中医文化 东方智慧

Healthcare Wisdom in Traditional Chinese Medicine

中醫藥文化

CHINESE MEDICINE AND CULTURE

ISSN 2589-9627

9 772589 962239 06

订阅方式 邮箱: tcmoverseas@126.com 电话: 021-51322295 邮发代号: 4-968 国内定价: 50.00元/期 4期/年

Chinese Medicine and Culture • Volume 6 • Issue 2 • June 2023 Pages 125-218

上海中醫藥大學 Shanghai University of Traditional Chinese Medicine
中華中醫藥學會 China Association of Chinese Medicine

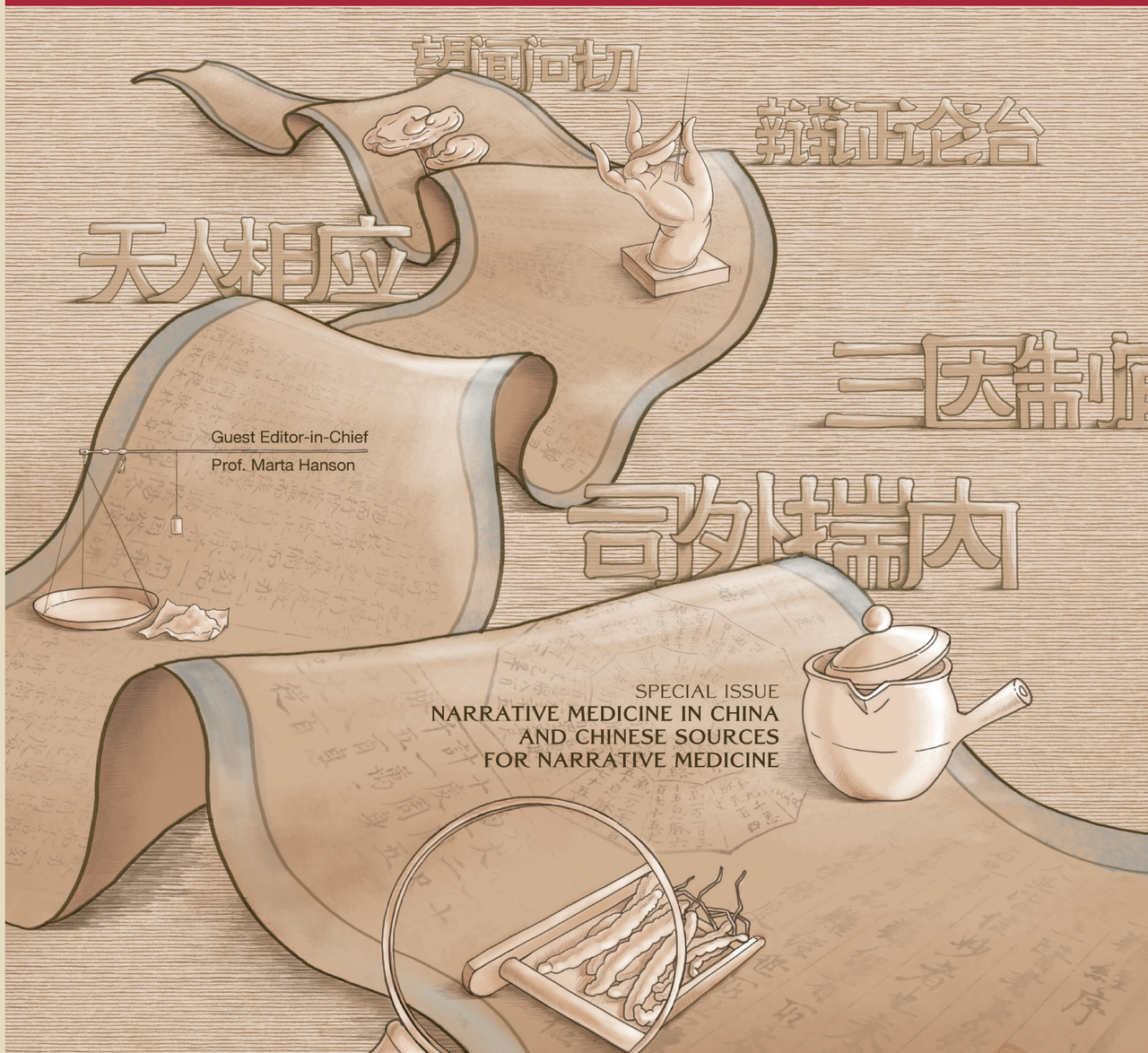
中国科技期刊卓越行动计划高起点新刊

ISSN 2589-9627
CN 31-2178/R9

CHINESE 中医药文化 MEDICINE AND CULTURE

Volume 6 • Issue 2 • June 2023

https://journal.lww.com/cmc



Guest Editor-in-Chief
Prof. Marta Hanson

SPECIAL ISSUE
NARRATIVE MEDICINE IN CHINA AND CHINESE SOURCES FOR NARRATIVE MEDICINE

Chinese Medicine and Culture

中医药文化 Established in 2018 Quarterly

Chinese Medicine and Culture

中医药文化

General Information

AIMS AND SCOPE

Chinese Medicine and Culture is an interdisciplinary academic journal focusing on the study of Chinese medicine. It aims to promote communication and dialogue between researchers in the natural sciences and humanities of Chinese medicine. The objectives are to build an interactive platform for interdisciplinary research on Chinese medicine and to comprehensively reflect the high-level and latest research results of Chinese medicine in the fields of medical science research, cultural exchange and historical heritage conservation.

INDEXED BY

Scopus (Netherland), DOAJ (Sweden), Ulrichs (US), Ovid (US), Ex Libris-Primo Central (Israel), EBSCO Publishing's Electronic Databases (US), Baidu Scholar (China), CNKI (China), Wanfang Data (China), Google Scholar (US), Hinari (Switzerland), Infotrieve (France), Netherlands ISSN Center (France), ProQuest (US), and TdNet (Isreal), CSTJ (China).

ADMINISTERED BY

Shanghai Municipal Education Commission

SPONSORED BY

Shanghai University of Traditional Chinese Medicine
China Association of Chinese Medicine

JOINTLY PUBLISHED BY

Shanghai University of Traditional Chinese Medicine
Wolters Kluwer Health, Inc.

PRINTED BY

Business Book Printing Shop Shanghai Printing CO., LTD

SUBSCRIPTION

Editorial Office of Chinese Medicine and Culture

FREQUENCY

Quarterly

LAUNCH DATE

July 03, 2018

CURRENT PUBLICATION DATE

June 30, 2023

SPECIAL STATEMENT

All articles published in the journal reflect the views of the author and not of the journal or its editorial board or the publisher. Publication does not constitute endorsement by the journal. Neither the journal nor its publishers nor anyone else involved in creating, producing or delivering the journal or the materials contained therein, assumes any liability or responsibility for the accuracy, completeness, or usefulness of any information provided in the journal, nor shall they be liable for any direct, indirect, incidental, special, consequential or punitive damages arising out of the use of the journal. The journal, nor publishers, nor any other party involved in the preparation of material contained in the journal represents or warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such material. Readers are encouraged to confirm the information contained herein with other sources.

EDITORIAL OFFICE

Address: Shanghai University of Traditional Chinese Medicine,
1200 Cailun Road, Pudong New Area, Shanghai 201203, China
Tel: 86-21-51322295
E-mail: tcmoverseas@126.com

CN: 31-2178/R9
ISSN: 2589-9627
Official Website: https://journals.lww.com/cmc/
Submission Website: https://www.editorialmanager.com/cmc/

Chinese Medicine and Culture

Volume 6 ¦ Issue 2 ¦ June 2023

Contents

REVIEWS

Editorial

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Narrative Medicine in China and Chinese Sources for Narrative Medicine

Marta Hanson[1,✉]

In 2001, internist and literary scholar Rita Charon at Columbia University famously announced a new discipline called narrative medicine. She based it on the premise that the basic humanistic skills of critical reading, slow looking, and reflective writing were as necessary for developing clinical skills as evidence-based medical knowledge. Already by 2011, the new discipline of narrative medicine had taken root in China through published articles and a meeting at the Institute for Medical Humanities (now School of Health Humanities) in Peking University. Just a decade later, narrative medicine programs have not only proliferated in medical schools and hospitals across China but they have also developed into novel programs of "narrative medicine with Chinese characteristics."

After two decades in the United States and just over one decade in China, the time has come to take stock of their parallel but different histories. It is also time to evaluate what is distinct about narrative medicine programs in China. After two decades of exploring mostly western literature, artwork, and film for narrative medicine programs, scholars have also begun to consider Chinese textual, visual, and performative resources that can be used as well to develop narrative competence.

The 10 articles in this special issue of *Chinese Medicine and Culture* on "narrative medicine in China and Chinese sources for narrative medicine" fall under five broad categories: (1) Introducing to a Chinese audience AfterWards, a specific narrative medicine program established in 2014 at Johns Hopkins University (Small); (2) Summing up the recent history of narrative medicine in China and what makes its development distinctly Chinese (Guo, Gui); (3) Drawing out connections between central concepts in modern narrative medicine and comparable concepts within traditional Chinese medicine (Wang, Yang); (4) Introducing the narrative medicine potential of a wide range of primary Chinese sources from antiquity to the present (Cook, Richter, Hanson, Li, and Mao); and (5) Bringing a narrative medicine perspective to bear on the different roles case studies and case reports are currently playing in East Asian medicine in the United States (Rivkin).

Although I had been introduced to narrative medicine rather late in 2019, when Executive Editor-in-Chief Li Haiying (李海英) invited me to be a guest editor of a special issue of *Chinese Medicine and Culture*, I knew immediately that I wanted to use the opportunity to do two things: namely, publish essays by scholars who had direct experience with the recent and unique history of narrative medicine in China over the past decade; and scholars who had historical and linguistic expertise in classical Chinese sources that had medical themes and so were potentially useful for modern narrative medicine programs in China.

The feature article in this special issue on Chinese sources for narrative medicine, Constance Cook's "The first documented experience of Qi and an account of healing failure: 4th century BCE," for example, details the historical significance of exceptional bamboo slips from Baoshan, Hubei province, as the first case study of the experience of *qi*. But this ancient case record also pivots on the complex healer-patient relationship that is central to modern narrative medicine. Furthermore, it concludes with the diviners' ultimate failure to accurately diagnosis and thereby cure their patient. Healing failure is as relevant a theme now for inspiring clinical programs to build narrative competence as it likely motivated both the diviners and Shao Tuo's family to appease his spirit by burying with him detailed evidence of all their efforts to help him.

The other nine essays in this special issue do similar work by either showcasing what is distinct in the history of narrative medicine in China or unpacking the potential of Chinese sources for narrative medicine.

The origin of this special narrative-medicine issue must be placed in the early collaborations between Dr. Lauren Small at Johns Hopkins Medicine, who ran a narrative-medicine program, and Professor Jiang Yuhong

[1] Independent scholar, Affiliate Max Planck Institute for the History of Science, Berlin 14195, Germany

[✉]Marta Hanson, Email: mhanson4@jhmi.edu

ORCID: 0000-0001-6190-7499

Chinese Medicine and Culture (2023) 6:2

Received: 3 May 2023; accepted: 3 May 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000067

(蒋育红) at Peking Union Medical College (PUMC), who was well-networked with people integrating narrative medicine into medical schools and hospitals across China. Centrally placed in their respective institutions, together they formed a bridge that connected what was happening in narrative medicine since 2000 in the US with what had been developing since 2011 in China. They started collaborating with each other in 2019 when Dr. Small was invited to run narrative-medicine workshops in China during the summer and she co-organized with Professor Jiang a trip for a group of medical educators and clinicians to come to the US for workshops at Columbia University and Johns Hopkins.

Lauren Small's essay on AfterWards, the narrative medicine program she established at Johns Hopkins Medicine, details the five-part structure for a one-hour session that she used as the basis for the workshop that we ran together. Because the AfterWards structure is independent of specific content, one can potentially use material from any culture in any language. My essay for this issue thus summarizes the general types of Chinese primary sources from premodern poetry, paintings, and medical texts to modern novels, films, and documentaries that I added for the workshop's Facilitator's Guide for AfterWards.

Our academic exchanges with Chinese colleagues continued during the years of COVID-19 through online AfterWards sessions at PUMC and an online workshop organized to prepare for this issue. Continued engagement with even more Chinese colleagues clarified that narrative medicine had been spreading quickly across China but mostly in biomedical institutions rather than TCM schools and hospitals. This special issue is also envisioned as a bridge to connect these two communities in China.

Guo Liping's "An Overview of Narrative Medicine in China," for instance, summarizes both the past decade's history of narrative medicine in China and how it's been adapted for Chinese ends, including finding common ground with Chinese medical concepts. With a strong foundation in narrative-medicine theory, Gui Ting develops this idea further by arguing that Chinese medical case records (*Yi'an*) are an effective tool for teaching narrative competency. The essays by Wang Chunyong and Yang Xiaolin subtly analyze the Chinese medical concepts that resonate with central concepts in modern narrative medicine.

In addition to Constance Cook's opening essay and my "Chinese Sources for AfterWards," two other essays introduce other Chinese sources for narrative medicine. Antje Richter deftly reads early medieval Chinese anecdotal literature for "Stories of Coping with Sickness." Li Yuanda and Mao Xu creatively analyze "pregnancy diagnoses" cases in Ming-Qing novels to explore ethical dilemmas as central to fictive clinical encounters as they are to doctor-patient relations today.

Sarah Rivkin's concluding essay on the different roles the two genres - case studies and case reports – play in developing and teaching East Asian medicine in the US today shares common themes with Gui Ting's essay on *Yi'an* as a tool for narrative medicine and combines East Asian medicine experience in the US with knowledge of both traditional Chinese medicine and modern narrative medicine. The whole of the ten essays in this special issue is indeed greater than the sum of their parts.

Funding

None.

Ethical approval

This article does not contain any studies with human or animal subjects performed by the author.

Author contributions

Marta Hanson wrote and reviewed the article.

Conflicts of interest

The author was Guest Editor of this special issue.

Edited by GUO Zhiheng

How to cite this article: Hanson M. Narrative medicine in China and Chinese sources for narrative medicine. Chin Med Cult 2023;6(2):125–126. doi: 10.1097/MC9.0000000000000067.

Feature article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Chinese Sources for AfterWards: From Premodern Poetry, Paintings, and Medical Texts to Modern Novels, Film, and Documentaries

Marta Hanson[1,✉]

Abstract

This paper focuses on Chinese sources suggested for a narrative medicine (NM) program, called AfterWards. Dr Lauren Small established AfterWards in 2014 and has been coordinating it since out of the Pediatrics Department at Johns Hopkins Medicine. In early 2019, she started giving a series of lectures and workshops about AfterWards to Chinese medical educators and clinicians in Beijing and Shanghai. She created an AfterWards *Facilitator's Guide* based on Western-language sources for workshop participants. She also started to organize with Jiang Yuhong (Peking Union Medical College) a workshop for Chinese colleagues to be held at Johns Hopkins Medicine in October 2019. They invited the author to participate. The idea was hatched then to develop Chinese source materials following the AfterWards structure for an updated *Facilitator's Guide* that Dr Small had initially written. A typical one-hour AfterWards session consists of a specific five-part structure: a literary text or artwork, an associated theme, discussion topics, a writing exercise, and shared reflection. While the content of the program always changes from session to session, the basic structure remains the same. This paper summarizes the types of Chinese sources and their related narrative-medicine themes that were originally selected for inclusion in the updated AfterWards *Facilitator's Guide* intended for Chinese colleagues. These sources about coping with sick family members, aging, and illness ranged from the textual (classical Chinese poems on aging and diagnostic forms for training students) and visual (premodern Chinese paintings and murals of medical encounters) to the fictive (novels) and performative (contemporary Asian-American film in English and Chinese-language film and documentaries).

Keywords: Documentaries; Films; Murals; Narrative medicine; Novels; Paintings; Poetry

1 Introduction

In the summer of 2019, American novelist and essayist Dr. Lauren Small[1] presented me with a major challenge. She wondered if I could help her by including Chinese sources in her *Facilitator's Guide* for running the narrative medicine program called AfterWards[2] that she had established in 2014 at Johns Hopkins Medicine.[3] Small had been an early leader in integrating narrative medicine into the Johns Hopkins hospital system,[4] including writing up work with colleagues in palliative care.[5] She was thinking about ways to expand her reach to China, where she had been working with Jiang Yuhong (蒋育红) of the Peking Union Medical College. Jiang Yuhong was the Chinese colleague we both knew and who introduced us to each other.

Dr. Small suggested that I develop six new sessions based on Chinese sources to replace six of 12 of her original sessions. Excited about this opportunity, I decided to feature the widest range possible of Chinese primary sources that had medical themes from premodern times to the contemporary period. Instead of being exhaustive about possible primary sources in Chinese culture, I selected a few exemplary types of materials. Although these selected sources have obvious medical humanities interest, the narrative medicine use may not be immediately evident. Thinking with them in mind through the AfterWards structure, however, demonstrated how rich resources for deeper reflection these Chinese primary sources could become (Table 1). Although the full range of methods in narrative medicine has been introduced to Chinese audiences[6] and even a broad-ranging narrative-medicine reader of Western-language materials has been published in Chinese,[7] to date no work has introduced Chinese sources that could be productively used for narrative medicine.

Furthermore, although availability in English would not be necessary in native-Chinese-speaking contexts, all Chinese sources chosen for the AfterWards *Facilitator's Guide* had to be visual materials that did not require

[1] Independent Scholar, Max Planck Institute for the History of Science, Berlin 14195, Germany

✉Marta Hanson, E-mail: mhanson4@jhmi.edu

ORCID: 0000-0001-6190-7499

Chinese Medicine and Culture (2023) 6:2

Received: 4 April 2023; accepted: 18 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000061

Table 1 Selected topics, themes, and writing prompts for AfterWards sessions using Chinese sources

	Topic	Theme	Writing prompt
1	Poems by Han Yu (韩愈 768–824), Bai Juyi (白居易 772–846), and Zhu Dunru (朱敦儒 1080–1175)	On Aging	Write about an observation or craft a poem about aging in yourself, someone else, or a patient.
2	"Moxibustion," *Jiu Ai Tu* (灸艾图), attributed to Li Tang (李唐 1049–after 1130)	When Healing Hurts	Write about your experience with the tension between treatment pain and healing goals.
3	"A Form to Use for Diagnosing, for my Disciples," in *Yi Tang San Ji* (怡堂散记) by Xu Yuhe (许豫和 1785)	How to Make a Diagnosis	Write about when you had difficulty making a diagnosis, or being diagnosed, and how the problem was resolved.
4	"The Farewell" (2019), Asian-American film written and directed by Lulu Walsh	Patient's Right to Know	Write about any conflicts you've experienced over releasing medical information to someone.
5	"Full Circle," (*Fei Yue Lao Ren Yuan* 飞越老人院, 2012), film written and directed by Zhang Yang (张杨)	Patient Autonomy in Advanced Years of Life	Write about a time you, or someone you know, had to decide to move someone into a senior-living facility.
6	*Dream of Ding Village* (*Ding Zhuang Meng* 丁庄梦, 2006) by Yan Lianke (阎连科), novel that inspired Ministry of Health's public-health campaign to counter HIV/AIDS stigma: "Love for Life," (*Zui Ai* 最爱, 2011), a film directed by Gu Changwei (顾长卫), filmed with "Together," (*Zai Yi Qi*在一起, 2011), a documentary on people living with HIV/AIDS by Zhao Liang (赵亮)	Dealing with Stigma	Write about your experience having to deal with disease stigma—for example, a patient, friend, family member, yourself, or witnessed someone else experience.

translation, texts that had English translations, or performative works with English subtitles. This choice was made because Chinese cultural resources could then be used for AfterWards and other narrative medicine programs conducted in English. The selected sources were intended as a first step to introduce basic types of possible premodern textual and visual sources as well as contemporary Asian-American film and Chinese novels, films, and documentaries that could be used for narrative medicine ends. A book, published recently in Chinese on doctors in western novels, films, and dramas,[8] would be a good model for a book on the same theme but about medical issues and practitioners featured in contemporary Chinese fictional and performative works.

Although this article focuses on how these Chinese sources could be used within the AfterWards five-part structure, they are presented here as examples of the rich Chinese cultural archive of primary sources that could be productively utilized in already existing narrative medicine programs in medical schools and hospitals across Chinese mainland and throughout the sinophonic sphere.

The premodern sources included classical Chinese poetry on themes of aging such as losing one's teeth and eyesight from the 9th to 12th centuries, a 12th-century Song painting of a healer giving painful moxibustion treatment, and an 18th-century essay on how to make a diagnosis that a physician wrote to help his disciples.

The modern sources focused on Chinese novels, films, and documentaries as cultural resources. An Asian-American film, "The Farewell," dealt with cross-cultural differences about an elderly patient's right to know about a cancer diagnosis. A Chinese comedy "Full Circle" similarly dealt with generational conflicts over issues of autonomy for the elderly through a story of a theater group who would like to perform in a competition outside of their senior residence. Finally, the Chinese Ministry of Health sponsored a film "To Live" (based on the novel *Dream of Ding Village*) and a documentary "Together" about people living with HIV/AIDS to address the serious problem of social stigma toward people living with HIV/AIDS in Chinese mainland.

Each of the following seven subsections of this article provides a six-part lesson plan for how these sources could be used in an AfterWards session: 1. the type of Chinese primary source, its main topic, and three possible outcomes, 2. introduction to the topic, 3. background of the primary source, 4. possible discussion topics, 5. writing prompts, and 6. questions for reflection. These lesson plans are intended to facilitate anyone who would like to run a narrative-medicine program similar to Dr Small's AfterWards to be able to introduce the material to the audience, set up topics for discussion, suggest a writing prompt, and provide further questions for reflection to help conclude the session.

The goals of this article are therefore twofold. First, to make it more feasible for medical educators and clinicians in China to start a narrative-medicine program modeled on AfterWards that uses Chinese cultural resources. Second, to introduce broad categories of textual, visual, and performative materials already existing in Chinese culture that people could consider integrating into their existing narrative-medicine programs in China.

2 On aging

This session focuses on the rich possibilities of using Chinese classical poetry for cultivating narrative competence through close reading and reflective writing,[9] the first two of what Rita Charon called "tools of narrative medicine."[10] China has a rich archive of illness narratives that could be used for this purpose from newly excavated texts starting in the 4th-century BCE[11] to early medieval Chinese anecdotal literature.[12] Chinese poetry has been

selected for this session because, in addition to volumes of collections of Chinese poetry being readily available in the original Chinese language, there are also many edited volumes of English translations of Chinese poetry,[13] including several that focus on women poets.[14–16] The trick is to select from these extensive collections on Chinese poetry, health-related poems. This session focuses on three well-known poets—Han Yu (韩愈 768–824), Bai Juyi (白居易 772–846),[17] and Zhu Dunru (朱敦儒 1080–1175)[18]—all of whom wrote moving poems about aging, a topic of concern not only for the elderly themselves but also for their family members and caregivers. Han Yu wrote in about 803 a poem on "Losing Teeth" (*Luo Chi* 落齿), Bai Juyi crafted in 814 a poem titled "My Eyes Grow Dim" (*Yan An* 眼暗), and Zhu Dunru penned a poem in 1175 he titled "Nirvana, the fourth one" (*Nian Nu Jiao Qi Si* 念奴娇其四), but which Nathan Sivin summarized as "On Ripe Old Age."[19]

2.1 Outcomes

- Reflecting on the myriad processes and attitudes toward aging
- Considering the timelessness of sentiment toward aging
- Appreciating culturally specific ways of expressing sentiment through poetry
- Imagining the aging patient's perspective *via* a poem

2.2 Introduction

The theme of perceiving one's own aging, or witnessing the aging of others, is certainly universal. Life stages are an integral part of human life. And yet our attitudes toward the aging of ourselves and others not only change as we grow older but also change how we think about people we witness aging before our eyes. Geriatricians deal with such issues as part of their daily work but, for physicians in other medical disciplines, such changes may be less obvious or harder to perceive. These poems offer an opportunity to explore how some Chinese poets have addressed aging. Through their own personal experiences expressed in verse, one can examine one's observations and attitudes about this later stage of life through close readings of these poems and personal reflection through writing in prose or verse in response to them.

2.3 Background

Nathan Sivin (1931–2022), formerly Professor Emeritus of Chinese Science and Medicine at the University of Pennsylvania, translated these three poems to honor the 80th birthday in 2011 of Theodore Friend (1931–2020), an American scholar of Islam, especially in Indonesia and the Philippines, as well as the former President of Swarthmore College and of the Eisenhower Foundation. The editors of the journal *Asian Medicine: Tradition and Modernity* requested to publish Sivin's translations as part of an effort to make translations of medically relevant texts in East Asian languages more easily accessible to a broader readership.

The three poems selected here are by masters in Chinese poetry. Han Yu was a famous statesman as well as prolific literary figure of the Tang dynasty. In this poem on his decaying teeth, his style is more innovatively conversational and informal than that of his predecessors. Dentistry was not well developed in China, or elsewhere for that matter, before the 20th century. Most people just rinsed their mouths and brushed their teeth with some kind of tool. In China, they usually did this with a willow twig. Should their teeth hurt or become decayed, they had to have them pulled out.

Second, Bai Juyi was an official and recognized as one of the greatest Tang poets. In poor health, he wrote several poems about losing his eyesight. This one captures the comfort he found in the Buddhist concept of ending suffering through enlightenment in the face of useless medicines.

Finally, Zhu Dunru was better known as a hermit poet and painter before, at 55 years old, he was given an official title and summoned to court. The reason for this was mainly based on his fame as a poet. Crafted sometime near the end of his nearly 100 years of life, we find by contrast with the two other poems featured here, no complaint on aging but rather a clarion call for living in the moment.

2.4 Discussion topics

- How does Han Yu express his changing attitude toward losing his teeth?
- What does Han Yu mean by his reference to "Master Zhuang" and "what's useless at least survives?"
- Do the metaphors "lamp," "mirror," and "dust" that Bai Juyi uses for losing sight signify something larger?
- What metaphors does Zhu Dunru use and for what broader point about life?

2.5 Writing exercise

Write about a time when you recognized you were aging, or you suddenly recognized aging in one of your patients, or you notice such changes in someone you know well. Did you find your attitude toward yourself, your patient, or that person changed as well, or not? If you are so inclined, craft a short poem about one of your observations on aging.

2.6 Reflection

- Do you think these poets use verse effectively? How and why?
- What differences in attitude can you find among these three poems?
- Do any of these poems resonate particularly with you?
- If you were to craft a comparable poem, what would you focus on? Why?

Figure 1 "Moxibustion Illustration," (灸艾图 c. 1130–1150), attributed to Li Tang (李唐 c. 1050–after 1130), in Courtesy of Palace Museum in Taibei (source from: https://theme.npm.edu.tw/exh102/form10204/ch/ch02.html).

3 When healing hurts

This session focuses on traditional Chinese paintings with a medical theme that could be used for further developing close-looking skills (parallel to close reading), in this case of artworks, in narrative-medicine programs. Rita Charon's emphasis on healthcare professionals developing their sense of "self" and "presence" in clinical encounters can be effectively addressed as well *via* depictions of medical encounters. In fact, there are three extant Chinese paintings depicting various types of medical activities and encounters that date to the Song period (960–1279).[20] The oldest example is one mural that was found with two other murals in a tomb (c. 1070) discovered in March 2009 in Hancheng, Shaanxi. This tomb mural depicts people making medicinals in a drug-making workshop while the pharmacist (possibly tomb occupant) oversees production.[21] It is worth noting here that a collection of mural paintings of Buddhist and Daoist rituals from the Ming dynasty[22] also contains many medically relevant scenes of suffering, such as one of a miscarriage and dying mother (Note 1).[23]

The second Song example is the famous scroll "Qingming on the River" (*Qing Ming Shang He Tu* 清明上河图), attributed to court painter Zhang Zeduan (1085–1145) who likely completed it under the court patronage of Emperor Huizong (r. 1101–1125).[24] Amid the bustling commercial street scenes on the scroll, two pharmacies are portrayed. As the scroll unfolds from right to left, the first pharmacy depicted is open to the public street and flanked by medical advertisements. A physician studies an infant held by one woman while another woman looks over her shoulder.

The third Song example is also a Song court painting (Fig. 1). But in contrast to the urban setting of the pharmacies in "Qingming on the River," it depicts a medical encounter in the countryside. Titled simply "Illustration of Moxibustion," (*Jiu Ai Tu* 灸艾图 c. 1130–1150) and attributed to court painter Li Tang (李唐 c. 1050–after 1130), this painting strikingly depicts a medical encounter during which the patient is clearly experiencing pain. This session focuses on the third painting and its unusual portrayal of when the healing treatment involves some necessary pain.

3.1 Outcomes

- Reflecting on occasions when pain is necessary for healing
- Exploring healing settings outside of modern-day clinics and hospitals
- Considering the role of family and friends in the healing process

3.2 Introduction

Sometimes treatments necessary for healing are, in fact, initially painful. Patients expect their healthcare providers to know when pain is necessary for the healing process and how to manage it for therapeutic ends. Clinicians have a great deal of responsibility on their shoulders to understand their patients' pain experience. They also must manage the patient's pain that comes with treatment. This painting arguably captures that moment when the treatment intended to heal also involves first inflicting pain. This is a moment most clinicians have experienced and so have had to manage it emotionally as well as medically. But it is not

only a one-on-one clinical encounter that physicians need to concern themselves with when inflicting pain to affect a cure. This painting portrays the physician concentrated on applying the moxibustion on the patient's back while two women support him through the pain. A frightened child peeps out from behind the elder woman's back. The physician's assistant, however, stands apart from the rest apparently amused by the scene unfolding in front of him.

3.3 Background

The Chinese landscape painter, Li Tang (c. 1050–1130), was a native of Heyang, Henan province and first served under Emperor Huizong (r. 1100–1126) during the Song dynasty in Bianjing (汴京, now Kaifeng开封). In Bianjing, he earned the highest rank in the Song imperial court's Painting Academy. The northeastern Jurchen Jin regime (1115–1234), however, invaded Song in 1126, forcing the abdication of Emperor Huizong. When in 1127, the Jin successfully conquered much of the northern territories of the Song and captured Huizong with many members of his court, the remaining court and other refugees fled south to Qiantang (钱塘, now Hangzhou 杭州). There they enthroned one of Huizong's sons as Emperor Gaozong (r. 1127–1129). Few of Li Tang's paintings survive and so most paintings attributed to him, such as "Moxibustion," remain questionable. Nonetheless, he was one of the most influential Song landscape artists and his general style can be seen in the broader rural setting of this painting.[25]

3.4 Discussion topics

- Why might an imperial Song court painter famous for lush landscapes and complex court scenes depict a common rural scene for a medical encounter?
- How does this court painter depict the rural itinerant doctor of his time?
- Is the medical encounter depicted favorably, critically, or ambivalently?
- How does he portray the patient, family members, and other people in the scene?
- What kind of doctor–patient relationship is portrayed here? Equal or hierarchical? Sympathetic or conflicted? Familiar or estranged?

3.5 Writing exercise

Write about a time you had to inflict pain to heal, or when you experienced or witnessed an occasion when the pain of treatment was necessary for the healing process. Or perhaps write on when unnecessary pain was the result of an otherwise well-intentioned treatment.

3.6 Reflection

- How does this painting depict the tension between treatment pain and healing goals?
- Who is involved and what roles is each person playing in this treatment situation?
- Did anything strike you as unexpected in this painting? Why?
- Is the treatment setting completely foreign or do you see possible similarities with some situations today?

4 On making a diagnosis

The history of medical case records in China has been well studied in terms of its origins in premodern China,[26] transformations in modern China,[27] and as a way of thinking that transcends the medical field.[28] From Chinese antiquity[29] to the Song[30] and into the Republican period,[31] cases are particularly rich resources for narrative medicine. This session focuses on a rare but important type of essay in traditional Chinese medical texts that is important for making a case record, namely the diagnostic form. Some physicians created model diagnostic forms for their medical students to learn how to take a patient history. This medical genre is thus particularly useful to develop what Rita Charon calls the "three movements"—attention, representation, and affiliation.[32] This is what Guo Liping (郭莉萍) has translated into the "three elements" (*Yao Su* 要素).[33] The "three movements" ("elements") mean to pay attention to patient's narrative, represent what they say about their condition and situation, and establish an affiliation with them. One can still learn from how past Chinese physicians systematized for their students—what to ask, observe, and record—with the goal of ensuring their patients' trust.

This session uses specifically "A Form to Use for Diagnosing, for my Disciples" that the late 18th-century Chinese physician, Xu Yuhe (许豫和) included in his *Yi Tang San Ji* (《怡堂散记》*Random Notes from the Hall of Contentment*) published in 1785.[34] As other articles in this special issue on Chinese sources for narrative medicine have shown, Chinese medical texts are particularly rich repositories for narrative medicine. This session focuses on what one physician considered to be most important for taking a patient's history and how he conveyed that to his students. Although what is considered important in a patient's clinical history changes over time and differs across healing modalities, taking a patient's history, and training medical students to do the same effectively, remain central concerns in medical practice and education.

4.1 Outcomes

- Reflecting on what is essential (and no longer essential) for taking a patient's history
- Understanding how the narrative frame informs clinical observations
- Considering what narrative forms best ensure patient trust and communication
- Examining how clinical reasoning requires some kind of narrative form

4.2 Introduction

Every clinician makes decisions about how to evaluate a patient, what signs to consider and what to ignore, whether

the symptoms present something minor or more serious. Then the clinician needs to determine what kind of therapy should be administered and if pharmaceutical, what dosage is appropriate, and after administered, whether the therapeutic intervention was efficacious. All clinical reasoning requires narrative form. This AfterWards session focuses on what are the multiple roles—cognitive, clinical, pedagogic, and social—of "a form to use for diagnosing" and how that form may differ historically, culturally, and even from one's own personal or clinical experience.

4.3 Background

The 18th-century Chinese physician Xu Yuhe was an average literate doctor of his time who chose to record his clinical experience in "random notes," a narrative genre typical for recording personal observations more broadly. The standard form for diagnosis that he published for his disciples is neither the first nor the only example in Chinese medical history. It is a good example of how physicians then evaluated their patients, planned drug therapy, emphasized evaluating efficacy, and valued recording clinical observations and thoughts "clearly and in detail." Over 2000 years of the history of the forms and contents of the related genre of medical case records is also particularly well documented in Chinese medical history.

4.4 Discussion topics

- Although published over 300 years ago, are there similarities with modern-day diagnostic forms and methods?
- Do any of the listed criteria for evaluation suggest older forms of perception that may still be clinically useful today?
- Why is recording clearly and in detail important for this physician?
- Do you recognize any therapeutic methods in those this physician listed?
- How do these "random notes" compare to the electronic medical record of today?

4.5 Writing exercise

Write about a time when you had difficulty making a diagnosis, or you experienced problems being diagnosed, and if the problem was resolved, explain how it was. Or, if you are so inspired, write out a list of what you think should be essential criteria for taking a patient's history.

4.6 Reflection

- Do you agree with this author that clear and detailed records are related to ensuring patient trust?
- What modern narrative forms are used as "models for the medical profession?"
- Are enumerated lists of possible therapies comparable to this physician's "seven formulas" and "ten prescriptions" still used today?
- Does this historic diagnostic form provide anything useful for clinicians to pay better attention, accurately represent, and build affiliation with patients today?

5 Patients' right to know

This session generally introduces the potential power of contemporary films dealing with illness to illustrate the four trust relationships related to affiliation in narrative medicine. These four trust relationships are conventionally those that physicians have with their patients, with themselves, with colleagues, and with society. Films that take as their subject the experience of illness and its effects on the sick individual and their wider social network of friends and family are especially useful cultural lenses for illustrating trust relationships. But such films can also push viewers to consider trust relationships beyond those centered on the physician to include also the trust relationships between the patient, their family members, and friends.

This session thus focuses on one Asian-American film titled "The Farewell" (别告诉她, 2019) that takes on the issue of a patient's right to know about their disease diagnosis (Fig. 2).

When the Chinese matriarch of a family is diagnosed with terminal cancer, her sister and other members of her family in China think it is best for her not to know so as to reduce her fear in her final months. But her Chinese-American granddaughter questions this familial decision. The grandmother's physician did not inform her as his patient either but rather lets her family decide what to do with the medical information. Trust relationships are indeed central to this story—as everyone believes they are acting in the best interests of the patient—but not in the ideal way summarized in narrative medicine. "The Farewell" adeptly presents cultural differences about individual patient autonomy, familial expectations, and good intentions through the conflicting opinions about whether the patient's right to know is in the patient's best interest.

5.1 Outcomes

- Exploring patient notification of diagnoses at the end of life
- Considering the role of families in determining the release of medical information
- Reflecting on cultural differences and patient autonomy

5.2 Introduction

Patient autonomy can be one of the most difficult questions to navigate in delivering medical care. In some cultures, such as in the United States, it has become expected, and even required, to inform patients of their diagnoses and engage them actively in treatment decisions. Patients control who has access to their medical information, including family members. Other cultures,

Figure 2 Asian-American film, "The Farewell" (别告诉她, 2019), by Director Lulu Wang (王子逸) (source from: https://en.wikipedia.org/wiki/The_Farewell_(2019_film)#/media/File:The_Farewell_poster.jpg).

however, may take a different view, and prefer to withhold information from patients either because of family wishes or because of a general belief that it is better for the patient to do so. This session of AfterWards explores some of the complex issues regarding patient autonomy at the end of life.

5.3 Background

"The Farewell" is a film written and directed by Wang Lulu that was released in 2019.[35] It tells the story of a Chinese family whose grandmother has received a diagnosis of terminal lung cancer. The family decides to hide the diagnosis from the patient, believing this to be in her best interest. To give family members the chance to say goodbye to their beloved grandmother, they stage a wedding to which everyone is invited. One branch of the family has emigrated to the United States, and when the patient's granddaughter Billi comes for the "wedding," she challenges whether her grandmother should remain ignorant of her medical condition.[36]

"The Farewell" is a full-length feature film that runs for 98 minutes. Given enough time, groups may choose to view the entire film. Otherwise, they may focus on a few key scenes, such as the moments where Billi discusses the family's choice to withhold the diagnosis from her grandmother: first, when she's with her parents and learns of her grandmother's illness; then when she's in the spa getting "cupping"; and finally when she is in the hospital and learns from her grandmother's sister that the grandmother had also not informed her husband that he was dying until the very end.

5.4 Discussion topics

- How is Billi depicted in the movie as navigating two cultural worlds? How does she express her mixed Chinese-American identity?
- What kind of relationship does Billi have with her grandmother? How does she react when she learns that her grandmother is dying?
- What does Billi think when she learns that her family plans to withhold her grandmother's diagnosis from her?
- What kind of arguments does the family present in order to justify their withholding of medical information?
- What kind of cultural differences play into the differences between Billi's view of her grandmother's right to know her diagnosis and her family's?

5.5 Writing exercise

Write about a time you, or someone you know, had to make a decision about whether or not to release medical information to a family member or patient. Or imagine how you would react should you discover that your family or partner had kept your medical information from you in an act of love and looking out for your best interest.

5.6 Reflection

- How is patient autonomy generally viewed in your culture?
- What are the benefits of withholding medical information? What are the risks?
- How can clinicians navigate difficult situations when family members or patients don't agree on the release of medical information?

6 Patients' autonomy in advanced years

This session introduces the potential of films to be useful for teaching yet another dimension of the value of narrative medicine, namely, to be moved to action through narrative competence. The first sentence of the book Rita Charon co-edited, *The Principles and Practice of*

Narrative Medicine, states this goal clearly: "Narrative medicine began as a rigorous intellectual and clinical discipline to fortify healthcare with the capacity to skillfully receive the accounts persons give of themselves—to recognize, absorb, interpret, and be moved to action by the stories of others."[37] Many films that focus on illness, or even just a sense of ill-being, provide the patient's perspective on their condition and how their stories can inspire action in others.

Although Chinese film has rarely focused on medical practitioners or institutions or even individual experiences of illness, there are nonetheless noteworthy examples that deal with medical themes such as suffering, disability, aging, and dying. Although the bilingual Chinese film website called Yimovi was formulated within the framework of Chinese medical humanities, it also has potential to be a good online resource for films that could be used for teaching narrative competence.[38]

A few of the films featured on YiMovi deal with illness experience and patient narratives—autism, cancer, and living with HIV/AIDS (featured in the next subsection)—but most of them fall under a broader umbrella of complex emotional-physical states of "ill-being."[39] Many of the YiMovi films address illness experiences within this broader ill-being thematic. This is certainly the case with the film "Flying Over the Senior-Living Home" (*Fei Yuan Lao Ren Yuan* 飞越老人院, 2012), known in English as "Full Circle," which was written and directed by Zhang Yang (张杨) (Fig. 3).

The elderly Chinese residents of a senior-living home demonstrate their agency in many ways in this film from finding meaningful activities individually and collectively to self-care and caring for each other. But their agency has limitations when it comes to their family members' expectations for their safety and the care facilities concerns about liability. Ultimately, the skeptical, concerned, and restrictive family members and representatives of the institution come to understand the elders' positions, perspectives, and aspirations.

6.1 Outcomes

- Exploring patient autonomy and agency in advanced years of life
- Underscoring the value of mental stimulation, creativity, and useful occupations for the elderly
- Considering how high levels of elderly wellbeing can co-exist with serious, even terminal, illness
- Reflecting on cultural differences in family expectations related to the care of and autonomy of elderly patients

6.2 Introduction

The autonomy of elderly patients and family members is an especially difficult issue to navigate in delivering compassionate medical care. In some cultures, such as in China, families are expected to take care of their elders as long as possible within their own homes or in the homes of their children. Specialized communities for the elderly such as senior apartment buildings, retirement homes, nursing homes, and assisted living facilities are not as widespread and common as they are in the United States. The Chinese value of filial piety remains strong for parents who expect their children to take care of them in advanced age within their own homes. However, this is quickly changing in China and many elderly people find themselves with no living relations or with children for various reasons unable to look after them. This session of AfterWards explores some of the current issues regarding autonomy of the elderly and who and what institutions should be responsible for their care and well-being.

6.3 Background

"Full Circle" is a film by writer-director Zhang Yang released in 2012. Director Zhang has been successful in finding ways to tell stories about contemporary Chinese family life that appeal to the mainstream Chinese public and also gets past government censors. "Full Circle," like his earlier "Spicy Love Soup" (1997), "Shower" (1999), "Quitting" (2001), "Sunflower" (2005), and "Getting Home" (2008), fits well into the genre of Chinese films that focus on family home life as a lens on broader conflicts between traditional mores and modern social transformations.

In "Full Circle," the setting is a retirement home where the family conflicts are over autonomy as well as the sentiment between elderly parents and their children and grandchildren. As a means for one of the members to reach out to his child living in Japan, some of the elderly form an acting troupe to enter a Japanese TV talent competition in Tianjin. But when their family members and the nursing home staff refuse to allow them to leave the premises, they break out and take off in a run-down bus to pursue their acting dreams. The Administrative Head and Chief Nurse, however, are hot on their heels in pursuit.[40]

6.4 Discussion topics

- What are some of the challenges facing care of the elderly and dying?
- Do you see anything depicted in this film specific to the challenges China is facing?
- How are the elderly depicted in the movie? How do they find agency in their lives?
- How are generational conflicts related to traditional Chinese family values depicted? Are they resolved or not?
- How do conflicts between tradition and modernity play out within this example of a "family-separation" genre situated within a nursing home?

6.5 Writing exercise

Write about a time you, or someone you know, had to make a decision about moving a family member or a patient into senior apartments, a nursing home, or an

Figure 3. Film, "Full Circle" (飞越老人院, 2012), by Zhang Yang (张杨) (source from: https://www.yimovi.com/movies/full-circle).

assisted living facility. Or instead, imagine yourself living in a home for seniors comparable to what was depicted in the film and write what you imagine would be most important for you to have to be happy living there.

6.6 Reflection

- How is autonomy of seniors and the elderly generally viewed in your culture?
- What are the benefits and pitfalls of moving elderly patients into assisted living care facilities?
- What role should clinicians play when family members or patients are debating a move into a senior apartment building, nursing home, or the like?
- How can agency and quality of life be improved for elders with diminished capacities?

7 Dealing with stigma

This session focuses on an extraordinary example of a Chinese novel about the HIV/AIDS tainted blood scandal in 1990s China that inspired a top-level government-coordinated public-health campaign against disease stigma (Fig. 4). This campaign resulted in both a film based on the novel and a documentary about people living with HIV/AIDs in China. This multimedia collaboration of film director, documentary maker, and public-health officials was intended to reduce discrimination and stigma against HIV-positive people by strengthening the public's understanding of AIDS through entertaining and informative cultural forms.[41]

Although considerably simplifying the original story, both film and documentary did unprecedented cultural work to reduce the stigma of living with HIV/AIDS in China. Physicians are notably not present in any of these cultural responses to the HIV/AIDS epidemic in China; rather the personal stories of the fictive characters in the novel and film and of actual people living with HIV/AIDS in the documentary are central, making the novel, film, and documentary excellent opportunities for people to empathize with the accounts people narrate about their own illness experiences living with HIV/AIDS.

7.1 Outcomes

- Considering how some diseases have more social stigma than other ones
- Evaluating how different cultures respond to disease stigma
- Understanding how the Chinese Ministry of Health responded to the social problem of HIV/AIDS stigma

7.2 Introduction

Why is it that some diseases come with more social stigma than others? Susan Sontag in *Illness as Metaphor* famously wrote about the social stigma of being diagnosed with cancer.[42] Sexually transmitted diseases, such as syphilis, and more recently HIV/AIDS, are particularly laden with social stigma and so also discrimination. Just being sick has potential for stigmatization. This AfterWards session provides examples of how different cultural forms may be used to counter particularly hurtful disease stigma, giving hope for better communities and lives for those who are ill.

7.3 Background

Released in 2011, *Love for Life* (*Zui Ai* 最爱) was the first feature-length movie to address the HIV/AIDS epidemic in Chinese popular culture (Fig. 5).[43] The director Gu Changwei (顾长卫) based the film on novelist Yan Lianke's (阎连科) considerably more nuanced and critical work of fiction titled *Dream of Ding Village* (*Ding Zhuang Meng* 《丁庄梦》). Many other equally effective and moving Chinese novels dealing with illness narratives and disease stigma could be used to develop narrative competency.[44] The film's sympathetic portrayal of HIV+ characters through a romantic love story, which is also at the heart of the novel, attempts to counter the real-life stigmatization and discrimination against people living with HIV/AIDS in China.

As part of this HIV/AIDS public health education campaign sponsored by the Ministry of Health, Zhao Liang (赵亮 d. 1971), one of China's best-known independent documentary filmmakers, was invited to make the documentary. The resulting *Together* (*Zai Yi Qi* 在一起) combined footage of the making of *Love for Life* and interviews with people living with HIV/AIDS in China (Fig. 6).[45] These people included the film's HIV+ and

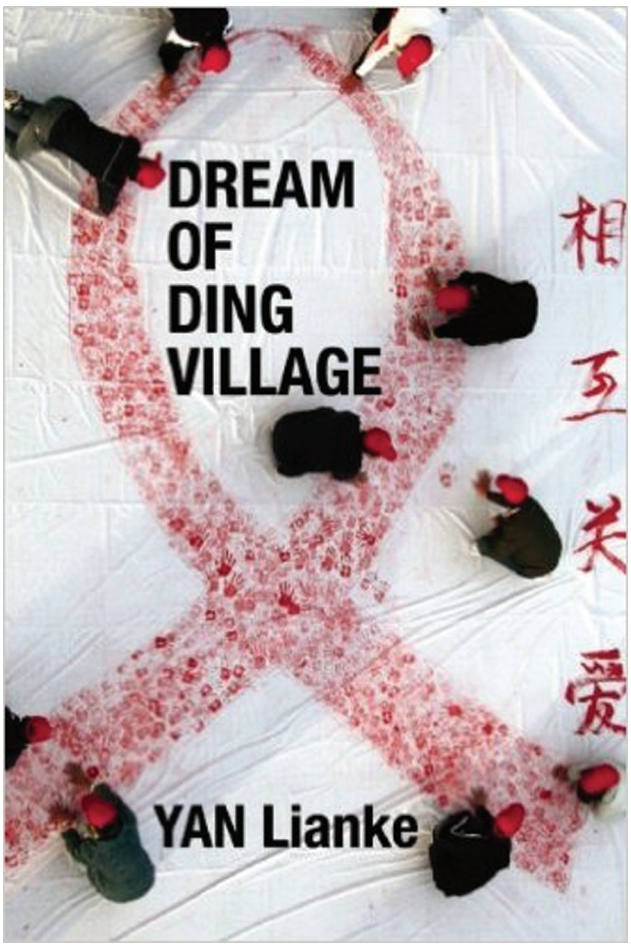


Figure 4 Novel, *Dream of Ding Village* (丁庄梦, 2006; English translation 2011), by Yan Lianke (阎连科) (source from: https://www.amazon.com/Dream-Ding-Village-Yan-Lianke/dp/0802145728).

Figure 5 Film, *Love for Life* (最爱, 2011), director Gu Changwei (顾长卫) (source from: https://en.wikipedia.org/wiki/Love_for_Life#/media/File:Love_for_Life.jpg).

non-HIV+ actors and extras with at-home interviews and online exchanges that Zhao Liang arranged through online social networks with people living with HIV/AIDS in China. Clips of "Love for Life" and "Together" are available on the bilingual website devoted to making available resources related to Chinese film and cross-cultural medical humanities.

7.4 Discussion topics

- Why is HIV/AIDS called "the fever" in "Love for Life" (as in the novel)?
- What is the underlying moral message behind "Love for Life" and "Together?"
- Are you aware of any other films and documentaries the Chinese Ministry of Health has sponsored as part of other public health campaigns?
- Could the approach manifested in this film and documentary have other applications for other public health problems and diseases?

7.5 Writing exercise

Write about your experience having to deal with disease stigma associated with one of your patients, or someone you know, or that you've witnessed socially or experienced personally. Another option is to write about a particularly good cultural response to disease stigma—a film, novel, documentary, poster, essay, etc—that moved you and explain why.

7.6 Reflection

- What other novels, films, and documentaries have been used for public health ends?
- How is the Chinese experience with the stigma of HIV/AIDS similar with or different from the US or other countries?
- What other diseases carry comparable social stigma?
- What other cultural forms could be mobilized to reduce disease stigma?

8 Conclusion

This essay has introduced six major types of Chinese sources that were proposed for the *Facilitator's Guide* for AfterWards, a successful narrative-medicine program

Figure 6 Documentary, *Together* (在一起, 2010), director Zhao Liang (赵亮) (source from: https://en.wikipedia.org/wiki/Together_(2010_film)#/media/File:Together_(2010_film)_poster.jpg).

that Dr Lauren Small has been operating at Johns Hopkins University since 2014. The lesson plans developed for each type of source are intended to facilitate adopting the AfterWards model of a narrative-medicine program in China by using Chinese-language material. Many types of Chinese sources deal with medical themes from the textual (poetry, anecdotes, medical texts, novels, etc) and visual (paintings, scrolls, murals) to the performative (film and documentaries).

All of these Chinese resources have great potential for teaching narrative competency in existing narrative medicine programs in Chinese medical schools and hospitals. This essay's goal, however, was not merely to introduce Chinese sources for narrative medicine in China but ultimately to inspire further work by Chinese scholars based on the rich Chinese cultural archive on illness narratives and other medical themes from the earliest examples in antiquity to contemporary literature, film, documentaries, and artworks.

Notes

1: All three pictures are discussed at length in article cited in [20]. One mural painting is on the book's cover cited in [23].

Acknowledgments

The author gratefully acknowledges Dr. Lauren Small and Professor Jiang Yuhong for the idea to contribute Chinese sources for the *AfterWards Facilitator's Guide*.

Funding

The author was invited to be the Guest Editor of this special issue of CMC. During most of the time the author worked on this project, she was supported by a Visiting Scholar Fellowship at Max Planck Institute for the History of Science, Berlin.

Ethnic approval

This article does not contain any studies with human or animal subjects performed by the author.

Author contributions

Marta Hanson did the research and wrote the paper.

Conflicts of interest

The author was Guest Editor of this special issue.

References

[1] Small L. AfterWards: a narrative medicine program at Johns Hopkins Medicine and in China. *Chin Med Cult* 2023;6(2): 213-217.
[2] Johns Hopkins Children's Center Magazine. In AfterWards program, caregivers mine medical narrative; April 11 2014. Available from: https://www.hopkinsmedicine.org/news/articles/in-afterwards-program-caregivers-mine-medical-narrative. [Accessed on April 2 2023].
[3] Oldfield BJ, Small L. "From Kafka to Kendrick Lamar." *Hopkins Medicine*; 2015. Available from: http://www.hopkinsmedicine.org/news/publications/hopkins_medicine_magazine/features/fall-2015/from-kafka-to-kendrick-lamar. [Accessed on April 2 2023].
[4] Small L, Feldman L, Oldfield B. Using narrative medicine to build community across the health professions and foster self-care. *Radiol Nurs* 2017;36(4):224–7.
[5] Laskow T, Small L, Wu DS. Narrative interventions in the palliative care setting: a scoping review. *J Pain Symptom Manage* 2019;58(4):696–706.
[6] Yang XL, ed. *Language, Culture and Narrative* (语言文化叙事). Guangzhou: Jinan University Press; 2016. Chinese.
[7] Yang XL, ed. *Narrative Medicine: A Humanities Reader* (叙事医学:人文读本). Beijing: People's Medical Publishing House; 2019. Chinese.
[8] Yang XL, ed. *Medicine and Literature: Narratives of Doctors in Novels, Films and Dramas* (人文与叙事:文学中的医学). Guangzhou: Jinan University Press; 2018. Chinese.
[9] DasGupta S, Charon R. Personal illness narratives: using reflective writing to teach empathy. *Acad Med* 2004;79(4):351–6.
[10] Charon R. *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press; 2006.
[11] Cook C. The first documented experience of Qi and an account of healing failure: 4th-century BCE. *Chin Med Cult* 2023;6(2): 139–146.
[12] Richter A. Stories of coping with sickness: illness narratives in early medieval Chinese anecdotal literature. *Chin Med Cult* 2023;6(2): 175–182.
[13] Hinton D. *Classical Chinese Poetry: An Anthology*. New York: Farrar, Straus and Giroux; 2010.

