouTube) suggested, the rationale of the data selection is based on the suggestive purpose, the length, the content, and the interactive-ness of the videos. Through multiple search attempts, the prominent types of TCM treatment videos found on YouTube are of demonstrative, advertising and introductory purposes, and many of those are scripted and I identify them as semi-naturalistic iterations. In these iterations, especially when the practitioner uses his/her TCM knowledge to present diagnosis, some naturally occurring utterances such as the verbal filler “um” and the false starts in sentences are evidently shown in
the videos. For the purpose of this thesis which is focusing on the embodiment of TCM concepts during sessions, although the length of the videos ranges from two to thirty minutes, only relevant parts are analyzed. Depending on the different purposes of the videos, the level of interactive-ness between the practitioner and the patient can vary, such as, scripted demonstrative videos may include less interactions and unscripted naturally documented ones may have more interactions. Given that the current thesis focuses on the embodiment in the discourse and context of TCM (of its concepts and ideologies) rather than the embodiment in the conversations between the practitioner and patient (the verbal and nonverbal exchanges), I look at videos of both high and low levels of interactive-ness.

The first video recording name “Acupuncture-Back Pain Treatment-Full Version⁴” published on August 22, 2013, was accessed through YouTube. It is a nine-minute-thirty-second long video of a full treatment except the needle staying stage with a brief introduction of the acupuncturist in the beginning. According to the video description, the acupuncturist, Ingri Boe-Wiegaard, has over 30 years of practice experience and is now a practitioner at CT Acupuncture Center located in Fairfield, Bethel and Wilton in Connecticut in the United States. In the recording, the practitioner is treating a male patient aiming to release his back pain; the session took place in a room with dim lighting where the patient lies face down. With the link of the acupuncture clinic website provided in the video description, one can also access this video under the “about” tab in the category of “interesting videos.” Among all the videos on the clinic website, the one selected here is the only one that showcases the whole treatment session while others are informative videos of how acupuncture can help treat different physical discomforts. In Chapter 4, I analyze this video with a focus on how the concept of healing is embodied by the practitioner. I then draw comparison with my observations from the Chinese treatment session

⁴ Video link: https://www.youtube.com/watch?v=fqUuPkaHFDI
where the patient takes a more active role in embodying healing and the feelings of sensation. Conversations in this video will be transcribed and jpegs will be captured if necessary to illustrate gestural movements.

The second video named “TCM pulse reading” is selected from YouKu, a Chinese online video sharing platform similar to YouTube. The video length is three minutes and ten seconds, which, judging from the dialect the practitioner speaks and the Chinese characters (“Dali” is city in Yunnan province in close proximity to Kunming city) on the patient’s T-shirt, demonstrate a pulse reading between a “folk practitioner” and a tourist patient. The patient in the videos speaks a Chinese northern dialect close to mandarin and the practitioner speaks a southwestern dialect which is similar to Kunminghua (dialect or Kunmingese). The pulse reading is practiced in the practitioner’s house instead of in a TCM institute. This video will be analyzed in Chapter 5 together with the on-site observations and documented dialogues from the pulse reading session in Kunming.

The third video called, “Fully Documented Big Love,” a Taiwanese documentary series dedicating to discover the hidden Chinese treasure living in the modernized world; one episode aired on August 11, 2012 named The Hand that Handles Pulses is a 48-minute long depiction of the TCM practitioners who are seemingly disappearing in the westernized society but are increasingly gaining the trust and respect from patients of younger and older generations. This narrative-based documentary also juggles with the TCM ideas of miracle cures, holistic healing and the human body synchronizing with nature. Deconstructing this comparatively lengthy video seems to be unachievable considering the limited length of this thesis; instead, I choose to zoom in at the following two areas: the patients’ testimonials of healing and the practitioners’

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5 Video link: http://v.youku.com/v_show/id_XNDM3MTQ1MjQ0.html?from=s1.8-1-1.2
6 Video link: https://www.youtube.com/watch?v=FIQa6HqKm6M
narratives of the core and basic concepts of TCM. With looking at these two areas, I see it as a
thread of miracle cure associated with national identity which weaves into the storytelling. This
video will be utilized partially in Chapter 5 and mainly in Chapter 6 where I discuss the miracle
cure responses initiated by the patient at the tuina massage session I observed.

Besides the videos, this thesis also takes into account of the interviews with a Chinese-
speaking practitioner, Wen, along with my observations at four TCM treatment sessions
including acupuncture, herb prescription and tuina. I conducted a semi-structured interview\(^7\) with
the practitioner at the clinic as well as one follow-up online Skype interview. I took notes during
the in-person interview and the online interview and have audio recorded the online interview.
The in-person interview was conducted ethnographically along with questions arising from
observations on site, and the online interview was constructed in a structured fashion strictly
following the question list. The language the practitioner speaks is the local Kunming dialect,
Kunmingese or Kunming hua, which is a regional variety of Chinese mandarin, and all the
answers were transcribed and translated to English. The notes and the interview transcript
supplement the data analysis of TCM treatment recordings and the observations conducted at the
practitioner’s clinic. Both of the interviews are expert testimony which do not contain
identifiable personal information. The semi-structured in-person interview was conducted on site
after the practitioner has finished his sessions, in which he talks about past TCM treatment
narratives, stories arising from experiences that he had with patients, personal comments on
TCM and so on. The structured online interview is focused on the communication and
interaction between TCM practitioner and patient.

I was permitted to sit in four TCM treatment sessions at the practitioner’s clinic, through
which I was able to take field notes, ask questions and interact with the patients. The four
\(^7\) See interview transcript in Appendix B.
sessions that I sat in were one acupuncture, two herbal prescription, and a tuina massage sessions. Except the acupuncture session which lasts around ten minutes, the other sessions are all within four minutes. I sat quietly in the treatment room with no interaction with the patients and the practitioner during the sessions. The practitioner recorded the sessions for the purpose of his professional demonstration sessions and it also allows us to retrieve the interactions afterwards, with specific focus on the gestural movements. I will not use transcription and images of the recordings in this thesis, and the conversations included in the analysis are recollected based on the notes I took during the sessions. For the purpose of this thesis, the observations will be used to exemplify the embodied TCM concepts as well as to begin a comparative analysis with the English-speaking treatment video in Chapter 4. The structure of each of the three analytic chapters unfolds like this: I will first narrate and describe the relevant and significant moments during the sessions, followed by observations and discussion of the sessions and analysis of the selected videos, and I will then align the analyses of the two interactions in order to draw implications from the differences and similarities between the two sets of data; I end each section with a summary of my analysis and discussion. In each chapter, the interviews with the practitioner are supplementary to the analysis and comparison.

I included three types of questions in the interview with the practitioner in terms of content, but all of them are open-ended questions that allow the practitioner to expand on his thoughts. The first type of questions are general inquiries, through which I intended to give the practitioner the freedom to navigate the directions of his focus while answering, such as “What do you think are the best ways to communicate with a patient?” in order to later supplement and compare with my observations and the video-recording analysis. The second type of questions are session-specific inquiries, in which I draw on my own observations during the treatment
sessions to form questions, such as “During the session I have noticed that the patient was initiating talks with you in the middle of pulse reading, do you consider that a disfavor as the silence is needed for reading pulse?” so that the practitioner can either agree/disagree with or expand on my thoughts. The third type of questions is narrative-eliciting inquiries. Since I have come to know through personal family contacts that the practitioner has been treating patients for over 30 years, it is worth exploring what treatment narratives are memorable to the practitioner and what implications relevant to this thesis can be drawn. These three types of questions were not aligned in a specific order; some were asked spontaneously, and some were formed as follow-up questions. I also asked the practitioner for clarifications of some concepts that are novel to me and for explanations and examples of concepts that are significant to my thesis focus.

Analysis in this thesis unfolds this way: I will first analyze the English-speaking acupuncture treatment videos to compare with the TCM session observations made in China in Chapter 4, in which I focus on the embodiment of healing and feelings in the practitioner-patient interaction. In Chapter 5, I will analyze the TCM herbs prescription video and compare with the Chinese-speaking session observations, with a focus on how silence is treated and situated in interaction. Chapter 6 analyzes the TCM massage/tuina session with a focus on how the concept of the miracle cure is embodied in the interaction. I will conclude my analysis and suggest future research directions in Chapter 7.

Method

This thesis uses a combination of methodologies of ethnography and discourse analysis, or I call it ethnographically-informed discourse analysis, through which I investigate the context of some key TCM concepts and how they are manifested and embodied within the practitioner-
patient interaction. Adopting ethnography, I was able to take field notes on the way to the clinic, at the clinic and during treatment sessions; observations I made while the practitioner and I were walking together to the clinic serve to give a geographical and cultural background of the clinic in order to provide its spatial and cultural context; notes I took at the clinic during sessions are to provide a description of the session together with my analytic observations. The notes I took are bilingual using both Chinese and English writing, and I very often code-switch in my note-taking which I find very efficient at capturing intercultural observations and information that a monolingual note would not suffice.

Ethnography provides me with a way in which I get to interact with the renderings of TCM. Through walking towards the clinic building by passing three Starbucks and two KFCs, I came to understand the unique situated-ness of TCM in this place where it was originated; through smelling the herbal scents and hearing the rumbling of brown paper packing up each prescription, I realized how TCM can form such a cultural space with multiple modalities like this; and through interacting with the patients, I was able to sense the trust they have for TCM.

Ethnography, as a big field of studies, has branched into different disciplines. Biehl (2013) has argued that ethnography should not service theory, by which he means that the interaction of ethnography and theory is the best way to analyze our surroundings. He suggests that our “ethnographic encounters” will eventually be constructing “ethnographic realities” which is no more or less than theorization. He says, “in resisting synthetic ends and making openings rather than absolute truths, ethnographic practice allows for an emancipatory reflexivity and for a more empowering critique of the rationalities, interventions, and moral issues of our times” (p. 575).

To emphasize how ethnography can help scholars shape and shift views of their observations, he continues to say:
“In science (and in philosophy, for that matter), human subjects appear, by and large, as sharply bounded, generic, and overdetermined, if they are present at all. But ethnography allows other pathways and potentials for its subjects—and for itself. In our returns to the encounters that shaped us, and the knowledge of human conditions we produced, we can learn from our experiences anew, live them differently, acknowledging an inexhaustible richness and mystery at the core of the people we learn from.” (p. 577)

Since Dell Hyme’s methodological invention of the ethnography of communication in 1962, the study of language use in different speech communities is encouraged to combine with ethnographic participations and observations in order to address “a largely new order of information in the structuring of communicative behavior and its role in the conduct of social life.” (Saville-Troike, 1989, p. 2) Philipsen and Carbaugh (1986) found out that there has been a deficiency in the literature of ethnographic communication since 1962, and throughout the intensive list they have provided of the work completed after 1962, a trend in comparative analysis in prominent where scholars participate in the speech communities of different cultures and compare with their own cultures of origins. Carbaugh et. al (2011) identify that ethnography in communication leads scholars to create discursive reflexivity among their experiences; they then suggest a more specific way to do ethnography in communication is what they call cultural discourse analysis. With a focus on finding particularities and generalizing, the ethnography in communication aims to understand the language in use in specific cultural settings which is directed towards concepts and theories that are contributive to human communication (Saville-Troike, 1989).

Zhan (2009) mentions that the importance of anthropological and ethnographical perspective to study medicine lies in the fact that all medical practices are socially situated. My thesis is doing context work meaning that I aim to provide context to medicine globalization by revealing and opening up interaction at TCM practices. Also, instead of studying cases that are removed and departed (such as TCM practiced in the United States) from the origins, looking at
TCM interaction-in-practice provides a better and wholesome understanding of medicine globalization and pluralism. Meanwhile, I immerse myself in the speech community of my own—Chinese, specifically Kunmingese dialect, which I can call it the culture of my own since I was born and raised in the city and have lived there for 25 years. This way of studying one’s own speech community and culture is advantageous in the way in which one is able to see through the implicit cultural and social system and use oneself as “sources for information and interpretation” (Saville-Troike, 1989, p. 109) to make explicit understandings. Saville-Troike also mentions that ethnographers who study their own culture can provide “validity and reliability” (p. 109) that quantitative social studies are partially lack of. In the case of the current thesis, the language I speak and the many years of living experience allow me to not only talk with but also build relationships with members of this speech community and culture, both of them are essentially important in understanding their socio-culturally situated language in use. Since talk is not the only material that I analyze, other artifacts such as photographs taken in Kunming and websites of TCM clinics are crucial in order to understand the cultural context of TCM in Chinese settings, for which I adopt the approach of discourse analysis to decipher.

Discourse analysis (see Schiffrin, Tannen and Hamilton, 2001; Scollon & Scollon, 2001; Johnstone, 2002, 2008; Tracy et al., 2015) is a qualitative method which aims to understand language in use and the situatedness of interactions. In this thesis, I will analyze the speech, language in use, the cultural background and context of TCM in China and the United States, and the unspoken and nonverbal using discourse analysis, and according to Scollon and Scollon (2001) that besides the close-up analysis of linguistic details and texts, “discourse refers to socially shared habits of thoughts, perception, and behavior reflected in numerous texts belonging to different genres” (p. 538). They have also looked at since Hymes’ (1961, cited in
Philipsen & Carbaugh, 1986) ethnographic investigations in communication, how discourse analysis, as an approach, should be considered when analyzing intercultural/cross-cultural communication. The current thesis looks at video recordings of TCM treatment sessions, interview conducted with Chinese practitioner and observations of demonstrative treatment session videos. Using discourse analysis, I aim to examine the language use of practitioner and patient in order to determine how some of the core concepts of TCM such as energy and yin/yang are embodied, specified and escalated in the interaction. Because English is the speaking language in x videos and Chinese is in x videos and the interview, discourse analysis also offer to compare the embodiment in both languages to find intercultural similarities and differences. Adopting both discourse analysis and ethnography allows me to contextualize the practice of TCM via a lens of speculating interactional details (e.g., nonverbals), contextual cues and TCM as a global discourse. Discourse analysis aims to look into the situated-ness of TCM concepts, meaning how they are embodied and manifested in practice, while ethnography aims to supplement to the richness of TCM-concepts-in-interaction and to provide another layer to be reflexive about the embodiment of TCM concepts.
Chapter 4

Embodying Healing in Acupuncture: To Heal is To Feel

In this chapter, I focus on how the concept of healing is embodied and manifested in the acupuncture treatment. Looking at one demonstrative acupuncture treatment video published on YouTube together with my ethnographic notes and observations conducted in Kunming China, I attempt to observe how the healing is embodied through feelings and how the effort to maintain this feeling-centered discourse is contributing to the qi discourse that the practitioner and the patient construct together during the session. I also compare the session filmed in the video with the session depicted in my field observations, in order to investigate how TCM concepts are embodied and elaborated differently and similarly in two different settings, both interactionally and culturally. I will draw conclusions from the comparative analysis with the attempt to suggest what the interpretations and embodiment of TCM concepts in two settings mean to TCM globalization and worlding.

TCM in Kunming

Kunming is a beautiful city. It obtained the nickname of “The City of Spring” as the city is warm and sunny all year round, and it is also the temporary home for the Siberian sea gulls every winter. The Green Lake part located in the center of the city is where you see taichi group exercise in the morning and where you can enjoy a view of intercultural architectural styles. What stands out in the crowd is the best hotel in Kunming adjacent to a newly built ancient-style house, with the dragonhead door nob, the guarding stone lions and the calligraphy inscription in golden color. The golden calligraphy says Sheng Ai Zhong Yi Guan meaning “Holy Love Chinese Medicine Hospital”. This palace-like clinic has become a popular place for local residence to go to visit TCM practitioners, and not only because the decoration has a Chinese

8 Sheng Ai Zhong Yi Guan website link: http://www.shengaitcm.com/
nostalgic impression but also the “traditional” in TCM is emphasized here through the visuals and the surroundings. The name of the clinic carries the cultural message of TCM—renxin renshu, meaning to the key to cure a patient for a practitioner is to practice with mercy, compassion and love. At the intersection of modernity and traditionality, many clinics in Kunming are aiming for the retrospective images as to conserve and remind the citizens of the rooted-ness of TCM.

In Chinese, guan (pavilion, or cultural places) and yuan (hospital, clinic) are two common words to describe places that provide TCM treatment. The difference is, while guan portrays architectural images of ancient Chinese temples, pavilions and teahouses, yuan carries a more scientific, structured, and westernized architectural reflection. However, when places that are not nation-owned, such as the Holy Love Chinese Medicine Hospital mentioned above, they tend to make effort to differ from the government-regulated TCM hospitals, such as Kunming Municipal Hospital of TCM\(^9\), by expressing the cultural values of TCM through the retrospective naming and architectural design. On the official websites, while the private-owned uses elaborate red color, golden-brushed calligraphy, and red lanterns suspending from the ceiling of a pavilion, the nation-owned praises its practice development labeled “scientific” and “western medicine integrated” in a simple white and green background where no significant Chinese cultural entities are incorporated. The biomedical standardization and westernization that the nation-owned hospitals are aiming for somehow suppresses the cultural aspects of TCM, as anything “cultural” does not seem to cure a burning pain as efficiently as something “scientific” and “medically proved”. Despite such a conflicting interaction of the west and the east in mind, I stepped into a clinic, that as well, has no evidence of traditional Chinese culture. No water ink paintings were found hanging on the wall and no fierce and powerful black ink calligraphy was

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present. The practitioner and I walked in before the acupuncture session started as he was carefully scooping loose tealeaves out of a container into a glass jar. He then poured steaming hot water into his tea glass, and as I was glancing at the rise and fall of the tealeaves he started to tell me stories of the “miracle” cases he ran into over the past 30 years of his practice, including once he used needles to make a child walk again, and when he witnessed one patient’s skin becoming transparent so that his meridians are clear, in fact the clearest, to identify; “having met such a patient means that I have yuanfen (meant to be by fate) with acupuncture, that I shall only and always be a TCM practitioner, and that’s my life,” says the practitioner.

