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SPECIAL ISSUE

THE CONSTRUCTING JOURNEY OF NARRATIVE CHINESE MEDICINE:
A BLEND OF ANCIENT CHINESE WISDOM TO MODERN MEDICAL PRACTICE

Guest Editor-in-Chief YANG Xiaolin

Chinese Medicine and Culture

中医药文化（英文版）

Special Issue: The Constructing Journey of Narrative Chinese Medicine: A Blend of Ancient Chinese Wisdom to Modern Medical Practice

Guest Editor-in-Chief:



YANG Xiaolin (杨晓霖)

YANG Xiaolin Ph.D. is a professor at the General Education Department at Southern Medical University. She is the initiator of the theoretical and practical system of Chinese narrative medicine and the founder of bio-health narrative sharing center in China. Professor Yang was a visiting scholar at University of Cambridge and University of Birmingham in the UK, and was the co-editor of *Narrative* (《叙事》) collaborated with Ohio State University, USA. Professor Yang has published several monographs and textbooks, namely *Narrative Medicine Humanities Reader* (《叙事医学人文读本》), *Chinese Narrative Medicine and Medical Professional Competencies* (《中国叙事医学与医者职业素养》), *Medical Practitioners' Narrative Competence and*

Professional Development (《医者叙事能力与职业发展》), *Narrative Hospital Management: From Lean Management to Value Symbiosis* (《叙事医院管理：从精益管理到价值共生》), *The Power of Bio-narrative* (《生命叙事的力量》) and so on. In 2023, professor Yang was appointed as honorary chairman and advisor for the first TCM-related Narrative Medicine and Health Humanities Committee in China.

Purpose of the Special Issue

In May 2023, Narrative Medicine Practice and Education Alliance of Higher Education Institutions released an expert consensus on the construction of China's narrative medicine system. The consensus proposed that narrative traditional Chinese medicine (TCM) is an important part of China's narrative medicine system; at the same time, TCM culture and ancient philosophy of life and medicine serves as a foundation as well as an inexhaustible source of wisdom for the development of China's narrative medicine. Both TCM and the emerging narrative medicine approach the same goal to realize universal health services. The construction of a narrative TCM system meets the needs of "Big Health", and is also consistent with the idea of inheriting TCM culture. The special issue aims to introduce relevant academic results around the globe to create a better environment of TCM.

The exploration of the inherent inheritance relationship between TCM and Chinese narrative medicine practice underscores a profound connection that enriches both disciplines. Additionally, delving into the narrative wisdom found within both narrative medicine and TCM reveals essential insights that enhance patient care and deepen the understanding of healthcare experiences. Moreover, focusing on the improvements of the professional narrative ability of doctors, alongside the life and health narrative capabilities of the public, emphasizes the vital role storytelling plays in fostering effective communication and empathy in medical settings. The application of narrative TCM in clinical practice serves as a pivotal approach to promote the high-quality development of TCM hospitals and departments, thereby ensuring that cultural heritage is maintained while advancing contemporary medical practices. The special issue bridges traditional knowledge and modern healthcare practices, contributing to better patient outcomes and systemic improvements in the healthcare milieu.

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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.

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Contents

EDITORIAL

Narrative Medicine in Traditional Chinese Medicine: A New Frontier for Holistic Patient Care

Marta Hanson 269

FEATURE ARTICLE

Narrative Thinking of Healthcare Providers in Medical Cases and Its Implications for Modern Medical Education

YANG Xiaolin, HUANG Qing 271

ORIGINAL ARTICLES

Classical Medical Cases of Doubt Narrative Foreclosure and Mediation in Traditional Chinese Medicine

JING Jiangang, JIANG Jiacheng, WANG Yilin 281

A Preliminary Study of the Relevance of *Zhu You Shu* and Narrative Medicine

SUN Qimeng, ZHAO Lan, BAI Xuerui, JIANG Jiabao, QIU Nan 288

The Development of Doctor-nurse-patient Co-construction through Evidence-based Narrative Exploration of Traditional Chinese Medicine

YU Miao, LI Bo, LIU Qian, WANG Tianyuan 299

The Narrative Medicine Practice for the Treatment of *Ben Tun Qi*

WANG Zixu, LIU Yipin 306

New Ideas in Narrative Practice for Mind and Body Healing

LIU Ren, ZHANG Xiaocong, WANG Yiming, OU Chengying, XIE Shunyi, WEN Baosen, HAN Ying 312

REVIEWS

Traditional Chinese Medical Cases and Its Role in Pedagogy: A Narrative Analysis

ZHAO Yunfan, TAN Xinyi, CHEN Xiaoyun 319

Doctor-patient Narrative Re-discovered from Overseas Traditional Chinese Medicine Practices

SHEN Chengju, YANG Yidan, LI Zhenyi 327

The Application of Sentiment Treatment and Narrative Medicine in Infertility	
<i>TONG Yuheng, CHEN Wei, Vaishnani Deep K, Khaing Wut Yi Hla, CHEN Chen, CHEN Yanman</i>	335

PERSPECTIVE

Clinical Humanistic Needs of Chinese Medicine Treatment of Chronic Urticaria from the Perspective of Narrative Medicine	
<i>LIU Shuchen, REN Tengfei, Muhammad Danish Yaqoob, ZHOU Rongxin</i>	342

ERRATUM

Collecting Knowledge about Medicinal Ingredients in Northwestern Sichuan in the 1950s: Erratum.	
.....	326

Narrative Medicine in Traditional Chinese Medicine: A New Frontier for Holistic Patient Care

Marta Hanson^{1,*}

The ten essays in the previous special issue of *Chinese Medicine and Culture* (CMC) on narrative medicine, “Narrative Medicine in China and Chinese Sources for Narrative Medicine” published June 2023, were organized according to five themes. Several essays first introduced readers of this journal to: 1) The history of narrative medicine since 2001 as a distinct discipline in the US; 2) The history of narrative medicine in China since 2011. In addition to these two topics, the remaining articles developed upon three interconnected themes: 3) The connections between central concepts in modern narrative medicine and comparable concepts within traditional Chinese medicine (TCM); 4) The narrative-medicine potential of primary Chinese sources from antiquity to the present; 5) How case studies (distinct from case reports) could be used to teach narrative competency in East Asian medicine in the US context.

Ten contributions to this second special issue of *Chinese Medicine and Culture* on narrative medicine, “The Constructing Journey of Narrative Chinese Medicine: A Blend of Ancient Chinese Wisdom to Modern Medical Practice”, largely expand upon the third through fifth topics first addressed in the 2023 issue and added a sixth focus on specific clinical problems seen in TCM practice today. The guest editor of this issue, Yang Xiaolin (杨晓霖), adds an additional connective thread binding these two issues together.

Both of Yang’s articles contribute to the third theme on connections between modern narrative medicine and traditional Chinese medicine. Yang’s first

article published in the first issue, “The Inheritance and Development of Chinese Narrative Medicine Practice to the Philosophical Wisdom of Traditional Chinese Medicine” sought to build the discipline of “narrative traditional Chinese medicine” by fleshing out the potential of Chinese medical theories, such as the four diagnoses, narrative mediation, and mind-body holistic philosophy of TCM to develop the narrative competency of present-day healthcare providers. Her second article with Huang Qing in this issue expands upon the first article by further fleshing out the “narrative thinking of healthcare providers” in a wider range of concepts within TCM theory.

Three contributions followed upon the same third theme. Two articles focused on how “narrative TCM” can guide healthcare providers in treating their patients with psychological problems such as “narrative foreclosure” and types of paroxysmal disorders called *Ben Tun Qi* (奔豚气) in ancient Chinese medical texts. One article discussed how to use “narrative TCM” to improve collaborative relationships among doctors, nurses, and their patients to optimize diagnostic accuracy and treatment options.

The original fourth theme’s focus on using Chinese primary sources to develop narrative competency was expanded upon in this issue through an article that focused on *Zhu You Shu* (祝由术), ritual healing techniques using talismans and spells, explaining the cause of the diseases to the patients. The attention to narrative medicine training in the Chinese medical diaspora explored in the original fifth theme was expanded upon in an article that featured interviews with non-Chinese overseas practitioners of TCM about their narrative practices related to improving their physician-patient relationships.

Finally, this issue includes four articles that contribute to a new sixth theme rooted in using narrative medicine to deal with specific clinical problems. One article focused on experience treating chronic urticaria (hives or hive-like rashes and swelling) from a narrative medicine perspective. Another article addressed how TCM emotional therapy combined with modern reproductive medicine can be helpful to improve infertility care. The third article within this theme argued that practitioners

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should integrate methods from positive psychology into their acupuncture and massage practices to, for example, elicit the positive emotions within their patients necessary for recovery.

The collective intent of these ten contributions, according to this issue's guest editor Yang Xiaolin, is also fourfold in terms of developing the discipline of narrative TCM for modern TCM practice: 1) Exploration of the inherent inheritance relationship between TCM and Chinese narrative medicine practice; 2) Exploration of the narrative wisdom in narrative medicine and TCM; 3) Improvements of the professional narrative ability of doctors as well as the life and health narrative ability of the people; and 4) Application of narrative TCM in clinical practice to promote the high-quality development of TCM hospitals and departments.

The ten essays in this second special issue of *CMC* do their work well to further flesh out the contours of what constitutes this new discipline of narrative medicine in TCM. They also collectively demonstrate its potential to develop better narrative competency for all people—physicians, nurses, caregivers, and patients—and institutions involved in improving doctor-patient relationships and their healthcare outcomes.

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Ethical approval

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

Author contributions

Marta Hanson drafted and revised the manuscript.

Conflicts of interest

Marta Hanson is an Editorial Board member of *Chinese Medicine and Culture*. The article was subject to the journal's standard procedures, with peer review handled independently of this Editorial Board member and her research groups.

Edited By GUO Zhiheng

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Narrative Thinking of Healthcare Providers in Medical Cases and Its Implications for Modern Medical Education

YANG Xiaolin¹, HUANG Qing^{2,*}

Abstract

In the realm of Chinese narrative medicine, narrative thinking holds equal significance to evidence-based thinking within clinical practice, making substantial contributions to patient safety and medical quality. Ancient Chinese medical theories advocate forging a narrative bond with patients, urging healthcare practitioners to utilize *Dao Shu Jie He* (道术结合 integration of *Dao* and techniques) and *Yi Dao Yu Shu* (以道驭术 guiding techniques with *Dao*) during diagnosis, treatment, and rehabilitation. In this context, *Dao* (道) in traditional Chinese medicine (TCM) corresponds to narrative thinking (叙事思维) while *Shu* (术) aligns with scientific thinking (科学思维) in evidence-based medicine. This study adopts “narrative Chinese medicine” within the “discourse system of Chinese narrative medicine” as its framework, centering on medical stories that exemplify the application of narrative thinking in ancient Chinese diagnosis and treatment. It delves into the narrative thinking encapsulated in Chinese medicine, such as *Guan Wu Qu Xiang* (观物取象 observing things and extracting information), *Can He Er Xing* (参合而行 final examination and decision by integrating the four diagnoses), *Xing Shen Bing Zhi* (形神并治 body-spirit treatment), *Xin Shen Jian Li* (心身兼理 mind-body balance) and *Bian Zheng Lun Zhi* (辨证论治 treatment based on pattern differentiation). The study endeavors to inspire contemporary medical educators and clinicians to acknowledge the value of narrative thinking in TCM and fully incorporate it into daily medical practice.

Keywords: Chinese narrative medicine; Narrative traditional Chinese medicine; Narrative thinking; Medical cases; Education; Traditional Chinese medicine

1 Introduction

The quality and safety of medical care are directly related to the safety of people’s lives and the quality of their health, serving as the cornerstone of the development of healthcare. However, in the era of evidence-based medicine, scientism and technology supremacy prevail. Scientific thinking and evidence-based thinking modes focus excessively on knowledge and technology, emphasizing regularity and empirical evidence, while ignoring the subjectivity of patients. Doctors who focus only on evidence-based thinking may lack empathy

and imagination, and lose the ability to make clinical inferences and predict crises, which might be the root cause of serious medical crises such as misdiagnosis and underdiagnosis, incurable diseases, and aggravation of doctor-patient conflicts. There is also an unbridgeable gap between evidence-based medicine and empathic medicine.¹ Cognitive psychologist Herbert Simon, winner of the 1978 Nobel Prize in Economics, suggested that the abundance of scientific and technological information can lead to deficits in attention and empathy. In this context, in order to resolve the dilemma of medical development, narrative medicine came into being.

The concept of narrative medicine was introduced in 2000 by Professor Rita Charon of Columbia University, which meant “medicine practiced with these skills of recognizing, absorbing, interpreting, and being moved by the stories of illness”. After narrative medicine was introduced to China, experts held different definitions of narrative medicine based on their own practical experience and understanding. Han Qide (韩启德) believed that narrative medicine was a medicine practiced by medical staff with narrative competency who followed the laws of narrative; and narrative competency referred to the ability of recognizing, absorbing, interpreting stories of illness and the empathy that was easily moved by such stories.² In the process of localization of narrative medicine, Yang Xiaolin (杨晓霖) and Guo Liping (郭莉

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萍) contributed greatly. Narrative medicine was seen as a landmark model for integrating medical humanism and clinical practice.^{3,4} The year 2023 witnessed the inaugural year for the construction of China's narrative medicine system. Chinese scholars of narrative medicine have preliminarily mapped out their own discourse system and practice path.³ According to the definition of "Chinese narrative medicine", narrative medicine is a medical education and clinical humanities landing model that aims to improve the quality of medical personnel training and the medical quality and service level of medical institutions. Through improving the professional narrative competence of healthcare providers and the bio-health narrative literacy of the public (including healthcare providers, patients, and their families, etc.), narrative can play a positive and dynamic role in the management of hospitals and cultural inheritance, the professional identity and professional growth of healthcare professionals, the diagnosis and treatment of illnesses and shared decision-making, interpersonal communication and crisis resolution, psychosomatic regulation and health management, health dissemination and disease popularization, as well as hospice care and grief counseling.^{5,6}

To achieve the goal of "improving medical quality and service level" set in the definition of Chinese narrative medicine framework, it is necessary to vigorously improve the professional narrative competence of healthcare providers. In addition to controlling and managing the technical safety and process safety of medical institutions, the guarantee of medical quality and safety also requires professional narrative literacy from healthcare providers. The primary task of improving it lies in cultivating clinical narrative thinking, which is a mode of thinking that is as important as evidence-based thinking in clinical thinking.⁵

Clinical narrative thinking is the most important form of healthcare providers' professional narrative competence. "Narrative thinking" refers to a mental mode in which the person initiates a textual close reading of relevant people and events, utilizes narrative knowledge and practical experience to consciously create a story context, fully considers the spatial and temporal dimensions of event occurrences, conducts multi-perspective interpretations and analyses, finds out relationships between stories, predicts narrative progress and outcomes, and adopts positive intervention methods to guide the story towards a direction that is conducive to the holistic health and positive growth. Clinical narrative thinking is the application of narrative thinking in medical and healthcare contexts.

Through a comprehensive review of the history of traditional Chinese medicine (TCM), we find that TCM positively affirms the important value of narrative thinking for the diagnosis and treatment of diseases and for health and rehabilitation. This study takes "Chinese narrative medicine"⁷ as the framework, and focus on

several classic medical stories of ancient healthcare providers who used narrative thinking to diagnose and treat diseases, such as *Qi Qi Zhi Bing* (漆器致病 lacquer ware-induced illness) and *Shu Seng Gu Shi* (蜀僧故事 the story of a monk in Sichuan). It explores the narrative thinking contained in TCM, such as *Guan Wu Qu Xiang* (观物取象 observing things and extracting information), *Si Zhen He Can* (四诊合参 thorough examination by integrating the four diagnoses), *Ping Zheng Tong Da* (平正通达 plain and empathetic), *Xing Shen Bing Zhi* (形神并治 body-spirit treatment), *Xin Shen Jian Li* (心身兼理 mind-body balance) and *Bian Zheng Lun Zhi* (辨证论治 treatment based on pattern differentiation). It aims to elucidate the implications of narrative thinking practiced by TCM practitioners for contemporary medical education and clinical care quality improvement.

2 The narrative thinking of TCM

Medicine, in its origin, is a discipline of mutual care for life between people, and the basic relationship between people is a narrative, so the establishment of an interpersonal narrative connection between healthcare providers and patients is the foundation of life care. Compared with "paradigmatic thinking" or "evidence-based thinking" that "seeks objective laws by empirical evidence or scientific method", "narrative thinking" is more focused on "humanizing the person's actions and their consequences".⁵ Evidence-based thinking emphasizes scientificity and objectivity. In the medical process, objective data obtained from medical instrument measurements and laboratory test data has replaced the subjective narrative of patients and their families as an important basis for medical diagnosis and treatment decisions. João Lobo Antunes in *A Nova Medicina* suggested that "as the value of verbal evidence is devalued due to ancillary diagnostic tests, the doctor listens less and less to the patient's statement during the consultation, and the patient is at a completely vulnerable and space is becoming increasingly narrow" (Fig. 1). Medical sociologist Nicholas D. Jewson used the "disappearance of the patient" to illustrate that in the process of medical specialization, the medical worldview has changed from a "subject-oriented" one that emphasizes individual uniqueness and qualitative differences to an "object-oriented" one that emphasizes the objectivity of pathological levels and quantitative symptoms, and that patients have been "objectified".⁵ Evidence-based models of medical practice cannot fully understand of the unique help-seeking signals released in the context of the patient's life story, and thus make it impossible to achieve holistic health practice.

Narrative medicine is a human science that values individuality, particularity, emotion, and storytelling. While pursuing medical objectivity, rigor, and scientificity, narrative medicine also values the necessity of telling personal stories. Doctors with narrative thinking

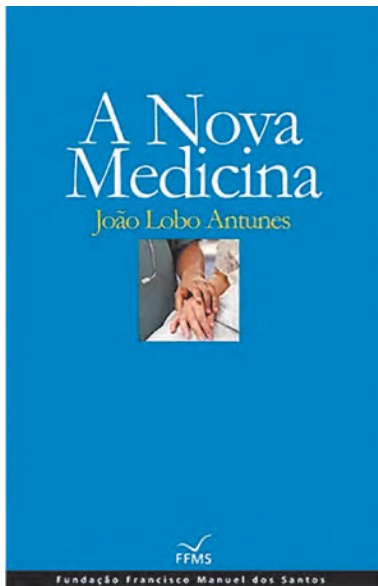


Figure 1 Front cover of *A Nova Medicina* by João Lobo Antunes, published by Fundação Francisco Manuel dos Santos, 2022 (source with permission from: <https://ffms.pt/pt-pt/livraria/nova-medicina>)

understand that a patient's personal story is also evidence, and will serve as an important vehicle for contextualized diagnosis, whereby the doctor will take reasoned diagnostic and therapeutic action according to the patient's different characteristics. Therefore, in order for the medical profession to re-appreciate the uniqueness and subjectivity of human beings, the value of narrative thinking in clinical practice must be reassessed. Narrative thinking can quickly promote the transition of medicine from the era of evidence-based medicine to the era of precision medicine, and truly realize the personalized medicine advocated by precision medicine. The narrative thinking implicit in the theory of TCM and in the professional quality of TCM practitioners is instructive for future medical education and clinical practice.

2.1 Narrative thinking from the theory of TCM

Narrative thinking plays a significant role in TCM thinking. Modern medical educators and clinical healthcare providers can draw rich experience from the medical cases of TCM practitioners who use narrative thinking in medical practice, highlight the TCM roots of Chinese narrative medicine, and construct a theoretical system in a localized manner. The narrative thinking in the theory of Chinese narrative medicine corresponds to the thinking of *Guan Wu Qu Xiang, Can He Er Xing* (参合而行 final examination and decision by integrating the four diagnoses), *Xing Shen Bing Zhi, Xin Shen Jian Li* and *Bian Zheng Lun Zhi*, etc. These concepts not only emphasize the examination of life from the whole, but also emphasize the differences of individual life. They consider both “unity” and “difference” comprehensively, which can also be called *Yi Si Wei* (宜思维 fitting thinking).

First of all, TCM focuses on grasping the whole and advancing layer by layer, rather than starting locally and deducing the disease. The commonly used method of dialectical thinking in TCM involves the use of the *Ba Gang* (八纲 eight principles) of “*Biao* (表 exterior), *Li* (里 interior), *Yin* (阴 yin), *Yang* (阳 yang), *Han* (寒 cold), *Re* (热 heat), *Xu* (虚 deficiency), and *Shi* (实 excess)” as the foundation. It further determines which meridian is affected according to the *Liu Jing* (六经 six meridians), and whether the *Wei* (卫 Wei-defence), *Qi* (气 qi), or *Ying Xue* (营血 Ying nutrients and blood) is diseased based on the *Wei Qi Ying Xue Bian Zheng* (卫气营血辨证 pattern differentiation of Wei-defence, qi, Ying nutrients and blood). Additionally, it identifies which organ or viscera is affected based on the *Zang Fu* (脏腑) theory. This layer-by-layer progression and integrated thinking constitute the holistic thinking frequently used in TCM. Holistic thinking contains associative thinking, neutral thinking, and comprehensive thinking. TCM understand the world and life by the above thinking ways.

Secondly, the imagistic thinking of “observing things and extracting information” in TCM plays a similar role to narrative inference based on textual scrutiny in narrative medicine. Imagistic thinking, also known as *Xiang Si Wei* (象思维 image thinking), focuses on comprehensively collecting information to form rich images, and then serves as the basis for further thinking. It contrasts with the “medical disciplinary subdivision thinking (医学学科精分思维)” in evidence-based medicine. TCM practitioners utilize the intuitive nature of imagistic thinking in the process of *Wang* (望 observation), *Wen* (闻 listening), *Wen* (问 inquiry), and *Qie* (切 palpation), and then collect clinical patient data comprehensively. By *Si Zhen He Can*, the practitioner integrates the images of the disease in his/her mind with familiar TCM theories, and utilizes narrative thinking such as associations and analogies to arrive at a diagnosis and treatment plan in a fluid manner.

Thirdly, TCM practitioners are good at guiding the main body of life to realize *Nei Yi* (内易 internal change) by changing the mind. Zhang Jiebin (张介宾) from the Ming dynasty wrote in his *Lei Jing Fu Yi Yi Yi* (《类经附翼·医易》 Appendices to ‘The Classified Classic’: *Chinese Medicine and Yi Jing Theory*) (Fig. 2): “External change is easy, but internal change is difficult. It is necessary to seek change within oneself before seeking it in others, and to prioritize internal change before considering external change. Physical change may be gradual, but internal change cannot be ignored. The purpose of medicine is to facilitate internal change, and if it cannot be achieved, how can it be practiced? (矧天地之易, 外易也; 身心之易, 内易也, 故必求诸己而后可以求诸人, 先乎内而后可以及乎外; 是物理之易犹可缓, 而身心之易不容忽。医之为道, 身心之易也, 医而不易, 其何行之哉?)” The quotation suggests that human health is influenced by both internal and external environments, but the internal is more important. From the perspective

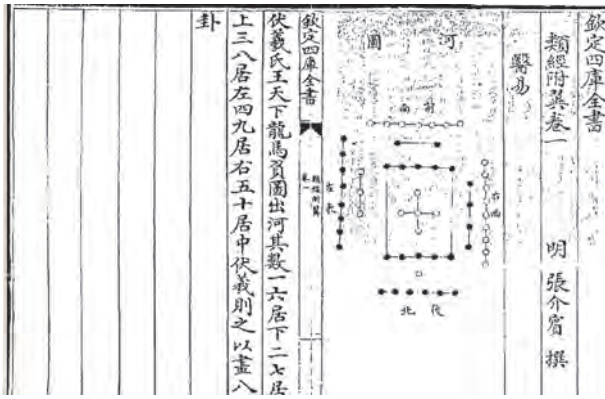


Figure 2 *Lei Jing Fu Yi Yi Yi* 《类经附翼·医易》 Appendices to ‘The Classified Classic’: Chinese Medicine and Yi Jing Theory by Zhang Jiebin, from *Qin Ding Si Ku Quan Shu* 《钦定四库全书》 Catalog of the Complete Library in the Four Branches of Literature (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

of narrative medicine, the way of interpreting life stories is a form of “internal ease”, which relies mainly on internal regulation, and does not need to be altered by external tools and substances in heaven and earth (environment, food, medicine, etc.). The internal ease corresponds to the process of “narrative adjustment”⁸ of the six types of narrative foreclosure (叙事闭锁)⁹ in Chinese narrative medicine.