[14] Chang KS, Saussy H, eds. *Women Writers of Traditional China: An Anthology of Poetry and Criticism*. Stanford: Stanford University Press; 2000.
[15] Idema WL, Grant B. *The Red Brush: Writing Women of Imperial China*. Harvard East Asian Monographs. Cambridge: Harvard University Asia Center; 2004.
[16] Waters G, Larsen J, trans. *Jade Mirror: Women Poets in China*. New York: White Pine Press; 2013.
[17] Mark E. Bai Juyi. World History Encyclopedia; April 29 2016. Available from: https://www.worldhistory.org/Bai_Juyi/. [Accessed on April 2 2023].
[18] Nienhauser WH, Jr, ed. *The Indian Companion to Traditional Chinese Literature*. Bloomington: Indiana University Press, 1986. p. 335–6, 397–400.
[19] Sivin N. Three poems on aging. *Asian Med Tradit Modern* 2012;7:477–81.
[20] Hinrichs TJ. Picturing medicine in daily life: court and commoner perspectives in Song era paintings. In: Lo V, Barrett P, eds. *Imagining Chinese Medicine*. Sir Henry Wellcome Asian Series, Vol. 18. Leiden: Brill; 2018. p. 233–48.
[21] Hong J, Hinrichs TJ. Unwritten life (and death) of a "pharmacist" in Song China: decoding Hancheng (韩城) Tomb murals. *Cahiers d'Extrême-Asie* 2015;24:231–78.
[22] Shanxi Provincial Museum (山西省博物编), ed. *Ming Dynasty Wall Paintings of the Baoning Temple* (宝宁寺明代水陆画). Beijing: Culture Relics Press; 1988. Chinese.
[23] Furth C. *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Berkeley: University of California Press; 1999.
[24] Zhou BZ. *The Qingming Scroll and Qingming Scroll Scholarship* (《清明上河图》与清明上河学). Kaifeng: Henan University Press; 1997. Chinese.
[25] Hinrichs TJ. Chapter four: the Song and Jin periods. In: TJ Hinrichs, Barnes LL, eds. *Chinese Medicine and Healing: An Illustrated History*. Cambridge: The Belknap Press of Harvard University Press; 2013. p. 112–3.
[26] Cullen C. *Yi'an* 医案 (case statements): the origins of a genre of Chinese medical literature. In: Hsu E, ed. *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press; 2001. p. 297–323.
[27] Andrews BJ. From case records to case histories: the modernisation of a Chinese medical genre, 1912-49. In: Hsu E, ed. *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press; 2001. p. 324–36.
[28] Furth C, Zeitlin J, Hsiung PC, eds. *Thinking with Cases: Specialist Knowledge in Chinese Cultural History*. Honolulu: University of Hawai'i Press; 2007.
[29] Gui T. Rethinking yi'an as a tool for narrative medicine in China. *Chin Med Cult* 2023;6(2): 147–155.
[30] Goldschmidt A. Case records as medical stories: narrating medicine in Song dynasty China: a Song dynasty doctor's narration of his own medicine – Xu Shuwei (1180-1154). *Chin Med Cult* 2023;6(2). Online.
[31] Shapiro H. Hospitals as new rhetorical platforms: self-revelation and narrative medicine in early 20th century China. *Chin Med Cult* 2023;6(2). Online.
[32] Charon R, Hermann N, Devlin M. Close reading and creative writing in clinical education: teaching attention, representation, and affiliation. *Acad Med* 2016;91(3):345–50.
[33] Guo LP. An overview of narrative medicine in China. *Chin Med Cult* 2023;6(2): 205–212.
[34] Sivin N. A form to use for diagnosing, for my disciples, from *Yi Tang San Ji* (怡堂散記 *Random Notes from the Hall of Contentment*, 1785). *Asian Med Tradit Modern* 2012;7:474–6.
[35] Wang LL. The Farewell; 2019. Available from: https://a24films.com/films/the-farewell. [Accessed on 2 April 2023].
[36] Lemire C. The Farewell. July 12, 2019. Available from: https://www.rogerebert.com/reviews/the-farewell-2019. [Accessed on April 2 2023].
[37] Charon R, DasGupta S, Hermann N, et al. *The Principles and Practice of Narrative Medicine*. New York: Oxford University Press; 2017. p. 1.
[38] YiMovi (仁康医学), Chinese Film and the Cross-Cultural Medical Humanities. Available from: https://www.yimovi.com. [Accessed on April 2 2023].
[39] Clark M. Health, ill-health, and well-being in modern Chinese cinema: contrasting perspectives on narrative medicine and medical humanities in the YiMovi Chinese film website. Draft, March 2023.
[40] Liberati P, Clark M. "Full Circle" (飞越老人院) Screening Notes. 2018. Available from: https://www.yimovi.com/en/movies/full-circle. [Accessed on April 2 2023].
[41] Hanson M. The fever with no name: genre-blending responses to the HIV-tainted blood scandal in 1990s China. In: Berry C, Lo V, Guo LP, eds. *Film and the Chinese Medical Humanities*. London: Routledge; 2019. p. 83–106.
[42] Sontag S. *Illness as Metaphor*. New York: Farrar, Straus, and Giroux; 1978.
[43] Hanson M, Liberati P, Clark M. Love for Life (最爱) Screening Notes. 2018. Available from: https://www.yimovi.com/en/movies/love-for-life-also-known-as-life-is-a-miracle-till-death-do-us-part. [Accessed on April 2 2023].
[44] Choy HYF. *Discourses of Disease: Writing Illness, the Mind and the Body in Modern China*. Leiden: Brill; 2016.
[45] Hanson M, Liberati P, Clark M. Together (在一起) Screening Notes. 2018. Available from: https://www.yimovi.com/en/movies/together-1. [Accessed on April 2 2023].

Edited by GUO Zhiheng

How to cite this article: Hanson M. Chinese sources for the narrative-medicine program AfterWards: from premodern poetry, paintings, and medical texts to modern novels, film, and documentaries. Chin Med Cult 2023;6(2):127–138. doi: 10.1097/MC9.0000000000000061.

Feature article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

The First Documented Experience of *Qi* and an Account of Healing Failure: 4th-Century BCE

Constance A.Cook[1,✉]

Abstract

This essay will review the earliest case that documents a patient's experience of *qi*, one found on a bamboo text buried with the patient who died in the 318 BCE. Details of the healing encounter and of concepts of illness show how non-transmitted documents hidden from later editors in tombs preserve an older layer of medical understanding than that in transmitted canons, such as the *Huang Di Nei Jing* (*Inner Canon of the Yellow Emperor*). The 4th-century BCE case record described below is the longest early medical record concerning the treatment of a specific individual. It is also an account of failure formally recorded for the sake of the survivors and buried with the dead to be transmitted to the world of the spirits. The essay begins with a reevaluation of ancient concept of *qi* and then moves on to the individual case record.

Keywords: Ancient; Divination; Heart; Magic; Manuscript; Qi; *Wu Xing*; *Yin-yang*

1 Introduction

The concept of *qi* (气) is fundamental to the narrative of Chinese medicine—both from the standpoint of the patient's experience and the healer's diagnostic and therapeutic approach. Like many fundamental concepts the contextual framework that defines it evolved over time. Examining recently discovered texts from the 4th-century BCE up through the 1st century CE shows that as the concept of the body evolved so too did the role and nature of *qi* in the body. These texts confirm that the editors of the earliest canons of Chinese medicine chose to reflect only certain ideas and practices, ignoring many others that continued to persist nevertheless. Even so, despite the fact that the present *Huang Di Nei Jing* (《黄帝内经》*The Yellow Emperor's Inner Classic*), for example, dates back only to a Tang period (618–907) copy, further investigation may reveal that the older fragments of ancient medicine were woven in.[1] This essay focuses on the oldest accounts of the experience of *qi*, before the advent of *yin-yang Wu Xing* medicine.

[1] Professor & Chair, Modern Languages and Literatures, Lehigh University, Bethlehem, PA 18015, USA

✉ Constance A. Cook, E-mail: cac8@lehigh.edu

ORCID: 0000-0001-7956-4789

Chinese Medicine and Culture (2023) 6:2

Received: 28 December 2022; accepted: 28 March 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000055

2 The nature of evidence

2.1 Historiography of bodily *qi* from excavated and received texts in ancient China

Scholars cannot agree on how to define *qi* or when it first appeared as a concept. Was it a cosmic "vapor," "breath," or just energetic "stuff" that was invisible but could be sensed inside by the patient and diagnosed through certain physical manifestations on the outside?[2–4] By the end of the Han dynasty (206 BCE–220 CE), *qi* was unevenly understood to manifest in modes connected to two sometimes interrelated cosmic systems, that of *yin* and *yang* (阴阳) and that of the Five Agents or *Wu Xing* (五行).[5,6] Bamboo-strip manuscripts of the 4th-century BCE show rudimentary versions of these systems but they were not yet clearly linked as systematic modes of *qi*.

How cosmic was *qi* before the Han dynasty? While there is no reference to the Daoist ideal of "primal *qi*" (*Yuan Qi* 元气), one 4th-century BCE bamboo manuscript talks about "eternal *qi*" (*Heng Qi* 恒气) as a primordial condition.[7,8] Other manuscripts from that time suggest that the binary forces of Heaven and Earth *qi* could manifest in the climate and the seasons, but also control the trajectory of human life over time. *Yin*, which began as cloudy weather, and *yang*, as sunny, might also distinguish gender when *qi* was at its peak for people during their age of sexual maturity.[9–12] Weak or shallow *qi* (perhaps manifest as breath or the pulse?) indicated illness. Donald Harper suggests the earliest notion of the movement of *qi* in vessels was linked to blood.[13] The liquid nature of cosmic and bodily *qi* are discussed by Erica Brindley and Vivienne Lo in the contexts of newly discovered texts and artifacts.[14,15] Brindley notes that cosmic *qi* like water manifests as a constant creative flow that moves in an eternal cycle. Lo notes that this *qi* can expand inside the body, enter the viscera (a Han-era idea),

and create spiritual illumination if properly cultivated. The inner landscape of the body in the Han reflected the outer environment. The mapping and social control that arrived with the imperial age also confined the *qi* to channels reflecting the popular myths of the pre-historical Sage King Yu（禹）controlling the floods.

By the second century BCE, the body was understood by elite practitioners as having at least 11 channels (*Mai* 脉, categorized as *yin* or *yang*).[16–18] The earliest mention of *Mai* is in the 168 BCE silk medical manuscripts discovered in an elite tomb at Mawangdui (马王堆), Changsha, Hunan. In these manuscripts, *qi* was envisioned as simply moving up and down—naturally attracted to warmth in the lower part of the body. The concept of *qi* moving inside the human body is first documented earlier in 4th-century BCE bamboo texts.[19–21] If the *qi* moved "upwards" (*Shang* 上) or in the "wrong direction" (*Ni* 逆), it was a sign of illness. This fits with Mawangdui and later ideas of *qi* and illness even if there is no mention of *Mai* in pre-Qin bamboo texts.

Medical records from the 4th-century BCE suggest that the human body was simply envisioned as front and back, core and limbs. One term for the front core was the "abdomen and heart" (*Fu Xin* 腹心), where "heart" refers not to a "storage depot" or "viscera" (*Zang* 脏), but simply to the upper half or chest.[22,23] Indeed, while there are some mentions of viscera in the 3rd-century BCE Qin Daybooks (日书) (recently discovered manuscripts detailing the auspicious days for life activities), the earliest references to any *Zang* occur in the Mawangdui materials and within these materials, mostly in a self-cultivation context.[24–26] That does not mean that the people then were ignorant regarding the contents of the human body—they had been chopping people up in punishment, sacrifice, and war for eons—it is just that when it came to healing ills and working with a living body, the system of the five *Zang* (matched up with the *Wu Xing*), so important to the *Huang Di Nei Jing*, was not an essential aspect of healing in the earlier era. It seems that *qi* first manifested in simpler modes.

2.2 Fourth-century BCE records of illness and *qi*

The 4th-century BCE records discovered in tombs in Hubei and Henan documented healing attempts by divination specialists to cure elite men of social and physical afflictions. They focused on healing illnesses caused by spirits or living social groups (*Jiu* 咎) or, worse, a condition of demonic influence (*Sui* 祟). These early nefarious influences were generally named after specific identities, which is in clear contrast to the later notion of anonymous or environmental "perverse *qi*" (*Xie Qi* 邪气) described in transmitted canons. The most virulent identities were the spirits of the newly dead, especially near relatives. But distant relatives, especially politically powerful ones, were also possibilities. Next to human spirits in virulence were those of built and natural spaces, spirits of the residence or the wilds. Earth gods were particularly suspect. Finally, cosmic powers such as directions or stars may be implicated.[20,27] Evidence of climatic factors—wind, heat, and cold—as becoming significant factors only appear so far in the 188 BCE bamboo texts from Laoguanshan (老官山) (Tianhui 天回, Chengdu, Sichuan) (not yet formally published). When *Sui* began to be converted for some people into a process of environmental *qi*, however, is not clear.

In the 4th-century BCE records, patients suffered from affective conditions of the "heart" (a reference to the chest and not the organ). These conditions were accompanied with an array of symptoms, such as paralysis, loss of appetite, diarrhea, or pain, but most especially with the quantity or movement of *qi*. The bamboo manuscripts recorded the efforts of teams of diviners, not physicians, to test different diagnostic methodologies to identify the source of the harmful influence and counter it with the appropriately ranked bribes of food, jade, and clothing. Unresponsive or unnamed forces were "attacked" (*Gong* 攻), a type of exorcism possibly involving a variety of implements, verbal commands, and other magical techniques. This approach to illness was already thousands of years old and can be found in the second millennium BCE Shang oracle bone inscriptions. The concept of *qi*, however, cannot be traced back that far. The word first appears in the 4th-century BCE bamboo manuscripts, which unlike the transmitted texts, which purport to be from the Zhou era, have not been edited by later hands.

Beside the case histories discussed below, the term *qi* appears in 4th-century bamboo philosophical texts, such as those found in an elite tomb of Guodian (郭店), Hubei and those rescued from Hong Kong antiquities dealers and preserved in the Shanghai museum or by Tsinghua University.[28–30] Besides those examples given in the section above on "bodily *qi*," there was a *qi* generated by extreme emotion or pent-up emotion (Guodian, "Xingzi" strips 2, 44; Shanghai, "Xingqinglun" 1) or generated by what you see or hear (Shanghai, "Xingqinglun" 36). In terms of human nature, blood and *qi* determined both the nature of self and kin (Guodian, "Tangyu" 11; "Liude" 15).[31,32] As a cosmic substance, it was associated with the concept of "existence, substance" (*You* 有) and was self-generating; when clear it was the sky or Heaven; when turbid, the Earth (Shanghai, "Hengxian," 1–4).[33] Possibly contemporary to these examples, the Chu Silk Manuscripts preserved in the Sackler Gallery in Washington D.C. describes Fu Xi (伏羲) and Nyu Wa (女娲)'s creation of the cosmos; after naming the mountains, rivers, and four seas, then came hot and cold *qi* (*Re Qi Han Qi* 热气寒气) (Chu boshu A, 3).[34–36] This is an early example of environmental *qi* although its relation to the body is unspecified.

Traditionally, the modern form of the graph representing the word for *qi* was explained as a "grain" (米) under a "cloud" (气), but 4th-century BCE records reveal that in fact this reading is probably a Qin-era misreading of

the archaic graph. The earliest archaic graphs for the word include several alternatives. All include a phonetic (Ji 既) over a sematic element, either "heart" (心) or "fire" (火), suggesting the *qi* was already linked to emotions and the physical core. Whether the alternative writing of "fire," one of the four elements or processes (of the *Wu Xing*) found in 4th-century BCE manuscripts (wood, fire, metal, water, but no earth),[37] conveyed meaning or—as often happened among ancient scribes—was simply a misreading of the more common "heart" signifier cannot be known. Certainly, the later graph (气) is a misreading of early abbreviated forms, such as of the graphs (旡) (a graphic abbreviation for the phonetic 既) over the semantic "fire" (火).

Sometime during the Qin or Han dynasty, the word was confused with *Xi* (饩), meaning a gift of food and reflected in the first etymological dictionary in China, *Shuo Wen Jie Zi* (《说文解字》 *Elucidations of Script and Explications of Characters*), composed around the first century CE, where *qi* is classified under the "grain" radical. The preference for writing "grain" instead of "fire" was reinforced by a belief reflected in the *Huang Di Nei Jing* that human *qi* came from grain when it mixed with blood in the stomach.[38] *Shuo Wen Jie Zi* was initially relied upon by modern scholars for their interpretation of the archaic graphs on Shang oracle bones and Zhou bronze inscriptions. The discovery of bamboo, silk, and wood texts since the 1970s, however, has revolutionized paleography and our understanding of ancient words.[23,39]

3 Ancient illness and a case study

The earliest case studies recording attempts to heal illness actually appear on the oracle bones of 1200–1045 BCE. These bones preserve the efforts by diviners to cure the Shang king or members of his royal family of various types of problems, including associated with their physical bodies.[40] But the earliest mention of the concept of *qi* appears in 4th-century BCE bamboo and silk texts. Most of these are philosophical texts, but one genre, distinguished by modern scholars as "divination by shell-and-stalk and prayer-and-sacrifice records" (*Bu Shi Dao Ci Ji Lu* 卜筮祷祠记录), shows not only a continuation of oracle-bone-style practice of documenting cases and using divination to diagnose and prayer and sacrifice to heal, but also the shifts in priorities. Most notable is that these records, written on bamboo, over the course of many years preserve the efforts by named diviners' to diagnose the illness of specific members of the elite class in the ancient state of Chu (楚).[41] Those records that survived up to now are all fragmentary, but one reveals a moving account of diviners' trying everything to find the cause of the illness and save their client. It also includes the sad admission of failure, which is announced to the living (in the records) and the dead (through the burial of a copy of the record in the tomb where it was discovered in modern times). Until the discovery of these records, the earliest extant medical case records were attributed to Chunyu Yi (淳于意 fl. 180–154 BCE).[4,42]

3.1 The case study of Tuo's experience of *qi*

Now let's imagine the 4th-century BCE situation of the patient Shao Tuo (邵佗), a minister of distant royal descent who traveled and settled legal cases for the southern state of Chu (楚). He was probably based in the capital, a walled city located just north of the Yangtze River called Jinancheng (纪南城). This city would later be occupied by invading Northwesterners, the Qin army, in 278 BCE, but at the time was the capital and major metropolis of the state of Chu. Before his death in 316 BCE, Tuo (his personal name), as he was referred to by his diviners had somehow been "blamed," which devolved into demonic affliction. This could easily have occurred in the process of his job, which required travel and resolving legal cases. Affliction could also derive from daily activities in three social and physical arenas: (1) the political elite he worked with at court, (2) his family and servants who he lived with, and (3) the physical spaces of his home (inside and outside the gate, the inner court, and his private chamber).[27,43] It is possible that the 12 diviners, who recorded their three years of efforts on the bamboo records buried with Tuo, had worked to exorcise demonic influences throughout his adult life. It is clear that the 3-year record was a continuation of earlier records not included in the burial. During the last years of Tuo's life, the diviners first worked to clear his work life of obstacles and then over time focused on his home life, his chamber, and then his body. Besides the diviners, who likely came from specially trained lineages, there were no doubt healers, who specialized in magical and herbal medicine, and were known as *Wu Yi* (巫医) in Zhou transmitted texts.[44] However, only the diviners' records remain.

Beginning in the early summer of 318 BCE, the diviners became concerned that over the course of the past year while serving the king (*Chu Nei Shi Wang* 出内事王), Tuo's body had perhaps incurred spiritual blame (躬身尚毋有咎). Despite auspicious divination results, "there remain some minor concerns with regard to his person and the fact that his (career) goals have been slow to come about" (占之, 恒贞吉, 少有忧于躬身, 且志事少迟得). They then exorcise the "source" of his concern with an attack to release his body from human (ghost or witchcraft) harm [以其故脱之, 思（使）攻解于人害]. Although the concluding divination show positive results (占之, 尚吉, 其中有喜), the increasing severity of his symptoms during the next two years leads to emergency measures.

By late spring in the year 317 BCE, the ailment is described as "an affliction in the abdomen, with a 'scarcity' of *qi*" (病腹疾以少气), suggesting weakness and perhaps trouble breathing. Exorcisms and sacrifices were thus performed to the "Earth Lord of the Wilds"

(outside the city walls, *Ye Di Zhu* 野地主) and the "Earth Lord of the Palace" (or of his residence, *Gong Di Zhu* 宫地主). By mid-winter that year, the problem went "below the heart and he was [still] afflicted with scarcity of *qi*" (以其下心, 疾少气). The diviner sent jades to the "Grand Unity" (*Tai Yi* 太一) deity of the sky, sacrificed animals to the "Earth Lord" (*Di Zhu*) and to the "Walkway" (*Xing* 行) (the Earth Lord and Walkway were likely deities of his residence), and sent cap strings (objects symbolizing status) to the "Two Children of Heaven" (*Er Tian Zi* 二天子, possibly deified legendary kings, star or other nature gods). Despite the fact that another diviner confirmed that "the sickness would quickly heal" (病速瘥), the emergency continued.

On the same day, his symptoms were confirmed as a chronic ailment that specifically afflicted the "heart" with a "scarcity of *qi* and inability to eat" (既有病, 病心, 疾少气, 不内食). Sacrifices to the spirits of Tuo's grandfather and others who died before their time are suggested by one diviner. Another diviner confirms the action and asks of them: "could there be no sickness?" (尚毋有恙). But by early summer of the following year, 316 BCE, the answer is clearly negative and the diviners are getting frantic: "already his abdomen-and-heart is afflicted with rising *qi* and there is a loss of appetite. He hasn't gotten better in a long time, yet for a speedy recovery is the nothing to be done?"(既腹心疾以上气, 不甘食; 旧不瘥, 尚速瘥毋有柰). Although they claim that the long-term prognosis is good, even so they note that "the affliction is difficult to heal" (疾难瘥). They begin to focus their concerns on his "private chamber" (宫室寝) and expand the array of spirits to whom they offer sacrifices, including star spirits, earth (including rivers, hills, and mountains), and building spirits (gates, walkways, chambers), lists of dead relatives and ancestors, a range of deceased kings and Chu-founder spirits, and gods of fate, the directions, and so forth.[27] The next month, they note "the affliction is changing, and still lingers, his recovery is delayed" (疾弁, 有遗, 递瘥), "it is getting worse" (病突), and then finally, they assert that it is a serious ailment and that his *qi* is rising, a sign of incipient death; literally: "in order to [confirm] he has a serious ailment and if he might not die due to rising *qi*" (以其有重病, 上气尚毋死). The final step, one indicating resignation but also consigning him to the next world, is described in somewhat obscure language (and so subject to debate). It seems then that he was propped up on a wooden stand used for "sinking into serious illness" where he was given last exorcisms; literally: "(the exorcist) used (the powers) of command and attack to release (Tuo) from (curses linked to the) Wooden Stand for Sinking (into serious illness) and moved him into position and to make him upright" [命攻解于浈木立（位）且徙其尻（处）而桓（树）之] and then died. At least we presume he died then as the chronicle ends. It was rolled up and marked on the back with a simple note of failure "we don't know the name of its district" (不知其州名) (ie, the location of the offending spirit). After what was no doubt an elaborate funeral, the record was placed in the tomb chamber with other personal belongings in the family graveyard in the hilly wilds far north of Jinancheng at a place now called Baoshan (包山), Hubei.[20,27,41]

For the full transcription of the record for Tuo's last day, see below for a transcription of Strips 249–250 (Fig. 1):

> "大司马悼惽（淖滑）救鄢之岁，夏夷之月，己亥之日，观义以保家为左尹邵佗贞：
> The year when Grand *Sima* Nao Hu (led the Chu army) to save Fu, Xiayi month (5), Jihai (36) day, Guan Yi used the "Protecting Home" method to test the proposal on *Zuo Yin* Shao Tuo's behalf
> 以其有重病，上气，尚毋死？
> Whether he will die of severe illness and the reversal of his *qi*.
> 义占之，恒贞，不死，有祟见于绝无后者与浈木立（位）。
> Yi prognosticated about it, testing that in the long term he will not die but that there is a curse visible (in the regions) of those-whose-lives-where-cut-off-prematurely-and-left-without-descendants and of the wooden-stand-for-sinking-into.
> 以其故脱之，举祷于绝无后者，各肥猎，馈之。
> In order to exorcise its cause, Guan Yi offered a proposition and prayer to those-whose-lives–were-cut-off-without-descendants to offer each a fattened piglet and food offerings with it.
> 命攻解于浈木立（位）、且徙其尻（处）而桓（树）之。
> [Yi] commanded and attacked (with incantations, drums, lancet stones and/or arrows) [the demonic influence] of the wooden-stand-for-sinking-into to release [Shao Tuo] and so, moving his place, set him upright (in the stand).
> 尚吉。义占之曰：'吉。'
> Overall auspicious. Yi prognosticated saying 'auspicious.'"[45,46]

3.2 The ancient heart affliction

What was meant by a heart affliction in 4th-century BCE? In other similar sets of bamboo records kept by diviners and buried with Chu elite, this condition is described in psycho-physical terms as a "pressure" called *Mian* (悗), sometimes read as "depressed" (*Men*), and associated with feelings of distress or grief.[47] Symptoms seem to include lack of appetite, a feeling of obstruction or bloating in the upper body, confusion, and maybe diarrhea.[23] In some cases, "foot bones" (足骨) or the "corporate body of 100 bones" (the skeleton) (百骨体) also hurt. There are no other early records that elucidate this curious ailment, but we do see a reflection of it in transmitted canons. In the *Huang di Nei Jing Ling Shu* (《灵枢》 *The Spiritual Pivot*), the condition of *Mian*, like the Han idea of *qi,* is linked to food. But instead of grain, the condition of *Mian* was caused by over-indulgence in sweet foods, causing an overload of "sweet" to course through the flesh of the body and weaken the *qi* of the stomach causing "bugs" to thrive.[48] Elsewhere in

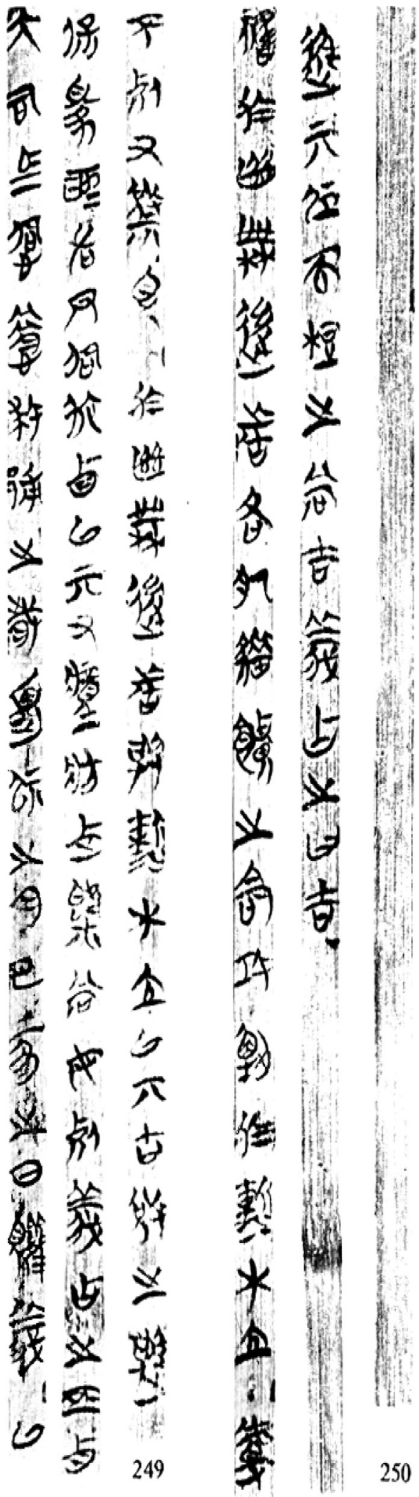


Figure 1 Bamboo strips from *The Chu Bamboo Slips of Baoshan* (《包山楚简》). (source from: Archaeological Brigade of the Jingsha Railroad of Hubei Province (湖北省荆沙铁路考古队). *The Chu Bamboo Slips of Baoshan*. Beijing: Cultural Relics Press; 1991.).

the same text, insufficient descending *qi* can cause heart *Mian* with lower body immobility, a situation somewhat reminiscent of the 4th-century BCE condition.[49] In other cases in the *Huang Di Nei Jing*, *Mian* is the result of "perverse *qi*" (*Xie Qi* 邪气). An overload of *qi* can result in a feeling of fullness in the chest or "pressured breathing" (*Mian Xi* 悗息), whereas a scarcity results in the inability to talk.[50] Although some aspects of the 4th-century BCE descriptions are reflected, the transmitted textual context has separated the causes of the ailment from the specific Chu- or late-Zhou understanding of *Sui* caused by specific identities and set them into a framework closer to *yin-yang Wu Xing* medicine.

Elsewhere in Han transmitted texts, grieved or anxious heart conditions with feelings of upper-body blockage require less obviously magical diagnostic methods, such as pulse reading and facial complexion interpretation; and they call for treatments, such as administering decoctions, acupuncture, or moxibustion.[51,52] None of these diagnostic or healing methods are attested for in the 4th-century BCE material and most do not appear even in the 168-BCE Mawangdui medical manuscripts. On the other hand, the curious cluster of symptoms linking foot bones and heart pressure in the 4th-century BCE records find a reflection in the Mawangdui material where "trouble, fevered delusions" (*Fan* 烦) of the heart were cured by cauterizing the foot *Jue Yin* (厥阴) vessel.[53] Diarrhea, heart pain, loss of appetite, and *qi* ascending, on the other hand, might be linked to movement (*Dong* 动) in the Great Yin vessel, also known as the Stomach Vessel in one Mawangdui vessel cauterization text.[54] Does this imply by reverse logic that there may have been early notions of channel (*Mai*) theory in the 4th-century BCE? And, if we take it one step farther, could the exorcistic motion of "attacking" the cause have involved a sharp tool such as an early form of "lancing stone"(*Bian* 砭) or a peach wood arrow and thus been a precursor to acupuncture, which is not even attested in the Mawangdui materials? Or possibly involved just a tool for "cauterization" (*Jiu* 灸), namely the application of fire to flesh.[55,56] We may never know unless more ancient records are recovered. Nevertheless, we now know from the Mawangdui medical manuscripts as well as from continuities seen in the early medieval Dunhuang cave cache of manuscripts, that divination and other magical techniques persisted even while the conceptualization of *qi* circulating through the landscape of the inner body became increasingly complex.

4 The cosmic body before *yin-yang Wu Xing*

If we understand *yin-yang* and *Wu Xing* as cosmic influences that affect the microcosmos of the body and its health as an early imperial-era ideology, then what was the conception earlier?[57] One 4th-century BCE bamboo manuscript from the Tsinghua University collection preserves a rare reflection of the cosmic body (see Fig. 2 and the translation of it provided in Fig. 3). This diagram was embedded in a handbook used by diviners to look up the results of dice or stalk throwing.[37,58] The influences of *Sui* were measured and identified by the three numbers derived. The eight-trigram patterns (*Gua* 卦)—all

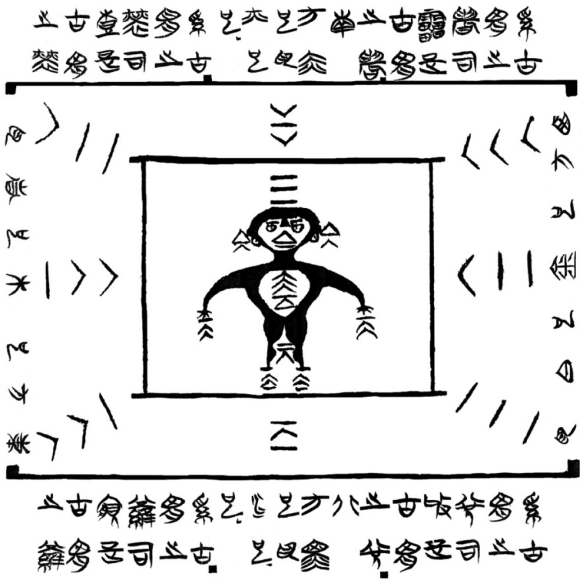


Figure 2 The bamboo manuscript of the Cosmic Body. (source from: Li XQ, ed. *Warring States Era Bamboo Slips Stored at Ysinghua University* (《清华大学藏战国竹简》). Vol. 4. Shanghai: Zhongxi Press; 2013.).

named—of three numbers functioned like deities that had genders and, in some Han texts, even operated in a family-like hierarchy. The hierarchy is not clear in the 4th-century BCE, but the idea of four male–female couples was certainly factored in. These equated to *yang* and *yin* powers in Han texts but were not labeled as such before the Han.

In the 4th-century BCE body diagram, there are three layers of interpretation. The body inside a square, which perhaps we can understand represents the Earth, is marked with female trigrams on the inner body and male trigrams on the outer-body. Surrounding the square are the eight trigrams arrayed in a circle, which perhaps we can understand represents Heaven. The outer-most layer, arranged as text in a square, notes the four agencies of directions, elements, colors, as well as seasonal gods. Elsewhere in the manual, correlations with Stems and Branches (*Gan Zhi* 干支) of the sexagenary calendar symbolizing days and hours are tabulated according to the trigram, as are lists of generic sources of *Sui*.

Notably, conditions of the chest or "heart" on the diagram were diagnosed with the powerful female trigram, Kun (坤) (her male partner Qian 乾 marked the top of the head). The second most powerful female trigram, Li (离) marks the abdomen (her partner Kan (坎) marks the ears). Both Kun and Li indicate female sources of *Sui* (dead mothers, daughters, concubines, slaves) as well as dismembered or hung criminals. Uniquely, Kun could indicate built spaces with openings such as gates or walkways; Li could indicate someone who drowned or the agency of "heat" (*Re* 热)—a rare reference to an environmental influence ("wind" was indicated by Kan; there is no mention of "cold" or, notably, any reference to *qi*).

There is evidence that Tuo's diviners were aware of this method of divination and applied it at least six times during the course of his illness.[27] Tuo died on a *Ji Hai* (己亥) day which correlated to female trigrams Li and Dui (兑), which in turn correlate to Water (abdomen) and Metal (face or mouth). The mention of Wood, the element used to construct the prop for his dying body and perhaps as temporary residence for his soul, suggests perhaps an attempt to neutralize the female agencies of

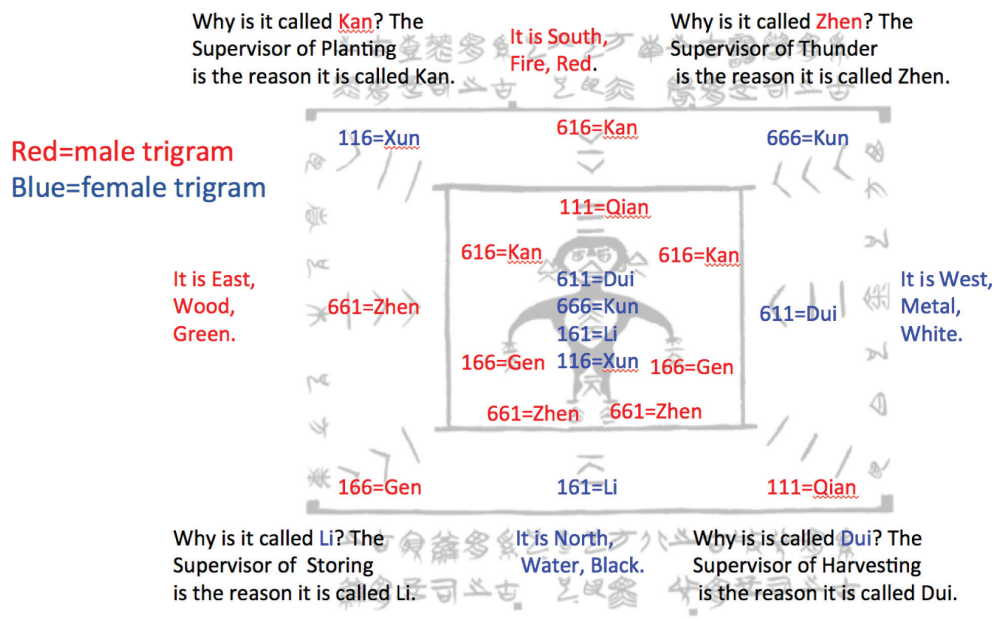


Figure 3 An interpretation of the bamboo manuscript of Figure 2 by the author. (source from: Li XQ, ed. *Warring States Era Bamboo Slips Stored at Tsinghua University* (《清华大学藏战国竹简》). Vol. 4. Shanghai: Zhongxi Press; 2013.).

death (North-Winter, West-Fall) with the male trigram of Spring, East, and Wood, Zhen (震).

In this body diagram or cosmogram, we see the rudiments of the *yin-yang Wu Xing* system, but, unlike in the later more secular canons, it was integrated into magical medicine.

5 Conclusion: relations between healer and patient

Divination records are incomplete medical records. They document the diagnosticians' attempts to determine a precise etiology in relation to the supernatural. They do not record attempts to heal with cauterization, as the Mawangdui manuscripts do, or with decoctions, as do Han bamboo recipe texts (*Yi Fang* 医方).[59,60] It is likely that both types of healing existed in Tuo's time and were applied during the intervening times between divination sessions, which tended to be performed according to a ritual calendar prescribing sacrifices and ceremonies. The exception was during a time of crisis as occurred during Tuo's last year. The diviners tried a range of healing strategies aimed at "releasing" (*Jie* 解) Tuo from the malignant grip of the blaming spirit. Gifts of food and drink, jades, and clothing had to be calculated according to the status of the spirit. The divination process, employing an alternating cycle of magical tools (turtle shells, stalks, maybe dice, and other methods) by differently named specialists, failed to reveal the divinity's identity. And even when they thought they identified the spirit, the gift-giving failed. They also tried exorcism rituals (including "commands" *Ming* 命, as well as "attacks" *Gong* 攻) aimed at anonymous demons and still no luck. The fact that these records of failure were buried in the tomb along with a multitude of artifacts prepared for the afterlife suggests that the records functioned as proof to Tuo's ghost that the diviners (and all the patrons who hired them) had tried their best, sparing no expense. In other words, they are begging Tuo not to blame them; don't come back and cause them any trouble. Being a healer was risky business.

Acknowledgments

I wish to express my gratitude to Marta Hanson for encouraging me to join the workshop on Narrative Medicine and to write this essay.

Funding

This study is financed by the grant from Lehigh University, College of Arts and Sciences, NEH distinguished scholar fund.

Ethical approval

This article does not contain any studies with human or animal subjects performed by the author.

Author contributions

Constance A. Cook wrote and revised this article.

Conflicts of interest

The author declares no financial or other conflicts of interest.

References

1 Unschuld PU, Tessenow H. *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic: Basic Questions*. 2 Vols. Trans, Zheng JS. Berkeley: University of California Press; 2011.
2 Harper DJ. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Sir Henry Wellcome Asian Series. London: Kegan Paul International Press; 1998. p. 77.
3 Lloyd G, Sivin N. *The Way and the Word: Science and Medicine in Early China and Greece*. New Haven: Yale University Press; 2002. p. 220.
4 Hsu E. *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch*. Cambridge: Cambridge University Press; 2010. p. 29.
5 Nylan M. Yin-yang, five phases, and qi. In: Nylan M, Loewe M, eds. *China's Early Empires: A Re-appraisal*. Cambridge: Cambridge University Press; 2010. p. 398–414.
6 Raphals L. Chinese philosophy and Chinese medicine. In: Zalta E, ed. *The Stanford Encyclopedia of Philosophy*. Available from: https://plato.stanford.edu/entries/chinese-phil-medicine/. [Accessed on March 16 2023].
7 Brindley E, Goldin PR, eds. *Dao: A Journal of Comparative Philosophy* 2013;12(2):1–240.
8 Cao F. Qi in the Hengxian: a new dynamic model for the creation of all life ("恒先" 的气论—一种新的万物生成动力模式). *Chin Philos* 2012;(5):42–51. Chinese.
9 Cao F. Exegesis of Tsinghua University bamboo text *Tang Zai Chi Men* (清华简《汤在啻门》译注). In: Li XQ, Ai L, Lyü DK, eds. *Collected Essays from the International Seminar on Volume 5 of the Warring States Bamboo Slips Stored at Tsinghua University* (《清华大学藏战国竹简（伍）》国际学术研讨会论文集). Shanghai: Zhongxi Press; 2019. p. 108–43. Chinese.
10 Huang KY. The word Qi in the text *Tang Zai Chi Men* (说《汤在啻门》"气"一节文字). In: Li XQ, Ai L, Lyü DK, eds. *Collected Essays From the International Seminar on Volume 5 of the Warring States Bamboo Slips Stored at Tsinghua University* (《清华大学藏战国竹简（伍）》国际学术研讨会论文集). Shanghai: Zhongxi Press; 2019. p. 159–70. Chinese.
11 Cook CA. Contextualizing "Becoming a Complete Person" in the *Tang zai Chimen*. In: Li XQ, Ai L, Lyü DK, eds. *Collected Essays From the International Seminar on Volume 5 of the Warring States Bamboo Slips Stored at Tsinghua University* (《清华大学藏战国竹简（伍）》国际学术研讨会论文集). Shanghai: Zhongxi Press; 2019. p. 183–93.
12 Kuo LH. The philosophy of "taste" in volume 5 of the Tsinghua University bamboo slips (清华简（伍）关于" 味"之哲学探究). In: Li XQ, Ai L, Lyü DK, eds. *Collected Essays From the International Seminar on Volume 5 of the Warring States Bamboo Slips Stored at Tsing Hua University* (《清华大学藏战国竹简（伍）》国际学术研讨会论文集). Shanghai: Zhongxi Press; 2019. p. 225–31. Chinese.
13 Harper DJ. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Sir Henry Wellcome Asian Series. London: Kegan Paul International Press;1998. p. 77–84.
14 Brindley E. A fluid cosmos: cosmologies of creative flow in early China. In: Cook CA, Foster C, Blader S, eds. *Metaphor and Meaning: Thinking Through Early China with Sarah Allan*. Albany: State University of New York Press. In print.
15 Lo V, Gu M. Water as homology in the construction of classical Chinese medicine. In: Cook CA, Foster C, Blader S, eds. *Metaphor and Meaning: Thinking Through Early China with Sarah Allan*. Albany: State University of New York Press. In print.
16 Ma JX. *Translating the Ancient Medical Texts from Mawangdui* (马王堆古医书考释). Hunan: Hunan Science and Technology Press; 1992. p. 247–82. Chinese.

17 Harper DJ. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Sir Henry Wellcome Asian Series. London: Kegan Paul International Press;1998. p. 213.
18 Lo V. Medicine and healing in Han China. In: Jones A, ed. *The Cambridge History of Science*. Vol. 1. Cambridge: Cambridge University Press; 2018. p. 574–94.
19 Archaeological Brigade of the Jingsha Railroad of Hubei Province (湖北省荆沙铁路考古队). *The Chu Bamboo Slips of Baoshan* (包山楚简). Beijing: Cultural Relics Press; 1991. Chinese.
20 Cook CA. *Death in Ancient China: The Tale of One Man's Journey*. Leiden: Brill Press; 2006.
21 Chen W. *Fourteen Bamboo Texts of Warring States Era from the Chu Region* [楚地出土战国简册 (十四种)]. Beijing: Economic Science Press; 2009. p. 91–118. Chinese.
22 Ke HL (Cook CA), Cai LL. The evolving meaning of "heart" pre-Han era excavated texts (关于"心" 在汉以前出土文献中所表示的身体部位及其内涵变化的研究). In: Research and Preservation Center for Excavated Manuscripts at Tsinghua University (清华大学出土文献研究与保护中心), ed. *A Partial History of Professor Li Xueqin's Academic Accomplishments and Collected Essays in His Honor* (半部学术史,一位李先生—李学勤先生学术成就与学术思想国际研研讨会论文集). Shanghai: Zhongxi Press; 2021. p. 883–94. Chinese.
23 Cook CA. Qi. Encyclopedia of Ancient History: Asia and Africa; 2021. Wiley Online Library. Available from: https://doi.org/10.1002/9781119399919.eahaa00778. [Accessed on March 25 2023].
24 Committee for Organizing the Silk Texts from the Han Tomb at Mawangdui(马王堆汉墓帛书整理小组). *Silk Texts from the Han Tomb at Mawangdui* (马王堆汉墓帛书). Vol. 4. Beijing: Cultural Relics Press; 1984. Chinese.
25 Ma JX. *Translating the Ancient Medical Texts from Mawangdui* (马王堆古医书考释). Changsha: Hunan Science and Technology Press; 1992. Chinese.
26 Harper DJ. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Sir Henry Wellcome Asian Series. London: Kegan Paul International Press;1998.
27 Cook CA. A fatal case of gu 蛊 poisoning in the fourth century BC? *East Asian Sci Technol Med* 2016;44:123–149.
28 Jingmen City Museum (荆门市博物馆), ed. *Bamboo Slips from the Chu Tomb at Guodian* (郭店楚墓竹简). Beijing: Cultural Relics Press, 1998. Chinese.
29 Ma CY, ed *Warring States Era Chu Bamboo Slips Stored in the Shanghai Museum* (上海博物馆藏战国楚竹书). Vols. 1–9. Shanghai Classics Publishing House; 2001-2012. Chinese.
30 Li XQ, ed. *Warring States Era Bamboo Slips Stored at Tsinghua University* (清华大学藏战国竹简). Vols. 4. Shanghai: Zhongxi Press; 2010–2022. Chinese.
31 Jingmen City Museum (荆门市博物馆), ed. *Bamboo Slips from the Chu Tomb at Guodian* (郭店楚墓竹简). Beijing: Cultural Relics Press, 1998. p. 157, 175–181, 187. Chinese.
32 Cook S. *The Bamboo Texts of Guodian: A Study & Complete Translation*. Vols. 1–2. Ithaca: Cornell University Press; 2012. Vol. 1. p. 278, Vol. 2. p. 732.
33 Ma CY, ed. *Warring States Era Chu Bamboo Slips Stored in the Shanghai Museum* (上海博物馆藏战国楚竹书). Vols. 1–9. Shanghai: Shanghai Classics Publishing House; 2001, Vol. 1. p. 220, 271; 2003, Vol. 3 p. 288–92.
34 Li L. *The Warring States Era Chu Silk Manuscripts from Zidanku in Changsha* (长沙战国楚帛书研究). Beijing: Zhonghua Book Company; 1985. p. 64. Chinese.
35 Cook CA, Major JS, eds. *Defining Chu: Image and Reality in Ancient China*. Honolulu: University of Hawai'i Press; 1999. p. 174.
36 Xu ZG. *A Forest of Commentary on the Chu Silk Manuscripts* (楚帛书诂林). Beijing: Beijing Normal University Press; 2010. p. 474–9. Chinese.
37 Cook CA, Zhao L. *Stalk Images: A Newly Discovered Alternative to the I-ching*. Oxford: Oxford University Press; 2017.
38 Unschuld PU, trans. *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy*. Berkeley: University of California Press; 2016. p. 555.
39 Lo V, Stanley-Baker M, Yang D. *Routledge Handbook of Chinese Medicine*. New York: Routledge; 2022. p. 23–50.
40 Cook CA. Exorcism and the spirit turtle. In: Cook CA, Foster C, Blader S, eds. *Metaphor and Meaning: Thinking through Early China with Sarah Allan*. Albany: State University of New York Press. In print.
41 Chen W. *Fourteen Bamboo Texts of Warring States Era from the Chu Region* [楚地出土战国简册 (十四种)]. Beijing: Economic Science Press; 2009. p. Hubei: Baoshan 2–117, Wangshan 271–285, Henan: Geling; 395–445. Chinese.
42 Brown M. *The Art of Medicine in Early China: The Ancient and Medieval Origins of a Modern Archive*. Cambridge: Cambridge University Press; 2015. p. 63–86.
43 Cook CA, Zhao L. *Stalk Images: A Newly Discovered Alternative to the I-ching*. Oxford: Oxford University Press; 2017. p. 119–21.
44 Cook CA. The pre-Han period. In: Hinrichs TJ, Barnes L, eds. *Chinese Medicine and Healing: An Illustrated History*. Cambridge: Belknap Press of Harvard University Press; 2013. p. 5–29.
45 Cook CA. *Death in Ancient China: The Tale of One Man's Journey*. Leiden: Brill Press; 2006. p. 208–9.
46 Chen W. *Fourteen Bamboo Texts of Warring States Era from the Chu Region* [楚地出土战国简册 (十四种)]. Beijing: Economic Science Press; 2009. p. 96. Chinese.
47 Cook CA. Medicine and healing in Ancient East Asia: a view from excavated texts. In: Brindley E, Flad R, eds. *Cambridge University Elements Series: Ancient East Asia*; 2023. Available from: https://www.cambridge.org/core/elements/medicine-and-healing-in-ancient-east-asia/63BDA5E61EEE44FE0AC23712789C9321. [Accessed on March 25 2023].
48 Unschuld PU, trans. *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy*. Berkeley: University of California Press; 2016. p. 574–5.
49 Unschuld PU, trans. *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy*. Berkeley: University of California Press; 2016. p. 337
50 Unschuld PU, trans. *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy*. Berkeley: University of California Press; 2016. p. 364.
51 Hsu E. *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch*. Cambridge: Cambridge University Press; 2010. p. 74–5.
52 Tessenow H, Unschuld PU. *A Dictionary of the Huang Di Nei Jing Su Wen*. Berkeley: University of California Press; 2008. p. 108.
53 Harper DJ. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Sir Henry Wellcome Asian Series. London: Kegan Paul International Press;1998. p. 197–8.
54 Harper DJ. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Sir Henry Wellcome Asian Series. London: Kegan Paul International Press;1998. p. 208.
55 Ma JX. *Translating the Ancient Medical Texts from Mawangdui* (马王堆古医书考释). Changsha: Hunan Science and Technology Press; 1992. p. 29–232–238. Chinese.
56 Harper DJ. *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Sir Henry Wellcome Asian Series. London: Kegan Paul International Press;1998. p. 91–6, 206.
57 Sivin N. State cosmos and body in the last three centuries B.C.E. *Harvard J Asia Stud* 1995; 55(1):5–37.
58 Dotson B, Cook CA, Zhao L. *Dice and Gods on the Silk Road: Chinese Buddhist Dice Divination in Transcultural Context*. Leiden: Brill Press; 2021. p. 141–53.
59 Yang Y, Brown M. The Wuwei Medical Manuscripts: a brief introduction and translation. *Early China* 2017;40: 275–6, 281–3.
60 Li ZF, Li TH, eds. *Selections of the Western Han Bamboo and Wooden Slips from Hujiacaochang in Jingzhou* (荆州胡家草场西汉简牍选粹). Beijing: Cultural Relics Press; 2021. p. 201. Chinese.

Edited by GUO Zhiheng

How to cite this article: Cook CA. The first documented experience of *Qi* and an account of healing failure: 4th-century BCE. Chin Med Cult 2023;6 (2):139–146. doi: 10.1097/MC9.0000000000000055.

Research article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Rethinking *Yi'an* (Medical Cases) as a Tool for Narrative Medicine in China

GUI Ting[1,2,✉]

Abstract

When narrative medicine (NM) was introduced into China, traditional Chinese medicine scholars found that the core concepts advocated by NM are manifested in Chinese *yi'an*. But why NM echoes with ancient Chinese *yi'an*? How can we better integrate NM into Chinese medical practices? To answer those questions, this article first investigates how NM establishes itself as a remedy to biomedicine by taking traditional healing models including TCM as its ideal Other. Then, the narrative traditions of both case histories and *yi'an* are examined respectively. This article argues that NM is searching for a lost tradition of narrative case histories, but *yi'an* functions as a living tradition of TCM. The Parallel Chart in NM, designed as a complement to the dehumanized hospital chart, is still based on a dichotomy of science and art and a conflictual doctor-patient model. But *yi'an* exemplifies the holistic and humane healthcare that NM hopes to achieve. A comparison of both genres also inspired us to rethink the genre of *yi'an* in NM. Thus, it is concluded that *yi'an* should be viewed as an epistemic genre integrating individualization and generalization, a bridge linking medicine and literature. And narrative *yi'an* can well serve as a tool for NM in China. It is also proposed that a thick description of *yi'an* be encouraged to further promote a pluralistic NM in China.

Keywords: Case history; Medical cases; Narrative medicine; Thick description; *Yi'an*

1 Introduction

In 2001, Rita Charon, a general internist and literary scholar at Columbia University, proposed "narrative medicine"(NM) as medicine practiced by physicians "with the narrative competence to recognize, interpret, and be moved to action by the predicaments of others."[1] Four years later, in her book *Narrative Medicine: Honoring the Stories of Illness*, Charon suggested two key tools in developing narrative competence: close reading and reflective writing.[2] Doctors and students are taught to read patients' illness narratives, doctors' stories, and literary canons related with medicine so that they could better absorb, recognize, and understand what patients tell them. And the main form of "reflective writing" is writing the Parallel Chart, a teaching tool developed to help students write about their clinical experiences and reflect on their practices in nontechnical language. By stressing the importance of attention, representation, and affiliation in clinical encounters, NM hopes to foster empathy and reflection as a remedy to the dehumanizing biomedicine.

When the concept of NM was introduced into China by Professor Guo Liping (郭莉萍)[3] and Professor Yang Xiaolin (杨晓霖),[4] it immediately sparked hot discussions in Chinese medical field. Interestingly, many traditional Chinese medicine (TCM) scholars found that core concepts advocated by NM are manifested in Chinese *yi'an* (医案, medical cases).[5,6] Voices from TCM scholars made NM proponents realize that the integration of NM with TCM is necessary, but how to better adapt NM into Chinese medical practices is not clear.[7] To promote NM in China, two key questions must be answered first: Why NM echoes with ancient Chinese *yi'an*? And how can we better integrate NM into Chinese medical practices?

2 Behind NM: biomedicine and its "Others"

To explain the kinship between NM and *yi'an*, it is necessary to look back to the theoretical basis behind NM. As a mixed product of various disciplines, the conceptual framework of NM "is firmly rooted in an older global tradition of medical humanities," and the language it uses largely reflects an American viewpoint.[8] One obvious American root is that NM is developed as a remedy for the biomedicine model.