After we have chatted for a while, the first patient, Yan10, walks in. She greeted the practitioner jokingly about how she voluntarily wants to be stabbed by needles while constantly rubbing her neck. “Is that the neck again? Don’t worry; it will be gone in a minute. Why don’t you sit down first so that I can stab you,” the practitioner says back to her jokingly. The patient looks very relaxed; she sits down on a stool saying that it has been a while since she last visited an acupuncturist. Intriguingly, “silver needles” (yinzhen) is what she calls acupuncture in her local dialect, which I assume has two cultural underpinnings. Silver was used as currency in ancient China as well as a material of chopsticks for the wealthy. Because it was said that silver turns into black color when it touches something toxic, and in this case for chopsticks, it is for food, so the noble and wealthy people using chopsticks would know if their servants were trying to kill them by poisoning their meals. With this said, silver needles are able to detect the toxicity, referring to the pain or the illnesses one is suffering from in human bodies, so that it would turn into dark color once the needles are removed from the body; the dark color on silver needles is saying that the patient is not well and the “bad stuff” is being let out through the needles. As I was pondering on such a loaded phrase, the patient said that she wanted to talk to me about how

10 All the names in this thesis (e.g., Wen, Yan, Ming) are pseudonyms.
she cured herself with guasha (the literal meaning is “scratching sand” but it is a TCM treatment to scrape one’s skin to induce blood-letting to cure the body pain) one time she had the cold, but unfortunately, her storytelling needs to wait when we both hear the practitioner shaking a box of needles. She stopped talking to me and slightly straightened up her back. She was ready for the session.

**Embodied Healing: Translating, Making Sense of, and Re-enacting the Working Needles**

*The Session*

I segment the acupuncture session into four stages: pre-needle insertion, needles insertion, needles staying, and needles removing. The pre-needle insertion phase of the interaction is the beginning of the acupuncture treatment, in which the practitioner locates acupuncture points in order to punch in needles. The locating process of the acupuncture points is not single-sided but a cooperative process between the practitioner and the patient. In other words, the practitioner and the patient engage in joint activity to achieve a common goal of needle insertion, with the patient’s task being locating pain point and the practitioner’s task being locating acupuncture points. Both tasks are rich in modalities that besides the practitioner and the patient’s verbal expressions they employ hand gestures to facilitate locating. The needles insertion phase is the process of the practitioner inserting needles to the acupuncture points aiming to relieve the pain. Each needle insertion is accompanied with the practitioner’s twirling and quick pulling in order to achieve stimulation of the xuewei or pressure point. The length of the needle staying stage varies from different types and levels of pain that patients are hoping to cure. It is the stage where the patient stays still to let the needles keep stimulating the pressure points and from time to time, if necessary, the practitioner will apply twirling and thrusting to the needles. The final
part of the acupuncture session is when the practitioner removes all the inserted needles indicating that the needles have completed stimulation on the acupuncture points which also mark the end of the session. After all needles are removed, patients will sometimes provide feedbacks on the session and pose relevant questions to the practitioner.

In this part, and in the following chapters, I use descriptive ethnography to re-enact what happened during the session. The description is based on the notes I took and the conversations I remembered with the practitioner and the patient. Snippets of interactions are translated to English from the local dialect, through which I tend to demonstrate and investigate how the language use and the nonverbal throughout the session contribute to the embodiment of the healings and the feelings.

“Ooh!”

Needles can be unpredictably terrifying as they are able to pierce into our skin and not to mention the pain they bring along. Acupuncture makes needles even more unpredictable and mysterious as they work underneath our skin and will trigger physical responses accordingly. For this reason, Yan walks in expecting acupuncture will release some tension on her neck. She seems calm sitting on a chair comfortably. She points to the pain spot and her neck as the practitioner prepares for the needles. One after one, the practitioner’s needling maps out a line extending from her neck to the back of her hand. The practitioner interacts with the needles by pulling them slightly, twirling and thrusting them occasionally. Surprisingly, such small movements lead to the patient’s ouching several times that she verbally and nonverbally responds to the practitioner’s constant checkup on feelings (e.g. “Do you feel it?”). The “ooh” she uttered several times, in Goffman’s (1981) definition, is referred to response cries. The
patient is using her vocality to translate the workings of the needles, such as the one exchange below that I recollected:

Wen\textsuperscript{11}. “This is the most important \textit{xuewei} right here on your hand; it might hurt a little bit.”

Yan: “Ooh! Yes, this is SORE. I can definitely feel it. Ooh!”

“\textit{I feel this stream!”}

The slim needles are settled in, but they are invisible from afar, which provides a surreal image for the fact that parts of a moving human body are stabilized. She stays static even if she wants to make a comment about her feelings she is being very careful with her body. The aligned needles are highlighting the pressure points on her body which displays the geography of the working needles. “I feel this stream,” as the patient yelled out while brushing her finger in the air and contouring the line of needles. She feels the moving of this particular part of the body, which lies underneath her skin while sending sensible waves through her entire arm; she can feel this stream of energy passing through and releasing the tension as shown in the following snippet of the interaction that I took notes of:

Wen\textsuperscript{12}. “This one, especially this one on my hand, I can feel this stream of soreness and numbness. It’s like an electric shock but it feels so comfortable!”

Yan: “Right. This is why your neck is so tense and tightened up. If I twirl this needle on your hand your neck will be loosened up immediately.”

“\textit{It’s just like magic!”}

\textsuperscript{11} The conversation between the practitioner and the patient is re-enacted by the author based on field notes and observations. It is not transcribed from either audio or video recordings. They are recollected interactions based on memory assisted by field notes.

\textsuperscript{12} See footnote 11.
During the needle staying period, from time to time, the patient points back to the needles that seem to provide the most feelings while lining the configuration of the stimulation from the needles. The practitioner steps closer to her and pulls the needles out but for the two and three points where she feels the most stimulation she still vocalizes the stings she feels; “it feels like an electric shock,” she says, “and my whole arm feels numb and warm at the same time.” As soon as all the needles are removed, she stands up and pats on the part where she felt the pain on the back before she came in, and with her eyes wide open and a raised voice, she yelled “It’s all gone! It’s just like magic!” She repeats shenqi (magical, miraculous, or unexplainable) in Kunmingese while patting on her back which is far away from the pressure point on her hand where she felt the most stimulation earlier:

Yan\textsuperscript{13}: “Wow, it feels great! It feels so comfortable. I feel my neck is loosened up and released completely. Right here, this tendon that I thought was popping out and bugging me, now it’s completely normal! Wow, really, it is truly like magic!”

Yan rolls her neck, reminding herself that the pain is all gone. Her re-enactment of the pain (hitting back to her neck gently) and enactment of the sensation (rolling her neck to indicate the stiffness is gone) are consistent of what Emad (1997) mentions that the acupuncture treatment is a “bodily experience of transformation” (p. 88) from pain to sensation; in spite of the time length of the treatment, this transformative experience performed through the patient’s body is what makes acupuncture mysteriously unique. Also, this transformation is TCM-specific way of expressing healing, which is the act of the feelings and the result of transformation.

Based on the description generated from the observations made, next I will reflect on how the concepts of healing and the feelings of sensation are embodied and manifested in the

\textsuperscript{13} The conversation between the practitioner and the patient is re-enacted by the author based on field notes and observations. It is not transcribed from either audio or video recordings. They are recollected interactions based on memory assisted by field notes.
session, and together with the analysis of the acupuncture treatment recording, I will draw comparison between the two to examine the differences and similarities in manifesting the concept of healing in acupuncture practiced in the United States and in China. Healing is nuanced in and of itself than curing; it is a process that could either be slow or rapid that aims to reach a status of wholesomeness by healing the spirit and the body; it also sees the process as a way to cultivate and to grow the better to benefit the body. Curing emphasizes on the result, on the eradication of the disease and the goal-oriented process of returning to the body before the illness, while during the healing process, the body and the self could give birth to new realizations that benefit the balance and the wholeness of the body and the mind. Weil (1983) sees the nature of healing as one of the most important commonalities lies in all but not limited to living creatures. He is fascinated by wound healing and scarring, “wound healing is a model for healing in general. Becoming familiar with it and understanding that it simply happens automatically and cannot be improved upon is an important piece of medical self-knowledge” (p. 67). Healing is not only referring to the human physical body. The universality of healing is more concerned about the healing of the mind and the soul. The fact that we are searching spiritual remedies such as meditation is also an example of the healing in the body. In TCM, Barnes (2005) has mentioned that the relationship between healing and self-healing and the search and the wait for the body to heal itself is what is culturally distinct in the philosophies of Chinese medicine.

In terms of the language used for healing in TCM, it also differs from curing. Tiaoli, in which tiao means adjust and li means manage, differentiates the TCM healing from zhiliao “curing” the eradication of the illness. Tiaoyang, is another aspect of TCM healing in which tiao means adjust and yang means cultivate. Farquhar (1998) has investigated in the Chinese dietary
philosophy of yangsheng which means cultivating life through maintaining a balanced diet and emerging oneself in cultural and artistic abundance. In TCM, the adjustment—tiao, in tiaoli and tiaoyang is the intervention of medicine and the management and the cultivation are the efforts that one’s body has to make. While in acupuncture treatment, this healing is temporal yet continuous and it is expressed through and lived with the feelings, as in each needle insertion, the entirety of the treatment and the feelings they stimulated are all temporal moments, yet according to the practitioner, that the feelings are indicative of the healing, so the temporal feelings are entangled with the continuous healing.

“I’m looking for feelings, in other words, I’m trying to see through the workings of the needles,” the practitioner says, “not all patients are that vocal, it all depends, but I’m looking for the suan (sore), the zhang (swollen) and the ma (numb) because these feelings are the translation of the interaction the needles are having with the patient’s body.” Visibility of the healing through the patient’s embodiment and vocalization is key for the practitioner to make judgments on whether to apply more twirling or thrusting for further stimulation or not. For the patient, however, this reporting grants the embodying of healing since together with the practitioner’s guidance of feelings, by responding to it, the patient and the practitioner are constructing and translating the concept of working needles, and also the healing that it provides. In the case above, healing was made concrete through the patient’s multimodality of expressions—the response cries, the laughter and the gestures; while the concreteness serves to follow the trail of the practitioner’s xuewei locations, this multimodal healing is fulfilled collaboratively by the practitioner and the patient.

The practitioner and the patient are using fingers to contour and highlight the alignment of the needles and the feelings that they created in the session. What is worth noticing is even
though the patient and the practitioner are both gesturing the healing and the flow of energy provided by the needles, they differ in the way that the practitioner’s embodiment is of “what will happen to your body” whereas the patient’s embodiment is more of “what is happening now with my body.” The patient is capturing temporality while the practitioner is foreshadowing the bodily experience. The patient and the practitioner are both involved in the process on translation, and one of the important aspects of is the time continuum for the healing. The collaboration brings a full spectrum of the tiaoli as the visualization of the feelings. Here, if the practitioner and the patient are engaged in reframing (Emad, 2004, p. 164) the acupuncture discourse, they are reframing the feelings in different time frames, and through doing so, the healing of the needles is embodied as the two reframings meet. Emad’s reframing is a threshold for westerners to decipher the qi-based discourse through which practitioners may use scientized and biomedical knowledge to explain how the needles work. However, I see this reframing as a temporal act in every acupuncture treatment when the practitioner and the patient interpret and specify feelings originated from the qi flow.

When all the needles were removed which indicates the end of the session, the patient enact her elevated feelings after the session and at the same time reenact the recollections of the healings before and during the session. This reenactment of the working needles and the memory of the continuum of discomfort-comfort-sensation are the reflections of the healing and the reinforcement of the healed. With this in mind, the session embodies the concepts of tiaoli and tiaoyang in many ways. The responsive feeling-centered discourse manifests the tiao when the feelings were searched, confirmed and reacted to; li and yang, meaning organizing and cultivating is how the working needles organize pressures to create feelings which cultivates healing to the discomfort in order to elevate the patient’s feelings. Throughout the observation of
the session so far, it is not difficult to see the healing being embodied through the patient’s response cries, the visualization of bodily feelings, the re-enactment of pain and the re-enactment of sensations. With this in mind, I will expand on how the embodied healing in acupuncture treatment is an important effort for the practitioner and the patient to co-construct the qi discourse (Ho, 2009), how it is a way of TCM place-making on xueweis in order to form a performative healing space on the patient’s body.

**Embodied Healing: Qi Discourse, the Continuity of xuewei Mapping, and Feeling as Healing**

Embodying healing should not be simply seen as nonverbal such as gesturing accompanied with the speech; rather, it is how the concept of healing is understood, interpreted, elaborated and translated through the language in use and the gestures within the interaction between the practitioner and the patient. To further look into how healing is interpreted by the needle work in acupuncture, next I analyze the English-speaking video recording of a back pain treatment session in which I first transcribe the talk when healing is explicated and foreseen and I later will analyze the language used in the talk and the gestures to finally compare with the session that I observed above.

The video published on YouTube is associated with a TCM clinic in Connecticut which I suppose is to serve the purpose to demonstrate the acupuncture treatment process in order to inform and possibly persuade prospective customers to come for treatment. The practitioner is dressed up in an embroidery silk-like outfit during the practice which is symbolic of Chinese and TCM culture. It is noticeable from the video that conversation between is arranged and half-scripted with the practitioner and the patient’s unscripted on-site diagnostic exchanges. Since the
needle staying stage is left out in the recording, the video only contains the rest of the three stages—pre-needle insertion, needle insertion and needle removal. In my following analysis, I narrowed down on the talk happened during those three stages that mentioned the concept of healing, in which I will show how it is embodied in the interaction and how it constructs the qi discourse and the performative healing space.

What I call the qi discourse here is stemmed from Ho’s (2006) definition of how the US alternative medicine system is using the qi-based speech code to decipher concepts and assign meanings in order to make sense to the patients of how this borrowed medical paradigm operates in the western system. She sees the qi-based discourse in three aspects:

“First, proper descriptions of acupuncture require explicit mention and acknowledgment of qi. Second, practitioners use the practice of feeling qi to claim expertise and separate themselves from novices and clients. Finally, qi works to differentiate forms of acupuncture, most notably Chinese and Japanese acupuncture” (p. 412).

The qi discourse should also be considered as the interpretations and elaborations branched off from the key concept of energy in TCM that it is the starting point, the root as well as the context of the TCM conceptual framework, especially the concept of healing in this particular case of acupuncture. In this acupuncture treatment video, the following is the practitioner’s iteration during the pre-needle insertion phase where she performs a brief checkup on the patient’s tongue and pulse:

Extract 1 Pre-needle Insertion Phase

16 Prac: Um I’m gonna look at your tongue and we’re gonna look a little bit of what’s going on inside your body that’s causing the back pain besides what we think is the reason which is your activity. Let me see your tongue.
17 18 Prac: Ok, that’s looking great. Here, let me show you what I’m looking at. Look at the mirror, now put your tongue out, ok, so, it’s, you’ve got a good coating, you’ve got good body color, you’ve got a little edging there. Now if you put out a little more you’ll see it gets red on the tip there. You’re basically very healthy, and you respond very quickly to the acupuncture treatment. So the fact that you already

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14 See full transcription in Appendix A.
improved from the one treatment, is, um, commensurate with what I’m saying.
And I think it’ll only be few treatments will be able to do a huge amount of
hearing for you. Um I’m gonna check your pulses which is, there’s like one two
three positions here superficial and deep on your artery and the same thing here
one two three superficial and deep and as I check these I’m gonna be checking the
meridian pathways that I’ll be treating, especially the one, there’s one that I’ll be
interested in clearing for your back pain. But I just want to see, in addition to your
tongue diagnosis I wanna look at what your pulse energy. Energy distribution is
like in these pathways, and they are ones that cover the torso, front and back,
internally and also more preferably the limbs and how your tendon muscular
system is being supplied. And I think, because, I think you are very healthy, I
think you are going to be in pretty good shape. So we’re just double checking that
really quickly and yeah there’s a little bit of a blockage there but that’s, that’s
what we are going to expect when there’s a little bit of pain. Can I have you lie
down and face down, we’ll do a treatment, are you ready for that?

Before the needle insertion, the practitioner is building the TCM conceptual framework through
exemplifying and demonstrating the holistic concept of TCM (e.g., checking the patient’s tongue
to inspect what is “inside” the patient’s body in lines 17, 18), mapping out meridian pathways
(e.g., checking the pulse in order to show the interested points to be treated in line 26),
describing and configuring the energy and at last identifying the qi blockages (lines 29-38).

Through building a qi discourse while laying and introducing TCM background, the practitioner
prepares the patient for the following treatment. In a way, this qi discourse is contextualized by
the practitioner through specifying and visualizing (e.g., the practitioner’s circling hand gesture
as in Figures 1-4) the TCM concepts (e.g., “energy distribution” in line 31, “meridian pathways”
in line 29 and “blockage” in line 36).

Figure 1 Circulation gesture (a)  Figure 2 Circulation gesture (b)

15 Figures were captured as screenshots.
Constructing this qi discourse, or the energy-based discourse in the exchange (Extract 2) below, is how the practitioner demonstrates, explains and envisions the feelings and the healing to the patient. Throughout the talk in the exchange below, building the concept of energy is how the practitioner explains healing to the patient (lines 64, 67, 69). In her explanation of the healing process, she emphasizes on the mobility of energy which circulates among the needled *xuewei* to maintain the healing, such as the directional “up and out” (line 64) and the motion of “rises” (line 69). The motions and directions for the energy circulation are important here as they are indicative of a simultaneous and temporal healing process. In the cases in this thesis, when the cultural core concepts of TCM are referred to during practice, such as qi (“energy” in Extract 2), *jingluo* (see more in Chapter 6) and *xuewei*, they are being communicated, embodied and constructed. These concepts are symbols of TCM as a cultural practice, and instead of being conveyed and transmitted through interactions, they are being constructed and are constitutive of the each individual TCM practice through temporality and spatiality, by which I how these concepts, throughout the interaction, become newly-constructed constitutive within the moment-by-moment interaction in practice between the practitioner and the patient and the process of forming the meridian points configurations. In Sekimoto’s (2012) concept of “communication-as-embodied” (p. 226), these concepts are communicated as they are being embodied, which
makes them culturally distinct that through TCM medical practice the embodied healing assigns TCM cultural meanings and creates a cultural identity.

Extract\textsuperscript{16} 2 “Mentioning ‘energy’”

63 \textbf{Prac:} Ok, then, I’m going to put another needle right here. This is for the upper
64 back to clear some of its tense energy \underline{up and out}. More deeply the passage will
65 service scuttles, bone structure maintenance and nerve tissue maintenance so the
66 deeper aspects of the pathways maintains tissue structure. But the more superficial
67 aspects of the pathways releases the energy, releases the tension out. So we are
68 needling superficially and we are asking the superficial aspects of the meridian to
69 be doing its clearing work, and that will benefit the lower back as that energy rises
70 up and out up and out the whole way. So we’re just gonna do a couple points right
71 here as we can see where he has some extra tension, to clear that, here’s a reason
72 for tension up here can be that he’s working hard and being, are you working
73 everyday, you feel like you’re focusing on your work?