Finally, ancient Chinese healthcare providers were adept at utilizing the narrative prescription of realizing “internal ease” to develop *Quan Ren Liao Yu* (全人疗愈 holistic healing), supplemented by medicines, acupuncture, and other “mind-body balance”. Li Yu (李渔) wrote in his *Xian Qing Ou Ji* 《闲情偶记》 *Idle Thoughts*: “Whenever I suffer from a certain illness, I always consider the cause, and then treat it with a prescription and use medicine to heal it. The so-called prescription is not the prescription written in the medical books, but based on my feelings and the how the matter stands. The so-called medicine is not the medicine that mentioned in *Ben Cao* [《本草》, indicating *Shen Nong Ben Cao Jing* 《神农本草经》 *Shennong’s Classic of Materia Medica*], but the medicine that comes from my comfort (每患一症, 辄自考其致此之由, 得其所由, 然后治之以方, 疗之以药。所谓方者, 非方书所载之方, 乃触景生情, 就事论事之方也; 所谓药者, 非《本草》必载之药, 乃随心所喜, 信手拈来之药也)”.

The Chinese system of narrative medicine emphasizes the use of narrative reading to achieve “internal ease”, and *Yao* (药 medicine) and *Fang* (方 prescription) mentioned by Li Yu are similar to the *Nei Yi Zhi Fang* (内易之方 formula of internal ease) of *Xu Shi Chu Fang* (叙事处方 narrative prescription).

2.2 Narrative thinking of TCM healthcare providers

Narrative thinking emphasizes the healthcare provider’s active observation of details of the patient’s physical

features, habits, emotional responses, interpersonal relationships, and living environment. It relies on these detailed observations to recognize the patient and the patient’s illness as a whole during interpersonal narrative interactions. Due to the lack of systematic training in narrative thinking, contemporary healthcare providers are more likely to make one-sided judgments based on medical standards, guidelines, and various reports. Such treatments may fail to hear, understand, or respond to the patients’ affective needs. They cannot be truly healed. In advocating to improve healthcare providers’ narrative literacy, we find that ancient healthcare providers have already possessed similar narrative thinking abilities.

Narrative thinking of ancient healthcare providers was reflected in the thinking of *Ren Wu* (任物 feeling objects) and *Chu Wu* (处物 dealing with objects). *Wu* (物 objects) generally referred to people, things, and all other changing things in the universe. Therefore, *Ren Wu* means “responding to external information (任物者谓之心)”. *Chu Wu* means receiving external information and then making internal responses. Feeling and dealing with objects emphasize the interpersonal interactivity and fusion between healthcare providers and patients. TCM practitioners will inquire about the patient’s life as a unique individual in detail to trace the origin of illness.

In the context of narrative medicine, the transition from *Ren Wu* to *Chu Wu* is the process where a healthcare provider with narrative thinking reads narrative texts of patients in detail. However, these texts are not only composed of body organs, but also of emotional stories. In addition to the “physical text” obtained by doctors through objective examination of patients’ bodies and the “instrumental text” constructed by diagnostic techniques, doctors should also obtain the “experiential text” of patients as subjects experiencing diseases through effective communication with patients, and the “narrative text” formed in the process of patients’ medical history.⁵ Through close reading of these patient texts, doctors are able to extract, analyze and integrate useful information from a multitude of messages, and then use narrative reasoning to speculate on the nature of the illness, make a narrative response, and ultimately achieve a process of holistic healing for the patient. If healthcare providers over-focus on the disease, they will easily neglect the subtle signals emitted by patients. These healthcare providers are unable to “empathize” with patients, let alone “reflect” and “grow”. They are deprived of the opportunity to make repeated inferences and consider the patient’s life story as well as to adopt the best treatment plan for the patient. In the absence of practical experience in interpersonal communication, healthcare providers will not be able to accumulate their professional wisdom.

In turn, healthcare providers with narrative thinking can smoothly obtain “*Yi* (意 consciousness), *Zhi* (志 will), *Si* (思 thinking), *Lv* (虑 consideration), and *Zhi*

(智 wisdom)” mentioned in the “five-stage development theory”. As the saying goes, “The state of having something in mind is called consciousness. Consciousness that exists for a long time in a person’s mind can be called will. To realize one’s consciousness through change because of one’s will is called thinking. To be able to think far and wide because of one’s thinking is called consideration. To deal with things through one’s consideration is called wisdom (心有所忆谓之意, 意之所存谓之志, 因志存变谓之思, 因思远慕谓之虑, 因虑处物谓之智) [quoted from *Huang Di Nei Jing Ling Shu Ben Shen* (《黄帝内经·灵枢·本神》 *The Yellow Emperor’s Inner Classic: The Spiritual Pivot: To Consider the Spirit as the Foundation*)]” (Fig. 3). In the context of narrative medicine, the saying “The wise trust objects rather than themselves; the foolish trust themselves rather than objects (智者任物不任己, 愚人任己不任物)” means that wise healthcare providers not only focus on their own knowledge and skills, but also actively feel the needs and changes of the surrounding people and staff. However, mediocre healthcare providers seal themselves off, focusing only on their external knowledge and skills, forgetting that the original meaning of medicine is to “solve human suffering”. Only those who know how to feel the pain and emotions of their patients can become good healthcare providers.

Both *Ren Wu* and *Chu Wu* emphasize the healthcare providers’ attention and care. Healthcare providers should have both scientific brain and humanistic heart.¹⁰ As William Osler (1849–1919), the father of modern medical education, put it in his speech “The Old Humanities and the New Science”: “The love of humanity associated with the love of his craft—philanthropia and philotechnia is the epistemological way of medicine”. This echoes with the relationship between the

Shu (术) and *Dao* (道) of healing mentioned in ancient Chinese philosophical thought on medicine. Whereas medicine is more concerned with “technology” at the level of the *Shu*, its response to the unique patient at the level of the *Dao* is an expression of humanity. Therefore, ancient Chinese medical theories emphasized that healthcare providers were supposed to adopt *Dao Shu Jie He* (道术结合 integration of *Dao* and techniques) and *Yi Dao Yu Shu* (以道驭术 guiding techniques with *Dao*) in diagnosis, treatment, and rehabilitation. The former corresponds to “evidence-based thinking”, while the latter corresponds to “narrative thinking”. Healthcare providers who lack narrative thinking are more inclined to deal with objective, quantitative, data-based information and technology, while healthcare providers with both kinds of thinking will take into account the subjective responses, emotional needs and internal regulation of patients in the medical context. In this way can they fulfill the aim of medicine and gain recognition and respect from the people (道则流芳千古 *Dao* will be immortal).

Narrative thinking emphasizes the coherence of a healthcare provider’s diagnosis, treatment, and care of patients. In TCM, the concepts of “combination of the four diagnostic methods”, *Xing Shen He Can* (形神合参 spirit-body combination) and “body-spirit treatment” emphasize comprehensive diagnosis and treatment are all made by the same practitioner, instead of dividing the therapeutic procedure into separate parts which are handled by different practitioners. Although modern medicine has recognized the drawbacks of this division and advocates for multi-disciplinary consultations (MDT), it still differs from the holistic concept in TCM. In particular, most psychological departments in modern medicine rely excessively on guideline diagnosis, scale assessment and drug intervention. As a result, psychologists have become prescription machines. However, psychiatric medications can only temporarily control symptoms, but fail to “examine the cause of the disease (考其致病之由)”. The ultimate recovery of the patient is still dependent on the narrative thinking and narrative literacy of the healthcare providers.

TCM practitioners place greater emphasis on a patient’s social attributes, while modern healthcare providers focus more on the biological nature. In the work *Qing Nang Mi Lu* (《青囊秘录》 *The Secret Record of the Green Bag*), Hua Tuo (华佗) stated: “A skilled practitioner must first heal the mind, then the body, and finally the disease (善医者, 必先医其心, 再医其身, 而后医其病)”. TCM has possessed a strong humanistic essence, which is more concerned with “the person with the disease” rather than “the disease in the person” since its inception. Besides the disease, TCM also emphasizes the harmony between body and spirit. Compared with the objective and standard medical records, TCM places greater importance on more individualized and reflective medical case writing. In the process of constructing the Chinese narrative medicine system, we introduce the basic concepts of Western narrative medicine on the one



Figure 3 Quotation from *Huang Di Nei Jing Ling Shu Ben Shen* (《黄帝内经·灵枢·本神》 *The Yellow Emperor’s Inner Classic: The Spiritual Pivot: To Consider the Spirit as the Foundation*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

hand, and draw on the essence elements of TCM culture on the other hand, so as to integrate the two narrative medicine cultures together and form the logical framework and key concepts of narrative medicine with Chinese characteristics.⁷⁻¹¹

3 Narrative thinking in TCM practice

This section starts from the inheritance and promotion of traditional Chinese thinking in Chinese narrative medicine, focusing on the relationship between narrative diagnosis based on textual reading ability and “combination of the four diagnostic methods”, the narrative connection and “plain and empathetic”, narrative intervention and “body-spirit treatment”, “mind-body balance”, narrative adjustment and *Hou Sheng Chang Shi Zhi Dao* (厚生长视之道 the true meaning of longevity) in Chinese life philosophy. By analyzing the stories of typical medical cases in which ancient healthcare providers used narrative thinking to carry out diagnosis and treatment, it is clarified that Chinese narrative medicine is a new model of medical education and clinical medical practice constructed on the basis of drawing on the essence of TCM culture and integrating the concepts of Western narrative medicine.

3.1 Narrative diagnostic thinking: “combination of the four diagnostic methods” and “treatment based on pattern identification” in TCM

TCM consultation is not a standardized process. The collected information reflects, to a certain extent, the practitioner’s individual experience and judgment, forming an individualized story of the disease, which coincides with the concept of humanized diagnosis and treatment of narrative medicine in form. The process of TCM consultation is essentially a process in which the patient and the practitioner develop an interpersonal narrative connection around the “human being” to discuss the condition of the disease.¹²

If healthcare providers only focus on the symptoms but not exploring the stories and deep-seated reasons, it will be difficult for them to truly cure the patients. Qing dynasty Scholar Lu Yitian (陆以湑) recorded a medical case of the famous doctor Cui Mo’an (崔默庵) in his *Leng Lu Yi Hua* (《冷庐医话》 *Lenglu Medical Talk*). The medical case is about a young man who had measles soon after getting married. His face was severely swollen, but his pulse was normal. All the doctors were at their wits’ end, so his family asked Cui Mo’an, a famous doctor in Tai Ping county for help. Cui was hungry after a long journey, so he ate in front of the patient’s bed. The patient was hungry but had been told not to eat anything by previous doctors. The patient struggled to open his swollen eyelids to see Cui eating. After understanding this situation, Cui let the patient’s family bring food to the patient. After a while, Cui found that the

patient’s pulse and appetite were normal. After observing and thinking for a long time, Cui found that the furniture in the bedroom had been newly painted with lacquer and gave off a bad smell. He suddenly realized that the patient was allergic to lacquer fumes. He asked the patient to move to another room immediately. Two days later, the patient’s swelling pain disappeared.¹³

Different treatments by Cui and other doctors indicated that there must be some details neglected. Clinically, it is necessary to combine the four diagnostic methods. Only after careful observation of the patient can a comprehensive and systematic understanding of the condition be achieved and a diagnosis made. In this case, though Cui did not inquire the patient, he took a detailed look at the full picture of the patient’s life as a unique individual in order to trace the origin of the disease. This coincides with the close reading ability used in narrative diagnosis. Close reading is not limited to the observation and inference of the patient’s own characteristics, but can also include the close reading and inference of the patient’s work and living environment for the purpose of correct diagnosis. Cui repeatedly examined the patient, observed his living environment and noticed details that others would not pay attention to. He unraveled the mystery and finally diagnosed the disease.

3.2 Narrative connection thinking: “feeling and dealing with things” and “plain and empathetic”

In *Zhou Yi* (《周易》 *The Book of Changes*), it is said that “things of the same kind will always attract each other (同声相应, 同气相求)”. The narrative theory of life and health believes that narrative connection is the meaning of life for humans. We desire to establish narrative connections with family members, friends, neighbors, colleagues, classmates, and the world. Interpersonal narrative connection is an indispensable prerequisite for human’s health.⁵ The birth and development of life is the origin and continuation of interpersonal narrative relationships. In the context of life health narratives, confining oneself to a story space that is not conducive to physical and mental health, and being unable to come out and absorb new stories that move the narrative process forward, is called “narrative foreclosure”. Rich and intimate interpersonal narrative connections can prevent us from falling into an unhealthy state of narrative foreclosure.^{5,8} Maintaining close, meaningful interpersonal narrative interactions with family and friends during times of illness, trauma, or intense stress is the most helpful way to enhance life resilience.

Oncologist and best-selling author Dráuzio Varella, in *The art of being well*, states that emotions and feelings that are hidden, repressed, end in illnesses as gastritis, ulcer, lumbar pains, spinal. The dialogue, the speech, the word, is a powerful remedy and an excellent therapy. In the book *Together: The Healing Power of Human Connection in a Sometimes Lonely World*, U.S. Surgeon

General Vivek Murthy synthesized the research of leading medical schools and institutions, and concludes that social isolation led to a higher risk of illness and death. Loneliness, depression, broken narrative connections, and interpersonal alienation have a greater impact on human health than the harm caused by viral infections and environmental pollution.

As Li Yu wrote in *Xian Qing Ou Ji Liao Bing Di Liu* (《闲情偶寄·疗病第六》 *Notes on Casual Thoughts: Healing Disease, Part 6*): “The way to fight off illness is to forget. If you pay too much attention to it, your life and death will be manipulated by the illness (御疾之道, 贵在能忘; 切切在心, 则我为疾用, 而死生听之矣)”. Interpersonal narrative connection through dialogues, letters, poetry, face-to-face storytelling, etc., is the best way to fight off illness.

Another example is the famous poet Bai Juyi (白居易) on his eye disease. Bai suffered from a serious eye disease in his forties, and it was due to his overuse of eyes and stagnation of qi. *Shen Nong Ben Cao Jing* recorded: “Coptis, bitter and cold, can brighten the eye (黄连, 味苦寒,明目)”. So Bai turned to coptis, but the effect was poor. Many friends comforted him through writing poems and letters which brought effects like “healing medicine”. In the poem *De Qian She Ren Shu Wen Yan Ji* (《得钱舍人书问眼疾》 *The Letter of Comfort from a Friend about Eye Disease*), he felt his eye disease became less severe due to narrative connection from friends. The reason why words and letters from friends could sooth Bai’s pain was it could free him from his excessive concern to eyes. This story shows that interpersonal narrative connections can relieve one’s depression.

Chinese narrative medicine advocates for the establishment of interpersonal narrative connections between modern healthcare providers and patients, and actively focuses on holistic person health.⁵ Many patients easily fall into narrative foreclosure, and only care for the disease, losing the ability to perceive other “people” and “things”. Those in narrative foreclosure often fail to feel the stimuli and changes around them, because most of their mental energy is locked by past trauma or doubts. *Ren Wu* refers to the ability to perceive and respond to external stimuli. If this process cannot be completed, the ability of *Chu Wu* cannot be acquired. Due to the failure of internal and external connections, patients will become increasingly trapped in their illness. It is the first step for healthcare providers or family members to establish narrative connections with the patient who is in narrative foreclosure to help them regain their “ability to perceive”, and return to the status of being “plain and empathetic”.

Ru Men Shi Qin (《儒门事亲 *Confucians’ Duties to Their Parents*) records a typical case of a patient cured through the establishment of interpersonal narrative connection: “It was once said that Mr. Yang in Shandong cured a patient with persistent diarrhea. Yang said: ‘To treat people with persistent diarrhea, we can first ask about their hobbies. If they like chess, play chess with

them; if they like music, play the *Sheng* or flute with them. Please go on and on and do not stop (昔闻山东杨先生, 治府主洞泄不止。杨尝曰: 治洞泄不已之人, 先问其所好之事, 好碁者, 与之碁, 好乐者, 与之笙笛, 勿辍)”.¹⁴

The doctor did not use any medication, but rather, based on a thorough understanding of the patient’s preferences and condition, he established a narrative connection with the patient through chatting and accompanying with the patient. The patient was so mesmerized that he forgot to go to the toilet, and his diarrhea thus disappeared without any medication. Narrative is an important medium for conveying emotions.⁹ Dr. Yang succeeded in diverting the patient’s attention from the disease by connecting narratives to achieve the purpose of curing the disease.

TCM refers to the state of health as *Chang* (常 normal) or *Ping Chang* (平常 ordinary), and *Shi Chang* (失常 the state of illness) as *Bu Zheng* (不正 out of sorts). When a person’s physical body enters a state of serious illness, that person must have been “out of sorts” for a long time. “Ordinary” means to be in a relatively harmonious relationship between one’s own self, nature, society, and the world. Thus, *Ping Chang Xin* (平常心 ordinary mind) is an important foundation for good health. All miraculous recoveries start with the return of being “plain and empathetic”. *Huang Di Nei Jing Ling Shu Guan Neng* (《黄帝内经·灵枢·官能》 *The Yellow Emperor’s Inner Classic: The Spiritual Pivot: Function and Competence*) stated: “Therefore, the superior doctor emphasizes on the patient’s qi to treat the disease before its occurrence, while the inferior doctor could only treat the disease and its symptoms after its occurrence (是故上工之取气, 乃救其萌芽; 下工守其已成, 因败其形)”. The superior doctor relies more on narrative thinking to cure the patient at the earliest stage of illness, while the inferior doctor relies more on medications and surgical methods.

3.3 Thinking of narrative intervention: *Biao Ben Bing Zhi* (标本并治 treating both the root and the symptom) and “mind-body balance”

From the perspective of TCM, body and spirit are two inseparable aspects of life activities. As Zhang Jiebin said in *Lei Jing* (《类经》 *The Classified Classic*), “Body is the carrier of spirit, and spirit is the function of body. Without the spirit, the body cannot survive; without the body, the spirit cannot be formed (形者神之体, 神者形之用。无神则形不可活, 无形则神无以生)”. Most diseases in the first stage are *Shen* (神 spiritual) diseases, starting with *Shen Shi Chang* (神失常 spiritual disorder), *Xin Shi Chang* (心失常 insanity), followed by *Qi Shi Chang* (气失常 qi disorder) and *Xue Shi Chang* (血失常 blood disorder), and finally lead to *Xing Shi Chang* (形失常 physical disorder). The famous Qing dynasty doctor Zhao Qingchu (赵晴初) pointed out in *Cun Cun Zhai Yi Hua Gao Xu Ji* (《存存斋医话稿续集》 *The Sequel to Medical*

Notes): “Inanimate herbs cannot cure emotional diseases. For patients with difficult-to-treat diseases, the doctor’s eloquence is of great importance (无情之草木不能治有情之病, 以难治之人, 难治之病, 须凭三寸之舌以治之)”. In other words, for patients with spiritual disorder, healthcare providers must skillfully use narrative intervention and eloquence to treat the illness.

TCM emphasizes the integration of body and spirit when treating women’s diseases. Narrative medicine also advocates treating women’s illnesses by focusing on the stories of what happened to their families before and after the illnesses, and then alleviating their anxiety while treating them. A famous literary scholar and doctor during the Eastern Jin dynasty, Ge Hong (葛洪), said, “When treating women’s illnesses, practitioners should also consider patients’ anxiety and anger. If they can relieve patients’ anxiety, their illness will probably be cured (凡治妇人诸病, 兼治忧恚. 令宽其思虑则病无不愈)”. *Bei Ji Qian Jin Yao Fang Fu Ren Fang* (*《备急千金要方·妇人方》 Important Formulas Worth a Thousand Gold Pieces for Emergency: Formulas for Women*) (Fig. 4) also mentioned that “women have more desires than men, and are more prone to diseases. Coupled with love, hate, jealousy, anxiety, it’s harder for them to control their feelings. Therefore, the disease is more difficult to be cured (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, healthcare providers should carry out more narrative intervention for women.

The medical scholar Chen Ziming (陈自明) 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 your mind, support with medication, and you can keep alive and healthy (改易心志, 用药扶持, 庶可保生)”. “Change your mind” suggests that health providers, the patients’ family and friends should actively guide patients trapped into the narrative foreclosure to reinterpret their life stories. Through narrative listening and empathetic responses, patients will change their mood. and re-interpret his/her own life story.¹⁵ In other words, modern healthcare providers use narrative care to help

woman patients *Tiao Chang Qing Zhi* (调畅情志 relax themselves). Only this step is done properly can the medication achieve the best results.

The Chinese character *Huan* (患 patient) is composed of two parts: *Chuan* (串 string) and *Xin* (心 heart). *Huan Zhe* (患者 patient) means “people who are in anxiety seek for help”. Some people also break the character *Huan* into two *Zhong* (中) with one *Xin*, which means “so anxious and tortured by two totally different decisions and thinkings that result in sickness (心神不定, 左思右想, 不得其中, 所以生病)”. On this basis, the narrative medicine concept adds another interpretation-that is *Huan* can be further broken into “two mouths (*Kou* 口)”, “one string (丨)”, and one *Xin*. “Two mouths” represent the voices of the two subjects, “one string” represents the connection of the two subjects’ voices, allowing them to engage in narrative communication.

With this interpretation, narrative medicine advocates healthcare providers to pay attention to the concerns of patients falling into narrative foreclosure, to actively communicate with them, to understand them, and to lead them out of the state of “out of sorts” with doubts, fear, hesitations, and anger.

3.4 Narrative life education and *He Yu Shu Shu* (和于术数 healthcare wisdom of harmony) and *Bao Sheng Da Lun* (保生大伦 the true meaning of longevity)

The beginning of the *Huang Di Nei Jing Su Wen* (*《黄帝内经·素问》 The Yellow Emperor’s Inner Classic: Basic Questions*) recorded a dialogue between the Yellow Emperor and Qi Bo (岐伯). There is a discussion about “following the principles of yin and yang, and leading to harmony (法于阴阳, 和于术数)” to achieve *Dao Sheng* (道生 long life), while going against it will lead to *Hai Sheng* (害生 harm to life):

“In ancient times, people followed the principles of yin-yang and health care. They ate and drank in balance, had a regular daily life, and did not overwork. Therefore, they could keep both their body and spirit healthy and live longer. However, nowadays, people do not do so. They are addicted to alcohol, over-thinking, indulging in sexual life, so their energy is exhausted. They do not know the importance of maintaining their energy and controlling their desire. They neglect the true joy of life and live an irregular daily life. Therefore, they show signs of premature ageing in their 50s. Those who know the way of healthcare perform the principles of ‘eating and drinking in balance, living a regular daily life, and avoiding overwork’. And this is the ‘the true meaning of longevity’. (上古之人, 其知道者, 法于阴阳, 和于术数. 食饮有节, 起居有常, 不妄作劳. 故能形与神俱, 而尽终其天年, 度百岁乃去. 今时之人不然也, 以酒为浆, 以妄为常, 醉以入房, 以欲竭其精, 以耗散其真. 不知持满, 不时御神, 务快其心, 逆于生乐, 起居无节, 故半百而衰也.” “和于术数”者, 即能“食饮有节, 起居有常, 不妄作劳”, 此乃“保生之大伦”。)”



Figure 4 Preface to *Bei Ji Qian Jin Yao Fang* (*《备急千金要方》 Important Formulas Worth a Thousand Gold Pieces for Emergency*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

Most TCM practitioners know how to maintain a healthy life (保生素养), which is also known as life health narrative literacy in narrative medicine. In the first volume of *Leng Lu Yi Hua Juan Yi* (《冷庐医话·卷一》 *Lenglu Medical Talk: 1st Volume*), it stated, “Healthcare providers often enjoy a long life, such as Hua Tuo who lived over 100 years old, Wu Pu who lived to his 90s, ... Yao Sengyuan in North Zhou dynasty lived to 85, Sun Simiao in the Tang dynasty lived over 100 years old, Zhen Quan who lived to 103, while Meng Xian lived to 93 ... Cheng Wuji who lived over 90 years old, ... Since they are proficient in medicine, they could explore the essence of life and health, and understand the principles of living a long life (医人每享高龄, 约略数之, 如魏华佗年百余, 吴普九十余, 北周姚僧垣八十五, 唐孙思邈百余, 甄权百三, 孟诜九十三, 成无己九十余, 盖既精医学, 必能探性命之旨, 审颐养之宜, 而克葆天年也)”.¹³ Modern healthcare providers such as Zhu Nansun (朱南孙, 1921–2023), Wang Zhenyi (王振义, 1924–), and Ye Huifang (叶惠方, 1917–2017) all have good narrative thinking and life health narrative literacy. Healthcare providers themselves understand the basic wisdom and principles of “healthcare wisdom of harmony” and *Hou Sheng Bao Sheng* (厚生保生 the true meaning of longevity), and they can do the correct treatment to ensure the life and health of patients.