Since the late 1960s, the great gap between increasing power of biomedicine and less satisfying effect of

[1] Department of Foreign Languages, Liaoning University of Traditional Chinese Medicine, Shenyang 110847, China; [2] International Institute of Chinese Studies, Beijing Foreign Studies University, Beijing 100089, China

[✉]GUI Ting, E-mail: bingting1025@live.cn

ORCID: 0000-0001-5168-4375

Chinese Medicine and Culture (2023) 6:2

Received: 30 July 2022; accepted: 19 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000063

medical treatment caused tension in medical practices, and medical humanities program began to be added into medical education. Then, literature joined medicine as a part of the medical humanities. But at that time a strong emphasis was placed on literature's aesthetic and ethical uses.[9] The cross-disciplinary field of literature and medicine began to flourish as the journal *Literature and Medicine* was launched in 1982. Literary works related to medicine are widely discussed and insights from literary criticism offer frameworks for understanding illness narratives as well as doctors' writing. Reader-response criticism and Roland Barthes's narratology offers methods for textual analysis. Michael Foucault stimulates medical discourse analysis. Close reading and reflective writing in NM are both tools borrowed from literary studies.

From the 1980s, hermeneutics and phenomenology were also introduced into medicine.[10,11] Hermeneutics inspired a model of clinical hermeneutics, which regards the patient as text and medical practice as the science and art of interpretation.[12] Phenomenology helps to distinguish the biological body and body as lived, highlighting the importance of first-person narratives of illness experiences in lifeworld.[13] And Paul Ricoeur's *Time and Narrative*, known as a masterpiece combining hermeneutics with phenomenology, inspired Charon to develop her thinking on representation and reflection.

The ethical, narrative, interpretive, and phenomenological turns in human sciences have all prepared theoretical basis for the birth of NM. All these turns converge in NM as a part of a larger turn in medicine—the shift from the biomedicine model to the biopsychosocial model. As Charon concluded, NM has its roots in literature and medicine, medical humanities, primary care, relation-centered care, patient-centered care, and biopsychosocial medicine, and those fields share a common goal of "correcting the undue simplemindedness of biomedicine."[14] Despite its heavy debt to literature, NM's concern is always about medicine, not literature.

But the biomedicine model is not everything behind NM. It is worth noting, when in 1973 Arthur Kleinman suggested understanding the experience of illness as "a cultural or symbolic reality," he cited several books on TCM, drew conclusions from his comparative studies on medical systems and suggested a general model for understanding medicine as human science.[15] A humane medicine that put human rather than disease at its center became an ideal Other for biomedicine. In 1978 Arthur Kleinman's *The Illness Narratives* further developed his thought into the distinction between illness and disease, which later become a part of NM's theoretical basis.[16] Also in 1977 when George L. Engel proposed a shift from the biomedicine model to the biopsychosocial model, he cited findings from ethnomedicine to show the biomedical model as a culturally specific model of disease in modern west.[17] And in 1993, Kleinman wrote a chapter "What is specific to Western medicine?" in *Companion Encyclopedia of the History of Medicine*.[18] According to him, biomedicine has a "radically reductionistic and positivistic value orientation" that is "ultimately dehumanizing," while Chinese medicine value patients' experiences and care about social, psychological, and moral aspects of medicine. His discussion reveals one essential fact: the biomedicine model establishes itself as a specific western medical model in contrast with non-western medicine especially TCM. As the Other for biomedicine, TCM serves as an ideal humane medicine that practitioners of biomedicine like Kleinman have sought.

But both Engel and Kleinman's conclusions are largely based on reflections of biomedicine. As Professor Byron J. Good claimed, taking biomedicine as a universal scientific model is an "impoverished perspective" that "neglects many facets of Western medical practice and obscures its kinship with healing in other traditions."[19] Behind biomedicine stands many Others: one is non-western medical practices represented by TCM and another one is its own humanistic tradition that was not included into the narrow category of biomedicine model. It's NM's discontent of a fragmented, dehumanized biomedicine model that put NM on the same side with biomedicine's Others. They serve as mirrors to reflect the self-image of biomedicine and provides complementary insights into understanding what healthcare is about.[20] That's why NM echoes with TCM. But why it was *yi'an* in TCM that attracts so much attention when NM was introduced into China? It is necessary to review the narrative tradition of case history and *yi'an* respectively.

3 Case history: in search of a lost tradition

Medical case history is a genre of clinical narrative about disease diagnosis and treatment. Its oral form is case representation conducted in clinical education; and its written form is case reports published on medical journals.[21] The main form of case history in medical practices today is the written hospital chart, which is believed to be designed in 1916 by American Presbyterian Hospital for case recording.[2] As a special genre that still plays significant roles in medicine, case histories have always attracted scholars' attention in the development of NM.

In 1973, Oliver Sacks published *Awakenings*, a novelistic collection of case histories that inspired scholars who later contributed greatly to literature and medicine movement such as Brian Hurwitz and Arthur Frank.[22] Sacks preferred an biographical way of writing case histories like his predecessors Luria and Freud, and endeavored to combine the romantic and scientific by writing what he called "elaborate case histories."[23] Later in another book *The Man Who Mistook His Wife For A Hat And Other Clinical Tales,* Sacks called for going "back to an ancient tradition: to the nineteenth century tradition of which Luria speaks; to the tradition of the first medical historian, Hippocrates; and to that

universal and prehistorical tradition by which patients have always told their stories to doctors."[24] The tradition he was appealing for is a long narrative tradition of case history in western medicine.

It is believed that case histories originated from oral tales and share the oral-formulaic method with Homer's epic.[25] In medical writings, it first took the form of medical notes describing the progress of diseases in Hippocrates' *Epidemics*, then Galen's Commentary gradually replaced the Hippocratic medical notes.[26] But as is observed by G. E. R. Loyld, Galen did not follow Hippocrates' style of case writing in *Prognosis*.[27] Apart from appealing to Hippocrates' authority, Galen already developed a theory to predict the development of disease and only recorded successful case histories to advertise for himself. It also recorded the presence of other doctors and his defense for himself, indicating a highly competitive medical market. According to Gianna Pomata, a shift from the Hippocratic or Galenic style to a new *Curationes* began in Amatus's *Centuria of Curationes* (1551), in which Amatus combined description, commentary with the recipe of remedies used.[28] It is used more for self-promotion. And in the second half of the 16th century, another genre of collections of case histories named *Observationes* emerged with a stress on case narratives to describe and classify diseases, and by the 18th century, it had become a major form of case writing adopted by medical journals. As a product of late Renaissance humanistic medicine, the *Observationes* emphasized "the circulation of observational knowledge," and the writing of *Observationes* may have a link to the writing of legal cases.[28] In the 18th and 19th centuries, a mutual influence between case history and novels is observed,[29] and "the tradition of richly human clinical tales reached a high point in the nineteenth century."[24] As clinical medicine began to dominate in the second half of 19th century narrative case histories gradually declined. For a long period, case histories were considered to be unscientific. But well-written case histories could still be regarded as literature, for example, Freud's case histories.

When Kathryn Montgomery Hunter introduced literary criticism into medicine, she called for returning to "an enriched case histories," a narrative-conscious genre adequate to fulfill the task of integrating science and art in medicine.[30] In 1999, when Brian Hurwitz and Tricia Greenhalgh of King's College in London first proposed the concept of "narrative-based medicine" in "Why study Narrative," they were also hoping to revive the lost tradition of narrative in the teaching and practice of western medicine.[31]

However, when Rita Charon abbreviated "narrative-based medicine" into "narrative medicine," she approached case history from a slightly different position. She was also aware that dehumanized case history was a recent trend since the early 20th century, but she was not nostalgic for the lost tradition. Charon dreamed that "traditional case histories will, in time, be joined by a different genre of medical writing, an expressive component to the chart."[32] The "traditional case histories" defined by Charon become a recent genre of objective medical writing that has been reduced into the hospital chart. Her solution is not to revive the narrative case histories but design a Parallel Chart as complementary to hospital chart. And the latter is criticized for being full of impersonal, fragmented data and facts from clinical observations and tests, leaving no details for the patient's life experience.

Underlying the two separate charts is still a dichotomy between science and art/ doctors and patients. One reason is her understanding of case history was based on a conflictual model rather than dialogic interactive model. An early discussion of doctor–patient relationships framed three basic models: activity-passivity, guidance-cooperation, and mutual participation.[33] The conflictual model assumes a passive role for patients in clinical encounters, and consequently ignoring the possibilities of negotiation, cooperation, and mutual participation. The poststructuralist Barthes' distinction of work and text also contributes to Charon's understanding of case histories "as the work engendered by the text of the patient's spontaneous speech."[32] Patients' illness narratives and doctors' narratives are considered to be reflecting different expectations and thus oppositional. That's why NM is largely relying on a shift from doctors' perspectives to patients' perspectives to humanize medicine. To foster the ideal clinical encounter, patients' stories are highlighted in NM.

However, as Kathryn Montgomery Hunter noticed: "The case history is not the patient's story, nor is it meant to be."[30] Writing case histories does not necessarily aim at a representation of patients' stories, since not all details matter, and some narratives may be unreliable. Apart from representation, case history also involves clinical judgement and interpretation. Too much emphasis on the literary features of case histories underscored a fact that case history is not completely open to interpretations like a literary text. Hunter believes, patients stories, such as pathologies, will not help to reshape the medical case and it's doctors' stories that we should look to.[30]

Recent research on doctor–patient relationships is also seeing "a steady evolution away from a doctor-centered emphasis toward a more balanced focus on the conduct of doctors and patients together."[34] For NM, an emphasis on patients' stories is not enough. The essential question is how to achieve mutual understanding between patients and doctors. And if NM hopes to develop physicians' narrative competence, it still needs to rely on a tool that can be routinely used in medical practices rather than a literary tool. A genre integrating narrative and the hospital chart is the ultimate solution. Then here we go back to the old tradition: a narrative case history.

4 A living tradition: narrative tradition of *Yi'an*

Yi'an in Chinese medicine is thought to be equivalent to the case history in Western medicine. However, when translating *yi'an* as case history in English, its distinguished features and a long narrative tradition are lost.

The development of *yi'an* can be roughly classified into 5 periods: (1) medical narratives recorded in oracle bones inscriptions; (2) cases appeared in historic biography like *Shi Ji* (《史记》 *The Grand Scribe's Records*); (3) cases attached to herbal formulas written by physicians; (4) *yi'an* with standard formats written by physicians to transmit knowledge, enhance doctors' reputation and train disciples; (5) modern *yi'an* that stressed argument and objectivity. Narrative features of *yi'an* are closely related to the narrative tradition of Chinese literature, and its evolution in history are also influenced by changes in narrative concepts.[35]

The origin of *yi'an* can be traced back to the records of medical activities in the oracle bone inscriptions, which were mainly used by the royal family in divination during the Yin and Shang dynasties (about 17th century BC–11th century BC). The oracle-bone narratives are terse, dialogic, and rhythmic.

During the pre-Qin period (before 221 BC), records of medical activities can only be found in official writings. As indicated in the *Zhou Li* (《周礼》 *Rites of Zhou*), in the medical office, a special post named *Shi* (史, historian) is set to be responsible for recording medical activities, indicating that medical records belonged to the category of "history" at this time.

The second important phase for the development of *yi'an* is marked by a great historic work *Shi Ji* written by Sima Qian (司马迁) during about 104 BC to 91 BC. In this chronicle of history, one independent chapter was reserved for biographies portraying two great physicians in Chinese medical history: *Bian Que Cang Gong Lie Zhuan* (《扁鹊仓公列传》 *The Biographies of Bian Que and Cang Gong*). It records 25 cases of *Zhen Ji* (诊籍 medical records) of Cang Gong[36,37] (Figs. 1 and 2), a famous physician of the Western Han Dynasty called Chunyu Yi (淳于意). This is the first complete account of medical cases, with detailed descriptions of name, gender, occupation, symptoms, diagnosis, treatment and prognosis of 25 patients. Therefore, Chunyu Yi's *Zhen Ji* is often regarded as the most definitive source of *yi'an*.

The cases followed the narrative style of oracle-bone inscriptions. And formulaic patterns in *yi'an* writing have taken shape. Besides, reflections on success or failures in medical treatment are included. Another feature worthy to note is that it has a strong literary style. The 25 cases are not equivalent to *Zhen Ji*, but are narratives based on *Zhen Ji*. It is orally presented by Chunyu Yi and embellished by Sima Qian. Obvious evidences are the choice of rhyme and frequent use of metaphors. Both Chunyu Yi's oral narratives and Sima Qian's literary embellishments

Figure 1 Front cover of *The Grand Scribe's Records (Volume IX)* (2010) edited by William H. Nienhauser. It is an English translation of *Shi Ji*, containing 25 cases of Chunyu Yi translated by Elizabeth Hsu (source from: https://www.goodreads.com/book/show/9875941-the-grand-scribe-s-records).

were intended to create the image of an outstanding doctor. That was determined by the genre of biography, and Sima Qian is the pioneer that has created this genre.

Chunyu Yi's 25 cases are answers to Emperor Wen's questions. Therefore, these cases adopt a narrative mode of questions and answers, told in the voice of the Chunyu Yi. But his answers also use direct quotations to vividly record details that not are related to the treatment (nor asked by Emperor Wen), such as the conversations between him and the patient (and the patient's family), and other doctors. There are eight cases with other doctors mentioned. The presence of other doctors is mainly used as contrast to show Chunyu Yi's expertise. And Chunyu Yi must defend himself and defeat other doctors to win trust for himself first. The voices of other family members also show us how diagnosis and treatment involve a community rather than a patient alone. Thus, the clinical encounter is a dialogic and interactive process with social, moral, and cultural dimensions that must be taken into a doctor's account.

As one of the most influential texts in Chinese history, *Shi Ji* is regarded as a major source of narrative traditions

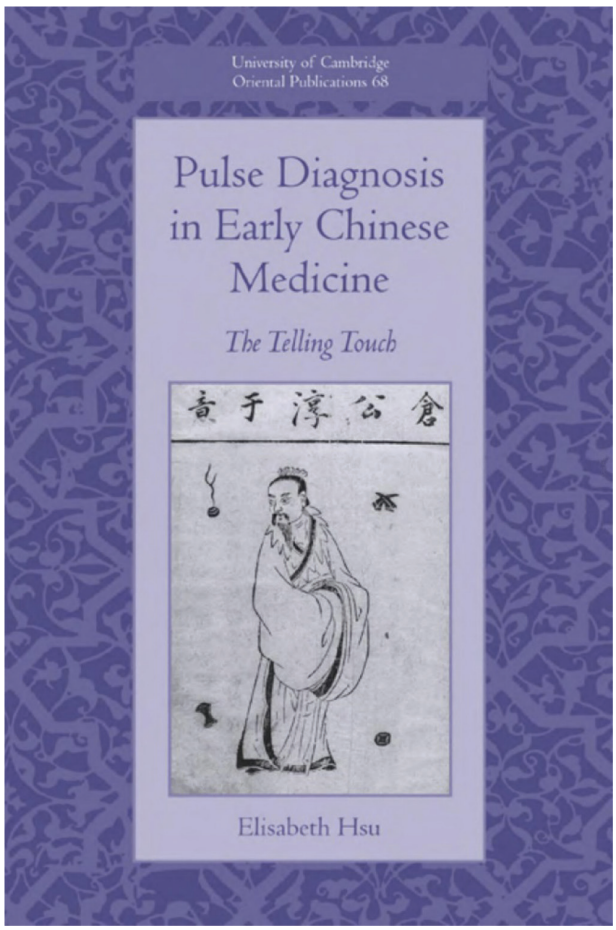


Figure 2 Front cover of *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch* (2010), *by* Elizabeth Hsu. It contains a translation of the Memoir of Chunyu Yi and also an anthropological analysis of the first 10 cases (source from: https://www.amazon.com/Pulse-Diagnosis-Early-Chinese-Medicine/dp/1108468632).

in the Chinese literature. And the 25 cases became a model of ancient Chinese medical cases writing. Since then, historians who wrote biographies for famous doctors would include doctors' medical cases in their biographies and imitated the writing style of Sima Qian. For instance, the *Fang Ji Zhuan* (《方技传》 *Biographies for Experts in Medicine*) in *San Guo Zhi Wei Shu* （《三国志·魏书》 *Three Kingdoms: Book of Wei*） contains 16 medical cases of Hua Tuo (华佗), another great physician in Chinese medical history. It is also common to see later medical practitioners citing *The Biographies of Bian Que and Cang Gong* as a model in the prefaces of their *yi'an* monographs. However, for a long time after *Shi Ji,* except a few cases in official history books, no monograph on medical cases appeared for more than a thousand years.[38]

The long-lasting tradition of historical biography began to decline in the Tang Dynasty, and the distinction between "literature" and "history" in narrative concepts freed narratives from history, contributing to the flourishing of other literary genres represented by Tang Legends. Influenced by Tang Legends, Meng Qi (孟启) composed a popular book called *Ben Shi Shi* (《本事诗》 *Poems and Their Anecdotes*), which is a collection of poems as well as the anecdotes related to the poems. This new literary genre also inspired *Ben Shi Qu* (《本事曲》 *Songs and Their Anecdotes*). The popularity of this new literary genre influenced the writing of Xu Shuwei (许叔微), a literati physician living in the Song Dynasty. At that time, being a "literati physician" who is well educated both in literature and medicine was a social fashion.

Xu published two monographs on medical cases: *Pu Ji Ben Shi Fang* (《普济本事方》 *Experiential Formulas for Universal Relief*) in 1144 and *Shang Han Jiu Shi Lun* (《伤寒九十论》 *Ninety Treatises on Cold Damage*)[39] in 1147. In the preface of the first book, he revealed that the new attempt at recording cases related to herbal formulas was inspired by the literary concept of *Poems and Their Anecdotes* and *Songs and Their Anecdotes*. This new narrative attempt made its debut in the *Experiential Prescriptions for Universal Relief* and was perfected in the *Ninety Treatises on Cold Damage*, resulting in the first monograph on medical cases written by a medical doctor.

Xu Shuwei inherited the elaborate style of case writing from Sima Qian. However, although *Ninety Treatises on Cold Damage* had the form of a monograph of *yi'an*, *yi'an* writing was not common at that time. Apart from the 90 medical cases recorded in his book, most of the medical cases of the Song, Jin and Yuan dynasties were scattered in various medical writings, and the term *yi'an* didn't appear. In other words, the genre of *yi'an* was not yet born.

The first known monograph named after *yi'an* is *Shi Shan Yi'an* (《石山医案》 *Shi-shan's Case Records*) written by Wang Ji (汪机), the founder of Xin'an Medicine. The book was written in 1520 and published in 1531, containing 171 cases of Wang Ji. In 1522, Han Mao (韩懋), another physician in Sichuan, put forward the format of *yi'an*.[40] His description of "fill in an *an*" indicates *yi'an* was not only used for recording treatment by himself, but also used by his disciples. In addition, both monographs draw an analogy between *yi'an* and legal cases, indicating a possible connection between two genres. And the two works published almost at the same time but in different places also suggest that writing of *yi'an* may have been widely adopted by medical practitioners at this time. With format requirements and professional uses, *yi'an* became a special genre in medicine.

What's more, the establishment of different TCM Schools after Yuan Dynasty made *yi'an* gradually become a vehicle for transmitting medical knowledge. As Joanna Grant observed in the case of Wang Ji, *yi'an* was used to impart medical experience to his disciples, to self-promote, and to record special cases, all of which helped him directly influence local medical culture.[41] Readers of *yi'an* became mainly medical practitioners.

The standardization of *yi'an* prompted doctors to produce more *yi'an*, and on the other hand, relatively weakened the literary features of *yi'an*. With more emphasis for authenticity and innovation, *Yi'an* gradually placed an emphasis on recording effective treatment of special cases. However, the relative weakening of the narrative nature of *yi'an* does not mean that narrative was abandoned; the proliferation of *yi'an* also contributes to the prosperity of reading and writing *yi'an* during the Ming and Qing dynasties. Titles of *yi'an* monographs still pursued an elegant style that could create an image of the "literati physician." It is also in this period that *yi'an* frequently appeared in novels as part of fictional narratives,[42] proving that the narrative features of *yi'an* were highly compatible with novels. *Yi'an* during this period fully exhibits the mutual influences between literature and medicine.

However, since late Qing Dynasty, dominance of TCM has been challenged by modern Western medicine. During the transitional period, TCM practitioners also tried to write standardized case history like western doctors.[43] *Yi'an* writing prefers objective language and standard format, thus losing some of its narrative and aesthetic pursuits. The narrative *yi'an* gradually evolved into a modern style stressing argument, corresponding to the pursuit of medical modernity in Chinese medicine. Gradually, the term *Bing An* (病案 records of diseases) and *Bing Li* (病历 case history) were adopted in hospital management. Despite those changes, TCM scholars were still fully aware of the value of *yi'an*. In 1958, the TCM expert Qin Bowei (秦伯未) called for medical practitioners and medical journals to value publishing *yi'an* as a way of exchanging expertise.[44] In 1982, a textbook on *yi'an* named *Zhong Yi Yi An Xue* (《中医医案学》 *The Discipline of Medical Cases in Traditional Chinese Medicine*) was written.[45] Since then, the study of *yi'an* has become a part of required reading for the syllabus in TCM education. Today in hospitals, writing electronic case history is required. But for TCM practitioners, *yi'an* still gains a strong hold among Chinese medical practitioners nowadays. Ancient and contemporary *yi'an* are widely read and accepted as essential sources for TCM practitioners to acquire knowledge, exchange experiences, and improve medical skills. Writing and publishing *yi'an* is a living tradition that is still highly valued in TCM practices. Despite TCM's continuous struggle for modernity, the western case history never fully replaced *yi'an*.

5 Rethinking the genre of *Yi'an*

Looking back to the evolution of the case history and *yi'an*, it is clear that the two genres share common features. First, they both share a close relationship to history. As indicated by name, the case history is also a kind of history. And early forms of *yi'an* are from history books. Second, there is a two-way interaction between the writing of *yi'an*/ case histories and literature. In other words, *yi'an* and case histories have always been the mixed product of literature and medicine. Third, both genres rely on narratives to transmit medical knowledge and promote the doctors' reputation. Fourth, both genres evolved in a similar trend: from cases in history and literature, to cases attached to prescriptions or recipes, then *yi'an*/case histories with standard format influenced by legal cases, and nowadays, a modern version influenced by the biomedicine model.

But *yi'an* also differs from the modern case history in many ways. First, *yi'an* values observation and interpretation in healing practices. A good interpretation starts from observing, listening, and feeling the pulses, which guarantees a patient-centered care. Second, *yi'an* is about human's illness rather than disease. TCM teaches doctors to care for patients' feelings about pain because it believes emotions may affect the development of illness and play a role in the outcome of treatment. Third, *yi'an* advocates a dialogic and interactive model between doctors and patients. The decision-making process in treatment is negotiated between doctors and patients or patients' families. Galenic case histories are similar to *yi'an*, but case histories after the birth of clinical medicine are dominated by the authoritarian voice of the doctor. Fourth, *yi'an* is reflective but not confessional. Western doctors have a tradition of confessional writing, and NM further strengthened this dominant mode in medical writing.[46] But *yi'an* is more concerned with successful treatments. When it records failures, it is not confessional because it centers on patients rather than doctors. Finally, *yi'an* embodies a humanitarian ideal that a good doctor is a benevolent "literati physician." As is noted by Charlotte Furth, doctors also circulated *yi'an* in poetry clubs.[47] And this highest ideal for the medical profession is deeply embedded in *yi'an* writing from ancient times to present. By reading *yi'an*, medical ethics are internalized. Writing *yi'an* helps formulate theories and reflect on medical practices. And publishing *yi'an* is to receive peer review that could testify to and enhance doctors' reputations.

The differences between *yi'an* and modern case history are based on fundamental differences between the biomedicine model and TCM. Apart from making use of instruments and technologies, TCM takes social, cultural, and psychological factors into consideration. Thus, in contrast with the dehumanizing biomedicine, *yi'an* demonstrates that TCM is a holistic and humanistic medicine built on the biopsychosocial model.

As a tool evolved from in-depth integration of literature and medicine, *yi'an* has absorbed from literature the humanitarian ideal, and played a significant role in transmitting medical knowledge. It is more than case records, case reports, or case histories, since it is rooted in Chinese medicine's understanding of clinical reality. It records strange and new cases like case reports, but the interpretation part also involves formulating theories based on observations, applying theories to check

its effectiveness, and modifying theories in different contexts. It is a broader genre than case histories and functions more like cases. It is narrative that helps express *yi'an*/cases. As Maria Böhmer claims cases travel by its narrative form.[48] Narratives also enable *yi'an* to circulate among medical practitioners as well as laymen.

But a literary perspective for *yi'an* is also inclined to undervalue narrative's scientific role. It must be recognized that the essential value of *yi'an* lies in its medical value. As John Forrester proposes, cases in law and medicine should be recognized as a scientific way of reasoning that originated from Aristotle's practical wisdom.[49] Rachel A. Ankeny also confirmed the epistemological value of medical cases: cases create generic facts by making "loosely gathering facts" travel together.[50] On the other hand, inspired by literary scholar André Jolles' understanding of cases as simple forms, Gianna Pomata suggests to understand cases more than as a literary genre but also as an epistemic genre.[51] She believes cases function as a cognitive tool for individualization and as a counterweight to generalization. Ankeny and Pomata explains the two sides of the same coin. By observing the evolution of *yi'an*, we could see clearly how *yi'an* undertakes both roles in TCM practices. Treatment rules are summarized from *yi'an* collections and a distinct medical thought, even a medical lineage, could be traced from those writings. At the same time, individualized treatment has always been stressed in applying treating rules in *yi'an*. *Yi'an* is not only a mixed product of literature and medicine. Perhaps, it could be better understood as an epistemic genre integrating individualization and generalization, a bridge linking medicine and literature. If the goal of NM is to make humanitarian reading and writing as a habitual practice for doctors, the tool of *yi'an* could well serve this goal.

6 Toward a pluralistic NM and a thick description of *Yi'an*

With both TCM and Western medicine in contemporary Chinese medical system, modern Chinese medicine is already pluralistic.[52] The introduction of NM into China has raised different questions for a pluralistic Chinese medicine.

For TCM practitioners, the narrative tradition of *yi'an* inspired us to rethink the value of *yi'an*. And we have found that *yi'an* embodies the tool that NM wants. Thus, the questions for TCM practitioners become: What should we do to preserve narrative traditions of *yi'an* while making innovations?

But for Western medical practitioners in China, it raises totally different questions. As Brian Schiff criticized: "In describing our project as narrative, we are reifying a Western, arguably middle and upper class, concept as the universal mode of shaping and articulating subjective experience."[53] And NM is deeply rooted in the Western medical tradition. The challenges faced in the localization of NM in China, to some extent, is an old question for Western medicine in China: since medicine is not pure science but socially and culturally constructed, while transplanting western medicine to China, to what extent and in what way should we respect and borrow wisdoms and practices from TCM and plant it into the soil of Chinese culture? NM poses a good chance for us to rethink about this old question. Perhaps, when struggling with those challenges raised by TCM, it opens a possibility to reflect on the relationship between tradition and modernity in medicine.

Today in China, reading and writing case histories and *yi'an* coexist in medical teaching and practices. NM provides a chance to celebrate similarities between the two genres and offers insights into understanding their differences. And in the West, NM has brought changes into medical circles, especially in the way that cases are written and published. For instance, The *Lancet* has attached more importance to publishing detailed case reports. In the 1970s and 1980s, *The Lancet* and *British Medical Journal* had regular columns written mostly by doctors about medical experiences. Believing that anecdotes transmit knowledge, it started a peer-reviewed Case Reports section in 1995 to allow clinicians to communicate stories in their clinical experience. But those reports still have a strict rule to follow and only allow for about 600 words of text.[54] 20 years later, in July 2015, *The Lancet* announced the publishing of a new case-reports narrative, extending the length to 1000 words so that rich description of investigation, diagnosis, and analysis is possible. Another key change is to add a Comment from an expert clinician providing reflections and insights for further research.

Perhaps, we could start from a similar change in *yi'an* and case history to better push NM in China. For case histories, scholars have suggested an elaborate or enriched style. For *yi'an*, I would like to go back to another movement which also rose in the 1970s, when Clifford Geertz advocated "thick description" in cultural anthropology. As a notion borrowed from Gilbert Ryle, the term already connoted "thinking and reflecting" advocated by NM. Besides, I believe "thick description" suits more for the writing of *yi'an*, because doctors writing *yi'an* can be compared to an anthropologist doing his field work. An anthropologist is observing his research objects, interviewing informants, recording data, describing his observation in trained terms, interpreting it and finally formulating his understanding. And a doctor is observing his patients, interviewing them, recording data collected from conversations or medical checks, describing them with medical terms, interpreting patients' narratives and facts collected, and finally formulating an understanding of the disease and treatment. Unlike recording with a camera, writing *yi'an* uses representation as its ultimate goal. It involves filtering unnecessary details, selecting useful facts, analyzing cultural codes behind

patients' narratives, constructing coherent narratives by using generic terms, and interpreting those narratives. Just as thick description in ethnography leads to theoretical formulation, writing *yi'an* also involves generalization and individualization.

Interestingly, when Geertz forms his understanding of ethnographic interpretation, he was making an analogy with clinical inference in medical cases.[55] It is therefore not a coincidence that thick description can be applied into innovating the writing of *yi'an*. If NM hopes to take root in Chinese medicine, it is time to advocate a thick description of *yi'an* in which the humanitarian ideals of TCM as well as the goal of NM can be fully exhibited. A thick description of *yi'an* means describing more details that matter and leaving more room for observation, decoding cultural codes, and interpretation. With a thick description *yi'an* and enriched case history, we are moving toward a pluralistic NM in China.

Funding

This study was financed by the grant from 2022 Liaoning Social Sciences Research Funds (No. L22CWW002).

Ethical approval

This study does not contain any studies with human or animal subjects performed by the author.

Author contributions

GUI Ting wrote and revised the article.

Conflict of interests

The author declares no financial or other conflicts of interest.

References

[1] Charon R. Narrative medicine: form, function, and ethics. *Ann Intern Med* 2001;134(1):83–7.
[2] Charon R. *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press; 2006.
[3] Guo LP. From literature and medicine to narrative medicine(从文学与医学到叙事医学). *Sci Cul Rev* 2013;10(3):5–22. Chinese.
[4] Yang XL. Implications of the American narrative medicine curriculum for the return of medical humanism in China (美国叙事医学课程对我国医学人文精神回归的启示). *Northwest Med Edu* 2011;19(2):219–21+226. Chinese.
[5] Zhuang AW, Zhu JP, Chen YC. Exploration of the compatibility of narrative medicine and TCM medical cases (叙事医学与中医医案相融性的探讨). *Zhejiang J TCM* 2019;54(2):117. Chinese.
[6] Yang QL, Wang YY. Parallel medical records in narrative medicine and medical cases and medical discourse in Chinese medicine (叙事医学的平行病历与中医学的医案医话). *Mod Chin Med Clin* 2015;22(3):1–4. Chinese.
[7] Guo LP, Wang FF. The localization of narrative medicine in China (叙事医学在我国的在地化发展). *Chin Med Ethics* 2019;32(2):147–52. Chinese.
[8] Remein CD, Childs E, Pasco JC, et al. Content and outcomes of narrative medicine programs: a systematic review of the literature through 2019. *BMJ Open* 2020;10(1):1–15.
[9] McLellan MF, Jones AH. Why literature and medicine? *The Lancet* 1996;348(9020):109–11.
[10] Gogel EL, Terry JS. Medicine as interpretation: the uses of literary metaphors and methods. *J Med Philos* 1987;12(3):205–17.
[11] Zaner RM. *Context of Self: Phenomenological Inquiry*. Athens: Ohio University Press; 1981.
[12] Daniel SL. The patient as text: a model of clinical hermeneutics. *Theor Med* 1986;7(2):195–210.
[13] Carel H. Phenomenology and its application in medicine. *Theor Med Bioeth* 2011;32(1):33–46.
[14] Charon R. Where does narrative medicine come from. In: Rudnytsky PL, Charon R, eds. *Psychoanalysis and Narrative Medicine*. Albany: State University of New York Press; 2008. p. 23–36.
[15] Kleinman AM. Medicine's symbolic reality: on a central problem in the philosophy of medicine. *Inquiry* 1973;16(1-4):206–13.
[16] Kleinman A, Eisenberg L, Good B. Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Ann Intern Med* 1978;88(2):251–8.
[17] Engel GL. The need for a new medical model: a challenge for biomedicine. *Science* 1977;196(4286):129–36.
[18] Kleinman A. What is specific to Western medicine? In: Bynum WF, Porter R, eds. *Companion Encyclopedia of the History of Medicine*. New York: Routledge; 2013. p. 41–9.
[19] Good BJ. *Medicine, Rationality and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press; 1994.
[20] Rosenberg CE. Alternative to what? complementary to whom? on the scientific project in medicine. In: Rosenberg CE, ed. *Our Present Complaint: American Medicine, Then and Now*. Baltimore: Johns Hopkins University Press; 2007. p. 113–38.
[21] Hunter KM. Making a case. *Lit Med* 1988;7(1):66–79.
[22] Jones EM, Tansey EM, eds. *The Development of Narrative Practices in Medicine C. 1960–C. 2000*. Wellcome Witnesses to Contemporary Medicine, Vol 52. London: Queen Mary, University of London; 2015.
[23] Sacks O. *Awakenings*. New York: Vintage Books; 1999.
[24] Sacks O. *The Man Who Mistook His Wife for a Hat and Other Clinical Tales*. New York: Simon and Schuster; 1985.
[25] Ratzan RM. Winged words and chief complaints: medical case histories and the Parry-Lord Oral-Formulaic Tradition. *Lit Med* 1992;11(1):94–114.
[26] Pomata G. The medical case narrative: distant reading of an epistemic genre. *Lit Med* 2014;32(1):1–23.
[27] Lloyd GER. Galen's un-Hippocratic case-histories. In: Gill C, Whitmarsh T, Wilkins J, eds. *Galen and the World of Knowledge*. Cambridge: Cambridge University Press; 2009.p.115–31.
[28] Pomata G. Sharing cases: the observationes in early modern medicine. *Early Sci Med* 2010;15(3):193–236.
[29] Tougaw J. *Strange Cases: The Medical Case History and the British Novel*. New York: Routledge; 2006.
[30] Hunter KM. *Doctors' Stories: The Narrative Structure of Medical Knowledge*. Princeton: Princeton University Press; 1991.
[31] Greenhalgh T, Hurwitz B. Why study narrative? *Br Med J* 1999;318(7175):48–50.
[32] Charon R. To build a case: medical histories as traditions in conflict. *Lit Med* 1992;11(1):115–32.
[33] Szasz TS, Hollender MH. A contribution to the philosophy of medicine: the basic models of the doctor-patient relationship. *AMA Arch Intern Med* 1956;97(5):585–92.
[34] Heritage J, Maynard DW. Problems and prospects in the study of physician-patient interaction: 30 years of research. *Annu Rev Sociol* 2006;32:351–74.
[35] Gui T. From historical biography to case histories: exploring the origin and evolution of Yi'an narratives in traditional Chinese medicine (从史传到医案：古代中医医案的叙事源流探究). *Chin Med Cul* 2022;17(3):255–63. Chinese.
[36] Hsu E. T'ai Ts'ang-kung (The Great Granarian). In: Ch'ien S, ed. *The Grand Scribe's Records*. Bloomington: Indiana University Press; 2010. p. 25–88.
[37] Hsu E. Translation of the Memoir of Chunyu Yi. In: *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch*. Vol.7. Cambridge: Cambridge University Press; 2010. p. 71–94.
[38] Tao YF. Medical cases before Song (宋以前医案考). *J Shanghai Univ TCM* 2000; 14(1):14–7. Chinese.

[39] Goldschmidt A, Xu S. *Medical Practice in Twelfth-Century China: A Translation of Xu Shuwei's Ninety Discussions [Cases] on Cold Damage Disorders*. Berlin: Springer; 2019.
[40] Han Z. *Han's Medicine* (韩氏医通). Shanghai: Shanghai Science and Technology Press; 1959. Chinese.
[41] Grant J. *A Chinese Physician: Wang Ji and the Stone Mountain Medical Case Histories*. New York: Routledge; 2003.
[42] Schonebaum A. *Novel Medicine: Healing, Literature, and Popular Knowledge in Early Modern China*. Seattle: University of Washington Press; 2016.
[43] Andrews BJ. From case records to case histories: the modernization of a Chinese medical genre, 1912–49. In: Hsu E, ed. *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press; 2001. p. 324–36.
[44] Qin BW. Suggestions on stressing TCM features, exchanging expertise, collecting and publishing *yi'an* (重视中医特点 作好经验交流 广泛征集和发表医案刍议). *Chin Med J* 1958;8(1):3–4. Chinese.
[45] Lu ZL. *The Discipline of Medical Cases in Traditional Chinese Medicine* (中医医案学). Beijing: Beijing Science and Technology Press; 2013. Chinese.
[46] Holt TE. Narrative medicine and negative capability. *Lit Med* 2004;23(2):318–33.
[47] Furth C. *A Flourishing Yin: Gender in China's Medical History: 960–1665*. Berkley: University of California Press; 1999.
[48] Böhmer M. The case as a travelling genre. *Hist Hum Sci* 2020;33(3-4):111–28.
[49] Forrester J. If *p*, then what? Thinking in cases. *Hist Hum Sci* 1996;9(3):1–25.
[50] Ankeny RA. Using cases to establish novel diagnoses: creating generic facts by making particular facts travel together. In: Howlett P, Morgan MS, eds. *How Well Do Facts Travel*. Cambridge: Cambridge University Press; 2010. p. 252–72.
[51] Pomata G. The medical case narrative in pre-modern Europe and China: comparative history of an epistemic genre. In: Ginzburg C, Biasiori L, eds. *A Historical Approach to Casuistry: Norms and Exceptions in a Comparative Perspective*. London: Bloomsbury Academic; 2019. p. 15–43.
[52] Unschuld PU. *Medicine in China: A History of Ideas*. Berkley: University of California Press; 2010.
[53] Schiff B. The promise (and challenge) of an innovative narrative psychology. *Narrat Inq* 2006;16(1):19–27.
[54] Bignall J, Horton R. Learning from stories—the *Lancet*'s case reports. *Lancet* 1995;346(8985):1246.
[55] Geertz C. *The Interpretation of Cultures*. New York: Basic Books; 1973.

Edited by GONG Jiayu

How to cite this article: Gui T. Rethinking *yi'an* as a tool for narrative medicine in China. Chin Med Cult 2023;6(2):147–155. doi: 10.1097/MC9.0000000000000063.

Research article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Narrative Medicine Under the Guidance of Traditional Chinese Medicine Theory

WANG Chunyong[1,✉]

Abstract

This paper is an exploration into the practice of narrative medicine in the clinical setting guided by the theory and approaches of traditional Chinese medicine (TCM). By adopting the theory of TCM, the author attempted to provide the patients with systematic treatment from the perspective of society-psychology-biology under the guidance of both the unity of Heaven and Man, and the unity of *Xing* (Body) and *Shen* (Mind/Spirit) through his clinical practice. Guided by *yin-yang* and *Wu Xing* (Five Elements) theory and focusing on the social relations of the patients for any possible relationships between patients' social, psychological and biological state, the author took the patients' emotion management as a point of departure and helped the patients recover both physically and psychologically by promoting positive transformation in patients' social, psychological, and biological state. A clinical case was provided at the end of this paper to demonstrate how the above theory was put into practice. Narrative medicine under the guidance of TCM theory can supplement modern medical humanity practices as well as extend the scope of modern medical treatment from the perspective of the unity of Heaven and Man, by enriching the content of narrative medicine, and promoting the medical model from biological medical model toward social-psychological-biological model.

Keywords: Emotion management; Medical model; Narrative medicine; Traditional Chinese medicine

1 Introduction

In 2001, Rita Charon, a physician at Columbia University in the United States, proposed narrative medicine, believing that narrative medicine is the "medicine practiced with narrative competence," and narrative ability refers to "the ability to recognize, absorb, interpret and act on the stories and plights of others."[1] Since 2011, narrative medicine has been systematically introduced into China by Professor Guo Liping (郭莉萍) from the School of Medical Humanities of Peking University, emphasizing that the essence of narrative is to treat patients as a whole "person."[2,3] The core of narrative medicine emphasizes the relationship between people in the course of the illnesses, including the relationship between physicians and patients, self, colleagues, and society. In the medical process, narrative medicine complements the lack of attention to the social and psychological state of patients in biomedicine. By adopting narrative methods, narrative medicine adjusts the social, psychological, and physiological state of patients that may affect the trend and course of the illnesses, and implements comprehensive intervention for the diseases from the perspective of biology-psychology-society.

When examining traditional Chinese medicine (TCM) with the concept and method of narrative medicine, there is much in common between the diagnosis, treatment and operation method of TCM and narrative medicine. As far back as 2000 years ago, the classic on the theoretical basis of TCM, *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*), including *Su Wen* (《素问》 *Basic Questions*)[4] and *Ling Shu* (《灵枢》 *The Spiritual Pivot*),[5] has regarded the concern and research on the social and psychological state of patients emphasized by narrative medicine as an indispensable accomplishments for doctors to practice medicine. For example, according to *Su Wen Shu Wu Guo Lun* (《素问·疏五过论》 *Basic Questions: Discussion on the Five Frequently Made Diagnostic Errors*), if a doctor does not know the social and psychological background of the patient and disregard the following five situations of the patient, including 1. vicissitudes of patient's life; 2. changes in patient's diet and emotion; 3. normal and abnormal changes of the patient's illness; 4. vicissitudes of patient's professional life; 5. grief, fear, joy, and anger of the patient, then the doctor's medical skills are far from being proficient. Just as the text puts it: "The five errors mentioned above are all caused by doctor's unfamiliarity with the theory of medicine and unawareness of human affairs." The psychosocial state which induced

[1] Department of Traditional Chinese Medicine, Peking University Third Hospital, Beijing 100191, China

✉WANG Chunyong, E-mail: wcy@bjmu.edu.cn

ORCID: 0000-0003-2538-375X

Chinese Medicine and Culture (2023) 6:2

Received: 15 February 2023; accepted: 19 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000065

the disease is commonly known as "human affairs" （人事） in *The Yellow Emperor's Internal Classic*, which is of great significance and value to the diagnosis and treatment of diseases. In *Su Wen Zhu Zhi Jiao Lun* (《素问·著至教论》 *Basic Questions: Discussion on the Abstruse and Profound Theory of Medicine*), it is said that "The so-called *Dao* (道) is related to the heavens in the upper, the earth in the lower and human beings in the middle. That is why it can last forever." It suggests that to understand the truth of life, the knowledge of astronomy, geography, and human affairs is requisite. Only in this way can we keep healthy for a long time (Fig. 1).

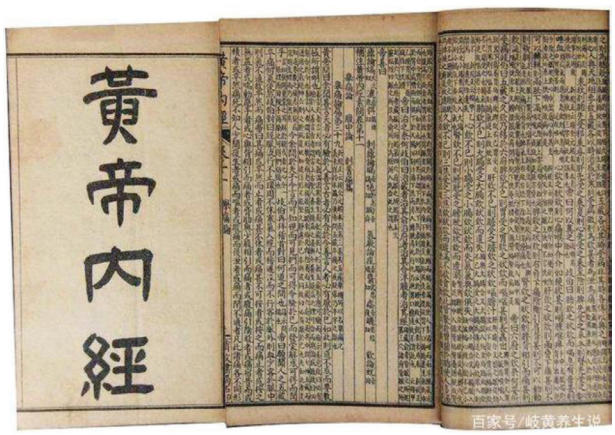


Figure 1 *Huang Di Nei Jing* (*The Yellow Emperor's Internal Classic*) (source from: https://baijiahao.baidu.com/s?id=1665959397418034106&wfr=spider&for=pc).

Then how does TCM carry out narration in medical treatment?

2 The exploration of the social, psychological, and biological origin of diseases by using TCM theory under the guidance of the thought of the unity of heaven and man in TCM

2.1 The thought of the unity of heaven and man in TCM

TCM believes that man originates from nature and is one of the things in the universe. Man and nature are inextricably linked with each other and are inseparable. Heaven and man, or nature and human affairs are interlinked and unified. As is stated in *Su Wen Sheng Qi Tong Tian Lun* (《素问·生气通天论》 *Basic Questions: Discussion on the Interrelationship between Life and Nature*): "From ancient times it has been thought that the root of life is closely bound up with the heaven and this root is Yin and Yang. All those within the heaven and the earth as well as the *Liu He* (六合 Six Directions) are interrelated with *Tian Qi* (天气 Heaven-Qi), such as things in the *Jiu Zhou* (九州 Nine Geographical Divisions), the *Jiu Qiao* (九窍 Nine Orifices in the human body), the *Wu Zang* (五脏 Five Internal Organs), and the *Shier Jie* (十二节 Twelve Joints)." Zhuang Zi's *Qi Wu Lun* (《齐物论》 *Homogeneous Theory*) says: "Heaven and earth

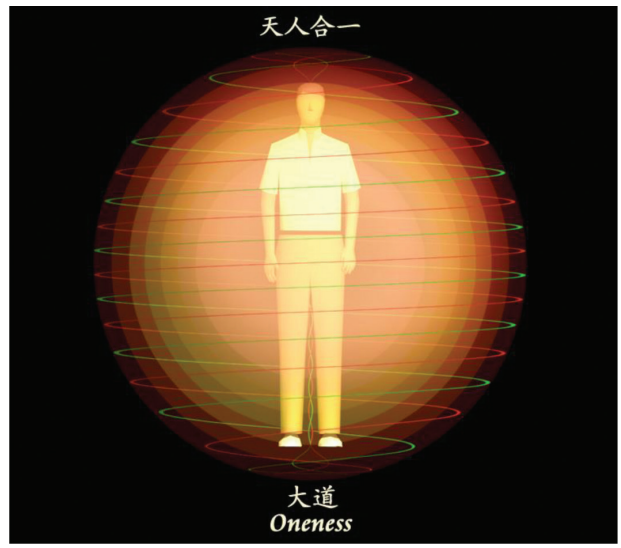


Figure 2 Harmony between nature and human beings, "Heaven and earth coexist with me, and all things and me are united into one" (source from: http://www.360doc.com/content/12/0121/07/4310958_178774087.shtml).

coexist with me, and all things and me are united into one"(Fig. 2). Man and all things in nature are composed of Qi. Based on different attributes of Qi of all things, TCM further divided Qi into the Qi of Yin, Yang and Five Elements, whose theory is then adopted to establish a universal relationship between man and all things. Additionally, TCM systematically classifies the social environment, natural environment, psychological state of human-being and human body based on Yin Yang and Five Elements theory, and established theoretical links between their interactions and impacts to detect the law of their interaction and transformation. *Ling Shu Sui Lu* （《灵枢·岁露》 *The Spiritual Pivot: Discussion on Abnormal Wind and Rain in a Year*） says: "The human body is inextricably linked to the heaven and the earth and corresponds to the sun and the moon." The thought of understanding, absorbing, interpreting, and intervening with the illness from the perspective of biology-psychology-society forms the theoretical basis of practising narrative medicine in TCM. Wang[6] in the modern times used the thought of Yin Yang and Five Elements to adjust people's psychological state through narrative methods, enabling them to better adapt to society and improve their emotional state. As a result, the symptoms of some patients were relieved.

2.2 Yin Yang theory of TCM

TCM believes that the world is material, and the world is the unity of Yin and Yang which are also opposed to each other. The interaction between Yin and Yang contributes to and promotes the occurrence, development, and changes of things. *Su Wen Yin Yang Ying Xiang Da Lun* （《素问·阴阳应象大论》 *Basic Questions: Major Discussionon the Theory of Yin Yang and the Corresponding Relationships among all the Things in Nature*） states that: "Yin and

Table 1 Classification of Yin Yang attributes of natural things

Attributes	Yang	Yin
Space (location)	Up Exterior Left South Heaven	Down Interior Right North Earth
Time	Day	Night
Season	Spring Summer	Autumn Winter
Temperature	Warm Hot	Cool Cold
Humidity	Dry	Humid
Weight	Light	Heavy
Trait	Clear	Muddy
Brightness	Bright	Dim
Motion	Transformation of Qi Rising Dynamic Active Hyperfunctional	Constitution of Form Declining Static Inhibitory Hypofunctional

Yang serve as the *Dao* (道 Law) of the heaven and the earth, the fundamental principle of all things, the parents of change, the beginning of birth and death and the storehouse of *Shen Ming* (神明 God)." As a unique theoretical tool of TCM, the holistic view of Yin and Yang is widely used to interpret the time, space, nature and state of the natural environment, the vital movement of the human body, the causes and pathological changes of diseases, and to guide the methods of disease diagnosis and prevention. Therefore, it has become an important part of the theoretical system of TCM (Table 1).

2.3 Five elements theory of TCM

TCM believes that everything in the universe is composed of five basic substances: wood, fire, earth, metal, and water. The development and changes of various things and phenomena in nature are the results of the continuous movement and interaction of these five substances. By applying the Five Elements theory, TCM interprets the occurrence, development, changes of and interactions between the human body and everything in the universe (Fig. 3). *Su Wen Zang Qi Fa Shi Lun* (《素问·脏气法时论》 *Basic Questions: Discussion on the Association of the Zang-Qi with the Four Seasons*) *says*: "The *Wu Xing* (五行 Five Elements) is composed of *Jin* (金 Metal), *Mu* (木 Wood), *Shui* (水 Water), *Huo* (火 Fire), and *Tu* (土 Earth), the rising and declining changes of which are helpful for making prognosis, judging success and failure of the treatment, understanding Qi of the Five *Zang* Organs (五脏 Five Internal Organs), ascertaining the time when a disease becomes alleviated or worsened, and foretelling the date of impending death." By using the holistic view of the Five Elements, and the five directions of spatial structure, the five seasons of time structure, the social relations and the five internal organs of the human body as the basic framework, TCM summarizes various things and phenomena in nature and society, as well as the physiological and pathological phenomena of the human body according to their attributes, so as to establish the Five Elements structure system, which is used to interpret the unity of the human body with natural and social environments. Based on the theory above, the interpretation, diagnosis and treatment of diseases can be conducted through the guidance of the attributes of the Five Elements and the relationship between the Five Elements (Wood generates Fire, Fire generates Earth, Earth generates Metal, Metal generates Water, Water generates Wood; Wood restrains Earth, Earth restrains Water, Water restrains Fire, Fire restrains Earth, and Earth restrains Wood)[7] (Table 2).

3 The application of TCM theory to patient's emotion management guided by the thought of the unity of *Xing* (形 Body) and *Shen* (神 Mind/Spirit) in TCM

TCM holds that man is the unity of *Xing* and *Shen*. *Xing* is the residence of *Shen*, and *Shen* is the master of *Xing*. *Xing*, including muscles, blood vessels, muscles and bones, viscera, and other tissues and organs, is the material basis and *Shen* refers to emotion, consciousness, thinking, and etc. On the one hand, *Shen* exists with *Xing*; on the other hand, *Xing* relies on *Shen* to be regulated and controlled. The two are interdependent, interactive, and inseparable. Therefore, in clinical practice, solely focusing on physical health and ignoring mental health comes to nothing but empty talk while solely focusing on mental adjustment and disregarding physiological laws will also impede the final recovery of mental disorder. Only by attaching equal importance to *Xing* and *Shen*, cultivating *Xing* to promotea mental health, and adjusting *Shen* to promote physical health, can we finally arrive at the ideal healthy state described in *Su Wen Shang Gu Tian Zhen Lun* (《素问·上古天真论》 *Basic Questions: Ancient Ideas on How to Preserve Natural Healthy Energy*): "A desirable harmony between *Shen* and *Xing* leads to good health and a long life."

3.1 The body is the residence of *Shen* (神 Mind/Spirit)

TCM believes that *Xing* is the residence of *Shen*, which produces conscious activities, as well as emotional activities, as is suggested in *Su Wen Xuan Ming Wu Qi* (《素问·宣明五气》 *Basic Questions: Discussion on Elucidation of Five-Qi*): "The heart stores *Shen* (神 Spirit); the lung stores *Po* (魄 Corporeal-Soul); the liver stores *Hun* (魂 Ethereal-Soul); the spleen stores *Yi* (意 Thinking); and the kidney stores *Zhi* (志 Consciousness)." According to *Su Wen Tian Yuan Ji Da Lun* (《素问·天元纪大论》 *Basic Questions: Discussion on the Law of Motions*

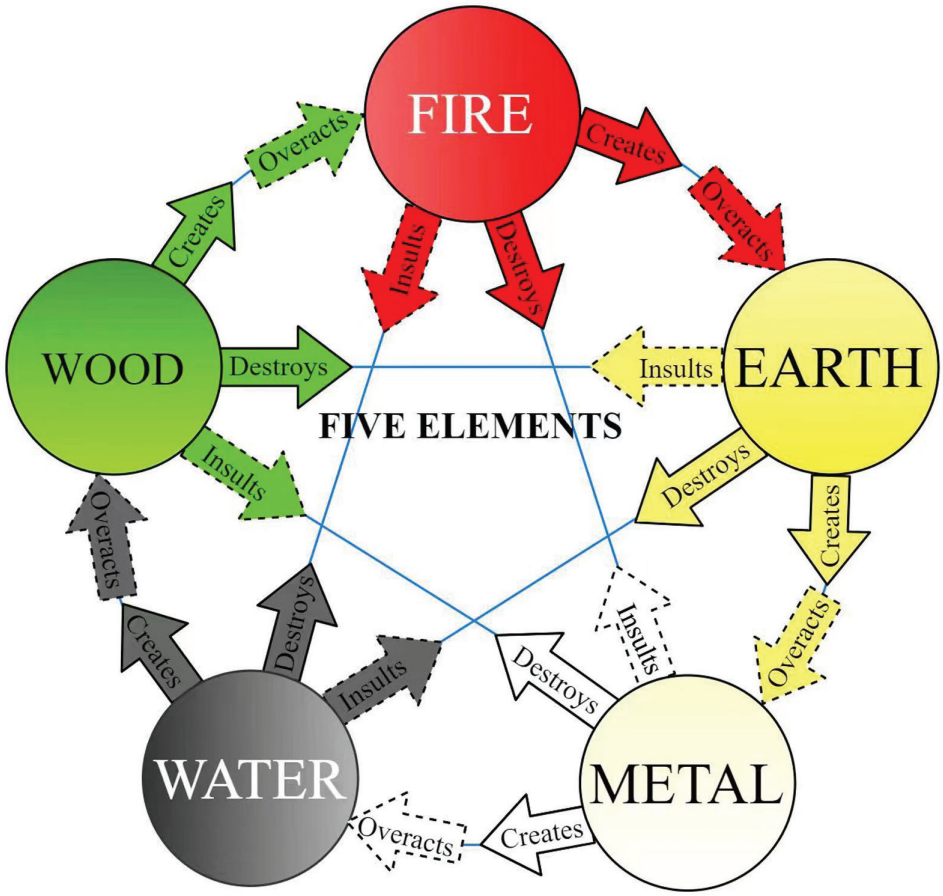


Figure 3 Cycles of generation and control of the Five Elements (source from: designed by the author.).