Healing is embodied, vivified, and actualized, by the practitioner via mapping out the meridian pathways, or \textit{xuewei}, which creates the geography for the needles. I argue that each time an acupuncturist treats a patient, the way in which s/he does place-making and sense-making with \textit{xuewei} that provides a map, a shape, a place and a constellation for various body aches and discomforts, is rooted in the philosophy that TCM sees the human body as an ecological system that represents the earth; and the healing is the meaning that each place assigns to the human body. Another noteworthy criterion in the qi discourse, similar to the Kunming session, is how feelings are being sought for continuously during the session by the practitioner. In this case, the practitioner encourages the patient to remember his feelings from the last treatment, to report his feelings at the treatment and she also foresees the feelings the patient might experience after the treatment. Feeling is healing and vice versa, so the past-present-future layout of the feelings represents an ongoing healing by the needles, which does not focus on the feelings initiated by the needles at hand but instead the considers the feelings as the memory, actions and anticipations of the needles, such as the ones below (Extracts 2-4). The three extracts

\textsuperscript{16} See full transcript in Appendix A.
demonstrate the feelings of the past (lines 43-45, Extract 2), present (lines 60-61, Extract 3) and future (lines 94-95, Extract 4) that the practitioner seeks, and this feeling-seeking threads through the entire treatment as a way to secure healing and to construct qi discourse. The feeling-centered-ness is the key to acupuncture discourse as mentioned by Practitioner Wen that the suan-zhang-ma feelings are the healing feelings that acupuncturists search for, but the key to qi discourse is this feeling, or we can call it healing-centered discourse is co-constructed by the practitioner and the patient. We cannot ignore the temporality of feelings as healing as well as the simultaneity of practitioner-patient qi discourse co-construction. So far I have discussed the importance of qi discourse in embodying healing in acupuncture treatment, which is done through illustrating TCM concepts and co-constructed feeling seeking by the practitioner and the patient.

Extract 17 “Feeling checking—past”
40 Prac: Ok.
41 Prac: I’m using xx disposable pre-packaged needles and they are one-time use
42 and the thinnest and the shortest needles that are on the market and I don’t needle
43 deeply. I’m very gentle as you’ll remember. And um, they really don’t hurt that
44 much. So do you remember they hurt very much when I was treating you?
45 Pat: um no. Not at all.

Extract 4 “Feeling checking—present”
60 Prac: Ok, very gently, I’m just going to place a needle like that. Ok, how was
61 that, that didn’t hurt?
62 Pat: No. That was good.

Extract 5 “Feeling checking—future”
92 Prac: So we’re always looking for how well hydrated is a person. Then we come
93 down into the lower back area we’ll do a couple point sides down where
94 he really does have his pain. Is it hurting a little bit down into the leg or is
95 it staying in the lower back?
96 Pat: It’s um, mostly in the back.

Kaptchuk (1983) first mentions that the xuewei or meridian system of our bodies is of a web that has transformable, invisible and meaningful weaves. This means, what a practitioner

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17 For Extracts 3-5, see full transcript in Appendix A.
decides to envision the part of weaves that heal our bodies is different in each patient, and this xuewei envisioning with pressing finger or inserting needles is a way of mapping and place-making to secure a continuous healing during the session. The mapping does not stop when all the needles are inserted, instead, it continues as the practitioner seeks the patient’s feelings as well as the patient experiences and expresses feelings. The continuity of mapping xuewei is key for the practitioner and the patient to focus on feelings and to co-construct the qi discourse. In the Extract 5 below, the practitioner is laying out the targeted xueweis of the patients to release his back pain (line 47), within which she clearly identifies the geography of the xuewei and the feelings that the needles stimulation will provide (lines 48-52). Through connecting xueweis on the patient’s body, the practitioner emphasizes the feelings that will run through each point in order to return to the core concept of qi. Through gesturing the directions of the qi (lines 48-50) and the pathways of feelings (lines 48-50), the practitioner is forming a space to accentuate the flow of qi, such as the brushing back and forth on top of the patient’s back, the contouring down to the patient’s legs, and the opening up gesture to vivify the moment when tension is release. Forming a qi space through gestures is embodying the healing through feelings as well as emphasizing that the feelings are the healing. The prepositional phrases choices by the practitioner, such as “radiate down” (line 48) “clear up” (line 48) “down the legs” (line 49) “up and out” (line 50), are the pinpointing the xuewei locations and providing virtual localities for the continuous qi circulation. By specifying points, the practitioner makes places on the patient’s body that are meaningful for healings and feelings, and this place-making is continuous as long as the needles are inserted because the configuration of qi is what keeps the healing temporal. Moreover, I would say this mapping is not only continuous but also performative that the needles
inserted in the patient’s body are declaring the territory for feelings to be created, healing to
happen and for a performative healing space of the patient’s body.

Extract 6 “Mapping xueweis”

46 Prac: So let’s try another treatment here. I’m going to start at the top and do a
47 couple of points heading down this particular meridian. Cuz his lower back pain
48 has to clear up. Now, the problem, when they get severe will radiate down the
49 nerve so even low back pain can produce a cadiac pain down the legs. But what
50 I’m going to do here is clear it more superficially up and out. So the upper part of
51 the back is where some of the energy releases that’s in this tension he’s got in his
52 muscle here.

In acupuncture treatment, feelings are seen as key to represent healing, as we have
witnessed in the session, the video recording and Wen’s explanation above. I identify
acupuncture, according to the analysis above, as a type of “feeling-as-healing” treatment where
feeling is the foundation and the key. Whether it is the practitioner’s continuous checking on
feelings, the mapping of xueweis to elicit feelings, the patient’s response cries and pain-sensation
re-enactment, feeling seems to be the thread to connect temporal healing and to construct qi
discourse. In other words, in acupuncture it is not oversimplified for us to say to heal is to feel
and to feel is to heal. The search for and the emphasis on feeling is closely related to Barnes’
(2009) concept of TCM healing as self-healing, in which she focuses on the self-healing process
that TCM appreciates owes to the fact that TCM is indeed rooted in the beliefs of balance,
harmony and wholesomeness, that whether it is through drinking herbal medicine or receiving
acupuncture treatment, the medicine and the treatment are only the facilitators of the bodies to
heal itself. As we can see in the acupuncture case, the facilitators are the needles and the
practitioner and only the patient is able to feel the stimulation and pressure from the xueweis;
because of that, in a way, the feelings are generated by the patient’s body and eventually it is the
feeling that is doing the healing of the discomforts. In order to reach a whole, balanced and
harmonious physical status, TCM does not rely on medicine but indicates that the self-body is the one that carries the feelings thus the power to heal.

In the session with Yan and the video recording analyzed above, we can see some differences and similarities in the discourse of TCM acupuncture practiced in China and in the United States. First, the Chinese patient is in some way more responsive and involved in reporting feelings to the practitioner compared to the US patient. This active role in co-constructing the healing discourse may be due to the mutual understanding of and the familiarity with acupuncture treatment; and such an active participation is also reminding of the patient that the body is doing healing on its own. Second, in both cases, the practitioners are seeking for and emphasizing the feelings that they both encourage the patient to feel the feelings and to let the body itself seek for the healing. However, in the language of their description, the US practitioner is taking a more micro perspective, such as when she breaks down to explain how qi will release the tension on a specific body part (e.g., “scuttles, bone structures” in Extract 2, lines 65), while the Chinese practitioner is more macro in the way that he keeps mentioning “if you feel it it’s working”. From this, we can see that even if both the practitioners are centering feelings in acupuncture treatment the US practitioner is leaning towards the WM paradigm that medical details need to be present at the session. Third, based on the analyses so far, I see the Chinese patient Yan as more feeling-conscious in the way that she enacts and re-enacts pain-sensation transformation and translation. The last but is not the least to notice is that the US practitioner, besides emphasizing on feelings, she also pays greater attention to the specification of TCM concepts, such as her frequent word use of “energy” “meridian pathways”, while the Chinese practitioner uses less core concepts in the verbal explanation of healing but more of his

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18 The comparison here is based on the analyses in this chapter and it does not aim to generalize the overall discourse differences in acupuncture between the two countries.
reactions to the patient’s feeling report, such as the response cries the practitioner uses to respond to the one uttered by the patient. Overall, it is not difficult to notice that the feeling of qi, the construction of qi discourse and the configurations of xuewei display are the embodiments of and the key to understand TCM discourse.

To summarize, in the video recording and the observed session, I examined the practitioner-patient interaction of acupuncture treatments where the practitioner and the patient collaboratively and individually embody the healing process from the working needles with a multitude of modalities—touching, pressing, locating, inserting needles, gestural contouroing, demonstrative and elaborative reenactment; the simultaneity the modalities of how the practitioner and the patient co-construct feeling-centered-ness and qi discourse is the embodiment of a multimodal TCM healing. Multimodality, in the case of acupuncture practice in this chapter, fulfills the feeling-centered-ness of TCM discourse. In other words, multimodality facilitates both the practitioner and the patient’s search for feelings, that because feeling-oriented-ness is the key discourse characteristic, multimodality is the key and the basis of how the interaction unfolds. The interactional features of the acupuncture session examined in this chapter are in consistency with the TCM concept of seeking for wholesomeness, that the multitude of the modalities is the manifestation of the patient’s holistic experience, such as the constant iterations of and requests for feedbacks of bodily feelings. In the following chapter, I turn to examine the embodiment of silence in TCM herbal prescription pulse reading where I determine how it is a TCM-specific cultural construct.
Chapter 5

Embodying Silences in TCM Pulse Reading: Interacting Silences

Jay Chou\textsuperscript{19} is a Chinese mega star and billionaire popular music artist who became famous for adopting a unique music style that combines Hip-Hop/rap and traditional Chinese folk instruments in order to exemplified the idealistic concept of \textit{zhong xi he bi} (the seamless integration of Chinese and Western). He has been praised by the Chinese media for advocating and promoting traditional Chinese culture, or the Chinese treasure, to the younger generations. The release of the song \textit{Chinese Herbal Manual} in his album \textit{Still Fantasy} in 2006 adopts the name of one of the classics TCM ancient literature \textit{Ben Cao Gang Mu}\textsuperscript{20} written by Li Shizhen in 1885. The music video of the songs seems quite condense that it aims to connect the concepts of TCM and Hip-Hop dance with imagining a time travel to the Qing dynasty where all backup dancers become hopping Chinese zombies. While this seems somehow misleading and confusing, as Chou and the backup dancers both dressed up in baggy basketball jerseys and baseball caps showcasing the Hip-Hop dance steps—the Kris Krossing, the Cabbage Patching, and the C-Walking, he raps about a long list of herbs that may or may not and can or cannot be, a prescription. Here is how the lyrics go:

\textbf{Extract 1} \textit{Chinese Herbal Manual} Lyrics\textsuperscript{21}, Jay Chou

1) 如果华陀再世 崇洋都被医治
2) If Huatuo was reborn, he would cure the western admiration
3) 外邦来学汉字 激发我民族意识
4) Westerners come and learn Chinese; it stimulates my patriarchy
5) 马钱子 决明子 苍耳子 还有莲子

\textsuperscript{19} Scholars in various fields such as popular culture, marketing and media production have discussed the “Jay Chou effect” of Taiwanese music genres as well as the Mainland China music market. For example, Fung (2008) conducted three years of ethnographic studies on Chou’s fan clubs, websites and blogs, through which he discovered the strategies of music marketing of Chou as a cultural icon as well as how Chou was reconstituted from a “foreign” singer to a Chinese artist.

\textsuperscript{20} See Li (1885) for original Chinese version, and see Hou & Jin (2005) for English-translated version.

\textsuperscript{21} See Appendix C for full lyrics of the song in Chinese. Only analysis relevant part is translated to English.
6) (Four herbs: jue qian zi, jue ming zi, cang er zi, lian zi)
7) 黄药子 苦豆子 川楝子 我要面子
8) (Three herbs: huang yao zi, ku dou zi, chuan jian zi) I want face
9) 用我的方式 改写一部历史
10) I use my own way to rewrite history
11) 没什么别的事 跟着我 唱几个字
12) If you have nothing to do, repeat with me
13) 山药 当归 枸杞 GO 山药 当归 枸杞 GO
14) (Three herbs: shan yao, dang gui, gou ji) Go
15) 看我抓一把中药 服下一帖骄傲
16) See how I grab a handful of Chinese medicine and form a prescription for national pride

In the above, Chou not only brags about the variety of Chinese herbs (Extract x, lines 4-8) but also takes pride in the rootedness of TCM in Chinese culture. He suggests that the herbs can cure the Chinese people’s (“minzu” in lines 3-4) ignorance of their culture and the blinded admiration and worships towards western cultures and lifestyles (lines 1-4). He indicates that taking Chinese medicine is drinking and absorbing the “prescription of national pride” (lines 15-16). Chou’s beginning of the song shows deep concern about losing his Chinese identity and the western invasion of and influence on Chinese traditions, in which he shows how solid and profound the Chinese culture means to him by saying that even if one fully embraces the “western fever” (e.g., the Hip-Hop clothing, the dancing and the Hollywood style party) one will always have this despicable trust for TCM. For Chou, the Chinese national and cultural identity is the deep belief that TCM heals the body and the spirit.

Pulse reading is depicted as the “light” of TCM in the video (Figure 5), which carries the metaphor for pulse and the pulse phenomenon that represents the health and the spirit of one’s body. Chou sees pulse reading as one of essentials of TCM as well as Chinese culture that during the pulse reading, the status and peacefulness, static and silence, is mutually achieved by the patient and the practitioner. He jokingly contrasts this ideal with his groovy dancing and rapping
while the practitioner is reading his pulse to which the practitioner is giving surprising and reprimanding looks (see Figures 5-6). The static body posture and eye contact expresses in pulse reading the practitioner expects the patient to be static as well, not only for the convenience to check one’s pulse but also to tribute to the *jing* (silent, static, stillness and peaceful) aspect that this cultural act aspires to, which can be dated back to the Confucius idea of fearing luan (chaos, noisy and disorganized) and longing for *jing*; Chinese communication scholars Gao and Ting-Toomey (1998) mentioned that the fear for luan is the reason why Chinese communicative style is always striving for harmony. Soon as Chou becomes restful as he finishes his rhythmic bouncing and hopping, this bright powerful mythical light shoots from his pulse as if he were projecting a stream of supernatural energy to the sky; at the same time the practitioner looks up and points to this light as if he knew that the restfulness is a must to achieve a clear vision of one’s pulse (Figures 7-8). Chou’s portrayal of pulse reading not only focuses on it being a status of silence that the reader and the readee should achieve collaboratively but also emphasizes that such a quality is deeply associated with the Chinese cultural identity as being peaceful, silent and respectful. With this said, this chapter attempts to discover, from the interaction between practitioner and patient in pulse reading, the language used in TCM prescription and my own ethnographic encounters of going to TCM clinics, how silence as a status and discourse is embodied and constructed through the interaction between practitioner and patient. I also aim to explore silence as a state of mind in the pulse reading process through the interactivity between the practitioner and patient, which I later see it as interacting silences rather than interacting in silence.
TCM herbal prescription has a catchy and vivid name in Chinese that instead of formally stating that one is going to visit a doctor, one will say zhua yao (catching, capturing, grabbing the medicine). In fact, the Chinese language not only seems to not emphasize the individuality of TCM practitioners but also seeing the herbs or the medicine as a highly agentic matter. As in kan zhongyi where kan mean watch, look at and see and zhongyi could mean both TCM and TCM practitioner, whereas in WM, “seeing the doctor” “seeing the physician” are commonly uttered when one encounters physical discomforts; and as in “capturing the medicine” which translates to what a pharmacist does in WM except that compared to boxed and capsulated tablets and pills, the herbs are loosely in its own shape, the action seem to emphasize that herbs are living things that require curiosity and effort to obtain them. Both zhuayao and kan zhongyi are centering the agency of TCM herbs, and as herbs are part of nature and earth that could perform medical functions to cure diseases, it is also related to the Chinese belief in the power of tian (sky, the space above us, nature or can be loosely translated to God without intercultural concerns). In the current chapter, I focus on the silence of TCM herb prescription through which I observe how

\[ \text{Figure 5}^{22} \text{the Reprimanding look} \quad \text{Figure 6 Chair dancing and rapping} \]

\[ \text{Figure 7 Chou rapping} \quad \text{Figure 8 The light} \]

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22 Figures were captured as screenshots. Vide link: [https://www.youtube.com/watch?v=8CD06hC1KGU](https://www.youtube.com/watch?v=8CD06hC1KGU)
silence performs as a discourse rather than a blank verbal space and an uninteractive subject especially in the act of pulse reading. More specifically, through my ethnographic observation and interview with the practitioner and discourse analysis on a video recording published on YouKu, I attempt to see how silence is not only highly interactive in TCM herb prescription process but is also embedded with embodiment from both the patient and the practitioner. In the next discussion, I begin with contextualizing the TCM prescription experience, and then I will discuss, based on the session that I observed and the video recording of pulse reading, how silence is treated in TCM context, how the interactivity is manifested within, how it should be seen as a discourse rather than an interactive vacancy and how I consider it interacting silences instead of interacting in silence.

Visiting a daifu (ancient name for TCM practitioner; dai means treat and fu means master) in Kunming, is very different than seeing a physician in the United States. Once I accompanied a friend to see an orthopedist for the first time because his knees have been upsetting for quite a while. Waiting seems like the right key word for this experience; my friend arrived and was bombarded by a five-page long information checkup before we waited for ten minutes; we were called in by the nurse and were waiting in the physician room for five minutes; the nurse stepped back in to confirm information on the chart he filled out and walked back out telling us to wait for the doctor to arrive; we waited for another ten minutes until the orthopedist arrived. My friend was put on an examination bed and the doctor was sitting on a chair; the doctor had to look up to talk to him and ask him questions about his knees, and somehow, this has positioned him as the center and the focus of the interaction among the three of us, so he was truly “patient-centered”. The doctor checked the patient’s knees, asked him to perform a series of movements, and soon grabbed a demonstrative model to explain what happened to his knees.
The patient was asked to confirm if he had any other concerns before we started to wait for six minutes to get the prescription. However, throughout the entirety of this observation, I noticed that from the waiting to the doctor seeing, the interaction in between the nurse, the patient and the doctor was quite verbal rather than silent.