In the context of narrative medicine, to achieve “longevity”, one must possess narrative connection awareness, which is mainly manifested in four aspects: Firstly, the person lives in harmony with himself/herself; secondly, the person maintains a long-term good relationship with friends, relatives, colleagues and society; thirdly, the person adheres to the laws of nature and connects with nature; and finally, the person has a correct understanding of life, old age, sickness and death, and lives out the meaning of life. These four aspects are related to this person’s life and health narrative literacy and the narrative connection of people around him/her. In the sharing and reading of stories, we can form a deep reflection on life and death, remove the harm of *Wu Wei Liu Yu Qi Qing* (五味六欲七情 five flavors, six desires and seven emotions), and cherish the life. In the interpersonal narrative connection, we can reflect on and adjust ourselves, have a certain degree of interpersonal narrative wisdom and get along harmoniously with the people around us.^{7,11}

Understanding of health, disease, life, and death, achieving a balanced state of inner harmony with oneself, maintaining and repairing interpersonal narrative connections with other people, and enhancing the coordination of oneself with the nature and universe depend on human narrative thinking. In other words, we recognize life, death, health, and disease through narrative reading and sharing. Through narrative mediation and narrative reflection, we can live in harmony with ourselves, relatives, friends, and society. Through narrative mediation, we can repair close interpersonal narrative connections with other people. Through narrative imagination, we

can understand the laws of the nature and universe and have a symbiotic relationship with nature.

Xu Ming Yi Lei An (《续名医类案》 *Supplement to ‘Classified Case Records of Famous Physicians’*) recorded another medical case about how Lu Buyuan (卢不远), a famous doctor from the Ming dynasty, used narrative life education to treat a patient with fear of death.¹⁶ When the patient first visited Lu Buyun, Lu used language to comfort him, but he still suspected that he would die the next day. This indicated that the patient had been deeply trapped in a narrative of doubts. Lu Buyun left him stay in the monastery, taught him Zen meditation, and learned the nature of life together with him. Through the deep narrative connection with other people, the patient gradually realized the essence of life and was no longer afraid of death. Finally, his fear was eliminated and illness was cured. Guiding patients to engage in narrative reflection to constrain their excessive fear, or fear-induced somatic disorders, is in fact life education in narrative medicine, which heals disease by adjusting patient’s cognition.

Narrative medicine also emphasizes that the quality improvement of people’s life depends on their cognition of life, health, illness, and death, especially their understanding of death. There are two extreme tendencies among the people. One is the narrative foreclosure of death doubts, and the other is too immersed in the daily chores to forget the truth that “everyone is destined to die (人必有一死)”, squandering their energy, alienating from their family and friends, and living without any aim. Both tendencies may lead to serious physical and mental health crises for individuals. For the former, healthcare providers can use narrative adjustment to help these people get out of their fear or anxiety of death. For the latter, healthcare providers need to conduct targeted death narrative education to inspire the patients think deeply about death and its significance, and then recognize that the true meaning of life is to release themselves and establish a close narrative connection with their family and friends.

4 Conclusion: the implication of Chinese narrative thinking on modern medical education

Both Chinese and Western medical fields are facing the dilemma that “high technology and high investment” do not bring “good health and high satisfaction”. Healthcare providers often ignore the need for narrative thinking in human disease prevention, diagnosis and treatment, and rehabilitation. They lack empathy, which results in the loss of their clinical inferences and crisis prediction skills. The lack of narrative communication ability and narrative thinking leads to frequent medical problems and becomes one of the important causes of adverse events and life safety accidents. There is nothing wrong with evidence-based medicine, but an absolute

evidence-based mindset leads to a lack of interpersonal communication wisdom among healthcare providers. The integrated thinking advocated by Chinese narrative medicine provides a solution to this problem, and many medical cases in TCM also provide a historical basis for elucidating the important value of narrative thinking.

Sun Zi Bing Fa (《孙子兵法》*Sun Zi's Art of War*) said: “*Dao* is the spirit of techniques, and techniques is the carrier of *Dao* (道为术之灵, 术为道之体)”. The pursuit of techniques and *Dao* complement each other, and both are indispensable. The ancients said, “The skilled use *Dao*, the ordinary use the techniques, and the quack use strength (上人用道, 中人用术, 下人用力)”.

A truly wise healthcare provider treats patients with his/her heart; an ordinary healthcare provider treats patient with his technique; an inferior healthcare provider only knows how to use brute force, and keeps his body mechanically busy every day. Over time, his mind is empty, his heart is indifferent, and he is at most an often-erroneous, insensitive, and soulless machine for treating people. Zhuangzi (庄子) also said, “Using *Dao* to control techniques, the techniques will be used successfully; without *Dao*, the techniques will not be functional (以道驭术, 术必成; 离道之术, 术必衰)”. In the context of narrative medicine, it means that healthcare providers should use narrative thinking to manipulate evidence-based thinking. By doing so, evidence-based thinking can be successfully used for curing the diseases; in contrast, medical practices that without narrative thinking will lead to failure.

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Ethical approval

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

Author contributions

YANG Xiaolin was responsible for drafting and revising the manuscript. HUANG Qing contributed to the article edit and format. All the authors have reviewed and consented to the final version of the text for publication.

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Classical Medical Cases of Doubt Narrative Foreclosure and Mediation in Traditional Chinese Medicine

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Abstract

Narrative foreclosure is a phenomenon highlighted within the Chinese narrative medicine system, characterized by a state in which individuals become overly suspicious due to certain events in their development, leading to profound concerns about their health and safety. This article employs the logical discourse framework of Chinese narrative medicine to illustrate the experiences of various patients exhibiting typical instances of narrative foreclosure in traditional Chinese medicine (TCM) cases, such as *Bei Gong She Ying* (杯弓蛇影 to see a bow reflected in a cup as a snake), *Wu Qiu Zhi Chong* (吴球治虫 Wu Qiu treats worms), and *Fa Jing Qu She* (法靖驱蛇 Fajing drives away snakes). It explores how TCM practitioners leverage narrative wisdom to facilitate patients in dispelling their internal doubts through the concept of *Bu Yao Wei Yao* (不药为药 healing diseases without medicine). Through these medical cases, the article advocates for the significance of narrative competencies among medical practitioners in diagnosing and treating patients, alongside the use of pharmaceuticals and surgical interventions. Additionally, it outlines the prospects for the future development of narrative approaches in TCM.

Keywords: Narrative medicine; Doubt narrative foreclosure; Traditional Chinese medicine; Medical Cases

1 Introduction

With the publication of *Chinese Narrative Medicine and Medical Professional Competencies* (《中国叙事医学与医者职业素养》) and *Medical Narrative Competencies and Professional Development* (《医者叙事能力与职业发展》) in 2023, the Chinese narrative medicine system has been preliminarily constructed (Fig. 1).^{1,2} On this basis, China is expected to witness the rapid development of sub-disciplines such as narrative traditional Chinese medicine (TCM), narrative geriatrics, and narrative gynecology in the next twelve years.³ “Doubt narrative foreclosure (DNF)” is one of the six main narrative foreclosure mechanisms mentioned in the Chinese narrative medicine system.⁴ According to the definition of narrative medicine theory in China, doubt narrative

foreclosure refers to the state in which the subject suddenly becomes suspicious in response to a certain life event, falls into deep concern about their own health or safety status, loses a sense of security, and leads to serious damage to their psychosomatic health. Sudden

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Figure 1 Front cover of *Zhong Guo Xu Shi Yi Xue Yu Yi Zhe Zhi Ye Su Yang* (《中国叙事医学与医者职业素养》 *Chinese Narrative Medicine and Medical Professional Competencies*) (source with permission from: Shanghai University of Medicine & Health Sciences)

doubt continues to entangle and becomes a cage that hinders daily life and individual growth, unable to shake off doubts and progress into the normal life progression.¹

Narrative traditional Chinese medicine is an important component of China's narrative medicine system. It is also an emerging discipline that best reflects the characteristics of Chinese narrative medicine.⁵ There are theoretical illustrations and medical cases of doubt narrative foreclosure with its healing methods recorded in classical TCM literatures. In *Hou Sheng Xun Zuan Yu Qing* (《厚生训纂·御情》 *The Compilation of Health and Wellness Training: Handling Emotions*), it reads: "if there are doubts in people's hearts, then the mind has no control, the healthy qi could not circulate, and external evil pathogens would interfere, and finally it would evolve into a disease in the heart (疑惑不止, 心无所主, 正气不行, 外邪干之, 必为心疾)".

In TCM cases, doctors with narrative wisdom helped doubt narrative foreclosure patients break free from it and its related somatic diseases. These patients often have irrational concerns and anxieties about unlikely events. The anxiety further affects their lives, career developments, or mental health.¹ This article takes the theory of narrative medicine in China as the starting point to describe the typical situation of skeptical narrative foreclosure in TCM cases, and explains how TCM practitioners took advantage of narrative thinking to regulate patients' minds with the method of *Bu Yao Wei Yao* (不药为药 healing diseases without medicine), and then proposes the future prospects of narrative TCM.

2 Doubt narrative foreclosure in Chinese narrative medicine

The most important type of doubt narrative foreclosure is the "suspicion narrative foreclosure (SNF)".¹ If a subject is over concerned about their health, and is constantly afraid that they have or may suffer from a serious illness, they either bring endless discussions about their health issues, or bury this doubt in their hearts, causing serious impacts on their life, work, and interpersonal relationships. The condition is known as "SNF". There are two types of SNF, one is individual SNF and the other is iatrogenic SNF.¹

For ordinary people, fear of illness is a natural occurrence. As long as the medical examination's outcome is fine, it will not be a concern. But for those who bear doubt narrative foreclosure, such anxiety follows closely. These people tend to overly care about their physical condition, distort and exaggerate irrelevant physiological reactions, and seek medical attention or repeatedly seek medical treatment from different hospitals due to their unwillingness to believe in doctors' diagnosis. For this group of people, a headache indicates brain tumor; pain in the throat leads to throat cancer; a gastrointestinal discomfort would be a gastrointestinal cancer; a

slight difficulty in breathing or discomfort in the heart forces them to go for a heart examination; a dizziness in the head deserves an immediate MRI test.

"Individual SNF" often stems from excessive fear of disease and death. These people might experience one of the following situations: they have had a serious illness before; their family and friends have been sick for a long time or suddenly died in front of them; the memories of the suffering of their loved ones during illness and death are difficult to erase. From then on, the patient becomes excessively sensitive to the body, filled with a sense of insecurity, and unable to overcome the shadows of illness and traumatic memories. They often wander in different departments of major hospitals to find famous doctors. As long as the doctor's tone is slightly uncertain, they worry about the worst and actively request various unnecessary examinations or medical treatments. Even if every examination is normal, they still cannot let go.

"Iatrogenic SNF" refers to the anxiety state that the subject is trapped in the adverse disease narrative ecology caused by the objective social environment and mainstream medical culture. For example, driven by commercial interests in the pharmaceutical and medical industries, various iatrogenic consequences arise, leading to the general belief of treating every health issue with medications and surgeries. The health industry often pursues profit maximization, continuously "creating" new diseases and corresponding treatment methods. This is further facilitated by leveraging medical authorities and professional journals to promote these ideas, resulting in an increasing number of healthy individuals being drawn into the so-called "disease kingdom". Such a phenomenon is frequently associated with over-diagnosis and excessive medical examinations.¹

In addition to excessive self-focus, doubt narrative foreclosure may also stem from false fear. Although most people in modern society live a safe and healthy life, the shadow of disease and mortality cannot be dispelled. Daniel Gardner explains this dilemma in *The Science of Fear*: we live in an era characterized by remarkable health advancements and increased longevity, yet our fear of disease and death continues to rise rather than diminish.⁶ If a doctor does not possess narrative literacy and cannot detect the patients' doubt narrative foreclosure state, they will not be able to help them overcome their doubts, restore their health, and return to normal life.

Doubt narrative foreclosure often occurs during the gap period in personal life, which is a period without specific goals and tasks, such as when a person comes into a new environment, or being accustomed to a new job or post. It could also happen when one can not find a job after graduation, or when they frequently change jobs. Doubt narrative foreclosure may also occur on parents after children grow up and leave their original family. Similar cases include the quarantine period of the epidemic, holidays without specific arrangements,

sudden loss of the center of life, unplanned retirement life, etc. Faced with sudden abundance of time, if one cannot actively utilize this period to enrich their life and lack stable interpersonal narrative connections, he might fall into doubt.¹

3 Doubtful narrative foreclosure in TCM cases and treatment

Hua Tuo (华佗) mentioned in his *Qing Nang Mi Lu* (《青囊秘录》 *Secret Records of the Green Bag*) that “a good doctor must first heal the patient’s heart, then his body, and finally his illness (善医者必先医其心, 后医其身, 再医其病)”. Studies in modern medicine proved that many diseases are psychosomatic health problems caused by emotions and inner disorders. If doctors only focus on symptoms without exploring the stories and underlying causes behind them, it will be difficult to truly cure the patients. In TCM, many medical cases involved describing patients with doubt narrative foreclosure, and there were detailed discussions on how doctors used narrative wisdom to eliminate doubts and perform narrative mediation. This section will elaborate on multiple medical stories, such as *Bei Gong She Ying* (杯弓蛇影 to see a bow reflected in a cup as a snake), *Wu Qiu Zhi Chong* (吴球治虫 Wu Qiu treats worms), and *Fa Jing Qu She* (法靖驱蛇 Fajing drives away snakes), advocating for the establishment of interpersonal narrative connections between modern doctors and patients, and actively adjust the overall health of patients.⁷

3.1 Emotional wounds need emotional healing: the story of *Bei Gong She Ying*

Doubt narrative foreclosure consists of *Kong* (恐 fear) and *You* (忧 worry) in the *Qi Qing* (七情 seven emotions) of TCM. The Jin dynasty medical scholar Zhang Zihe’s (张子和) discussed *Kong* in his book *Ru Men Shi Qin* (《儒门事亲》 *Confucians’ Duties to Their Parents*). He proposed that, “*Jing* (惊 Fright) belongs to the category of yang (阳), entering from the outside; *Kong* belongs to the category of yin (阴), generating from the inside. *Jing* is caused by not understanding it, while the reason of *Kong* is aware to oneself (惊者为阳, 从外入也; 恐者为阴, 从内出也。惊者, 为自不知故也; 恐者, 自知也)”. Ming dynasty physician Zhang Jingyue (张景岳) further analyzed *Kong*, saying, “... *Kong* hurts more than *Jing*. Why? *Jing* arises from temporary events, and it would be overcome after some time; *Kong* accumulates gradually, and it cannot be resolved in a twinkling (..... 恐之伤人, 尤甚于惊。何也? 盖惊出于暂, 而暂者即可复; 恐积于渐, 而渐者不可解)”. Doubts gradually evolve from initial fear into worry, making it difficult to cure. For treating such situations, it is crucial to establish a narrative connection with the patients and their families, and understand the fundamental cause that raises their doubts.

Since the diseases caused by doubts generate from the inside, and could be detected by the patient himself, the internal causes need to be treated from the inside, rather than relying on external medications and operations. In his work *Feng Su Tong Yi* (《风俗通义》 *General Principles of Customs*), Ying Shao (应劭) of the Han dynasty recorded the story of *Bei Gong She Ying*. The story mainly tells the story of Ying Shao’s grandfather, Ying Chen (应郴), using narrative wisdom to resolve the illness caused by Du Xuan’s (杜宣) doubts.

On the summer solstice of a certain year, the county magistrate Ying Chen invited the chief clerk Du Xuan to drink together. There hanged a red bow on the north wall of the drinking hall at that time. Due to the refraction of light, the shadow of the bow in the wine was like a snake wriggling. Du Xuan was scared and nauseous, but this was the wine his boss invited him to drink, so he had to grit his head and drink it. On the same day, he felt abnormal pain in his chest and abdomen, which was unbearable, even making it very difficult to eat and drink water. Taking various medications did not improve.

One day, Ying Chen came to Du Xuan’s home and found him suffering from serious illness. Ying Chen asked him how he got sick. Du Xuan told him about drinking that day and insisted that the snake was still in his stomach. Ying Chen returned to the hall to ponder. When he saw the bow hanging on the north wall, he understood at once. Ying Chen immediately brought Du Xuan over. He asked Du Xuan to sit in his original seat, poured a glass of wine, and then pointed to the “snake” in the glass and said to Du Xuan the snake you’re talking about is just a shadow of the bow on the wall.” After Du Xuan checked it, he believed it was true. His mood immediately improved. He relaxed, and his illness quickly recovered.⁸

The story reflects the importance of resolving the suspicion in the patient’s heart. As explained in the book *San Zhi Chan* (《三指禅》 *Three Finger Zen*) written by the renowned physician Zhou Xueting (周学霆) in the Qing dynasty, it read that, “There is no disease initially, but worry and suspicion makes a disease. Excessive thinking makes the root, imagination creates the images, then those who are not sick truly think they are sick. If there is suspicion, and I also doubt it. How can I be called a doctor? The cure lies in explaining the cause of the doubt to the patient to resolve their internal doubts and suspicions.... The story of *Bei Gong She Ying* explains that the doubt of the patient is resolved by hanging a bow on the wall to show the reason, thus the doubt and suspicion in the patient are gone (本无病也, 而疑之成病, 积想成因, 悬拟成象, 则无病者真以为有病矣。彼疑之, 我亦疑之, 何以名之为医? 而欲使疑者知其为疑, 多方以解其疑, 而疑者不疑。..... 杯中蛇影, 挂弓即解, 疑者无所施其疑)”.⁹

As the saying goes, “let him who tied the bell on the tiger take it off, emotional wounds need emotional healing (解铃还须系铃人, 心病还得心药医)”. Du Xuan’s

disease was caused by the shadow of a snake in his cup, making him believe that he swallowed the snake, thus causing disorders in his mind, gradually affecting his physical conditions. Although Ying Chen was not a doctor, he took advantage of narrative to reveal the cause of the snake shadow, wiping out the suspicious thoughts rooted in Du's heart. TCM believes that the body condition is strongly influenced by mental status. For patients with a clear pathogen, it is essential to understand the cause, clarify the truth, and dispel their doubts, which was what Ying Chen did in the story. However, for irrational narrative foreclosure patients with doubts, we must guide it according to the situation, rather than simply blaming it for being too suspicious (Fig. 2).

3.2 Healing disease without medicine to cure doubts: the story of Wu Qiu Zhi Chong

In *Su Wen Ling Lan Mi Dian Lun* (《素问·灵兰秘典论》 *Basic Questions: Discourse on the Hidden Canons in the Numinous Orchid*), medicine is referred to as “the path of refinement and the cause of great sages (精光之道, 大圣之业)”. The traditional Chinese character for *Sheng* (圣 saint) is *Sheng* (聖), resembling those who use *Er* (耳 ear) listening to patients with heart. That is to say, the sage listened to the patients' words, and grasped their inner feelings. The *Kou* (口 mouth) character on the upper right of *Sheng* indicated the response by the sage after he heard the patient. In the context of narrative medicine in China, doctors who focus on listening to the stories told by patients can quickly understand their inner

emotions and concerns, and provide timely empathetic responses to patients. This narrative ability is a basic professional quality that a morally noble doctor should possess.

In *Yi Jing* (《易经》 *The Book of Changes*), it read: “for diseases without delusions, do not take medicine with joy; A medicine without delusions cannot be tried (无妄之疾, 勿药有喜; 无妄之药, 不可试也)”. “A disease without delusion” is not a true disease, and medicine can turn into a disease. Therefore, “it cannot be tried” and caution should be exercised. Diseases without pathological causes do not require medication for treatment, and can be cured through internal mediation. The Ming dynasty physician Jiang Guan (江瓘) recorded such a story in his work *Ming Yi Lei An Zhu Chong* (《名医类案·诸虫》 *Famous Medical Cases: Various Insects*): the famous doctor Wu Qiu (吴球) used the method of *Bu Yao Wei Yao* to guide a patient out of the narrative foreclosure of doubt. The original story is as follows:

“A person who drunk too much slept at the Flower Pavilion in his family in-laws. In the middle of the night, he was thirsty and couldn't get water, so he sucked in a bowl of water from a stone trough. At dawn, he saw small red worms in the trough. His heart suddenly trembled and the depression persisted. He felt there were maggots in the heart, blocked in his upper abdomen and became suspicious every day. Gradually, his body suffered weakness and stagnation (blockage), and could not be cured after a lot of medical treatments. Wu Qiu came to see the patient and knew that his illness was caused by suspicion. He cut red knots like maggots, and mashed them with two croton seeds, which could improve bowel movements, and rice, then added the red knots and made them into ten pills. Wu let the patient take them in the dark room. He placed a bedpan with water inside. In an instant, the patient was going to have diarrhea. He sat in the basin and released the contents with red knots like maggots. Then, the window was opened, and Wu let the patient observe the excrements by himself. From then on, the disease was relieved. After half a month of conditioning, the patient recovered. (一人, 在姻家过饮, 醉甚, 送宿花轩。夜半酒渴, 欲水不得, 遂口吸石槽中水碗许。天明视之, 槽中俱是小红虫, 心陡然而惊, 郁郁不散, 心中如有蛆物, 胃脘便觉闭塞, 日想月疑, 渐成痿膈, 遍医不愈。吴球往视之, 知其病生于疑也。用结线红色者分开, 剪断如蛆状, 用巴豆二粒, 同饭捣烂, 入红线丸十数丸, 令病人暗室内服之, 置宿盆内故水, 须臾欲泻, 令病人坐盆, 泻出前物, 荡漾如明, 然后开窗, 令亲视之。其病从此解, 调理半月而愈。)”¹⁰

In a tale steeped in the interplay between the mind and body, Wu Qiu emerged as a skilled healer, recognizing the profound impact of psychological distress on physical health. When he was called to treat a man plagued by fear and suspicion after unknowingly drinking from a contaminated trough, Wu Qiu quickly discerned the root of the patient's ailment—his anxiety had manifested in debilitating physical symptoms.

Wu's remedy was innovative. He gathered ingredients, including red knots that resembled maggots and croton

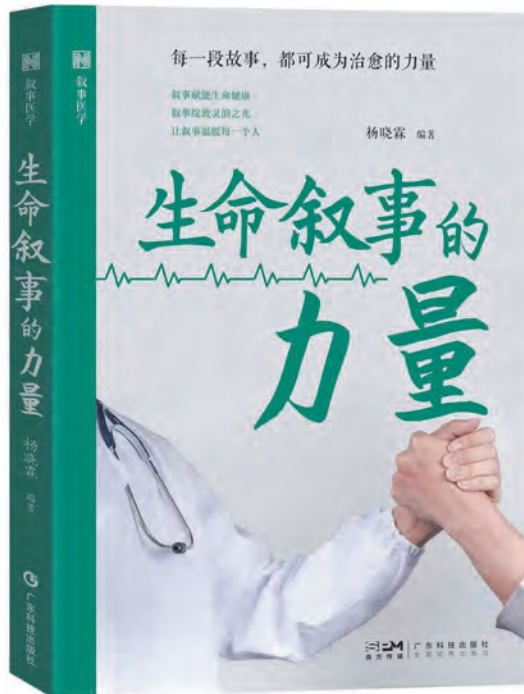


Figure 2 Front cover of *Sheng Ming Xu Shi De Li Liang* (《生命叙事的力量》 *The Power of Bio-narrative*) (source with permission from: Shanghai University of Medicine & Health Sciences)

seeds known for their purgative qualities. Wu orchestrated the healing process with strategic precision. He selected a dark room for the patient to take the remedy, understanding that a calm atmosphere could enhance its efficacy. The patient saw red knots in his excrements resembling maggots emerge from him, a visual representation of his internal struggle. Wu anticipated this moment, and opened the window to allow the patient to witness the excrement. This cathartic experience alleviated the patient's mental anguish, transforming his fear into acceptance. With the psychological burden lifted, the patient's physical condition began to improve.