Table 2 The relationship of Five Elements in nature, society, and human body

Nature	**Five colors**	Blue-green	Red	Yellow	White	Black
	Five flavors	Sour	Bitter	Sweet	Spicy	Salty
	Five Qi	Wind	Heat	Humid	Dry	Cold
	Five directions	East	South	Middle	West	North
	Five seasons	Spring	Summer	Long Summer	Autumn	Winter
Society	**Function**	Distribute softness	Demonstrate conspicuously	Wet and hot	Clean	Cold
	Transformation	Vigorous	Luxuriant	Abundant	Shrinking	Peaceful
	Administration	Stretching and rising	Bright	Quiet	Strong and prompt	Piercing cold
	Five elements	Wood	Fire	Earth	Metal	Water
Human body	**Five internal organs**	Liver	Heart	Spleen	Lung	Kidney
	Five hollow organs	Gallbladder	Small intestine	Stomach	Large intestine	Bladder
	Five sense organs	Eye	Tongue	Mouth	Nose	Ear
	Five body constituents	Tendon	Vessel	Muscle	Skin	Bone
	Five emotions	Anger	Joy	Contemplation	Sadness	Fear
	Five voices	Call	Laugh	Sing	Cry	Groan

and Changes in Nature): "People's Five Internal Organs transform the Five Qi to generate the emotions of joy, anger, contemplation, anxiety, and fear."

When the internal organs of the human body are in disorder, people's *Shen* (神 Mind) will be affected, even threatening one's life. In clinical practice, there are frequent cases of mental disorders due to visceral diseases. Patients with high fever may easily get deranged and patients with intestinal obstruction often talk nonsense. Severe myocardial infarction can also lead to nervousness, restlessness, or even death. For example, in *Ling Shu Xie Ke* (《灵枢·邪客》 *The Spiritual Pivot: Invasion of Pathogenic Factors*), it is said that: "The heart is the dominator of the Five Internal Organs and the Six Hollow Organs, and the residence of *Shen*. The heart is vital and cannot bear the invasion of *Xie* (邪 Evil), which, when entering the heart, can damage it, resulting in the fading of *Shen* and eventual death of the patient."

Through the adjustment of people's tangible Qi, blood and viscera, patient's *Shen* can be restored. In

clinical practice, effective treatment of the disease may also contribute to the gradual recovery and stabilization of patient's *Shen*. According to *Ling Shu Ping Ren Jue Gu* (《灵枢·平人绝谷》 *The Spiritual Pivot: Fasting in Healthy People)*: "When Qi can move upward and downward, the Five Zang Organs are stable and the blood vessels are smooth, *Shen* is vigorous." In *Su Wen Liu Jie Zang Xiang Lun* (《素问·六节藏象论》 *Basic Questions: Discussion on Six-Plus-Six System and the Manifestations of the Viscera*), it is also said that: "The harmony of *Zang Qi* (脏气 Visceral Qi) ensures the production of *Jin Ye* (津液 Body Fluid) and *Shen*."

3.2 *Shen* (神 Mind/Spirit) is the master of *Xing* (形 Body)

TCM believes that people's *Shen* is the master of *Xing*. Pathological changes of *Shen* may lead to corresponding body changes, resulting in slow recovery of disease or even death.

In clinical practice, patients with a mental disorder suffer from a much slower recovery as compared with those without a mental disorder. According to *Su Wen Tang Ye Lao Li Lun* (《素问·汤液醪醴论》 *Basic Questions: Discussion on Decoction and Wine*): "Insatiable avarice and excessive anxiety lead to decay of *Shen* (神 Spirit), scantiness of *Rong* (荣 Nutrient-Qi), and dysfunction of *Wei* (卫 Defensive-Qi), which is why *Shen* is lost and disease is not cured."

Patients with mental despair are often prone to critical illness while patients with mental stability are more likely to have a turnaround to recovery. *Ling Shu Tian Nian* (《灵枢·天年》 *The Spiritual Pivot: Life Span*) therefore says: "Loss of *Shen* will lead to death while preservation of *Shen* will guarantee life."

Patients with a clear mind and strong will tend to have healthy viscera while those with a weak mind are likely to suffer from viscera disorder. It is also said in *Su Wen Ling Lan Mi Dian Lun* (《素问·灵兰秘典论》 *Basic Questions: Discussion on the Secret Canons Stored in Royal Library*): "If the monarch (the heart) is wise (normal in functions), then the subordinates (the other organs) will be peaceful (normal in function). Abidance by this rule to practice *Yang Sheng* (养生 Cultivating Health) will enable one to avoid any suffering all through his or her life. To use this rule to govern a country, the country will be prosperous. If the monarch (the heart) is not wise (abnormal in function), all the 12 organs will be in danger and cannot function well, inevitably resulting in severe damage of the body. To use such a way to practice Yangsheng, the body will be greatly damaged."

3.3 *Shen* (神 Mind/Spirit) is vital to physical health

When comparing *Shen* and *Xing*, TCM attaches more importance to *Shen*. It emphasizes the important role of governing and adjusting *Shen* in promoting physical health. *Su Wen Bao Ming Quan Xing Lun* (《素问·宝命全形论》 *Basic Questions: Discussion on Preserving Health and Life*) says: "The first is to govern spirit, the second is to know how to promote health,…" (Fig. 4).

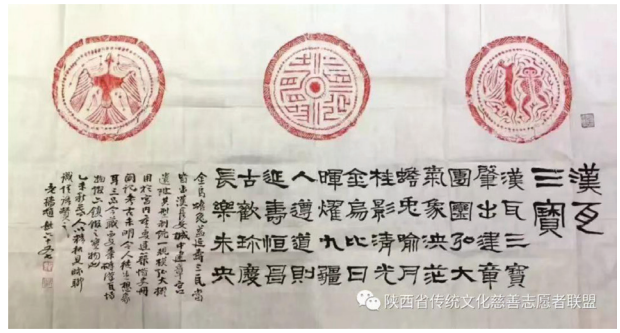


Figure 4 Three precious tiles from the Han Dynasty, representing the harmony between men and nature, indicating fortune and luck for the people. (source from: https://mp.weixin.qq.com/s/rf-VFi7hfqXFHUUVU8uMNA)

Because *Shen* governs the body, treating *Shen* could promote health by regulating mental activities. *Ling Shu Ben Zang* (《灵枢·本脏》 *The Spiritual Pivot: The Viscera as the Foundation of Human Beings*) says: "The emotions and mind function to control the spirit, astringe the *Hun* (魂 Ethereal Soul) and the *Po* (魄 Corporeal Soul), adjust coldness and warmness and regulate emotional changes… When the emotion, and mind are in harmony, the spirit will be concentrated, the *Hun* and the *Po* will not disperse, anger and vexation will not take place, and the Five Zang Organs will not be attacked by *Xie*."

Strong immunity of the body, good health, and long life may be achieved solely by managing one's emotion, keeping a peace of mind and adjusting to the environment. According to *Su Wen Sheng Qi Tong Tian Lun* (《素问·生气通天论》 *Basic Questions: Discussion on the Interrelationship between Life and Nature*): "If Qi from Heaven is fresh and clear, then it enables people to maintain a cheerful and peaceful mood. Following the progress of the *Tian Qi* (天气 Heaven Qi) fortifies the *Yang Qi* and in this case even if there is *Zei Xie* (贼邪 Thief-Evil) around, it cannot hurt the body." *Ling Shu Ben Shen* (《灵枢·本神》 *The Spiritual Pivot: Basic State of Spirit*) *says*: "So the sages cultivate their health by means of adapting themselves to cold and heat, balancing joy and anger, maintaining a regular daily life, adjusting Yin and Yang, and regulating sturdiness and softness. In such a way they are able to avoid being attacked by *Xie* (邪 Evil) and live a long life."

4 The management of patients' emotion is vital to narrative medicine practice in TCM

4.1 Paying attention to patients' emotions can help the doctor to collect, record, analyze, and understand disease stories

TCM believes that emotion is an important pathogenic factor. Emotion originates from the functional movement

of *Zang Fu* organs (脏腑 Viscera organs) in physiology, from individual preferences and value judgment in psychology, and from the role taking and stimulation of events in society. TCM applies the theory of yin-yang and Five Elements to combine the emotions of anger, happiness, worry, and fear generated by the five Zang organs with a number of factors at social, psychological, and physiological levels of the disease. They include Spring, Summer, Autumn, and Winter in time, East, South, Middle, West, and North in space, long, sharp, square, thin, and round in shape, blue-green, red, yellow, white, and black in color, sour, bitter, sweet, spicy, and salty in taste, foul, scorched, fragrant, fishy, and rotting in smell, growth, transformation, and preservation in change, liver, heart, spleen, lung, kidney of *Zang Fu* (脏腑 Viscera) and etc, internally and systematically connecting these seemingly scattered and irrelevant things. So *Zang Fu* theory, diagnosis theory, TCM odor theory, *Jing Luo* (经络), and acupoint theory from TCM are all used by TCM doctors to give systematic diagnosis and treatment of the disease. Therefore, emotional manifestation of patients with many complex diseases may be considered as a clue for those doctors who treat the diseases by managing patients' emotion as a point of departure.

4.2 Paying attention to patients' emotions can enable doctors to respond to disease-induced pain more effectively and reduce doctor–patient contradictions

The disease-induced pain is closely related to the patient's emotions. By paying attention to patients' emotions, the doctors can respond to patients' pain more effectively and can quickly establish trustworthy relationships with their patients. After years of professional thinking and clinical practice, we found that patients' bad mood is not only an early symptom of the disease, but also an important reference and basis for the diagnosis and treatment of the disease, a display of the patient's real demands and desires, and an important indicator for the doctors to treat the patients. Therefore, by understanding patients' emotions we can effectively respond to patients' pain, enhance patients' sense of respect, boost patients' trust in the doctors, and eventually reduce doctor–patient contradictions, conflicts, and disputes.

4.3 Paying attention to patients' emotions is the key to improve the curative effect of the treatment

In clinical practice, if the doctors can feel, pay close attention to, record, and finally guide and adjust the patients' emotions, the patients will be inspired and encouraged. It will eventually lead to their better recovery. *Su Wen Tang Ye Lao Li Lun* (《素问·汤液醪醴论》 *Basic Questions: Discussion on Decoction and Wine*) says: "Declination of *Jing Shen* (精神 Spirit) and distraction of *Yi Zhi* (意志 Mind) make the diseases incurable." As a clinician, responding to patients' pain, understanding the story behind the disease, and giving patients appropriate empathy and encouragement are of great significance to the effective treatment and rehabilitation of the disease. It is the key for carrying out narrative medical treatment and implementing comprehensive social, psychological, and physiological treatment in TCM.

In summary, narrative medical practice under the guidance of TCM theory can supplement medical humanities study in China, enrich the content of narrative medicine, and further improve the medical model. Since the establishment of the theoretical system of TCM, it has been recognized that the emergence of diseases is not only a physiological problem of the patients, but also the problem of the people from the social and psychological perspective. When medicine overemphasizes technology, the social and psychological state of patients may easily be ignored. It would lead to poor management of patients' emotions, unsatisfactory curative effect of the treatment, or even potential doctor–patient contradictions. In carrying out narrative medical treatment under the guidance of TCM theory, we found that the effective treatment relies both on the superb skills of doctors, and on the care, psychological and social guidance for the patients. Only by recognizing these factors can we help make positive changes in the social, psychological, and physiological state of patients, and finally obtain satisfactory treatment results. In this process, the doctor's professional skills and personality can also be improved. Just as Han Qide (韩启德), an academician of the Chinese Academy of Science, said, medicine was an effort to respond to the pain of others.[8] He also argued that the value of medicine should be judged by both objective and subjective criteria, so doctors should treat not only the disease but also the patient's heart.[9]

5 A case from clinical practice: the unhappiness of the patient with abdominal pain

On a summer day of 8 years ago,[10] after a day of outpatient service, I hurried to the ward to see a young patient. On the way, I reviewed the patient's case.

The patient was a 28-year-old female doctoral candidate who was admitted to the hospital two weeks ago due to intense and persistent pain in the lower abdomen. She received a series of examinations such as a blood test, B-ultrasound, magnetic resonance imaging (MRI), laparoscopic exploration and liver biopsy, but no abnormalities could be found. The digestive department, hematology department, endocrinology department, neurology department, and psychiatric department were all invited here for consultation. Her illness was once suspected to be ischemic colitis, porphyria, ectopic pregnancy, corpus luteum rupture, small bowel torsion and other diseases, but they were all excluded eventually. In other words, so far, the girl's symptom still persisted

while the cause was unclear. It was in this case that the girl's friend thought of TCM.

It is worth mentioning that in our hospital, which is dominated by Western medicine, various departments still trust TCM and support beneficial attempts of TCM treatment. Therefore, after receiving the consultation invitation, I went to the ward to find out.

Abdominal pain is common among patients in TCM departments. TCM has a unique understanding of the abdominal pain with unclear cause. On my way, I tried to understand why a girl about to get her doctor's degree would suddenly suffer from such a strange disease.

When I came to the ward, no sooner had I entered the door than I saw an emaciated girl lying on the hospital bed, with her face being dark and livid. TCM believes that the dark and livid face means the patient is mostly in the state of liver depression and blood stasis.[11] Beside her bed, an old woman was helping to clean up sundries and the urine in the patient's urine bag. I introduced myself to the patient: "I'm a doctor from the Department of Traditional Chinese Medicine. Your friend entrusted me to see you and look things over." She nodded blandly.

I began to check her pulse and conduct a physical examination for her. The patient's tongue coating had a white, greasy, and dull color and her pulse was weak and thready. After inquiry, I learned that the patient had frequent acupuncture-like pain in the left lower abdomen, which was severe and unbearable. The pain would transfer to the upper abdomen and her long confinement to bed might also have caused her frequent lumbosacral pain. After hospitalization, the patient had poor appetite (mostly liquid food) and constipation.

I judged that the girl's abdominal pain might have been caused by the invasion of liver Qi to the spleen. TCM believes that the liver system is a mechanism for regulating emotion and relieving Qi and excessive emotion will lead to liver Qi disorder, stagnation of Qi and blood in the abdomen, which results in severe abdominal pain. Since the disorder of liver Qi is mostly due to the fact that patients have encountered a poignant predicament, I tried to communicate with the girl to find the social and psychological causes of her illness.

I told the girl: "TCM believes that the pain in the abdomen is often caused by depression. Did you experience anything unhappy a month before your sickness? If you can recall anything like this, it may help us figure out the cause and decide on the follow-up treatment."

The girl pondered a little, hesitated, and then whispered: "In fact, there is no big deal, but there is one thing that really bothers me."

I looked into the girl's eyes, smiled and said, "In fact, the things that make people sick may be those trivial things. You might as well tell me."

The girl said: "I am going to obtain my doctor's degree next year and my supervisor had initially agreed to let me write an article, which was later given to another student to be written for publication. This article is very important for my graduation. The more I think about it, the more depressed I am. Since then, I've had abdominal pain. Besides, my boyfriend is abroad. He knows that I am ill and hospitalized, but never says he'll come back to see me, which also makes me unhappy."

According to previous experience, patients with a long course of disease can't fully recover if they simply take medicine without the adjustment of negative emotions. How can I find a breakthrough to comfort the girl and help regulate her bad emotions? When I saw the old woman beside the girl's bed, an idea suddenly came to my mind.

"Who is this old lady? How old is she?"

The girl answered: "She's my mother. She's going to be 70. My mother gave birth to me very late and I'm the youngest in our family."

I continued: "In my opinion, as a 70-year-old woman, it must be very hard for her to take care of you in the hospital. You know, she is tired and worried about you. You're going on to your thirties, so you can't just agonize over your own pain and ignore the pain you brought to your family."

The girl said: "My mother has been worried a lot about me these days, but she tends to keep things to herself. She just keeps helping me pack up things. What you said really makes me realize how selfish I am." As she talked, I could clearly see tears in her eyes. According to TCM, sadness dissipates Qi. If the patient can realize that it is hard for her mother to take care of her, then it will be easy to help her jump out of her predicaments and give the problem a second thought.

"Don't worry, traditional Chinese medicine believes that your disease is caused by the invasion of liver depression into the spleen. I'll prescribe some drugs to soothe your liver and regulate Qi, as well as promote blood circulation and relieve pain. If you feel guilty, just say sorry to your mother, and your Qi may dissipate and you will recover soon!" Patients who are seriously ill in bed often immerse themselves in hesitation and indecision, so conveying confidence to them is very important for their recovery.

Hearing these words, the girl's eyes reddened. She nodded her head, pursed her chapped lips, and said firmly, "OK!"

Then I prescribed three doses of *Da Chai Hu Tang* (大柴胡汤 Major Bupleurum Decoction),[12] which is a classic prescription of TCM for the treatment of acute abdominal pain caused by liver Qi stagnation. Three days later, the girl came for a follow-up visit and told me that her abdominal pain disappeared. The doctor in charge of the ward agreed that she could go home. She also told me that after I left that day, she apologized to her mother and shed tears for her stubbornness. She told me that, miraculously, her abdominal pain was relieved that night, and after taking the medicine, most of the symptoms of abdominal pain were relieved the next day. After taking three doses of the medicine, she's got neither severe abdominal pain nor constipation, with only fatigue being left.

I told her to take some medicine that can supplement Qi and activate blood circulation, do some moderate exercises and try to gradually change her wayward temper. In the follow-up visit one week later, she totally recovered and her abdominal pain did not recur.

By using the diagnostic and treatment techniques of TCM, it is recognized that negative emotions can lead to the onset of abdominal pain in patients with anger, which is generated by the liver. Therefore, to cure the disease, it is necessary to dissolve the anger generated by the liver. TCM believes that sadness emotions generated by the lungs can dissolve anger generated by the liver. In TCM, it is called *Jin Ke Mu* (金克木 Metal restrains Wood), meaning the sad state of the lungs can regulate the angry state of the liver.[13] Under the guidance of TCM theory, we as doctors choose drugs that can soothe the liver and regulate Qi to eliminate the state of liver depression and Qi stagnation in patients. On the other hand, by using the patient's emotions as clues, we can find the people and events that have influenced their emotions through the patient's narrative, as a result, we may guide the patient to self-mediation, enabling the lungs to generate sad emotions to eliminate liver anger.

6 Conclusion

The above case demonstrates the fact that when facing complex diseases, TCM theory can help doctors pay attention to the patient's spirit, focus on the patient's emotions, and use emotions as clues to carry out narrative communication and treatment. As a result, TCM can help clarify the diagnostic results of the disease and improve the treatment effect. According to the Five Elements Theory of TCM, diseases caused by excessive sadness can be resolved by guiding the patients to joyful emotions, which is known as *Huo Ke Jin* (火克金 Fire restrains Metal); Diseases caused by fear can be resolved by guiding patients to delve deeper into thinking, which is *Tu Ke Shui* (土克水 Earth restrains Water). Conclusively, TCM has practical significance for narrative medicine practice in clinical setting. In addition, as patients are people with rich emotions, narrative medicine is also urgently needed. As suggested by Academician Han at the 2nd China Medical Humanities Conference in August 2018,[14] medical humanities is an indispensable part of clinical practice and different patients with the same disease have different stories. Therefore, medical staff should first learn to listen to patients' stories, feel their suffering, integrate into their lives, empathize and resonate with them, transform their feelings into expressions specific to the medical staff, and then make use of those expressions to affect their patients.

Funding

None.

Ethical approval

This study does not contain any studies with human or animal subjects performed by the author.

Author contributions

WANG Chunyong did the research, wrote, and reviewed the paper.

Conflicts of interest

The author declares no financial or other conflicts of interest.

References

[1] Charon R. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA* 2001;286(15):1897–902.
[2] Guo LP. *Narrative Medicine* (叙事医学). Beijing: People's Medical Publishing House; 2020. Chinese.
[3] Guo LP. Narrative medicine in China: current situation and its future (叙事医学在中国：现状与未来). *Med Philos* 2020;41(10):4–8. Chinese.
[4] Huang D. *The Yellow Emperor's Inner Classic: Basic Questions* (黄帝内经·素问). Beijing: People's Health Publishing House; 2012. Chinese.
[5] Huang D. *The Spiritual Pivot* (灵枢). Beijing: People's Medical Publishing House; 2012. Chinese.
[6] Cai XZ, Zhang S, Liu LH. An overview of Wang's academic thought on 'treating disease by regulating patients' emotion (王氏"性理疗病"学术思想概述). *Med Philos* 2007;6(28):73–4. Chinese.
[7] Wu S, Wu P, Chen BL, et al. A preliminary exploration of the characteristic external treatment methods guided by the five elements theory of TCM (中医五行理论指导下的特色外治法初探). *J TCM Ext Treat* 2015;24(10):3–5. Chinese.
[8] Han QD. Starting from me, make an effort to contribute to the construction of Chinese science and culture (从我做起，为中国科学文化建设尽一份力). *China Sci* April 26 2019;Sect. A:5. Chinese.
[9] Han QD. What is medicine (医学是什么). *Democracy and Sci* 2017;4:4–9. Chinese.
[10] Wang CY. *Emotion Management and Health* (情绪管理与健康). Beijing: Peking University Medical Press; 2021. Chinese.
[11] Deng LT. *Diagnosis of TCM* (中医诊断学). Shanghai: Shanghai Science and Technology Publishing House; 1984. Chinese.
[12] Deng ZJ. *Formulaology* (方剂学). 2nd ed. Beijing: China TCM Press; 2003. Chinese.
[13] Chai KF. *Basic Theory of TCM* (中医基础理论). Beijing: Beijing People's Health Publishing House; 2007. Chinese.
[14] Han QD. Narrative medicine brings medical humanities to clinical practice (叙事医学让医学人文走向临床). *Chin Med Humanit* 2018;4(9):10. Chinese.

Translated by TIAN Dongmei
Edited by GUO Zhiheng

How to cite this article: Wang CY. Narrative medicine under the guidance of traditional Chinese medicine theory. Chin Med Cult 2023;6(2):156–163. doi: 10.1097/MC9.0000000000000065.

Research article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

The Inheritance and Development of Chinese Narrative Medicine Practice to the Philosophical Wisdom of Traditional Chinese Medicine

YANG Xiaolin[1,✉]

Abstract

Starting from the inheritance and promotion of Chinese life philosophy and traditional Chinese medicine wisdom by Chinese narrative medicine practice, this paper discusses the inheritance and echo relationship between the "close textual reading ability" in Chinese narrative medicine practice and the "four diagnoses" in traditional Chinese medicine wisdom, narrative mediation and the "mind-body holistic philosophy" in traditional Chinese medicine, and narrative wisdom and *Dao Sheng* in Chinese life philosophy. Meanwhile, by analyzing the stories of contemporary doctors' practice of narrative intelligence, this paper expounds that Chinese narrative medicine is a new model of medical education and clinical practice based on the absorption of Chinese traditional life wisdom and the essence of traditional Chinese medicine culture, and the integration of western narrative medicine concepts. It also advocates Chinese scholars to actively build the discipline of "narrative traditional Chinese medicine," constantly translate the academic achievements to foreign countries, and create a good narrative ecology of traditional Chinese medicine.

Keywords: Narrative Chinese medicine; Narrative wisdom; Practice of narrative medicine in China; Traditional Chinese medicine

1 Introduction

In ancient China, people with high morals were called *Sheng* (圣 saints). Traditional Chinese medicine (TCM) has a high requirement on the moral quality of doctors. Yang Quan (杨泉) in the Jin dynasty pointed out in his book *Wu Li Lun* (《物理论》*The Theory of Things*) that: "A man who is a doctor cannot be trusted unless he is benevolent, intelligent, reasonable, honest and reliable" ("夫医者，非仁爱之士不可托也；非聪明答理不可任也，非廉洁淳良不可信也"). That is to say, only a saint-level person can become a good doctor. There is an "ear" and a "mouth" in the traditional Chinese character "saint" (聖), which means hearing and response. In the context of Chinese narrative medicine, it means that doctors can quickly understand patients' inner emotions and worries by listening attentively to their stories, and respond to patients empathetically and appropriately based on these situations. These are the basic professional qualities of doctors with high morals.

Although "narrative medicine" is a trend of medical education and clinic practice initially proposed by American scholar and doctor, Professor Rita Charon in 2001, a few Chinese scholars, such as Professor Yang Xiaolin (杨晓霖) from Southern Medical University, have been devoting themselves to developing a mode of Chinese narrative medicine with a complete theoretical framework and a set of core notions of its own logic coherency and consistence since 2008 by inheriting the legacy of traditional Chinese medicine (TCM), where rich narrative elements can be sought out and integrating them with the basic conceptions of Western narrative medicine. That is to say, the construction and practice of Chinese narrative medicine is not to simply and blindly copy the Western one.

Thousands of years of TCM diagnosis, treatment practice and medical literature all contain a strong narrative characteristics. The four diagnostic methods of inspection, listening and smelling, inquiry, palpation and the writing of TCM medical records all show that TCM pays attention to listening to the patient's experience of illness and sufferings and to the whole person, which is the concrete embodiment of narrative wisdom in TCM traditional practice. Starting from the inheritance and development of Chinese life philosophy and traditional Chinese medicine wisdom by Chinese narrative medicine practice, the paper discusses the inheritance and echo relationship between Chinese narrative medicine practice and the "four diagnoses" in traditional Chinese medicine intelligence, *Dao Sheng* (道生) in Chinese life

[1] Department of General Education, Southern Medical University, Guangzhou 510515, China

✉ YANG Xiaolin, E-mail: yangxiaolin2015@126.com

ORCID: 0000-0002-8155-0930

Chinese Medicine and Culture (2023) 6:2

Received: 21 February 2023; accepted: 19 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000066

philosophy, and the "mind-body holistic philosophy" in traditional Chinese medicine. Meanwhile, by taking Tang Youzhi's (唐由之) story to treat Chairman Mao's eye disease with the notion of narrative medicine as an outstanding example, the paper illustrates the characteristics of Chinese and Western integration of Chinese narrative medicine practice.

2 Close reading in Chinese narrative medicine practice and "four diagnoses" in the wisdom of traditional Chinese medicine

Ancient Chinese doctors paid great attention to diagnosis after careful observation of patients through the four diagnostic methods of inspection, listening and smelling, inquiry, and palpation. Yang Quan, a famous scholar in the Wei and Jin dynasties, put forward the criteria for evaluating "good doctors" in his book of *Wu Li Lun*: "A doctor cannot be trusted unless, he is benevolent, intelligent, reasonable, meticulous, honest and reliable…only could he penetrate the small and deep, without losing the subtlety, could he be called a good doctor" ("医者， 非仁爱之士不可托也；非聪明理达不可任；非廉洁淳良不可信也。是以古今用医，……贯微达幽，不失细小， 如此乃谓良医。") (Fig. 1). *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*) also pointed out, "Before treating a disease, it is necessary to examine the patient's physical strength, qi deficiency or excess, complexion dryness, pulse condition ups and downs, and whether it is a new or an old disease, and then treat it in time, so as not to miss the best time for treatment" ("凡治病察其形气色泽, 脉之盛衰，病之新故, 乃治之，无后其时"). Both of them believed that careful observation is conducive to diagnosis and treatment.

Figure 1 The saying by Yang Quan（杨泉）from *Wu Li Lun* (*The Theory of Things*), "…only could he penetrate the small and deep, without losing the subtlety, could he be called a good doctor" (贯微达幽， 不失细小， 如此乃谓良医。) (source from: designed by the author).

The four diagnostic methods are the basic ones of TCM diagnosis and examination, that is, inspection, listening and smelling, inquiry, and palpation. The four diagnostic examinations have their own characteristics: inspection, to observe the patient's mental state, facial expression, complexion, physical condition, condition of the tongue, secretions and the distribution of superficial venules of the infant's fingers; listening and smelling, to listen to the patient's voice, sounds of breathing, cough, vomiting, etc, for determining the cold, heat, deficiency or excess nature of disease as a diagnostic method; inquiry, a way of gaining information for diagnosis by asking the patient about the complaint and the history of the illness; palpation, including touching and pressing the body surface with the hand or fingers. Sun Simiao (孙思邈) pointed out in *Qian Jin Yao Fang* (《千金要方》 *Important Formulas Worth a Thousand Gold Pieces*) that when a doctor diagnoses a disease, he should "observe the three portions and nine pulse-takings and tell them clearly" (深察三部九候而明告之"). This comprehensive inspection method is called *Bian Zhen* ("遍诊" "all-round diagnosis"), which is a common diagnostic method followed by ancient doctors. Diagnosing the symptoms and signs of diseases, understanding the etiology, nature and connection with internal organs of diseases can provide the basis for TCM syndrome differentiation. Clinically, correlation of all four examinations is very necessary. The patient's condition can be understood comprehensively and systematically through comprehensive consideration of the data obtained from the four diagnostic examinations (inspection, listening and smelling, inquiry, and palpation).

Inquiry of TCM will also provide a detailed overview of a patient's life as a unique individual to trace the cause of the disease. *Su Shen Liang Fang·Yuan Xu* (《苏沈良方•原序》 *Fine Formulas of Su and Shen: Original Preface*) says: You must observe the patient's voice, complexion, behavior, skin texture, temperament, hobbies, and ask what the patient did before treatment, and you have obtained a lot of diagnostic information after inquiry (必察其声音，颜色，举动，肤理，性情，嗜好，问其所为，考其所行，已得其大半). *Su Wen Shu Wu Guo Lun*

(《素问·疏五过论》 *Basic Questions: Discussion on the Five Frequently Made Diagnostic Errors*) said, "Therefore, when a doctor treats a disease, in addition to considering the symptoms of the disease, he must also understand the patient's identity and social status, such as the patient's wealth and poverty, as well as the patient's age and temperament, such as the patient's timidity and other personality factors, because these will affect the patient's constitution" (从容人事，以明经道，贵贱贫富，各异品理，问年少长，勇怯之理，审于分部，知病本始). Simultaneously, it pointed out that "When you want to diagnose and treat a disease, you must ask about the patient's diet and living environment, and whether there is an extreme grief or happiness" (凡欲诊病者，必问饮食居处，暴乐暴苦始乐后苦。). Su *Wen Xue Qi Xing Zhi Pian* (《素问·血气形志篇》 *Basic Questions: Discussions on Qi, Blood, Body and Mind*) pointed out that a detailed understanding of the general condition of the patient can be used as a reference for treatment, saying: "People who are physically comfortable but mentally depressed mostly have their illnesses in the meridians, and moxibustion and acupuncture are suitable for treatment; people who are physically tired but mentally happy, mostly have their illnesses in the tendons, and they should be treated with *Re Yun* (热熨 TCM hot ironing compress) and *Dao Yin* (导引 physical and breathing exercise); People who are physically comfortable and mentally happy, most of their diseases occur in the muscles, and acupuncture and stone needles are used for treatment…"(形乐志苦，病生于脉，治之于灸刺。形苦志乐，病生于筋，治之以熨引。形乐志乐，病生于肉，治之以针石。……)

It can be seen that inquiry doesn't have a Standard Operating Procedure (SOP) process, and the information about patients collected by doctors in the clinic reflects their individual experience and judgment to a certain extent. The individualized disease narrative about patients formed by inquiry is formally the same as the concept of individualized diagnosis and treatment in narrative medicine. The process of TCM inquiry is essentially a process in which patients and doctors develop interpersonal narrative connections and discuss diseases around the "person."[1] Conversely, if doctors objectify and regularize their observations and descriptions of patients' conditions, they will turn a blind eye to details that can break preconceptions, thus missing important information for correct diagnosis. Medical diagnosis often cannot be obtained through direct observation. In addition to attention to detail, it also requires narrative reasoning from the stories told by patients before and after illness.

Narrative medicine believes that increasing the reading of classic literature and listening to patients' self-reported stories in the education of medical students is actually training their medical practice and clinical work ability. By mastering and asking questions about the reading of medical students, the teacher cultivates their ability to interpret the details of the text. In fact, it is to cultivate the ability of medical students to communicate effectively when facing patients in the future. The development of "close textual reading ability" can help medical students extract and infer the most useful information for disease diagnosis from a large number of information. If a doctor is good at reading classic literary works and effectively listening to patients' self-narrative, at the same time he/she is also experiencing it himself or herself, and always responds emotionally, what's more, the doctor is also able to analyze whether such emotional responses are correct and appropriate, then one can say his/her way of consultation is full of human touch. If a doctor simply reads classic literary works or listens to patients' disease narratives, but cannot respond emotionally, or only responds emotionally without truly experiencing the connotation, then it cannot be considered the true reading or effective listening, and it is not a real way of diagnostic inquiry.

In a sense, the close reading, the construction of interpersonal narrative connection and the construction of life narrative community in narrative medicine echo with the three levels of "*Wang Xing - Wang Shen - Wang Xing*" (望形-望神-望性， "inspection of body, inspection of the vitality and inspection of nature") that are "concerned" in *Wang* (望， "inspection") in traditional

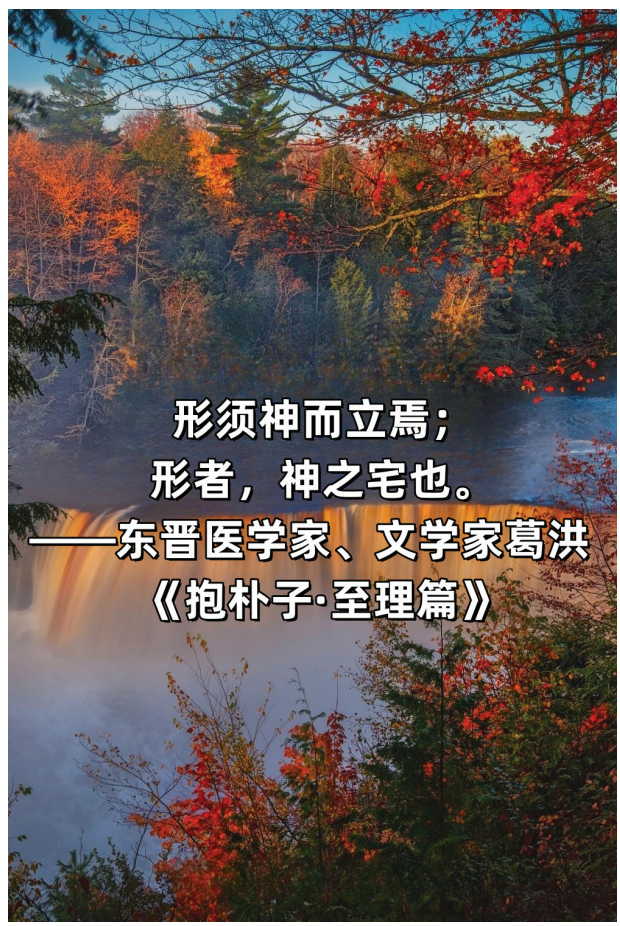


Figure 2 A saying by Ge Hong (葛洪) in *Pao Pu Zi*, "The body needs the vitality to stand; the body is the house of the vitality" (形须神而立焉；形者，神之宅也。) (source from: designed by the author)

Chinese medicine (Fig. 2). It means that the changes in the internal organs will be reflected on the body surface. Doctors can know the internal conditions by observing the patient's external manifestations. The external physical performance of the patient can be observed through inspection of body, that is the ability of close reading of the text. Through the construction of interpersonal narrative connection, it is possible to focus on the spiritual and psychological state of the subject and to have a comprehensive grasp of the patient's body and mind, which is the inspection of the vitality. What's more, the narrative response communication method can be adopted in combination with the specific patient's personality and traits to realize the communication of "my spirit can meet the other spirit" (以我之神，会彼之神), which not only makes the diagnosis and treatment more accurate and effective but also more humane (Note 1).[2]

3 Narrative mediation in Chinese narrative medicine practice and *Xin Shen Zhi Yu* (心身治愈, "mind-body holistic healing") in traditional Chinese medicine

Hua Tuo (华佗) said in his posthumous work *Qing Nang Mi Lu* (《青囊秘录》 *The Secret Record of the Green Bag*) that a good doctor should first treat patient's mentality, then his body, and then his disease. The structure of the Chinse character *Huan* (患 suffering) in Chinese is *Chuan* (串 string)+ *Xin* (心 heart). Therefore, the word "patient" was the person "with a string of concerns to seek the doctor's help." The Chinese word *Yu* (愈 healing) consists of two parts, *Yu* (俞 happy) and *Xin* (心 heart), which means to feel happy from the heart, that is to bring your mind to a state of "normal." *Dong Yi Bao Jian* (《东医宝鉴》 *Precious Mirror of Oriental Medicine*) said: "The sacred doctor of ancient times can heal people's secret trouble and prevent them from getting sick. Today's doctors only know how to cure people's diseases but do not know how to remove all their anxieties first" (古之神圣之医，能疗人之心，预使不致于有病。今之医者，惟知疗人之疾而不知疗人之心); "If a doctor does not know how to get rid of the patient's worries and concerns first, then he/she is attending to trifles and neglects the essentials; if a doctor does not know how to find out the cause of the disease, but still wants to cure the disease, how is this possible?" (疗人之疾而不知疗人之心，是犹舍本而逐末也。不穷其源而攻其流，欲求痊愈，安可得乎？). In the context of Chinese Narrative Medicine practice, the word *Huan* (患 Suffering) can be further explained as two *Kou* (口 mouth) tied together with a narrative string, the first mouth being the doctor's and the other being the patient's, which means the doctor actively elicits the patient's stories of suffering and touches his or her heart directly and effectively.

Cheng Xingxuan (程杏轩), a famous doctor in the Qing dynasty and a representative of Xin'an Medicine, said in his book *Yi Shu* (《医述》 *Medical Statements*): "Human life is just like the nature, warm and genial like spring, melancholy like autumn. Spring climate is warm and harmonious, so it can transform everything into vitality; Autumn is so bleak that it withers everything to death. If you can understand the truth of life and death of all things, you can talk to him/her about Health Preservation" (人身如天地，和煦则春，惨郁则秋。春气融融，故能生物；秋气肃肃，故能杀物。明乎生杀之机者，可与论养生). *Su Wen Bi Lun* (《素问·痹论》 *Basic Questions: Bi Lun*) says: "Stay peaceful, stay healthy; stay anxious, stay unhealthy" (静则神藏，躁则消亡); Luo Tianyi (罗天益), a medical scientist in the Yuan dynasty, also said in his *Wei Sheng Bao Jian* (《卫生宝鉴》 *Precious Mirror of Health*): "Disturbance makes you sick; peace of mind makes you healthy" (心乱则百病生，心静则万病息). The practice of Chinese narrative medicine also fully integrates these viewpoints in the mind-body philosophy of TCM, and proposes that positive life storytelling sends a "living" signal to the body; while life stories full of frustration, fear, conflict, and resentment convey a "dead" signal. The doctor should create a good story full of hope for the patient.

Cheng Guopeng (程国彭), a doctor in the Qing dynasty, said in his book *Yi Xue Xin Wu* (《医学心悟》 *Medical Revelations*): "If a person's disease reaches the point of radical cure, the disease has become extremely serious; If a doctor can see clearly and eliminate a person's underlying disease, he is a very good doctor) (在未形先着力，明察秋毫乃得之（病至思治，末也，见微知著，弥患于未萌，是为上工。）). Traditional Chinese medicine believes that the development of a disease has a long period of process, from *Shen Shi Chang* (神失常 emotional disorders), *Qi Shi Chang* (气失常 Qi disorders), *Xue Shi Chang* (血失常 blood disorders), and eventually to *Xing Shi Chang* (形失常 physical disorders). When the symptoms of the disease can be seen from the appearance of the body or from the medical images such as CT or X rays, it has developed into a real or materialistic disease. We must be able to learn about the patient's condition through careful observation and make psychological and physical adjustments before the disease manifests itself in the body, so as to prevent the patient from entering the "disorder" or "abnormal" state that has had a serious impact on the patient. This well echoes the concepts of "close textual reading" and "narrative mediation" in narrative medicine.

Ancient Chinese medicine follows the concept of "Spirit is the master of body, and body is the house of spirit" (神为形之主，形为神之舍). Therefore, it emphasizes the correlation of body and spirit in practice and the combination of body and spirit for observation. After detailed mind-body observation, doctors can mobilize their narrative resources for holistic treatment of their patients. In the context of narrative medicine, drugs and scalpel correspond to

the treatment of the "body," while narrative corresponds to the mediation of the "spirit." Narrative medicine also emphasizes the narrative intervention for "illness caused by depression" and "depression caused by illness." Only when doctors are willing to invest their narrative intelligence to help patients with *Xu Shi Tong Zheng* (叙事统整 narrative integration) and *Xu Shi Tiao Jie* (叙事调节 narrative mediation), so that they can have a new interpretation of their life stories before and after illness, and no longer be trapped in stories that are not conducive to their physical and mental health, can the patient be completely cured from the source of the disease.

Traditional Chinese medicine emphasizes "seeking the root then curing the disease" (治病求本), "treating the symptoms first, when urgent, then treating the root" (急则治其标，缓则治其本). That is to say, if the disease is not urgent, we should have more narrative communication with patients to understand the root cause of their illness. *Huang Di Nei Jing Su Wen·Yi Jing Bian Qi Lun* (《黄帝内经·素问·移精变气论》 *The Yellow Emperor's Inner Classic: Basic Questions: Moving Essence Change Qi Theory*) has a saying: Choose a place with a quiet environment, close the door, ask about the condition patiently and meticulously, don't let the patient have any worries, and let the patient speak freely to understand the details. If the pathogenic mechanism can be found, the patient may still be saved, and the doctor should not give up; if the doctor cannot find the root cause of the disease, and there is no way to save it, the patient may be dead (闭户塞牖，系之病者，数问其情，以从其意，得神者昌，失神者亡). Among them, "asking patiently and carefully about illness" is on the basis of the "body disorder" or "mental disorder" observed by the doctor, and with the change of the patient's physical and mental state as the center, the doctor can help patients relax themselves and naturally confide the truth, and promote the release of the patient's physical and mental feelings in a private environment and sincere trusting atmosphere. What is emphasized here is the narrative community relationship between doctors and patients—using one life full of love to illuminate another life in need of love.

Luo Zhiti (罗知悌), the great teacher of Zhu Danxi (朱丹溪), a famous doctor in the Yuan dynasty, who was also a famous medical scientist in Qiantang, in the late Song and early Yuan dynasties, paid great attention to judging the condition of the "body" and "mentality" by observing the "body constituent" and "spirit" of the patient. After establishing a relationship of narrative community, he treated the patient with humanistic care and exquisite medical skills. There is such a story recorded in *Ge Zhi Yu Lun Zhang Zhi He Gong Ji Fa Lun* (《格致余论•张子和攻击法论》 *Further Discourses on the Acquisition of Knowledge through Profound Study ·A Discussion on Zhang Zihe Attack Method*):

> "A Shu monk, undernourished and terribly fatigued, left his hometown for a long time, missed his mother and couldn't return home, and looked west and cried day and night, so his disease accumulated. After Luo's diagnosis, he did not use medicine and asked him to rest. He was fed with beef and pork belly every day. Luo nourishes him like this, and comforts him with good words. The monk will be sent back to Sichuan in the future. After half a month, when the monk's body and normal breathing gradually recovered, Luo prescribed three doses of nutritious soup named *Tao Ren Cheng Qi Tang* (桃仁承气汤 Walnut Purgative Decoction), and all blood clots and phlegm accumulated disappeared. After Luo's good care, the monk had totally recovered from illness and eventually returned to his hometown, Shu (蜀, the name of a region which is nowadays Sichuan province)."[3]

In the process of clinical diagnosis and treatment, doctors should not only pay attention to the patient's disease but also care about the patient's mind. This medical case is an excellent example of "treating the body and mind holistically" in the practice of traditional Chinese medicine. Through the combination of "Inspection" - "inspection of the body" and "inspection of the vitality," Luo Zhiti understood the origin of the disease. By establishing a good narrative connection with the sick monk, he learned that the cause of the disease was related to the yearning for the mother, but hopeless of returning to the hospital, leading to the exhaustion of the body, and a stagnant thing is formed in the abdomen. If he only focused on attacking the *Xie Qi* (邪气 Evil Qi), it would hurt the *Zheng Qi* (正气 Right Qi) and destroy the vitality. Luo Zhiti knows well that drug treatment cannot dispel the stagnation in the monk's mentality. Therefore, after having a comprehensive understanding of the patient, Luo Zhiti first instructed the monk to have a good rest and fed him good nutrition, supplemented by comforting words to relieve *Yu Jie Zhi Qi* (郁结之气 the depressed moods), and then administered drugs to target the organic lesions caused by emotions. Finally, he funded the patient to go home to visit his mother, and the disease was eradicated.

Luo Zhiti's superb medical skills of "concentrating on the medicine and treatment and keeping improving" ("其精过于承蜩，其察过于刻棘"，其治 "投几顺变，间不容发") cannot help but impress younger generation of doctors. If Luo Zhiti only pays attention to the "body" of the person, does not know the inner worry of the person, does not trace back the story related to his "disorder of spirit," and so immediately gives medicine, then even if the apparent illness is cured in a short time, the monk will fall into a state of illness again. However, if Luo Zhiti only paid attention to the "spirit" of the monk and learned the story of the monk's homesickness and yearning for his mother, but did not observe the "undernourished and terribly fatigued" state of the monk, did not know how to take good care of his body and comfort him with good words, and then eradicate the root of his physical illness after his "body and qi gradually recovered" (形气渐苏), the overall condition of the monk would be difficult to recover. This is the

same reason that narrative intervention mediation and drug regulation are complementary to each other and so are advocated by narrative medicine.

When traditional Chinese medicine treats women's diseases, it pays more attention to the combination of body and spirit. Narrative medicine also advocates that, when treating women's diseases, it should pay attention to the guidance of storytelling that happened to their family and themselves before and after the illness, and treat them while releasing their anxiety. Ge Hong (葛洪), a famous writer and medical scientist in the Eastern Jin dynasty, said, "When a doctor treats gynecological diseases, he/she needs to eliminate the worry and resentment of the woman. If the woman becomes open-minded, her disease will be cured easily" (凡治妇人诸病，兼治忧恚。令宽其思虑则病无不愈). *Yi Zong Jin Jian Fu Ke Xin Fa Yao Jue* (《医宗金鉴•妇科心法要诀》 *Golden Mirror of the Medical Traditions: The key to gynecological mindfulness*) specifically mentions that "women can't be in charge of everything, and worry about anger and depression, so most of diseases are caused by the seven emotions" (妇人凡事不得专主，忧思忿怒郁气所伤，故病因于七情者居多). It is also mentioned in the book of *Bei Ji Qian Jin Yao Fang* (《备急千金要方•妇人方》 *Important Formulas Worth a Thousand Gold Pieces for Emergency: Women' Prescriptions*): Women are born thoughtful, sentimental, more entangled in love, hate and family feud; Compared with men, women are more likely to develop various diseases, which are difficult to cure (女人嗜欲多于丈夫，感病倍于男子，加以慈恋，爱憎，嫉妒，忧恚，染着坚牢，情不自抑，所以为病根深，疗之难差). Therefore, in contemporary clinical practice, doctors should carry out more narrative intervention and narrative mediation for women.

Chen Ziming (陈自明), a medical scientist in the Song dynasty, mentioned in his medical book *Fu Ren Da Quan Liang Fang* (《妇人大全良方》 *The Complete Compendium of Fine Formulas for Women*): "Change her mind and support her with medicine, and you can keep her alive" (改易心志，用药扶持，庶可保生). In the context of narrative medicine, "changing mind or changing mentality" here refers to doctors with narrative awareness who actively guide patients to tell and interpret their own life stories, and thereby help patients get out of stories that are detrimental to their holistic health through narrative communication and empathetic response. Doctors can encourage those sick women to reinterpret their own life stories as a process of healing, and create a new narrative for themselves that is conducive to long-term and stable holistic health. That is to say, in the process of caring for women in illness, doctors can use "narrative mediation" to help them "regulate emotions," which is essential for curing women's diseases. If this step is not done well, even though the best medicine has been prescribed and taken, they will most probably lose their life.

The enlightenment method in TCM is close to the narrative mind-body regulation method in the practice of Chinese narrative medicine. Narrative mediation is the contemporary upgraded version of *Zhu You* (祝由 prayer) and "language enlightenment." In *Su Wen* (《素问》 *Basic Questions*), it is said that "Doctors treating diseases by prayer can shift the spirit and change the qi" (移精变气，可祝由), which means that in addition to drugs, language can help patients change their minds and restore their health. It is also said in the *Ling Shu Shi Zhuan* (《灵枢·师传》 *The Spiritual Pivot: Legend of Master*), "The doctor should tell the patient the harm of the disease, point out the treatment way that is beneficial to the disease, guide the patient to take appropriate treatment and recuperation, and use the sufferings of the disease to persuade the patient to do some changes" (告之以其败，语之以其善，导之以其所便，开之以其所苦). Among them, "tell the harm of the disease" (告之以其败) is equivalent to health narrative education in narrative medicine, which uses "story" as the medium to educate patients about the health risks posed by poor lifestyle habits and emotions; "point out the beneficial" (语之以其善) by sharing stories of other patients who have recovered from illness, gives them confidence that timely mediation can not only help them recover, but also achieve mental growth; "use the suffering's experience to persuade the patient to do some changes" (开之以其所苦) is to use narrative intervention to guide patients to tell their pain stories and guide them out of their narrative foreclosure.

4 Narrative wisdom in Chinese narrative medicine practice and *Dao Sheng* (道生 transcendence of life) in Chinese life philosophy

The health concept of TCM includes different dimensions and levels such as *Wei Sheng* (卫生 "saving life"), *Hou Sheng* (厚生 "healthy life" or "realizing the thickness or good quality of people's life"), *Yang Sheng* (养生 "health preservation") and *Dao Sheng* (道生 "transcendence of life"). *Wei Sheng* (卫生) means "to protect and save life." The concept of *Hou Sheng* (厚生) appeared in *Lyu Shi Chun Qiu* (《吕氏春秋》 *Master Lyu's Spring and Autumn Annals*), which refers to emphasizing the meaning of life and improving the quality of life. "Man follows the earth, the earth follows the heaven, the heaven follows the Dao, and the Dao follows nature" (人法地，地法天，天法道，道法自然), and it is also said, "People who understand the laws of nature are all-encompassing, all-encompassing will be calm and fair, justice will be comprehensive, comprehensive can be in line with the Dao of nature, and the Dao of nature can last long and will not be endangered for life" (知常容，容乃公，公乃王，王乃天，天乃道，道乃久，殁身不殆). *Dao Sheng* refers to the highest state of life that

transcends life and death, physical limitations, disease and age limitations, lives a limited life with high quality, and keeps in resonance with nature.

In the context of narrative medicine, Dao Sheng is manifested in four aspects: first, the subject lives in harmony with the self; second, the subject maintains a long-term good relationship with relatives, friends, colleagues, and society; third, the subject complies with the laws of nature and is closely connected with nature; fourth, the subject has a correct understanding of birth, aging, illness and death, and has a meaning of life. And these four aspects are all related to the subject's bio-health narrative competence and the narrative connection status of the surrounding people. Only in the sharing and reading of the story can we form a deep reflection on life and death, get rid of the harm of "five tastes, six desires and seven emotions" (五味六欲七情), and cherish the present. In the connection of interpersonal narrative, we can reflect and adjust ourselves; with a certain amount of interpersonal narrative intelligence, we can live in harmony with the people around us.

In the context of narrative medicine, doctors with high narrative competence of life and health can not only achieve the state of *Dao Sheng* themselves, enjoy the whole life and be in good body shape, but also transmit their concept of health preservation to patients. Looking at the life course of TCM masters at ancient and modern times, we find that their life span is longer than that of the general public. There are a large number of famous TCM doctors in China, for example, Gan Zuwang (干祖望 1912–2015), the founder of Chinese otolaryngology, Lu Qi (陆琦 1921–), an expert of anorectal medicine, Deng Tietao (邓铁涛 1916–2019), a TCM giant of the Lingnan region, Lu Zhizheng (路志正 1920–2023), the "master of miscellaneous diseases," Tang Youzhi (1926–2022), a well-known ophthalmologist of TCM, Jin Shiyuan (金世元 1926–), the authority of Chinese medicine, Zhu Nansun (朱南孙 1921–), the "master of gynecology of TCM," etc. Their common features are rich in interpersonal narrative connections, knowing how to timely adjust the narrative when encountering setbacks, and achieving the state of *Dao Sheng* (Fig. 3).

Narrative medicine also emphasizes that the improvement of people's quality of life depends on their cognition of birth, aging, illness and death, especially death cognition competence. People have two extreme tendencies: one is that they are worried about death,[4] and the other is that they get caught up in daily chores and forget the truth that "people must die," which squandered their lives, alienated their relatives and friends, and lost their sense of purpose. Both tendencies may lead to a serious psychosomatic health crisis. For the former, doctors can carry out narrative mediation to help these people get out of the fear of death or death anxiety. For the latter, doctors must carry out targeted death narrative education to stimulate them to actively reflect on death and its meaning, and realize that the true meaning of life is to go out of the various narrative foreclosures and establish an intimate narrative connection with family and friends without any concerns or worries.

Figure 3 A verse of nourishing life compiled by Sun Simiao in the Tang dynasty, "The world desires to know the way of nourishing life, the answer lies in happiness and joy rather than anger. Cultivate your spirit and mind to remove irrelevant thoughts, follow the way and improve yourself to stay away from worries" (世人欲识卫生道，喜乐有常嗔怒少，心诚意正思虑除，顺理修身去烦恼。) (source from: designed by the author).

In the context of narrative medicine, subjects with end-stage disease or the aging can also achieve a *Shan Zhong* (善终 good death) in the last stage of life through the narrative intervention and guidance of doctors with narrative intelligence. In the contemporary medical context, the vast majority of deaths occur in hospitals rather than at their familiar houses. Modern people are confronted with five dilemmas: medicalization, institutionalization, instrumentalization, dehumanization and extension. Critically ill patients in the ward are often surrounded by a variety of instruments.[5] Medical staff and family members prefer to be concerned more about the numbers on the medical instruments rather than the patients themselves. There are not many needs of dying patients, and the most important needs are existential, emotional, and relational companionship of family members. But most of us leave our dying beloved family in the rescue machines and equipment, leaving them to tragically leave the world in relational, existential, and emotional loneliness.