Seeing a daifu in China is, however, somewhat similar to but mostly different from the physician visit experience I have witnessed above. The waiting is similar and what differs from the US experience is that TCM clinics, at least the ones that I have been to, rely less on such detailed documentation of the patient’s medical records and information, not to mention the absence of computers. The prescription is handwritten by the practitioner most of the time in a unrecognizable and unreadable fashion; the practitioner asks very minimal information about the patient that he or she only needs to know the name, the age and the sex. I was told by Practitioner Wen that the patient’s body is the best narrative for what is going on and what has happened that an experienced practitioner should be able to tell from the patient’s pulse phenomenon. “It is all due the respect to inquire what the patient thinks of their body. The patient’s self-diagnosis is a good way for me to get some clues of their symptoms but it all comes down to what their body has to present at the pulse. That’s the root of their discomforts and sometimes it is difficult for the patient to understand the root of the problem,” says Wen. After the wang (look) wen (smell) wen (ask) and qie (pulse reading), the practitioner writes the prescription which has no technology involvement but records the un-replicable and the one and only remedy for the patient. This yaofang (herbal prescription) will not even encounter a copy machine; it is given directly to the herbal specialists or pharmacist to assemble the herbs and the

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23 The gender of TCM practitioner is an intriguing topic yet less literature has researched on this topic. I would say in my fieldwork, I have only met with male practitioners. In the Chinese word for practitioners—daifu, fu means males. Although it is beyond my interest to research the gender issue in this thesis, it is with no doubt a research project worth developing in the future.

24 For theories and medical practice of TCM, see Bing et al. (2010) and Bing et al. (2015).
same original handwritten prescription is handed back to the patient. The practitioner tells me that this relationship between the daifu and the herbal specialists is special, that it stems from recognizing handwriting and showing no resistance to the daifu’s prescription and it will evolve into a solid collaboration; Wen told me that past cases were found where only a few herbal specialists can “decipher” the prescription. This close and special relationship between the practitioner and the herbal specialist has been briefly mentioned in Farquhar’s (1994) ethnographic study on the binary position of TCM prescription and TCM practitioner diagnosis.

Yaofang (house of herbs) is where one goes after seeing the practitioner usually with the practitioner’s unrecognizable handwritten prescription in hand. Herbs are “housed” in labeled wooden drawers where pharmacists are pacing back and forth, pulling out and pushing in different drawers with a bronze scale in their hands. I see one female pharmacist looking at the prescription for a minute, pointing to the writing with her index finger, mumbling and repeating the herbs and the amount; after she laid out a piece of brown wrapping paper, she was traveling in between drawers and “capturing” herbs with her hands. She transferred the herbs on the scale back to the brown sheet into separated piles as she continued to mumble the prescription. All the herbs prescribed were assembled, and she pushed and mixed all the piles into the middle of the brown paper sheet and rapidly packed it into a square package. It was stacked on top of the other prepared packs of herbs and was bundled up with a cotton thread that clipped the prescription beneath. She handed it over the patient, asking whether she wanted to weiyao (low heat boiling and simmering herbs to make the soup which is the liquid Chinese medicine) at the pharmacy. I was astonished by this inquiry, but as I turned my head and saw a large hi-tech looking boiling pot I realized weiyao can be done with a modern machine, meaning that the double-handled clay pot with boiling dark liquid that scented our whole household is being substituted by fast, clean
and auto-sealing boiling machines. In the interview, the practitioner was concerned not only about the fact that the *weiyao* is being taken away from each Chinese household but also how the modernity intervenes the essence of patience and time in TCM.

**Silence, of the Heart, the Self and the Mind**

Is silence mandatory in pulse reading? Does the practitioner actively silence the patient just to perform proper pulse reading? As Chinese culture appreciates indirectness, a confrontational “please remain silence because I need to observe your pulses right now” seems quite intimidating. The practitioner expresses that such “mandatory silence” only applies to very inexperienced TCM practitioners, that their qi is not strong enough to eliminate the noises. To experienced and skilled practitioners, silence is the silencing of the heart, of the qi and of the mind. Silence is an invisible entity that it does not appear as a blank in interaction or a break to invite turns. It is, however, the subliminal energy that the practitioner embraces, in order to center himself to recognize and diagnose the pulse. Wen also says that the whole TCM herbal prescription process is less noisy compared to WM physician examination. He mentions that the stillness of the patient’s body provides a better environment for him to listen to the body talking through the pulse. He used a Chinese idiom to indicate the level of silence he expects when he treats patient, which says that one can hear a thin needle drops on the floor if the surrounding is quiet enough, and just like one’s body, even a minor issue can be detected if the patient reaches a status of stillness.

Silence has also been seen as a potentially problematic feature in the herbal prescription visit. According to Farquhar (1994), silence also posits the problem of the binary of silence-speech in TCM treatment. Farquhar has looked into the English translation and the original
Chinese TCM terminologies, in which she found out that the TCM practitioner dissociates the illness from the patient and treat it as a separate yet wholesome entity. Just as the term, *kanbing*, meaning “looking at illness” goes, there needs to be silence in the process in order to have the problem present and float up as a problematic pulse phenomenon. I consider, however, there should be a third aspect which is the prescription, hence the practitioner’s writing, in addition to this binary position. Based on her observation, TCM prescription is less formatted than the western medicine, that sometimes the practitioner’s style of writing on the prescription paper that leaves lots of white space could exclude patient review and participation in investigating or seeking information about the prescription. This communication between the practitioner and the pharmacist is based on a mutual literal understanding, and it is exclusive.

The implicitness of silence can also be seen through the language and translation of pulse reading, as the term implicates differently than pulse diagnosis. Reading requires attention, focus and silence which is similar to reading text on paper, whereas diagnosis seems to be more verbally interactive. Besides *zhenmai* (diagnosing pulse) and *dumai* (reading pulse), *kanmai* (seeing pulse), *bamai* (handling, grasping pulse) and *haomai* (pulse exploring) are other terms that the practitioner used to interact with patients. In pulse seeing, the practitioner explains that the pulse is not only a representation but also a phenomenon of one’s health, so one visualizes connections the pulse makes with the patient’s body to determine the illness. In pulse exploring, the practitioner see the “medical curiosity” as the key to understand the exploration of patients’ pulses. The practitioner indicates that such a way of describing the diagnosis evens the practitioner-patient dynamics. The previous ones grant the practitioner’s professionalism and authority to make judgments on the patient’s pulses, whereas to explore emphasizes the
practitioner’s humbleness. If we were to adopt this ideology to the western paradigm, doctors would seem unprofessional, uncertain, unaffirmative and unqualified.

The Chinese silence, we call it jing (silent, quiet, still, motionless, or gentle), is more of a mentality than an interactional feature. The display calligraphy of the character of jing 静 which composes of a qing 青 and zheng 争 is usually seen in hospitals, libraries, courtrooms and universities. Besides the fact that the use may arise from the unavoidably high noise level from densely populated Chinese, the character functions as an encouragement and suggestion in the above institutions that in order to keep order, maintain productivity, and stay focused, jing is the status in which all of us can thrive. Interpreted appropriately, the practitioner talked to me about his understandings of how jing is essential not only in TCM treatment for both sides but also as a desired quality for the lifestyle and momentum of longer and healthy living. What Wen suggests is, as a practitioner, the silence of the mind that allows the surroundings to be muted in order to achieve to the state of jing as xinjing: “TCM is a yin yang yi xue (yin yang medicine). Once you da (very gently put) your hand on the pulse you will be able to figure out what is going on with the patient and what his pulse phenomenon is. As long as you as a practitioner are xinjing (xin-heart-mind; jing-silence, stillness and motionlessness). As a practitioner, xinjing is a must. The outside noises cannot compete with your strong-minded silence, which is crucial in treating and diagnosing patients. You need to disregard however much noise the outside it giving you.”

Barnes (2009) has elaborated on the concept of xin in which she thinks that it is more than the English translation of heart and mind but more of a habitus for Chinese culture and TCM. For Barnes, xin is one of core concepts to understand TCM and its practice culture; she defines xin as “a singularly useful conceptual matrix uniting person, affect, mind, spirit, and body (understood as the lived individual, social, and political bodies)” (p. 148). Besides the TCM understandings
of xin, Barnes also mentions that across many Chinese thinkers from different times in history, “the nature of xin has functioned as a core question in relation to understanding human nature, a presumed internal impulse to cultivate oneself in particular ways” (p. 144).

With this said, the curiosity to find out more about what xinjing looks like for the practitioner during the diagnosis drives me to sit in two of his treatment sessions. The following section is based on the observations and analysis rising from the ethnographic notes, in which I will identify both international and cultural characteristics of the silence during pulse reading. For the discussion after, I will analyze the video recording of a “folk practitioner” practicing pulse reading.

Silence embodied: pulse seeing, asymmetry and forthcoming diagnosis

The Session

In this three-minute daifu visit that I observed, in order to understand where pulse reading emerges in the interaction and for the purpose to make sense of the procedure, I segment it to three stages: pre-pulse reading, pulse reading and post-pulse reading. In this particular case, the pre-pulse reading is where the patient reports a constant headache that he suffers from and the post pulse reading is when the practitioner delivers a diagnosis. In the session, the practitioner checks the patient’s pulse and tongue to identify the problem. I was able to document a few exchanges between the practitioner and the patient as I was observing.

“Let me see. Let me see.”

The practitioner’s request and invite to read the pulse is phrased in the word “see,” which is indicating that the pulse is a visible matter where the practitioner is able to detect with his

25 This term was originated from the concept of “barefoot doctor” which refers to, in the case of TCM, the practitioners who practice most in rural areas where people are not financially capable or stable to hire certified practitioners. The term also indicates that the practitioners are very close to nature (e.g., herbs, plants, and animals) and they travel to muddy areas where it is better for them to walk without shoes. For more discussions of barefoot doctors in China, see Fogarty (1990, 1994) Fang (2012). “Folk practitioner” here means that the practitioner is practicing TCM in a private location rather than a professional institute.
fingers under which the patient’s pulse phenomenon is surfacing at different levels based on whether the practitioner is reading pulse shallowly or deeply; it also begins the silence period in the session. The patient looks away from the pulse from time to time, comes back to initiate eye contact with the practitioner and to “see” the pulse together with the practitioner’s fingers. The practitioner, however, instead of engaging in the gestural interaction with the patient, he bows his head down and occasionally stares at a certain spot and closes his eyes. The reading on both hands took about a minute and a half, which is in total approximately 90 seconds of silence.

The patient’s pulse is fluid and visible for the practitioner. The practitioner uses the term of “floating problems” to describe the ups and downs he identifies in the patient’s pulse phenomenon, which he gives the metaphor of the ocean to a patient’s pulse that a healthy pulse phenomenon should not be too vibrant and too fast, instead it should be calmingly rhythmic just like the waves of the ocean. But if one’s pulse is upsetting and noisy, the problems will be emerging or “floating”. The pulse seeing, however, is aiming to achieve a clear vision by the practitioner adopting silence as a way to encourage the patient to cooperate. When the patient is repeating the narrative of where his headache came from, the practitioner remained uninvolved until the patient directly asked for a response. The practitioner’s silence, in a way, is motivating the patient to act the same.

In transcribing talk, silence is quantifiable that we use number to measure the length of silence; silence is easy to quantify but very difficult to verbalize, especially in writing. We either could use multiple words to describe what sorts of silence we are experiencing or we assign numerical information to silence in transcription, but to represent silence in writing, am I allowed to leave a block of blank space to suggest silence? Despite the fact that it would make me seem undedicated and lazy, a blank space will invite both angered and curious readers to pick up a pen
and start drawing question marks and making comments. This is the dilemma I was going through when taking field notes of silence in the pulse reading phase. Becker’s (1989) addressed this issue in his article *On the Difficulty of Writing* in which he thinks that the very difficulty is to acknowledge that although silence accompanies the act of writing but the words and sentences are another way of resisting silence. He also mentions that as an author, learning to notice textual silence is to “de-familiarize” the familiar. Later Johnstone (2002) is more concerned about the silence created during the process of translation, which she determines as a fitting and blending process for the two sets of languages. Johnstone’s thought is in consistency with the pulse reading silence, because it is in general a translation process for the practitioner who is capable of dealing with the *mai* “pulse language” and the interpretation of what it says about the patient’s conditions. During approximately a minute-long pulse reading silence, I focused on the eye gazes, the directions of their head-turning and the practitioner’s finger movements. I saw that each time the practitioner applies a deeper press on the patient’s pulse, he looks up to the practitioner and then to the pulse; the pulse somehow becomes a focal point in the interaction between the two. The patient looks away, up and down shortly and eventually comes back for a relatively longer stare at the pulse reading.

Bing et al. (2010) has informed us that the purpose of pulse reading is for the practitioner to read carefully into the patient’s pulse manifestation, which has a lot to say about the patient’s physical conditions. But since the careful reading of pulse manifestation requires the practitioner’s multitasking of feeling it through the fingers and simultaneously making diagnostic decisions, not to mention the subtlety of the pulse, silence then is preferred or sometimes required for the practitioner to accurately determine how well or how ill the patient is through his or her pulse. Interactionally speaking, silence does not equate with zero communication. Saville-
Troike (1985, p. 4) states that there is a difference between “the absence of sound when now communication is going on and silence is part of communication,” that “just not all noise is part of ‘communication’, neither is all silence.” Asymmetric, seems to describe the pulse reading interaction between the practitioner and the patient appropriately. Even if they are both emerged in the surface silence, as in no words were uttered, there seemed to be an asymmetry in the inner silences that the practitioner and the patient were experiencing. This embodied asymmetry happens during both the pre- and pulse reading periods too as the patient is very active in using his body language to express pain and assist his storytelling. The patient engages in more eye gazing and head turning during the pulse reading while the practitioner nearly moved his head to a different direction. To identify it more clearly, this silent embodied asymmetry throughout the diagnosis is similar to the verbal asymmetry that Heath (1986, 1992) points out in western medical examinations. It is not hard for us to say that within different medical and cultural paradigms, similarities of practitioner-patient interaction are identifiable.

The practitioner started to interact with the patient: “do you feel other pains other than the headache” “have you been coughing a lot” “you mentioned that the headache comes up when you smoke right.” In between these questions, there were four to five-second short silences. The patient, however, compared to the pre-pulse reading phase, narrates less about his headache and self-diagnosis; he uses short answers to respond to the practitioner’s inquiries. After each short answer that he provides, he goes back to remain silent. The patient also started asking a couple of presumptuous questions, such as the ones started with “would it be” and “it might have been”. The patient soon becomes a more active asker which also gives him the opportunity to break the silence into silences. Among those silences, there were questions and answers and diagnosis and presumptions; silence or silences are the middle ground as well as a “participant” for the
interactional instances. The silence that occurs during pulse reading should be seen more as a discourse of pulse reading rather than an interactional aspect of nonverbals, by which I specifically mean, in the realm of this thesis, that silence is the background, the metadiscourse and the context where cultural interactions (e.g., the embodiment of TCM concepts) take places as opposed to seeing silence as a constituent or a type of nonverbals in interaction which limits silence to only performing its interactivity in conversations.

If we see silence here as a participant, and in any interactions, the participants share and construct a temporal participant framework (Goodwin, 2007), which provides the participants to create meanings in interaction. Seeing silence as a participant does not mean personifying it, rather, it means to emphasize the agentic role of silence in the participation framework embedded in the interaction between the practitioner and the patient. The simultaneity of interaction, meaning that the interaction is multilayered in meanings and interactional facets, explains the diagnosing and diagnostic delivery in this particular session. At the same time of silence foreshadowing upcoming turns, it also is the context in which the practitioner and patient work together to achieve the goal of seeing pulse phenomenon and identifying problems. As the silence shortens, its interactional role within the conversation changes, thus the participation framework changes too; from longer narratives to shorter inquisitive assumptions and from active gestural movements to the stillness to achieve silence, these are the reactions to the piecing of long silence and also the efforts to reach the pulse reading silence as a state of mind.

The session is coming close to an end as the practitioner started to write prescription; the patient leans in and turns toward the practitioner’s writing with questions of whether the herbal supplements he takes are similar to prescription, I came to realize how special silence is, not only an institutionally, interactionally but also a culturally unique matter in the discourse of TCM, and
considering its plurality, centeredness and significance, silence should be considered as a
discourse in TCM pulse reading. Within this discourse, the practitioner and the patient aspire to
the status of xinjing as an embodiment of Chinese thinking and understanding in order to identify
the imbalanced body; it also is the entanglements with and the embodiment of the mai where the
practitioner “sees” the “floating problems.”

In the following discussion, I turn to analyzing a pulse reading video recording uploaded
on the Chinese video-sharing platform YouKu\textsuperscript{26} named zhongyi bamai “TCM pulse reading,” in
which, instead of focusing on the interactive role of silence, I focus on discovering the cultural
renderings and qualities of the silence in TCM discourse. More specifically, I will mention how
silence is the manifestation of trust between the practitioner and the patient and I will also
discuss for the sake of reaching silence as a status and avoiding being luan during pulse reading,
how the silences from the practitioner and the patient interact with one another. So instead of
interacting in silence, I consider that within and through the interacting silences the practitioner
and the patient both are working to achieve the status of xinjing, and by doing so, it manifests the
significance of TCM pulse reading discourse.