Through Wu Qiu's wisdom and innovative approach, the patient came to understand the connection between his mind and body, emerging healthier and enlightened. Although Wu applied croton seeds for the patient, its intentions was to relieve the patient's doubt and fear, rather than to alleviate the pain in the patient's body. He used words and actions to convince the patient that even if he took in maggots, they were expelled from his body.¹

3.3 Other doubt narrative foreclosure medical cases and its narrative mediation

Narrative mediation ability in the context of Chinese narrative medicine refers to a person's ability to adjust from adversities and regain a normal life through the power of interpersonal narrative connectedness through narrative reading, narrative writing, other people's narrative intervention and self life narrative integration.² The Latin root "med-" of "medeo" itself means "care, concern and inner healing". There are two kinds of narrative mediation, mediation by oneself and by others. Narrative mediation by others emphasizes the process that doctors or other people who have narrative care awareness help the patients locked in the state of narrative foreclosure go out of the exhaustion by internal strife by offering narrative prescription or intimate narrative intervention.¹

The narrative mediation method is similar to the "changing qi or mentality (改易心志, 移精变气)" in TCM. It is used to regulate the narrative foreclosure of doubt, that is, to use language skills to transfer the patient's spirit, adjust the patient's qi mechanism, and restore their inner state of mind, so as to retract their attention from doubts. Narrative mediation is mainly applicable to various psychosomatic disorders caused by emotional disorders such as anger, depression, and confusion. Doubt narrative foreclosure refers to the status that the evil energy of doubt has already harmed the main body's righteous qi. Therefore, narrative mediation is used to help the human body achieve a state of "evil energy suppressed by righteous qi, maintaining a strong spirit so that the body could internally guard itself".

Fear is a state of doubt and uncertainty. In his monograph *She Sheng Yao Lu* (《摄生要录》 *Essential Records of Health Cultivation*), the medical expert Shen Shi (沈

仕) of the Ming dynasty mentioned, "It is recorded in *Guo Shi Bu* (《国史补》 *Supplement to National History*) that Li Pan, an official in the Tang dynasty often suspected that others would poison him, so he locked the well in his house and drank only from it. His heart, the spiritual realm, was also restraint by external objects and could not heal for the whole life. Doubt is the root of confusion illness (《国史补》云: "李蟠常疑遇毒, 锁井内饮。" 心, 灵府也。为外物所中, 终身不痊。多疑惑, 病之本也)".¹¹ At the end of this paragraph, there is a story that tells a monk entering a dark room who stepped on a raw eggplant. The monk suspected that he killed something living. When someone knocked on his door at midnight, he doubted that the visitor came to demand his life. Out of fear, the monk promised meeting the visitor tomorrow. The eggplant was seen at dawn, thus relieved the fear in the monk. Suspicion causes such harm.¹¹

Sun Guangxian (孙光宪) in the Song dynasty told a story in his book *Bei Meng Suo Yan* (《北梦琐言》 *Northern Dream Diary*):

"A knowledgeable person named Yuan Hang said that during the Tang dynasty, there was a woman, whose husband was an official. She accidentally ate an insect. Frequent suspicion led to illness, which could not be cured through frequent treatment. The doctor in Beijing whose name was forgotten knew what she was suffering from. He asked an old servant of the women to keep secret, and told her the women was going to take medicine to vomit and diarrhea, but used a spittoon to hold it. After vomiting, just told her a small toad ate the insect and went away. However, you should not let the women know that it was a lie. The servant obeyed. Her disease was eradicated. (元颀博士话唐时中表间, 有一妇人从夫南中效官, 曾误食一虫。常疑之, 由是成疾, 频疗不愈。京城医者忘其姓名, 知其所患。乃请主婢中谨密者一, 预戒之曰: 今以药吐泻, 但以盘盂盛之。当吐之时, 但言有一个虾蟆走去。然切勿令娘子知之是诳语也。其婢仆遵之, 此疾永除。)"¹²

Similar stories can also be found in medical cases in *Yi Bu Quan Lu Yi Shu Ming Liu Lie Zhuan Jing Cheng Yi Zhe* (《医部全录·医术名流列传·京城医者》 *Complete Records of the Ministry of Medicine: Biographies of Medical Master Doctors in Beijing*).¹³

The patients in these medical cases suffer doubt narrative foreclosure. The lady in the story ate an insect in accident, fearing that it might do harm to her body. After understanding his story, the doctor Yuan Hang cleverly used methods to induce vomiting, and asked her maid to cooperate. The maid told the patient that she vomited the insect out, which led to the patient's believing that the insect would never do harm to her body, and relieved of her disease.

Zhu Zhenheng (朱震亨), one of the Four Great Masters of the Jin and Yuan Dynasties, said in his book *Dan Xi Xin Fa Juan San Liu Yu* (《丹溪心法·卷三·六郁》 *Teachings of Danxi: Volume 3: Six Stagnation*) that: "When there is irritability and depression, different

diseases arise. Therefore, various diseases in the human body often arise from depression (一有怫郁，诸病生焉。故人身诸病，多生于郁)”. Doubt narrative foreclosure can lead people to fall into negative emotions of anxiety and depression, becoming the fundamental cause of various diseases. If doctors only apply treatments to symptoms, they can only treat the symptoms and cannot eradicate the source. Medical providers must establish a narrative connection with these patients to identify the root cause. Doctors should first guide them to review their own stories and clarify the cause of their doubts and barriers. That is to say, “To treat a disease, one must seek its root cause. If doctors do not observe the cause of the disease, it cannot be cured (治病必求其本。苟不察其得病之因，亦不能愈也)”. Similar cases could be found in Yu Zhen’s (俞震) *Gu Jin Yi An An* (《古今医案按》 *Comments on Ancient and Modern Case Records*).¹⁴

One might ask how to get rid of worries, fear and suspicion. In his work *Yi Shu* (《医述》 *Doctors Assay*), the Qing dynasty physician Cheng Wenyu (程文囿) mentioned: “Do not worry about future events, do not remember past events, and respond to current events based on reason, without being cautious about interests or gains. In this way, the mind often feels pure, and things often feel simple. Those who disturb people all day long and yearn for service without rest, but these three thoughts cannot be ignored (未来之事莫预虑，既去之事莫留念，见在之事，据理应之，而不以利害惕心，得失撻念。如此，则神常觉清静，事常觉简少。盖终日扰人方寸，憧憧役役不得休息者，不过此三种念头扫涤不开耳)”.¹⁵ Don’t worry about the future one does not experience. Don’t dwell on the past events one could not change. Stay focused on the present, and try not to worry about gains and losses. Ancient Chinese wisdom told us that in this way, life will become simple. If you are troubled by these doubts all day long, your daily life and routine would be disrupted, feeling anxious all day long without rest. If so, you would not be able to guarantee your health.

4 Conclusion: development of narrative TCM

The character *Huan* (患 patient) in Chinese is composed of two parts: *Chuan* (串 string) and *Xin* (心 heart). In ancient China, *Huan* refers to a person who seeks help with a string of worries, reflecting the emphasis of TCM on people’s mental status. Some people also break down the the upper part of the character *Huan* into two *Zhong* (中 center), which means “restlessness, overthinking, and not being able to cope with it, resulting in illness”. On this basis, the concept of narrative medicine has an additional explanation, which is that *Huan* can be further decomposed into two *Kou*, one vertical line, and one *Xin*. The two *Kou* represent the discourse and voice of doctors and patients, and the one string represents the connection

of the voices of the two, allowing them to engage in narrative communication and convey the sound of the heart. According to this interpretation, narrative medicine calls on physicians to pay attention to and listen to narrative foreclosure patients, actively initiate relevant topic exchanges, reach the patient’s heart directly, transfer their emotions, and lead them out of “mental disorders” such as doubt, fear, hesitation, and anger (Fig. 3).

Thousands of years of TCM diagnosis and treatment practice, medical discourse medical cases, and medical works contain rich narrative colors. The *Si Zhen* (四诊 four diagnostic methods) of *Wang Wen Wen Qie* (望、闻、问、切 inspection, listening and smelling, inquiry and palpation), as well as the recording of traditional Chinese medical cases, demonstrates the emphasis of TCM on listening, paying attention to the patient’s pain and illness experiences as a whole person, reflecting the wisdom of narrative in TCM practice. The Chinese narrative medicine system is a new model of medical education and clinical practice, which is a specific embodiment of the traditional wisdom practiced in Chinese medicine. The Chinese narrative medicine system is constructed by



Figure 3 Front cover of *Xu Shi Yi Yuan Guan Li Cong Jing Yi Guan Li Dao Jia Zhi Gong Sheng* (《叙事医院管理：从精益管理到价值共生》 *Narrative Hospital Management: From Lean Management to Value Symbiosis*) (source with permission from: Shanghai University of Medicine & Health Sciences)

drawing on the essence of Chinese traditional life wisdom and the cultural heritage of TCM, while integrating concepts from Western narrative medicine to form a new model of medical education and clinical practice. We hope that more TCM scholars would aim to comprehensively explore the narrative wisdom contained within both narrative medicine and TCM through the texts of ancient Chinese medical literature. In actively building the discipline of narrative TCM, we seek to apply the principles of narrative TCM in clinical practice, truly realizing the concept of Big Health (大健康).¹⁶

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Ethical approval

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

Author contributions

JING JIANGANG, JIANG JIACHENG and WANG YILIN drafted and reviewed the paper. All authors agree to publish the contents.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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A Preliminary Study of the Relevance of *Zhu You Shu* and Narrative Medicine

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Abstract

Zhu You Shu (祝由术 a form of traditional Chinese spiritual healing) originated and was extensively utilized in China. This paper illustrates the origin, concept and techniques of *Zhu You Shu* in traditional Chinese medicine (TCM) and explores the correlation between *Zhu You Shu* and the three focuses and three elements of narrative medicine. The elements of *Zhu You Shu*, such as *Zhu Shuo Bing You* (祝说病由 explaining the original cause of the disease) and *Qing Zhi Xiang Sheng* (情志相胜 generation and restraint of emotions) share fundamental similarities with narrative medicine. Based on the principles and the interoperability of *Zhu You Shu* and narrative medicine, the doctor engages in active listening and communication with the patient to establish a trusting relationship. Utilizing the *Qing Zhi Xiang Sheng* technique, the doctor seeks to understand and regulate the patient's psychological processes. By integrating psychological cues, the aim is to restore emotional balance and enhance the patient's emotional and mental well-being while fostering a lasting emotional bond and providing spiritual support. *Zhu You Shu* has the potential to enhance the clinical pathway of narrative medicine in TCM. Simultaneously, the progress of narrative medicine will offer more sophisticated contemporary medical theories to assist the advancement of *Zhu You Shu*.

Keywords: *Zhu You Shu* (祝由术); Narrative medicine; Traditional Chinese medicine; Generation and restraint of emotions; Cultural identity

1 Introduction

In the 21st century medical field, scientific debates are gaining importance, while ethical and societal issues arising from medical technology are becoming increasingly prominent. Professor Rita Charon initially proposed the notion of narrative medicine in 2001, which is a humanistic science that emphasizes the significance of personality, specificity, emotion, and storytelling. It has received recommendations from numerous experts both domestically and internationally.¹ The holistic perspective was emphasized in traditional Chinese medicine (TCM), taking into account the principles of *Wu Xing* (五行 the five elements) and yin-yang (阴阳) doctrine,

as well as the significance of nature, society, and philosophy in relation to one's bodily and mental well-being. *Zhu You Shu* (祝由术 a form of traditional Chinese spiritual healing) specifically fulfills these criteria. *Zhu You Shu* utilized cognitive processes to generate positive thoughts, facilitating a beneficial cycle that can adjust pathological psychophysiology to a normal state.²

There are a number of conceptual commonalities between *Zhu You Shu* and narrative medicine, starting with the fact that both emphasize the importance of the individual. *Zhu You* focuses on the individual's mental state and physical health through incantations and charms, whereas narrative medicine focuses on the individual's emotions and experiences by listening to the patient's story. Moreover, both focus on humanistic care and emotional connection. *Zhu You* gives patients spiritual comfort through rituals and beliefs to build trust and a sense of belonging, whereas narrative medicine provides emotional support through listening and understanding to build a trusting relationship between doctor and patient. Again, both favor a holistic approach to healing. While *Zhu You* believes that the body and spirit are interconnected, narrative medicine also believes that the patient's physical, psychological, and social factors all have an impact on health. Finally, both are associated with cultural identity. *Zhu You* is closely linked to traditional Chinese culture and religious beliefs, whereas narrative medicine is linked to the humanistic and ethical concepts of modern medicine in certain areas. This research aims to demonstrate the introduction of *Zhu*

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You Shu, thoroughly analyzing and deeply exploring its relationship with narrative medicine, hoping to effectively promote the possibility of interoperability between *Zhu You Shu* and narrative medicine.

2 Introduction of *Zhu You Shu*

The term *Zhu You* (祝由) was initially mentioned in *Su Wen Yi Jing Bian Qi Lun* (《素问·移精变气论》 *Basic Questions: Transferring Essence and Changing Qi*), which reads: “The emperor inquired about the ancient method of treating diseases by transferring essence and changing qi, known as *Zhu You*. He questioned the effectiveness of treating diseases through internal herbal remedies and external acupuncture, expressing uncertainty and seeking clarification for the reason behind this (余闻古之治病，惟其移精变气，可祝由而已。今世治病，毒药治其内，针石治其外，或愈或不愈，何也?)”.³ *Zhu* (祝) refers to “wish to say, or wish to tell”. *You* (由) means the cause of the disease. *Zhu You* is a method to adjust the patient’s qi and keep the spirit inside to cure the disease by transferring the patient’s spirit and emotion through *Zhu Shuo Bing You* (祝说病由 explaining the original cause of the disease).⁴ People are often troubled, worried, or even nervous and afraid during the process of illness and treatment, which seriously affects their quality of life and may aggravate their conditions. By explaining the cause of the disease, the doctor can alleviate the fear and anxiety of the disease to adjust the patient’s qi, internalize the patient’s spirit and calm the qi to achieve the purpose of curing the disease. Formally, the doctor assumed a god-like persona, invoking curses upon the underlying causes of the ailment to bolster the patient’s psychological determination to combat the illness.⁵

Zhu You Shu has undergone a constant development throughout history, and medical professionals have acknowledged its efficacy in treating ailments and illnesses, suggesting that it should not be mistaken for superstitious beliefs in “ghosts and gods”. Ge Hong (葛洪), a practitioner during the Eastern Jin dynasty, extensively explored its significance in the area of medicine in *Bao Pu Zi Nei Pian* (《抱朴子·内篇》 *The Inner Analects of Bao Pu-zi*), affirming the importance of *Zhu You*.⁶ The book *Qian Jin Yi Fang* (《千金翼方》 *Supplement to ‘Important Formulas Worth a Thousand Gold Pieces’*), written by Sun Simiao (孙思邈), a renowned physician in Tang dynasty, recorded references to *Zhu Yu Shu*,⁷ illustrating its indispensable position in medical practice. *Sheng Ji Zong Lu* (《圣济总录》 *Comprehensive Recording of Divine Assistance*), a large-scale medical work compiled by the government during the reign of Emperor Huizong (徽宗) in the Northern Song dynasty, recorded that, “During the Zhou dynasty, medical officials who treated diseases such as swollen ulcers and sores, scraping pus, removing flesh, and flattening sores and so on, would always use *Zhu You Shu* before

treating the symptoms, presumably because of the better curative effects obtained by medical officials after using that method (周官疡医，掌众疡祝药副杀之齐，必先之以祝，盖医之用祝尚矣)”.⁸ *Zhu You Shu* has been officially recognized since then.

Zhu You Shu also occupied an important role in both the government medical system and the medical education system. Taking the Tang dynasty as an example, *Tang Liu Dian* (《唐六典》 *Six Institutions of Tang Dynasty*) included the following positions: one doctor of medicine, one assistant professor of medicine, twenty physicians, one hundred medical workers, forty doctors, and two canonical scholars (a position responsible ancient important documents). Among them, there was one doctor of Mantra, two Mantras, eight Mantras doctors, and ten Mantras students. The Mantra doctor held a position of great power and was responsible for instructing students in the art of casting spells, which were utilized to banish ghosts and malevolent spirits, thereby healing afflictions.⁹ The *Zhu You* Section, along with the Medical Section, Acupuncture Section, and Massage Section, served in the Imperial Medical Department for the purpose of study and evaluation. During the Qing dynasty, for various reasons, the Imperial Hospital abolished the *Zhu You* section.¹⁰ *Zhu You* technique was on the verge of being lost in official institutions, and was passed down only in the folklore. In modern times, with turbulent times and social changes, *Zhu You* has gradually withdrawn from the medical field. However, instead of disappearing, it has been preserved in three forms: primitive sorcery, *Qing Zhi Xiang Sheng* (情志相胜 generation and restraint of emotions), and guided *Qi Gong* (气功).¹¹ In general, *Zhu You* originated in ancient times, developed from the Spring-Autumn Warring period to the Wei-Jin South and North Dynasties, prospered from the Sui and Tang dynasties to the Ming and Qing dynasties, after that, it declined and reconstructed in modern times (Fig. 1).

Currently, there is a growing trend of combining Chinese and Western medicine, merging the knowledge and practices from both traditions, which uses traditional methods as a foundation and incorporates modern innovations. In the field of narrative medicine, the technique of enlightenment in TCM aligns closely with the “narrative mind-body regulation” in the practice of Chinese narrative medicine. Narrative regulation can be seen as an upgraded version of the *Zhu You* and “verbal enlightenment” in contemporary times,¹² and it is worth exploring the application and development of *Zhu You Shu* in narrative medicine.

Zhu You was particularly apt for treating emotional disorders whose origins were so subtle that they resulted in a stagnation of pathogens in the body that could not be seen or heard. The diseases resulted from emotional imbalance, and physicians interpreted ritual prayers as a means of informing and enlightening patients of the underlying cause of the disorder. *Zhu You* encompassed

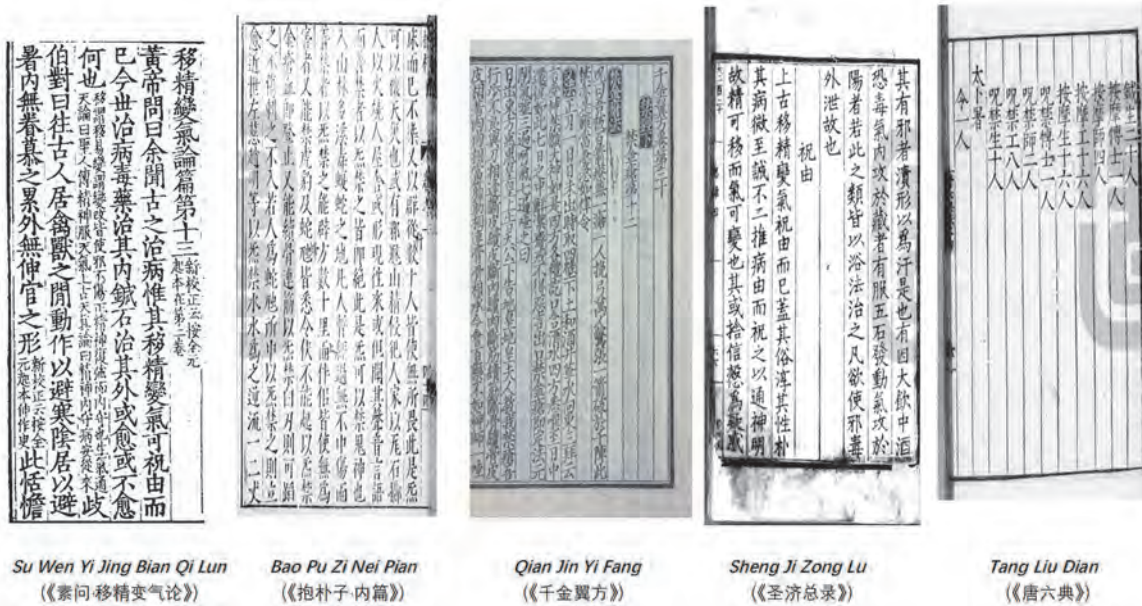


Figure 1 Records of Zhu You in different classical works of Chinese medicine (source with permission from: The National Library of China, Literature and Ancient Books)

a variety of ritual techniques, including incantations, charms, and ritual movements. To overcome the multitude of illnesses, it is necessary to understand from when the illness arose and then be able to expel and stop it.

Zhu Shuo Bing You was an effective method for treating imperceptible causes of illness that only appeared as if it was caused by ghosts and spirits. “The term ‘as if they were ghosts’ means that they resemble ghosts but are not actually ghosts. The term ‘ghosts’ refers to aversion and envy that arise from the heart. Seeking the cause of illness to eliminate ‘ghosts’ in the mind is what doctors do with words (夫曰似鬼神者，言似是而非也。曰所恶所慕者，言鬼生于心也。言求其致病之由，而释去其心中之鬼也)”¹³ “When there is concentration in the mind, the spirit has something to rely on. If the reliance is not correct, then evil spirits will arise, and this is knowing the cause of the disease. Now that the root cause is known, there is a way to treat it. Therefore, if you observe that the patient’s aversion, envy, and other emotions to find the way to tackle them, then there is no way that the art of Zhu will not work (心有所注，则神有所根据，根据而不正，则邪鬼生矣，是所谓知其病所从生也。既得其本，则治有其法，故察其恶，察其慕，察其胜，察其所从生，则祝无不效矣)”¹³ Explanation or simple discussion was useful for drawing the patient out and enlightening him about the underlying cause of his illness. At the heart of many of these interpretations, including both exorcism and sagely enlightenment, lay the patient’s participation in naming the affliction and participating in the decision on treatment.

Qing Zhi Xiang Sheng, which refers to the relationship of mutual checks and balances of the emotions and

seeks a way to use one emotion to restrain another, was another key point in this process (情志之胜，而更求其胜以制之之法也). “When evil qi and healthy qi fight with each other and win or lose alternately, as long as there is a suppression, then the healthy qi seems to have something to rely on, so the healthy qi overcomes the evil qi and the disease subsides (当其邪正相争，迭为胜负之际，但得一厌，则胆气若有所恃，故正胜邪而病退矣)”¹³ Both practitioners and patients must apply this method with a sincere heart and focused mind. Ritual prayer was particularly important for informing and educating patients, especially those who did not believe in medicine. Guiding the patient was more an act of persuasion rather than a denial of alternative beliefs. Thus, what was more important was paying attention to the cultural identity of patients. Such persuasion could begin only through ritual. The patient played an active role in uncovering the hidden cause. Doctors and patients might have different explanations for the cause of illness. In many physicians’ reinterpretations of Zhu You, the power to heal also lay within the patient’s hands, therefore, it is necessary to consider the beliefs of the patients.

3 Three focuses and three elements of narrative medicine

Narrative medicine is defined as medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness.¹⁴ Healthcare professionals must focus not only on the illness but also on the person who has the illness. Additionally, narrative medicine also emphasizes the relationality between the doctor and the patient, empathy and the recognition of

negative emotions experienced by both parties. These three aspects form the core of narrative medicine.

3.1 The three focuses of narrative medicine

3.1.1 Relationality

Narrative medicine emphasizes the impact of the doctor-patient interactions and doctor-patient relationality. While clinical practice may seem to revolve around the relationship between people and diseases, it ultimately centers on the relationship between individuals. As a result, narrative medicine places greater emphasis on addressing the psychological and social needs of patients. This approach allows patients to feel the care and attention provided by medical professionals, and encourages them to establish meaningful connections with medical staff, ultimately leading to a mutually beneficial relationship in the context of narrative medicine.

3.1.2 Empathy

The prerequisite for relationality is empathy. Empathy is the act of mentally placing oneself in another person's circumstances and envisioning how one would perceive and handle the issue from the other person's perspective. Empathy not only enhances patient satisfaction, adherence to treatment regimens, and physiological well-being,¹⁵ but also improves clinical outcomes and elevates physicians' sense of professional satisfaction.¹⁶ Empathy serves as the fundamental underpinning of comprehension, and it forms the bedrock of narrative competence. Empathy holds immense significance for healthcare practitioners. Narrative medicine centers around an individual patient who is experiencing pain with a story, a social nature, and a subjective initiative. Consequently, doctor-patient interactions should also prioritize patients' "psycho-social" elements, namely their personal narratives.

3.1.3 Negative emotions

Hospitals are environments that evoke a plethora of emotions, particularly those of a negative nature. When overwhelmed by the excessive amount of work, physicians feel a sense of powerlessness when faced with diseases and frustration when their treatment efforts are unsuccessful. Patients are further tormented by negative emotions, including pain, fear, confusion, anger and other similar feelings. These negative emotions might have a profound and destructive effect on sufferers. Therefore, both physicians and patients seeking medical care are highly motivated to discover a means of expressing their negative emotions. Narrative medicine promotes the act of individuals recounting or documenting their experiences of illness or a similar situation. The act of creating a narrative is of great importance. For instance, Professor Yang Xiaolin (杨晓霖) has recommended the

implementation of "Narrative Medicine Hospice Care and Grief Counselling" in the perinatal clinical humanistic treatment of pregnant women. Doctors can utilize the "Narrative Reading Regulation" and "Narrative Creation Regulation" to offer childbirth care to alleviate or release patients' feelings of grief.¹⁷

3.2 Three elements of narrative medicine

Practicing narrative medicine necessitates a comprehensive grasp and expertise in the precise techniques of attentiveness, reproduction, and subsequently, establishing a genuine connection with the patient. These three elements, namely attention, representation, and affiliation, form the foundation of narrative medicine. *Zhu You Shu* does not employ medicines or acupuncture, rather, it focuses on treatment using language, rituals, mind, etc. The three elements of narrative medicine share equal importance in the delivery of *Zhu You*.