Narrative medicine holds that doctors must resist the urge to intervene and control with technology and science, because death has transcended medical problems. In the face of aging and death, medical technology is only one aspect. Since death is a part of life, the final destination of people, and a natural phenomenon, the ultimate goal of medical care for terminally ill should not focus on prolonging life, but on helping patients follow their own hearts within the limited length of life. Under the advocacy of the narrative medicine, the new concept of

narrative caregivers of dying patients emerged. End-of-life narrative caregivers can closely accompany the dying patients, listen to their life stories, and rebuild and repair interpersonal narrative connections. The end-of-life narrative caregiver can restore the spirituality and humanity lost in the modern medical world to death itself.[6]

5 Narrative wisdom of physicians in the practice of narrative medicine in China

Su Zhengbao (苏徵保) of the Qing dynasty pointed out in his book *Wen Bing Tiao Bian Xu* (《温病条辨·序》 *Systematic Differentiation of Warm Disease: Preface*): "Medicine is the way of benevolence, but wisdom must be preceded by it, courage must be supplemented by it, and benevolence must be followed by it" (医，仁道也，而必智以先之，勇以副之，仁以成之。). This sentence emphasizes "the wisdom of the doctor," which should be placed at the forefront of the professionalism of all doctors. *Yi Zhi* (医智 Medical wisdom) refers to the interpersonal wisdom, professional wisdom and crisis response wisdom displayed by doctors in medical activities. That is to say, medical wisdom is not pure medical knowledge and skills, but a higher level of practical wisdom. "Doctors must read widely, from ancient to modern times; they can diagnose and treat patients more quickly and carefully and effectively; their medical intelligence is enough to cover all things, and then you can help those in need."[7] (必也博览载籍，上下古今，目如电，心如发，智足以周乎万物，而后可以道济天下也) In the context of narrative medicine, the key to the development of this intelligence lies in the professional narrative ability of doctors and the accumulation of narrative capital. When the "wisdom" of a doctor is enough to comprehend the laws of operation of various people and things, he can use his Dao of a doctor to help all living beings in the world.

Tang Youzhi, a master of traditional Chinese medicine, is a model of inheritance and innovation in the field of ophthalmology. He improved the traditional Chinese *Jin Zhen Bo Zhang Shu* (金针拨障术 golden needle to remove cataracts) by combining the advantages of traditional Chinese and Western medicine. He was a doctor with high narrative competence and he once used extraordinary narrative wisdom to successfully persuade Chairman Mao to accept his way of treating his eyes and skillfully remove his senile cataracts.

> "When Tang Youzhi was young, he was very willing to study ancient Chinese medicine. The study on the records in the classical literature on ancient Chinese ophthalmology *Mu Jing Da cheng* (《目经大成》 *The Great Compendium of Classics on Ophthalmology*) aroused Tang Youzhi's interest in researching and practicing of *Jin Zhen Bo Zhang Shu*. Through anatomical observations, Tang Youzhi found that the pars ciliary body did not have as many blood vessels as Western medicine experts thought, so he could try surgery. Tang Youzhi added the action of breaking the anterior limiting membrane of the vitreous body during the operation, which fundamentally solved the possibility of glaucoma after the operation. At that time, Tang Youzhi's "cataract needle removal surgery" invented by "using foreign things for China and using the past for the present" had a cross-epoch significance. Compared with the general western medicine surgery, this kind of surgery took shorter time, the incision was smaller, and no stitches were needed; what's more, it was easy to heal, and had less postoperative complications.
>
> At that time, Chairman Mao was diagnosed with mature senile cataract, which could only be treated by surgery. Although many top ophthalmology experts came to treat Chairman Mao and suggested him to do a surgery, Chairman Mao still strongly disagreed. Later, Premier Zhou gave Tang Youzhi assignment of persuading the chairman to undergo surgery in the ward. Tang Youzhi was the youngest member of the expert group at that time. Entrusted with this task, he seriously thought about why the persuasion of other experts did not impress Chairman Mao.
>
> Tang Youzhi knew that for Mao Zedong, a special patient, all the doctors who could treat him were highly skilled, and it was meaningless to emphasize external information such as technology and medicine to Mao. After thinking about these, Tang Youzhi decided to start with the preferences of this special patient in front of him, and talked with him about poetry, Li He (李贺), Li Shangyin (李商隐), Bai Juyi (白居易), etc. When talking about Bai Juyi, Tang Youzhi mentioned a few lines in his poems, such as "案上漫铺龙树论，盒中虚贮决明丸" (*Treatise on Nagarjuna* is widely open on my desk, and my box contains cassia pills which do no good to my eye disease.) and introduced *Long Shu Lun* (《龙树论》 *Treatise on Nagarjuna*), an ancient literature discussing the art of removing cataracts with golden needles. Mao Zedong asked why Bai Juyi was interested in ophthalmology literature, and did he also suffer from eye diseases?
>
> Following Chairman Mao's words, Tang Youzhi began to tell the poems and stories about the 43-year-old Bai Juyi suffering from eye diseases. "In the early years, Bai was well read, and in the later years, he was sad and cried a lot. Bai's cataracts were so serious that he always couldn't see clearly and had to write some cataracts poems to express his sufferings." ("早年勤卷看书苦，晚岁悲伤出泪多。眼损不知都自取，病成方悟欲如何？" In the early years, I studied hard to read books. But when I became old, my teardrops could not be controlled. Eye damage is self-inflicted, and I don't know that I took it myself. Now what can I do to cure the disease?)
>
> While Chairman Mao lamented that ancient poets, crossed time and space, suffered from the same disease as he did, Mao also became interested in how Bai Juyi spent the next 31 years (Bai Juyi lived to the age of 74) after suffering from cataracts at the age of 43. At this time, Tang Youzhi talks to the poems that describes Bai's research and treatment of his eye diseases. (lines in poems: "案上漫铺龙树论，盒中虚贮决明丸";"人间方药应无益，争得金篦试刮看";"万般灵药皆无效，金针一拨当日空") He told Chairman Mao that Bai Juyi took all kinds of prescriptions but it didn't help to improve his eyesight. Later, he used the "golden grate" surgical treatment, that is, the golden needle to remove cataracts to restore his eyesight. Bai Juyi who recovered his eyesight

was feeling excitedly that he wrote the poem immediately. Tang Youzhi also explained to Mao Zedong that the combination of Chinese and Western medicine *Jin Zhen Bo Zhang Shu* he is using now is based on the ancient technology with modern improvements and has many advantages.

When Chairman Mao heard that the *Jin zhen Bo Zhang Shu* belonged to the category of traditional Chinese medicine, he instantly had a keen interest. In the end, Chairman Mao agreed that Tang Youzhi would perform the operation for him. However, Mao Zedong is not an ordinary patient after all, and Tang Youzhi also knew that the so-called probability of success is relative. For each individual patient, success or failure is 100% a matter. Although he succeeded in persuading Chairman Mao to perform the operation, the next step was the most severe test. At that time, Tang Youzhi was very nervous. Mao Zedong also felt Tang Youzhi's nervousness. In order to relieve Tang Youzhi's nervousness, Mao Zedong specially gave a poem to Tang Youzhi who was willing to talk about poetry with him - "Is there any pride like the old days, when flowers bloom and fall, and let it be."(岂有豪情似旧时，花开花落两由之。) It means, you don't have to worry too much. I don't expect my vision to return to my youth. I am very grateful to you for your meticulous treatment. The final result of surgery is no longer important."[8]

In addition to treating Mao Zedong's eye diseases, Tang Youzhi also went abroad to perform eye surgery for North Korean leader Kim Il Sung, Cambodian Prince Bin Nu and former Indonesian President Wade. In addition, Dr. Tang devoted himself wholeheartedly to diagnosing and treating eye diseases for thousands of workers, peasants, soldiers and ordinary people, so as to restore their eyesight. In addition to his superb skills, the success of Tang Youzhi's career depended more on his extremely high narrative competence. The narrative wisdom also allowed Tang Youzhi to form a good interpersonal narrative connection with his family, mentors, patients, peers, and the public. Meanwhile, his narrative competence helped him keep physical and mental health, have a happy family life, and harmonious professional relationships in all dimensions. Dr. Tang was able to "enjoy his life to the fullest" and live to be almost a hundred years old.

First of all, the young Dr. Tang established a good narrative connection with his mentor and medical predecessors. Chinese medicine attaches great importance to master–student relationship and family inheritance, and an intimate narrative connection is established between master-student. Under the enlightenment of Mr. Lu Nanshan (陆南山), a family of ophthalmologists in traditional Chinese medicine, Tang Youzhi started his medical career by "studying 'Qihuang books' (岐黄书, the classical literature on Traditional Chinese Medicine) and studying *Long Mu Shu* (龙木术，dragon wood techniques)" (攻读歧黄书，钻研龙木术). Narrative medicine is a medical philosophy centered on narrative relationships in different dimensions, and the most important relationship in the field of medical education is the narrative relationship between mentors and students. The exchange of stories between the two is of great value to the acquisition and inheritance of medical knowledge and clinical experience. Lu Nanshan played multiple roles in Tang Youzhi's medical education career, such as professional mentor, career planner, sponsor, life consultant, and story sharer, which was inherited and developed in Tang Youzhi's later medical practice and teaching career through the "Tang Youzhi Traditional Chinese Medicine Master Inheritance Studio."

Second, the young Tang Youzhi knew how to establish a narrative connection with the ancients in the process of studying medicine. When reading ancient documents such as *Mu Jing Da Cheng*, Tang Youzhi actively imagined how the doctors at that time treated eye diseases, and reflected on pros and cons in the surgery of *Jin Zhen Bo Zhang Shu*. Reading classic literature is a common feature of many medical humanists. Tu Youyou (屠呦呦), a researcher at the Institute of Chinese Materia Medica, China Academy of Chinese Medical Sciences, won the Nobel Prize in Physiology or Medicine for her discovery of artemisinin. She is the first female scientist in Chinese mainland to win the Nobel Prize. Tu Youyou's inspiration for this invention came from a 15-character prescription in Ge Hong's *Zhou Hou Bei Ji Fang* (《肘后备急方》*Emergency Formulas to Keep Up One's Sleeve*): hold a piece of Artemisia annua, soak it in two liters of water, twist it to get the juice, and take it all (青蒿一握，以水二升渍，绞取汁，尽服之). Tang Youzhi and Tu Youyou were willing to read ancient books that many people thought were useless, and believed in the wisdom of ancient doctors, and held cross-time dialogues with them, which eventually led to their brilliant medical careers.

Third, Tang Youzhi understood how to use the language of the living world instead of the rigid language of the scientific world from the perspective of the doctor to conduct "popularization of the medical knowledge and science through narrative or storytelling" for patients, which is the popular mode favored by narrative medicine. Tang Youzhi used the story of Bai Juyi to elicit the disease symptoms and treatment plan to Chairman Mao. Bai Juyi described the symptoms of eye diseases in vivid language, which is simply a case of ophthalmology medical records in poetic style. From the analysis of the self-report in the poem, Bai Juyi's eye showed symptoms of photophobia, opacification, and blurred vision, which was basically consistent with Mao Zedong's senile cataract symptoms. Bai Juyi's story immediately aroused Mao Zedong's thinking about his own situation, and also inspired him to agree with the treatment plan of the *Jin Zhen Bo Zhang Shu* in traditional Chinese medicine.

Finally, when we need to communicate with patients about their condition and treatment decisions in clinical

practice, we should learn from Tang Youzhi's narrative communication skills. In order to gain the trust of patients, doctors mostly emphasize how good their medical skills are, how advanced the equipment they use, how effective anti-inflammatory drugs are, and how high the success rate is, but they ignore the data that can be shown to any patient and the equipment is cold and inhuman. The so-called success probability is relative. For each individual patient, success or failure is a 100% matter. This communication method only treats the patient as a "disease." It does not pay attention to the "human being" who is suffering from diseases. Therefore, it cannot truly establish a trusting relationship with the patient, let alone touch patient's heart and inspire them to consciously change their cognition, attitude and behavior.

6 Conclusions

TCM has a strong humanistic connotation since its inception. TCM pays more attention to "suffering people" than "diseases." In addition to physical diseases, TCM attaches great importance to the "treatment of physical and psychological diseases," "mediation of body and spirit," and "combination of body and spirit." TCM focuses more on individualized and reflective medical case writings than on objective and standardized medical records.[9] Chinese medical literature is often dual in nature, being both historical and applied literature. Most of the literature deals with the relationship between medical ethics, medical Dao and medical technology, with strong ethical direction and humanistic connotation. In the process of constructing the system of Chinese narrative medicine, we introduce the basic concepts of western narrative medicine on the one hand, and absorb the essence elements of traditional Chinese life wisdom and traditional Chinese medicine culture on the other hand, and integrate the two kinds of narrative medicine cultures to form the logic framework and key concept of narrative medicine with Chinese characteristics.

The construction of narrative medicine with Chinese characteristics by TCM life wisdom includes the following aspects: first, both TCM and narrative medicine emphasize that medicine is a comprehensive system covering philosophy, art, ethics, psychology, etc. Second, both of them emphasize that healing, health preservation, and rehabilitation are internal processes that are "directed from within" and that only by mobilizing the internal resources of the living subject can the state of "physical and mental well-being" be achieved. Thirdly, both of them emphasize the cognitive education of birth, aging, disease and death, attach importance to the "way of life" and the cognition of life and health, and prevent diseases before they happen. Whether it is traditional Chinese medicine or emerging narrative bio-health science, the purpose is to serve the realization of holistic health.[10]

This article sorts out the inheritance relationship between Chinese narrative medicine practice, traditional Chinese medicine and philosophy of life. On this basis, researchers of Chinese narrative medicine and narrative Chinese medicine can continue to discuss the following relationships:

"Narrative Bioethics" and "贵生害生" ("Cherish life and harm life");

"Narrative diagnosis evidence" and "问诊对话与辨证施治" ("Inspection and syndrome differentiation and treatment");

"Narrative disease prevention"[10] and "预防神气失常" ("prevention of the disorder of spirit and qi");

"Narrative health education" and "告知以其败,""导之以其所便" (Use the stories of others to warn people of the influence of bad life habits and emotional to each person's health and guide people to better healthy condition according to their unique life stories);

"Narrative intervention"[10] and "不药为药" ("healing diseases without medicine");

"Narrative mediation"[10] and "改移心志, 移精变气" ("changing Qi or mentality");

"Narrative mediation through Creative Writing and Expressive Art" and "抒发情志" ("Expressing Emotions");

"Narrative Palliative Care"[6] and "善终尽年" ("Good death with dignity");

"Narrative psychosomatic healing" and "去害疗心" ("Eliminate harm and heal the heart")[10];

"Narrative Resilience" and "生生之易" ("Sheng Sheng Zhi Yi");

"Narrative wisdom" and "要言妙道," "寻思妙理" (A wise way to create a new story which a person is willing to accept and thus change his/her cognition, attitude and even way of life)[11];

"Parallel narrative chart" and "医案医话" ("study on medical case and medical discourse")[10];

"Professional narrative ability" and "望闻问切" ("inspection, listening and smelling, inquiry and palpation");

"Traumatic narrative foreclosure" and "因郁致病" ("Pathogenesis of depression")[10];

Taking the sinicization of narrative medicine as an opportunity, starting from the Chinese narrative medicine system and using TCM ancient literature as texts, Chinese narrative medicine scholars expect more Chinese medicine humanities scholars to explore in depth the inherited relationship between Chinese traditional Chinese medicine and Chinese narrative medicine practice, and to fully explore the narrative intelligence contained in narrative medicine and traditional Chinese medicine. While actively constructing the discipline of "narrative TCM," the excellent teaching and research achievements have been translated into foreign countries, so that the West can understand China in a more open and positive attitude, and China has the narrative right in the forum of international medical humanities.

Notes

1: When the doctor is inspecting the patient, the moment he first touches the patient, when the patient has not noticed (intentionally or unconsciously), the doctor should calm down, observe clearly, look directly at the patient's eyes in a very short period of time, and through the window of the soul, directly through the depths of the patient's spirit, so as to observe and grasp the information of the patient's internal condition changes.

Funding

This research was financed by the grants from National Social Science Fund of China (No. 21FSHB007).

Ethical approval

This article does not contain any studies with human or animal subjects performed by either of the authors.

Author contributions

YANG Xiaolin did the research and wrote the paper.

Conflicts of interest

The author declares no financial or other conflicts of interest.

References

[1] Li ZL, Liu LL. Reference on the oriental temperament of narrative medicine and medical spirit (叙事医学的东方气质与医学精神的借鉴). *Chin Med Ethics* 2017;30(9):1070–4. Chinese.
[2] Zhao JJ, Yang QL. The observation in the inspection of traditional Chinese medicine (中医望诊中的关注). *Med Philos* 2022;43(10):41–4. Chinese.
[3] Tian SS. *Zhu Danxi Medical Complete Book* (朱丹溪医学全书). Beijing: China Traditional Chinese Medicine Press; 2006. p. 256. Chinese.
[4] Yang XL, Tian F, Zhang GQ. Narrative foreclosure in the context of bio-health (生命健康视野下的叙事闭锁). *Med Philos* 2020;41(23):10–5;25. Chinese.
[5] Yang XL. *Narrative Medicine: A Humanistic Reader* (叙事医学人文读本). Beijing: People's Health Publishing House; 2019. Chinese.
[6] Yang XL, Luo XL. The ethical value of hospice narrative doulas in the context of Great Health (大健康语境下临终叙事陪护师的伦理价值). *Chin Med Ethics* 2022;35(7):709–13. Chinese.
[7] Wu T. *Febrile Disease Differentiation, 2nd Edition* (温病条辨第二版). Beijing: China Medical Science Press; 2017. Chinese.
[8] Yang QP. *Flowers Bloom and Flowers Wither: The Legendary Life of Tang Youzhi, a Master of Traditional Chinese Medicine* (花开花落两由之：国医大师唐由之的传奇人生). Beijing: Xinhua Publishing House; 2011. Chinese.
[9] Song J, Tang QL, Zhang L, Tian T, Lu Y, He J. The Embodiment and strengthening of narrative medical concept in traditional Chinese medicine teaching (叙事医学理念在中医教学中的体现与强化). *Chin Med Mod Distance Educ China* 2020;18(17):11–3. Chinese.
[10] Yang XL. Bio-health narrative and the wisdom of traditional Chinese medicine (生命健康叙事与中国传统中医智慧). *Chin Med Humanit* 2022;8(4):5–8. Chinese.
[11] Fei ZG, Chou ZQ, Liu NP. *Collation and Annotation of Completed Han Fu* (全汉赋校注). Guangzhou: Guangdong Education Press; 2005. p. 37. Chinese.

Edited by GUO Zhiheng

How to cite this article: Yang XL. The inheritance and development of Chinese narrative medicine practice to the philosophical wisdom of Traditional Chinese Medicine. Chin Med Cult 2023;6(2):164–174. doi: 10.1097/MC9.0000000000000066.

Research article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Stories of Coping with Sickness: Illness Narratives in Early Medieval Chinese Anecdotal Literature

Antje Richter[1,✉]

Abstract

As basic facts of life, illness and healing occur frequently and in a variety of patterns in Chinese non-medical literature, starting from the earliest sources inscribed on oracle bones and continuing throughout literary history up to the present day. This article looks at illness narratives in early medieval anecdotal literature (3rd to 6th century CE) to understand how the experience of being sick or of attending to the sick was reflected in these socio-literary environments and what rhetorical and ideological roles these narratives played in their larger narrative contexts. By focusing on the experiences of the sick and those around them, this article aims at "Honoring the Stories of Illness," in Rita Charon's words, that are hiding in plain sight in much of Chinese non-medical literature.

Keywords: Anecdotes, Early medieval China, Illness narratives

1 Introduction

As basic facts of life, illness and healing occur frequently and in a variety of patterns in Chinese literature, starting from the earliest sources inscribed on oracle bones and continuing throughout literary history up to the present day. To cite just one prominent early Chinese text, the *Zuo Zhuan* (《左传》 *Zuo Zhuan*). As Joseph Needham observed half a century ago, this canonical historical text includes "more than forty-five consultations or descriptions of diseases,"[1,2] not to mention an even larger number of illness narratives of different kinds. In many other non-medical literary and historical texts, illness and healing appear frequently as well, either on the sidelines or at the center of narrative attention.[3,4] My own scholarship on this topic has focused on early medieval China. In the forthcoming book *Interpretation and the Art of Living: Health and Illness in Early Medieval Chinese Literature*, I discuss illness narratives in a spectrum of literary texts ranging from essays and correspondence to Buddhist scriptures and literati poetry.[5,6]

In this article, I explore illness narratives in yet another literary genre: historical and semi-historical anecdotes, usually categorized under the rubrics "records of people" (*Zhi Ren* 志人) and "records of the strange" (*Zhi Guai* 志怪).[7] This large corpus of medieval Chinese narratives is written in the historical mode and often incorporated into historical writings, but it also includes material that might be classified as fiction today.[8] In these texts, we find countless stories about human and nonhuman creatures being sick, about the difficulties of coping with the sickness of others, about successful or failed attempts at healing, and about living with a broad range of physical and mental impairments.[9] My readings of these texts aim to "honor the stories of illness," as Rita Charon has called on doctors and literary scholars alike to do.[10] Although these stories of being sick in medieval China may at first sight indeed appear to be "records of the strange," as they are labeled by their inclusion in such collections, much of the initial impression of strangeness disappears upon close reading to make room for a profound empathy with the suffering that the creators of these texts witnessed and that was regarded to be worthy of transmission over centuries of Chinese history.

The understanding of illness that underlies my exploration is broad, comprising not only medically recognized disorders, but also other kinds of impairment, pain, discomfort, fatigue, and serious psychological distress. Although medical professionals occasionally appear in these texts—as scholar-physicians and religious healers of various persuasions[11]—my focus is not on the miracles performed by legendary doctors but rather on the experiences of those who are ill and the people around them who were tasked with nursing them or were in other

[1] Department of Asian Languages and Civilizations, University of Colorado Boulder, Boulder, CO 80309, USA

✉Antje Richter, E-mail: antje.richter@colorado.edu
ORCID: 0000-0002-0617-2298

Chinese Medicine and Culture (2023) 6:2

Received: 1 March 2023; accepted: 5 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000058

ways affected by these illnesses.[12,13] Given the enormous size of the literary corpus of anecdotes, my approach and the case studies I present here are highly selective. I nevertheless hope to show how much can be gained for the purposes of narrative medicine if we take the riches of Chinese literature into account. In this study, I focus on two aspects of coping with sickness: the burden of familial sick care (Section 2) and the emotional burden of illness for the sick and those close to them (Section 3).

2 Yan Ji's story: coping with sick care

The first case study is a story about long-term home care from Gan Bao's (干宝, d. ca. 336) *Sou Shen Ji* (《搜神记》 *Records of an Inquest into Spirit Phenomena*, here *Inquest into Spirit Phenomena*).[14] Yan Ji's story made it into this collection of records of the strange because it is also the story of a failed return from death:

> "During the Xianning period [275–280], Yan Ji, style name Shidu, from Langye [in present-day Shandong province] got sick. He went to the physician Zhang Cuo who treated him personally, but Ji died while still at Cuo's house. When his relatives came to take him home to be buried, the funeral banners wrapped themselves around a tree and could not be untangled. Several of the people in the funeral procession saw this as a sign of trouble. Ji then appeared to his father in a dream and said: 'According to my preordained life span, I should not have died yet. I only died because I took too much medicine and so harmed my five viscera. Now I am ready to live again, so take care not to bury me.' His father comforted him and promised: 'If you still have life and are ready to be born again, how could I not fulfil the wish of my flesh and blood [lit., "bones and flesh"]? Now just let us return home, and we will not bury you.' The funeral banners then came off the trees.
> When they returned home and opened the coffin, Ji's body looked just like before, and he even had a little color in his cheeks. His fingernails were all damaged because he had clawed at the coffin. Thereupon Ji gradually regained his breath, and when they dripped a thin stream of liquids into his mouth, he was able to swallow. So, they took him out of the coffin. In the course of time, he could eat and drink a little more, and he was able to open his eyes and look around, and to bend and stretch his hands and feet. But he did not interact with others, and he could not speak, although he was eating and drinking like a normal person. This continued for more than ten years. The members of his family exhausted themselves caring for him, to the point when they could not attend to their other duties anymore. Ji's younger brother, Hongdu, renounced all his worldly affairs to care for his brother personally, and he made himself a name for this. Later, Ji's energy declined little by little, and eventually he returned to death.
> 咸寧中，瑯邪顏畿，字世都，得病，就醫張瑗自治，死於瑗家。家人迎喪，旐每繞樹木不可解。送喪者或為之傷。乃託夢曰：「我壽命未應死，但服藥太多，傷我五臟耳。今當復活，慎無葬我也。」父拊而祝之曰：「若爾有命，復當更生，豈非骨肉所愿？今但欲還家，不葬爾也。」旐乃解。還家乃開棺，形骸如故，微有人色，而手爪所刮摩，棺材皆傷。於是漸有氣息，以綿飲瀝口，能咽。遂乃出之。日久飲食稍多，能開目視瞻，屈伸手足，然不與人相當，不能言語，飲食猶常人。如此者十餘年，家人疲相供護，不復得操事。其弟弘都，絕棄人事，躬自侍養，以知名。後氣力稍更衰劣，卒復還死也。"(Note 1)[15]

2.1 Analysis of Yan Ji's illness narrative

Although the narrative is listed under "Being Born Again" in commonplace books,[16,17] and its events are triggered by an untimely and reversed death, Yan Ji's story is not at all concerned with his experiences in the netherworld. Only marginally does it deal with the events leading to his resuscitation, which comprise the main components of more fully formed return-from-death narratives (Note 2).[18,19] Of this type of narrative, only a few plot elements are present, such as the notion of a preordained life span, which is first violated and then corrected; the miracle of the funeral banners signaling a need for action to make things right again; the prematurely deceased's ability to communicate with the living, here in the form of a dream; and the gradual return to life.[20] Medically speaking, the story also yields less information than we might wish for. Both the nature of Yan Ji's illness and details of the treatment prescribed by Zhang Cuo have fallen through the cracks of storytelling. We also have no historical information about the doctor himself, his medical background and possibly his particular expertise. Zhang Cuo is mentioned nowhere outside of this story.

Other questions loom large as well: How common was it for the sick to relocate for treatment to a doctor's house in early medieval China? How far would patients travel for that purpose and how long would they stay there and under what kinds of arrangement, whether medical, financial, or practical? Yan Ji's self-diagnosis—"I took too much medicine and so harmed my five viscera"—suggests that the treatment's ill effects built up over time, a few days or longer, but we do not even know for certain if he is referring to the effects of previous self-treatment or blaming the doctor for his flawed prescriptions. We also do not learn anything about how Yan Ji spent the time of treatment or about the ordeal that he, who was already unwell when he arrived at Zhang Cuo's house, must have endured until he finally succumbed to his illness. Other narrative gaps are glaring as well, for instance, that the procession taking Yan Ji's coffin home for his funeral must have stopped somewhere for the night to allow for the dream to happen—or did it occur perhaps already at the doctor's place? Again, we are left wondering what lodging or other arrangement may have been in place for such cases.

2.2 Long-term family care

Instead of answering these questions, a good part of the story focuses on Yan Ji's prolonged suffering in the aftermath of what we might call a treatment error and on the demands on his family following his revival. Although

he is described as slowly getting better—being able to eat and drink, to look around, and move his limbs—but despite the dedicated care of family members, he never fully recovers his physical and mental faculties enough to lead an independent life again. The story mentions sustenance as the only concrete element of his care, emphasizing that "he was eating and drinking like a normal person," which in this case means like a healthy man. The story does not spell out the multitude of other, more intimate services that the bedridden Yan Ji must have required when it came to relieving himself, or bathing, or changing clothes. We also do not learn about any specifically medical treatments he might have been given or if doctors or other kinds of healers were involved after he had arrived back home. The narrative nevertheless implies the whole spectrum of home care that someone as impaired as Yan Ji needed when it brings up the effect that the years of care had on his family members: it left them exhausted and kept them from attending to their other duties. At one point, his younger brother, Yan Han (颜含, style name Hongdu 弘都), stepped in to take on the full responsibility of care himself. But even his dedication could not make Yan Ji better or at least keep him alive. It is striking that Yan Ji's eventual death is described as yet another "return."

That this story of long-term home care was transmitted is not only due to the strange circumstances of Yan Ji's return from death, but also to the unusual dedication of his younger brother. Yan Han indeed "made himself a name" for his devotion to Yan Ji's care. The younger brother's biography in the standard history *Jin Shu* (《晋书》 *History of the Jin Dynasty*) is listed in the biographical section on "Filiality and Brotherliness" (*Xiao You* 孝友). The biography, in fact, leads with the account of Yan Ji's return from death and Yan Han's subsequent care for him. Compared with the story in *Inquest into Spirit Phenomena*, the biography in the *History of the Jin Dynasty* adds an episode that gives the young Yan Han a special role in bringing his brother back to life and includes other details that amplify his dedication and turn this into a story about the wonders of filiality:

> "The whole family looked after Yan Ji, abandoning all other duties. But although he was in the hands of his mother and wife, it was inevitable that they grew tired. Yan Han then renounced all his worldly affairs to care for his brother himself. He never set foot outside of their house for thirteen years.
> 闔家營視，頓廢生業，雖在母妻，不能無倦矣。含乃絕棄人事，躬親侍養，足不出戶者十有三年。"[21,22]

The passage is especially interesting because it highlights the transition from female caregivers to Yan Han, a move that is obviously regarded as extraordinary. Ironically, his transition to nursing feminizes the younger, healthy brother by confining him to the house as the traditionally female sphere of activity. The rest of Yan Han's biography in *History of the Jin Dynasty* continues to depict Yan Han's superior morality in familiar historical tropes.[23] Remarkably, the historian avoids the impression that Yan Han's retreat may have been driven by the ulterior motive of avoiding public office.[24,25]

Yan Ji's story is representative of many other illness narratives of the period: although they were usually transmitted for other reasons—recording something "strange," such as a return from death as a political omen, or celebrating someone's exemplary, even gender-bending, virtue, for instance their filiality—they are nevertheless rich in material about suffering, care, or healing, material that begs to be recognized by later readers. The exhaustion of Yan Ji's family resonates with many of us, whether we have had to care for sick family members ourselves or whether we watched in awe from the sidelines. While Yan Ji's story may not be able to compensate for the absence of a philosophical discourse on "caregiver burnout" in early medieval China, it can nevertheless deepen our understanding for the challenges of living in 3rd- and 4th-century China, where taking recourse to professional in-patient care, as with the doctor Zhang Cuo, must have been a great exception, while home care within the family was the norm.

2.3 The value of a life

The state of physical and mental incapacity in which Yan Ji was left, after his apparently incomplete return from death, raises even more fundamental questions about the value of an individual life, able *or* disabled. Is life still worth living for Yan Ji? The story makes no attempt at representing his state of mind. And who decides on his fate and based on what values and criteria? These are questions with profound philosophical implications as well as utterly pragmatic ramifications. While Yan Ji is never explicitly called a "thief" (*Zei* 贼), the word that Confucius in the *Lun Yu* (《论语》 *The Analects*) used to describe "the old who refuse to die" (老而不死),[26] or, in today's parlance, an "economic burden," it is certainly no coincidence that this brief narrative broaches the subject of the sick man's sustenance twice. The impaired and bedridden Yan Ji is a man, after all, who eats and drinks "like a normal person," while at the same time causing his family physical, mental, and very likely also economic strain, even if we can assume that this was a family who lived in relative prosperity.

We could add to that single case of Yan Ji by citing many other stories of men or women caring for family members under difficult circumstances (Note 3).[27] Another well-known case is that of Yu Gun (庾袞, style name Shubao 叔褒), who nursed his sick brother during the epidemic in 276.[28–31] However, caring for the sick was not only upheld as a duty within the family, where its main ideological function was to stabilize the family as the smallest unit of society. Remarkably, we also find stories about caring for sick strangers, which appear to serve the broader social cohesion beyond the family. In records of the strange, such situations sometimes

happen on the road, since travelers are often depicted as especially vulnerable and thus in all kinds of dangers.[32] A story preserved in *Lie Yi Zhuan* (《列异传》 *Arrayed Traditions of the Unusual*) about the young Bao Xuan (鲍宣, style name Zidu 子都, d. 3 CE) is a good example. On his way to take the examinations, Bao meets a lone young scholar on the road, who is suddenly stricken with chest pain ("卒得心痛"). He dies, however, before Bao can learn his name. The strange events that follow serve two narrative functions: firstly, they connect Bao with the young man's father, who thus learns of his son's death and can arrange a proper funeral, secondly, they add to the image of Bao as a high-minded and morally upright scholar and official. The most intriguing detail in our context is Bao Xuan's selfless response to encountering a sick stranger: he gets out of his carriage and tries to save the young traveler, obviously a man of his own social class, by giving him a massage (子都下车为按摩). Later, he even prepares a simple burial for the young man.[33,34]

3 Guilt, embarrassment, defiance: coping with emotional side-effects of illness

Records of people and of the strange also tell stories about the emotional ramifications that illness can have, for those who are sick themselves as well as for those around them. Emotional side-effects of illness are responses to dominant social and religious values, in general, and to beliefs about the causes for illness and healing in particular. In records of the strange, illness and death from illness are often a miraculous punishment for some kind of wrongdoing, whereas healing is a reward for doing good.

3.1 Illness narratives in *Inquest into Spirit Phenomena*

In *Inquest into Spirit Phenomena*, for instance, we see illness ascribed to acts of injustice that the sick (or their family members) have committed in the past or even just to a lack of concern for their fellow humans, while recovery is the result of good deeds. The protagonists in these narratives can be prominent historical persons as well as obscure, possibly fictional figures. The warlord Sun Ce (孙策, 175–200) falls ill and eventually dies after he has ordered the unjust execution of the legendary Daoist holy man and healer Gan Ji (干吉, also known as Yu Ji 于吉).[35] The mother of a scholar named Su, on the other hand, is promised recovery if she gives up her resistance to rebuilding a damaged bridge.[36] Stories in *Inquest into Spirit Phenomena* also connect illness to specifically religious misdeeds or disrespect to an otherworldly agency: this can be a ghost, a tree spirit, a fox, or a local deity. Story collections with particular religious agendas, such as Yan Zhitui's (颜之推, 531–ca. 591) Buddhist-leaning *Yuan Hun Zhi* (《冤魂志》 *Records of Wronged Souls*), show illness as caused by the violation of certain religious precepts, prominently among them the killing of animals.

3.2 Illness narratives in *Tales of the World*

Shi Shuo Xin Yu (《世说新语》 *A New Account of Tales of the World*, here *Tales of the World*), the massive collection of historical anecdotes compiled under the auspices of Liu Yiqing (刘义庆, 403–444), provides evidence of more skeptical and differentiated approaches to the notion that illness is caused by personal misdeeds or shortcomings. The perhaps wittiest anecdote about this problem culminates in a pun on the word *Nue*, which can mean both "cruel, violent" (and would then be spelled 虐 without an illness radical) and an illness characterized by intermittent fevers (spelled 瘧 with an illness radical), a characteristic symptom of modern-day "malaria." Since *nüe*, however, is a Chinese disease concept that cannot be reduced to just malaria, it is best translated as "intermittent fever":

> "During the Western Jin [266–316] there was a small boy whose father was sick and who went [to a neighbor's house] to ask for medicine. When the host asked what sickness it was, the boy said, 'He's suffering from *nüe*.' The host said, 'Your honorable father is an enlightened and virtuous gentleman. How could he be sick with *nüe*?' The boy replied, 'It came and made a gentleman sick, that's precisely why it's called *nüe* ['intermittent fever'/'cruel'].'
> 中朝有小兒，父病，行乞藥。主人問病，曰：「患瘧也。」主人曰：「尊侯明德君子，何以病瘧？」答曰：「來病君子，所以為瘧耳。」"[37,38]

The anecdote shows a well-known phenomenon at work: that many diseases come with moral connotations. In this case the implication, apparently widespread at the time, is that someone who suffers from *nüe* cannot be "an enlightened and virtuous gentleman." Historical sources suggest that this belief goes back at least to the Han dynasty (Note 4).[39] While the anecdote does not dwell on the boy's feelings about the perception of his father's illness as not befitting a gentleman, we can safely assume that he and others in his family, including the sick father himself, were well aware of the presumption that *nüe* was an unsavory disease. This stigma must have added another layer to the hardship of being sick and of having to deal with a sickness in the family. The boy's play on words elegantly cuts through all the moral implications. He not only rejects the association of *nüe* with moral dubiousness and individual guilt, but indeed suggests that his sick father, beset by this "cruel" affliction, should be pitied rather than disparaged. Incidentally, the boy's word play also establishes the father as clearly deserving of the neighbor's support. Apart from highlighting emotions and judgements surrounding illness, the anecdote again shows medical care in the home, taking place within the family, and with the support of

one's social networks. These networks seem to have been important also for the provision of medicinals.[40]

Other narratives in *Tales of the World* complicate the common connection between illness and one's moral qualities or intellectual capacities as well. A prominent example would be Xi Zuochi (习凿齿, style name Yanwei 彦威, ca. 317–384), who is said to have produced outstanding historical work while being ill. Another case is Yu Zong (庾琮, style name Zigong 子躬, fl. ca. 300), who was praised for his righteousness although he was suffering from a disabling illness (*Fei Ji* 废疾) (Note 5).[41]

The following anecdote about the famously handsome scholar-official Pei Kai (裴楷, style name Shuze 叔则, 237–291) also speaks for a discerning view of the connection between a person and their illness:

> "Secretariat director Pei possessed outstanding beauty. One day, when his illness became critical, Emperor Hui [r. 290–306] sent Wang Yan 衍 [256–311, style name Yifu] to visit him. At the time Pei was lying with his face to the wall, but when he heard that emissary Wang had arrived, with an effort he turned to look at him. After Wang had taken his leave, he said to the others, 'His twin pupils flashed like lightening beneath a cliff, and his spirit moved vigorously. Within his body, of course, there's a slight indisposition.'
> 裴令公有儁容姿，一旦有疾至困，惠帝使王夷甫往看，裴方向壁臥，聞王使至，強回視之。王出語人曰：「雙目閃閃，若巖下電，精神挺動，體中故小惡。」"[42,43]

The anecdote gives us two perspectives on illness, one explicit and one implicit. The view from outside is spelled out: a young man in his mid-30s is looking at a celebrated but much older man on his sickbed and determines that the old man suffers from "a slight indisposition in his body," which affected him only partly, though, because "his spirit is still moving vigorously." Wang Yan infers the latter from the look in Pei Kai's eyes, which he compares to lightening beneath a cliff. As with many other anecdotes in *Tales of the World* this one too connects to other anecdotes, on the level of both phrasing and content: Pei Kai himself characterizes the eyes of his friend Wang Rong (王戎, style name Junchong 濬冲, 234–305) in quite similar terms[44]; and an anecdote about Xi Xuan (郗璿, ca. 315–405) suggests the relative independence of body and spirit. When Xi Xuan, widow of the great calligrapher Wang Xizhi (王羲之, 303–361), was once asked if her eyesight and hearing had deteriorated, she replied, "Hair turning white and teeth falling out belong in the category of the physical body. But when it comes to eyes and ears, they are related to the spirit and intelligence. How could I let myself be cut off from other people?" (发白齿落，属乎形骸；至于眼耳，关于神明，那可便与人隔？).[45,46]

The perspective of the sick Pei Kai himself remains implicit. The anecdote does not cite his words or thoughts, but it indicates his state of mind through the description of his posture—he is "lying with his face to the wall"—and by mentioning the "effort" that it cost him to turn around and to muster the energy to flash his visitor a look that apparently left a deep impression. The background of this effort is, of course, that Pei Kai has a reputation of beauty to defend. The anecdote itself creates this backdrop with its first sentence.

3.3 Pei Kai's illness narrative in *History of the Jin Dynasty*

Other anecdotes in *Tales of the World* as well as Pei Kai's biography in *History of the Jin Dynasty* also stress his exceptional looks and aura. Going by the words of contemporaries as cited in both texts, being in Pei's presence was as dazzling as approaching the legendary Jade Mountain.[47,48] The biography in *History of the Jin Dynasty* also mentions that Pei suffered from a chronic illness (*Ke Li Ji* 渴利疾), and that it was a crisis of this particular illness that had moved the emperor to send an envoy to visit Pei on what would turn out to be his deathbed. Where the anecdote of this sickbed visit in *Tales of the World* only cites Pei's posture, movement, and look in his eyes, the biography in *History of the Jin Dynasty* records that the only words he said upon catching sight of his visitor and flashing him one of his famous looks were "we haven't met yet" (竟未相识). The historian may have found these words noteworthy for more than one reason: because they showed Pei's continued presence of mind and memory, or because they demonstrated Pei's desire to impress this visitor who was, after all, not an old friend but someone whose expectations must not be disappointed (Note 6).[49,50]

Together, the depictions in *Tales of the World* and *History of the Jin Dynasty* form an extremely terse but nevertheless complex narrative of coping with chronic, and then acute, illness. They suggest Pei Kai's increasing weakness and his wish to conceal his legendary face from the public's inquisitive gaze, possibly out of embarrassment or the anxiety that he might no longer be able to live up to his reputation. They also show him intentionally collecting himself to grant the emperor's envoy the expected, if curated, view of himself. The defiance that Pei Kai displays in the face of illness resembles that of the boy in the anecdote about intermittent fever, even if one person acts on his own behalf and the other one acts on behalf of his father.

Guilt, embarrassment, and defiance are by no means the only emotions associated with illness in early medieval anecdotal literature. Fear and confusion are prominent as well: about the arbitrary emergence and the uncertain progress of illness, as well as about an illness's sudden retreat and healing. Anxiety about illness can be expressed directly, but more often it is obscured. Especially in high-register literature such as poetry and other polite genres, stylistic conventions prevent the direct expression of unseemly emotions and require that they are rarefied through allusive and opaque language.[51]

Another indirect way to make sense of the deeply unsettling experience of illness is to associate it with the transformation of humans into animals, as we see in records of the strange. Accounts of sick men turning into wild animals such as tigers could be an attempt to express the physical and mental metamorphosis and apparent dehumanization that illness can bring about.[52,53]

4 Conclusion

The illness narratives we can extract from records of the strange and records of people may easily appear meager, especially if we approach them with expectations grown out of reading the rich illness memoirs that have become such a literary phenomenon in the last couple of decades, but under very different social and cultural conditions.[54] If we take the trouble, though, and fully attend to the countless early medieval narratives that mention illness in passing, usually just in the laconic form "they died of illness" (*Bing/Ji Si* 病/疾死), we discover that many of them contain—and one can even say, hide—more extensive illness narratives after all. Once we release these narratives from their condensed and covert states, we discover stories of suffering, healing, nursing, and, yes, also dying of illness. These are all experiences that must have profoundly shaped the lives of everyone involved, from the sick to their relatives and other caretakers.

The terseness of early medieval illness narratives is clearly owed to the conventions of historical writing at the time, which recorded physical complaints or impairments only in certain contexts. Prominent among them are stories of filiality, which usually include challenging situations that bring out the moral fiber of their protagonists and, by implication, also the merit of their families. As we saw in Yan Ji's story, it can be productive to read these stories not just as assemblages of historiographical motifs, but to dive deeper and detect their "setting in life," which will often also be a setting in health and in illness. Although many of the questions that arise in the interpretative process cannot be answered—as we also saw with Yan Ji's story—and may even be exasperating, becoming aware of the many gaps in our historical knowledge about the care for the sick is in truth yet another benefit of our engagement with medieval Chinese illness narratives.

Our reading of anecdotes in *Tales of the World* has shown that the elaborate web of emotions that surrounds illness is almost as well hidden as the illness narratives in records of the strange. Operating with implication, intertextuality, and subtext, the anecdotes nevertheless encode complex information about how the sick themselves as well as their relatives and friends were affected emotionally by illness and what it took to cope with social stigma and expectations. This problem has gained wider currency in Western discourses following Susan Sontag's 1976 *Illness as Metaphor* and it has since been developed in the work of Rita Charon and her students on narrative medicine, showing the potential of paying careful attention to illness narratives both in the field of medicine and in literary studies. The exploration of the copious literary heritage of ancient China is eminently promising in this respect.

Notes

Note 1: Cited after *Xin Ji Sou Shen Ji* (《新辑搜神记》 *A New Compilation of Records of an Inquest into Spirit Phenomena*) 21.271, where the story is titled "Yan Ji" (颜畿). Translations throughout are my own.

Note 2: The story also appears in two dynastic histories, again with variations: in the early sixth century *History of the Song Dynasty* and the 7th century *History of the Jin Dynasty*, both times in the "Monograph on the Five Phases" (*Wu Xing Zhi* 五行志) under the rubric "Human Illnesses" (*Ren Ke* 人痾) and as an omen for the demise of the Western Jin.

Note 3: See, for instance, the cluster of records of the strange on the topic of filiality in *Inquest into Spirit Phenomena*, many of which feature elderly, sick parents and children who stop at nothing to care for them, often depicted in colorful and gruesome detail. Many of these stories can also be found in standard histories, which often dedicate a special chapter to filial sons and daughters, just as we saw in *History of the Jin Dynasty*.

Note 4: The commentary to this passage in *Tales of the World* points to a passage of *Dong Guan Han Ji* (《东观汉记》 *Records of Han Dynasty from the Dongguan Library*) cited in a commentary to *Hou Han Shu* (《后汉书》 *History of the Latter Han Dynasty*) that provides early evidence of the view that "great men don't get sick with malaria" (壮士不病瘧).

Note 5: There is no further information on the nature of Yu Zong's ailments, but Xi Zuochi's official biography mention an illness of his feet (*Jiao Ji* 脚疾, *Jian Ji* 蹇疾, see *Jin Shu* 82.2154), while *Tales of the World* mentions that he "became confused in his mind" (性理遂错). Both descriptions are vague, though, and could refer to a range of complaints.

Note 6: On *Ke Li* (渴利), a condition characterized by thirst and frequent urination, see the descriptions throughout Chao Yuanfang's (巢元方 fl. 605–618) *Zhu Bing Yuan Hou Lun* (《诸病源候论》 *Treatise on the Origins and Manifestations of Various Diseases*).

Funding

None.

Ethical Approval

This article does not contain any studies with human or animal subjects performed by the author.

Author Contributions

The author drafted and revised the manuscript, grateful for the valuable comments by Martha Hanson and GUO Zhiheng. The author has read and agreed to the published version of the manuscript.

Conflicts of Interest

The author declares no financial or other conflicts of interest.

References

1 Needham J. *Clerks and Craftsmen in China and the West*. Cambridge: Cambridge University Press; 1970. p. 264.
2 See also the introduction of one of the *Zuo Zhuan's* case histories in Brown M. *The Art of Medicine in Early China: The Ancient and Medieval Origins of a Modern Archive*. Cambridge: Cambridge University Press; 2015. p. 21–40.
3 For a study of illness as an important topic in letter writing, see, for example, Richter AS, Chace C. The trouble with Wang Xizhi: illness and healing in a fourth-century Chinese correspondence. *T'oung Pao* 2017;103:33–93.
4 See also the website "Illness narratives in a fourth-century Chinese correspondence" at Richter A. *The Polyphony: Conversations Across the Medical Humanities* (Durham University). 2022. Available from: https://thepolyphony.org. [Accessed on March 23, 2023].
5 See two articles that introduce parts of my research for this book, Richter A. Teaching from the sickbed: ideas of illness and healing in the *Vimalakīrti-nirdeśa-sūtra* and their reception in medieval Chinese literature. In: Salguero CP, Macomber A, eds. *Buddhism and Healing in China and Japan: Global and Local Perspectives*. Honolulu: University of Hawai'i Press; 2020. p. 57–90.
6 Richter A. Health and illness in the paratext: five authorial prefaces and a letter from early and early medieval China. *Nanyang J Chin Literat Cult* 2022;2: 85–108.
7 The genre is heterogeneous and difficult to delineate. For a recent overview see, Allen SM. Narrative genres. In: Denecke W, Li WY, Tian XF, eds. *The Oxford Handbook of Classical Chinese Literature (1000 BCE–900CE)*. Oxford: Oxford University Press; 2017. p. 273–87.
8 See the copious research published by Robert F. Campany since the 1990s, such as Campany RF. *Strange Writing: Anomaly Accounts in Early Medieval China*. Albany: SUNY; 1996.
9 See also chapter 5 in Salguero CP. *Translating Buddhist Medicine in Medieval China*. Philadelphia: University of Pennsylvania Press; 2014. p. 121–40.
10 Charon R. *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press; 2006.
11 On healers in medieval China see Salguero's description of what he calls the "religiomedical marketplace" in Salguero CP. *Translating Buddhist Medicine in Medieval China*. Philadelphia: University of Pennsylvania Press; 2014. p. 60–6.
12 Nathan Sivin's characterization of the diversity of healing in his *Health Care in Eleventh Century China* focuses on a later period in Chinese history, but many of his observations are relevant for early medieval China as well. Sivin N. *Health Care in Eleventh Century China*. Berlin: Springer; 2015.
13 An early plea to take "The Patient's View" into account was made by Roy Porter in his 1985 article of the same title. Porter S. The patient's view: doing medical history from below. *Theory Soc* 1985;14(2):175–98.
14 For a complete translation of *Sou Shen Ji*, see De Woskin KJ, Crump JI. *In Search of the Supernatural: The Written Record*. Stanford: Stanford University Press; 1996.
15 Gan B. *A New Compilation of Records of an Inquest into Spirit Phenomena and Latter Records of an Inquest into Spirit Phenomena* (新辑搜神记新辑搜神后记). Commentary by Li JG. Beijing: Zhonghua Book Company; 2007. Chinese.
16 Li F, Hu M, Li M, et al. *Imperial Reader from the Taiping Era* (太平御览). Beijing: Zhonghua Book Company; 1960. p. 887.4072 ("Chong sheng" 重生). Chinese.
17 Li F, Hu M, Li M, et al. *Comprehensive Records from the Taiping Era* (太平广记). Beijing: Zhonghua Book Company; 1960. p. 383.3051–52 ("Zai Sheng" 再生). Chinese.
18 Shen Y. *History of the Song Dynasty* (宋书). Beijing: Zhonghua Book Company; 1974. p. 34.1005. Chinese.
19 Fang XL. *History of the Jin Dynasty* (晋书). Beijing: Zhonghua Book Company; 1974. p. 29.907. Chinese.
20 For a comprehensive exploration of this subgenre of records of the strange, see Campany RF. Return-from-death narratives in early medieval China. *J Chin Relig* 1990;18: 91–125.
21 Fang XL. *History of the Jin Dynasty* (晋书). Beijing: Zhonghua Book Company; 1974. p. 88.2285–86. Chinese.
22 For a brief introduction of the Yan family see Tian XF. *Family Instructions for the Yan Clan and Other Works by Yan Zhitui (531–590s)*. Berlin: de Gruyter; 2021. p. xii–xiii.
23 On historical narratives of filiality, see chapter 2 in Knapp K. *Selfless Offspring: Filial Children and Social Order in Medieval China*. Honolulu: University of Hawai'i Press; 2005.
24 This suspicion is suggested, for example, in an anecdote about Li Xin 李歆 (style name Zongzi 宗子, d. ca. 350). Liu YQ. *A New Account of Tales of the World with Commentaries* (世说新语笺疏). commentary by Yu JX. Shanghai: Shanghai Classics Publishing House; 1993. no. 18.4. Chinese.
25 See also the translation in Mather RB. *Shih-shuo hsin-yü: A New Account of Tales of the World*. Ann Arbor: University of Michigan; 2002. p. 357.
26 Legge J. *The Chinese Classics: Volume 1*. London: Trübner; 1861. p. 157 (14.46).
27 Gan B. *Records of an Inquest into Spirit Phenomena* (搜神记). commentary by Wang SY. Beijing: Zhonghua Book Company; 1979. no. 11.276–99. Chinese.
28 This story is not included in Li Jianguo's *A New Compilation of Records of an Inquest into Spirit Phenomena*, see instead Gan B. *Records of an Inquest into Spirit Phenomena* (搜神记). commentary by Wang SY. Beijing: Zhonghua Book Company; 1979. no. 11.293. Chinese.
29 Fang XL. *History of the Jin Dynasty* (晋书). Beijing: Zhonghua Book Company; 1974. p. 88.2280–84. Chinese.
30 On Yu Gun, see, e.g., Shigehisa K. Epidemics, weather, and contagion in traditional Chinese medicine. In: Conrad LI, Wujastyk D, eds. *Contagion: Perspectives from Pre-Modern Societies*. Aldershot: Ashgate; 2000. p. 7.
31 On the 276 epidemic, see Zhang ML, et al. *A General History of Disasters in China: Volume on the Wei Dynasty, Jin Dynasty, and the Northern and Southern Dynasties* (中国灾害通史：魏晋南北朝卷). Zhengzhou: Zhengzhou University Press; 2009. p. 57–66, 288–89. Chinese.
32 Wilt L. Idema has observed this motif in late imperial literature as well, see Idema WL. Diseases and doctors, drugs and cures: a very preliminary list of passages of medical interest in a number of traditional Chinese novels and related plays. *Chin Sci* 1977;2: 40.
33 Lu X. *Rediscovering Old Stories* (古小说钩沈). Hong Kong: Xinyi Publishing House; 1967. p. 137–38. Chinese.
34 Although Bao Xuan has a relatively long biography in *Han Shu* (汉书 *History of the Han Dynasty*), it does not mention this episode. See Ban G. *History of the Han Dynasty* (汉书). Beijing: Zhonghua Book Company; 1962. p. 72.3086–94. Chinese.
35 Gan B. *A New Compilation of Records of an Inquest into Spirit Phenomena and Latter Records of an Inquest into Spirit Phenomena* (新辑搜神记新辑搜神后记). Commentary by Li JG. Beijing: Zhonghua Book Company; 2007. no. 2.28. Chinese.
36 Gan B. *A New Compilation of Records of an Inquest into Spirit Phenomena and Latter Records of an Inquest into Spirit Phenomena* (新辑搜神记新辑搜神后记). Commentary by Li JG. Beijing: Zhonghua Book Company; 2007. no. 18.226. Chinese.
37 Liu YQ. *A New Account of Tales of the World with Commentaries* (世说新语笺疏). commentary by Yu JX. Shanghai: Shanghai Classics Publishing House; 1993. no. 2.27. Chinese.
38 Mather RB. *Shih-shuo hsin-yü: A New Account of Tales of the World*. Ann Arbor: University of Michigan; 2002. p. 45.
39 On the ancient Chinese understanding of this disease, see Fan KW. The nüe disorder and the nüe demon during the Han and Tang periods (汉唐时期疟病与疟鬼). In: Lin FS, ed. *A History of*

Illness (疾病的历史). Taibei: Linking Publishing; 2011. p. 201–43. Chinese.
40 See, e.g., Richter AS, Chace C. The trouble with Wang Xizhi: illness and healing in a fourth-century Chinese correspondence. *T'oung Pao* 2017;103:3388–93.
41 Liu YQ. *A New Account of Tales of the World with Commentaries* (世说新语笺疏). commentary by Yu JX. Shanghai: Shanghai Classics Publishing House; 1993. no. 4.80, 8.30. Chinese.
42 Liu YQ. *A New Account of Tales of the World with Commentaries* (世说新语笺疏). commentary by Yu JX. Shanghai: Shanghai Classics Publishing House; 1993. no. 14.10. Chinese.
43 Mather RB. *Shih-shuo hsin-yü: A New Account of Tales of the World*. Ann Arbor: University of Michigan; 2002. p. 332–33.
44 Liu YQ. *A New Account of Tales of the World with Commentaries* (世说新语笺疏). commentary by Yu JX. Shanghai: Shanghai Classics Publishing House; 1993. no. 14.6. Chinese.
45 Liu YQ. *A New Account of Tales of the World with Commentaries* (世说新语笺疏). commentary by Yu JX. Shanghai: Shanghai Classics Publishing House; 1993. no. 19.31. Chinese.
46 Mather RB. *Shih-shuo hsin-yü: A New Account of Tales of the World*. Ann Arbor: University of Michigan; 2002. p. 380.
47 Liu YQ. *A New Account of Tales of the World with Commentaries* (世说新语笺疏). commentary by Yu JX. Shanghai: Shanghai Classics Publishing House; 1993. no. 14.12. Chinese.
48 Fang XL. *History of the Jin Dynasty* (晋书). Beijing: Zhonghua Book Company; 1974. p. 35.1048. Chinese.
49 Fang XL. *History of the Jin Dynasty* (晋书). Beijing: Zhonghua Book Company; 1974. p. 35.1049–50. Chinese.
50 Ding GD, ed. *On the Origins and Symptoms of Illnesses with Commentaries* (诸病源候论校注). Beijing: People's Medical Publishing House; 1992. p. 4.161. Chinese.
51 Richter A. Teaching from the sickbed: ideas of illness and healing in the *Vimalakīrti-nirdeśa-sūtra* and their reception in medieval Chinese literature. In: Salguero CP, Macomber A, eds. *Buddhism and Healing in China and Japan: Global and Local Perspectives*. Honolulu: University of Hawai'i Press; 2020. p. 75–79.
52 For examples, see Gan B. *Records of an Inquest into Spirit Phenomena* (搜神记). commentary by Wang SY. Beijing: Zhonghua Book Company; 1979. no. 12.300. Chinese.
53 Also see Lu Xun. *Rediscovering Old Stories* (古小说钩沈). Hong Kong: Xinyi chubanshe; 1967. p. 232. Chinese.
54 Richter A. Health and illness in the paratext: five authorial prefaces and a letter from early and early medieval China. *Nanyang J Chin Literat Cult* 2022;2:85–86.