**Silence: Trust, Xinjing and the Interacting Silences**

In Zhan’s (2009) ethnographic work on TCM in San Francisco and Shanghai, she has
noted that the pulse reading is associated with trustworthiness both of the practitioner and TCM
as a reliable remedy for one’s illness. In one of her interviews with patients who have had
extensive experience with visiting TCM practitioners, one patient express that it is important to
“have someone hold your hand” when you feel your health is at risk. In a way, to Chinese
patients who go to TCM practitioner often, pulse reading is almost like a pair of see-through

\textsuperscript{26} Despite the similar name to YouTube, YouKu is one of the most popular online video-sharing platforms. Ever since Facebook, YouTube and Google were firewalled in China, YouKu gained much more popularity as a public video forum.
glasses for their health. When patients engage in pulse reading they are being vulnerable to the practitioner in the way that they have this sense of relief that their body is going to be cured and become healthy again. To the Chinese people, culturally, the pulse reading is less of a diagnostic move but more of an affective move as a relationship builder. In the interview, Wen told me that sometimes he avoids asking patients procedural questions as they become unnecessary if you can read through their pulse phenomenon. To the Chinese patients who understand the transparency pulse reading provides to their health, finding a trusted practitioner is essentially important because one, they are relying on the practitioner to give “right” prescription, and two, they need to feel comfortable with revealing too much information about themselves. In this section, I look at a video recording of pulse reading to find the trust and reliance within the practitioner-patient interaction, and how it complies with the concept of xinjing; with supporting materials from the documentary *The Hand Handles Pulses*\(^{27}\)(2012), I will further look into how this trust and reliance are not only about the professionalism of the practitioner but also the national identity and pride associated with TCM being one of the Chinese cultural, historical and traditional treasures. Last, I will talk about in the discourse of TCM pulse reading, silence has its plurality, meaning that silence is momentary and at the same time personal to the practitioner and patient that within the pulse reading period, each of them creates different silences loaded with contextual and interactional meanings, in order to achieve status of xinjing, as the idealistic and respectful state for pulse reading. I argue that the constellation of multiple silences provided by the practitioner and patient acts as a crucial context for TCM pulse reading.

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\(^{27}\)This documentary was filmed in Taiwan in 2012 and was aired through Taiwan TV networks. However, there are debatable cultural, historical and political differences between Taiwan and Mainland China, this thesis considers the documentary Chinese instead of Taiwanese for two reasons. First, the language spoken in the documentary is not Taiwanese dialect; it is mandarin Chinese. Second, the Taiwanese and Chinese cultural differences are beyond the discussion and not impactful to the findings and arguments in this thesis.
In the data, the silence is in the length of approximately two minutes. Similarly, the embodied asymmetry mentioned above, is also evident here (see Figures 9-12 for the gazes of the practitioner and the patient, and see Extract 2 lines 1-3 for the length of silence for the pulse reading), while the practitioner is examining her pulse, she looks up, down and away and then comes back to the focal point of the pulse. This asymmetric embodiment continues throughout the whole pulse reading period. The practitioner requested to see the patient’s tongue after pulse reading for a further diagnosis (Extract 2, lines 4-5) which marks the end of the pulse reading period. The patient’s mai was diagnosed by the practitioner to be “good pulse phenomenon” (Extract 3, lines 8-9, 12-13). The patient asked the practitioner to repeat the diagnosis (lines 10-11), which, she later repeated two elongated “hao” (good) (lines 14-15). The repetition of “hao” and the diagnosis (lines 14-15) from the patient are a reflection and a reception of her pulse status, which is based on the trust for the practitioner and the relief that she does not have a bad pulse phenomenon. The repetition also happened after the practitioner’s reporting of a minor issue of “pi wei RE” (hotness in spleen and stomach) (Extract 4 lines 22-23) of the patient’s diet, during which the patient agreed strongly with “jiushi jiushi” (yes, yes) and an elongated “re::” (hotness) (lines 24-25); she then expanded on the concept of hotness with “rong yi shang huo” (easy to gain ‘fire’) (lines 24-25). The patient’s repetition and elaboration of the practitioner’s diagnosis indicates agreement, reception, self-reflection and most importantly the trust of the practitioner’s practice. As mentioned above, the trust of a patient is simply giving his pulse to the practitioner which is mostly practiced in silence, and on top of that, it also is the reception and the reflection of the post pulse reading diagnosis, such as the patient’s inquiry of what she should

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do about the hotness in her spleen and stomach (lines 26-27). After the silent pulse reading, the diagnosis was delivered to the patient, and the contrast between the silence of pulse reading and the voices of diagnostic delivery is indicative of the principles of *xinjing* in TCM treatment that the problems can only be identified after listening and observing in silence.

![Patient looks down](image1.png)
![Patient looks at pulse](image2.png)
![Patient looks at pulse](image3.png)
![Patient looks away](image4.png)

**Extract 2 “Reading the pulse”**

1  
2  
3  
4  Prac:  kan kan she **tou**  
5  Let me see your tongue.

**Extract 3 “Good pulse phenomenon”**

8  Prac:  **ni de mai hao de a**  
9  You pulse is good.  
10  Pat:  a?  
11  Excuse me?  
12  Prac:  mai shi hao de  
13  The pulse is looking good.  
14  Pat:  mai shi hao:: de, mai xiang hao: a  
15  I have a good pulse. My pulse phenomenon is good.

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29 Figures were captured as screenshots.
Extract 4 “Hotness in my stomach”

Prc: pi wei RE yi dian
There’s some hotness in your spleen and stomach.
Pat: ai jiu shi jiu shi re:. Jiu shi pi wei, rong yi shang huo.
Yes, yes, it is hot, it is hot. My spleen and stomach are easy to gain ‘fire’
Pat: dui, na zen me ban
Right, so what do I do?

In the Chinese language, silence and stillness (jing) are the source of depth and intelligence and self-cultivation, realization, introspection and discipline are the source of heart-mind (xin) balance. Culturally speaking, xinjing is a blurry and ambiguous concept, which is oppose to the appreciated qualities of accuracy and quantifiability in the Western context, and the fact that “heart” is the only English equivalent of xin makes the concept confusing and un-interpretable. Barnes (2009) points out that the concept of xin is not as clear-cut as it is in the Western context that it does not only refer to the biological and psychological aspects of a human body but also to the philosophical nature of all living creatures. Wen earlier mentioned that xinjing is crucial for a practitioner to determine a patient’s physical nature; it is also encouraged for patients as a settled heart-mind spirit is calmer and prepared to be treated and to self-heal.

Literally speaking, xinjing is a simple yet complex concept in English, which means, “silencing of the heart, the mind and the self”. The silencing here does not mean eradicating the sound and the voice of your personhood but instead the centering and settling of a rattling inner being. For instance, the two Chinese idioms—xinru zhishui 心如止水 (heart resembles still water one’s mind settles as still water) and ningjing zhiyuan 宁静致远 (stillness and silence make further going or still water runs deep) originated from ancient Chinese philosophy that praise xinjing implicate that xinjing is the best of what a person can do to reach and even exceed his full potential. Moreover, it is noticeable that these two idioms are comparing one’s heart-mind being to water, and more broadly, to mother nature, so we can see that no matter it is the self-healing or
self-settling concept in TCM, the balance within one’s own being as well as it with nature is what heals the discomforts. Besides, this image and water runs deep and smoothly with rhythmic sound speaks to the harmony and order that Chinese culture appreciates that the *luan* (chaos) mentioned above can be avoided.

Despite the fact that *xinjing* is a culturally complex in terms of conceptualization, Wen said that each individual has his or her own way to reach *xinjing* in TCM and no matter how and how well they do it the *xinjing* as a status of the act of pulse reading should be reached collaboratively by the practitioner and the patient. Achieving *xinjing* together requires the practitioner and the patient to experience the mind-heart silence at pulse reading, and because of the individuality of the practitioner and the patient’s silences, the interaction between the two silences is key to construct the status of *xinjing*. As mentioned above, the fear of *luan* in Chinese culture is the foundation of yearning for harmony, order and disciplines, and in the case of health, “illnesses stem from conflicts among the various parties in the organism” (Unschuld, 2009, p. 85), so what is significant is to conquer this disorderly status by applying xinjing and identify the problem. Wen has mentioned that for a practitioner to achieve *xinjing* is to detect the ability of the patient to self-heal, and if it is a very *luan* situation, the practitioner needs to assist more so that the patient would be able to self-heal eventually. Wen’s testimony is similar to Unschuld’s (2009) discovery of what is medicine in different societies, in which he is curious about as human beings are physically similar but we have different approaches to frame and apply medicine. He is particularly interested in the relationship between TCM and Chinese philosophy where he mentions the fear of *luan* is essentially important as TCM holds deep beliefs that human bodies can self-heal, he says, “the body as an organism has self-interest and tries to heal its own wounds and overcome difficult crises on its own” (p. 83).
The interacting silences, meaning the different stages of experiencing silence for the practitioner and the patient at pulse reading period to achieve xinjing. The silences that both of them are experiencing are mindful and interactive in the way that for the patient, the silence is on one hand letting the pulse phenomenon to emerge clearly and on the other hand to seek for a calm status to counter the luan that the body is having, and for the practitioner the silence is to center oneself and to listen to and envision the pulse phenomenon. At the pulse reading, the interacting silences are fluid and subliminal for both the practitioner and the patient to “see” the mai and to come to diagnostics. In another way, the interacting silences is to maintain the harmony and order of pulse reading and to avoid the happening of luan, which is different than the more talkative and verbal WM physician diagnosing process that the TCM diagnosis is more focused on listening, considering, examining and seeing the mai, and all of the above are nurtured by the interacting silences and the status of xinjing.

When going to a TCM herbal prescription appointment, one expects to experiences pulse reading to allow the practitioner to identify whether it is good mai or bad mai. The moment the patient puts his wrist on the “pulse pillow” on the practitioner’s desk, he knows the practitioner is there to handle the bad mai. The documentary, The Hand Handles Pulses (2012), takes the perspective of how TCM, especially herbal prescription, is modernized yet remains as a cultural memory and national identity to the Chinese people. The narrator says:

当民众面对着西方医学遍寻不着答案时，中医为我们保留了一线曙光，今天就让我们一起来探寻，中医既神秘又科学的世界。陶壶上蒸发的中药味，洋溢整个厨房灶间，捏着鼻子，喝下苦涩的黑色药汁，相信是许多老一辈人共同的记忆。

“When citizens face the unsolvable in WM, TCM gives us hope. Let’s discover the mysterious and scientific world of TCM today. We remember the kitchen filled with herbal scents from the boiling clay pots, and we remember pinching our nose and

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30 Since the documentary is 48 minutes in length and only a few part are relevant to the analysis, I did not transcribe and translate the full documentary. The time mark for this excerpt is 2:33-2:40. See link in Chapter 2 footnotes.
drinking the dark herbal juices; this is the shared memory of the young and the old generations.”

In this short excerpt of the documentary script, it shows the dilemma that modern citizens have with the positionality between TCM and WM; it also places TCM in between the scientific and the miraculous, but most importantly, it captures the cultural image of the TCM herbal healing—the dark juices, the bitterness and the herbal scents, and it indicates that in spite of generational differences, the Chinese-ness is the visual and sensual memory of TCM herbs and the national bond and attachment to TCM being the one and only, the most Chinese.

In summary, Scheid (2002) once says that the big difference between TCM and WM is that TCM is seeing illness as out of balance but WM is seeing it as out of control. This chapter holds on to this very difference between the two paradigms by exploring the silence in TCM herbal prescription especially the pulse reading period. In the data analyzed above, I have explored the embodiment of silence in pulse reading through its asymmetry, interacting silences, the concept of achieving xinjing and the trust and pride the Chinese have for TCM herbal prescription. In the following chapter, I turn to look at how the concept of miracle cure is embodied in tuina massage.
Chapter 6

Embodying the Magical Cure in TCM Massage/Tuina: Becoming “Miracle-Minded”

The Golden Horse and Jaden Rooster plaza (jing ma bi ji) is where all different kinds of urban excitement meet in the city of Kunming. It houses many Starbucks, KFCs and Pizza Huts among local spicy shrimp hotpot, cross-bridge rice noodles and tofu fries restaurants. Locals and tourists rush to the plaza which is the center of Kunming to experience the modern, the ancient and the unexpected. Across from the big shopping mall filled with advertisements of Calvin Klein and Levis is the renovated TCM pharmacy house Fu Lin Tang (fortune-forest-house, meaning that good things are as thriving as a forest can be); not surprisingly for me as a local to see a row of well-aligned chairs seated with people in white practitioner white coat with sunglasses on in front of the pharmacy house. They seem calm and absent from the crowdedness and the noise; from time to time, they will stand up and bow at each other. If you move closer, you will see the poster sign among them saying “mang ren an mo” (blind tuina massage), and yes, this is the blind tuinaists that unconventionally treats people from a public space (see Figures 13-14).

Figure 13 Blind tuina in Kunming (a) Figure 14 Blind tuina in Kunming (b)

Sources for figures: http://img3.ph.126.net/K9CHWXwXw6V48JDDiNfiog==/1095219134398555103.jpg
http://p6.yaoyouke.com/p/131214/2322340074959530x258cabx218.jpg
The blind massage, which has received increasing attention in China, is portrayed through the 2014 primetime TV show called *Blind Massage*[^32], in which this occupation is described as a savior for the sight-impaired population and a godsend for the field of tuina. “The feeling is all that matters, and in their world, they don’t communicate with the things they see, they do it with the things we feel. Initiating one’s physical feelings is a good yet fundamental way to know your patient as everyone’s concerns about their body is pretty visible in their jingluo,” says Wen as we were juggling between the topics of food as medicine and tuina as a way to heal patients internally and externally. I saw the passion in Wen’s eyes when he was telling me about experiences he had with blind or sight-impaired masseuses, and he said that anyone who feels and “sees” the jingluo without the ability to see the world has the destined and fated encounters with tuina, and in Chinese language, it is the yuanfen they share with TCM. Yuanfen is difficult to translate; I have seen serendipity, fate, destiny and luck, but even the combined meaning of these words is not enough to describe yuanfen. Yuan is a Buddhist ideology, which means that everything you witness and everyone you meet in the duration of your life is a kind of luck that is scripted into your life narratives; fen is the measurement of yuan, meaning that every single encounter in your life is a temporal yuan. Practitioner Wen strongly believes blind tuina is the kind of yuanfen. Practitioner Wen then told me that he is also a person who is tied with TCM because of yuanfen. He said that once he saw the skin of a dying patient becomes transparent so that his jingluo was easier to locate and identify, but he was the only one who saw it among the five practitioners who were present. “It was a very short moment, not even longer than a minute. But within that minute, I was able to find two hidden xueweis on his body.

[^32]: Blind Massage is a 2014 Chinese drama which portraits the marginality of the blind tuinaists living in big cities as well as their struggles with the blind tuina business stepping on the line between medical treatment and underground prostitution.
as everyone’s xuewei is slightly differently located, which later saved his life.” He told me that ever since that incident, he knew what he was going to do for the rest of his life.

The blind tuina in public spaces is by no mean indicative of the miracle discourse in tuina and TCM through reformulating “seeing” as a way of feeling seeking. The blind tuina place I saw in Kunming has been there for over 25 years. No poster, sign or billboard is displayed to attract customers. However, you will see people sitting in the massage chair, closing their eyes and enjoying the brushing of jingluo in the city noises. Displaying the workings of jingluo at this highly commercialized and westernized plaza, the “miracle workers”, together with the patients they treat, are engaged in reframing and embodying the concept of jingluo by the press of their fingers and the touch of their hands that break through the blockages and bring back the qi circulation in jingluo. No matter day and night (see Figure 13-14), the blind tuinaists sit in the middle of the plaza, and instead of meeting people, they meet jingluos that every single person is a walking jingluo that brings narratives to the tuinaists through the presentation of their jingluo. As the tuinaist grapples with the blockages, they bring the qi back, and for the passers-by and for the patients, the facts that jingluo is channeled through and qi is regained by sitting in the middle of the noisy city and that the jingluo is better representative of their bodies than verbal descriptions are indeed magical. Wen said to me that when a blind tuinaist is treating a patient especially one the street, and as the patient may be busy observing people walking by the tuinaist is busy battling with the stubborn blockages in jingluo. He said to me that the core of tuina is dealing with jingluo which is the very foundation of TCM concept that each human body is an intricate, unique and complicated web.

According to Yu (2012), tuina claims to be the earliest treatment method of TCM. It is a therapeutic approach guided by TCM theory with the purpose to treat physical discomforts and
diseases through massage manipulations or through applying TCM massage tools and devices to
certain parts and points on the human body (Jin, 2002). Because tuina is known for being a
preventive treatment and not having side effects, it has become one of the most popular
Complementary and Alternative Medicine (CAM) in modern China (Pan et al., 2015). Tuina in
the name of itself carries cultural messages that it is different than the massage described in the
western context. The literal translation of tuina is “push” and “grab/take/pick” through which it
manifests the interaction between the practitioner’s hands and the patient’s body, and what
makes it culturally specific is that the tui and the na together not only represent a variety of
manners and strength levels that a practitioner can apply to a patient’s body but also how the
issues of the patient’s body and the practitioner’s hands are seen as two highly interactive
entities. The interactivity is embedded in the language of tuina. Depending on the different types,
we push doors with different strength level, and we are all careful about the people that are
behind and in front of us; we might pick up a pen effortlessly but we need enough muscular
power to pick up a case of bottled water. What makes tuina TCM-specific is the way in which it
leaves up space for interaction and creativity. Webster-Merriam dictionary defines massage as
“the action of rubbing or pressing someone’s body in a way that helps muscles to relax or
reduces pain in muscles and joints,” which specifies the actions of “rubbing” and “pressing” as
well as the end goal of pain relief. The rub and the press indicate directionality whereas the tui
and the na indicate much more than that. Tuina focuses on the wholesomeness of the human
body system that it is not pinning down one point to get rid of the pain. Rather, it cares about
what is surrounding the pain area and how the whole body has to do with it.

Many researchers have looked at tuina from a medical point of view, for example how
tuina should be standardized in order to prove and improve its efficacy (Fang & Fang, 2013). As
tuina is still seen as a non-standardized medical treatment in western countries, experiments are done on lab rats in order to advocate its efficacy (Pan et al., 2015). Other scholars and researchers promoted tuina through deconstructing tuina concepts and practice. Pritchard’s (2010) tuina therapy manual breaks down tuina history and presents instructional practice methods, and at the same time tuina is being opened to the West through and with an educational purpose. Although tuina has been discussed as a key component of TCM in terms of how it adopts a new model in the United States compared to Mainland China (Zhan, 2009), not much research is done on tuina practitioner-patient interaction. In other words, previous research of tuina has been focused on the background and the knowledge of it, and less at-practice cases were looked at. In the current chapter, I examine the practitioner-patient interaction at tuina treatment sessions with a focus on exploring how embodiment plays an important role in order to reach the TCM institutional goal.