3.2.1 Attention

From a medical standpoint, everyone afflicted with identical ailments should be managed in a uniform manner. Nevertheless, according to the principles of narrative medicine, each individual's story is distinct and deserves the attention of healthcare workers.

Questioning is frequently the initial step in a medical facility. Medical practitioners should prioritize attentiveness to patients during the process of inquiry, which encompasses observing their remarks, pauses, postures, movements, and emotions. Engaging in active listening, formulating probing questions, facilitating the patient in recounting the narrative of their illness, and assimilating the information provided by the patient can assist the physician in accurately diagnosing the condition and enable the patient to gain a deeper comprehension of the events and the disease, which fosters a positive "community of narrative medicine".

Attention is the initial stage of healthcare efforts. It serves as the foundation for representation and the establishment of affiliation. In practice, however, there is an absence of attention for the patient, not to mention a lack of empathy and connection.

3.2.2 Representation

Representation is the imaginative comprehension of auditory, visual, and perceptual stimuli, so attributing significance to what is heard, seen, and felt.¹⁸ Representation refers to the external feedback that occurs after one's attention and is the second stage in the practice of narrative medicine.

By accurately reflecting the patient's words, the practitioner demonstrates active listening and acknowledges the patient's thoughts, anxieties, and hopes. This process aims to validate the patient's worries and ensure that the practitioner comprehends their perspective.

Representation can manifest in several ways, including written expression, inquiry, and reflection. Creating a parallel chart is one form of representation, but if one is constrained by a heavy workload, they can still convey the patient's or family member's description of the patient's concerns through spoken communication during the interaction, incorporating their own comprehension of the patient's story. This type of representation is vital in the doctor-patient relationship, serving not only to demonstrate the doctor's care and thoughtfulness towards the patient, but also to showcase the doctor's reflection and systematic approach to the medical procedure.

3.2.3 Affiliation

Affiliation refers to the desired outcome to be achieved after doctor-patient communication, which involves the establishment of a mutually trusting partnership between the doctor and patient, facilitated by the doctor's attention and representation. Affiliation between doctors and patients not only results in improved medical outcomes for patients but also leads to increased professional fulfillment for professionals.

Relational medicine is considered one of the theoretical foundations of narrative medicine. It is based on the idea that narrative medicine is built around four layers of interactions. In this setting, the symbiotic rapport between physicians and the individual might extend to other interpersonal connections, such as those between the individual and others, as well as between the individual and society.¹⁹ First, doctors generate a sense of belonging with their patients, which is conducive to realizing the significance of their work and enhancing of their personal sense of achievement, enabling them to have positive relationships with themselves. Furthermore, doctors collaborate with colleagues in various settings to consistently comprehend and gain knowledge from one another through attention and representation, thus improving team unity and fostering stronger relationships among medical professionals and their peers. Moreover, it is essential for medical professionals to be able to effectively narrate their own experiences. This enables the general public to develop an accurate comprehension of medicine and disorders, so as to refrain from idolizing doctors. This aspect plays a pivotal role in shaping the dynamic between doctors and society.

Narrative medicine encompasses a broader range of meanings and applications. It is imperative to examine and enhance the therapeutic approach of narrative medicine from novel viewpoints and disciplines to effectively implement it in medical practice, benefiting both physicians and patients. This paper examines the significance of *Zhu You Shu* in the field of narrative medicine, with the aim of offering a point of reference for narrative medicine in TCM.

4 The relevance of *Zhu You Shu* and narrative medicine

Zhu You has both common and specific features with other TCM therapies. TCM treatment includes both the doctor's judgment and the patient's description of the patient's condition. It is designed to help the doctor judge the patient's condition. *Zhu You* pins hope for ghosts and gods, and use the power of the gods to guide the patient to cooperate with the treatment and enhance the patient's confidence in healing. *Zhu You* originated in ancient China, and was limited by medical expertise at that time; *Zhu Shuo Bing You* and *Qing Zhi Xiang Sheng* became the most ideal way for people to understand the patient's condition and to notify them of the disease. With the enhancement of mankind's understanding of disease, *Zhu You* gradually evolved and transformed from "witchcraft" to "medicine".²⁰ Medical practitioners are giving new meaning to *Zhu You*. Considering the commonality of the concepts of *Zhu You* and narrative medicine, this section illustrates the relevance of *Zhu You* and narrative medicine (Fig. 2).

First, *Zhu Shuo Bing You* is based on the patient's description of the condition and the doctor's observation of the patient's condition. Through "attention" and "explaining the cause of illness", the severity of the illness and the patient's state are linked to the patient and the doctor. Negative emotions are fear, resistance, and negative treatment attitudes of patients during treatment, which are related to the patient's living environment, thoughtfulness, disease cognition, and medical psychology. "Empathy" is the basis of understanding, and empathy is the basis of narrative ability. "Identity" (cultural identity) can help doctors properly use *Zhu You* so that doctors can better bring themselves into the inner world of patients and achieve deeper empathy so that doctors can integrate the causes of patients in a more organized manner, understand and grasp the patient's condition, and make effective treatment therapies. The mutual empathy between patients and doctors promotes patients' trust and "sense of belonging" to doctors, which is conducive to cooperation between the two parties to seek more efficient treatment options. *Zhu You* and narrative medicine integrate doctor-patient information for joint decision-making and communication. The two complement each other, and the cross-integration between disciplines has brought new ideas and solutions to modern medicine.

4.1 *Zhu Shuo Bing You* and narrative medicine: "Attention" and "Relationality"

"*Zhu Shuo Bing You* do not bother with needles and stones",²¹ as recorded in *Huang Di Nei Jing Su Wen Zhu* (*《黄帝内经素问注》 Annotations to the Yellow Emperor's Inner Classic: Basic Questions*) during the

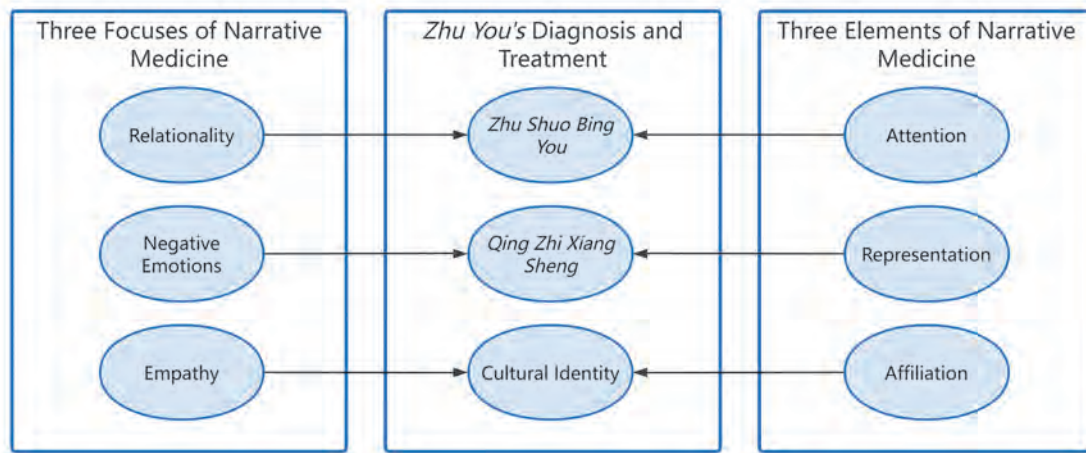


Figure 2 The relevance between *Zhu You* and narrative medicine (source with permission from: picture made by the authors)

Tang dynasty. This interpretation has been widely accepted by doctors in subsequent generations. *Zhu* is associated with the act of seeking blessings and offering prayers. With the emergence of *Huang Di Nei Jing*, *Zhu Shuo Bing You* opened a chapter in the psychotherapy of illnesses caused by the seven emotions. The patient discloses their physical or emotional distress to the doctor, who then provides the patient with an understanding of the underlying causes of their illness. This helps patients mentally manage their illness and improve their mindset, leading to a belief in their own ability to heal. As a result, patients experience a recovery that is influenced by both their own self-perception and the support of others. An example was in *Yi Yi Bing Shu* 《医医病书》 *Medical Book on Healing*: “All the treatment of internal injuries must be based on *Zhu You*. Provide detailed information on the origin of the illness so that the patient is aware of it but does not dare to commit it. Additionally, observe and understand the hidden thoughts of the people, use gentle words to enlighten them, use solemn words to shock them, and use scaremongering to scare them. This will make them wholeheartedly convinced, and then the treatment can be effective like a god (吾谓凡治内伤者，必先祝由。盖详告以病所由来，使病人知之而勿敢犯，又必细体变风、变雅，曲察劳人思妇之隐情，婉言以开导之，庄言以振惊之，危言以悚惧之，必使之心悦诚服，而后可以奏效如神)”²² The relationship between the practitioner and patients was established by understanding, which led to the acceptance of the treatment, and ultimately, the disease could be cured.

The primary and most important aspect shared by *Zhu You Shu* and narrative medicine is “Attention”. One of the key features of narrative medicine is uniqueness, which involves acknowledging and valuing the individuality and non-replicability of patients and their stories. It also involves considering both the subjective and objective factors contributing to the patient’s illness. The crucial aspect in achieving all of these steps is to be attentive. The doctor should attentively and

empathetically listen to the patient’s concerns and guide them to disclose the progression of their illness and emotional issues. Additionally, the doctor should thoroughly assess the patient’s condition via *Si Zhen* (四诊 the four diagnostic methods), including inspection, auscultation, inquiring, pulse feeling, and palpation. Narrative medicine centers around attentive listening, with the doctor closely observing the patient’s words, movements, moods, and emotional expressions. The doctor skillfully employs open-ended questions and replies to lead and refine the patient’s narrative. Similarly, *Zhu Shuo Bing You* also begins by paying close attention to gathering crucial information about the patient’s condition. This information reveals the underlying causes and mechanisms of a patient’s illness. The doctors then use verbal guidance and psychological interventions to establish a trusting relationship and alleviate negative emotions, ultimately aiding in the treatment of the disease.

The relationality between a doctor and a patient extends beyond the interaction between the patient and their illness, and encompasses the interaction between two individuals. Narrative medicine promotes the development of a profound and significant bond between the physician and the patient, necessitating a shift away from solely focusing on the progression of the disease. Instead, it emphasizes addressing the psychological and social requirements of the patient rather than relying solely on evidence-based medicine. The patient may experience fear, embarrassment, and humiliation as a result of routine medical examination, questioning, medication, diagnosis, and treatment. If the doctor remains fully uninformed of and apathetic to the patient’s feelings regarding the treatment, discomfort, and experience of the disease, then the doctor’s focus is solely on the patient’s disease rather than the patient as a whole.²³ Physicians should concentrate not only on the illness but also on the individual, taking into account their personality, beliefs, cognitions, and emotions. However, owing to various factors such as trauma, illness or doubt,

patients often enter a “narrative lockout” (the individual is unable to absorb the flow of life force that propels him or her forward, and when the subject’s narrative resilience is hit, the new story that moves the narrative process forward is also stagnant²⁴). The momentary state of being locked in a particular narrative can be overcome by activating one’s own internal abilities. By doing so, one can regain control over one’s life story and restore a state of harmony. Nevertheless, it is necessary to acknowledge that “narrative lockout” may not have the ability to actively escape narrative shutdown. In cases where individuals are unable to restore their lives to a positive trajectory only through their own revitalizing capabilities, the intervention of narrative medicine becomes crucial.

Physicians can analyze patients’ facial expressions, body language, and other cues to identify psychological shifts. They can then assist patients in uncovering the underlying narrative behind their illness, which is often suppressed or forgotten. This process serves as a means to unlock patients’ emotional barriers. The *Zhu You Shu* approach in TCM for healing ailments can be likened to the empowerment of storytelling. During the patient-doctor communication process, the doctor can use careful observation to identify specific words that trigger abnormal emotions in the patient. By recognizing these abnormal emotions, the doctor can guide the patient to avoid suffering. The doctor’s goal is to inform the patient about the disease’s origin, alleviate their concerns about the disease and life, and assist them in managing their psychological well-being in relation to the illness. By adopting this approach, patients can successfully overcome sickness through their own subjective awareness. Narrative empowerment involves clinicians listening to the crises and challenges experienced by patients and assisting them in reevaluating and articulating their life experiences. This technique aids patients in revitalizing their lives and escaping the predicament of “narrative closure”.²⁵ When the doctor cares enough to understand and touch the patient’s deepest desires, the patient will likewise return the doctor’s valuable trust. At this juncture, a robust foundation of trust is established between the doctor and the patient, aligning with the emphasis on relationality in narrative medicine.

4.2 *Qing Zhi Xiang Sheng* and narrative medicine: “Representation” and “Negative Emotions”

Emotion is a distinct notion in TCM, where it is linked to the body’s qi and blood. Additionally, the transformation of emotion is influenced by the qi transformation process that occurs within internal organs. Emotional diseases refer to people’s emotions and feelings of the fullness of the bias or suffering from strong or persistent external stimuli, resulting in disorders or dysfunctions of the internal organs, followed by a class of diseases. Simultaneously, emotions can influence the functioning

of the body’s qi, blood, and yin-yang, ultimately resulting in the occurrences of diseases. *Qing Zhi Xiang Sheng* is a type of TCM emotional and mental therapy that refers to the medical practitioners using the basic concepts of the *Wu Xing* doctrine. It aims to select intentionally one or more kinds of emotional and mental stimuli from the five mental states and seven emotions of the birth, grams, multiplication, and insults to restrain or eliminate the patient’s abnormal emotion.²⁶

The importance of representation as the second step in the practice of narrative medicine is evident. Doctors assimilate the knowledge acquired from patient interactions, and then, in a modified version, integrate it with their own comprehension, representing it visibly to both the doctor and the patient. Medical practitioners commonly convey this concept through parallel charts and patient narratives, necessitating their ongoing development of narrative competence and avoidance of “narrative closure”. *Zhu You Shu* often employed the technique of *Qing Zhi Xiang Sheng* which is embodied in the process of communicating with patients. It is recorded in *Ru Men Shi Qin* (《儒门事亲》 *Confucians’ Duties to Their Parents*):

“A Governor in Sicheng, grieved that his father was killed by bandits and cried very sadly. He then felt heart pain, which increased day by day. After about a month, the pain evolved into a blockage in the chest, taking the shape of the cup, whose pain cannot be stopped, and medicines were not effective. The patient was advised to use burnt needles to burn moxa, but he rejected and begged for Zhang Congzheng (张从正), who styled himself as ‘Dairen’ (戴人) for help. Zhang arrived with witch doctors at his side. He mimicked the language and actions of witch doctors, exchanged funny lines with the patient. The patient could not bear his laugh, facing the wall and not turning around. In one or two days, the blockage was gone. (息城司候, 闻父死于贼, 乃大悲哭之。罢, 便觉心痛, 日增不已, 月余成块, 状若覆杯, 大痛不住, 药皆无效。议用燔针炷艾; 病人恶之, 乃求戴人。戴人至, 适巫者在其旁, 乃学巫者, 杂以狂言, 以谑病者, 至是大笑, 不忍回, 面向壁。一二日, 心下结块皆散。)”²⁷

In this example, the healer empathized with the patient and identified with the root of patient’s illness, the death of his father and great sadness. With the flow of time, his negative emotions resulted in qi stagnation, and became a blockage over time. The healer chose to take emotional therapy for the patient to sooth his inner negative emotions. He performed hilariously before the patient, finding a health outlet for the patient’s negative emotions. *Qing Zhi Xiang Sheng* was employed to heal the patient and the disease is eventually cured.

Emotions have the potential to both trigger and alleviate ailments, which is the central concept explored in the practice of *Qing Zhi Xiang Sheng* in *Zhu You Shu* of TCM. To exemplify, *Qing Zhi Xiang Sheng* is demonstrated by inquiring about the patient’s sentiments towards the illness and their level of anxiety regarding

its impact on their life. Through a gradual process of guiding patients to articulate their own emotions and envision them in their interactions with healthcare providers, this therapeutic approach is implemented. When a patient is afflicted with a physical or mental ailment, they often identify themselves with the sickness and struggle to see beyond their narrow viewpoint. The process of representation can externalize the problem. By examining the problem from a detached standpoint, the patient gains a clearer understanding of the alterations in the situation and their consequences. With *Qing Zhi Xiang Sheng* therapy, the healer will induce the patient to tell the root cause of his or her pain, represent the process of the disease, and discover the patient's abnormal emotions, which are often the key to the disease, to help the patient look at the problem from the third perspective. During this process, both the healer and the patient consider the entire history of the illness rather than focusing on a specific stage. By comprehensively understanding the disease progression and patients' manifestations of their internal emotions, it is possible to mitigate patients' subconscious negative emotions, hence facilitating the therapeutic process. The representation in narrative medicine is, in a way, analogous to the focus on the patient's emotional articulation in communication in *Qing Zhi Xiang Sheng*.

As a Chinese saying goes, "All diseases are born from depression (人身诸病多生于郁)". TCM believes that depression would cause imbalances in the circulation of qi and blood throughout the body, and gives rise to diseases. Therefore, *Zhu You Shu* places significant emphasis on addressing and regulating the emotional state of patients, aligning with the focus of narrative medicine on negative emotions. By listening to the patient's subjective and objective information and then analyzing the patient's emotions and comprehending the patient's feelings, expectations and concerns, the physician can engage in communication and treatment that acknowledges the patient's unique identity, emotions, and personal narrative. This approach enables the doctor to accurately comprehend the patient's condition and optimize the effectiveness of treatment.

4.3 Cultural identity and narrative medicine: "Empathy" and "Affiliation"

Cultural identity is defined as a collective sense of belonging that arises from shared cultural traditions, values, and historical experiences within a group.²⁸ Cultural identity influences how people perceive health and illness, affecting their understanding of care and response to healthcare.²⁹ *Zhu You Shu*, as one of the special therapies in TCM from the initial prayers to the gods, gradually developed into a treatment for emotional illness. It was born in the original religious beliefs. Given the lack of scientific knowledge, many individuals expressed desires for various supernatural occurrences. The people

who suffered from warfare longed for health, peace and prosperity, whereas the emperor longed for longevity. The emergence of *Zhu You Shu* was in line with the cultural identity of the people at that time, which led to the development of *Qing Zhi Xiang Sheng*. Therefore, not only should one focus on language diversion but also resort to symbolic techniques that are in line with the patient's cultural identity to assist in treatment. For instance, "Today the moon is dark, *Sao* (sweep) *You* (warts) north. Throw the broom into the well [今日月晦, 骚(扫)尤(疣)北, 入帚井中]".³⁰ This is the art of wishing for the cure of warts, which is a symbolic approach that is in line with the times and the cultural identity. The broom cannot treat warts, but the warts are seen as a solid evil spirit, and the broom is used to drive away the dust and dirt to symbolically eliminate the evil spirit, which is done through the patient's familiarity with the objects to eliminate the anxiety of the patient. Patients' confidence would be strengthened, and patients' emotional and physical states would be protected so that the disease can be more easily cured.

Empathy is the bridge between doctors and patients, and it is a prerequisite for the practice of narrative medicine. Cultural identity is of great significance in empathy. The patient's cultural background, religious beliefs, social status, language communication and other cultural distinctions can greatly influence the effectiveness of empathy in treatment. Therefore, when treating a patient utilizing *Zhu You Shu*, the doctor must take into full consideration the patient's cultural identity, as this is the essential requirement for establishing empathy. One prominent aspect of *Zhu You Shu* is its utilization of psychological interventions to address ailments stemming from the seven emotions. When a patient shares their pain with the doctor, the doctor should assist the patient in harnessing their personal drive and encourage them to actively engage in emotional healing of their own awareness.

In the field of narrative medicine, mutual communication is essential to achieve an affiliation between doctors and patients, so that patients and doctors can truly put themselves in the other's shoes. It is inseparable from the doctor's ability to pay more attention not only to the understanding of the patient itself, but also to the patient's family, society, and identity. In the application of *Zhu You Shu*, doctors must carefully observe the patient's speech and emotional expression to analyze the underlying factors contributing to the patient's illness. Doctors subsequently aim to identify and convey patients' abnormal emotions. The ultimate objective of these steps is to establish a cultural connection between doctors and patients, facilitating the integration of the doctor's perspective with that of the patient. The doctor possesses the ability to comprehensively comprehend the etiology of the patient's sickness, as well as the exacerbating variables and influential circumstances. Furthermore, the doctor can genuinely empathize with

the patient on the basis of their cultural identity. Cultural identification encompasses not only the country culture, but also the patient's social identity, cultural views, family environment, and degree of education. The objective of cultural identity in TCM and narrative medicine, which emphasizes the mutual communication between doctors and patients, is to achieve an affiliation between doctors and patients.

5 Interoperability between *Zhu You Shu* and narrative medicine

There are four main aspects of the therapeutic technique of *Zhu You*. First, the cause of the disease is deduced, and the application of this method depends on the severity of the disease. It is honesty and respect that moves the soul. Second, the illness can be symbolized with graphic representations. Runes, incantations, and symbols are pseudonyms that convey emotional power and intent. The scripts and props of these ritual games help construct meaningful and multilayered narratives of illness. Third, verbal rituals are used to treat illness. Words are the voice and the graphic expression of the mind, expressed in sounds and symbols. Fourth, the disease would be controlled by applying both behavioral and pharmacological treatments. Diseases cannot be exacerbated if one relies only on rituals and not on drugs. If a person uses only medicines and not rituals, the healing effect is very slow.

In one dramatic case that provides a glimpse of what *Zhu You* and narrative medicine have in common in their processes, Ms. Wu was haunted by a mysterious force, and her behavior and speech revealed deep-seated trauma and conflict. Her symptoms, such as being possessed by Hai Xi Da Wang (海西大王) and Xi Zha Zhen Xi Zhao Zhen (席招真奚兆禛), symbolized the anger and sadness she had failed to release, emotions that stemmed from betrayal and were lost in her past life. Shi Daoyuan (石道元), a wise priest, tried to untie the knots in her heart through in-depth dialogue and listening, soothing her soul with the power of words. Eventually, through a solemn ceremony, the pastor gave the troubled turtle spirit a formal title (Mrs. Yang) and guided the whole family to pay homage to the abandoned Mrs. Yang, a behavioral therapy that not only brought peace to Ms. Wu's heart but also reconciliation and healing to her family.³¹

From a modern perspective, the treatment of *Zhu You* in this case can be divided into four stages: deducing the cause of illness, symbolizing the illness, spoken rites and behavioral therapy. Ms Wu's illness stems from deep-seated psychological trauma. She has experienced multiple identity transitions and complex interpersonal entanglements, which have left a deep imprint on her subconscious mind, revealing symptoms such as insanity and physical discomfort. The possession of Hai Xi Da Wang and Xi Zha Zhen Xi Zhao Zhen can be seen

as a symbol of her inner conflict, reflecting her anger, sadness and sense of injustice towards past events. In Chinese culture, a tortoise's longevity makes it a symbol of health and longevity, whereas its hard armor symbolizes sturdiness and protection. In addition, the tortoise was often regarded as a psychic animal in ancient times and was used for divination and predicting the future, thus the tortoise in the story may also represent a connection to supernatural forces. In this case, the turtle symbolized grievances and injustices that had gone unnoticed or unaddressed. By giving the turtle a formal title and honoring it, the priest was in effect recognizing and honoring the forgotten or marginalized voices, thus ending the cycle of violence. This finding demonstrates that respect and recognition are important steps in healing and reconciliation when dealing with complex psychological and social issues. Immediately afterwards, Shi Daoyuan tried to understand Ms. Wu's inner world through dialogue with her and used language to calm her down. Listening and empathy were used to help the patient express and process her inner trauma. Finally, by giving the turtle an official title and leading the family to pay homage to Mrs Yang, Shi Daoyuan was in effect performing ritualistic therapy. This can be seen as a form of manipulative (behavioral) therapy, in which rituals and collective actions were used to help Ms. Wu and her family face and resolve their past problems, thus achieving the goal of healing (Fig. 3).