Edited by GUO Zhiheng

How to cite this article: Richter A. Stories of coping with sickness: illness narratives in early medieval Chinese anecdotal literature. Chin Med Cult 2023;6(2):175–182. doi: 10.1097/MC9.0000000000000058.

Research article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Doctors' Dilemma in Auspicious Pulse Diagnosis Represented in Ming-Qing Fiction

LI Yuanda[1], MAO Xu[1,✉]

Abstract

Auspicious pulse diagnosis/ pregnancy diagnosis in traditional Chinese medicine involves such issues as medical skills, narrative skills, family decency, and ethics. It is an excellent case for the exploration of ethical dilemmas in traditional Chinese medical practice. The early classical medical texts such as *Su Wen* (*Basic Questions*) and *Ling Shu Jing* (*Spiritual Pivot Canon*) provide a principle-based ethical guide for doctor-patient communication, while popular fiction such as *Hong Lou Meng* (*A Dream of Red Mansions*), *Yu Mu Xing Xin Bian* (*Stories: Entertain to Enlighten*), and *Feng Yue Meng* (*Courtesans and Opium*) in the Ming and Qing dynasties present literary examples for solving ethical dilemmas. This article will analyze these texts from three perspectives. First, the doctors in the text were subject to gender order and other delicate etiquette and customs, therefore were unable to make the diagnosis without embarrassing the patients and jeopardizing family decency. Second, the narrator tends to attribute pregnancy misdiagnosis to three reasons: incomplete patient information, doctors' poor narrative competence, and doctors' corrupted medical ethics. Finally, the Ming-Qing fiction proposes three methods to solve this moral dilemma: clear pulse reading, tactful speech, and taboo challenging. This discussion of moral dilemmas in pregnancy diagnosis in traditional Chinese medical practice can be used as a reference for the localization of narrative medicine.

Keywords: Ming-Qing fiction; Narrative medicine; Pregnancy diagnosis; Pulse taking; Traditional Chinese medicine

1 Introduction

A large number of medical situations are presented in Ming-Qing fiction, which often correspond to or complement the scenarios in contemporaneous medical textbooks and casebooks. *Xi Mai Zhen Duan* (喜脉诊断 auspicious pulse diagnosis/ pregnancy diagnosis) is particularly noteworthy. Although it is named with *Xi* (喜 auspicious), it often becomes the focus of conflict between doctors and patients in the process of medical practice and easily results in a lose-lose situation for both doctors and patients. Therefore, it was called "the most important relationship" by the Ming and Qing medical scholars, and doctors were warned that they "must be careful" and "must not be too outspoken."[1] The reason lies in the fact that pregnancy diagnosis involves not only medical skills but also narrative competence, family decency, and medical ethics, and thus the ethical dilemmas represented in Ming-Qing fiction and medical cases are very common.

2 The ethical guidance of classical medical texts

The early classical texts of traditional Chinese medicine such as *Su Wen* (《素问》*Basic Questions*) (Fig. 1) and *Ling Shu* (《灵枢》*The Spiritual Pivot*) all provide guiding principles in patient-doctor communication. For example, *Spiritual Pivot Canon* states, "There is no human being that does not hate death and enjoy life; to warn him of the dire prospect, to comfort him with a better future, to treat him according to his convenience, to explain the reason of his suffering, and even if he is a difficult and mean person, how could he not listen?"[2] Sun Simiao's (孙思邈) famous *Bei Ji Qian Jin Yao Fang* (《备急千金要方》*Important Formulas Worth a Thousand Gold Pieces for Emergency*) in Tang Dynasty also advocates that when facing a patient, a doctor "must not think back and forth, weigh his gains and losses, and fear for his life."[3] Only in this way can one be a great doctor.

The ethical guidelines for doctor-patient communication provided by early classical texts are clear and comprehensive. However, the specific ethical situations between doctors and patients in different eras are not covered by the guidelines, and many ethical dilemmas show up. It is almost impossible for a physician to be "single-minded and not distracted" when dealing with patients of different backgrounds, genders, ages, status, personalities, cultivation, and health.[3]

[1] The School of Health Humanities, Peking University, Beijing 100191, China

✉ MAO Xu, Email: maoxu@pku.edu.cn

ORCID: 0000-0002-2461-5697

Chinese Medicine and Culture (2023) 6:2

Received: 15 January 2023; accepted: 19 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000062

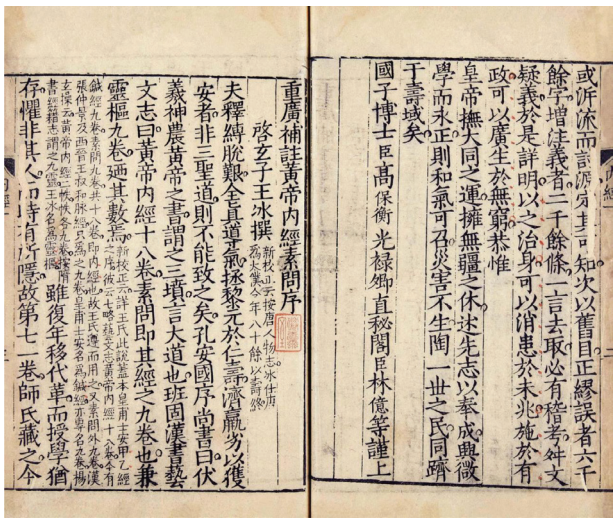

重廣補註黃帝內經素問序
啓玄子王冰撰
夫釋縛脫艱全真道者拯黎元於仁壽濟羸劣以獲安者非三聖道則不能致之矣孔安國序尚書曰伏羲神農黃帝之書謂之三墳言大道也班固漢書藝文志曰黃帝內經十八卷素問即其經之九卷也兼靈樞九卷通其數焉

Figure 1 *Su Wen* (*Basic Questions*) (source from: https://img2.artron.net/auction/2012/art001485/d/art0014852237.jpg).

The inter-subjectivity constructed between each pair of doctor and patient is unique, and this uniqueness is specific in time and space and therefore unrepeatable. Solving ethical dilemmas is a constant challenge to the patience and wisdom of doctors, especially in the case of pregnancy diagnosis, where the relationship between doctors and patients (and their families), doctors and themselves, doctors and colleagues, and doctors and society are all tested. The dilemma is difficult to cope with if doctors only have some principles as guidelines. The fiction and medical cases of the Ming and Qing dynasties provide a large number of vivid examples in this respect, which could be studied by current health professionals. By evaluating the good and bad of each scenario and contemplating how to improve it, they can transfer the surrogate experience to their practice to solve the ethical dilemmas in real clinical situations.

3 Doctors' dilemmas presented in Ming-Qing fiction

In the narratives of the pregnancy diagnosis in Ming-Qing fiction, the healers often face an awkward situation. They make careful judgments based on the limited physical and psychological information of the patient as well as the atmosphere of the patient's family, but they often misjudge the situation, and in some cases, they are ridiculed and humiliated by the patient's family. Sometimes their reputation is damaged, while in others, their lives are threatened. The ethical dilemma of pregnancy diagnosis in Ming-Qing fiction can be probed from four aspects: the medical aspect, the family aspect, the peer aspect, and the social aspect.

3.1 Medical aspect

In traditional Chinese medicine, the diagnosis of pregnancy, according to the method described in Wang Shuhe's (王叔和) *Mai Jing* (《脉经》 *The Pulse Classic*), should abide by the following guidelines, "At the beginning of pregnancy, the pulse is tiny and the woman breathes five times with the time-length of one pulse... When the pulse becomes fast and slippery, but disperses with the finger pressed against it, the fetus is three months old. When the pulse is fast but not slippery, and does not disperse with the finger pressed against it, then the fetus is five months old."[4] The pregnancy pulse experiences a transition from hidden to visible and clear. It can be seen that in traditional medical system, it is not easy to determine whether a woman is pregnant (Fig. 2).

Accordingly, there are episodes in Ming-Qing fiction that reflect the difficulty of pregnancy diagnosis. For example, in Chapter 20 of the late Ming Dynasty short-story collection *Chu Ke Pai An Jing Qi* (《初刻拍案惊奇》 *Amazing Tales: First Series*), Liu Yuanpu (刘元普) is described as a person who "does good deeds and is righteous and generous with money." His 40-year-old wife,

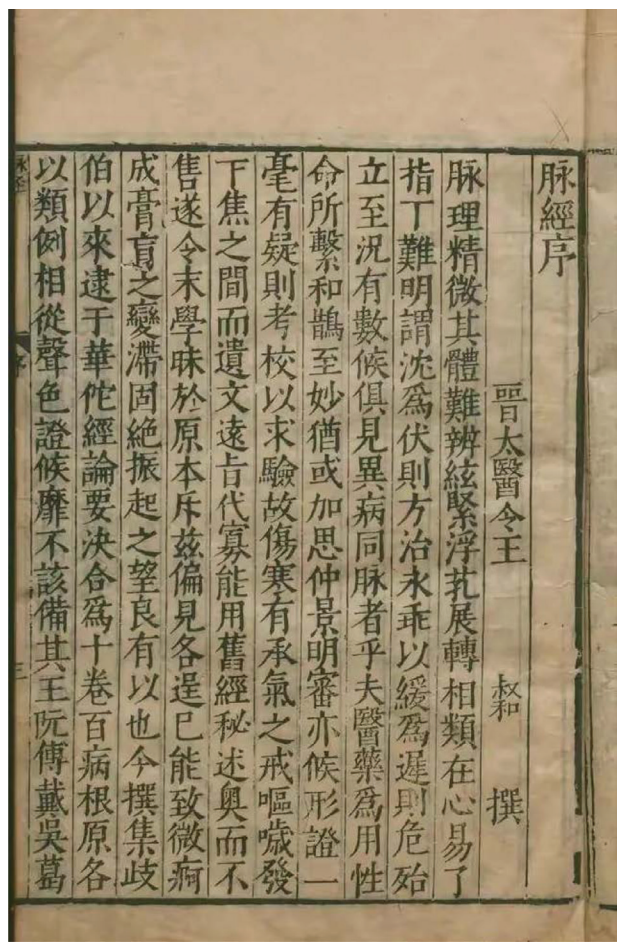

脉經序
晉太醫令王 叔和 撰
脉理精微其體難辨絃緊浮乳展轉相類在心易了指下難明謂沈爲伏則方治永乖以緩爲遲則危殆立至況有數候俱見異病同脉者乎夫醫藥爲用性命所繫和鵲至妙猶或加思仲景明審亦候形證一毫有疑則考校以求驗故傷寒有承氣之戒嘔噦發下焦之間而遺文遠旨代寡能用舊經秘述奥而不售遂令末學昧於原本斥茲偏見各逞已能致微痾成膏肓之變滯固絶振起之望良有以也今撰集歧伯以來逮于華佗經論要決合爲十卷百病根原各以類例相從聲色證候靡不該備其王阮傳載吳葛

Figure 2 *Mai Jing* (*The Pulse Classic*) (source from: https://nimg.ws.126.net/?url=http%3A%2F%2Fdingyue.ws.126.net%2F2021%2F1105%2F20c917e4j00r22omz003gc000hs00tac.jpg&thumbnail=660x2147483647&quality=80&type=jpg).

Mrs. Wang, suddenly took to salty and sour food and also vomited from time to time. Most doctors were not confident in their diagnosis, but a few of them judged it to be "like the pulse of pregnancy."[5] The word "like" is used in the book, which shows the doctors' caution and the difficulty in diagnosing pregnancy.

The novel *Feng Yue Meng* (《风月梦》 *Courtesans and Opium*) in Daoguang Era of the Qing Dynasty describes in Chapter 14 that Lu Shu (陆书), a native of Changshu, was having an affair with Fragrance, a prostitute. One day Fragrance complained to him that "I feel a little dizzy, my eyes are all puffy, and I'm shivering with cold. I had some breakfast this morning, but I threw it up straight afterward. I still feel nauseous, as if I were going to vomit, and I have no strength in my limbs." Lu Shu hastened to fetch a doctor, and in turn invited Ren Wanlin (任万林) and Ming Chiyuan (明驰远), two famous doctors in Yangzhou. But they could not accurately label Fragrance's illness. Dr. Ren's diagnosis was, "Today the fever and chills alleviated; but there is still a little blockage on the left. She should continue on a strict fast for one more day, and then, after she's had a bowel movement, there should be no further problem. As for pregnancy, it's been only a few weeks, and nothing has shown up in her pulse. But my knowledge is limited, and I wouldn't presume to conjecture. You should call in someone better qualified than I to consider that question." In contrast, Dr. Ming's diagnosis revealed more knowledge of pregnancy diagnosis,

> "Your young lady's external evil factors of cold and heat have dissipated; Dr. Ren's medicine was quite appropriate. As for the pregnancy, after one month the embryo is the size of a dewdrop, after two months it's like a peach blossom, and only after three months does it separate into male or female. One needs to wait three months before it can be detected in a pulse reading. In your young lady's case, she's in her fortieth or fiftieth day, so it does not appear in her pulse. She should use her own judgment about the temperature and see that she eats regularly. I don't imagine she'll be engaging in any strenuous activity, but it's important that she exercise with caution in whatever she does."[6]

Ming Chiyuan's diagnosis naturally serves a certain function in the novel's narrative, and the difficulty in confirming pregnancy provides a chance for Lu Shu to show his deep love for the prostitute Fragrance. However, from the medical point of view, it also reflects that in traditional society, where modern examination equipment was not available, it was difficult to determine the pregnancy at an early stage by relying on the limited amount of information deduced from the pulse reading (Fig. 3).

But the general social perception does not fully recognize this difficulty. Some narrators attribute it to the incompetency of doctors. Chapter Two of the early Qing Dynasty novel *Nyu Xian Wai Shi* (《女仙外史》 *Romance of the Female Immortal*) narrates that when the heroine's mother was pregnant, she had "frequent acid reflux and vomiting, possibly pregnant." The doctor was unable to make a decision, "It was written in *The Pulse Classic* that only after five months of conception can the fetus's pulse be detected." An old servant named Lao Mei (老梅) happened to pass by and sarcastically commented, "If it is five months old, I can see it, and need not bother the doctor."[7] The novel uses Lao Mei as a mouthpiece to satirize the incompetence of doctors, which in turn shows that there is a gap between the public perception and the actual ability of doctors, and that this gap causes divisions and conflicts between doctors and patients (Fig. 4).

Figure 3 *Feng Yue Meng* (*Courtesans and Opium*) (source from: https://img14.360buyimg.com/n1/jfs/t1/4410/4/17072/163702/626f7a9bE2f055457/9531f1e7d83d32ab.jpg).

3.2 Family aspect

The patient's family, especially the male relatives, determines the effectiveness of the doctor-patient communication. If the patient is an unmarried or widowed woman, the doctor's blunt statement of pregnancy will offend the patient's family. The Ming-Qing fiction together with medical cases records some interesting examples that reflect the division and even sharp confrontation between doctor and patient when family decency and ancestral face are endangered.

In the middle of the Qing Dynasty, the Jiangnan scribe Du Gang (杜纲) compiled *Yu Mu Xing Xin Bian* (《娱目醒心编》 *Stories: Entertain to Enlighten*), in which Chapter 15 records such a story: An official's family took in a son-in-law to bear the bride's family name, but the marital ceremony had not been held. The official's daughter fell ill and was misdiagnosed as pregnant. When the son-in-law heard that his wife was expecting a baby, he was furious and wanted to repent the marriage. To prove his daughter's chastity, the official asked

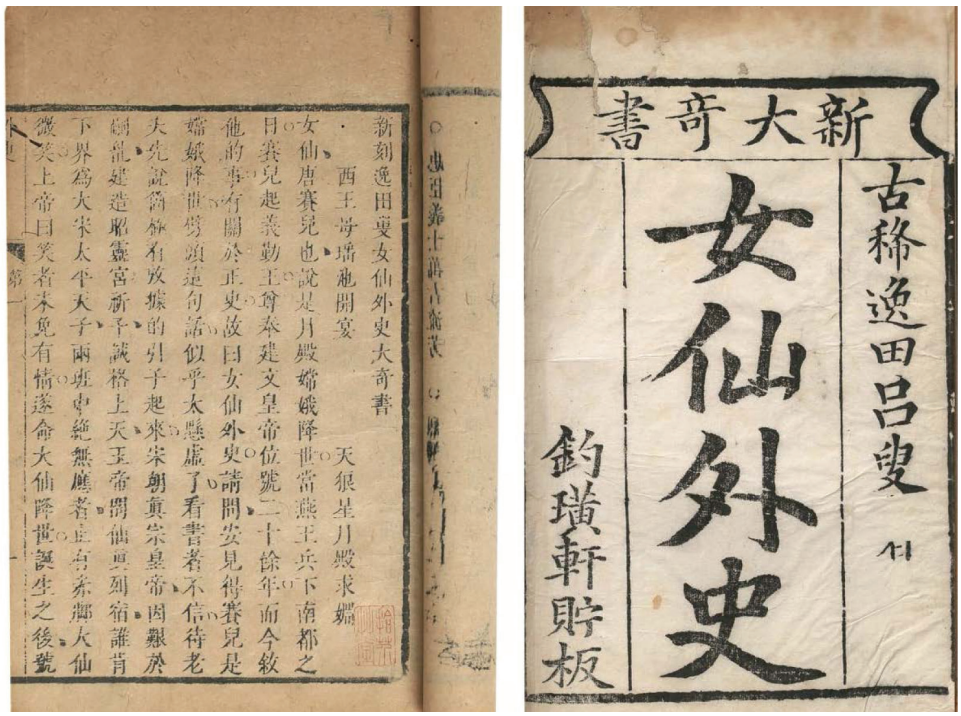


Figure 4 *Nyu Xian Wai Shi* (*Romance of the Female Immortal*) (source from: https://oss-product-img.artfoxlive.com/profile-prod/201806/1529030175480_1594983_origin.jpg?x-oss-process=style/l_watermark).

the son-in-law to hide behind a curtain and let the doctor feel his pulse. The doctor again gave a diagnosis of pregnancy. The son-in-law jumped out from behind the curtain and exclaimed, "I'm a man, and you tell me I'm pregnant. No wonder you diagnosed his daughter as pregnant! I'll drag you to the court!" The doctor was so ashamed that his face turned red. He was dragged to the hall and knelt down to apologize.[8] The prospective son-in-law beat up the doctor, and finally achieved the result of "trumping the doctor" (Fig. 5).

In the late Qing Dynasty, Lu Yitian's (陆以湉) *Leng Lu Yi Hua* (《冷庐医话》 *Medical Discourses of the Cold Shack*) recorded a story with an almost identical storyline. The main plot of both the fiction and the medical case revolves around the doctor's judgment that "this is not a disease but pregnancy."[9] The difference is that in *Stories: Entertain to Enlighten* the official set up the doctor in order to prove the family's decency, while in the case of Dr. Cao recorded in *Medical Discourses of the Cold Shack*, it is because the servant had always hated Dr. Cao, and Dr. Cao was misled by the servant's information and therefore misdiagnosed the pregnancy. Both illustrate the ethical dilemmas of the doctor when faced with pregnancy diagnosis: on the one hand, the limited means of examination make it difficult to diagnose; on the other hand, the patient and others might induce the doctor to make mistakes to save their family's propriety and face.

3.3 Peer aspect

Peers being criticized during medical treatment put doctors in a dilemma between the Confucian gentleman ethics and a tighter bonding with the patients (and their family). Sun Simiao in *Important Formulas Worth a Thousand Gold Pieces for Emergency* criticized the behaviors of medical practitioners who "gossip about others, criticize people, show off their fame, slander their peers, and become excessively self-complacent," believing that such behaviors are "the gravest fault of doctors."[3] Sun Simiao's opinion has far-reaching influence. Since Song Dynasty, the status of Confucian doctors increased, and the Confucian ethics became the moral law in the heart of doctors. In Chapter 10 of *Hong Lou Meng* (《红楼梦》 *A Dream of Red Mansions*), Dr. Zhang Youshi 张友士 was invited into the Ning House to diagnose Qin Keqing's (秦可卿) illness. He disciplined himself as a Confucian doctor, observed etiquettes closely, and refused to accept Jia Zhen's (贾珍) money. However, he inevitably faced the awkward position of peer evaluation. People in the Jia family repeatedly complimented him that "This doctor must have second sight: there's no need for us to tell him anything. Quite a few of our household physicians have seen her, but not one of them came so close to the truth." The Confucian doctor Zhang Youshi had no choice but to respond in a reserved way, "I cannot agree with the view that this pulse indicates a pregnancy." "(I am afraid that) those gentlemen have delayed your lady's recovery."[10] This is the most polite wording that Zhang Youshi can use. In contrast, in Chapter 69 of the novel, a famous doctor commented on Dr. Hu Junrong (胡君荣) that he "arbitrarily used drugs as if on tigers and wolves."[11] Compared with this doctor, Dr. Zhang obviously had a much better manner (Fig. 6).

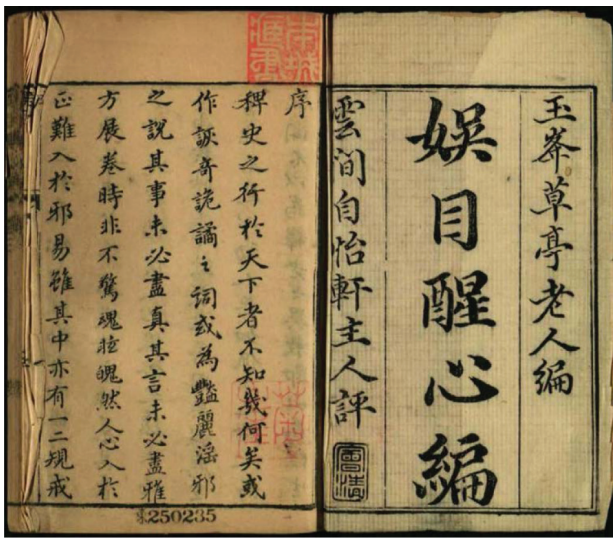


Figure 5 *Yu Mu Xing Xin Bian* (*Stories: Entertain to Enlighten*) (source from: https://shanwanli.com/wp-content/uploads/i1.buimg.com/511436/8d1a9c2074a0cd32.jpg).

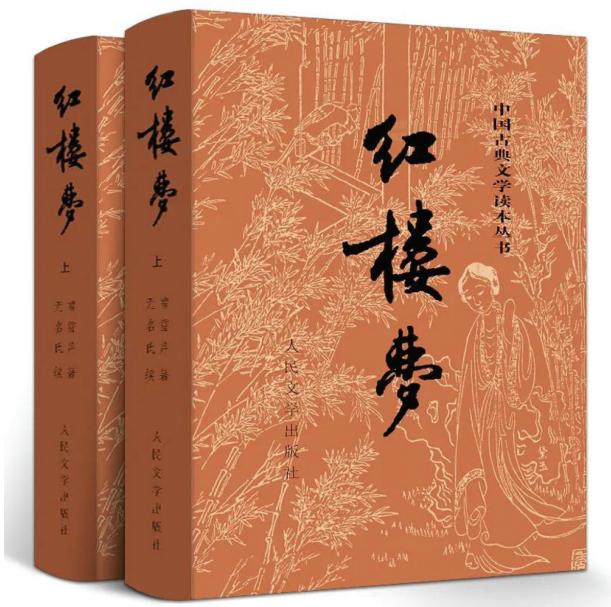


Figure 6 *Hong Lou Meng* (*A Dream of Red Mansions*) (source from: https://item.jd.com/10008245.html).

Apart from the typical image of Confucian doctors recorded in *A Dream of Red Mansions*, the stories of "doctors rivalry" in traditional Chinese operas, which represent the scenes where doctors on the stage make harsh comments on each other in order to make the audience laugh, are also commonly inherited in the fiction of the Ming and Qing dynasties. In Chapter 61 of *Jin Ping Mei* (《金瓶梅》 *The Plum in the Golden Vase*), the old man Mr. He said of his colleague Zhao Longgang (赵龙岗), "This man is a notorious trickster from outside the east gate, who sells staffs and rings bells on the street to coax people passing by. How could he know anything about pulse reading and disease!"[12] This type of total negation of someone's medical skill and medical ethics is common in the fiction of the Ming and Qing dynasties. In Chapter 35 of the popular novel *Zhong Lie Quan Zhuan* (《忠烈全传》 *Complete Lives of Loyal Martyrs*) in Xianfeng Era of the Qing Dynasty, Gu Xiaowei (顾孝威) invited Dr. Huang to feel Sun Lanniang's (孙兰娘) pulse. Dr. Huang's self-confession is the opposite of Sun Simiao's ethical teaching. In his incessant self-aggrandizement, Dr. Huang expressed his distaste for his peers who "judge illnesses based on the tone of the patient's voice," and also bragged about his correct diagnosis of a senior official's wife, the smooth delivery of the child, and the gift he received as a token of appreciation.[13] Ironically, this doctor praised himself as a "Confucian doctor." If we compare this doctor with Zhang Youshi in *A Dream of Red Mansions*, the difference between the two is shown in their different attitudes toward their fellow practitioners.

3.4 Social aspect

The consequences of misdiagnosis of pregnancy for doctors in traditional society were serious. In the narratives of Ming-Qing fiction, it can be seen that doctors who misdiagnose pregnancy face the notorious reputation of a "quack." They will lose their credibility and even endanger their livelihoods and their families' lives.

In *A Dream of Red Mansions*, the serious consequences of an incorrect diagnosis of pregnancy are hinted. Dr. Hu Junrong aborted the only male offspring of Jia Lian (贾琏), so "He... sent men to go and beat up Hu; but the latter heard of this in time to bundle together his things and run away."[10] The doctor in Chapter 15 of *Stories: Entertain to Enlighten* mistakenly diagnosed an unmarried girl as pregnant and suffered a grave humiliation, "a full bucket of stinking dung was showered on his head." By comparison, Dr. Cao in *Medical Discourses of the Cold Shack* seemed to be in an even worse situation: he was scolded by his master and beaten up by the servants, and was fed a mouthful of feces and urine. The doctor knelt and begged with tears for exemption, and finally the master shaved off the doctor's beard and painted his face with chalk before setting him free. After the doctor returned home, he closed the door and did not go out for half a year, and his reputation declined to the bottom.[9]

It is interesting that as the ethical dilemma of pregnancy diagnosis in the Ming and Qing dynasties gradually became commonplace, many doctors were put in jeopardy even if their diagnosis was accurate. The most horrific story is about the famous Yangzhou doctor Ming Chiyuan in *Courtesans and Opium*. Ming Chiyuan's medical reputation was made possible by a gory experience, which was narrated by a pimp,

> "Last year a general in Nanjing—I forget the man's name—had a daughter who was suffering from bloat. Goodness knows how many doctors had failed to cure

her. Her father sent four of his senior deputies on a large boat to Yangzhou, just to invite Dr. Ming to Nanjing. When the doctor arrived, he checked the daughter's pulse through a curtain and was then invited into the reception room to prescribe a remedy. 'Your daughter isn't suffering from bloat,' Dr. Ming told the general. 'She's pregnant. It's a boy, and she's in her eighth month.' He wrote out a prescription to protect the fetus. The general received the news without any visible emotion and merely asked his aides and relatives to accompany the doctor at dinner in the study. He himself took a double-edged sword and went into his daughter's room, where, without asking her whether it was true or not, he slit open her belly with the sword and found a perfectly formed male fetus inside. He then went to the study and said to Dr. Ming, 'Doctor, I salute you. You're a great expert.' When he told Dr. Ming what he had done, the doctor almost died of fright. 'There's no need to be afraid,' said the general. He ordered a servant to bring out five hundred taels as a reward and told the deputies to escort Dr. Ming by boat back to Yangzhou. After that the doctor's fame spread far and wide, and he was besieged by patients."[6]

Ming Chiyuan traveled from Yangzhou to Nanjing and diagnosed pregnancy for the daughter of a military official. However, the result obtained was that the official cut open his daughter's abdomen to verify his diagnosis, with the tragic cost of two lives. This cruel story is told from the perspective of a pimp, which confirms the popularity of an archetypal story with the plot of disembowelment to prove pulse diagnosis. The protagonist could be Yangzhou doctor Ming Chiyuan, or more famously, Huang Yuanyu (黄元御), a famous doctor of the Qianlong Era, but the plots are similar, revolving around an accurate pulse reading and the murder of a family member by the patriarch who holds the power to verify the diagnosis. In the story of Dr. Ming, it is worth considering why the military official must cut open the abdomen to see the fetus. Obviously he was not trying to invalidate Ming Chiyuan's medical reputation, and it is also unlikely that he did this to show his manliness. The most possible reason is that his daughter was pregnant unmarried. This is also why Ming Chiyuan "almost died of fright." He must be terrified: if the diagnosis was wrong, it would be him who loses life for slandering the official's family name.

The representations of ethical dilemmas of pregnancy diagnosis in the Ming-Qing fiction are numerous, and they are a truthful microcosm of medical situations in the Ming and Qing society. The Qing Dynasty physician Zheng Qin'an (郑钦安) had already noticed this dilemma and made a clear and comprehensive analysis of it in *Yi Fa Yuan Tong* (《医法圆通》 *Adept at Medical Skills*), "With the symptom of amenorrhea comes the most sensitive issues and doctors must take great care." He not only registered the phenomenon of the ethical dilemma in pregnancy diagnosis, but also focused his writing on the causes and solutions. In his opinion, "Since ancient times, sages are just common people who tread carefully on the matter of human relationship."[1] We will proceed with this topic in subsequent discussions (Fig. 7).

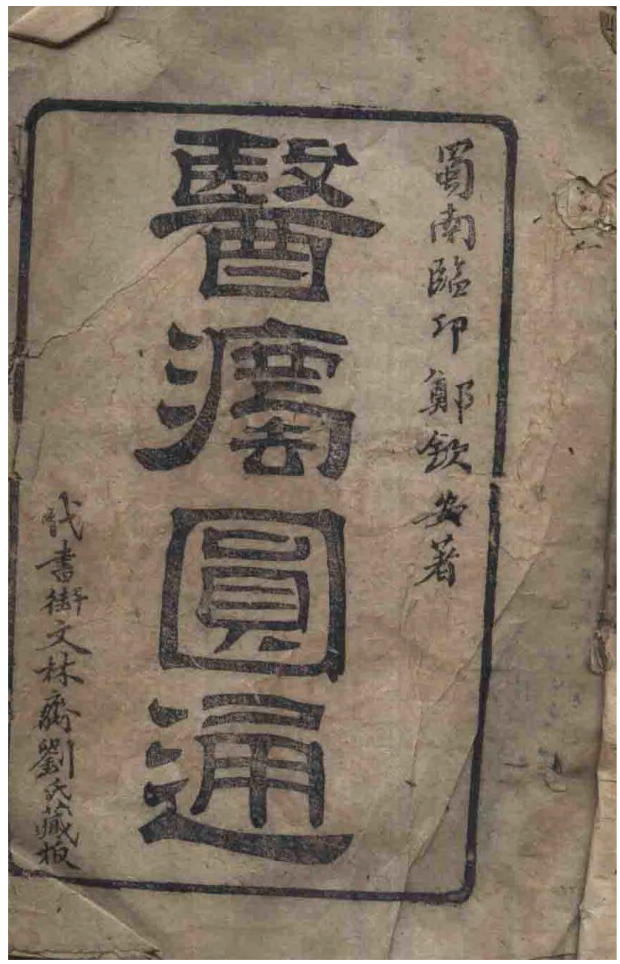


Figure 7 *Yi Fa Yuan Tong* (*Adept at Medical Skills*) (source from: https://pic13.997788.com/pic_search/00/26/35/76/se26357662.jpg).

4 Three reasons of pregnancy misdiagnosis

Judged from various Ming-Qing fictional works such as *A Dream of Red Mansions*, *Romance of the Female Immortal*, etc, it is clear that most ethical dilemmas of pregnancy come from pregnancy misdiagnosis. Therefore, we should first analyze why pregnancy misdiagnosis is especially frequent in pulse readings in the literary texts. Three reasons from the perspective of doctors are listed below: lack of information, lack of narrative competence, and corrupted medical ethics.

4.1 Lack of information

Pregnancy misdiagnosis should be attributed first and foremost to lack of information caused by incomplete execution of *Si Zhen* (四诊 four diagnostic methods). Four diagnostic methods, including *Wàng* (望 looking), *Wén* (闻 listening), *Wèn* (问 questioning), and *Qiè* (切 feeling the pulse), are conducted to acquire the

maximum amount of information about a patient, but the traditional etiquette establishes a gap between the patient and the doctor. In the Ming and Qing dynasties, women were victims of strict medical regulations. *Zu Xun Lu* (《祖训录》 *Record of Ancestral Precepts*) of the Hongwu Era of the Ming Dynasty stipulated, "For women or girls who are ill, if the disease is not serious, their pulse should be felt in the Qianqing Palace; if serious, they can be examined in their own room, but only in broad daylight. Any doctor daring to enter the palace at night will be decapitated." As if this is not threatening enough, in the 28th year of the Hongwu Era came a revision which simply deleted the second article. In the early Ming Dynasty, the norm for noble ladies seeking medical treatment in the palace was, "In the case of imperial concubines being ill, the doctors shall not enter the palace, only prescribe medicine based on the symptoms described."[14] A Ming Dynasty doctor Xu Chunfu (徐春甫) criticized this custom in *Fu Ke Xin Jing* (《妇科心镜》 *Pure-hearted Gynecology*), "Nowadays, ladies of the rich and noble families live behind the curtains in private boudoirs and cover their arms with handkerchiefs. Doctors can neither diagnose by looking at the face nor feeling the pulse, and four diagnostic methods become two."[15] The situation is obviously ridiculous, but no high-status family dare go against the feudal code of ethics for the health of women.

In *A Dream of Red Mansions*, Qin Keqing, Qing Wen, Second Sister, and other young women strictly abided by the rules of etiquette when they met male doctors. The information they provided is very limited. In this novel, only the Lady Dowager allowed the doctor to see her face and dismissed the requirement of going behind the curtains. In Chapter 42, the Lady Dowager said, "I'm an old woman... Old enough to be his mother. Why should I be afraid of his laughing at me? Leave the curtains as they are, he can see me like this."[10] Other fiction of the Qing Dynasty also reflects such restrictions, notably *San Yi Bi Tan* (《三异笔谈》 *Notes and Sayings of Three Anomalies*) by Xu Zhongyuan (许仲元), which narrates Chen Jun's (陈君) treatment of the postpartum illness of a princess, the daughter of Duke of Yi County.

The narration of this episode is full of twists and turns. Dr. Chen Jun was ordered to do a home visit but not told where; when he asked about the identity of the patient, the official snapped at him, "Shut up and read the pulse."[16] This terrified Dr. Chen. Fortunately, more information was deduced from a former prescription, so he could place in the ballpark the disease. Such a hair-raising experience finally made Chen Jun, who now won the Duke's trust and an official post in his house, flee to the south. It is fair to say that Chen Jun's administering the right medicine despite the lack of information was largely a matter of luck. His final choice to flee was directly related to the unequal relationship between doctors and patients (and their family) that causes the difficulty for doctors in obtaining the information.

Moreover, sometimes patients and their family intentionally mislead doctors for their own interests, which made doctors more likely to fall into the pitfalls of misdiagnosis. Even in similar stories, there are minute differences in the specific attribution of misdiagnosis. For example, the above-mentioned *Medical Discourses of the Cold Shack* attributes the misdiagnosis of doctors to the servants' hatred of the doctor's arrogance, while the narrative of *Stories: Entertain to Enlighten* focuses on the preservation of the daughter's dignity and family reputation, and lays particular stress on social etiquette. By combining and comparing these two stories, we can achieve a comprehensive understanding of this type of stories.

4.2 Lack of narrative competence

Another important reason for misdiagnosis of pregnancy is doctors' lack of narrative ability which can also lead to the loss of mutual trust between doctors and patients. Traditional Chinese medicine is rooted in Chinese culture, with special emphasis on doctors' narrative ability. Wu Jutong (吴鞠通), a famous doctor in the Qing Dynasty, emphasized the importance of doctors' narrative in shaping the doctor-patient relationship in *Yi Yi Bing Shu* (《医医病书》 *The Book on Healing the Physicians*), "Tell the patient the cause of the disease in detail, so that the patient knows it and dare not repeat it; also detect the nuances of their complaint, grasp the circumstances of the patient, and use gentle words to comfort her, solemn words to educate her, dangerous words to warn her. Then she will be both convinced and pleased and the medicine will work wonders."[17]

Zheng Qin'an (郑钦安) in *Adept at Medical Skills* provided specific directions in giving the diagnosis of pregnancy. The doctor should "first ask who the patient is and see if the husband is at home. If the husband is at home, let him ask first, then tell him it is pregnancy, not amenorrhea." In addition, there are some non-medical elements worth considering, like widowhood or old maidenhood, "In these scenarios, doctors must not mention pregnancy, but blame it on amenorrhea."[1] Diagnosis of pregnancy poses an ethical dilemma mainly because it involves the family's face and reputation. Therefore, doctors need to consider various situations and make a judgment that is both medically and socially appropriate.

A close reading of novels such as *A Dream of Red Mansions* reveals a pattern in which the better the doctor's narrative ability is, the more brilliant is his medical skills, also the better the norms of etiquette are observed. The narrator seems to establish a causal relationship between these three, which reflects the values of traditional society. In the world of the Ming-Qing fiction, to be a good doctor who can effectively deal with ethical dilemmas, one needs to avoid both the self-aggrandizement of Dr. Huang in *Complete Lives of Loyal Martyrs* and the hesitancy of the doctor who diagnoses Mrs.

Wang's illness in *Amazing Tales-First Series*. A worthy role model is the Confucian doctor Zhang Youshi in *A Dream of Red Mansions*, who does not deliberately belittle his fellow physicians, but at the same time stood his own ground. In contrast to him is Hu Junrong, the quack doctor in Chapter 69 of *A Dream of Red Mansions*.

4.3 Corrupted medical ethics

Misdiagnosis of pregnancy caused by incompetent medical skills or insufficient information will only bring humiliation to a doctor. But in the case of Hu Junrong, he misdiagnosed because of his corrupted medical ethics, and therefore deserved more severe punishment,

> "The servants fetched Doctor Hu Junrong. His diagnosis was that her menstruation was irregular and some tonic would set her right. When Jia Lian told him that she had missed three periods and was often sick, so it looked like a pregnancy, Hu Junrong asked the serving-women to show him the lady's hand, and Second Sister stretched out her hand from behind the curtains. After feeling the pulse for sometime he declared: 'If it were a pregnancy, the liver humour should be strong. But the wood is in the ascendant, and that engenders the fire element which causes irregular menstruation. May I make so bold as to ask to have a glimpse of the lady's face, so that I can see how she looks before venturing to make out a prescription.' Jia Lian had to order the curtain to be raised. But the sight of Second Sister robbed Hu Junrong of his senses. He was too dazed to know what he was doing. Then the curtain was lowered and Jia Lian escorted him out. Asked what the trouble was he said: 'It's not a pregnancy, just congestion of the blood. To make her periods normal, we must get rid of the congestion.' He then wrote a prescription and took his leave. Jia Lian ordered servants to send over the doctor's fee and buy and prepare the medicine for the patient. In the middle of the night, Second Sister had such a pain in her stomach that she miscarried—the foetus was male—and bled so copiously that she fainted. Jia Lian hearing this cursed Hu Junrong and had another doctor fetched at once. He also sent men to go and beat up Hu; but the latter heard of this in time to bundle together his things and run away."[10]

When analyzing the behavior of Hu Junrong, there is a controversial point concerning how to understand the meaning of "the sight of Second Sister robbed Hu Junrong of his senses." The traditional view is that Hu Junrong is lustful and dazzled by the beauty of Second Sister, "He was too dazed to know what he was doing," and therefore misdiagnosed. However, a closer reading of the text shows that Hu Junrong is not the family doctor of Jia House, but a casual one Jia Lian ordered the servants to hire. His identity is suspicious. But one thing is certain: Hu Junrong at first thought that Second Sister suffered from "irregular menstruation," the treatment is "some tonic." After checking the pulse again and looking at Second Sister's face, the diagnosis became "the congestion of blood" and the corresponding treatment was changed into "get rid of the congestion." Hu Junrong's treatment plan is adjusted after he saw Second Sister's face. The key question is: what came into his mind at this moment? Based on the fact that he escaped in advance and Wang Xifeng (王熙凤, Jia Lian's wife) became the largest beneficiary from the miscarriage, it is likely that Hu Junrong found out that Second Sister was pregnant with a male child. He was ordered by Wang Xifeng to abort the fetus. If this is the right deduction, then Hu Junrong's misdiagnosis of the pregnancy is an act of corrupted medical ethics, and in fact, murder.

In summary, misdiagnosis of pregnancy in Ming-Qing fiction can be broadly attributed to incomplete information about patients, lack of narrative competence, and corrupted medical ethics. The literary representation of these aspects is no less important than that of medical texts. It also provides inspiration in further exploration of methods to solve the ethical dilemma in pregnancy diagnosis.

5 Three methods to solve the moral dilemma

Concerning how to break through the ethical dilemma of pregnancy diagnosis, some medical classics in the Ming and Qing dynasties offered solutions, such as the aforementioned *Adept at Medical Skills*, "In the matter of unwanted pregnancy, if the fetus is only two or three months old, the doctor can apply medicine to abort it so as to save two families' faces; it is also *Yin De* (阴德 secret virtues) for the doctor. If it is too late to abort it, the doctor should help preserve the fetus and also keep the secret. If they insist on abortion, the doctor should respect their will to protect the woman, for if the woman's name is tainted, no one would marry her, and two families will lose face. It is a sin to sacrifice a life for another, but it is a justifiable sin."[1] On the other hand, fiction in the Ming and Qing dynasties presented three methods to solve this ethical dilemma: clear pulse reading, tactful speech, and taboo challenging.

5.1 Clear pulse reading

Qin Keqing is the most mysterious woman in *A Dream of Red Mansions* and the first one to perish. Her illness and death have been the subject of debate in both literary and medical worlds. One topic within the debate is: Was Qin Keqing pregnant or not? The answer given by the Confucian doctor Zhang Youshi is that she was not pregnant, but had irregular menstruation,

> "'Your honourable wife's left distal pulse is deep and rapid, the median pulse deep and faint,' replied the doctor. 'The right distal pulse is faint and feeble, the median pulse thready and weak. A deep and rapid left distal pulse indicates hyperactivity of heart fire due to yin deficiency; the deep and faint median pulse is due to anemia caused by a sluggish liver. A faint and feeble

distal pulse on the right indicate lung deficiency; a slight and listless median pulse indicates a wood element in the liver too strong for the earth element in the spleen. The fire produced by the weak action of the heart results in irregular menses and insomnia. A deficiency of blood and sluggish condition of the liver produce pain in the ribs, delayed menses and heartburn. Debility of the lungs leads to giddiness, perspiration in the early hours of the morning, and a feeling like sea-sickness. And the predominance of the wood element in the liver over the earth element in the spleen causes poor appetite, general lassitude and soreness of the limbs. These are the symptoms I would expect from my reading of the lady's pulse. I cannot agree with the view that this pulse indicates a pregnancy.' An old woman who had been attending Keqing exclaimed, 'That's exactly how it is. This doctor must have second sight: there's no need for us to tell him anything. Quite a few of our household physicians have seen her, but not one of them came so close to the truth. One says it's a pregnancy, another that it's an illness; this one declares it's of no consequence, that one that there'll be a crisis at the winter solstice. They can't make up their minds. Please tell us just what to do, sir.'"[10]

It should be noted that *A Dream of Red Mansions* adopts the technique of the Ming-Qing *Shi Qing Xiao Shuo* (世情小说 Secular-feeling Fiction) of using pulse reading to suggest character and fate. In other words, the description of Qin Keqing's illness is not arbitrary, but has a hidden narrative agenda. From the perspective of narrative medicine, we can see that Zhang Youshi's reading of the pulse is not a recitation of medical books or a showing off of his learning, but a detailed explanation of the relationship between Qin Keqing's symptoms and cause of disease to Jia Rong (贾蓉), the husband of Qin Keqing, who as a nobleman had certain medical knowledge. Qin Keqing's illness was so complex that even Zhang Youshi could not give it a name, so later scholars were divided in their opinions. One thing is certain, however, that Zhang Youshi's analysis was recognized by Jia Rong and also Qin Keqing's personal attendant. With such affirmations, Zhang Youshi's narrative achieved its effect, which successfully established a solid mutual trust between the doctor and the patient (and her family). Zhang Youshi's example enlightens us that in doctor-patient communication, it is not always necessary to use everyday language to explain complex pathological phenomena; if patients or their families have a certain level of medical education, the doctors can "treat him according to his convenience" and establish an individualized rather than typical doctor–patient relationship. From *A Dream of Red Mansions*, it can be seen that the primary factor of pregnancy diagnosis is reaching judgment by combining all elements and offering a clear pulse explanation. Only then will follow an effective communication and mutual trust.

5.2 Tactful speech

The requirements of traditional Chinese medicine for doctors are comprehensive and profound. Doctors cannot just treat illnesses, but more importantly, they should regulate the patients' body and mind and take care of family decency. A hidden requirement of traditional society for those who practice medicine is the accumulation of *Yin De*. Such stories of persuasion are numerous in Ming and Qing fiction, forming a social subconscious that in turn relieved the burnout of doctors and boosted their morale in their medical practice.

In the case of pregnancy diagnosis, where the ethical dilemma is most frequent, doctors in traditional societies were particularly good at creating metaphors, or at least making use of certain metaphors that were conventionally invented by folklore, to eliminate the stigma of illness and achieve a win-win situation between the doctor and the patient. The most common metaphor is the attribution of unexpected pregnancies to a "ghost fetus." The connection between a ghost fetus and pregnancy already existed in Hong Mai's (洪迈) *Yi Jian Zhi* (《夷坚志》 *Record of the Listener*) of the Song dynasty (Fig. 8).

In the story, Yang Daozhen (杨道珍) is a socially marginalized doctor who "was relegated to the status of subaltern for a crime." After he examined the official's favorite concubine, he blurted out, "This is not a good pregnancy. I am afraid it is a ghost fetus." This angered

Figure 8 *Yi Jian Zhi* (*Record of the Listener*) (source from: https://view-cache.book118.com/view1/M05/08/32/wKh2BF6qsSGAOSLSAAV_DlgX940909.png).

the official's family, but he stuck to his opinion. Two months later, a ball of flesh "like a water frog"[18] was born. Only then did the family start to trust him. It is clear that the narrator portrays Yang Daozhen as an exorcist rather than a doctor, and his image as a doctor has not yet been fleshed out.

In the Ming and Qing dynasties some new changes occurred to the concept of the "ghost fetus." Fu Shan (傅山) who lived between the two dynasties thus explained the etiology of ghost fetus in *Fu Qing Zhu Nyu Ke* (《傅青主女科》 *Fu Qing-zhu's [Treatise on] Gynecology*),

> "For women who have never married, if her period stops coming, her belly bloats up, her face sometimes red sometimes white, and the six pulses sometimes strong sometimes weak, then she must be impregnated by a ghost, and it is not menopause as some people suppose. If one is morally immaculate, then no evil dare approach; but once one misbehaves, then evil will come near. The woman might have engaged in activities like having sex in a trance or dream, molesting each other in darkness, stealing sex with relatives in secrecy, or having intercourse with an impostor 'celestial being.' She will keep it a secret, first because of bewilderment, then because of shame. With time going the belly will become as big as a bucket and she looks like pregnant."[19]

Fu Shan's account is shocking: did he really believe in the existence of a "ghost fetus?" Fu Shan listed several possibilities for conceiving a ghost fetus: having sex in a trance or dream, relatives stealing sex in secrecy, etc. All of the above mentioned behaviors are nothing but disguised sexual transgressions in traditional society. And Fu Shan, as a sage of gynecology, attributed the ghost fetus to "evil," which is in fact a benevolent deed to protect the decency of women. What aroused Fu Shan's benevolence were those Romeos and Juliets who were bound by feudal ethical codes. He chose to abort their "ghost fetus," which might be the only choice for a compassionate doctor in traditional society.

5.3 Taboo challenging

Based on Zheng Qin'an's exposition and Ming-Qing fiction's representation, it is clear that the ethical dilemma of pregnancy diagnosis was common, and that most doctors in traditional society had difficulty in breaking through the dilemma. Thus, Xu Enpu's (许恩普) *Xu Shi Yi An* (《许氏医案》 *Xu's Medical Case*) of the Qing Dynasty offers a more daring choice—to deliberately challenge the taboo and directly speak about the "untimely" pregnancy. Of course, this is a choice based on the doctor's full familiarity with the patient and her family.

In this case, there was an official in the Ministry of War named Wang Tieshan (王铁珊). His wife was over 40 years old and diagnosed by Dr. Xu as pregnant. But she refused to believe it, even when her belly bulged. Mr. Wang exclaimed in anger, "Don't deny it. This must be a bastard!" The lady was offended. Dr. Xu tried to comfort her by saying, "My lady, don't be offended. These are unintentional words." The couple were finally reconciled by the doctor. When their son was born, Dr. Xu declared at the baby shower that "This must be a bastard." People asked for the reason and all laughed about it.[20]

What is intriguing about this material is the repetition of the word "bastard." The first time when Wang Tieshan said "bastard," he was expressing his distrust of his wife for he suspected that it was the result of her fornication with someone else. Dr. Xu, who may have a good understanding of the situation and be familiar with Mr. and Mrs. Wang, skillfully defused the crisis. The second time when Dr. Xu said "bastard" was at the baby shower. Dr. Xu was bold in a skillful way, and openly told the story of the "bastard," which amused the guests present. The joke completely drove off Mr. Wang's suspicions.

In this medical case, the main reason why Wang Tieshan doubted his wife's fidelity was that she was over 40 years old. According to the *Jing Yue Quan Shu* (《景岳全书》 *The Complete Works of [Zhang] Jing-yue*), "When a woman is pregnant, the blood stays, the qi (气 wind) gathers, the uterus is full, so the pulse must increase. However, for those middle-aged or weak-bodied women, the pulse may be too weak to be felt, though it can be detected in its vagueness. This sign of yin fighting yang is the pulse of pregnancy."[21] Dr. Xu was a master at pulse reading and therefore can detect the slightest sign. For doctors nowadays, the moral of this story is that despite some patients' apprehensions about social etiquette, the doctors, based on accurate diagnosis and mutual understanding, can take the initiative to challenge the taboos. This may achieve a better effect in improving the doctor-patient relationship. Wang Jiren (王济仁) and Wang Yitie (王一贴) in *A Dream of Red Mansions* also belong to this type of good doctors who are familiar with the intricate situation of the patients and dare to confess their opinions at the right time.

6 Conclusion

To sum up, the fiction of the Ming and Qing dynasties depicts ethical dilemmas of news telling, among which pregnancy diagnosis is a very special type, which not only relates to the physical aspect of patients, but also places family decency, ancestral face, and social norms in the scene of doctor-patient communication. The narratives of pregnancy diagnosis in the fiction have added various perspectives to the narrative mode of traditional Chinese medicine, and by exploring individual doctor-patient communications transcend the theoretical guide provided by the early classical medical texts such as *Basic Questions* and *The Spiritual Pivot*. By representing and solving the ethical dilemmas both theoretically and practically, Ming-Qing fiction can contribute to the development of narrative medicine in China. Despite the fact that the diagnosis and treatment mode and the doctor–patient relationship have changed

substantially in contemporary China, the representation of specific medical ethical scenario in Ming-Qing fiction still rings an echo, and some solutions still apply, providing inspiration for the localization of narrative medicine in China.