In tuina, *jingluo* and tong are the two concepts that help us understand how much emphasis TCM has on the wholesomeness of the human body as a system. In this chapter, I focus on how during the tuina session do the practitioner and patient embody the *jingluo* and *tong* respectively, and by drawing comparison with the acupuncture session in Chapter 4 I also focus on how both of them embody the miracle cure, or the magical cure. I propose that the concept of the miracle cure or the magical cure is culturally distinct of TCM practice and it is representative of TCM’s holistic and wholesome perspective toward the human body; and based on Zhan (2009), I also propose that both the practitioner and the patient, whether in China or English-speaking countries, we shall hold the attitude of “miracle-minded” to explore and embrace the unseen, foreign and unexplainable medical encounters. The data also shows that in order to elaborate on the concepts of *xuewei, jingluo* and *tong*, the practitioner adopts a
demonstrative paradigm to send explanatory messages through the patient’s body. In a way, such elaboration is embodied collaboratively by both the practitioner and the patient. In this three-minute tuina session in which the patient is hoping to relieve his headache. I also look at how the embodiment of the practitioner’s feeling seeking and the patient’s commentary are embedded and constructed during the session.

The Miracle Cure: Feeling Matters, Channeling through Jingluo (tong) and Breaking the Pain (tong)

The Session

For this session, Ming came in very relaxed while jokingly expressing how badly he needs to relieve tension on his neck. As the session begins immediately after Ming stepped in, it took very little time for the practitioner to determine where on his body should be massaged. Ming was offered a stool to sit on; he hunched over a little bit before the practitioner started pressing and patting on his body. As soon as the practitioner walks to face the back of Ming, he straightened up his back. The practitioner started patting heavily and loudly on Ming’s back, and then he switched to the chopping move to go up and down on the patient’s back. Ming’s voiced was shaky because of the heavy patting and chopping on his back, but this failed to stop him from telling the story of how he got hurt once and how the thinks that it was the reason why his headache is getting worse. The practitioner moved to the sides of Ming, brushing, combing and scraping in his arms with occasional finger pressuring that I could visibly see. Throughout the session, the practitioner applied several tuina methods to release the patient’s tension; he was first pressing and circling on Ming’s neck, and he patted and chopped on his back, and at last he moved to the front arms to apply pressure using his fingers. Ming is a talkative patient; from the moment he sat down he talked about his injury from a soccer game and he commented on how
the tuina affected me immediately when he experienced the unbearable soreness while the practitioner was pressing on a key xuewei of his. To segment this session, I base on how the practitioner mobilizes himself from the back to the sides, and how he applied different tuina techniques on Ming.

*Drowning and the Jingluo*

After chit chatting with the practitioner, Ming sat down on a stool with his head down and pointing to his neck and later moving up to his head. Ming and the practitioner, as he described is more than the practitioner-patient relationship; rather, Ming considers the practitioner to be a “goofy friend who only gets serious when TCM comes in the way.” He said to me that the practitioner is very into tea drinking and storytelling that if you want ten hours of story time he is the right person to go to when you offer him some good tea. But when you consult him about TCM-related issues, he turns into a different person. Ming was very fond of his story of one time he fell down at a soccer game. Although he told the practitioner several times, every time the story gets repeated he emphasized on the feelings the moment he fell. He uses adjectives, gives a metaphor and a configuration to describe the pain he was experiencing. Doing so, he not only emphasizes the feelings but also invites the feelings from the tuina to react to and battle with the pain he has. Meanwhile, the practitioner relates less to the soccer playing, the fall and the numb and drowning feelings that Ming experienced, instead, he offers to channel through Ming’s *jingluo*. Here is the recollected conversation between the practitioner and Ming:

Pat: “This type of pain and numb is like that one time I almost drown myself when I was swimming, just like the feelings in the nose, that kind of burning pain rushing through your nostrils. I feel like there is this trace of pain pulling me inside here.”

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The conversation between the practitioner and the patient is re-enacted by the author based on field notes and observations. It is not transcribed from either audio or video recordings. They are recollected interactions based on memory assisted by field notes.
Prac: “I’m going to break through your jingluo and also your back. Once the jingluo is channeled through, it should be all good.”

Tongs “Through, the Pain”

Interestingly, as a tonal language, Chinese has given the character tong two oppositional meanings particularly in the context of TCM. The first tone of tong is the channeled-through or well-circulated status of jingluo, which is the goal of the practitioner. The fourth tone of the tong is the pain or the metaphorical blockages that one has in the jingluo which is preventing and stopping the qi circulation. The practitioner said to me that one of his favorite advertisement slogans of all time in China says “tong and no tong, tong and no tong,” meaning that if you feel pain you have blockages in your jingluo and if you do not have blockages in your jingluo you will not experience pain. The practitioner told me, as a TCM practitioner, one main job is to break through jingluo and melt away blockages with the strength of your hands. He said that the literal meaning of tui “push” and na “grab” are the two basics to handle those blockages. He then moved to Ming’s left arm where he locates a xuewei on around his joint on the front arm, and soon after he presses on it, Ming looks up saying only one word “numb.” His numb feeling puts an end to his storytelling, and the practitioner begins to take a more active role in seeking for feelings. Here, the practitioner takes advantage of Ming’s feeling report to demonstrate that the stimulation of xuewei will bring various levels of soreness and numbness. The practitioner said to me that this demonstration represents the precision of tong and tong and that the two tongs happening at the same time is the temporality of healing as well as the intricate, complex yet mysterious aspect of tuina. He looked at me and proudly said, “yes, it is miraculous.” The following is a piece of recollected conversation at the session:
Prac: “Do you feel the sore?”

Pat: “Yes, it is sore and my hand feels a bit numb too.”

Prac: “Feels numb right? This is the xuewei we are talking about. I press on the xuewei and your jingluo will be cleared and channeled through.”

Even Mike Tyson Can’t Handle It

Ming was lingering on the shooting sore feeling he called “miracle.” He told me it was such a seemingly random and simple press that causes such a complicated feeling. Compared to the metaphor the patient in acupuncture once used that it feels like electricity running underneath the skin, this momentary soreness means more than just a xuewei stimulation to Ming. Ming said to me this reminds him of the Chinese martial art warrior novels that one can battle with enemies without any kind of weapons, and what he needs is a bamboo umbrella, a great disguise and two fingers that see through the meridian pathways of all the enemies. He said, with exaggeration that one can “turn into a stone” if a fatal point was stimulated, which means that knowing the xueweis can cure you but also can kill you. He seemed to have totally forgotten his soccer narrative, and he went on and on about how stimulating the xuewei can make one paralyzed. Xuewei is not a weapon; instead it is more terrifying than a weapon. Ming remembered all the martial art movies that he saw in which the soft-spoken and wise man is always the most dangerous as he “sees” your death point. While praising how some of the “West-fights-East” movies where a muscular westerner is usually characterized to humiliate the skinny and unhealthy Asian martial artist, Ming seemed to feel obligated to provide warnings of how dangerous for a westerner to not know about the power of the fatal xueweis, and as the practitioner is still searching for feelings, he spoke to the practitioner:
Prac\textsuperscript{35}: “What about now? Do you feel it now?”

Pat: “Yes. This is really magical. It’s like if you press on somebody and they will freeze immediately no matter how strong that person is. Yes, I think that will actually happen. If Mike Tyson were to come and if you pressed on his xuewei he would do the same too, he would not be able to move, at all.”

He warns Mike Tyson that this xuewei can make him not able to move in spite of his muscular physique. At that moment, Ming forgot about the pain and started to enjoy the soreness. He actively reports his feelings back to the practitioner as he is still smiling about how the dynamics of xueweis can be so powerful that it locks down the mobility of your body no matter how much weight you can lift. After the session ended, he smiled at me and said that he is very certain that “Mike Tyson can’t handle it!”

In this three-minute tuina session with Ming and Practitioner Dong, three interactional characteristics are worth noting. First, less overlapping occurred during the interaction that the verbal exchanges unfold turn-by-turn with very few interrupting. Similar to one of the many in the acupuncture session, this overlap between the practitioner and the patient happened when they are co-identifying the bodily feeling. This overlap indicates the urgency of the sought-after agreement of the feeling and the co-constructed-ness between the two to reach a diagnostic goal. The second thing to notice is how the sequential silences weave in the entire interaction. The reason I call it sequential silence is any longer silences (more than one second) occur in between turns which function in the sequence to unfold the multimodal interaction (the practitioner’s massaging, talking and the patient’s verbal inserts). Lastly, similar to the acupuncture interaction, the one of tuina is also very feeling-centered. This feeling-centered discourse in tuina is based on

\textsuperscript{35} The conversation between the practitioner and the patient is re-enacted by the author based on field notes and observations. It is not transcribed from either audio or video recordings. They are recollected interactions based on memory assisted by field notes.
the constant feeling-seeking and feeling-presenting by the practitioner and the patient. As shown in Extract xx the patient’s self-diagnostic narrative is emphasizing the “teng ma” (painful and numb) several times to present the feeling, during which the patient is using analogy to reach a higher level of detail and accuracy of his bodily feelings. Facing the patient’s self-diagnostic feeling presentation, the practitioner is requesting feeling feedbacks as a remedy. Both the acupuncture and the tuina sessions are depending on the patient’s body as a translator, the former translates the needles and the latter translates practitioner’s hands. Such embodiment within the feeling-centered discourse is the key to understand how TCM concepts at practice are used to make sense to the patient. In the following analysis, I will first focus on the concepts of xuewei, jingluo and tong in the interaction and how they are manifested within the feeling-centered discourse.

According to Schwarz and Clore (2007), three broad types of feelings identified that are influential to our daily interactions and cognitive processes are affective feelings, bodily feelings and feelings associated with knowing. Feelings not only help us seek for and process information, but also are manifested through the ways in which we interact with each other. In Chapter 4, I described how feelings are constantly requested and sought for by the practitioner and how the patient embodies them and one of the very important ways to do so is how the patient uses response cries (Goffman, 1981). In Yan’s acupuncture session, as soon as the needle insertion begins, the practitioner and the patient said:

Prac: “Oh, oh, feel it, feel it, feel it”

Pat: “Ouch”

Prac: “Feel it, right”

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36 The conversation between the practitioner and the patient is re-enacted by the author based on field notes and observations. It is not transcribed from either audio or video recordings. They are recollected interactions based on memory assisted by field notes.
Pat: “Oh, haha, it’s too”

One thing noteworthy is the fact that in this short exchange, how response cries not only serves to maintain and secure joint activity and attention (Goodwin, 1996) but also how it facilitates the granting for both the practitioner and the patient, and such granting is significant in TCM practice as it is one major way to for the patient to translate their bodily feelings and for the practitioner to interpret it. Vice versa, the practitioner’s response to the response cries “oh” is also granting the reception of the patient’s bodily translation, and it also reacts to the practitioner’s feeling-eliciting questions. In the tuina session, the practitioner’s feeling elicitation stays the same, but we see response cues rather than cries. Different than acupuncture that includes devices in the practice, the tuina session is practiced by the practitioner’s hands. We can also see that, in terms of the mobility of tools, in acupuncture the treatment process is static compared to the tuina session in which the practitioner’s hands keep pressing and rubbing on the patient’s body throughout the entire session.

In the session with Ming, verbal descriptors of bodily feelings and elaborative narrative are the response cues during the tuina session. In order to report self-diagnosis, the patient makes effort to give a feeling description as detailed as possible, in which he uses specific adjectives painful and numb, a narrative analogy where he resembles the feeling with swallowing water, and a motion verb pulling to indicate that the pain is still ongoing. This is responding to the practitioner’s rubbing and pressing by reminding the practitioner the source of the pain. We can see that the patient’s feeling talk is initiated by the practitioner’s massaging, which, in the case of tuina, performs as a way to inquire the body and to trigger the pain points for response. The patient’s elaboration is responsive and at the same time it is searching for the practitioner’s elaboration and solution.
So far, I have dealt with the feeling-centered-ness in tuina, the significance of the tongs in channeling through *jingluo* and the cultural pride and affinity that both the practitioner and patient find in the miraculous feelings in TCM. In the following discussion, I explain the contextualization of the miracle cure in the TCM treatment sessions of Ming and Yan, and with doing so, I also explore with the notions that Zhan (2009) and Scheid (2002) provided that how being “miracle-minded” is the culturally appropriate way to understand TCM in the western paradigm as well as the assumption that all comes down to the very core ideology of keeping the whole and maintaining the balance.

**Embodying the miracle cure: becoming “miracle-minded,” acculturation, and keeping the whole**

Scheid (2002) and Zhan (2009) have possibly offered the most important starting point and suggestions to understand TCM especially in the western context. Scheid says that the ongoing and insofar irresolvable conflict between the TCM and WM paradigms is the one key difference between TCM being “constructive” medicine and WM being “destructive.” During decades of international fieldwork, Zhan is suggesting that the way to appreciate TCM is to bear in mind its miraculous-ness, that as patients, cultural outsiders, or even practitioners, there are parts in TCM that we need to keep a certain distance from that owes to the unexplainable. In the session analyzed above, Ming’s interaction with the practitioner showcases how a local Chinese patient who takes pride in tuina being the unknown and the mysterious. Instead of breaking the miracle into “scientific” facts, the practitioner, in that case, agreed and explained that the fine line between curing and killing someone is drawn by the level of strength one applies to the *xueweis*. My interpretation of Zhan’s “miracle-minded” is not the encouragement to mystify TCM by ignoring the efforts made to apply western paradigm to TCM. Rather, she is
encouraging us to acknowledge the fact that the concept of miracle should be kept as part of the practicing culture of TCM and especially in the western context, this miracle is buried within blurred intercultural understandings which led to misjudgments of the miracles in TCM being exotic and unscientific ridicule. In Ming’s tuina treatment as well as Yan’s acupuncture treatment, we both see the patient involving and embracing in building miracle as a cultural medical construct in the TCM practice, and at the same time, rather than rejecting and disagreeing to miraculous healing and feelings that the patients experienced, the practitioner expanded the miraculous-ness with more seemingly unexplainable and efficacious xuewei responses. I recall in Yan’s case, when the practitioner was explaining how a xuewei that is decently far away from her neck pain plays an important role in releasing the tension, she said that is a fitting example for Chinese medicine being deeply rooted in philosophy that one need to step away from the problem, to look at a distance and to even become an outsider in order to fix it; she even quoted a ancient Chinese philosophical poem “ridge at horizontal sight and mountain peak at sideway sight, far and near, high and low, they are all different” 横看成岭侧成峰，远近高低各不同\(^\text{37}\) meaning that if you distance yourself from the current situation a different configuration will emerge which might change how you think eventually. The practitioner expressed that the “loosening” of the tension needs to be done by the “twirling” of the pressure points that what fascinates him is how TCM is all centered on embodied metaphors as in a tense body is a pieced of ill-installed furniture that all the screws are overly driven. In a word, for the practitioner and the patients, claiming or bearing in mind the fact that miracle is part of TCM practice is finding the cultural affinity of TCM being unique and meaningful and taking the pride in TCM being Chinese.

\(^{37}\) This is a quote from the poem 题西林壁 by Su Shi (1084 BC) from Song Dynasty in ancient China, which is a scene appreciating that carries philosophical interpretations of the environment.
To call WM “destructive” is not to mean that it destroys one’s body but the viruses one carries with the sickness and that it targets the virus that causes the sickness with the possibility of harming other healthy parts of the body. Scheid’s (2002) conceptualization of constructive versus destructive does not mean to antagonize WM paradigm but to highlight the cultural differences in medicinal healing process. However, the modern TCM in China is being affected by ideas such as the commodification, marketization and rationalization adopted from the US healthcare systems. The contrast between the two paradigms becomes apparent when it comes to prescription. The probability of blending the two characteristics still remains problematic as Zhan (2009) points out that “the search for ‘active ingredients,’ while in keeping with biomedicine’s destructive approach to disease, does not take into consideration how clinical practices of traditional Chinese medicine conceptualize the human in fluid, open-ended, and transformative ways” (p. 69). The constructivity of TCM is not only doing the service of keeping the balance and the harmony within and between the body and the environment but also contributing to the synthesis and plurality of TCM in the biomedicine paradigm. Although being destructive seems counter to the holistic ideology of TCM, meaning that if one part is missing or broken, the whole is considered incomplete, it challenges TCM as being “preventive” rather than “productive”. In the tuina session with Ming and the acupuncture session with Yan, the constructivity throughout the practitioner’s responses is evident. For example, when Ming pinpoints a specific xuewei the practitioner refers it back to jingluo as the constellation of many xuewei and tong as the effect of jingluo being smoothly circulated; and in Yan’s case, when she reports the feelings of one xuewei stimulation that brings along, the practitioner responded with the connections that xuewei makes to others. It is noticeable that the practitioner draws the bigger picture of jingluo from the patient’s xuewei description. This situation contrasts with the
acupuncture video analyzed in Chapter 4 where the practitioner breaks down to specific body parts and how qi interacts with them. The western practitioner engages in a biomedical discourse framework when practicing, which contrasts with the constructive discourse from the Chinese practitioner. In other words, we can argue that to become “miracle-minded” is to engage in constructive discourse as one is hard to become the know-it-all so maintaining the whole is to acknowledge the unknown, the miraculous and the unexplainable. We can further say that becoming “miracle-aware” is one way to acculturate TCM that we need to appreciate the cultural differences and the distance between two medical paradigms and to understand their characteristics of being constructive versus destructive. Scheid (2002) mentions that when TCM is situated in the WM paradigm, it is important for the practitioners and the patients to be aware of its synthesis and plurality of medical knowledge, framework, culture and history.

Another example that demonstrates the contrast between the two discourse types of TCM and WM is the comment from the documentary The Hand Handles Pulses (2012) where Practitioner Dong Yanling remembers back in the 80s he had to fight for the efficacy of TCM in Taiwan and to face the misjudgments of TCM being superstitious. The following remark he made was when asked about the time when WM was taking over TCM:

“Antibiotics for cold have destroyed the health of many Chinese generations; antibiotics are not good. In TCM, if you have a cold, we call that you suffer from han qi (cold in the body not from the outside), that you suffer from han qi in your lungs, in your respiratory system. You cannot use antibiotics, you need to take medicine that brings the

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38 Since the documentary is 48 minutes in length and only a few part are relevant to the analysis, I did not transcribe and translate the full documentary. The time mark for this excerpt is 6:29-6:56. See link in Chapter 2 footnotes.

39 One way to understanding han qi is that the qi is obtaining more cold that it should have so that it goes out of balance between the cold (han) and the hot (re). In TCM, this imbalance is where all illnesses stem from and that to treat them is to adjust the balance between the cold and the hot in order to have the body maintain balance and eventually heal.
“han qi out not depressing the han qi in, you need to disseminate it, you can use antibiotics.”