It is necessary to uncover the cause of the disease by paying attention to the patient and listening carefully to him or her. The cause of the disease is so subtle that attentive attention is necessary to detect it and to understand the patient, and this must be done with the participation of the patient, who, in the blessing of the patient's participation in naming the pain or in explaining the root cause of the disease, becomes a central part of the therapeutic process. The doctor must first inform the patient thoroughly about the cause of the disease so that the patient understands it. The doctor must understand and respect the patient after finding his emotional cues so that the patient sincerely believes in him. For the art of ordination to be effective, at the same time, it is sometimes necessary to express a complex mixture of guilt, indignation, anger, loss and damage through the voice of some possessed soul. During the *Zhu You* ceremony, the priest helps Ms. Wu overcome these difficult emotions by talking to the spirits of each of the surrogate characters in the ritual drama. The patient names the spirits and, through questioning by the ritual facilitator, explains the reason for the possession. In this way, both the patient and the healer play a role in identifying and treating the illness. Although the priest possesses divine power and authority, contrary to expectations, he plays the role of a medium and is primarily responsible for conveying the power of sincerity and moral character to the patient, whereas Ms. Wu herself actually succeeds in completing the treatment. These different interpretations

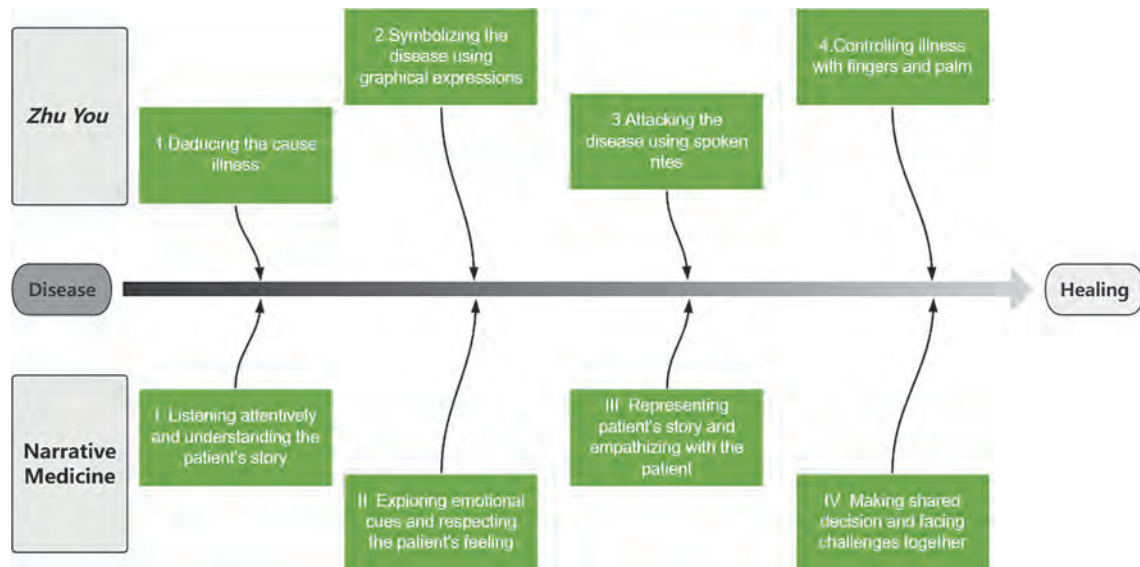


Figure 3 Interoperability between *Zhu You* and narrative medicine (source with permission from: picture made by the authors)

of techniques, symbols and later drug formulations also define the relationship between therapist and patient. Effectiveness is a negotiated process that emerges from interaction. The patient’s role in naming the pain and finding the power to heal from within became a central part of this process in the blessing ceremony. The rituals in ordination provide a virtual narrative place for the patient, and the healer acts as a narrative mediator in this process. The whole process is consistent with narrative medicine, which advocates attentive listening to understand the patient’s story; exploring perceptual clues and respecting the patient’s feelings; reproducing the patient’s story and empathizing with the patient; and making decisions together with the doctor and the patient to face the challenges of the therapeutic process together. The patient’s story can be told in the same way as the patient’s story.

6 Conclusion

Zhu You Shu is a crucial component of Chinese medicine therapies. It can be utilized either independently or in conjunction with medicines. In this new era of increasing psychosomatic diseases and the urgent need for psychological counseling and treatment, when the bio-medical model is shifting to the bio-psycho-social model, it is necessary to summarize the application of *Zhu You Shu* in clinical practice. Narrative medicine, as an emerging modern medicine, advocates human-centeredness, and *Zhu You Shu* can be used as a strong and effective auxiliary means of intervention in narrative medicine, providing the necessary guidance when listening carefully to the patient’s own account of the experience of illness and pain. This intervention method provides valuable guidance in comprehending the patient’s physical and mental state, social context, family history, and etc., which also helps the doctor understand the cause of the patient’s

illness and the proposed diagnosis and treatment plan. Owing to its distinctive medical therapy, it is possible that *Zhu You Shu* will eventually gain widespread adoption in the field of narrative medicine.

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Author contributions

SUN Qimeng was responsible for drafting and editing the manuscripts; ZHAO Lan was responsible for drafting and revising the article formatting; BAI Xuerui contributed to the research question and wrote a portion of the manuscripts; JIANG Jiabao and QIU Nan corrected the content related to TCM. All the authors have reviewed and consented to the final version of the text for publication.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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The Development of Doctor-nurse-patient Co-construction through Evidence-based Narrative Exploration of Traditional Chinese Medicine

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Abstract

Traditional Chinese medicine (TCM) is the wisdom crystallization and cultural treasure of the Chinese nation. Establishing a positive relationship among doctors, nurses, and patients is essential for promoting the sustainable development of TCM culture. As an important branch of evidence-based narrative medicine, evidence-based narrative of TCM significantly contributes to the co-construction of doctors, nurses and patients. This paper discusses the necessity and clinical practice value of promoting co-construction of doctors, nurses and patients based on the principles of evidence-based narrative TCM. By working together to select optimal diagnosis and treatment options, we aim to enhance patient compliance, alleviate tensions among the parties involved, and establish equitable collaborative relationships. Creating a harmonious medical environment is crucial for promoting the continuous development of this collaborative model in clinical practice, thereby improving patients' overall health, increasing public recognition of TCM, and supporting its sustainable growth.

Keywords: Evidence-based medicine; Narrative medicine; Doctor-patient relationship; Traditional Chinese medicine; Clinical practice

1 Introduction

Since 1948, WHO formally proposed the definition of health, that is, comprehensive health should include physical, mental and social aspects of the intact state, not only the absence of physiological diseases,¹ thus entering the era of “biopsychosocial (生物-心理-社会)” system medicine. The humanistic concept in the medical field has been liberated to a certain extent,² and the patient's own will should also be fully reflected. However, in clinical practice, the decision-making is often dominated by doctors, and the implementation of nursing measures often ignores the patient's true voice and subjective feelings. The process triggers more prominent problems including

the lack of patients' own sense of value and participation, and the poor experience of medical treatment. In the long run, it may form a tense doctor-nurse-patient relationship and hinder the long-term development of medical and health undertakings.

Based on specific clinical problems, evidence-based medicine combines the best available research evidence, clinicians' professional knowledge and skills, and patients' values and wishes to make scientific decisions and guide clinical practice.³ Narrative medicine is the application of literary narration in the medical field. It is a medical practice with narrative ability, focusing on the value orientation of patients (Fig. 1).⁴ The common development of evidence-based medicine and narrative medicine will promote the integration of medical science and humanities, and the evidence-based narrative of traditional Chinese medicine (TCM) is an important branch. TCM emphasizes an holistic perspective, *Bian Zheng Lun Zhi* (辨证论治 treatment based on pattern differentiation) and *Bian Zheng Shi Hu* (辨证施护 tailored care based on pattern differentiation), regarding the human body as an organic whole while also valuing the unity between humans and nature. This viewpoint aligns well with the principles of evidence-based medicine, which underscores the importance of individualization and a comprehensive approach to treatment. At the same time, the efficacy of TCM can be objectively assessed and scientifically validated by applying evidence-based methodologies, thereby enhancing its credibility and expanding its application. Narrative

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Figure 1 Dr. Li Bo (李博) communicating with a patient, taking advantage of *Si Zhen* (四诊 the four diagnostic methods) (source with permission from: photo taken by the authors)

medicine shares similarities with the *Wen* (问 inquiry, one of the four diagnose methods in TCM) method, both highlighting the significance of communication between doctors, nurses and patients. Additionally, narrative medicine focuses on conveying medical knowledge and humanistic care through storytelling, resonating with the moral and ethical principles emphasized in TCM, such as *Yi Nai Ren Shu* (医乃仁术 medicine is an act of benevolence) and the notion of *Da Yi Jing Cheng* (大医精诚 a great physician being sincere). The co-construction of doctors, nurses and patients under the evidence-based narrative of TCM can enhance the scientific validity and credibility of TCM, promote its inheritance and innovation, ease the tension between doctors, nurses and patients on the basis of making the best diagnosis and treatment decisions, meet the diverse needs of patients, create a harmonious diagnosis and treatment environment, and promote the sustainable development of TCM.

2 Concept and development of doctor-patient co-construction

In 2016, Li Bo (李博) et al. proposed the concept of doctor-patient co-construction based on the concept of narrative medicine, and expounded the concept, hypothesis and method of doctor-patient co-construction clinical efficacy evaluation.⁵ Doctor-patient co-construction means that both doctors and patients treat the doctor-patient relationship with a peaceful attitude on the basis of equality, and ultimately achieve the purpose of treating diseases through joint efforts.⁶

In order to achieve this goal, Li Bo et al. integrated the relevant concepts of narrative medicine and evidence-based medicine, and proposed a doctor-patient co-construction diagnosis and treatment model, which is an evidence-based medical record system based on the principle of narrative medicine and the participation of doctors and patients. The system supports both doctors

and patients to jointly record the diagnosis and treatment process. In the process, the patient's point of view is expressed and the patient's in-depth participation is promoted. The treatment and nursing process and effect are evaluated in the real environment. On this basis, the overall medical process is reflected and improved, which opens up another research perspective for the medical model. The practice of the doctor-patient co-construction model in the current research is mainly reflected in many aspects, such as daily communication, decision-making, medical record writing, reading and sharing (Fig. 2).⁷

However, at the same time, there exist deficiencies in the doctor-patient co-construction model, reflected in the lack of mention of the role of nursing groups in the overall medical service and the scientific nursing methods that should be standardized. The post-annotation of *Shang Han Lun* (《伤寒论》 *Treatise on Cold Damage*) is an indispensable part of the classics of TCM and a complementary part of Zhang Zhongjing's (张仲景) *Bian Zheng Lun Zhi* system,⁸ which contains a rich concept of co-construction of doctors, nurses and patients. For example, "Apply *Shao Yao* (芍药 *Radix Paeoniae*) or *Fu Zi* (附子 *Radix Aconiti Lateralis Praeparata*) for abdominal pain. However, *Shao Yao* is used to treat abdominal pain due to liver wood affecting the spleen, whereas *Fu Zi* is used to treat abdominal pain due to yang deficiency (如针对腹痛而言, 或加芍药, 或加附子, 然芍药治肝木凌脾的腹痛, 附子治阳虚腹痛)". *Shao Yao* belongs to the yin (阴) category,



Figure 2 Dr. Li Bo relieving the back pain of a patient, carrying the hope of establishing a harmonious relationship between patients and healthcare providers (source with permission from: photo taken by the authors)

and should be used with caution for those with yang (阳) deficiency. Another example lies in the annotations to *Zhen Wu Tang* (真武汤 True Warrior Decoction), which reads: “If the patient suffers diarrhoea, remove the *Shao Yao* and add two *Liang* (两) of dried ginger (若下利者, 去芍药, 加干姜二两)”. The examples reflected timely and accurate diagnosis of abdominal pain type and the following treatments. In order to achieve the goal of accurate diagnosis and treatment, a good exchange of condition information between doctors, nurses and patients is essential in the first place. Patients need to feedback to doctors and nurses in time, and doctors and nurses need to explain the treatment plan to patients. Secondly, the examples indicate individualized treatment plans according to the type and severity of different symptoms. In this process, doctors, nurses and patients need to make decisions together, and choose the best treatment plan after comprehensive consideration. Finally, it is necessary for doctors, nurses and patients to manage patients’ conditions together, especially self-management of patients by their family members after discharge. Nurses need to explain the precautions such as diet and medication, and regularly meet patients in outpatient clinics. The whole diagnosis and treatment process requires the establishment and practice of the concept of integration of doctors, nurses and patients, so as to achieve the best therapeutic effect and promote the physical, psychological and social health of patients.

3 Combination of evidence-based TCM and narrative medicine

3.1 The development of evidence-based medicine of TCM

TCM is an important part of the traditional medical system of China. It is the treasure and cultural heritage of the Chinese nation. It has accumulated rich clinical theory and practical experience in the long history of thousands of years. However, the theory of TCM takes the overall concept (整体观) and pattern differentiation as the core, and has the nature of empirical medicine. Evidence-based medicine pays attention to scientific evidence, makes up for the defects of empirical medicine, and becomes the contemporary mainstream medical model.⁹ Therefore, in order to promote the sustainable development of TCM, how to use internationally recognized methods to clarify the scientific nature, effectiveness and safety of TCM needs to be solved urgently.¹⁰

The Chinese Evidence-Based Medicine Center, which was established by Sichuan University in 1996, was officially registered as the fifteenth center of the International Cochrane Collaboration in 1999. In the same year, the director of the China Center was selected as a member of the World Cochrane Collaboration Steering Committee. In 2019, China Academy of Chinese

Medical Sciences took the lead in establishing an international academic exchange platform: Chinese Traditional Medicine Evidence-Based Medical Center (中国中医药循证医学中心). This initiative is conducive to building an internationally recognized evidence-based Chinese medicine system and providing a solid guarantee for the development of Chinese medicine in China. In order to promote the transparency of clinical trials, in 2007, the Chinese Cochrane Center (中国循证医学中心) set up a clinical research registration platform, established the Chinese Clinical Trial Center (Chi CTR), and became a global clinical trial registration institution. To promote the transparency of clinical trials of acupuncture and moxibustion, China Academy of Chinese Medical Sciences took the lead in establishing the Acupuncture-Moxibustion Clinical Trial Registry (针灸临床试验注册中心, AMCTR) in 2014. In 2016, AMCTR officially became the Chi CTR secondary clinical trial registration agency, which was mainly responsible for standardizing the acceptance of clinical trials of acupuncture and moxibustion. In 2007, on the basis of CONSORT, Li Youping (李幼平) et al. revised it in line with the characteristics of TCM and formulated the CONSORT for TCM (draft for comments),¹¹ which effectively improved the quality of RCT reports of TCM. Professor Zhang Junhua (张俊华) of Tianjin University of Traditional Chinese Medicine and China Evidence-based Medicine Center jointly established the clinical evidence database (<https://www.tcmevd.com/>) to lay the foundation for the scientific use of TCM clinical trial evidence.

3.2 Narrative medicine development

In 2000, Rita Charon, scholar at Columbia University, first proposed the concept of narrative medicine. It was defined as “medicine practiced by clinical workers with narrative ability (由具有叙事能力的临床工作者所实践的医学)”, which was a humane and effective medical practice. Narrative ability was the ability to acquire, comprehend, understand and be moved by disease stories. Empathy and reflection made the core of the value of narrative medicine.¹² With the in-depth development of narrative medicine applications and medical humanities, the 2014 International Committee of Experts focused on the important position of patients in the overall medical process, defining narrative medicine as a tool to “acquire, understand, and integrate the different perspectives of all participants in the disease experience (获得、理解、融合疾病经历中所有参与者不同观点的工具)”.¹³

In China, 2011 marked “the first year of Chinese narrative medicine (中国叙事医学元年)”. In 2018, narrative medicine gradually revealed a trend of localization. Since 2019, China’s narrative medicine has advanced from theory and education to clinical practice. The country’s first life and health narrative sharing center in hospitals has been established.¹⁴ Domestic scholars have actively

combined the inheritance value of TCM wisdom with the construction of China's narrative medicine theoretical system.^{15,16} Shenzhen Hospital affiliated to Beijing University of Chinese Medicine (北京中医药大学深圳医院) set up narrative centers, advocating the integration of narrative thinking and evidence-based thinking.¹⁷ Scholars have also proposed the concept of "narrative traditional Chinese medicine (叙事中医学)" for the first time, advocating TCM scholars to explore the narrative elements in TCM medical records and classics, and inspiring modern clinicians to pay attention to the cultivation of narrative thinking and narrative ability.¹⁸

4 Evidence-based narrative of TCM promotes the co-construction and development of doctors, nurses and patients

TCM treatment is a disease diagnosis and treatment method with Chinese characteristics. There are clinical needs for TCM intervention through the ages. However, due to the lack of objectivity in the evaluation of clinical efficacy of TCM and the inconsistency of evaluation indicators, its development is restricted. Evidence-based medicine that seeks the best evidence can promote the transformation of TCM from direct observation and experience summary to the scientific and unified evaluation of diagnosis and treatment,¹⁹ and then improve the standardization system of evidence-based TCM and promote the improvement of evidence-based TCM research technology.¹⁰ At the same time, evidence-based medicine overemphasizes evidence and data while ignoring individual differences and inner feelings of patients. Narrative medicine focuses on patients' psychological, social needs and individual values, fully demonstrates the professional reserves of doctors and nurses and the desires of patients, and enhances the sense of participation and self-identity of the three parties, which makes up for the shortcomings of evidence-based medicine.

A number of concepts and propositions of TCM echo with the elements and viewpoints of narrative medicine. The holistic view of "harmony between man and nature (天人合一)" and the treatment view of "harmony between form and spirit (形神俱调)" in TCM contain the "concern (关注)" elements of narrative medicine. The complex and diverse medical cases of TCM rich in wisdom embody the "reproduction (再现)" elements of narrative medicine. The emphasis on medical ethics cultivation and the balance of doctor-patient relationship in TCM contain the "attribution (归属)" elements of narrative medicine. The narrative adjustment in the practice of narrative medicine and the concept of "mind body philosophy (心身哲学)" in the wisdom of TCM, the health education and disease prevention in the narrative of life and health and the concept of "treating diseases before their occurrences (治未病)" in TCM share similar

effects.^{15,20} Therefore, the integration of evidence-based medicine and narrative medicine of TCM as well as the construction of a TCM diagnosis and treatment service system jointly built by doctors, nurses and patients are a scientific exploration to promote the sustainable development of TCM.²¹

5 Clinical value of doctor-nurse-patient co-construction based on evidence-based narrative of TCM

5.1 Give full play to the role of the co-construction of doctors, nurses and patients, and make the best diagnosis and treatment decisions

Based on the evidence-based narrative of TCM, the treatment and nursing decisions made by doctors, nurses and patients are basically equivalent to "shared decision-making (共享决策)", that is, on the basis of evidence-based evidence, medical staff inform patients and their families in detail about the clinical risks and benefits of different decision-making schemes, and fully consider the patient's condition, social background, lifestyle and values when making clinical decisions.²² The co-construction of medical staff and patients in narrative medicine listen to patients' stories, understand their cultural backgrounds, emotional needs, as well as medical expectations, and jointly make decisions. The process would solve the drawbacks of using evidence and data to replace medical staff and patients in making decisions, reduce patients' decision regrets, develop personalized treatment and nursing plans, provide better medical services, and promote patients' early recovery.

5.2 Effectively improve the dislocation of thinking between doctors, nurses and patients, and build an equal and harmonious relationship

In the process of practicing narrative evidence-based medicine, when listening to the life stories of patients, medical staff should not only find the commonness of similar diseases and the unique personality of patients in the story. Rather, they should personally participate in the situation of this life story, adhere to the combination of medical evidence-based view and humanistic view, jointly find, discover and apply the best evidence-based diagnosis and treatment methods and techniques, stand in the perspective of patients to understand the true meaning of the story heart to heart, thus promoting empathy and mutual trust between doctors, nurses and patients.²³ The three parties are not antagonistic enemies, but comrades-in-arms with consistent goals to overcome the disease. Under the concept of evidence-based narrative of TCM, the co-construction of doctors, nurses and patients can effectively alleviate the tension between doctors, nurses and patients, and form an equal and united diagnosis and treatment community (Fig. 3).



Figure 3 Reading activities taken place in TCM outpatient departments to enhance patient participation (source with permission from: photo taken by the authors)

5.3 Improve patient compliance and satisfaction, and create a harmonious diagnosis and treatment environment

The co-construction of doctors, nurses and patients requires that the three parties in the whole process of disease diagnosis and treatment should strengthen communication and exchange, which can not only deepen the understanding of patients and their families on the disease, but also give full play to the guiding and collaborative role of medical staff in decision-making. The method would balance the decision-making asymmetry caused by information asymmetry between the two sides,²⁴ consolidate the cooperative relationship between doctors, nurses and patients, meet the value needs of doctors, nurses and patients, shorten the spiritual distance between the three parties, improve patients' treatment and nursing compliance and medical service satisfaction, and jointly create a harmonious medical environment.²⁵

5.4 Explore ancient literature, analyze clinical cases, and establish a continuous learning mechanism

We should thoroughly explore ancient Chinese medicine literature and integrates modern evidence-based medicine research methods so that doctors and nurses could conduct a systematic review and analysis of classic cases. By employing techniques such as big data analysis and qualitative research, the advantages of TCM in treating diseases, its effective formulas, and mechanisms of action are elucidated, thereby providing a scientific foundation for clinical practice. Moreover, it is important to encourage medical staff to document and share successful cases, as well as the challenges they encounter in clinical practice. This practice can lead to the establishment of a continuous mechanism for case learning and communication, ultimately enhancing knowledge exchange among healthcare professionals.

5.5 Promote the deep integration of multiple disciplines and enhance the international influence of TCM

It is essential to promote cooperation between TCM and modern medicine, humanities and social sciences, information technology and other disciplines. Measures for the approach include establishing an interdisciplinary research team to jointly carry out evidence-based narrative research on TCM, exploring new paths for TCM in the treatment of complex diseases, health education, and other aspects, etc. It would strengthen communication and cooperation with the international community, draw on advanced international experience, and enhance the international influence of TCM.

5.6 Building an evidence-based narrative platform for TCM to promote knowledge dissemination and experience sharing

An evidence-based narrative information platform for TCM is proposed that integrates various functions, including a literature database, case sharing, online learning, and patient management. Advanced technologies, such as cloud computing and big data, will be utilized to facilitate data sharing and enable intelligent analysis, thereby providing comprehensive, one-stop services for medical professionals, patients, and researchers. Additionally, a communication platform that combines both online and offline interactions is envisioned to enhance knowledge dissemination and promote the sharing of experiences within the TCM community.

5.7 Promote the implementation of the joint development model between medical staff and patients, and establish a scientific evaluation system

Pilot projects focused on evidence-based narrative practice in TCM will be conducted across multiple medical institutions to evaluate their effectiveness in improving clinical efficacy, enhancing doctor-patient relationships, and optimizing medical resource allocation through comparative research. A scientific evaluation system will be established to regularly collect data and perform both quantitative and qualitative analyses. This system is intended to facilitate timely adjustments and optimizations of practical strategies based on the collected findings (Fig. 4).

5.8 Strive for policy support and increase social recognition of TCM

Efforts should be directed towards securing policy support from government and industry regulatory authorities to incorporate evidence-based narrative practices in TCM into the strategic planning for TCM development. This approach entails the issuance of relevant policy



Figure 4 Doctors and nurses from TCM department of Yanqing Hospital of Beijing Chinese Medicine Hospital, tackling difficult health issues together with patients during ward visiting and consultation in Traditional Chinese Medicine Classic Wards (source with permission from: photo taken by the authors)

documents that clearly outline development directions and objectives. Increasing funding is essential to support research and application projects related to evidence-based narratives in TCM. Furthermore, enhancing publicity and promotion will be crucial in improving social recognition of evidence-based narratives within TCM, thereby fostering a favorable environment for development.

5.9 Enhance public recognition of TCM culture and promote sustainable development of TCM

The evidence-based narrative of TCM aligns with the common decision-making processes, parallel medical record writing, and enhanced daily communication advocated through the collaborative efforts of doctors, nurses, and patients. These practices resonate with TCM's diagnostic and treatment principles, including dialectical reasoning and dialectical nursing, as well as the core methods of "observation, smelling, asking, and palpation (望、闻、问、切)". Additionally, the writing of TCM medical records integrates narrative elements and discussion, thus allowing the "patient-centered (以病人为中心)" medical care model to take root and reflect a strong humanistic focus.

Moreover, through the processes of doctor-patient communication and decision-making in the fight against diseases, patients can gain a deeper appreciation for the value of TCM, which can enhance public identity and affinity with TCM culture. These developments are crucial for promoting the sustainable growth of TCM.