Funding

This article is sponsored by the National Social Science Fund of China project "Building of the Database Construction of Health for All" (No. 21ZDA130).

Ethical approval

This study does not contain any studies with human or animal subjects performed by any of the authors.

Author contributions

LI Yuanda drafted the manuscript; MAO Xu revised this article. All the authors have read and agreed to the published version of the manuscript.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

References

[1] Zheng QA. *Three Books of Fire God of Chinese Medicine: Orthodox Medical Theory, Adept at Medical Skills, and Treatise on Cold-Damage Disorders* (中医火神三书：医理真传·医法圆通·伤寒恒论). Beijing: China Medical Science and Technology Press; 2014. p. 152. Chinese.
[2] Anonymous. *The Spiritual Pivot Canon* (灵枢经). Beijing: People's Health Publishing House; 2012. p. 66. Chinese.
[3] Sun SM. *Important Formulas Worth a Thousand Gold Pieces for Emergency* (备急千金要方). Beijing: People's Health Publishing House; 1955. p. 1-2. Chinese.
[4] Wang SH. *The Pulse Classic* (脉经). Beijing: China Medical Science and Technology Press; 2019. p. 169. Chinese.
[5] Ling MC. *Amazing Tales:First Series* (初刻拍案惊奇). Beijing: Huaxia Publishing House; 2017. p. 250. Chinese.
[6] Anonymous. *Courtesans and Opium: Romantic Illusions of the Fool of Yangzhou* (风月梦). Trans. Hanan P. New York: Columbia University Press; 2009. p. 139–42, 142.
[7] Lyu X. *Romance of the Female Immortal* (女仙外史). Tianjin: Baihua Wenyi Publishing House; 1985. p. 14. Chinese.
[8] Du G. *Stories: Entertain to Enlighten* (娱目醒心编). Shanghai: Classical Literature Publishing House; 1957. p. 343. Chinese.
[9] Lu YT. *Medical Discourses of the Cold Shack* (冷庐医话). Beijing: China Chinese Medicine Publishing House; 1996. p. 8. Chinese.
[10] Cao XQ, Gao E. *A Dream of Red Mansions* (红楼梦). Trans. Yang XY, Gladys Y. Beijing: Foreign Languages Press; 1978. p. 200, 1495, 843, 1494-5, 199-200.
[11] Cao XQ. *A Dream of Red Mansions* (红楼梦). Beijing: People's Literature Publishing House; 2008. p. 959. Chinese.
[12] Lanling XXS. *The Plum in the Golden Vase* (金瓶梅). Beijing: People's Literature Publishing House; 2000. p. 774. Chinese.
[13] Editorial Board for Integrated Ancient Fiction, ed. *Complete Lives of Loyal Martyrs* (忠烈全传). Shanghai: Shanghai Ancient Books Publishing House; 1994. p. 516–8. Chinese.
[14] Yu JD. *Anecdotes* (丛书集成初编·典故纪闻). Beijing: China Book Bureau; 1985. p. 30. Chinese.
[15] Xu CF. *The Complete Compendium of Ancient and Modern Medical Works* (古今医统大全). Hefei: Anhui Science and Technology Press; 1995. p. 150. Chinese.
[16] Tao YF, Zhu BX, Hong P. *Separate Records of Medical Cases of Past Dynasties* (历代笔记医事别录). Tianjin: Tianjin Science and Technology Press; 1988. p. 539. Chinese.
[17] Wu T. *Systematic Differentiation of Warm Diseases: Book on Healing the Physicians* (温病条辨·医医病书). Taiyuan: Shanxi Science and Technology Press; 2008. p. 189. Chinese.
[18] Hong M. *Record of the Listener* (夷坚志). Beijing: China Book Bureau; 1981. p. 1280–1. Chinese.
[19] Fu S. *Fu Qing-zhu's [Treatise on] Gynecology* (傅青主女科). Tianjin: Tianjin Science and Technology Press; 1999. p. 13. Chinese.
[20] Lu ZL. *Second Supplement to Classified Case Records of Celebrated Physicians* (二续名医类案). Shenyang: Liaoning Science and Technology Press; 1996. p. 2899. Chinese.
[21] Zhang JB. *The Complete Works of [Zhang] Jing-yue* (景岳全书). Shanghai: Second Military Medical University Press; 2006. p. 797. Chinese.

Edited by GONG Jiayu

How to cite this article: Li YD, Mao X. Doctors' dilemma in auspicious pulse diagnosis represented in the Ming-Qing fiction. Chin Med Cult 2023;6(2):183–193. doi: 10.1097/MC9.0000000000000062.

Research article

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

Roles of Case Studies and Case Reports in US East Asian Medicine: A Narrative-Medicine Perspective

Sarah E. Rivkin[1,✉]

Abstract

Recorded stories of the clinical encounter stretch back to ancient times. Throughout their history, these narratives have been called by different names, reflecting changes in format, function, and audience. This paper examines and explains the differences in two related forms of clinical writing as practiced by East Asian Medicine clinicians in the United States today—the case study and the case report. Each has its strengths and weaknesses; each is suited to different roles. The case study is ideal for education and the practice of narrative medicine, whereas the case report has played a vital role in propelling East Asian Medicine into the arena of modern scientific research.

Keywords: Case record; Case report; Case study; Herbal medicine; Narrative medicine

1 Introduction: The clinical tale of Dr. Fan and the film director

In the winter of 1961, a film director gets sick after sleeping on a newly built damp brick bed. This leads to prostatitis, which is cured, but relapses 13 years later. He delays seeking medical treatment for three additional years, during which time the disease progresses to urinary pain and frequency with ice-cold numbness and impotence. He tries chemotherapy, physiotherapy, sitz baths, acupuncture and moxibustion, massage, and takes more than 150 packets of herbs, all to no avail. At this point he consults the renowned practitioner of Chinese medicine Dr. Fan Zhonglin (范中林) who goes on to cure him and record his case.[1]

Dr. Fan describes and analyzes his symptoms, declaring that the patient has "a shaoyin yang weakness with exuberant internal yin cold. The proper method of treatment is to supplement yang, warm the kidney, disperse cold, and relieve pain. *Si Ni Tang* (四逆汤 Frigid Extremities Decoction) plus *Rou Gui* (肉桂 Cortex Cinnamomi) governs this." The patient takes three packets of the formula and gets significant relief. Dr. Fan makes some modifications in dosage and ingredients, and the patient takes 30 more packets. Dr. Fan interrupts the narrative with a lengthy aside explaining the treatment strategy and disease mechanism in accordance with classical theory. The patient then returns for a second examination. After listing the changes to his condition, Dr. Fan next clarifies the relationship between the heart and kidney, arguing that an understanding of this mechanism is central to the patient's situation. Another herbal formula is prescribed, further adjustments are made. There is a third examination and a third formula. Now the patient is cured.

The patient is overjoyed and writes a thank-you note to Dr. Fan, which is excerpted and included in the account: "Our work frequently needs me to make long and difficult journeys, to fight bitter cold, sweltering summer heat, heavy snow, gales, scorching sun, torrential rain... Since my disease was cured by Dr. Fan, I've already shot a whole segment of a feature film; presently I'm getting ready to meet the new fight!" the patient exclaims. The final part of the case study is a lengthy gloss by another famous doctor, Huang Huang (黄煌), who includes this case in his book *Yi An Zhu Du* (《医案助读》 *Case Studies Facilitate Learning*).[1]

This example of a case study is notably long (1657 characters) and detailed. It includes extensive descriptions of the patient's condition and treatment, analysis of each herbal formula and its modifications, a thorough explanation of the relevant theory employed at each stage of the case, feedback directly from the patient in his own words, and an additional layer of comments from another doctor. The writing style is engaging and informative, with a richness that makes it memorable. The case is dotted with useful clinical pearls. Although it includes diagnostic findings from a Western medical

[1] Seattle Institute of East Asian Medicine, Seattle 98108, USA

✉Sarah E. Rivkin, E-mail: info@slopeacupuncture.com

ORCID: 0000-0002-9405-2527

Chinese Medicine and Culture (2023) 6:2

Received: 13 December 2022; accepted: 15 March 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000053

assessment, this information is almost an aside. The purpose of the write-up is to show the reader how classical theory can be used to untangle a knotty disease. This is truly a case *study*—employing analysis and reflection, with an explicitly epistemic and didactic goal. As such, it is markedly different from the increasingly popular form of contemporary clinical writing known as the case report.

In this paper, I will discuss the differences between these two forms of clinical writing as practiced in the US today—the case study and the case report. Modern inheritors of a genre that has gone through many transformations over time, they are branches from the same ancient tree. Each has its strengths and weaknesses; each is suited to different roles. They have notable differences in authorship, audience, and function. Because of this they will also differ in narrative format, as well as name. Among their other uses, the case study is ideal for education and the practice of narrative medicine, whereas the case report has played a vital role in propelling East Asian Medicine into the arena of modern scientific research.

2 Case studies and case reports: what's in a name?

Although the terms case study and case report are often used interchangeably, they have significant differences. The following section details these differences in terms of format, research type, level of analysis, relationship to traditional texts, and intended audience.

2.1 Case studies

Dr. Fan comes from a long tradition of clinical writing (Fig. 1). The medical narrative—at times referred to in English as a case study, case history, case record, or case report—is an ancient tradition that arose independently in many parts of the world.[2,3] Broadly, it is the story of an encounter between a practitioner and a patient, usually including a history and description of the disease, as well as its treatment and outcome. These texts bridge the gap between science and literature.[4] They are part of a rich literary tradition undergirding the practice of medicine, which the famous 20th-century practitioner-scholar Qin Bowei (秦伯未) described as the "intimate integration between theory and practice."[5] In case writing, the "primary goal is not the production of meaning, but the production of knowledge."[2] Since ancient times physicians have sought ways to pass along what they have learned through years of practice; the case is the ideal vehicle for this transmission.[6]

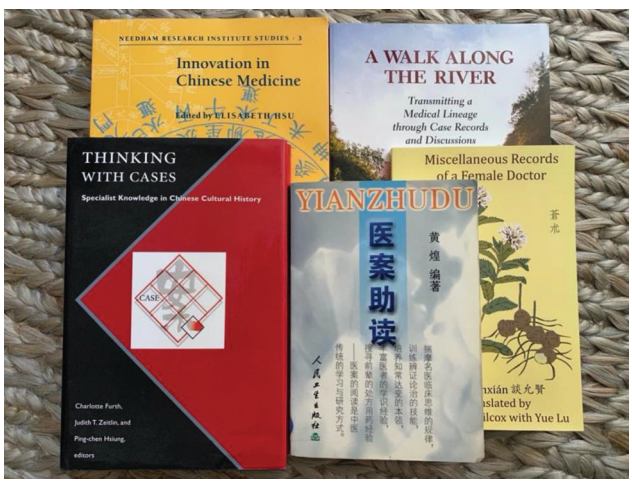


Figure 1 Examples of books of and about case studies. Photo courtesy of the author. ©2022

Beginning in the Ming, these texts have been called *Yi An* (医案), literally "medical case" in Chinese (Note 1).[7] The term case study has often been used when referring to them in English, as a reflection of the high level of analysis these writings may include—in-depth descriptions of presenting signs and symptoms and what they indicate, an explanation of the disease, a diagnosis supported by evidence from historical or theoretical texts, and a detailing of the herbal treatment or other intervention. While some case studies are quite terse, others, such as the Fan Zhonglin example included here, are rich with narrative color and provide an insight into the physician's thought process. As such, the case can serve as a container for the "induction of knowledge and theories" into the practice of medicine.[8]

The terms case study and case report sometimes get used interchangeably; however, they are not the same. The case study is a narrative form that encompasses "a great deal more complexity than a typical case report and often incorporates multiple streams of data combined in creative ways. The depth and richness of case-study description helps readers understand the case and whether findings might be applicable beyond that setting … As qualitative research, case studies require much more from their authors who are acting as instruments within the inquiry process."[9] In Dr. Fan's case, for example, we see the interweaving of the patient's story, analyses from two different doctors, observations of the disease progression, and references to classical theory. The reader is explicitly instructed on how to apply the lessons from this case to other clinical situations. As such, the case study is a "method of empirical inquiry appropriate to determining the 'how and why' of phenomena and contributes to understanding phenomena in a holistic and real-life context."[9] Again, as shown in Dr. Fan's narrative, case studies need not follow a prescribed format and often retain their clinician-author's unique voice.

2.2 Case reports

In contrast, case reports may lack the level of complexity and analysis found in a case study like Dr. Fan's. Authors are not meant to draw conclusions: The

purpose of the report is to describe clinical practice and serve as a building-block for further quantitative research.[10] When instructing acupuncturists in writing a case report Vinjamury emphasizes they "should not provide cause and relationship, so its authors and readers should refrain from making any causal inferences from the findings of a case report."[11] Case reports may follow a "template structure with limited contextualization or discussion of previous cases." The role of case reports is "often [to] provide a first exploration of a phenomenon or an opportunity for a first publication by a trainee in the health professions."[9] They are not a sufficient vehicle for the seasoned professional physician looking for a way to pass down their accumulated knowledge or explain a challenging case. Although both the case report and the case study are records of clinical practice, the case report may well not include the rationale for why a particular treatment was employed.

Case reports also do not typically include references to classical texts or theory. This is partly structural, as the case report has a different focus, but may also reflect who is reading these texts, which may include both practitioners and clinicians outside the profession. Today's students have less knowledge of canonical writings, so may not be able to refer back to them. For this audience, traditional terminology or a rationale for treatment based on the classics would seem incomprehensible or unscientific. Additionally, with an emphasis on brevity, a referent that is not meaningful to all may be sacrificed in the interest of space. Unlike case studies, case reports are not meant to be exemplars from which one can generalize or draw conclusions.

The widespread adoption of the CARE (CAse REport) and STRICTA (STandards for Reporting Interventions in Clinical Trials of Acupuncture) Guidelines have led to further standardization and medicalization of case reports (Fig. 2). First published in 2013, the CARE Guidelines grew out of a consensus process to review the medical literature and developed a thirteen-item checklist as a reporting guideline for case reports. The purpose was to increase rigor, and "improve the completeness and transparency of published case reports" to facilitate the "aggregation of information" for data analysis and "inform clinical study design." The STRICTA reporting guidelines were first published in 2001. Like CARE they were arrived at by consensus and are a checklist of items

CARE case report guidelines

CARE Checklist of information to include when writing a case report

Topic	Item	Checklist item description	Reported on Line
Title	1	The diagnosis or intervention of primary focus followed by the words "case report"	
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	
	3b	Main symptoms and/or important clinical findings	
	3c	The main diagnoses, therapeutic interventions, and outcomes	
	3d	Conclusion—What is the main "take-away" lesson(s) from this case?	
Introduction	4	One or two paragraphs summarizing why this case is unique (**may include references**)	
Patient Information	5a	De-identified patient specific information	
	5b	Primary concerns and symptoms of the patient	
	5c	Medical, family, and psycho-social history including relevant genetic information	
	5d	Relevant past interventions with outcomes	
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings	
Timeline	7	Historical and current information from this episode of care organized as a timeline	
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys)	
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	
	8c	Diagnosis (including other diagnoses considered)	
	8d	Prognosis (such as staging in oncology) where applicable	
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	
	9c	Changes in therapeutic intervention (with rationale)	
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	
	10b	Important follow-up diagnostic and other test results	
	10c	Intervention adherence and tolerability (How was this assessed?)	
	10d	Adverse and unanticipated events	
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	
	11b	Discussion of the relevant medical literature **with references**	
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	
Informed Consent	13	Did the patient give informed consent? Please provide if requested	**Yes** ☐ **No** ☐

Figure 2 The CARE Checklist of information to include when writing a case report. (source from: https://static1.squarespace.com/static/5db7b349364ff063a6c58ab8/t/5db7bf175f869e5812fd4293/1572323098501/CAREchecklist-English-2013.pdf.).

to be included in research reports, to insure "completeness and transparency of reporting of interventions." As the name implies, the STRICTA guidelines relate specifically to acupuncture, but reflect a broader trend to improve the quality of research by standardizing how it is reported.

These guidelines have been widely adopted and shaped the structure of case reports. Authors are often instructed to limit their use of Chinese medicine terminology and discouraged from using traditional theory to explain a treatment, disease process, or outcome. Instead, they should include findings from diagnostic tests and imaging. If symptoms are relieved by the intervention, this should be quantified using an assessment tool, such as a pain scale. Reports should be written to facilitate retrieval from electronic databases for aggregation and data analysis, and they should employ language that makes them more readily understood by clinicians outside of the East-Asian-medicine field.[12]

Case reports are thus a means of sharing East Asian medicine with the broader world. They are cheaper to fund and easier to publish than other kinds of research, so they have historically been a way to get the application of herbs and acupuncture into the mainstream medical literature. They can be a springboard as well to further research, as they provide the author with the opportunity to analyze the literature, including introducing concepts that might not have been previously published in English, when introducing the case (Note 2).[13]

Clinical writing, including case reports and other research forms, has helped integrate East Asian Medicine into the mainstream US healthcare system. Without the case report there would be no insurance coverage, without which thousands of patients would not be able to access care, nor would there be acupuncture in hospitals or other institutions. Case reports lead to case collections, pilot studies, and finally randomized control trials (RCTs), the gold-standard of scientific research. However, as previously discussed, case reports lack the narrative style that makes the case study invaluable in other ways.

2.3 Case studies *vs.* case reports

During the past 20 years in the United States, with the explosion of acupuncture research, the case report has become more widely practiced than the case study. Although students of acupuncture and herbal medicine may be instructed to write more in the style of a case study at the master's degree level to refine their diagnostic skills, they rarely receive the necessary feedback from their instructors that would enable them to master the case-study narrative form. If students pursue doctoral studies that include training in research methods, they are then taught to write case reports and often encouraged to publish them (Note 3). A cursory internet search revealed almost 50 journals that publish acupuncture case reports in English, in contrast to only a few publications that feature case studies. Those published case studies are often translations of the cases of famous Chinese physicians, not original writing: A case study such as the example from Dr. Fan might appear in an English-language journal such as *The Lantern*, but it would be unusual to see a similarly extensive exploration by a contemporary American clinician.

As discussed, the case study and case report not only differ in name, but in form, authorship, function, and audience. The case report may follow a templated structure, where the case study can vary based on the author's writing style. Case reports are the ideal vehicle for the budding researcher to get their first publication; ideally case studies would now be written by seasoned clinicians to explain their thought process and pass along their accumulated knowledge, as they were in times past. Finally, case reports are written to be read by an audience both within the East Asian medical profession and the larger biomedical and scientific community. Case studies, by contrast, speak more to an audience within the East Asian Medicine profession. Case studies are also a valuable tool for the historian, as they not only describe clinical practice but show clinical thinking and provide cultural context. These differences are summarized in Table 1.

It is notable that during the past 20 years, as East Asian medical writing in the US has been moving toward this more standardized model of case reporting, Western medicine has seen the rise of the field of narrative medicine. There has been a proliferation of medical storytelling in books and popular magazines, as well as in scientific journals (Note 4). Narrative medicine values what the case study has traditionally offered—a means of making sense of the clinical encounter, cultivating empathy, and processing the doctor's and patient's experiences through the written form.

Table 1 How case studies and case reports differ

Aspects that may differ	Case studies	Case reports
Format	Narrative, may vary based on the author	May be templated or follow a prescribed format
Type of research	Qualitative	Quantitative
Level of analysis	May be detailed	Might not be included
Conclusions	Draws conclusions, discusses cause and effect	Should not draw conclusions, only meant to describe practice
Refer to traditional texts and theory	Often	Rarely
Intended audience	Within the profession	Within and outside the profession

3 The case study and the power of narrative

In addition to these differences in name, format, authorship, and audience, the two subgenres are suitable to different roles—the case report to scientific research, the case study for historical record-keeping, education, and narrative medicine—as previously discussed. To this end, the case study can be employed to organize clinical thinking, help with individuation and professionalization, and aid memory, as well as serve as a vehicle for storytelling and teaching-learning. The following six subsections detail each of these roles, chiefly with regard to the case study.

3.1 Organizing clinical thinking

The case study is not only a literary form, but a "pattern for clinical reasoning,"[14] which is much less so in case reports where the purpose is to relay information. Scholars both of Chinese and Western medicine use the phrase "thinking with cases," to convey the idea that the case history "is a style of thinking as well as a mode of writing" (Note 5).[4,15] Case histories help order a clinician's thinking around diagnosis, allowing them to create a hierarchy of symptoms and make sense out of a series of events in the course of the patient's illness.[16] The process of putting the story of a patient's illness into a coherent narrative not only clarifies the clinician's thinking but provides an opportunity for reflection. Through writing the doctor can think out loud, puzzling through possible diagnoses and treatments,[17,18] as is seen in the case from Dr. Fan.

Both writing and reading case studies are clinically useful. In reading cases, the clinician learns how past practitioners addressed a similar problem.[19] Furth writes that cases are "fundamentally about working with analogies," a type of reasoning that relates "individual instances to a model … and ordering by the historical relationship of precedent/descent."[15] As Dr. Fan does in his writing, the case connects an individual disease occurrence in the clinic setting back to the medical literature and foundational texts.

In my conversation with Dr. Yu Guojun (余国俊), a prominent contemporary physician-scholar and advocate for case studies, he lamented, "part of the problem … is that we are actually not really taught how to think in Chinese medicine. We're taught to imitate, and imitation doesn't work. In contrast, case studies are where you actually see how things work—or sometimes, how they do not work—in real life, which can be a valuable learning experience" (Note 6).[13] Reading case studies by different physicians may reveal a variety of approaches to a similar condition. Sifting through these conflicting approaches is a way for the novice and seasoned clinician alike to learn how to reason through a challenging clinical situation.

3.2 Individuation

The case provides an opportunity to assess and think critically, allowing the clinician-reader not only to avoid the pitfalls of generalization and see the uniqueness in each illness, but to see patients as individuals as well. Standard textbooks cannot account for variation by gender, age, race, or other demographic factors, which can have significant impact on disease. For example, in discussing uterine bleeding, in my interview with Sharon Weizenbaum, she made the point that stopping bleeding requires different strategies if the patient is an adolescent with bleeding of recent onset *vs.* a perimenopausal woman who has been bleeding for a while. It is only though reading case studies that the practitioner can learn the nuances of how to treat these different situations effectively (Note 7).[13]

As in reading fiction, where one might identify with a character and through the act of reading come to a deeper understanding of another's life experience, in reading case studies we learn about both the clinician's and patient's experiences of illness and its treatment. The case study as a work of "literature can (possibly) promote sympathetic responses to human situations."[20] The narrative structure of the case allows us to see both clinician and patient as individuals, since "we always personify when we read."[21] This individuation ideally leads to empathy, an essential value to cultivate in practitioners.

3.3 Professionalization

Systematic record-keeping, including the writing of case studies, has historically played a significant role in the professionalization of Chinese medicine, through preserving medical knowledge and giving the practitioner a sense of identity.[19,22] Writing cases not only makes a physician feel like a professional; the act of writing also helps make them a better practitioner.

Dr. Yu recalls how he spent years treating patients during the day, then writing up his cases at night. He credits this balance of practice and written analysis with greatly increasing his clinical efficacy, and he recommends this strategy to anyone seeking to become a better practitioner.[13] Accumulating a written body of medical literature created a community and provided a means of communication within the realm of East Asian medicine, both among practitioners as well providing a vehicle to communicate to the outside world.[4] This shared corpus led to the development of a "technical terminology" or jargon, of Chinese medicine.[23] Jargon in turn further defines the people who speak or write in it as a group and also can designate them as professionals.

3.4 Memory

As the Nobel Prize winning neuroscientist and researcher on memory, Eric Kandel, wrote: "Memory is essential

not only for the continuity of individual identity, but also for the transmission of culture and for the evolution and continuity of societies over centuries."[24] The writing of a case study preserves a doctor's knowledge, while allowing them to pass it along to the next generation. The practice of medicine is an example of an adaptive behavior, one that has been sustained and developed through the case study. Case studies preserve our collective memory of Chinese medicine in written form, and, in the process, they turn information and experiences into stories. The imposition of a narrative structure also organizes the material, so it can be more easily assimilated into memory,[14] as can be seen in Dr. Fan's compelling case of the film director.

Kandel further elaborates that the key to remembering is "attending to the information and associating it meaningfully and systematically with knowledge already well established in memory."[24] For example, after having already learned the basic facts about an herbal formula, reading a case study on its application will help cement those facts, while also deepening understanding of how the formula might be used clinically. A challenge for any student of herbal medicine is not only to learn the properties and functions of an herb or formula, but to retain them and absorb them so fully the knowledge becomes habitual. Kandel emphasizes the importance of repetition in the process of memory, as "short-term memory grades naturally into long-term memory … through repetition." Repetition is how we transform explicit memory (conscious recall of facts) to implicit memory (habituation).[24] Arguably, to effectively use herbs in a clinical setting our knowledge of them should have progressed to this level of implicit memory. Reading or writing a case study is one component of the necessary work of repetition and linkage of information to meaning.

There is a long tradition of the unusual case study, partially due to the influence of *Zhi Guai* (志怪 "accounts of the strange") and other popular genres of literary entertainment.[25,26] Whether or not this is deliberate, cases that are unusual or shocking will also be more memorable. The case that reads like a novella or a detective story, or elicits a strong emotional reaction from the reader, is not easily forgotten. This is akin to what psychologists call a flashbulb memory, where the emotional jolt of the experience will imprint the occurrence in one's memory.

A case written by Dr. Song Daoyuan (宋道援) in 1929 is an excellent example of this: On a boat to Shanghai Dr. Song met an ailing young man whose condition matched a *Da Qing Long Tang* (大青龙汤 Major Bluegreen Dragon Decoction) formula presentation (Note 8).[27] Although the formula choice was correct, due to grave omissions in ingredients and a lack of instructions around administration, the patient died. In the case study, Dr. Song is heartbroken at his fatal error, berating himself for his mistakes and sharing his emotional distress with the reader. The literary qualities of the text, along with the pathos and tragic outcome make this an affecting and memorable tale. After reading it, any practitioner of herbal medicine could not help but remember the ingredients and proper method of taking *Da Qing Long Tang* (Note 9). Like the case from Dr. Fan, Dr. Song's case is an even more dramatic illustration of how the uniqueness of case studies makes them memorable.

3.5 Narrative and storytelling

Narrative and storytelling are intimately tied to memory. Organizing information into a story is a common memorization strategy used to recall the herbs in a formula when learning Chinese medicine. It is employed by students in the health sciences to remember anatomical terms, foreign language learners to master new vocabulary, and even people in everyday life who may construct a story in their minds to help recall a grocery list or tasks to be accomplished. Podcasters, marketers, and politicians all harness the power of the narrative to tell their stories and get their messages across. Stories are also how we record our history, transmit, and preserve information, and help others understand our experience. Through stories we learn about ourselves and others, in daily life as well as in a clinical setting.[28] Or, as Dr. Jerome Groopman recently wrote in *The New Yorker* magazine, "by writing stories, we as doctors aim to teach others about our patients while learning about ourselves."[29] Additionally, the practice of storytelling has also been shown to boost resilience among clinicians.[30]

In addition to aiding memory, storytelling "is a fundamental way for human beings to make the fact that we live in the dimension of time intelligible."[31] Illness unfolds and progresses over time, which can best be captured in the narrative form of the case study. This stands in contrast to the mere snapshot provided by a textbook or in many case reports. For this reason, case studies are where we learn the staging of treatment that is necessary for clinical success. Like a narrative, illness has an arc, or as Charlotte Furth points out, "stories have a dramatic structure that shapes our understanding of the temporality of events [and their] descriptive language gives meaning to inner bodily experience... [linking it to] the social world."[31] They contextualize both patient and practitioner, orienting them to time, place, and community.

A fundamental premise of the field of narrative medicine is that reading about the patient's experience is a way to teach empathy in training clinicians. In a richer, more narrative case study, both the practitioner and the patient appear like literary characters. The reader gets to know and empathize with them. In the case from Dr. Fan, the inclusion of the patient's own florid description of his recovery likewise provides the reader an opportunity to see the patient through his own writing. The patient narrative is also a means for clinicians to gather potentially useful information about the condition of their patients. Without the narrative, it would be harder to convey the practitioner's or patient's experience, elicit

empathy, and address the aspect of time in the disease progression or treatment.

3.6 Teaching and learning

The power of the case study to guide critical thinking, help with individuation and humanization of patients, clarify their disease, professionalize the practice of medicine, act as a mnemonic, and tell our collective stories all contribute to its value as a teaching and learning tool. Case studies can be explicitly didactic when they are used to introduce novel theory and ideas.[8] Dr. Fan does this when he interrupts the history of the illness to instruct his reader. Cases serve as examples to explain these new concepts, as well as models to emulate. When a famous doctor makes a substitution in an herbal formula or interprets traditional theory to explain a clinical puzzle, the reader sees how to modify an herbal formula and employ theory *in situ*. It is through reading cases studies that we learn both how famous physicians practiced and how they interpreted theory.[13]

It takes many years of repetition for skills to become intuitive. Case studies are the best way to pass along this expertise. As most students of East Asian medicine no longer have the opportunity to apprentice with a famous doctor, reading their case studies is the next best thing. Practical skills like patient management, dosage, and staging of treatment are learned through reading case studies. These nuances of practice will not appear in a textbook,[13] nor will there be included in most case reports.

In my interview with Sharon Weizenbaum, she mentioned how she learned a crucial lesson around dosing strong formulas from reading and translating the previously summarized case from Dr. Song. In that case, the patient died largely because Dr. Song neglected to tell the patient's family to stop the administration of herbs once the patient started to sweat. Though painful for the physician to admit their mistakes, cases like Dr. Song's are important to record what Dr. Yu calls "learning from errors." They are vital as a teaching tool; showing what did not work is at least as important as showing what did. They are essential for patient safety, to help other physicians avoid making the same mistakes.[13]

While a clinician may find the herbal formula to match their patient in a textbook, they will not necessarily find all the subtleties and modifications to that formula. Nor will they find how to adjust the formula once symptoms change. The literature of cases studies is so vast it encompasses a broader range of conditions and presentations than could be contained in a textbook. Particularly as a reference for the treatment of rare diseases, cases studies are invaluable.[13] Case studies have the added value of showing that doctors did not always agree: Making sense of conflicting approaches and interpretations is a valuable learning experience, as it prepares the practitioner for the complexities and contradictions of real patients in a clinical setting.[32]

Hua Xiuyun (华岫云), compiler of Ye Tianshi's (叶天士) case histories, famously said "the art of medicine lies in three critical points: recognizing [sic] patterns, constructing methods and writing formulas," arguably all facilitated by the reading of case studies.[5] Case studies are real-world examples—bridging theory, textbook, and practice. As Blalack writes, "textbooks are full of stock formulas that represent the first step in the educational process and are really meant only as guidelines," but they cannot show us how theory was applied, or a formula was modified. He concludes that "case records essentially demonstrate how master practitioners have done this and brought Chinese medicine's theory alive in the clinic."[5]

4 Practicing narrative medicine through the case study: a case study on teaching case studies

One of the arguments that proponents of narrative medicine make is that learning how to do a close reading of a text is a skill that can help in a clinical setting. This should in turn improve outcomes.[33,34] Typically, this is done through reading poetry or fiction, but this can also be accomplished through reading case studies, as the case study is also a story. When I taught a case-based learning curriculum, for example, I found that reading cases improved my students' clinical reasoning and diagnosis skills. From 2015 to 2018, I collaborated with a colleague to design and teach a case-based herbal medicine curriculum to acupuncturists at Tri-State College of Acupuncture in New York City. My colleague first taught them the relevant single herbs and formulas, after which I introduced cases to expand on what they were learning (see Fig. 3). We read historical and modern cases studies, discussing the physician-author's choice of formulas and modifications, as well as staging of disease treatment, and patient management.

When I mentioned our approach to other colleagues, they often asked how I managed to simplify cases to make them approachable to beginners. When possible, I chose straightforward cases, though these are difficult to find.

Historically, case studies have been written to explain complicated or unusual disease presentations or unique applications of an herbal formula, and not for more common and straightforward situations. However, it was through reading complex cases that my students seemed to learn the most, precisely because they had to weed through extraneous signs and symptoms to find the essence of the pattern. This is a habit of mind, in fact, that is important for students to master. As the students transitioned from classroom to clinic, we found that this exercise in close reading of cases had also better

Chai Hu Class:

1. Review the basics of *Chai Hu* (柴胡 Bupleri Radix) and the *Chai Hu* presentation from Dr. Huang Huang's *Ten Key Formula Families in Chinese Medicine* (pg. 75-79).

2. Review ingredients and general indications of the five most commonly used *Chai Hu* formulas (see *Chinese Herbal Medicine: Formulas and Strategies*), and discuss related case studies:

A. *Xiao Chai Hu Tang* (小柴胡汤 Minor Bupleurum Decoction)
Case studies from *Shang Han Lun Explained*, pg. 261-276
B. *Chai Hu Jia Long Gu Mu Li Tang* (柴胡加龙骨牡蛎汤 Bupleurum plus Dragon Bone and Oyster Shell Decoction)
Case studies from *Shang Han Lun Explained,* pg. 285-286
C. *Si Ni San* (四逆散 Frigid Extremities Powder)
Case studies from *Shang Han Lun Explained*, pg. 343-346 and
http://www.chinesemedicinedoc.com/casestudy/si-ni-san-constipation/
D. *Xiao Yao San* (逍遥散 Rambling Powder)
Case *studies* from
https://www.chinesemedicinedoc.com/casestudy/ye-tian-shi-constraint-2-3-xiao-yao-san/ and *The Clinical Application of Shang Han Lun Formulas,* pg. 406-408
E. *Chai Hu Shu Gan San* (柴胡疏肝散 Bupleurum Powder to Dredge the Liver)
Case studies from *San* from *Patterns and Practice in Chinese Medicine,* pg. 115-120

Required textbooks:

Chen RC. trans. Zhang Y, Wang CH. *The Clinical Application of Shang Han Lun Formulas*. Beijing: People's Medical Publishing House; 2009.

Huang H. trans. Max M. *Ten Key Formula Families in Chinese Medicine*. Seattle: Eastland Press; 2009.

Scheid V, Bensky D, Ellis A, Barolet R. *Chinese Herbal Medicine: Formulas and Strategies*. Seattle: Eastland Press; 2009.

Young JDG, Marchment R. *Shang Han Lun Explained*. Chatswood: Churchill Livingstone; 2009.

Zhao JY, Li XM. *Patterns and Practice in Chinese Medicine*. Seattle: Eastland Press; 1998.

Figure 3. Excerpt from the syllabus of a case-based learning class for herbal medicine. (source from: designed by the author.).

prepared them for the thorniness of diagnosis in the real world.

For example, the common herbal formula *Gui Zhi Tang* (桂枝汤 Cinnamon Twig Decoction) is often prescribed for the common cold, but practitioners who base their approach on classical texts such as the *Shang Han Lun* (《伤寒论》 *Treatise on Cold Damage*) (Note 10) have expanded its usage to a wide range of conditions that the common cold may be characterized by fever and chills, "aversion to wind" (sensitivity to drafts), and a floating pulse. In our class, we read *Gui Zhi Tang* case studies for conditions that ranged from one-sided sweating with somnolence after eating, to diarrhea, urinary problems, and rashes. This showed the students the flexibility of the formula and taught them to look for the marquee symptoms when determining formula suitability. When they entered the clinical setting, they were then able to successfully pick out a *Gui Zhi Tang* pattern when patients came in for headaches and menopausal symptoms, for example.

A good case study will not only teach about dosing and staging of herbal treatment, convey these nuances of diagnosis and pattern identification, but can also teach disease and patient management, while describing the psychosocial environment in which a disease occurs. The introductory case from Dr. Fan is an excellent example

of this. In the cases we covered in our class we saw many additional instances:

In a class on the single herb *Chai Hu* (柴胡 Radix Bupleri) and the most common formulas that contain it (Fig. 3), we read a case study on using *Xiao Yao San* (逍遥散 Free Wanderer Powder) for an adolescent man with seminal emission. The physician-author mentioned that the patient was "very nervous and afraid the condition would affect his marriage and fertility. The psychological pressure made him so nervous that he could not concentrate in class, and his sleep and appetite were poor." The author goes on to advise the reader to determine whether the condition is due to prostatitis and not assume weakness of the kidney, while also stressing the importance of counseling the patient and providing psychological support as part of the cure.[35]

5 Conclusions: reintroducing case studies into practitioner education, the repository of narrative medicine

The case study and the case report are related subgenres with notable differences. Both are practiced in the US today. Each has a role to play in the education of practitioners. They developed from ancient records of medical treatment, but have diverged in format, function, and audience (see Section 2.3).

As discussed, the case study can be used to teach critical thinking skills, refine diagnosis, and aid with memorization and comprehension. The reading and writing of case studies allow the practitioner to see their patients as individuals, while giving the practitioner a sense of professional identity. The case study is a story, a record of clinical practice, invaluable to both clinicians and historians, meant to pass along accumulated knowledge to future generations. For this reason, many scholars use the term "epistemic genre" to describe the medical case.[2,3]

Reading and writing case studies has traditionally been a part of East Asian medicine, but their place in education has fallen away as other priorities have gained ascendency, specifically preparing clinicians to practice in integrative settings and advance the field through research. For this reason, in most East-Asian-Medicine programs, the emphasis is now primarily on writing case reports. Their standardization puts them at an advantage if the goal is to combine multiple reports to prove efficacy in larger quantitative studies. Additionally, there are many opportunities to publish case reports; as publishing brings prestige, this makes the writing of case reports appealing to clinicians and their institutions.

Since both case reports and case studies have value and distinct roles to play in the education of practitioners, how best to insure they both flourish? Particularly how best to preserve the case study, so it is not overtaken by the case report? The answer may lie in the relatively new field of narrative medicine and its increasing influence. Typically, narrative medicine programs teach close reading through examining fiction or poetry and ask students to reflect on their experience in journal-like writing exercises. Narrative medicine is increasingly becoming part of the curriculum of allopathic medical schools, and East Asian Medicine students would benefit from its lessons too. However, because the case study is a narrative form, it can offer the same opportunities, providing the clinician with an avenue for self-awareness, preventing burnout, and helping clinicians and patients better collaborate on care and understand each other.

Lessons from the field of narrative medicine in biomedicine and the greater cultural interest in storytelling can help revive the case study as means for teaching students and for honing skills of mature practitioners in East Asian medicine. Essentially East Asian Medicine practitioners have been practicing narrative medicine without calling it by that name since antiquity—be it proto-cases inscribed on oracle bones in the Shang or doctors reading and composing poetry in the Tang to cultivate their humaneness. Much like a seed bank can be used to reintroduce a lost species back into an ecosystem, so can the practice of narrative medicine revive the art and science of the case study in the education of practitioners of East Asian Medicine.

Notes

1: Prior to the Ming, the term *Zhen Ji* (诊记 "examination record"), and other terms, were used. This new name reflected changes to format, authorship, and role of the case that accelerated during this time.

2: This was raised in my interview with Valerie Hobbs, who was then the director of a doctoral program that relied heavily on case studies and reports.[13]

3: Marnae Ergil, personal communication, October 7, 2022. Dr. Ergil is the chair of the board of commissioners for the Accreditation Commission for Acupuncture and Herbal Medicine schools and has been involved in practitioner education as a professor and administrator for the past 25 years. She notes that most of the faculty at colleges of East Asian medicine are adjuncts, so they are not compensated for the time it would take to read and critique a student's written work, hence the lack of meaningful feedback in many cases.

4: A recent PubMed search for "narrative medicine" turned up 22,502 results; books by physician-writers Jerome Groopman, Atul Gawande, and Abraham Verghese about their experiences are national bestsellers.

5: See also articles by Potama,[3] Pethes,[4] Class,[8] Epstein,[16] and Charon.[18]

6: Dr. Yu is the author of several books, one of which has been translated into English as the two-volume *A Walk Along the River: Transmitting a Medical Lineage through Case Records and Discussions* (Eastland Press, 2017). In *A Walk Along the River*, each chapter is a case study followed by a dialogue with other physicians

where the ask him questions about his treatment methods. See reference 13 for an interview with him.

7: Weizenbaum is an independent teacher and translator, whose popular Graduate. Mentorship Program has trained thousands of practitioners of Traditional East Asian Medicine. Her reimagining of Chinese herbal education includes the extensive use of case studies. See reference 13 for an interview with her.

8: *Da Qing Long Tang* is a famous herbal prescription from the *Shang Han Lun*. It is used for high fever with chills, body aches, and thirst, but no sweating, generally presenting in patients with robust constitutions.

9: Dr. Song's errors were to omit *Sheng Jiang* (生姜 fresh ginger) and *Da Zao* (大枣 Chinese dates) from *Da Qing Long Tang*, and he neglected to tell the patient's family to stop administering the herbs once the patient had sweated and the fever broke.

10: The *Shang Han Lun*, a canonical text in Chinese herbal medicine, was written by Zhang Zhongjing (张仲景, given name Zhang Ji 张机) circa 200 CE, and compiled by Wang Shuhe (王叔和) in the 3rd century. It is still used by contemporary clinicians.

Acknowledgments

Thank you to Dr. Marta Hanson and Dr. Asaf Goldschmidt and the organizers of *Medical Encounters, Practice, and Archives in China* (September 18–20, 2022), co-sponsored by Tel Aviv University, and the Max Planck Institute for the History of Science at which I presented a previous version of this paper. And to Dr. Hanson, Dr. Goldschmidt, and other participants and organizers of the *Narrative Medicine in China/Chinese Sources for Narrative Medicine* CMAC-sponsored workshop (November 4, 2022), for helping me realize I was writing about narrative medicine before I was able to put that name to my work. This paper grew out of my doctoral research at the Seattle Institute of East Asian Medicine (SIEAM). Many thanks to my professors and first readers there for their support, Dr. Craig Mitchell, Dr. Katherine Taromina, and Dr. Andrea Kurtz Russell. Finally, a thank you to my teacher Sharon Weizenbaum who taught me to love case studies and to my colleague Suzanne Connole with whom I collaborated on the case-based learning class I describe here.

Funding

None.

Ethical Approval

This paper does not contain any studies with human or animal subjects performed by the author.

Author Contributions

Dr. Sarah E. Rivkin wrote and reviewed the manuscript; Dr. Marta Hanson edited it.

Conflicts of Interest

The author declares no financial or other conflicts of interest.

References

1. Huang H. *Case Studies Facilitate Learning* (医案助读). Beijing: People's Medical Publishing House; 2001. p. 320–3. Chinese.
2. Pomata G. The medical case narrative: distant reading of an epistemic genre. *Lit Med* 2014;32(1):1–23.
3. Pomata G. The medical case narrative in pre-modern Europe and China: comparative history of an epistemic genre. In: Ginzburg C, Biasiori L, eds. *A Historical Approach to Casuistry: Norms and Exceptions in a Comparative Perspective*. London: Bloomsbury Academic; 2019. p. 15–44.
4. Pethes N. Telling cases: writing against genre in medicine and literature. *Lit Med* 2014;32(1):24–45.
5. Blalack J. A touch of Ling: inspiration from ancient cases. *Lantern* 2010;7(3):22–8.
6. Goldschmidt A. Reasoning with cases: the transmission of clinical medical knowledge in twelfth-century Song China. In: Benjamin AE, ed. *Antiquarianism, Language, and Medical Philology*. Leiden, The Netherlands: Brill; 2015. p. 19–51.
7. Cullen C. *Yi'an* (case statements): the origins of a genre of Chinese medical literature. In: Hsu E, ed. *Innovation in Chinese Medicine*. Cambridge: Cambridge University Press; 2001. p. 297–323.
8. Class M. Introduction: medical case histories as genre: new approaches. *Lit Med* 2014;32(1): vii–xvi.
9. Alpi KM, Evans JJ. Distinguishing case study as a research method from case reports as a publication type. *J Med Libr* 2019;107(1):1–5.
10. Jansen CW. Case reports and case studies: a discussion of theory and methodology in pocket format. *J Hand Ther* 1999;12(3):230–2.
11. Vinjamury SP. How to write a case report. *The American Acupuncturist* 2012;59.
12. White A. Writing case reports: author guidelines for *Acupuncture in Medicine*. *Acupunct Med* 2004;22(2):83–6.
13. Rivkin SE. The essence of Chinese medicine: teaching and learning from cases: interviews with Dr. Yu Guo-Jun, Sharon Weizenbaum, and Valerie Hobbs. *Convergent Points: An East-West Case Rep J* 2022;1(1).
14. Hunter KM. Remaking the case. *Lit Med* 1992;11(1):163–79.
15. Furth C. Producing medical knowledge through cases: history, evidence, and action. In: Furth C, Zeitlin JT, Hsiung P, eds. *Thinking with Cases : Specialist Knowledge in Chinese Cultural History*. Honolulu: University of Hawai'i Press; 2007. p. 125–51.
16. Epstein J. Historiography, diagnosis, and poetics. *Lit Med* 1992;11(1):23–44.
17. Barnard D. A case of amyotrophic lateral sclerosis: a reprise and reply. *Lit Med* 1992;11(1):133–46.
18. Charon R. To build a case: medical histories as traditions in conflict. *Lit Med* 1992;11(1):115–32.
19. Wilson J. A reflection of writing case records: development and current demands for acupuncture practitioners. *TANG Humanitas Medicine* 2014;2(2):13.1–13.6.
20. Crawford TH. The politics of narrative form. *Lit Med* 1992;11(1):147–62.
21. Monroe WF, Holleman WL, Holleman MC. Is there a person in this case? *Lit Med* 1992;11(1):45–63.
22. Flood DH, Soricelli RL. Development of the physician's narrative voice in the medical case history. *Lit Med* 1992;11(1):64–83.
23. Unschuld PU. *Medical Ethics in Imperial China: A Study in Historical Anthropology*. Berkeley: University of California Press; 1979.
24. Kandel ER. *In Search of Memory: The Emergence of a New Science of Mind*. New York: W.W. Norton and Company; 2006.
25. Schonebaum A. *Novel Medicine: Healing, Literature, and Popular Knowledge in Early Modern China*. Seattle: University of Washington Press; 2016.
26. Zeitlin JT. The literary fashioning of medical authority: a study of Sun Yikui's case Histories. In: Charlotte F, eds. *Thinking with Cases*. Honolulu: University of Hawai'i Press; 2007. p. 169–202.

27. Weizenbaum S. A very sad but useful case study. Available from: https://whitepineinstitute.org/a-very-sadbut-useful-case-study/. [Accessed on March 3 2023].
28. Poirier S, Rosenblum L, Ayres L, Brauner DJ, Sharf BF, Stanford AF. Charting the chart-an exercise in interpretation(s). *Lit Med* 1992;11(1):1–22.
29. Groopman J. Why storytelling is part of being a good doctor. Available from: https://www.newyorker.com/magazine/2022/07/25/why-storytelling-is-part-of-being-agood-doctor-all-that-moves-us-jay-wellons. [Accessed on March 3 2023].
30. Olson ME, Smith ML, Muhar A, Paul TK, Trappey BE. The strength of our stories: a qualitative analysis of a multi-institutional GME storytelling event. *Med Educ Online* 2021;26(1):1929798.
31. Furth C. *A Flourishing Yin: Gender in China's Medical History*. Berkeley: University of California Press; 1999.
32. Hsiung PC. Facts in the tale: case records and pediatric medicine in late imperial China. In: Charlotte Furth, eds. *Thinking with Cases*. Honolulu: University of Hawai'i Press; 2007. p. 152–68.
33. Charon R. *The Principles and Practice of Narrative Medicine*. New York: Oxford University Press; 2017.
34. Charon R. *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press; 2006.
35. Chen RC. *The Clinical Application of Shang Han Lun Formulas*. Trans. Zhang Y, Wang CH. Beijing: People's Medical Publishing House; 2009. p. 406–8.

Edited by GUO Zhiheng

How to cite this article: Rivkin SE. Roles of case studies and case reports in US East Asian medicine: a narrative-medicine perspective. Chin Med Cult 2023;6(2):194–204. doi: 10.1097/MC9.0000000000000053.

Review

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

An Overview of Narrative Medicine in China

GUO Liping[1,✉]

Abstract

This paper sketches the history and the author's involvement in the development of narrative medicine in China. It also describes "narrative medicine with Chinese characteristics," explaining why narrative medicine is regarded as a tool to materialize the medical humanities in clinical practice, and detailing the features of narrative medicine in China. The features include the wide acceptance of the "22334 model" of narrative medicine, and borrowing theories and practice from Traditional Chinese Medicine. Finally, the author argues that the medical humanities should be given a "Class-A discipline" status, and narrative medicine should be a class-B discipline under the medical humanities.

Keywords: Class-A discipline; Narrative medicine; Narrative nursing; Parallel chart; Medical humanities

1 My background story with narrative medicine

In 2008, I visited the Institute for the Medical Humanities (now the Institute for Bioethics and Health Humanities) of the University of Texas Medical Branch at Galveston. My main job there was auditing two graduate courses "Introduction to Literature and Medicine" taught by Anne Hudson Jones, and "Religion, Medicine and Culture" by Harold Vanderpool. There I became interested in the history of the field of Literature and Medicine in the US and decided to make it a research project. Jones is a witness of the development of this field and suggested several people for me to interview. "There is this woman Rita Charon who is doing something called 'narrative medicine'. You should interview her." she said to me.

It wasn't until October 2009 when I first met Charon at the 11th annual conference of American Society for Bioethics and Humanities(ASBH) held in Washington DC. I did quite a lengthy semi-structured interview with her there. Apart from her warm personality, what impressed me most were two of her ideas. First, she said she originally regarded narrative as one hemisphere of medicine, but then she realized that "everything we do in medicine—clinical work, research, teaching—is saturated with narrative," therefore it's justifiable to juxtapose "medicine" with "narrative." Second, she said, as a clinician, she knew what worked and didn't work for them: "medical humanities is a concept you can talk about, but narrative medicine is something you can do." This second idea has prompted me to promote narrative medicine (NM) as a tool to materialize medical humanities in the Chinese medical community. Narrative medicine, according to Charon, is "a rigorous intellectual and clinical discipline to fortify healthcare with the capacity to skillfully receive the accounts persons give of themselves—to recognize, absorb, interpret, and be moved to action by the stories of others."[1]

I didn't finish my research until 2011 and fell ill that year and didn't publish my research in Chinese until 2013. But nonetheless, 2011 is regarded as "year zero" of narrative medicine in China.[2] That year, three articles bearing the keyword of "narrative medicine" were published.[3–5] Also in that year, the then president of Peking University Health Science Center (PKUHSC), vice chairman of the National People's Congress, member of the Chinese Academy of Sciences, patho-physiologist Han Qide (韩启德) summoned a meeting at the Institute for Medical Humanities of Peking University (now the School of Health Humanities, Peking University) to discuss what was narrative medicine and how it could be used in clinical practice. Medical humanities scholars, clinicians, narratologists, and writers were invited to attend the discussion. In 2013, Han read my paper "From Literature and Medicine to Narrative Medicine"[6] and wrote a letter to me, saying that he had recommended it to the then executive vice president of Peking University (PKU), Professor Ke Yang (柯杨) and asked her to join the discussion as well on how we could integrate narrative medicine into the medical humanities in our medical school and hospitals. In the letter, he asked me to play a key role in promoting NM and not be afraid to "take longer strides" in the process.

[1] School of Health Humanities, Peking University, Beijing 100191, China

✉ GUO Liping, E-mail: guolp@bjmu.edu.cn

ORCID: 0000-0002-8276-7584

Chinese Medicine and Culture (2023) 6:2

Received: 8 December 2022; accepted: 19 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000064

Encouraged by his support, I decided to translate Charon's book *Narrative Medicine: Honoring the Stories of Illness*[7] into Chinese (Fig. 1). To better understand NM, I attended the Columbia University basic NM workshop in 2012 and then advanced NM workshop in 2014. The Chinese version of the book was published in 2015 and has greatly accelerated the spread and acceptance of NM in the Chinese medical community and among medical educators. With Han's support, the commitment of the Peking University Third Hospital (PKU Third Hospital), and the sponsorship of the People's Medical Publishing House, the Chinese journal of *Narrative Medicine* was founded in 2018. PKU Third Hospital is the host institution of the journal. Rita Charon was invited to write an article to celebrate the inauguration of the journal. In the same year, the second Peking University International Conference on the Medical Humanities (themed "Narrating Birth, Death and Aging") invited Charon to give a keynote speech. Charon gave her talk at PKU to an audience of nearly 400, and over 8000 more audience listened to her talk through live-streaming.

In 2020, the first NM textbook was published[8]—it's a national-level textbook for hospital resident trainees; also in 2020, the Chinese Association of Preventive Medicine approved of the establishment of the Narrative Medicine Association. In 2021, *Introduction to Clinical Medicine*,[9] a national-level textbook for undergraduate medical students included NM in its second edition. In April 2021, in an attempt to take stock of NM clinical practice, the journal *Narrative Medicine* solicited NM practice cases for competition from around the country. By May 16th, the deadline for case submission, 277 cases were submitted. After two rounds of evaluations, 11 cases from hospitals and one case from a medical school were awarded "The Best Narrative Medicine Clinical Practice Awards." In 2019, Peking University Medical Press decided that it would support the publication of a "Peking University Narrative Medicine Series" (four books) with the PKU Medical Publication Fund. In 2021, the first book of the series, Rita Charon and the Columbia University NM group's *The Principles and Practice of Narrative Medicine*[1] was translated into Chinese (Fig. 2). The second book of the series, *Narrative Medicine Cases and Practice in China*[10] was published in 2022, in which clinicians from 12 hospitals collaborated with narrative medicine scholars from three research institutions. NM practices in their respective hospitals are shared and conceptualized in the book. The remaining two books are planned to be published in the next two years. I was privileged to have been involved in all the above endeavors. These developments have played key roles in helping NM to flourish in China.