Here, by focusing on the qi, the practitioner describes how TCM is dealing with the han (cold) qi and how the TCM intervention is focusing on letting the han go rather than killing the viruses. Put simply, letting the han go is releasing the han from the body to nature as well as balancing out the hot and cold within one’s body, but killing the virus is destroying and depressing the virus inside one’s body. Moreover, TCM appreciates letting go of entities that do not belong and disrupt the balance while WM favors keeping control based on the eradication of the disruption. Similar to Ming’s bragging about xuewei above, the practitioner here is defending the efficacy of TCM hoping that switching the treatment attitude toward colds to the emphasis on qi should be appreciated more by the Chinese, and embracing WM should not equal to abandoning TCM theories which are deeply and importantly rooted in Chinese culture and history.

To become “miracle-minded” is to acknowledge the TCM realities that have not been exposed in the WM paradigm, and ideally, it eventually evolves into the becoming of TCM within the biomedical context. For practitioners and patients, what it means to be “miracle-minded” is appreciating TCM as a national pride and a cultural identity and being curious about and receptive of the “miracle facts”. In the documentary, the opening scene of a narrative about Practitioner Dong Yanling “made miracle happen” is the four big characters of 国寳中醫 “National Treasure TCM” (Figure 15); later the camera moves slowly to a frame piece of newspaper cut saying “Dong Yanling: Making TCM Miracles” (Figure 16). The narrative of Practitioner Dong Yanling miraculously cured a paralyzed patient goes like this:

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40 Taiwan uses traditional characters rather than simplified ones that Mainland China uses which contains more strokes than the simplified ones, however, the semantic meaning does not differ between the two.

41 Since the documentary is 48 minutes in length and only a few parts are relevant to the analysis, I did not transcribe and translate the full documentary. The time mark for this excerpt is 5:42-6:13. See link in Chapter 2 footnotes.
1981年时，有位老立委开会时不慎跌倒，昏迷不醒，但是送医急救治疗，病情却始终没有起色，家属辗转找到了董延龄，经过两个礼拜的针灸和吃药，老立委的病情明显好转，董医师从此声名大噪，成了立法院第一位住院医生，而“国医”的名号，也就传送开来。

“A government officer collapsed after a very long meeting in 1981. He was unconscious and could not wake up. He was sent to the ER but did not get any better. His family was asking around and found Practitioner Dong Yanling and agreed to treat the patient with acupuncture and TCM herbs for two months. The patient started to get better and eventually fully recovered. The practitioner became famous afterwards. He was appointed to be the official practitioner for the government and obtained the title of “national practitioner.”

Here, the title of “national practitioner” is profound in cultural and national pride as in ancient times guoyi was the best and the only practitioner who treats the emperor, so obtaining the title of guoyi along with the success of treating the patient in the form of the miracle cure is more of obtaining a cultural and national identity that is responsible in promoting and protecting TCM as the essence and the concentrate of Chinese culture. In this narrative, the practitioner also the “miracle worker/maker” is interacting with the biomedical paradigm (e.g., the patient went to the ER) with a “miracle fact” of the recovered paralyzed patient. This cure was not questioned to biomedical details, and because of that, the patient’s case becomes the miracle cure in the dominating western paradigm, which is consistent with Zhan’s (2009) concerns of whether it is

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42 Figures were captured as screenshots.
blurring the lines between TCM and biomedicines or it is the misrepresentation of TCM in this uneven an un-interactive relationship between the two paradigms. In a word, to be “miracle-minded” is also to be open-minded about the possibilities of TCM success.

Practitioner Dong Yanling, who was the miracle maker in the documentary in many different patient cases, was also a miracle maker for himself as he once mentioned in an interview43 by a major Taiwanese news website 凤凰网 ifeng.com that believing in the core values (e.g., yang as self-cultivation; yangsheng as cultivating life and self-growth), practicing TCM and adjusting dietary choices based on the ultimate balance between body, mind and nature not only cures his own physical discomforts but also makes him relive and regrow at the age of 76:

“Practitioner Dong pays great attention to dietary choices. The nature of his body is more of han (cold) so he likes to eat fruits that are of warm and hot nature such as mango and peach, and he doesn’t even touch any han (cold) fruits. Practitioner Dong grew up not having an ideal health situation, and he grew up in a socially and politically chaotic period in Taiwan, but he focused on adjusting his body after he started practicing TCM, and eventually many people envy his health at the age of 76.”

Through adjusting the balance of han (cold) and re (hot), the practitioner achieved the ideal health status, but more importantly, he made the “miracle” happen. In the story above, we see that to be “miracle-minded” about TCM is to appreciate the depth of qi discourse and to expect the qi to regulate uniquely to different bodies, and upon the well circulated, balanced and harmonious qi flow, the miracle will happen. Saying so is not to dismiss the biomedical

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43 See article in Chinese via link: http://news.ifeng.com/taiwan/2/detail_2010_08/10/1921223_0.shtml I will not translate the entire article to English. I will summarize and paraphrase and translate the summary to English. The part which is relevant to analysis will be translated to English. The article was published in 2010 and is titled 台知名中医高龄上演 “不老奇迹”: 76 岁还长高 which translates to “Famous Taiwanese TCM Practitioner Dong Yanling Puts on a Miracle Show of Longevity at Age 76: Growing Tall Again”.

paradigm and to be unrealistic about TCM efficacy, instead, it is a mindset that is appropriate to
the situated TCM which is inevitably suppressed, challenged and denied by WM.

In this chapter, I have discussed how miracle cure is embodied in the tuina session with
Ming with the acupuncture examples drawn from the previous chapter and how it is embodied
through becoming “miracle-minded” as both practitioners and patients. I have mentioned the
importance of feeling-centered-ness, the actualization of jingluo and tongs, which are not only
how the patient came to state the miracle cure but are also the ways to identify with and take
pride in Chinese culture and history through TCM. It is crucial to keep in mind that becoming
“miracle-minded” is to achieve at the state of be fully comprehensive of qi discourse and being
open-minded about TCM efficacy possibilities in the biomedicine context which it resides in.
Last, to become “miracle-minded” is to believe in the synthesis and plurality within TCM
situated in and collided with WM paradigm.
Chapter 7
Discussion

The thesis idea came to me when I was at my Kunming home in 2014 having a conversation with my mother about her having too much “hot” food that caused her a sore throat and a bad skin condition. The hot foods are not foods served at a burning temperature or foods that are unbearably spicy, but instead, she was referring to the nature of foods based in the yin-yang framework, such as mangos being hot as they are mostly found in tropical areas where they receive much more sunshine so that it is considered “hot” and yang. I became aware that such conversation will only happen so naturally at home without friends or even significant others questioning with a concerning face of “what the hell are you talking about.” I realized my intercultural position is at the intersection of the Chinese and English languages as well as the TCM and WM paradigms. I grew up with Chinese medicine being the “eventually” medicine you go to, as it does not disrupt the balance and harmony in your body. I grew up with my mother scraping my back with a piece of hard cow horn with Tiger Balm (Chinese name would be “everything essence oil”) to induce blood-letting through guasha “scraping sand” (“sand” here resembles the configuration and visual texture of the blood-letting under the skin), which will release the cold in my body for the purpose of it returning to the balanced state and with her circling lit moxa above my pain area to release tension. When my personal medical and health experience in China clashed with comments from my American friends and significant others of it being “completely bullshit” or “crap” without even considering the actual bull shit and crap might have some Chinese medical values, and when this one time I came across a comedy scene on television of a kungfu-fanatic western male kicking the doors of a Chinese herb house, messing around with the well-organized herb drawers, and then left yelling “Western medicine
rules,” I decided to find out what is missing, what is created, what is miscommunicated and what is misunderstood of TCM through focusing on how certain aspects of Chinese medicine treatments are embodied, manifested and constructed within the interactivity between the practitioner and the patient during treatment sessions and within the discourse of westernized TCM in the United States. I narrowed down to three main concerns—healing, silence and the miracle cure, and despite the fact that each one of them is a big topic in TCM context, I came to three key findings throughout writing this thesis, and they are: feelings as healing, the interactivity of heart-mindful silences and the miracle-minded TCM cure.

Traditional Chinese Medicine (TCM) as a thousand-year old medical practice originated in China has globalized over the decades, embracing a new name as “holistic medicine” or CAM (Complementary Alternative Medicine). Previous research on TCM has been centered around the medical values, the treatment efficacy and its philosophical understandings, whereas less has focused on how the TCM concepts are embodied and manifested in the practice at sessions and how these traditional concepts attribute to the cultural rooted-ness and foundations of TCM. Taking an ethnographic discourse analytic perspective, this thesis aims to investigate the healing, the silence and the magical cure during TCM practices and how the TCM concepts—feelings, xuewei, jingluo and so on, are embodied within the interaction between practitioner and patient. Building on a previous body of scholarship (e.g., Barnes, 2005, 2007, 2009; Zhan 2001, 2009) focusing the paradigm and the medial knowledge dilemma of TCM in the western societies from a practitioner’s point of view, my thesis is more concerned about the embodiment in TCM discourse both in the forms of practitioner-patient interactions and the contextualization in the West and the East. My stance is based on a collaborative and interactive construct by the
practitioner and the patient in which I attend to the embodiment and the temporality of TCM concepts for a better understanding of TCM-as-embodied and TCM-in-interaction.

Through studying the interaction and the embodiment of these concepts, it provides us cultural insights to let us further understand the interculturality of the holistic treatment. According to Barnes (2003) that the professionalism of TCM is facing many dilemmas as the essential ideas are being misled and misrepresented. Inspired by Ho et al. (2015) who have studied the cultural appropriation of western medicine information materials especially for Type II diabetes, I contribute this thesis to the body of scholarship and knowledge focuses on the acculturation and culturally appropriate health literacy of US holistic health care through offering a cultural insider’s point of view. Developing TCM brochures and pamphlets that are acculturated and assimilated into American society is one of the goals to promote TCM for greater health benefits for Americans. What we need to work towards is finding a neutral spot for TCM and WM to meet and integrate similar to the TCM development model in modern China, and as we are searching for this comfortable position for two paradigms to not clash into each other, preserving and maintaining the cultural values of TCM is key in its development in the United States. Since Sun et al. (2013) have mentioned that it is time for the TCM community in the US to go back and notice the fundamental theoretical and philosophical differences between TCM and WM, through offering a contemporary look at the embodiment of TCM aspects within sessions, this thesis also reminds future researchers that besides the theoretical and philosophical differences that practitioners pay most attention to, the cultural differences during sessions that patients attend to can benefit the patient-centered health care system. At the same time, I also see this thesis as a starting point to further research US practitioner-patient relationship in TCM. I have discussed earlier that because of the different cultural preferences in Chinese medicine—
less talkative and more observatory, and it triggers future researchers to consider how might the
cultural translocation affects the practitioner-patient relationship and how might the relationship
affect the treatment quality and even the efficacy of TCM; specifically speaking, it is worth
discovering how the patient-centered-ness can be altered and affected by the cultural aspects of
TCM treatment. Another future direction is to direct our attention to the mediated TCM in the
United States. Liu and Cao (2012) look at the types of information presented in the western
media, and to build on their project, a closer look at the TCM representations in various types of
media is necessary.

In Chapter 4 of this thesis, in the video recording and the observed session, I examined
the practitioner-patient interaction of acupuncture treatments where the practitioner and the
patient collaboratively and individually embody the healing process from the working needles
with a multitude of modalities—touching, pressing, locating, inserting needles, gestural
contouring, demonstrative and elaborative reenactment; the simultaneity the modalities of how
the practitioner and the patient co-construct feeling-centered-ness and qi discourse is the
embodiment of a multimodal TCM healing. The interactional features of the acupuncture session
examined in this chapter are in consistency with the TCM concept of seeking for
wholesomeness, that the multitude of the modalities is the manifestation of the patient’s holistic
experience, such as the constant iterations of and requests for feedbacks of bodily feelings.
Chapter 5 holds on to this very difference between the two paradigms by exploring the silence in
TCM herbal prescription especially the pulse reading period. In the data analyzed above, I have
explored the embodiment of silence in pulse reading through its asymmetry, interacting silences,
the concept of achieving xinqing and the trust and pride the Chinese have for TCM herbal
prescription. In the final chapter, I have discussed how miracle cure is embodied in the tuina
session with Ming with the acupuncture examples drawn from the previous chapter and how it is embodied through becoming “miracle-minded” as both practitioners and patients. I have mentioned the importance of feeling-centered-ness, the actualization of jingluo and tongs, which are not only how the patient came to state the miracle cure but are also the ways to identify with and take pride in Chinese culture and history through TCM. It is crucial to keep in mind that becoming “miracle-minded” is to achieve at the state of be fully comprehensive of qi discourse and being open-minded about TCM efficacy possibilities in the biomedicine context which it resides in. Last, to become “miracle-minded” is to believe in the synthesis and plurality within TCM situated in and collided with WM paradigm. Finally, this thesis aims to broaden the research themes of TCM in the field of communication studies.
Appendix A

Acupuncture Transcript

Prac=Practitioner
Pat=Patient

1 Prac: Hi, I’m Ingrid Boe-Wiegaard from the acupuncture center. Today we are doing a
2 video on back pain treatment so I wanna show you how I treat a person with a
3 back pain. I have a patient who’s willing to be filmed so come with me to the
4 treatment room and we’ll see which point sides we choose.
5 Prac: Hi, Joe, how are you feeling today?
6 Pat: Very good.
7 Prac: How’s your day been so far today?
8 Pat: It’s been pretty relaxed.
9 Prac: Ok, good. Now I treated you a couple days ago your first treatment for your back
10 pain. How have you been since I treated you?
11 Pat: I am sleeping a lot better. The lower back pain’s going away.
12 Prac: Ok good. Now your back pain, if I remember correctly, your back pain was
13 caused by sports activities and working out. Is that about what you think the cause
14 was?
15 Pat: Yes
16 Prac: Um I’m gonna look at your tongue and we’re gonna look a little bit of what’s
17 going on inside your body that’s causing the back pain besides what we think is
18 the reason which is your activity. Let me see your tongue.
19 Prac: Ok, that’s looking great. Here, let me show you what I’m looking at. Look at the
20 mirror, now put your tongue out, ok, so, it’s, you’ve got a good coating, you’ve
21 got good body color, you’ve got a little edging there. Now if you put out a little
22 more you’ll see it gets red on the tip there. You’re basically very healthy, and you
23 respond very quickly to the acupuncture treatment. So the fact that you already
24 improved from the one treatment, is, um, commensurate with what I’m saying.
25 And I think it’ll only be few treatments will be able to do a huge amount of
26 hearing for you. Um I’m gonna check your pulses which is, there’s like one two
27 three positions here superficial and deep on your artery and the same thing here
28 one two three superficial and deep and as I check these I’m gonna be checking the
29 meridian pathways that I’ll be treating, especially the one, there’s one that I’ll be
30 interested in clearing for your back pain. But I just want to see, in addition to your
31 tongue diagnosis I wanna look at what your pulse energy. Energy distribution is
32 like in these pathways, and they are ones that cover the torso, front and back,
33 internally and also more preferably the limbs and how your tendon muscular
34 system is being supplied. And I think, because, I think you are very healthy, I
35 think you are going to be in pretty good shape. So we’re just double checking that
36 really quickly and yeah there’s a little bit of a blockage there but that’s, that’s
37 what we are going to expect when there’s a little bit of pain. Can I have you lie
38 down and face down, we’ll do a treatment, are you ready for that?
39 Pat: Yes, I’m ready.
Prac: Ok.

Prac: I’m using xx disposable pre-packaged needles and they are one-time use
and the thinnest and the shortest needles that are on the market and I don’t needle
deeply. I’m very gentle as you’ll remember. And um, they really don’t hurt that
much. So do you remember they hurt very much when I was treating you?

Pat: um no. Not at all.

Prac: So let’s try another treatment here. I’m going to start at the top and do a
couple of points heading down this particular meridian. Cuz his lower back pain
has to clear up. Now, the problem, when they get severe will radiate down the
nerve so even low back pain can produce a ciadic pain down the legs. But what
I’m going to do here is clear it more superficially up and out. So the upper part of
the back is where some of the energy releases that’s in this tension he’s got in his
muscle here. So it’s just common that people who do sports and work out kinda
get a little bit tight and even though they do think they hydrate enough or they
stretch enough sometimes they don’t quite hydrate enough. You see that over the
kidneys, or their body just stays a little tighter than it should. So these blockages
here, or really even up here are what’s causing the lower back to not be all to
clear. So we are gonna be doing some work on the upper part here. Here’s, the
first treatment is going to be the points around here, are you ready?

Pat: Heh hm

Prac: Ok, very gently, I’m just going to place a needle like that. Ok, how was
that, that didn’t hurt?

Pat: No. That was good.

Prac: Ok, then, I’m going to put another needle right here. This is for the upper
back to clear some of its tense energy up and out. More deeply the passage will
service scutles, bone structure maintenance and nerve tissue maintenance so the
deeper aspects of the pathways maintains tissue structure. But the more superficial
aspects of the pathways releases the energy, releases the tension out. So we are
needing superficially and we are asking the superficial aspects of the meridian to
be doing its clearing work, and that will benefit the lower back as that energy rises
up and out up and out the whole way. So we’re just gonna do a couple points right
here as we can see where he has some extra tension, to clear that, here’s a reason
for tension up here can be that he’s working hard and being, are you working
everyday, you feel like you’re focusing on your work?

Pat: Yeah, every day.

Prac: Is there some stress at work?

Pat: A little bit.

Prac: Cuz that’s pretty common and that kind of activity keep. A lot of people
hold their stress to the top of the body so if you were to dig in here you
will find there are some muscle knots and very common tension areas.

That initial blockage can cause secondary, in tertiary blockages of energy.