6 Conclusion

The evidence-based narrative of TCM is a scientific exploration of the clinical diagnosis and treatment model. In addition to the practice forms mentioned above, there are more ways of participation, such as patient support groups in each department. The three

parties of doctors, nurses and patients and the family members of patients can discuss the disease-related knowledge in depth at the group meetings, share the experience of successful cases, and enhance the confidence of patients to overcome the disease. In view of the dominant diseases of TCM, patients are encouraged to adopt the characteristic diagnosis and treatment methods of TCM or the intervention treatment of integrated traditional Chinese and Western medicine, to find the best treatment and care plan, and to pay attention to the influence of psychological, social, environmental and other factors; in the stage of disease rehabilitation, health exercise is advocated, especially for the elderly and patients with chronic diseases. *Tai Ji Quan* (太极拳), *Ba Duan Jin* (八段锦 eight-section brocade) and other sports exercises can be carried out under the guidance of medical staff to achieve the effect of physical and mental health and physical fitness.

Although the evidence-based narrative of TCM is developing continuously, it still faces various challenges. The research on the combination of evidence-based narrative of TCM and the co-construction of doctors, nurses and patients is relatively scarce. There exist vacancies in the research on relevant evaluation tools and systems, evidence-based narrative ability in undergraduate and postgraduate education stages, and curriculum setting of co-construction of doctors, nurses and patients. Therefore, future researchers can take this as a breakthrough to deeply explore the teaching framework construction and clinical application value of evidence-based narrative medicine of TCM, and jointly promote the improvement and practice of the diagnosis and treatment mode of doctor-nurse-patient co-construction under evidence-based narrative medicine.

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Author contributions

YU Miao was responsible for drafting and editing the manuscripts; LIU Qian was responsible for drafting and revising the article formatting; LI Bo and WANG Tianyuan corrected the content related to TCM. All the authors have reviewed and consented to the final version of the text for publication.

Ethical approval

This article does not contain any studies with human or animal subjects performed by either of the authors. Written or electronic informed consent for publication was obtained from all the participants or their guardians.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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The Narrative Medicine Practice for the Treatment of *Ben Tun Qi*

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Abstract

This article takes the narrative medicine practice of traditional Chinese medicine (TCM) in the treatment of *Ben Tun Qi* (奔豚气) as an example to illustrate the characteristics of narrative medicine in TCM diagnosis and treatment, and strives to form a simple, easy to implement, and practical process of narrative medicine of TCM, which can help doctors provide more comprehensive, detailed, and humanistic care for diagnosis and treatment activities, and achieve doctor-patient harmony.

Keywords: Narrative medicine; *Ben Tun Qi* (奔豚气); Traditional Chinese medicine

1 Introduction

In response to the drawbacks of the biomedical model that ignores psychological and social factors behind patients, Professor Rita Charon, from Columbia University in the United States, proposed the concept of narrative medicine for the first time, which refers to the medical practice of clinical workers with narrative ability. Narrative ability refers to the ability to recognize, absorb, explain, and be moved by disease stories and take action. Its core is empathy and reflection.¹ Doctors enter the stories of patients in narrative practice with a listening and responsive attitude. By paying attention to the patient's narrative, empathizing with their negative experiences and emotions, and reproducing their statements with their own understanding, doctors can help patients deeply feel care and warmth, thereby establishing a doctor-patient relationship, which is beneficial for improving the patient's medical experience and harmonizing the doctor-patient relationship.

Traditional Chinese medicine (TCM) theory emphasizes the holistic concept, treatment based on pattern differentiation (辨证论治), the concept of constant movement, and the combination of prevention and treatment. It believes that humans are unified with the natural

world and social environment, and pays attention to many factors such as the patient's physique, psychology, family, climate, region, time and solar terms. It dynamically views the occurrence and development of diseases as a whole, and thus implements personalized treatment. This medical practice model that focuses on the patient's subject is consistent with the "humanistic view" and "holistic view" of narrative medicine.²⁻⁴ Integrating the narrative characteristics of TCM into diagnosis and treatment activities can better conform to the cultural customs of Chinese people, which is beneficial for enhancing doctor-patient relationships and enhancing therapeutic effects. The author summarizes the narrative techniques in TCM diagnosis and treatment, integrates them into the routine diagnosis and treatment process, and takes the treatment of *Ben Tun Qi* (奔豚气) as an example for medical workers to refer to and practice.

The term "奔豚" as a disease name originates from *Ling Shu Xie Qi Zang Fu Bing Xing* (《灵枢·邪气藏府病形》 *The Spiritual Pivot: The Noxious Qi's Disease Forms in the Viscera and Bowels*) (Fig. 1). In works such as *Nan Jing* (《难经》 *The Classic of Difficult Issues*) (Fig.2), it is written as "贲豚", with "贲" and "奔" being interchangeable. *Ben Tun Qi* refers to a category of paroxysmal disorders similar to mental illnesses, caused by the emotional stagnation (情志郁结), yang deficiency of the heart and kidney (心肾阳虚), and qi counterflow (气机逆乱), leading to a loss of harmony between the body and spirit.^{5,6} The pain that patients experience when suffering from this disease needs more comprehensive and systematic medical care.

The practice of narrative medicine in TCM is based on the conventional diagnosis and treatment process, providing patients with a systematic and holistic diagnosis and treatment at multiple levels of physical and mental health through a series of purposeful and planned steps

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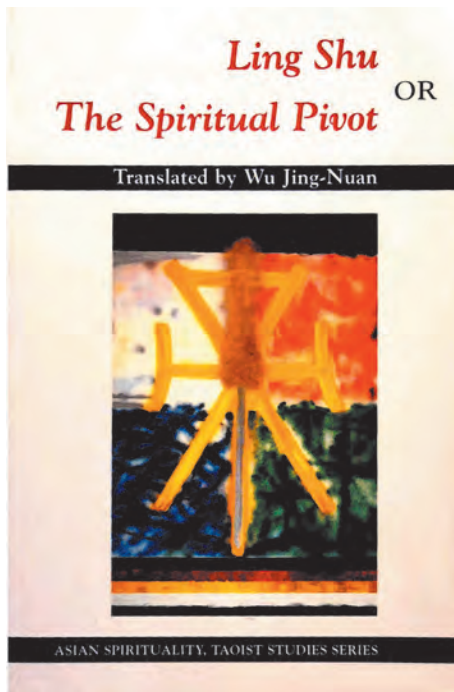


Figure 1 Front cover of *Ling Shu* (《灵枢》 *The Spiritual Pivot*) (2002) translated by Wu Jingnuan (吴景暖) (source with permission from: <https://www.amazon.com/Ling-Shu-Spiritual-Pivot-Jing-Nuan/dp/0824826310>)

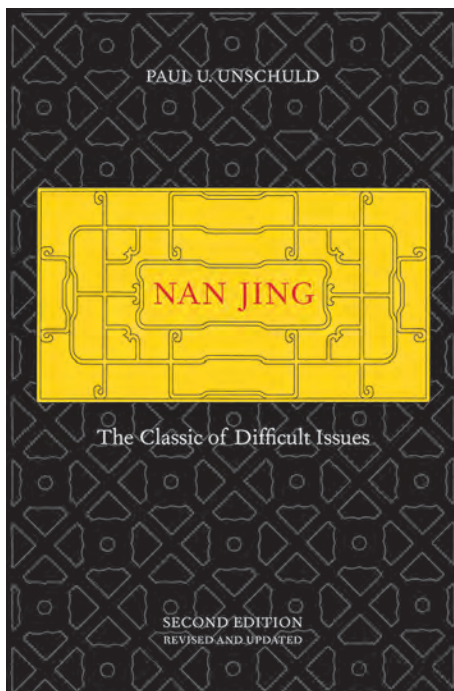


Figure 2 Front cover of *Nan Jing* (《难经》 *The Classic of Difficult Issues*) (2016) translated by Paul U. Unschuld (source with permission from: <https://www.jstor.org/stable/10.1525/j.ctv1wxrm5>)

and actions, in order to restore or improve their health. The following text will explain in detail, and take the diagnosis and treatment of *Ben Tun Qi* as an example to explain the advantages of clinical practice of narrative medicine in TCM.

2 Information collection by the four diagnostic methods

Information collection is the process in which doctors comprehensively and systematically collect patient information through observation, conversation, examination, and other methods, in order to determine the existing and potential diseases of patients.⁷ During this process, the communication between doctors and patients is detailed and specific, comprehensive and systematic, which is a natural characteristic and advantage of the TCM diagnosis and treatment model when collecting patient information. Especially, the use of the four diagnostic methods in TCM highlights the narrative characteristics of TCM.

2.1 Inspection (望诊)

“By observing the patient’s symptoms, one can determine the cause of the illness, and such a person can be called a fairy (望而知之谓之神).” During the process of admitting new patients, doctors can pay attention to them through “observing the spirit”, “observing the form” and “observing the nature”.⁸ They can observe the patient’s mental state, appearance, height, obesity, and facial expressions to obtain information on the patient’s illness, emotions, intentions, and other factors, in order to gain a preliminary understanding of the patient.

During subsequent rounds or outpatient follow-up visits, it is also necessary to use observation to observe changes in the patient’s body at any time, in order to obtain the latest information, such as the patient’s mental state, sleep status (such as sleeping posture, sleeping state, sleep time, somniloquy, etc.), dietary habits (dietary preferences, appetite), sputum, vomit, excreta, drainage fluid (color, quantity), bleeding (quantity) changes, etc. Through sufficient data collection, it is conducive to more accurately diagnosing the condition, enhancing communication with the patient, and thereby fostering trust and improving treatment outcomes. As for *Ben Tun Qi*, Zhang Zhongjing (张仲景) said in *Jin Gui Yao Lue* (《金匮要略》 *Essential Teachings from the Golden Cabinet*), “Qi rushes from the lower abdomen to the chest and throat, and the onset of death and relapse are all related with panic”. *Jin Gui Yao Lue* also points out that “*Ben Tun Qi* rushes up to the chest, causing abdominal pain and alternating cold and heat. *Ben Tun* Decoction is mainly used to treat *Ben Tun* (奔豚气上冲胸, 腹痛, 往来寒热, 奔豚汤主之)”. It can be seen that *Ben Tun Qi* are often accompanied by panic, palpitations, restlessness, abdominal pain and chest tightness, as well as symptoms such as cold and heat exchange. Emotional stimulation is the main causes of the onset of *Ben Tun Qi*.

During the process of observation, doctors can determine the occurrence of *Ben Tun Qi* by observing the patient’s complexion (such as redness or cyanosis),

expression (fear), posture, and other factors. They can also predict the occurrence of *Ben Tun Qi* based on changes in the patient's mental and emotional state. If it is found that the patient is in a state of confusion during early rounds, feeling low or anxious in the afternoon, a diagnosis and treatment plan should be formulated, and patients should be reminded and psychologically intervened in order to actively prevent the onset of *Ben Tun Qi*.

At the same time, attention can be paid to the characteristics of patients with different personalities, such as those with irritability which in the TCM disease syndrome called liver depression and transform into heat syndrome (肝郁化热证), who experience more significant suffocation, face redness, and even shortness of breath, unbearable pain, and difficulty lying flat; Patients with a suspicious and introverted personality (寒饮上逆、水气上冲证 ascending of cold fluids, ascending of water retention) may experience symptoms such as having difficulty holding their breath during attacks, but may sweat profusely, vomit with clear water and phlegm, or even faint.^{5,9} It is convenient for doctors to empathize with patients based on their personality, physical condition, and other characteristics in the subsequent diagnosis and treatment, which is beneficial for doctors to understand from the patient's perspective, reproduce the patient's suffering, explain the cause, and lay the foundation for jointly formulating diagnosis and treatment plans.

2.2 Auscultation (闻诊)

“Doctors who can tell the crux of a patient's illness by listening to their breath and smell are called saints (闻而知之谓之圣).” In terms of hearing, one should pay attention to the patient's language, breathing, coughing, bowel sounds, vomiting, hiccups, belching, and other sounds. By analyzing the voice characteristics of patients during communication, such as speech speed, intonation, and tone, one can preliminarily assess their mental and emotional state and understand whether they are anxious, angry, or sad. This can help doctors more sensitively grasp the emotions of patients for personalized doctor-patient communication.

In terms of smell, attention should be paid to the odor emitted by patients (such as rotten apple odor, which indicates diabetes ketoacidosis), as well as the odor of drainage, secretion, and second stool. When finding abnormalities, doctors timely remind patients to prevention, so then they could enhance patients' trust with a high sense of professionalism and responsibility.

When the *Ben Tun Qi* attacks, if the qi rushes to the epigastric cavity, it may cause rumbling, hiccups, or vomiting; If the qi rushes up to the chest, it will cause wheezing and shortness of breath; If the qi rushes to the throat, the patient will find it difficult to breathe, and in severe cases, they may feel suffocated and make painful moans.

By identifying the sound of the disease, doctors can accurately identify the affected area when the patient is most distressed and unable to speak. For example, “Hello! I noticed that your complexion is not very good. Just now, I heard that you have been enduring discomfort, do you feel unable to breathe? If so, please nod your head!” This reproduces the most urgent pain of the patient, not only making the patient feel cared for and empathetic, but also helping the doctor reduce diagnosis time and take treatment measures more quickly.¹⁰

2.3 Consultation (问诊)

As Rita Charon¹¹ stated, “Patients use language to express multiple levels of knowledge: thoughts, feelings, descriptions, associations, metaphors, guesses about causality, and reports of their own behavior in trying to manage the problem.” Consultation should not only inquire about the patient's physical conditions such as excretion, sleep, diet, pain, and whether they are self-care, but also attach more importance to the evaluation and care of the patient's mental state and social function. By attentively listening to the patient's narrative, the metaphor of the patient's “reticence” is often broken in this section.

As early as in *Su Wen Chang Ci Jie Lun* (《素问·长刺节论》 *Basic Questions: Discourse on Rules of Extended Piercing*), it was proposed that: “Doctor should listen to the patient's words without diagnosis (刺家不诊, 听病者言).” In the process of consultation, one should be good at listening, not interrupting the patient's narration, and actively respond and guide with benevolence. When listening to the patient's narration, one should be fully focused, and use nonverbal communication such as eye movements, nods, smiles, and pats to encourage or comfort the patient, so that they can let go of their guard and speak freely. When necessary, it is possible to guide and delve deeper into the patient's narration, so that the patient can fully express their physical and mental pain as much as possible. In this process, doctor can empathize and reproduce patients' experience by repeating the main meaning of patient, or adding clarification, etc. so as to establish a sense of belonging with the patient, and achieve the state of “Understanding the pain of others is like experiencing it on your own (见彼苦恼, 若己有之)”, which stated in *Da Yi Jing Cheng* (《大医精诚》 *The Absolute Sincerity of a Great Physician*).

Patients with *Ben Tun Qi* are often caused by fear or worry, as stated in *Zhu Bing Yuan Hou Lun Juan Shi San Ben Tun Qi Hou* (《诸病源候论·卷十三·贲豚气候》 *Treatise on the Origins and Manifestations of Various Diseases, Volume 13: Climate of the Ben Tun*):

“Who suffering from *Ben Tun* is the accumulation of qi in the kidneys. *Ben Tun* arises from fear and worry. Fear hurts the spirit, and the heart stores the spirit. Worry hurts the mind, and the kidney stores the mind. When the mind is hurt, the qi accumulated in the kidneys moves up

and down, like the rushing of a pig, so it is called *Ben Tun*. Qi in the heart could also be disrupted by fear and worry. The five internal organs are unstable, and food and drink are often nauseous. Qi fills one's chest, making him crazy and restless, talking and seeing recklessly. This is a state of fear and confusion. One with a stuffy and chaotic heart would not want to hear human voices and breath extremely strong, will feel internal discomfort and pain, as well as nauseous. This is a state of worry and confusion. (夫贲豚气者，肾之积气。起于惊恐、忧思所生。若惊恐，则伤神，心藏神也。忧思则伤志，肾藏志也。神志伤动，气积于肾，而气下上游走，如豚之奔，故曰贲豚。其气乘心，若心中踊踊如事所惊，如人所恐，五脏不定，食饮辄呕，气满胸中，狂痴不定，妄言妄见，此惊恐贲豚之状。若气满支心，心下闷乱，不欲闻人声，休作有时，乍蹇乍极，吸吸短气，手足厥逆，内烦结痛，温温欲呕，此忧思贲豚之状。)

Therefore, when conducting systematic consultations on patients with *Ben Tun*, it is advisable to try to maintain a stable condition. Doctors should have a gentle attitude, gentle voice and sincere words, fully establish patients' trust, patiently listen to the patients' description of their feelings and symptoms during the attack, and further guide the patient to speak more details (such as the sound of the attack, hiccups or the smell of vomit), as well as the factors that can easily lead to *Ben Tun* attacks. In this way, doctors could dig deep into the stories behind the patient's fear or worry as much as possible, empathize with the patient, and develop a diagnosis and treatment plan and health education based on the patient's physical, psychological, and mental state.

2.4 Palpation (切诊)

Diagnosis includes two parts: pulse palpation and palpation. During the pulse palpation process, patients often adjust their breathing, close their eyes, calm their minds, temporarily set aside feelings of irritability and anxiety, and sense the doctor's focus, which helps them better cooperate with the doctor for subsequent diagnosis and treatment. Meanwhile, the doctor can use this period of silence to perceive the patient's body, spirit, qi, blood, and the condition of the five *Zang* organs (五脏) and six *Fu* organs (六腑).⁸ For instance, wiry and rapid pulse (弦数脉) in a patient with *Ben Tun Qi* may indicate "liver depression and transform into heat syndrome", suggesting that the patient might have an irritable personality. Deep and slow pulse (沉迟脉) may indicate a "yang deficiency of the heart and kidney syndrome (心肾阳虚证)", with the patient potentially exhibiting a more introverted and depressive personality. By interpreting various pulse conditions, the doctor can gain further insights into the constitution, patterns of disorders, and personality traits of patients with *Ben Tun Qi*, integrating, comparing, and analyzing this information with data collected from previous inspection, auscultation,

and consultation stages to improve the accuracy of the final diagnosis.

In practical work, besides pulse palpation, palpation is also the main way to collect patient information. In clinical practice, doctors can feel the patient's body temperature, pain areas, and other physiological indicators such as body temperature, blood pressure, heart rate, and blood oxygen by touching the muscle surface, hands and feet, epigastria region (likes to press or refuses to press), and further use instruments to improve the patient's body temperature, blood pressure, heart rate, blood oxygen, and other physiological indicators.

In the previous text of *Zhu Bing Yuan Hou Lun Juan Shi San Ben Tun Qi Hou*, it is mentioned that "the hands and feet are in a state of syncope, causing internal discomfort and pain, as well as nauseous (手足厥逆，内烦结痛，温温欲呕，此忧思贲豚之状)". *Jin Gui Yao Lue* also points out that "the *Ben Tun Qi* rushes up to the chest, causing abdominal pain... (奔豚气上冲胸，腹痛.....)". Therefore, data can be collected from patients with *Ben Tun Qi* by palpating the temperature of the hands and feet, and palpating the abdomen.

The doctor organizes and summarizes the information collected from the above four consultations, helping patients sort out and summarize their narrative ideas, forming a personalized diagnosis and treatment evaluation with TCM characteristics and comprehensive and detailed diagnosis, and reproducing it to patients and their families. This not only makes patients feel cared for and empathetic, but also plays a bridging role in communication between doctors and patients, laying a data foundation for future joint decision-making between doctors and patients.

3 Searching for causes and diagnosis

When searching for the cause of the disease, attention should be paid to the use of a holistic approach, combined with information collected from the four diagnostic methods and auxiliary examinations obtained through modern medical methods, to make a comprehensive judgment; At the same time, attention should be paid to the details in the patient's narrative, and through the empathy, reflection, and analysis of doctors, metaphors of patient pain should be excavated.¹²

Patients with *Ben Tun* often describe their feelings during an attack as follows: "Something rushes up from the lower abdomen, gets stuck in the throat, can't breathe, suffocates to death!" If during the doctor's evaluation process, it is found through the four diagnoses that the patient often wakes up during sleep and then experiences an attack, and their expression is frightened during the attack, at this point, the doctor can further respond and guide: "I can feel that you are in pain, but please rest assured that your blood oxygen levels do not fluctuate significantly each time you have an attack. I noticed that you often wake up from sleep

and have a frightened expression. May I ask if it was a nightmare? Is it something in your dream that caused you to feel suffocated?” If the patient further answers, “I have been dreaming of myself fainting from a heart attack and being taken to the hospital recently”, further questions can be asked: “I see that your heart has been doing well. Are you worried about your heart problems? What has happened recently?” The patient revealed, “Well, my cousin passed away last month due to a heart attack at the age of 52, several years younger than me.” Through the above conversation, it is not difficult to make the following judgment: “The risk of panic attacks is related to anxiety about family inherited diseases.” (Originating from real outpatient cases, this description has been fictionalized to protect patient privacy.) This case illustrates that even when a patient describes symptoms commonly seen, the doctor should not overlook or interrupt the patient’s narrative. Instead, the doctor should guide the patient to express more fully based on their individual characteristics and explore the story behind the patient’s illness.

4 Developing treatment plans

In the process of formulating treatment plans, certain characteristics of the treatment of TCM can be integrated, such as personalized treatment plans based on the patient’s own physical constitution, psychological and mental state, and changes in the external climate. At the same time, guidance can be provided in aspects such as daily life and diet, emotional regulation, medication contraindications and precautions, disease observation, and physical adjustment plans.

In the implementation process, doctors should follow the principle of “informing the patients about their diseases, building confidence in the patients to overcome their diseases, telling the patients the treatment in detail, and relieving their worries as well as other negative emotions (告之以其败, 语之以其善, 导之以其所便, 开之以其所苦).”¹³ By explaining and warning patients about the source and harm of the disease, patients can establish a correct understanding of the disease, and further guide them to pay attention to their emotions, adjust their unhealthy lifestyle, etc.

When communicating treatment plans with patients, the doctor needs to explain the advantages to enhance patient confidence, and adjust the treatment plan based on patient feedback, which is beneficial for both doctors and patients to make joint decisions and enhance patient compliance.¹⁴

During daily rounds or outpatient follow-up visits, it is important to constantly monitor the patient’s physical and mental condition, actively identify and resolve their difficulties, and further remind them to follow their medication instructions and pay attention to their medication habits. For more complex medical orders, it is also possible to communicate with nurses and adjust the way

medical orders are executed from a nursing perspective. For example, when there is a large amount of infusion, how to prescribe medical orders to minimize the number of times the infusion tube is flushed and the time for infusion and isolation is minimized, in order to minimize the discomfort caused by nursing measures to patients; Appropriate guidance and health education shall be given to patients during the remission period and before discharge, such as the living in harmony of nature and man in TCM (such as the rising and lying time should comply with the four seasons), the concept of diet, self-psychological construction, disease prevention and adjustment, post disease care, TCM health care methods, etc., so that patients feel their physical and mental pain is listened to, responded to, so then promote harmonious doctor-patient relationship.

During hospitalization, as the condition changes, the patient’s emotions will also change accordingly. If the patient’s condition of *Ben Tun Qi* lasts for a long time and the symptoms do not improve, they may continue to experience symptoms such as low mood and depression. It is necessary to use the four diagnostic methods to collect data, actively re diagnose the patient, and develop and implement diagnosis and treatment plans based on the latest diagnosis, providing timely care to the patient. If, during the implementation process, the emotions of the patient with *Ben Tun Qi* are successfully paid attention to, empathized with, and actively mobilized, it will also be beneficial for the recovery of the disease, overcoming the painful situation, and establishing a sense of belonging between the doctor and the patient.

5 Conclusion

In summary, during the diagnosis and treatment of *Ben Tun Qi*, the practice of narrative medicine enables doctors to fully attend to the patient’s feelings, needs, and emotions, helping them gain a more comprehensive understanding of the patient’s condition and thereby providing more precise treatment based on pattern differentiation. The application of narrative medicine not only effectively alleviates the patient’s emotional fluctuations but also strengthens their confidence in the treatment, promoting overall physical and psychological recovery.

The clinical practice of narrative medicine of TCM, due to its humanistic ideas of “benevolence” and “great medical sincerity”, the overall concept of “unity of heaven and humanity” and “unity of form and spirit”, as well as unique TCM diagnosis and treatment methods, enables doctors to pay more attention to the patient’s pain, symptoms, feelings, and emotional changes in various aspects, achieve personalized treatment, and make patients feel concerned and empathetic throughout the entire diagnosis and treatment process, so as to be beneficial for reducing negative emotions in patients, establishing confidence in the disease, breaking down the barrier

between doctors and patients, and achieving doctor-patient belonging.