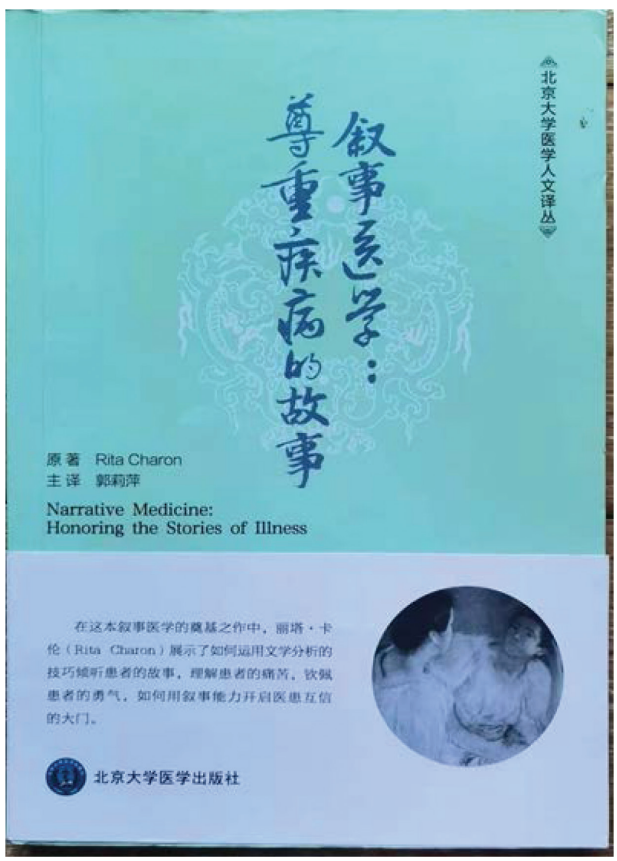


Figure 1 Front cover of *Narrative Medicine: Honoring the Stories of Illness* (《叙事医学：尊重疾病的故事》, 2015). Original author is Rita Charon and the book is translated by GUO Liping (source from: https://book.douban.com/subject/26978743/)

2 Narrative medicine with Chinese characteristics

2.1 NM as the "tool" to materialize "humane care"

Twenty years after the first healthcare reform in China (started in 1985), it was regarded as "basically failed."[11] This reform is characterized by commercialization and marketization of healthcare, which drastically shook the foundation of the previous low-level universal health coverage in the country. This resulted in the poor accessibility and affordability of healthcare for the vast majority.[12] Those Chinese who did not have any form of health insurance at the time postponed their hospital visits until it was too late. Healthcare professionals became the scapegoats of a failed healthcare system. Patients vented their anger towards the system on them. For example, violence against doctors and nurses escalated from 2000 to 2015, totaling 290 cases, with 15 cases resulted in the death of healthcare professionals.[13] To protect themselves, doctors over prescribed tests, procedures, and drugs.[14] This in turn increased patients' economic burden and further eroded their trust in doctors. A vicious circle was thus formed.

The failure of the first healthcare reform led to the ambitious second healthcare reform in 2009, committing to significantly raise health spending to provide affordable, equitable, and effective healthcare for all. After a few years

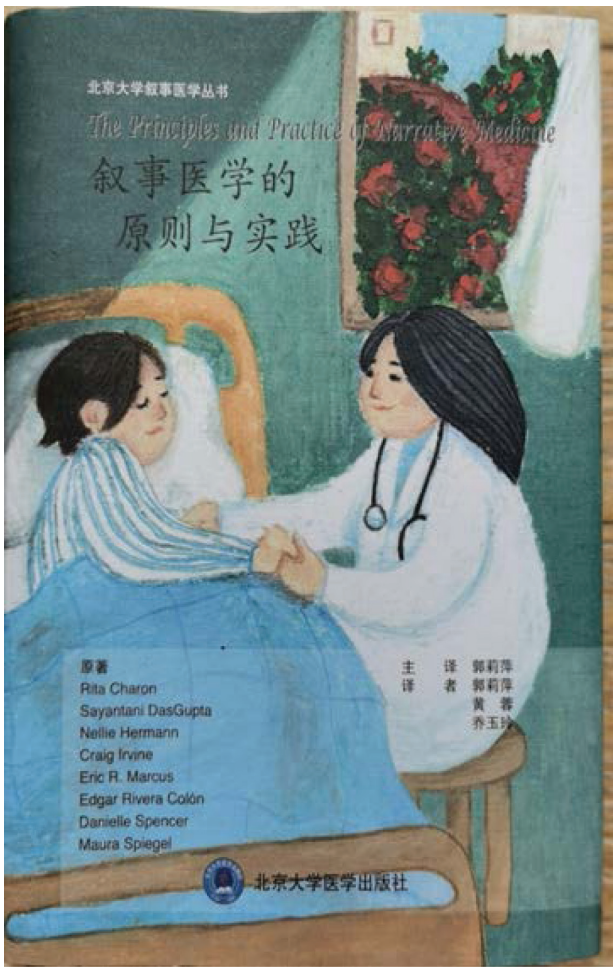


Figure 2 Front cover of *The Principles and Practice of Narrative Medicine* (《叙事医学的原则与实践》, 2021) edited by Rita Charon, Sayantani DasGupta, Nellie Hermann, Craig Irvine, and Eric R. Marcus. The book is translated by GUO Liping (source from: https://book.douban.com/subject/35495013/)

of implementation, "China has achieved near universal health coverage at a speed with few precedents globally or historically."[15] With less out-of-pocket pay from patients themselves and improved standards of living, people expect to have more "quality care"—in the sense that they could be treated more "feelingly" in their encounter with healthcare professionals.[16] To many, the medical humanities was a means to repair this damaged relationship.

In China, the medical humanities is greatly influenced by the medical humanities movement in the US. Edmund Pelligrino's criticism of US medicine in the 1960–1970s seems to have predicted medicine's problems in China in the 1980s onward: "over specialization; technicism; over-professionalization; insensitivity to personal and sociocultural values; too narrow a construal of the doctor's role; too much 'curing' rather than 'caring'; not enough emphasis on prevention, patient participation and patient education; too much science and not enough liberal arts; not enough behavioral science; too much economic incentive; a 'trade school' mentality; insensitivity to the poor and socially disadvantaged; over-medicalization of everyday life; inhumane treatment of medical students; over work by the house staff and deficiency in verbal and non-verbal communication."[17] Biomedicine's "sins" are the same everywhere in the world. In China, the situation is worsened by the congregation of patients to large tertiary hospitals in big cities with advanced facilities and famous doctors. An attending physician in such hospitals would typically see 30 to 35 patients in four hours in the outpatient clinic.[18] The patients become the "workload" on the busy medical assembly line, waiting to be "processed." Medicine lacks the "warmth" it should have. Again, many believe that the medical humanities is what is needed to make clinicians more humane.[19]

The medical humanities in China began in the 1980s, developed in the 1990s and prospered after 2000.[20] However, the medical humanities is only good at criticizing the inhumane aspects of healthcare and analyzing the reasons for such dehumanization. It is not good at telling and training healthcare professionals HOW to improve their care. Healthcare professionals feel empty-handed and frustrated when facing the unsatisfactory doctor–patient relationship and criticism from the medical humanities, yet feel at a loss as what to do—until they have narrative medicine. On numerous occasions, the audience heard me quoting Charon as saying "medical humanities is a concept you can talk about, but narrative medicine is something you can do." I have promoted NM as a tool to materialize the concepts of "medical humanities" and implement "humane care" in clinical settings in China—for the patients and their families, it's a willingness on the part of the clinician to listen to their stories and respond to their concerns and needs, and take actions to alleviate their sufferings the best s/he can; for the clinician, it's a willingness to always include the patient's and/or family's views and life stories in the entire process of healthcare, whether it's in consultation or decision-making, and to take actions to improve the well-being of the patient (and hence that of the family). This conceptualization has been accepted by many in the Chinese medical community and medical humanities community. I believe this is the actual embodiment of the three "movements" of NM which I'll discuss below.

2.2 Features of NM in China

Charon offers several taxonomies in her two books: the four types of divides between patients and healthcare professionals, the five narrative features of medicine, the five elements of close reading drill,[7] the six principles of close reading, etc.[1] These taxonomies are mainly arguments used to persuade her readers why narrative is an important feature of medicine and close reading "the signature method of narrative medicine." In the process of promoting narrative medicine in China, however, my focus is on the UTILITY of NM in clinical practice, because literature review finds this is the focus of

NM in China,[2] though in Europe there's also a call for "cross-fertilization" between academic narrative medicine and narrative practice.[21] Thus I am more inclined to stress how it can be used to improve the relationship between patients and clinicians, and how clinicians can use narrative methods to improve their practice, acquiring satisfaction from their job by establishing trust relationships with patients, with their own identities, with their colleagues, and with society. Therefore, I have stressed some taxonomies over others, reorganized some, and come up with some new ones.

2.2.1 The "22334 model" of narrative medicine

This model is the taxonomies of NM that the PKU narrative medicine team has advocated for the practice of narrative medicine in China. The first "2" is what Charon calls the two tools of narrative medicine—close reading and reflective writing. However, I prefer to call them "the two tools of cultivating narrative competence," because that's what they are really good at. To practice narrative medicine, clinicians need the second "2"—their "self" and "presence" for the patients, which Charon implies many times in the two books without explicitly calling them "tools." The first "3" stands for the three focuses of narrative medicine, namely empathy, relationality, and emotions (especially negative emotions). Again, Charon has not grouped them together, but in the course of promoting NM and from my own personal experiences of observing doctor–patient interactions in one of the PKU affiliated hospitals, I have found that healthcare professionals should really focus on these three aspects in their practice. By paying attention to patients' emotions, especially negative emotions, empathizing with their views, clinicians build up relationality with patients. In patients' eyes, such clinicians recognize them as individual persons and understand them. They in turn, would more likely trust them and follow their medical advice.[22] The second "3" is Charon's three "movements" of NM—attention, representation, and affiliation. However, "movement" (运动) frequently has a negative and political connotation in the Chinese language (when it is not used to mean "doing exercises"). To avoid the negative association, I have replaced it with "element" (要素) in Chinese. In *The Principles and Practice of Narrative Medicine*, Charon has modified the definition of narrative competence to include "action"—narrative competence is to "recognize, absorb, interpret, and be moved TO ACTION by the stories of others."[1] In my talks to healthcare professionals nationwide and the textbook for hospital resident trainees, I have pointed out that "attention" and "representation" embody the action of narrative medicine and are the major things clinicians "DO." The "4" stands for the four trust relationships ("affiliation") NM advocates the relationship with patients, with self, with colleagues, and with society. The good relationship with patients is regarded as the inner drive for the development of medicine and healthcare. Clinicians' relationship with self is understood in China as identification with their roles of the care giver. Their job satisfaction and sense of achievement play a key role in combating burnout. Good relationships with colleagues is an important determinant for the development of the hospital or the department as a community. A good relationship with society plays a vital role, especially for the Chinese society—when there is mutual trust between the doctor and patient, doctors will not feel the necessity to practice "defensive medicine," and can be encouraged to take some measures for patients rather than to choose to be on the safe side of practice. When patients trust their doctors, they are more likely to "comply" with treatment plans, and thus reduce the huge waste of resources caused by non-compliance.[23]

This "22334 model" provides basic concepts in guiding the NM practice and education in China. In medical and nursing schools, the focal point is in cultivating narrative competence, mostly making use of close reading and reflective writing. The parallel chart, as a form of reflective writing, has great appeal for medical educators in China. Parallel chart is writing "in nontechnical language, about what they (health-care professionals and medical students) witness about their patients' experiences and what they themselves undergo in caring for the sick…[This] does not belong in the hospital chart but must be written somewhere."[7] In hospitals in China, writing parallel charts is regarded as a good way for clinicians to understand and empathize with patients, and to reflect how to improve care. In fact, writing parallel charts has become such a prominent way of practicing NM, that many clinicians misunderstand NM as simply writing parallel charts. They thus complain that they are busy enough already writing hospital charts, and don't have time to take up the extra burden of writing parallel charts. I have had to correct this misconception of clinicians on numerous occasions. In *The Principles and Practice of Narrative Medicine*, the Colombia NM team substitutes "reflective writing" with "creative writing," but creative writing is commonly regarded as a luxury for the busy Chinese doctors.[2]

In NM practice, the three "elements" of paying attention to patients' narratives, representing what clinicians hear from patients to foster affiliation with them, embody the essence of NM. In this process, clinicians pay special attention to the negative emotions of patients, trying to empathize with them and establish relationality with them, all the while making efforts to establish trust relationships with patients, colleagues and society, and identify with their own roles as care givers.

Another important feature of NM in China is the popularity of narrative nursing (NN). Though NN uses a different theoretical framework and techniques—namely those of narrative therapy,[24] it is regarded as a branch of the large tree of NM.[2] NN is frequently practiced on "difficult" inpatients. Nurses would use the

techniques of "externalization" and "deconstruction" to co-author a new and more positive story for the patient. In China, practitioners of NM and NN usually attend the same conferences and training sessions together, but there seem to be more nurses espousing the narrative nature of medical care than doctors—perhaps because nurses spend more time with patients and take care of their various needs, and thus can better appreciate the significance of narrative in their work than doctors.

2.2.2 Borrowing theories and practice from traditional Chinese medicine

There has been a lot of call for the localization of NM to make it fit the culture, specific clinical situation, and doctor–patient relationship in China. Traditional Chinese medicine (TCM) is regarded as a significant resource in such process. At NM conferences, we see practitioners of both biomedicine and TCM, which is rare at other medical conferences.

The Confucian precept "medicine is a humane art" sets the basic requirements for practitioners of TCM, with its emphasis on caring about patients and physicians' self-cultivation in virtue.[25] When a TCM doctor sees a patient, one uses the four techniques of "inspection, auscultation-olfaction, interrogation, and pulse-taking" (*Wàng Wén Wèn Qiè* 望闻问切) to find out patients' problems. Guided by the philosophy of TCM, one regards the patient as a whole person, trying to evaluate how the patient's health condition is affected by time (season), space (environment), psychological state, socio-economic status, and relationship with family members, and co-workers. Therefore, TCM embraces a time-space-social-psycho-bio medical model,[26] which is even more encompassing than the bio-psycho-social model. This model emphasizes the impact of the exterior on the interior. Therefore, finding out the exterior reasons for ill-health is key when seeing a patient. During the consultation, the doctor feels the patient's pulse while at the same time encourages the patient to tell his/her story. The TCM doctor tries to establish a link between these elements and the patient's health condition, analyzing and discussing with the patient what can be done to best solve the problem and improve his/her condition. Compared with the practice of biomedicine where the focus is on the results of various lab tests and procedures, the TCM doctors focuses more on the person and his/her life.[27] In practicing NM, physicians can learn to guide their conversation by this TCM model and learn more about the patient's life story so as to be able to help rebuild a new story.

In the history of TCM, its practitioners have written a lot of reflective analyses in the forms of medical case reports and medical case studies (*Yi An Yi Hua* 医案医话). These are good learning materials for TCM students to understand the flow of thoughts in making diagnoses, and grasp the important influences of time, space, psychological status, socio-economic status and relationship on patients' health condition and diseases. When the TCM practitioners see that reflective writing (parallel chart) is regarded as a tool of NM, they immediately discover the resemblance between the two and find it an ideal way to resume the TCM tradition of writing reflective analyses of medical cases. A framework for writing parallel charts for the modern-day TCM doctors has been proposed,[28] which has become a source of inspiration for doctors and medical students of biomedicine when they write their parallel charts.

The TCM practice effectively "mirrors" the inadequacies of biomedicine just as complementary and alternative medicine do in the US.[29] The only difference is that it might be easier for the Chinese physicians to appreciate this, because TCM is more or less a cultural element they grew up with.

3 Creating a new discipline

3.1 Seeking "Class-A Discipline" status for the medical humanities

Unlike in the West where the medical humanities/health humanities, literature and medicine, bioethics, narrative medicine are parallel fields of study, in China, "medical humanities" is an encompassing concept under which lay the history of medicine, bioethics/medical ethics, the philosophy of medicine, medical sociology, medical anthropology, health law, medical psychology, literature and medicine, and most recently, narrative medicine. People working in these fields can all assemble under the banner of "medical humanities," because they all focus on the human and social aspects of medicine, while "medicine," or biomedicine in China today largely only cares about restoring the functions of the body using the latest medical knowledge and technology.

More than a decade ago, endeavors began to be made in seeking the status of "class-A discipline" (*Yi Ji Xue Ke* 一级学科) for the medical humanities when the Ministry of Education (MoE) revised its "catalogue of academic disciplines." In China, a field of study cannot simply declare itself to be a "discipline," especially a "class-A discipline," even when it has a journal, professional association, and people teaching it at universities, like the medical humanities. It has to be officially acknowledged by the MoE. Universities are allowed to set up class-B disciplines, but not class-A disciplines. Most of the above fields of study are now class-B or even class-C disciplines (*Er Ji/San Ji Xue Ke* 二级或三级学科).

There are two reasons for seeking class-A discipline status for the medical humanities. First, like the proverbial pilot telling his passengers: "I have good news and bad news. The good news is that we're flying smoothly at a high speed, the bad news is that we don't know where we're going." In addition to the three models of relationship between the medical humanities and

medicine, namely the additive, curative, and integrative relationships between the medical humanities and medicine,[30] I believe the medical humanities also has a "directive" role for the development of medicine. There has been an ongoing concern about the nature of medicine—is it to treat the disease or to heal the person who is experiencing illness?[31] Is biological "evidence" more important than patients' stories of illness? Can patients' narratives be used as "evidence" as well?[32] What should we do to prevent crazy scientists from conducting Frankenstienian research on humans?[33] The list of questions can be quite long. In the Chinese context, we believe if the medical humanities is made a class-A discipline, these questions will become more prominent to society, and therefore be more heeded by the medical community.

The second reason is plainly that a class-A discipline will get more resources for development, especially more funding. A class-A discipline has its own evaluators for research grant proposals. Therefore, for researchers in the medical humanities, their grant proposals will most likely be marked "interdisciplinary" and go to evaluators of other class-A disciplines who actually do NOT do research in the medical humanities and may not understand its relevance, and thus regard it as marginal research interest in the "mother" disciplines. Consequently, chances to get funding are slim for the medical humanities, and this directly leads to the paucity of high quality research in the MH. A vicious cycle is formed—the Mathew effect. In 2021, in the MoE's new round of revision of the catalogue of academic disciplines, the medical humanities was put forward again as a class-A discipline, but failed in the third (last) round of vote. In 2022, Peking University and Tsinghua University, the two most prestigious universities in China, were given the liberty by the MoE to set up its own class-A disciplines. Our design for the PKU medical humanities class-A discipline include four class-B disciplines: the History and Philosophy of Medicine; Ethical, Legal, and Social Issues of Medicine (ELSI); Medical Psychology; and Narrative Medicine. Health Politics is another possible class-B discipline in our design.

3.2 Making narrative medicine a class-B discipline

Narrative medicine is new to the medical humanities family. In 2021, Peking University Health Science Center and Peking Union Medical College led the national efforts in making the medical humanities an MoE class-A discipline. NM was proposed as one of the class-B disciplines in our first design. However, in our nation-wide survey, some universities objected including NM as a class-B discipline. One main reason was that NM was not yet widely taught and there were simply not enough people engaged in the teaching and research of NM in China. If PKU succeeds in making NM a class-B discipline, then it will have a modeling effect for the entire country.

When institutionalizing a field of study and making it a discipline, the first step is to be clear about its subject matter. For NM, "narrative" is the indisputable core. This is reflected in the narrative nature of medicine and medical practice, the narrative construction of medical knowledge, and the narrative methods in hospital culture construction and hospital management. Therefore, the subject matter of NM is clear. The second step is to determine its methods. Charon calls NM "an intellectual and clinical discipline" whose purpose is "to fortify healthcare with the capacity to skillfully receive the accounts persons give of themselves—to recognize, absorb, interpret, and be moved to action by the stories of others."[1] The implication of such a definition is that being able to "receive" illness narrative is essential (for healthcare professionals) to the practice of NM. Therefore, NM is a top-down approach to improve healthcare on the part of healthcare professionals. I believe this is Charon's original aspiration in creating NM. Literary methods of close reading, reflective writing, and creative writing are used to cultivate and improve narrative competence—the ability to "receive" the accounts people give of themselves, so that healthcare professionals can better practice NM. I call this "NM in the narrow sense."[2]

In China NM arouses the interests of researchers from other disciplines, such as social linguistics, narrative psychotherapy, and health communication. The public is also zealous in telling their or their family members' stories of illness experience. Social linguists engaged in conversation analysis of doctor–patient communication provide "evidence" for successful and not-so-successful doctor–patient encounters. Narrative psychotherapy, or narrative therapy, provides a theoretical framework for conversation with suffering patients who can really feel the "presence" of healthcare professionals. Health communication provides theories and methods for healthcare professionals to improve the public's health literacy and educate them about the uncertainty and limitations of medicine. This is especially important to curb the public's unreasonably high expectations of medicine—a result of exulting in the "miracles" of medical knowledge and medical technology. Medical progressivism has convinced the public that once they go to the hospitals, their diseases will be cured. If not, then it's must be the fault of the doctor and the hospital. This belief has led to many medical disputes in China. In 2018, a 20,000-word long illness narrative entitled "The middle-aged people in Beijing under the shadow of flu"[34] went viral on the Chinese social media platforms. The writer carefully detailed the illness and treatment experiences of his father-in-law, and reflected on the fragility of life and economic burden of healthcare on the middle-aged. It was read by more than 10 million people and got more than 150,000 likes. Doctors nationwide began to appreciate the power of illness

narrative in promoting health literacy of the public. Many doctors of pulmonary medicine published short stories on social media platform to answer questions raised in the above illness narrative. When the "insiders" of medicine convey the uncertainty and limitations for medicine through stories, especially on social media platforms, they are actually building a favorable environment for medicine and a trust relationship with the public.

Another noticeable trend of NM development in China is using "evidence" from empirical studies to support the "usefulness" claim of narrative in teaching, patients' recovery, patients' compliance, and reduction of medical disputes.[35,36] We believe in the complementary effect of integrating evidence-based medicine and narrative medicine. Narrative means should be implemented in explaining evidence, and evidence should be provided when claiming the positive impact of narrative. All these above groups of people study or describe the doctor–patient encounter and patients' illness experiences in their own way and thus all contribute to the development of NM. I call this "bottom-up" approach "NM in the broad sense."[2] Therefore, apart from the literary methods proposed by Charon and colleagues, methods of discourse analysis, narrative therapy, health communication, and other methods of the "human sciences" can all be used by narrative medicine. I believe that for present-day scholarship, a combination of methods is the reality.

For NM, there is a solid subject matter and viable methods of research, in addition to the already existent journal, academic associations and people engaged in its teaching and research, not to mention the huge number of clinicians practicing it or are learning to practice it. I firmly believe that it IS already a discipline, if only a class-B discipline.

Recently medical humanities failed again to get the class-A discipline status in the PKU vote. This has dampened our spirit to some extent, but we still firmly believe that making MH a class-A discipline and narrative medicine a class-B discipline respectively helps to respond to the problems in healthcare and is beneficial to the healthy development of medicine in China.

Funding

This paper is funded by the National Social Science Fund of China project "Building of and the Database Construction of Health for All" (21ZDA130).

Ethical approval

This study does not contain any studies with human or animal subjects performed by the author.

Author contributions

GUO Liping wrote and revised the article.

Conflicts of interest

The author declares no financial or other conflicts of interest.

References

[1] Charon R, DasGupta S, Hermann N, et al. *The Principles and Practice of Narrative Medicine*. Trans. Guo LP, Huang R, Qiao YL. Beijing: Peking University Medical Press; 2021.
[2] Guo LP, Wang YF. The localized development of narrative medicine in China (叙事医学在我国的在地化发展). *Chin Med Ethics* 2019;32(2):147–52. Chinese.
[3] Zhang XJ. Narrative medicine: a new perspective on medical humanities (叙事医学: 医学人文新视角). *Med Philos (Humanit Soc Med Ed)* 2011;32(9):8–10. Chinese.
[4] Yang XL. Narrative turn in medical study and medical education: the postmodern biocultural perspective (医学和医学教育的叙事革命:后现代"生命文化"视角). *Med Philos (Humanit Soc Med Ed)* 2011;32(9):64–5. Chinese.
[5] Yang XL. Inspirations of narrative medicine courses on the return of humane spirits in China (美国叙事医学课程对我国医学人文精神回归的启示). *Northwest Med Educ* 2011;19(2):219–21, 226. Chinese.
[6] Guo LP. From literature and medicine to narrative medicine (从文学与医学到叙事医学). *Sci Cult Rev* 2013;10(3):5–22. Chinese.
[7] Charon R. *Narrative Medicine: Honoring the Stories of Illness* (叙事医学：尊重疾病的故事). Trans. Guo LP, Wei JH, Zhang RL. Beijing: Peking University Medical Press; 2015 Chinese.
[8] Guo LP, ed. *Narrative Medicine* (叙事医学). Beijing: People's Medical Publishing House; 2020. Chinese.
[9] He SX, Huang G, Wan XH, Dong J, Ding WG, Guo LP, eds. *Introduction to Clinical Medicine. 2nd edition* (临床医学导论第二版). Beijing: People's Medical Publishing House; 2021. Chinese.
[10] Guo LP, ed. *Narrative Medicine Cases and Practice in China* (中国叙事医学案例与实践). Beijing: Peking University Medical Press, 2022. Chinese.
[11] Ge YF, Gong S. *Chinese Healthcare Reform* (中国医改). Beijing: China Development Press; 2007. p. 4. Chinese.
[12] Gong XQ, Wang Y. Research on the construction of the co-opetition medical care system to alleviate the problem of difficulty and high cost of getting medical service (构建竞合性医疗服务体系缓解"看病难看病贵"研究). *J East China Univ Sci Technol (Soc Sci Ed)* 2013;28(4):90–6, 116. Chinese.
[13] Zhao M, Jiang KM, Yang LL, Qu WY. The big data research on violence against doctors: based on the media reports from 2000-2015 (暴力伤医事件大数据研究——基于2000—2015年媒体报道). *Med Philos* 2017;38(1A):89–93. Chinese.
[14] He AJW. The doctor-patient relationship, defensive medicine and overprescription in Chinese public hospitals: evidence from a cross-sectional survey in Shenzhen city. *Soc Sci Med* 2014;123:64–71.
[15] The World Bank and World Health Organization. Healthy China: Deepening Health Reform in China. Washington, DC: World Bank; 2019. Available from: https://openknowledge.worldbank.org/server/api/core/bitstreams/14af2052-90da-5325-9c3f-4d777ed9cccf/content. [Accessed on April 14 2023].
[16] Zheng XY, Song XM. Demographic transition, economic development and growth of chronic disease in China (中国人口转变，经济发展与慢性病增长). *Soc Sci Chin High Educ Institut* 2014;4:109–18, 159. Chinese.
[17] Pelligrino ED. *Humanism and the Physician*. Knoxville: University of Tennessee Press; 1979.
[18] Li B. *Caring Your Stomach, Clearing Your Intestines* (胃靠养，肠靠清). Nanjing: Phoenix Science Press; 2016. Chinese.
[19] Han QD. *The Warmth of Medicine* (医学的温度). Beijing: The Commercial Press; 2020. Chinese.
[20] Lo V, Berry C, Guo LP. Introduction. In: Lo V, Berry C, Guo LP, eds. *Film and the Chinese Medical Humanities*. London and New York: Rutledge; 2020. p. 3.
[21] Launer J, Wohlmann A. The art of medicine; narrative medicine, narrative practice, and the creation of meaning. *Lancet* 2023;401:98–9.

[22] Gillespie H, Kelly M, Gormley G, King N, Gilliland D, Dornan T. How can tomorrow's doctors be more caring: a phenomenological investigation. *Med Educ* 2018;52:1052–63.
[23] Hausman A. Taking your medicine: relational steps to improving patient compliance. *Health Mark Q* 2001;19(2):49–71.
[24] Li C. *Narrative Nursing* (叙事护理). Chifeng: Inner Mongolia Science and Technology Press; 2016. Chinese.
[25] Zhang DQ, Cheng ZF. Medicine is a humane art: the basic principles of professional ethics in Chinese medicine. *Hastings Cent Rep* 2000;30(4):s8–12.
[26] Xue CC, Yang QL. The model of traditional Chinese medicine. *J Tradit Chin Med* 2002;23(4):308–11.
[27] Wang CY. *Emotion Management and Health* (情绪管理与健康). Beijing: Peking University Medical Press; 2021. Chinese.
[28] Wang H, Yang QL, Wang ZX, et al. Writing criterions of parallel chart in traditional Chinese medicine(关于中医平行病历书写规范的建议). *Mod Chin Clin Med* 2019;26(3):6–10. Chinese.
[29] Rosenberg CE. *Our Present Compliant: American Medicine, Then and Now*. Baltimore: Johns Hopkins University Press; 2007.
[30] Dennhardt S, Apramian T, Lingard L, Torabi N, Arntfield S. Rethinking research in the medical humanities: a scoping review and narrative synthesis of quantitative outcome studies. *Med Edu* 2016;50(3):285–99.
[31] Fletcher J. *Morals and Medicine*. Boston: Beacon Press; 1954.
[32] Meza JP, Passerman DS. *Integrating Narrative Medicine and Evidence-Based Medicine*. London & New York: Radcliffe Publishing; 2011.
[33] Büning H, Griesenbach U, Fehse B, et al. Consensus statement of European Societies of Gene and Cell Therapy on the reported birth of genome-edited babies in China. *Hum Gene Ther* 2018;29(12):1337–8.
[34] Li K. The middle-aged people in Beijing under the shadow of flu (流感下的北京中年). Available from: http://www.mnw.cn/news/shehui/1942407.html?pepk3e. [Accessed on April 14 2023]. Chinese.
[35] Wang YF, Guo LP. The development of narrative medicine in the broad sense in China: a literature review (我国广义叙事医学发展的文献研究). *Chin Med Ethics* 2019;32(2):153–9. Chinese.
[36] Guo LP. Using narrative medicine practice to promote medical humanities education in teaching hospitals (以叙事医学实践促教学医院医学人文教育). *Med Philos* 2022;43(6):36–9, 51. Chinese.

Edited by GONG Jiayu

How to cite this article: Guo LP. An overview of narrative medicine in China. Chin Med Cult 2023;6(2):205–212. doi: 10.1097/MC9.0000000000000064.

Review

CHINESE 中医药文化(英文)
MEDICINE AND CULTURE

OPEN

AfterWards: A Narrative Medicine Program at Johns Hopkins Medicine and in China

Lauren Small[1,✉]

Abstract

Narrative medicine is a multidisciplinary field of inquiry and practice based on the premise that medical care takes place in the context of stories. Research on narrative medicine training suggests that it conveys benefits such as improved communication skills and personal and professional growth to physicians, medical students, and other health care providers. Narrative medicine can promote empathy and trust between patients and physicians and foster self-care. In 2014, the author and a colleague started an ongoing inter-disciplinary narrative medicine program in the Children's Center of the Johns Hopkins Hospital called AfterWards. The program, which meets monthly, is open to all on a volunteer basis. Through literature, art, and writing, AfterWards nurtures empathy, encourages reflective practice, and builds community among a diverse group of health care providers. Through a series of lectures and workshops at Johns Hopkins Medicine, Peking Union Medical College, and Fudan Hospital in Shanghai, the author has introduced AfterWards to Chinese medical educators and clinicians. Working with Dr. Marta Hanson, she created an AfterWards Facilitator's Guide for the use of Chinese practitioners. A recent White Paper on Chinese health care indicates that an infusion of humanities-based education, of which narrative medicine forms a part, can help rebuild patient-physician trust. Recently, there has been an increase in interest in narrative medicine in the United States and China. However, more research is needed to demonstrate the impact of programs like AfterWards. Challenges to the implementation of narrative medicine programs remain, most significantly in terms of expertise, resources, and time.

Keywords: AfterWards; Narrative medicine

1 Introduction

In 2000, Dr. Rita Charon, an internist and literary scholar at the Columbia University College of Physicians and Surgeons, announced the formation of a new discipline called narrative medicine.[1] In many ways, narrative medicine was an outgrowth of the literature and medicine and medical humanities courses that had existed in medical schools ever since the 1970s.[2] Traditionally, physicians were expected to be both civilized and cultivated and appreciating literature fit into that mold. But Charon distinguished her field by positing that the study of narrative, as represented by reading great literature, experiencing art, and writing narratives, was more than a civilizing veneer: it was an essential clinical skill. Simply put, narrative medicine recognizes that medical care takes place in the context of stories: the stories patients tell their providers, the stories providers share with their colleagues, and the stories providers tell themselves about the work they are doing. By improving what Charon calls "narrative competency," or the ability to elicit, interpret, and act on their patients' stories, providers can deepen humanistic medicine and improve patient care.[3]

Research among physicians and medical trainees has demonstrated a number of benefits of narrative medicine training, including increased empathy and communication skills, personal and professional growth, and the fostering of reflection and holistic care.[4] Narrative medicine promotes sensitivity to emotional or cultural aspects of delivering care, and appreciation of the singular humanity of the individual patient.[5] Narrative medicine also teaches health care practitioners to tolerate uncertainty, appreciate multiple perspectives, and deliver care in a more ethical manner.[6] While the main focus of narrative medicine is to promote patient-centered care, the act of participating in narrative medicine groups has been shown to have benefits in itself. Narrative medicine fosters community across medical professions and enhances self-care.[7] In a profession where burnout has become a significant challenge, narrative medicine has been shown to have beneficial effects.[8]

The practice of narrative medicine in the United States is far from monolithic. It is not universally required in medical or nursing education or in clinical training. It takes many different forms including reading stories, books, and poetry, visiting art museums, journaling, and

[1] Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD 21205, USA

✉Lauren Small, E-mail: lsmall2@jhmi.edu

Chinese Medicine and Culture (2023) 6:2

Received: 14 February 2023; accepted: 11 April 2023

First online publication: xxx xxx 2023

http://dx.doi.org/10.1097/MC9.0000000000000060

creative writing.[9] Narrative medicine has also been introduced as a patient intervention in the form of written or oral story-telling, reflective discussions of literature and poetry, and other such activities, with evidence of beneficial impact.[10] But all narrative medicine activities, whether administered to care providers or to patients, share a focus in some way on narrative in the medical context.

2 AfterWards

In 2014, the author, a writer with a Ph.D in Comparative Literature, joined with Dr. Benjamin Oldfield, a resident in a joint medicine-pediatrics program at the Johns Hopkins Hospital, to start an ongoing inter-disciplinary narrative medicine program in the Children's Center called AfterWards. Without funding or protected time for participants, we decided to hold sessions monthly on a voluntary drop-in basis. The program would be inclusive, and all kinds of staff and faculty at the hospital would be invited to attend: physicians, nurses, social workers, residents, fellows, students, and so on. To encourage attendance and in recognition of the participants' considerable work responsibilities, we decided not to require any advance preparation. All learning would take place within the 1-hour session.

Scheduling presented particular difficulties. With doctors, nurses, residents, and others working different schedules and shifts, it was difficult to come up with a time that would be available to all. We settled on a 5:30 to 6:30 PM slot "after wards" in the hopes of capturing people either at the end or beginning of a shift. Since the onset of the COVID pandemic, AfterWards sessions have migrated to a virtual format with meetings at noon.

Table 1 Structure of an AfterWards session

Session (60 min)
1. Welcome and introduction (5 min)
• Facilitators introduce themselves and narrative medicine
• Participants introduce themselves
2. Discussion of topic and theme (30–40 min)
• Facilitators introduce topic and theme for the session
• General discussion
3. Writing exercise (10 min)
• Facilitators introduce a writing prompt relevant to the theme
• Participants write privately
4. Closing reflection (5–10 min)

For the first two years of the program, the author and Dr. Oldfield presented all of the monthly sessions. After 2016, when Dr. Oldfield graduated from his residency program and left Johns Hopkins, the author ran AfterWards on her own. Nowadays topics for sessions are mostly suggested and presented by various members of the Johns Hopkins community, with the author acting primarily as facilitator. We have held over one hundred such AfterWards sessions that have been attended by nearly a thousand providers and community members. The structure of the program, inspired by the narrative medicine workshops held at Columbia University, has remained the same from the onset. Each AfterWards session (Table 1) consists of three parts: the discussion of a piece of literature or art with a medical theme, private writing based on a prompt, and shared reflection.

In AfterWards, we interpret narrative broadly. In addition to literary pieces, we have discussed music videos, photography, film clips, painting, and sculpture; all of these forms of art tell stories. We avoid nonfiction pieces such as case histories and journal or newspaper articles because we find these do not engender meaningful discussions, although we have read a few illness narratives or memoirs. A typical AfterWards session might focus, for example, on Kendrick Lamar's music video "i" to talk about social pathologies.[11] We have viewed paintings by Frida Kahlo[12] to discuss coping with pain and have read poetry by Mary Oliver to experience being present in the world.[13] We are sensitive to the power of art to engage cultural and racial issues and to promote health equity. In that regard, we have included pieces by a diverse group of writers and artists. We have held sessions on the history and legacy of lynching in America, on homelessness, and on social injustice (Table 2).

In response to the current pandemic, we have looked at artwork on COVID created by children from all over the world, and asked participants to draw their own view of COVID.[14] We have also read fiction about a daughter coping with the death of her father in isolation in the ICU.[15] We have also looked at how pandemics have been presented in art and literature throughout history to gain insight into our own predicament.[16]

Topics for narrative medicine sessions can be gleaned from one's own experiences with art and literature, or by accessing databases of medical humanities texts such as the Literature Arts Medicine database at New York

Table 2 Selected topics, themes, and writing prompts for AfterWards sessions

Topic	Theme	Writing prompt
Rehab, music video by Amy Winehouse	Addiction, resisting treatment	Write about a patient you treated for addiction from the patient's point of view
"Try to praise the mutilated world," poem by Adam Zagajewski	Social injustice	Write about injustice you have witnessed
"A Night in June" memoir by William Carlos Williams	Science and humanity	Write about a time your sense of humanity conflicted with your scientific knowledge

University[17] or the RxMuseum.[18] For Chinese sources, practitioners can consult Yang Xiaolin's (杨晓霖) publications in Chinese.[19]

3 How does it work?

The goal of AfterWards is to use the presentation of a piece of literature or art to spark a meaningful, impactful conversation among practitioners about their clinical experiences and to deepen that encounter through private, reflective writing. In our experience, the result is an increased awareness of the role of stories in medical care and a heightening of humanism for both the patient and provider. Several key elements distinguish AfterWards from other kinds of medical training and education. First of all, we focus on artistic and literary texts that provoke a multitude of meanings, unlike the other kinds of texts participants usually encounter in their work, such as case histories and journal articles. All responses to a painting or a poem are equally valid, based on the viewer's experience. People attending AfterWards sessions adjust to a different kind of thinking, where the goal is not to produce a "correct" answer, but rather to engage in rich discussion and reflection.

Art breaks down barriers. In AfterWards sessions, participants meet on an equal basis, unlike the usual hospital environment, which is strictly hierarchical, with doctors, nurses, and therapists assigned to specific roles and often working apart from one another in silos. No one, whether an attending physician or first-year medical student, has a monopoly on the truth of a painting or a poem. Everyone has an equal seat at the table. Meaning is created through joint effort, as participants listen to one another and respond. In the AfterWards environment, people with different kinds of roles have the opportunity to hear from one another in new ways, often for the first time.

Art is a reflection of the human experience and the human spirit. It speaks to the heart of medicine which, at the core, is concerned with the healing of human beings. The themes art presents—suffering, loss, rejoicing, gratitude, love, fear, loneliness and so on—apply to both providers and their patients. By increasing their awareness of their joint humanity, providers can better work with their patients to promote healing.

In an environment where doctors, nurses, students, and trainees are subject to criticism and performance evaluations, AfterWards offers a safe space where no one is judged. People are free to engage—or not—as they wish. They are given permission to present their authentic self.

Finally, writing is a particularly powerful means of reflection, as participants challenge themselves to put their experiences, thoughts, and emotions into words on the blank page. The result is often surprising and insightful.

In the words of one of our attendees: "At AfterWards, we have the opportunity to examine *how* we see, hear, and experience patient encounters. By doing this, we push ourselves to a deeper practice of observation, perception, and connection." Another reflects: "Every month, AfterWards reminds healthcare providers that a patient is more than his illness, that he has a story which, if we take time to listen and understand, should impact his care."

4 AfterWards in depth

One of the sessions we have held successfully with a variety of groups, including Chinese medical students and clinicians, centers on a 16-century painting by the Dutch artist Pieter Bruegel (Fig. 1).[20] We begin by showing the image of the painting to the group without any background or introduction. We ask them simply to comment on what they see. Most respondents begin by pointing to the peasant at work plowing his field. He is the largest figure in the painting, occupies the center, and with his bright red sleeves draws the eye. Attendees also notice the herder with his sheep, the ship sailing by, and the city in the background. Only belatedly do they notice a small figure in the bottom right corner of the painting whose legs thrash in the water, and who appears to be drowning.

We then reveal the name of the artist who created the painting and its name: "Landscape with the Fall of Icarus." Briefly, we retell the story of Icarus from the ancient Greek myth. Icarus and his father Daedalus, a talented craftsman, found themselves imprisoned on the Isle of Crete. Daedalus fashioned wings out of feathers and wax so that they might fly away and escape. Before leaving, he warned his son not to fly too close to the sun. But Icarus, made bold and reckless by the joy of flight, ignored his father's words and flew upwards. The heat of the sun melted the wax, and he fell to his death in the sea.

We now ask the respondents to look again at the painting, and this time comment on the painting's message.

Figure 1 "Landscape with the Fall of Icarus" by Pieter Bruegel. (source from: https://upload.wikimedia.org/wikipedia/commons/c/c2/Pieter_Bruegel_de_Oude_-_De_val_van_Icarus.jpg).

Both the story and the painting are rich with meaning, and attendees have offered a number of themes including, for example, that children should listen to their elders! But as they look more closely at the relationship of the figures in the painting, they realize that no one is paying any attention at all to the drowning boy. They are all too focused on the work of their daily lives.

The discussion now turns to the theme of bearing witness to suffering—a problem that is particularly acute for clinicians whose work often requires them to witness illness and death. How tempting it can be to turn away; how easily one can become distracted by other urgent matters, or feel overwhelmed. Bruegel's painting inspired two poems that focus on this theme, and that we have shared with the group: "Musée des Beaux Arts" by W. H. Auden[21] and "Landscape with the Fall of Icarus" by William Carlos Williams—a writer who was also a physician.[22] Williams concludes his poem by writing that while the world was "concerned/ with itself," there was a splash off the coast: "quite unnoticed/ this was/ Icarus drowning" (Fig. 2).

Attendees write for five minutes about suffering they have seen. In this private reflection, they have the opportunity to recall episodes in their personal lives or in their clinical practices. We conclude the session by asking anyone who wishes to share their writing or other comments on the artworks or the theme. Some clinicians share strategies on dealing with suffering from their own lives or work. There are no easy answers. Bruegel's painting reminds us that bearing witness to suffering is a problem that is both very old and enduring. By presenting this theme in art and literature, and by giving participants the chance to share and reflect on it, we honor the work they do and the burdens they carry.

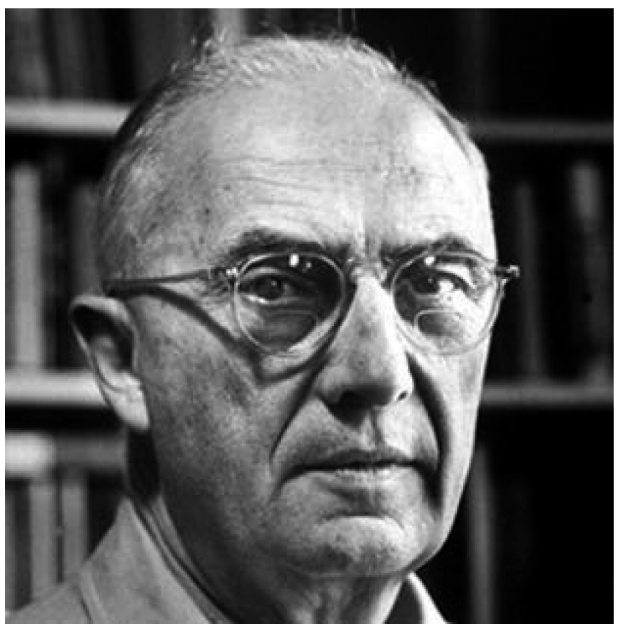


Figure 2 William Carlos Williams (source from: https://poets.org/poem/landscape-fall-icarus).

5 Growth of narrative medicine in China and at Johns Hopkins

Over the last several years, through the leadership and sponsorship of Professor Jiang Yuhong (蒋育红) of Peking Union Medical College (PUMC), the author has had the opportunity to introduce narrative medicine and AfterWards to Chinese medical students, educators, and clinicians. She has lectured to students in Beijing and to clinicians at Fudan Hospital in Shanghai. In the fall of 2019, a group of Chinese medical educators and clinicians traveled to the United States where they received training in narrative medicine in workshops at Columbia University and at Johns Hopkins. The purpose of these workshops was to give participants the skills and resources needed to further narrative medicine training and education in their home institutions. The author and Dr. Marta Hanson, an historian of medicine and public health in East Asia, co-created a Facilitator's Guide with information on implementing AfterWards programs in China, including Chinese sources. Since the onset of the COVID pandemic, collaborations with the author, Dr. Hanson, and PUMC have continued in a virtual format.

In recent years, the growth of narrative medicine education in China has been remarkable, as the publication of this special issue of *Chinese Medicine and Culture* attests. According to a White Paper published a few years ago, the Chinese health care system is in need of an infusion of the health humanities. The authors concluded that China suffers from a pronounced erosion of patient-physician trust, with concomitant detrimental effects on the delivery of medical care, and recommended the implementation of humanities-based education.[23] In particular, narrative medicine has been demonstrated to be an effective means of restoring such trust.[24]

At Johns Hopkins, in addition to the growth of AfterWards, we have seen the creation of a Center for Medical Humanities and Social Medicine, a Health Humanities Distinction Track for residents and fellows, an elective in narrative medicine for pediatric residents, and the incorporation of narrative medicine principles in the training of internal medicine residents in palliative care. We have also seen the growth of art museum-based teaching to students and clinicians using Visual Thinking Strategies.[25] In March of 2022, the Office of Well-being introduced H.O.P.E.: Honoring our Pandemic Experiences, a year-long initiative that uses art and creativity to engage faculty and staff in commemorating and reflecting on COVID.[26] AfterWards will be conducting several sessions as a part of this initiative.

6 Conclusion

The recent growth of narrative medicine training in both China and the United States has been encouraging. Nevertheless, several challenges to the implementation

of narrative medicine programs remain. The discipline lacks core definitions in practice. Most research on narrative medicine is qualitative, and quantitative work is needed to determine more precisely its impact on practitioners and their patients. While leading or facilitating narrative medicine groups is not overly difficult, a certain level of comfort with art and literature is needed. Medical professionals may want to collaborate with humanities teachers if needed and when possible.

AfterWards began with no financial support and continues to run with minimal assistance. That is one of its strengths. However, significant growth in narrative medicine will require more institutional support. In a world where health dollars are already stretched thin, it can be difficult to advocate for investment in humanities programs—although the value of such programs is becoming increasingly evident. Even more precious—and more rare—in the medical environment is time, and that is one commodity that narrative medicine cannot do without. Finding protected time for medical practitioners to engage in arts and literary endeavors is likely to remain a challenge into the future.

Acknowledgments

The author would like to thank Dr. Marta Hanson for her invitation to join in this special issue of *Chinese Medicine and Culture* and for her support and efforts in bringing AfterWards to China.

Funding

The study is financed by the grant of Johns Hopkins University School of Medicine, Baltimore, Maryland, USA.

Ethical approval

This study does not contain any studies with human or animal subjects performed by the author.

Author Contributions

Lauren Small did the research, wrote, and reviewed the paper.

Conflicts of interest

The author declares no financial or other conflicts of interest.

References

[1] Narrative medicine program at Columbia University. Columbia University Division of Narrative Medicine. Available from: https://www.mhe.cuimc.columbia.edu/division-narrative-medicine. [Accessed on March 12 2022].
[2] Jones AH. Why teach literature and medicine? Answers from three decades. *J Med Humanit* 2013;34(4):415–28.
[3] Charon R. *Narrative Medicine: Honoring the Stories of Illness*. Oxford: Oxford University Press; 2006.
[4] Barber S, Moreno-Leguizamon CJ. Can narrative medicine education contribute to the delivery of compassionate care? A review of the literature. *J Med Humanit* 2017;43(3):199-203.
[5] DasGupta S, Meyer D, Calero-Breckheimer A, Costley AW, Guillen S. Teaching cultural competency through narrative medicine: intersections of classroom and community. *Teach Learn Med* 2006;18(1):14–7.
[6] Miller E, Balmer D, Hermann N, Graham G, Charon R. Sounding narrative medicine: studying students' professional identity development at Columbia University College of Physicians and Surgeons. *Acad Med* 2014;89(2):335–42.
[7] Small L, Feldman L, Oldfield B. Using narrative medicine to build community across the health professions and foster self-care. *Radiol Nurs* 2017;36(4):224–7.
[8] Sands SA, Stanley P, Charon R. Pediatric narrative oncology: interprofessional training to promote empathy, build teams, and prevent burnout. *J Support Oncol* 2007;6(7):307–12.
[9] Hester C, Schleifer R. Enhancing physician empathy: optimizing learner potential for narrative transportation. *Enthymema* 2016;16:105–18.
[10] Laskow T, Small L, Wu DS. Narrative interventions in the palliative care setting: ascoping review. *J Pain Symptom Manage* 2019;58(4):696–706.
[11] Lamar K. "i". Available from: https://www.youtube.com/watch?v=8aShfolR6w8. [Accessed on March 12 2022].
[12] Frida Kahlo and her paintings. Available from: https://www.fridakahlo.org. [Accessed on March 12 2022].
[13] Mary Oliver. Available from: https://www.poetryfoundation.org/poets/mary-oliver. [Accessed on March 12 2022].
[14] Barron C. Kids use art to tell the story of the coronavirus outbreak. *Washington Post*. June 6, 2020. Available from: https://www.washingtonpost.com/lifestyle/kidspost/kids-paint-corona-from-around-the-world/2020/06/22/4d5b1ee2-a416-11ea-bb20-ebf0921f3bbd_story.html. [Accessed on March 12 2022].
[15] Moore L. Face time. *The New Yorker*. September 28, 2020. Available from: https://www.newyorker.com/magazine/2020/09/28/face-time. [Accessed on March 12 2022]. Subscription required.
[16] Hanson M, Small L. Pandemic patterns: how artistic depiction of past epidemics illuminate thematic and structural responses to COVID-19 today. *J Gen Intern Med* 2022;37(4):878–84.
[17] LitMed. Literature arts medicine database. Available from: https://medhum.med.nyu.edu. [Accessed on March 12 2022].
[18] RxMuseum. Art and reflection in medicine. Available from: https://rxmuseum.org. [Accessed on March 12 2022].
[19] Yang XL. *Medicine and Literature: Narratives of Doctors in Novels, Films and Dramas*. Guangzhou: Jinan University Press; 2018. And *Narrative Medicine: A Humanity Reader*. Beijing: People's Medical Publishing House; 2019. See also the articles in this special issue by Marta Hanson and others.
[20] Bruegel P. Landscape with the fall of icarus. Available from: https://upload.wikimedia.org/wikipedia/commons/c/c2/Pieter_Bruegel_de_Oude_-_De_val_van_Icarus.jpg. [Accessed on March 15 2022].
[21] Auden WH. *Musée des Beaux Arts. Collected Poems*. New York: Random House; 1976. Page unknown.
[22] Williams WC. Landscape with the fall of icarus. Available from: https://poets.org/poem/landscape-fall-icarus. [Accessed on March 15 2022].
[23] Tucker, Joseph D, Wong B, Nie JB, Kleinman A. Rebuilding patient-physician trust in China. *Lancet* 2016;10046(388):755.
[24] Charon R. The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA* 2001;286(15):1897–902
[25] Kagan HJ, Kelly-Hedrick M, Benskin E, Wolffe S, Suchanek M, Chisolm MS. Understanding the role of the art museum in teaching clinical-level medical students. *Med Educ Online* 2022;27(1):2010513.
[26] H.O.P.E. Hopkins Medicine Office of Well-being. Available from: https://www.hopkinsmedicine.org/joy-at-jhm/office-of-well-being/. [Accessed on March 15 2022].

Edited by GUO Zhiheng

How to cite this article: Small L. AfterWards: a narrative medicine program at Johns Hopkins Medicine and in China. Chin Med Cult 2023;6(2):213–217. doi: 10.1097/MC9.0000000000000060.

2nd Academic Forum On TCM for Int'l Postgraduates

Traditional Chinese medicine (TCM) has played a larger role in China's healthcare system, alongside Western medicine. Academic studies and evidence-based research are essential to its inheritance and innovative development.

The organizing committee invites international postgraduates (Master and PhD) to submit full papers to AFTCM 2023.

The AFTCM 2023 is the second forum for presenting of original papers on TCM. This forum brings together postgraduates from local and foreign universities.

Topics of interest for submission include, but not limited to the following topics:

◎ Research progress of academic hot topics in TCM (Literature Review)
◎ A comparative study on theories of TCM and other traditional medicines
◎ Research on development status and localized features of TCM in different countries or territories
◎ Literature research on historical documents regarding overseas TCM dissemination
◎ Research on the trade of Chinese herbal medicine and cultural exchange along the Silk Road
◎ Clinical research on Chinese Medicine, Chinese Materia Medica and Acupuncture
◎ The latest research progress of acupuncture or non-drug therapy for common conditions
◎ Research progress on pharmacological actions, biological activities and clinical use of common and precious Chinese herbs
◎ Advances in clinical and basic research on classical compound TCM formulas for major, common and frequently occurring conditions

GUIDELINES

Language: The paper should be written and presented in English or Chinese. **Presentation & Publication (Full paper):** Full paper is requested, at least 6,000 words. **Academic Ethics:** Articles submitted to the forum should report original, previously unpublished research results, experimental or theoretical and must not be under consideration for publication elsewhere. We firmly believe that ethical conduct is the most essential virtue of any academic activity. Hence any act of plagiarism is a totally unacceptable academic misconduct and cannot be accepted. **Deadline:** Please send your participation receipt and paper before July 31st, 2023 to iecforum@163.com. Please name the electronic version of the paper (one copy each in Word and PDF format) as: **'institute + name + telephone + thesis title'**.

BEST PAPER AWARD

The AFTCM will invite an Expert Committee to score candidate papers.

CONTACT US

Ms. Ma Siyi; Ms. Guo Jincheng
Tel: +86 (21) 51322268
E-mail: iecforum@163.com
Address: Room 206, International Cooperation Center, 1200 Cailun Road, Pudong New Area, Shanghai.
Postcode: 201203