So the lower back pain, seems like it’s being caused at the lower back but
it turns out that the whole back is involved, and the clearing up of the
upper part is really needed. So if I only did the upper points, he will still
get benefit at the lower back. But I’m gonna run down and do a little
clearing. Now we’re gonna check out and the adrenals and the kidneys to
make sure he’s not too dehydrated and this is, I have a feeling that you
to really do drink four to five bottles of water everyday, is that true?
Pat: Yeah, about that.
Prac: You’re really careful about that it’s really looking, really nice and, I can
say almost gushy, his muscles are soft here which means he is well
hydrated. And that’s important for all conditions need proper hydration.
So we’re always looking for how well hydrated is a person. Then we come
down into the lower back area we’ll do a couple point sides down where
he really does have his pain. Is it hurting a little bit down into the leg or is
it staying in the lower back?
Pat: It’s um, mostly in the back.
Prac: Mostly in the back part, so ok, we’ll focus on that, do just a little bit extra right
here this sacred iliac joint this is SI joint here the sacred iliac joint and these
muscles always tend to be a little bit tight and they’ll chafe on the nerve a little bit
as what it causes all the discomfort. Um, so what we wanna do is release the
tension in the soft tissues which is the tendons, muscles, connective tissue, so you
don’t get the herniation at the disk. If you have a scrunching going on with the
vertebrae, and the soft tissue is scrunching, then you can herniate the disk or at
least chafe the nerves coming out then go down the legs so the lower back nerves
they are going to short, the shorter nerves are going to the local area, the deeper
nerves in the bundle run down the leg, so if your situation gets more and more
severe the pain might go down your legs. And that’s always something that I
always wanted to know is how far down the leg does the pain go or just local or
how severe is it. So most of the discomfort that’s in the lower back even to the
front to the groin or down to the legs is coming from the lower back area. So we
don’t have to treat any point sides going down the legs we’re just going to treat
the lower back and help that contractive the energetic clear up and out. So
contractive tightening or releasing it up heading up and out. So that’s the yin yang
principles we are working with there is that the yang is an up and out function and
the yin is in and down becoming more structured and formed. So we wanna
release, and help and release that. So we’re gonna leave this alone for, we’re
gonna quiet, are you comfortable now?
Pat: Yeah.
Prac: Ok, so this wasn’t too painful. And then about 15 minutes I think we’ll let these
needling feels in today cuz it’s only your second treatment. So it’s a little bit
short. I did a little more needles today than I did last time. That’s because I think
you can handle it, you seem comfortable with it. There was no flinching which is
a good sign so you’ll probably clear very quickly for your lower back pain. I
anticipate only a few treatments. So we’ll see, we’ll come back in a little bit and
take the needles out.
Prac: So Joe, can I wake you up?
Pat: Oh yes
Prac: Ok so I know you tend to get a little be relaxed. Were you falling asleep?
Pat: A little bit.
Prac: Yeah, it’s the endorphin release and the brain is part of what gives you the
relaxation plus lying down of course is very nice. Now I’m gonna gently take the
needles out and close the point sides here a little bit with my fingers here just
close the point sides, gently. Just to indicate that we want them to stay, to be
closed now not to be open releasing any more. And what I want you to do is do
three showers a day just to help clear the energy the electrical charge will
discharge to the wetness so take three showers a day if you have time to help clear
more of you tension. Ok so that’s something you can do besides drinking water.
You can use shower as well, so the water is your friend internally as well as
externally. So that’ll be how you’re doing. So when you are ready, you can get up
and we’ll talk some more.
Appendix B

Practitioner Interview

Q=Question
A=Answer

Q: Is there a best way to communicate with your patients?
A: The best way to communicate with your patient is “yi shi tong ren” (see every one the same way). “pin yi jin ren” You need to make your patient see that you are approachable not distant and authoritative. You also need to have a very gentle attitude. You never should think that you are a doctor. When you talk to you patients you need to know more about their life habits because one’s illness is strictly related to their life habits. TCM is all about this. You have to see it from the whole. Because you can tell a lot from what your patients eat and it relates to many important things that I need to know as a doctor. The patients sometimes don’t even know why I’m asking these questions. They think I want to know more about them. But it’s good as it doesn’t feel like a doctor visit to them and that sort of makes them forget that they are ill. But yes, knowing these life habits is crucial in TCM diagnosis. You also need to adjust your tone. You cannot make it sound that you are interrogating them especially you cannot make them feel guilty about being sick because they are not doing the “right” thing. You need to treat your patient like person. Your patient is not a patient.

Q: How do you treat patient’s self-diagnosis?
A: I need to start from the very beginning of my reasoning of my diagnosis. You need to listen to the patient carefully. Sometimes you need to listen to they repeat the same thing over and over again. TCM is built on the trust between the practitioner and the patient. So when I state my diagnosis I rarely find my patient repeat theirs over and over again. If the patient doesn’t trust you from the very beginning as a practitioner, I will refuse to treat him. If I run into very stubborn patients, I will say to them that I think you need to seek for another better practitioner because if you don’t trust me I think I don’t have the best of my ability to cure you. I don’t usually try to convince my patients. If I feel that I’m not trusted deeply, I will not “xia yao.”

Q: Do you require your patients to be silent when you are reading pulse? Do you think silence is necessary?
A: Only young practitioners need and definitely need silence. But it’s not the case for experienced practitioners. TCM is a “yin yang yi xue.” Once you “da” (put) your hand on the pulse you will be able to figure out what is going on with the patient and what his pulse phenomenon is. As long as you as a practitioner are “xin jing.” (silence of the mind, silence of the heart) “yi zhe yi ding yao xin jing” You need to disregard however much noise the outside it giving you.

(“lao zhong yi” Patients are looking for the old practitioners.)
(The personal memory of picking an old practitioner.)

Q: What will you say about the feeling-centered discourse in acupuncture or tuina treatment?
A: Yes. Patients will have a very special feeling, only themselves will know this kind of feeling, when their xuewei are pressured. As practitioner, we are looking for “suan” “ma” (sore and numb). Patients need to have “suan” “zhang” “ma” feelings. The healing will start as soon as these feelings are achieved.

Q: What do you think the attitude toward TCM your patients have?
A: I think most patients, Chinese patients have very deep belief and faith in TCM. But we live in a fast world, everything is fast especially the rhythm of our life is very fast-paced, and this causes people “lan yu wei yao.” They all think that the process of boiling herbs is time-consuming and slow. This is the reason they choose WM over TCM. They are looking for “li gan jian ying.” And WM is the perfect answer for this. TCM is slow but it’s a process. Because TCM is plant-based so it is very slow. (You need patience to accept TCM.)

Q: What do you think are the similarities and differences in practitioner-patient interaction between TCM and WM?
A: Well, now China is in the phase of integrative medicine which is combing WM and TCM. I think the language use is different even for the same illnesses and symptoms. Such as cold “gan mao” in WM, which is called “feng han” or “feng re” in TCM. Also WM is focusing on the virus and how it causes the disease. Now everything is caused by one type of virus and new names are being created daily. In TCM, it is just “feng han.” The language is different, very different. But chemically they are very much connected and similar. (TCM treats from the source of the illness but also frame it in a way that’s close to nature.)

Q: Have you ever treated non-Chinese speaking patients? What was it like?
A: I have treated one Japanese patient a couple of years ago. But our cultures are connected. I don’t speak to Japanese but I write to them they will understand. For English-speaking patients, I use a lot of gestures. You don’t really need to talk to them that much. What matters to me is the pulse phenomenon and the tongue phenomenon.

Q: What are the barriers and obstacles that TCM is facing in the western societies?
A: I really think there are less barriers. I think the TCM dictionary, especially the English one has been improved a lot over the past years. I think if you speaking both languages there are really less obstacles. But for some of the core concepts and vocabulary in TCM, as they are also the translation products from ancient Chinese and I think it is an ongoing process, I think we need not only need to recreating English translations but also to go back and check the ancient Chinese. I think the authenticity part is already being questioned. So as long as the English is expressing the basic idea, I think the obstacles are solvable.
周杰伦 《本草纲目》歌词
作曲：周杰伦
作词：方文山

1) 如果华陀再世 崇洋都被医治
2) 外邦来学汉字 激发我民族意识
3) 马钱子 决明子 苍耳子 还有莲子
4) 黄药子 苦豆子 川楝子 我要面子
5) 用我的方式 改写一部历史
6) 没什么别的事 跟着我 唸几个字
7) 山药 当归 枸杞 GO 山药 当归 枸杞 GO
8) 看我抓一把中药 服下一帖骄傲
9) 我表情悠哉 跳个大概 动作轻松自在
10) 你学不来 霓虹的招牌 调整好状态
11) 在华丽的城市 等待醒来
12) 我表情悠哉 跳个大概 用书法书朝代
13) 内力传开 豪气挥正楷 给一拳对白
14) 结局平躺下来 看谁厉害
15) 练成什么丹 揉成什么丸
16) 鹿茸切片不能太薄 老师傅的手法不能这样乱抄
17) 龟苓膏 云南白药 还有冬虫夏草
18) 自己的音乐 自己的药 份量刚刚好
19) 听我说中药苦 抄袭应该更苦
20) 快翻开本草纲目 多看一些善本书
21) 蟾酥 地龙 已翻过江湖
22) 这些老祖宗的辛苦 我们一定不能输
23) 就是这个光 就是这个光 一起唱
24) (就是这个光 就是这个光 嘿)
25) 让我来调个偏方 专治你媚外的内伤
26) 已扎根千年的汉方 有别人不知道的力量
27) 我表情悠哉 跳个大概 动作轻松自在
28) 你学不来 霓虹的招牌 调整好状态
29) 在华丽的城市 等待醒来
30) 我表情悠哉 跳个大概 用书法书朝代
31) 内力传开 豪气挥正楷 给一拳对白
32) 结局平躺下来 看谁厉害
33) 蹲 小僵尸蹲 小僵尸蹲 又蹲 小僵尸蹲 暗巷点灯
34) 又蹲 小僵尸蹲 钻萝卜坑 又蹲 小僵尸蹲 唸咒语哼
35) 蹲 小僵尸蹲 小僵尸蹲 又蹲 小僵尸蹲 暗巷点灯
36) 又蹲 小僵尸蹲 钻萝卜坑 又蹲 小僵尸蹲 唸咒语哼
Appendix D

Pulse reading transcript

Prac=Practitioner
Pat=Patient

1  (56)
2  ((Switch hand))
3  (40)
4  Prac:  kan kan she tou
5    Let me see your tongue.
6  ((Pointing to the patient’s tongue))
7  ((Checking the tongue))
8  Prac:  ni de mai hao de a
9    You pulse is good.
10  Pat:  a?
11  Excuse me?
12  Prac:  mai shi hao de
13    The pulse is looking good.
14  Pat:  mai shi hao:: de, mai xiang hao: a
15    I have a good pulse. My pulse phenomenon is good.
16  Prac:  mai xiang hao ne.
17    Good pulse phenomenon.
18  Prac:  jiu shi you xie
19    It’s just…
20  Pat:  shen me?
21    What?
22  Prac:  pi wei RE yi dian
23    There’s some hotness in your spleen and stomach.
25    Yes, yes, it is hot, it is hot. My spleen and stomach are easy to gain ‘fire’
26  Pat:  dui, na zen me ban
27    Right, so what do I do?
28  Prac:  zhua yao, zhua yao me di xia xx zhua
29    Herbs, you go down to xx to get herbs
30  Pat:  yao zhu, hai shi yao pao?
31    Do I boil it or soak it?
32  Prac:  zhong yao shi yao wei de
33    You only simmer Chinese herbs.
Appendix E

Transcription Symbols

The transcription notation system employed for data segments is an adaptation of Gail Jefferson’s work (see Atkinson & Heritage (Eds.), 1984, pp. ix-xvi). The symbols may be described as follows:

: Colon(s): Extended or stretched sound, syllable, or word.

_ Underlining: Vocalic emphasis.

( ) Micropause: Brief pause of less than (0.2).

(1.2) Timed Pause: Intervals occurring within and between same or different speaker’s utterances.

((  )) Double Parentheses: Scenic details.

( ) Single Parentheses: Transcriptionist doubt (best guest).

. Period: Falling vocal pitch.

? Question Marks: Rising vocal pitch.

↓ ↑ Arrows: Pitch resets; marked rising and falling shifts in intonation.

° ° Degree Signs: A passage of talk noticeably softer than surrounding talk.

= Equal Signs: Latching of contiguous utterances, with no interval or overlap.

[ ] Brackets: Indicates beginnings and endings of speech overlap.

[[ Double Brackets: Simultaneous speech orientations to prior turn.

! Exclamation Points: Animated speech tone.

- Hyphens: Halting, abrupt cut off of sound or word.

> < Less Than/Greater Than Signs: Portions of an utterance delivered at a pace noticeably quicker (&lt; &gt;) or slower (&lt; &gt;) than surrounding talk.

OKAY Caps: Extreme loudness compared with surrounding talk.

hhh .hhh H’s: Audible outbreaths, possibly laughter. The more h’s, the longer the aspiration. Aspirations with periods indicate audible inbreaths (e.g., .hhh). H’s within (e.g., ye(hh)s) parentheses mark within-speech aspirations, possible laughter.

pt Lip Smack: Often preceding an inbreath.

hah Laugh Syllables: Relative closed or open position of laughter.

heh

$ Smile Voice: Words marked by chuckles and/or phrases hearable as laughed-through.
References


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CRS 600 Public Memory, Dr. Charles Morris
ANT 600 Beyond Biological Need to Eat, Dr. Guido Pezzarossi
LIN 690 An English for Specific Purposes (ESP) for Hip-Hop Dancers in China, Dr. Amanda Brown

**Academic Presentations and Participation**


Paper Presented, “Interacting in Silence: Observing the Silence in Pulse Reading Phase in Traditional Chinese Medicine” Data Session with Dr. Richard Buttny and Dr. Kathleen Feyh, Syracuse University, Syracuse, NY. 2015 October.


Paper Presented, “Interacting in Silence: Observing the Silence in Pulse Reading Phase in Traditional Chinese Medicine” Data Session with Dr. Jeffrey Good, Dr. Richard Buttny, Dr. Stephen DiDomenico and Dr. Donald Carbaugh, Syracuse University, Syracuse, NY. 2015 April.


Attended, Learning Educators of Central New York (LECNY) Annual Conference, Syracuse University, Syracuse, NY. Spring 2014.


**Awards and Honors**
Creative Opportunity Grant (COG): $750, College of Visual and Performing Arts, Syracuse University, Spring 2016

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Graduate Merit-Based Tuition Scholarship, Syracuse University (Academic Year 2013-2014)

Undergraduate Excellence Scholarship, Yunnan University, Kunming, Yunnan Province, China (Academic Years 2007-2009)

Outstanding Student Leadership Award, Yunnan University, Kunming, Yunnan Province, China (2007-2009)

**Teaching Experience**

CRS 287 Foundations of Inquiry in Human Communication, Syracuse University, Spring 2016
*Graduate Teaching Assistant*
- Assisted the professor by grading classwork of more than 70 students
- Attended lectures

CRS 630 Intercultural Communication, Syracuse University, Spring 2016
*Graduate Teaching Assistant*
- Co-taught with Dr. Richard Buttny
- Independently planned assigned portion of classes

CRS 225 Public Advocacy, Syracuse University, Fall 2015
*Graduate Teaching Assistant*
- Taught three-section recitation consisting of in total 64 students
- Attended lectures
- Independently planned lessons
- Responsible for grading classwork and advising students on coursework-related issues
- Guest lectured

Adult TESOL Language Course, Missio Church TESOL Language Learning Program, Syracuse University, Spring 2013
*Instructor*
- Taught classes consisting of more than 15 adult students
- Independently and collaboratively created lesson plans
- Reported student progress to program supervisor
Research Experience

Graduate Research Assistant
Department of Communication and Rhetorical Studies, Syracuse University, Fall 2013 and Spring 2014
Project: “Discourse Analysis of Evidence-Based Discussion in Dietary Supplement Use in Doctor-Patient Interaction”
Supervisor: Dr. Jeffrey Good
- Assisted Dr. Jeffrey Good by coding, analyzing and transcribing data and writing results
- Used Atlas, Nvivo, and InqSribe for data analysis and coding
- Searched for sources and review literatures

Independent Research Project
Department of Languages, Literatures and Linguistics
Syracuse University, Spring 2013
Project: “An English for Specific Purposes Course for Hip-Hop Dancers in China”
Supervisor: Dr. Amanda Brown

Other Relevant Work Experience

GoKunming.com Website, Kunming, Yunnan Province, China, Summer 2015
Writer and Translator
- Translated Chinese news articles to English
- Interviewed news sources
- Wrote new articles and photography feature articles
- Edited news article

3D Dance Studio, Kunming, Yunnan Province, China, Summers (2013-2015)
Dance Instructor
- Taught bilingual Hip-Hop dance classes to more than 25 adult students
- Conducted lectures of Hip-Hop dance culture
- Independently designed curriculum and planned lessons

School of Architecture, Syracuse University, Spring 2014
Graduate Admission Interview Assistant
- Conducted Skype English language proficiency interview to international applicants
- Transcribed and analyzed interview recordings
- Assessed applicants performance independently
- Reported interview results to graduate admission committee

3iMobile English, Syracuse University, Spring 2014
Online English Language Class Instructor
- Conducted lesson plans for an online Business English training course for an Italian pharmaceutical company
- Facilitated online teaching
Say Yes to Education, Syracuse University, Spring 2013  
**English Tutor**  
- Tutored English to high school students in the Syracuse School District

Web International English, Kunming, Yunnan Province, China, 2009-2012  
**English Language Instructor & Language Program Supervisor**  
- Recruited and trained TESOL English language teachers  
- Designed all-level curriculum  
- Taught all-level adult students  
- Supervised TESOL English language teachers from diverse backgrounds

**Service**

_Treasurer_, Global China Connection, Syracuse University Chapter, Spring 2013

_Dancer and Choreographer_, Kalabash Caribbean Dance Troupe, Syracuse University, Fall 2012 and Spring 2013

_Volunteer Interpreter_, International Hip-Hop Dance Competition, Kunming, China, 2010

_Volunteer Interpreter_, Beijing 2008 Paralympic Games, Shunyi Water Park, Beijing, China, 2008

_Campus English Radio Show Host_, Yunnan University, Kunming, China, 2005-2009

_University Dance Team Captain_, Yunnan University, Kunming, China, 2005-2009

**Associations**

Phi Beta Delta Alpha Sigma International Scholar Honor Society

**Languages**

Mandarin Chinese  
- Native Language  
- Academic Proficiency in Reading, Writing, Listening and Speaking

English  
- Native Fluency Level Second Language  
- Academic Proficiency in Reading, Writing, Listening and Speaking

**References**

Dr. Jeffrey Good  
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