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Ethical approval

This article does not contain any studies with human or animal subjects performed by either of the authors. Informed consent for publication was waived because of anonymity.

Author contributions

WANG Zixu conducted the research and contributed to the writing of the paper, while LIU Yipin was responsible for drafting the manuscript.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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New Ideas in Narrative Practice for Mind and Body Healing

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Abstract

To enrich the specific methods of narrative clinical practice in Chinese medicine and stimulate the innovation of narrative medicine practice in China, we advise that medical professionals should integrate theories and treatments related to acupuncture, massage and positive psychology into their narrative medicine practice, taking into account the current state of clinical practice of acupuncturists and the importance of positive emotions in the field of psychology. This paper elucidates the value of combining acupuncture, massage, and positive psychology from the perspectives of mechanisms and clinical correlations, highlighting their impacts on patients' physical and mental health. To promote the integration of positive psychology with acupuncture and massage, it is proposed to refine the understanding of the efficacy of acupuncture points and develop theories on stimulating positive psychology in acupuncture and massage further more.

Keywords: Positive psychology; Acupuncture; Development; Integration

1 Introduction

Acupuncture and massage therapy have the effect of activating the meridians and collaterals, regulating yin (阴) and yang (阳), supporting the positive, and dispelling the evil.¹ The theory of acupuncture and massage is suitable for improving the practice of contemporary mind-body healing. For example, acupoint pressing is helpful to the body and mind of patients with early stroke hemiplegia.²

Post World War II, psychology concentrated on human problems in its research and clinical therapy. In 1998, Martin Seligman, the chairperson of the American Psychological Association, put forward a novel field of psychology called positive psychology. The advent of

positive psychology has rectified the imbalance in the development of psychology and advocated for the exploration of human strengths and virtues, the emphasis on human resilience, the construction of a fine life, and the realization of the value of healthy individuals. As a new wave of psychological research, it perfects the established field of classical psychological researches. Currently, the theory and methods of positive psychology are relatively mature and well-developed. A practical framework that fosters well-being and research tools suitable for the Chinese people has been developed.

In 2001, Rita Charon from Columbia University systematically proposed "narrative medicine". Narrative medicine stipulates that healthcare practitioners should pay attention to the physical and mental well-being as well as the living conditions of patients, and aims to boost treatment efficiency, forge doctor-patient relationships and re-establish doctor-patient trust through narrative practices. After 2011, narrative medicine started to develop rapidly in China. Chinese scholars are devoted to the localization of narrative medicine practices and attach significant importance to integrating theories from multiple disciplines to form a narrative medicine clinical practice model that promotes the physical and mental health of patients. The essence of the construction of narrative medical practice mode in China is to construct an integrated medical communication model. In this process, acupuncture and moxibustion technology and positive psychology pay attention to the physical and mental health of patients, and can be integrated into the process of medical communication. Therefore, it is proposed to pay attention to and think about the integration of the three disciplines, so as to improve the practice mode of

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narrative medicine and form a communication process with more physical and mental therapeutic effects.

2 The integration of acupuncture and massage techniques evoking a positive psychology in patients

Studies have indicated that acupoint stimulation can not only alleviate physical symptoms such as insomnia and vomiting, which are common in psychosomatic disorders, but also improve patients' emotional states. Stimulation of acupuncture points can generate bio-active compounds that promote the formation of positive emotions. Extensive researches by positive psychologists have revealed that increasing the levels of dopamine, serotonin, oxytocin, and endorphins, and inhibiting the activity of the amygdala, can regulate emotional states, resulting in positive emotions.³⁻⁵ Acupuncture treatments have been shown to activate a wide range of neuroendocrine regulatory functions centered on the skin-brain-axis, increasing the levels of dopamine, serotonin, endorphins, and oxytocin in the body, suppresses the activity of the amygdala, thus modulating mental processes.⁶⁻⁸ For example, in terms of increasing dopamine, some scholars found that acupuncture on Zusanli (ST36) and Shousanli (LI10) of mice can effectively increase the dopamine secretion of mice;⁹ acupuncture on patients' Baihui (GV20), Yintang (GV24+), Shenmen (HT7), Sanyinjiao (SP6), Xinshu (BL13) and Shenshu (BL23) can raise the dopamine level of patients.¹⁰ In terms of uplifting serotonin, some scholars have suggested that electroacupuncture on Guanyuan (CV4), Zhongji (CV3), Sanyinjiao (SP6) and Huiyang (BL35), or wheat grain moxibustion on Dazhui (GV14), Mingmen (GV4), Shenshu (BL23) and Pishu (BL20) can increase serotonin levels in rats.^{11,12} Meanwhile, the results of some clinical studies argued that acupuncture on patients can carry patients' serotonin to a higher level.^{13,14} It has been suggested that the mechanism by which acupuncture improves depression through increasing the patient's plasma levels of monoamine transmitters (serotonin levels and norepinephrine).^{15,16} Acupuncture (which can be combined with other drugs) can reduce pain by increasing endorphin. Vietnamese scholars use Jianyu (LI15), Jugu (LI16), Jianliao (TE14), and Tianzong (SI11) as acupuncture points for treating humeroscapularis (PHS) with bee venom 0.0025 mg/kg, and proved that the treatment plan has better clinical effectiveness in reduced pain, improved motor function and normalized inflammatory cytokines than current therapy used in Vietnam.¹⁷ Wei Li has demonstrated through research conducted in China that Wrist-ankle acupuncture-moxibustion and hot compression with Chinese herbal medicine could effectively alleviate the pain of cervical radiculopathy patients, affect endothelin-1 and calcitonin gene-related peptide concentrations, promote the

recovery of cervical function, and improve the quality of life.¹⁸ As for increasing oxytocin levels, some scholars figured that the mechanism by which acupuncture at Neiguan (PC6) and Shenmen (HT7) improves anxiety in rats with chronic stress may be related to the fact that acupuncture up-regulates the expression of oxytocin in the hypothalamus;¹⁹ some scholars reckoned that transcutaneous electrical acupoint stimulation can prevent the decline of oxytocin in children with autism.²⁰ In addition, scholars have found that acupuncture points such as Baihui (GV20), Shenting (GV24), and Shenshu (BL23) (bilateral) can modulate the expression of amygdala in rats with post-traumatic stress disorder.²¹

Rich experience of Mind-body treatment is contained in the practice of acupuncture and massage. In ancient times, there were cases of medical practitioners treating emotional disease by tonifying yang through moxibustion.²² Domestic and foreign Clinical studies have found that treatments involving acupuncture can improve adverse psychological states such as depression and anxiety. In a study of acupuncture for fecal incontinence in Singapore, researchers found that acupuncture can reduce the incidence of depression.²³ In a study of acupuncture for postpartum depression (PPD) patients in China, researchers found that acupuncture could alleviate depressive symptoms of patients with PPD.²⁴ In a study of acupuncture for patients with frequent tension-type headache in Germany, researchers found that acupuncture and the combination of acupuncture and medical training therapy elicit positive effects on depression, anxiety, quality of life, and symptom intensity in patients with episodic and chronic tension-type headache, and Acupuncture appears to play a central role in mediating the therapeutic effects.²⁵ Zhao Jimin (赵吉民) began to increase measures that can make patients have positive emotions in the process of acupuncture and moxibustion in 1988. Before giving acupuncture treatment to patients with functional paralysis, he shares cured patients' photos and displaying photos and videos of the treatment process, which can enhance patients' sense of hope and meaning regarding the treatment.²⁶ In the current acupuncture operation requirements, before the treatment, the doctor should resolve the patient's doubts through thorough communication, dispel fears related to the disease and acupuncture, and enhance the proactivity and sense of hope for the treatment. During acupuncture remedy, the physician will relieve the patient's nervousness using the speculation points (with the hand near the acupuncture point to explore the pressure point). Finally, guidance will be given to the patients to close his eyes in order to rest his mind, advising them to focus on their treatment without distractions. Patients are encouraged to imagine themselves in a serene and beautiful environment to enhance the treatment's effectiveness. In the end of the treatment, the physician will help patients perceive the changes in their symptoms and

provide health education, further increasing patients' hope and confidence in the treatment.²⁷

3 Positive psychology synergize with acupuncture and massage to achieve mind-body healing

3.1 Stimulating patients' positive emotions with the theories and tools of positive psychology

Positive psychology can be used to establish the theoretical foundation for mind and body therapy, and can also guide acupuncture physician or narrative medicine practitioner think about patient's psychological adjustment goal. In contrast to traditional psychology, positive psychology enhances personal and life quality by enabling people to possess virtues, utilize their character strengths and achieve subjective well-being.²⁸ The school of positive psychology believes that people are born with certain strengths and virtues. And they summarise six core virtues and 24-character strengths which are common in all human beings and play an important role in improving personal quality and quality of life. The six core virtues comprise wisdom, humanity, temperance, courage, justice and transcendence.²⁹ The advantages of character are positive personality traits that are reflected in the individual's cognitive, emotional, and behavioral dimensions, which are the psychological processes and mechanisms through which individuals acquire virtues. Character strengths conducive to having wisdom are creativity, curiosity, thoughtfulness, studiousness, and insight; character strengths conducive to having courage are integrity, bravery, resilience, and vigour; character strengths conducive to having humanity are kindness, love, and interpersonal intelligence; character strengths conducive to having justice are fairness, leadership, and civic spirit; character strengths conducive to having temperance are tolerance, humility, prudence, and self-norms; character strengths conducive to having transcendence are appreciation, gratitude, hope, humour, spirituality. Scholars have explored the relationship between patients' personalities and their quality of life, and suggested that personalities such as enthusiasm, hope and gratitude can help patients have a better life.³⁰

In addition, positive psychology not only clarifies the formative elements of subjective well-being (positive emotions, commitment, interpersonal relationships, meaning and achievement), but also forms a series of methods to improve people's subjective well-being which are based on the three levels, subjectivity, individual and group. It could be utilized for positive emotional experience such as positive emotional experience gratitude, heart flow experience, savoring, positive thinking, and meditation practice; for positive thinking intervention such as optimal self-imagination, hope therapy, happiness therapy; for positive relationship intervention such as positive relationships, positive communication,

kindness deeds, and positive response which are used to treat mental illness. A series of studies have proved that the therapies of positive psychology can effectively improve the physical and mental state of patients, as well as bringing positive emotions and state of mind, increasing the sense of well-being of patients, and even contributing to the improvement of neurological functioning and the enhancement of the ability to perform daily life.³¹⁻³³

3.2 Promoting the inheritance and development of traditions of TCM clinical service

Positive psychology and acupuncture have their own focus on the treatment of mind and body, but both of them emphasize the importance of tapping into and utilizing the potential positive forces of people. The combination of acupuncture and positive psychology can help acupuncturists to practice the concept of health medicine, and to improve and maintain people's health by harmonizing the mind and body.

The interventions of positive psychology for mental, physical, and psychological disorders can inspire doctors to improve their treatment plans. After understanding the results of positive psychology research, doctors will pay more attention to analyzing, grasping, and stimulating the positive elements of patients' body and mind in the therapeutic decision-making of physical and mental illnesses, and think more about it and adopt acupuncture theories and techniques that can increase the patients' sense of well-being in the treatment. For example, acupuncturists will pay more attention to maintaining the tranquility of the clinic, and will prompt or assist patients to meditate or fall asleep during acupuncture. Positive psychology research has found that meditation and getting enough slumber can increase vagal tone and positive emotions.³⁴

In addition, positive psychology's approach to the generation of flow can help young acupuncturists "stabilize the mind" and "keep the mind on the needles". *Ling Shu Zhong Shi* (《灵枢·终始》 *The Spiritual Pivot: The End and Beginning*) requires that when needling, the acupuncturist should first "concentrate on one mind and one spirit, separate the essence from the qi, and do not listen to human voices in order to collect their essence, and must unite their minds to keep their minds on the needles". Sun Simiao (孙思邈) from the Tang dynasty emphasised in his book *Bei Ji Qian Jin Yao Fang* (《备急千金要方》 *Essential Prescriptions Worth a Thousand Gold Pieces for Emergencies*): "Whenever a great doctor treats a disease, he must stabilize the mind, have no desire and no demand, and first develop a heart of great kindness and compassion, vowing to save the sufferings of the souls in the world (凡大医治病, 必当安神定志, 无欲无求, 先发大慈恻隐之心。誓愿普求含灵之苦.....)." Acupuncturists were asked to hold their breath and concentrate on the patient's mental state, micro-expressions,

complexion, immediate results, and to appreciate the patient's emotions, flexibly increasing or decreasing the number of acupuncture points accordingly, to adjust the discomfort of the treatment process and to ensure the therapeutic effect. The state of "stabilizing the mind" and "keeping the mind on the needle" are similar to the state of "flow" in positive psychology. Flow is one of the core topics in the field of Positive Psychology, and refers to a state of complete physical and mental involvement in an activity or task, where time stops or a state of oblivion occurs. During this process, one develops a sense of well-being.³⁵ When the goal of the task is clear and meaningful, the person has a sense of control over the task. The feedback from the task can be immediate, the person's attention is focused and the difficulty of the task matches the individual's skills, it is easier for the person to be fully engaged in what is going on, to bring out his or her strengths, and to enter into a state of blissful flow.³⁶ Scholars believe that doctors entering the state of Flow can not only improve the successful rate of safeguarding operations, but also form a benign atmosphere, bringing positive emotions to doctors and avoiding slackness in work.³⁷ Acupuncturists can learn and understand the concept of "flow" and the way to generate it, which can help them to firmly believe the necessity of "concentrating on one's mind" during the acupuncture period, and to master the method of entering into the state of "concentrating on one's mind", so that they can consciously remove the obstacles to their flow.

In addition to refining acupuncture treatment protocols and improving practitioners' performance, positive psychology theories and methods can also refine the content and methods of communication between acupuncturists and patients with physical and mental illnesses. Stimulating a sense of meaning is one of the key concepts of positive psychology interventions. It has been found that allowing patients to regain meaning in their lives helps patients to reduce psychological trauma and inhibit health risk behaviors,³⁸ and is expected to increase medical compliance and reduce the rate of suicide due to illness. By incorporating positive psychology values and methods into medical communication, acupuncturists will place more emphasis on discussing with patients the impact of the current illness on their sense of meaning in life, and use meaning-making to increase the patient's sense of life, their sense of meaning in the current treatment, and to guide behaviors conducive to a healthy and harmonious relationship. For example, after emphasizing the clinical value of treatment for patients, acupuncturist can help patients realize that good and bad things are a part of life through stories, and combine the stories of role models to encourage patients to pursue dreams, to appreciate what they have, and to do their best to take care of the people around them (such as participating in volunteer activities in nursing homes, orphanages, etc.), thereby avoiding the impact of

the disease on the patient's sense of meaning in life.³⁹⁻⁴¹ In addition to exploring the sense of meaning in medical interactions, acupuncturists can also use positive emotional interventions (e.g. asking patients to recall happy events, thankful events, and successes in overcoming difficulties, etc.) to allow patients to construct a positive emotional experience and confidence in facing the current affliction and to improve their psychological resilience. Psychological resilience, also known as psychological adaptability, psychological toughness, or psychological resilience, refers to the ability of people to effectively cope with and maintain their psychological health in the face of setbacks, pain, or catastrophes, or the ability of people to grow after experiencing trauma.⁴² People with lower levels of psychological resilience are prone to post-traumatic stress disorder, depression, anxiety, and somatic complaints when experiencing stress and trauma.

In addition, acupuncturists will place more emphasis on interactions with patients' families. With the emphasis of positive psychology on the value of positive interpersonal relationships, acupuncturists are more likely to create an environment that helps patients recover, by actively interacting with patients, their family and friends and increasing positive emotional feedback among them.

4 Suggestions about "acupuncture and massage plus positive psychology"

Combining acupuncture with positive psychology can not only emphasize the importance of concepts like "Zheng Qi" (正气 healthy qi), "Yang Qi" (阳气 substances and energy in the human body that have functions such as dispersal, warming, excitation, and propulsion), and "Shen" (神 the supreme commander of all life activities) in the theory of mind-body acupuncture treatment, but also improve the understanding of the effects of acupoints. Currently, there are few descriptions of the effects of acupuncture points on positive emotions. If positive psychology and acupuncture are integrated and researched, it will be necessary for scholars to explore and improve the descriptions of the effects of acupoints.

When excavating and summarising acupoints with positive psychological effects, it is recommended to firstly focus on acupoints with the word "Shen" or key acupoints for treating qi disorders. Some scholars suggest that Shenmen (HT7), Shenque (CV8), Shendao (GV11), Shentang (BL44), Shenfeng (KI23), Shencang (KI25), Shenting (GV24), Benshen (BG13), and Sishencong (EX-HN1) are all closely related to the human spirit and willpower.^{43,44} As the key points of regulating qi, Baihui (GV20)^{45,46}, Taichong (LR3)⁴⁷, Neiguan (PC6)^{48,49} have been studied to prove their value in the treatment of emotional diseases.

Given the similarity between *Yang Qi* and positive psychological factors, it is suggested to exploring whether

stimulating Governor Channel acupoints can produce positive psychological effects. The Governor Channel is closely connected to the brain and is known as the “*Yang Mai Zhi Hai* (阳脉之海 leading the sea of all, uniting the *Yang Qi* of the body)”. According to views of “conducting yang from yin, conducting yin from yang (从阴引阳, 从阳引阴)”, we should also use some acupoints of Conception Channel which is “*Yin Mai Zhi Hai* (阴脉之海 leading the sea of all, uniting the *Yin Qi* of the body)”. Besides that, research on *Jing* point (井穴 one of the five *Shu* points 五腧穴) should also be emphasized. Acupuncture at the *Jing* point⁵⁰ is a common method for invigorating yang. *Jing* point are located at the extremities of the hands and feet, marking the beginning of the twelve regular meridians, the source of qi and blood in meridians, and the origin of *Yang Qi*.

For positive psychology itself, the incorporation of acupuncture treatment methods is a process of localizing the theory and practice of positive psychology in China. Methods such as acupoint pressing and moxibustion are simple and easy to learn, making it convenient for psychology professionals to use and allowing patients to stimulate positive emotions during consultations or self-care. Some scholars have already combined acupoint stimulation with psychotherapy, demonstrating the advantages of this combination.⁵¹⁻⁵²

5 Conclusion

For an extended period, the research on the doctor-patient communication model was disease-oriented, with the aim of comprehensively collecting information to formulate precise diagnosis and treatment plans and encouraging patients to implement the treatment plans with high quality. After the introduction of narrative medicine to China, the research on the doctor-patient communication model not only attained a new zenith but also shifted its focus to being people-centered, placing greater emphasis on how communication can promote the mind and body well-being of all individuals involved in the medical process. To inspire and facilitate the improvement of the practice model of narrative medicine in China, drawing inspiration from the development orientation of American psychology, it is proposed that narrative medicine in China should intensify its focus on and stimulation of the positive psychological capabilities of patients rather than merely concentrating on the elimination of patients' negative emotions. To fulfill the goal of stimulating positive emotions and promoting mind and body health, it is suggested that under the guidance of acupuncture and massage science and positive psychology, the utilization of body language in doctor-patient communication can be augmented, such as conducting acupoint stimulation operations, and reshaping the communication script of physicians or guiding real communication conversations with the orientation of stimulating positive psychology. Based

on the characteristic of narrative medicine's concern for the physical and mental health of multiple parties, the acupoint stimulation operation can be that medical staff guide patients to press the acupoints themselves, or medical staff assist patients in kneading the acupoints, or medical staff knead their own acupoints.

In conclusion, it is feasible and valuable to integrate acupuncture and positive psychology theories into Chinese narrative medicine. In doctor-patient communication, the fusion of these two disciplines is a fusion of innovative interventions that improve the content of verbal communication and also focus on non-verbal behaviors in communication. Proposing this combination does not negate the value of traditional psychological intervention methods for mind-body treatment, nor does it deny the necessity of acupuncture treatment for negative emotions. Instead, it identifies and utilizes the shared values and practical opportunities of both fields. The combination of acupuncture and positive psychology is expected to innovate academic theories and improve clinical efficacy, to increase patients' sense of benefit and satisfaction, to enhance the physical and mental health of people, and to inspire cross-innovation between Chinese medicine, ethnomedicine, and positive psychology.

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

Author contributions

HAN Ying was responsible for the review of acupuncture and massage related content, supervised the whole research process; LIU Ren proposed ideas, constructed the paper framework, led and participated in the paper writing; ZHANG Xiacong was responsible for the review of the whole paper, especially the content related to psychology; WANG Yiming participated in the literature search and manuscript writing. OU Chengying is responsible for the content improvement, language polishing and reference format modification of Chapter 1 and Chapter 2; XIE Shunyi is responsible for the content improvement, language polishing and reference format modification of Chapter 3; WEN Baosen is responsible for the content improvement, language polishing and reference format modification of Chapter 4 and Conclusion.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Traditional Chinese Medical Cases and Its Role in Pedagogy: A Narrative Analysis

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Abstract

Narrative medicine has gained significant attention in recent decades. The similarities between “parallel charts” and “medical cases” in traditional Chinese medicine (TCM) primarily lie in their authenticity. However, they differ in structure and narrative methods. Furthermore, medical case teaching is a prevalent pedagogical approach in TCM education that practitioners must master. This study explores the connection between TCM medical case teaching and narrative medicine, and concludes that the evolution of modern TCM case teaching aligns with the international standards of narrative medicine while integrating key TCM characteristics to enhance its value. This approach is essential for fostering humanistic sentiments, empathy, and reflective capabilities among future well-rounded TCM practitioners.

Keywords: Parallel chart; Medical case teaching; Narrative medicine; Traditional Chinese medicine; Overview

1 Introduction

As a method of teaching, medical cases (医案) have run through the development history of traditional Chinese medicine (TCM). The popularization of TCM medical case teaching overseas has achieved recognition in recent years. Based on the cultural background, Chinese people may understand TCM medical case teaching more easily, but it is completely different for foreigners with various cultural backgrounds. Therefore, it remains challenging for foreigners to accept TCM medical case teaching. To address this situation, it is necessary to reduce the incomprehension caused by cultural differences. If a concept can help foreigners understand TCM medical case teaching, it will make great contributions to the promotion of TCM teaching. Fortunately, narrative medicine brings the world a bridge to TCM medical cases.

The concept of “narrative medicine” was formally proposed by Rita Charon, a physician at Columbia University in the United States, in 2001. It first appeared in *Narrative medicine: form, function, and ethics*.¹ It refers to improving the understanding, empathy, and

affinity of doctors to patients and their reflections on their own act of medical treatment by cultivating the narrative ability of understanding, interpretation, and feedback of clinicians. The core lies in empathy and reflection.² The parallel chart is a way to introduce the concept of narrative medicine into clinical medicine. It requires medical students to record a patient’s experience and subjective feelings about diseases and write them down in a “non-technical” manner. As a humanistic record, it provides a reference for doctors to understand patients and reflect on medical practice which is to describe the process of disease treatment from the perspective of narration.³ Writing parallel medical records is one way to practice narrative medicine.

In the traditional Chinese culture, benevolence (仁) is the focus of Confucianism. It is also the core of the Chinese medical humanistic spirit. Since ancient times, TCM has had medical case teaching as the most common and important teaching method for centuries. Medical cases served as a record of the process of disease diagnosis and treatment, as well as the thinking and understanding of pattern differentiation (辨证) for treatment, methods, prescriptions, care, and interaction with patients. In medical cases, patients are not just names; they are real characters in the story. They have their own emotions, and doctors should pay attention to a whole person. They are also true people, rather than the word “informed patients and their families”. Thus, similarities exist between Chinese medical cases and narrative medicine parallel charts. This paper presents an overview of narrative medicine in China and its historical development, examples of ancient TCM medical cases, what modern readers can learn from them, the relationship between the teaching of TCM and narrative medicine

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from the perspective of their characteristics, and a comparison between parallel charts and medical cases.

2 Characteristics of narrative medicine

The purpose of medicine is to cure patients and to save their lives. Treating patients is not only healing patient's body. Diseases are not the only enemies in the treatment process. We should not only focus on pathological characteristics of patients, but also try to understand patients' feelings, empathize with them and fully communicate with them. Patients generally lack professional medical knowledge, which may lead to unrealistic requirements for their doctors. If doctors cannot understand patients and communicate well, it may lead to conflicts between doctors and patients, even endangering the personal safety of doctors. Doctors may become wary of patients, thus resulting in lacking trust in the doctor-patient relationship. In this situation, the concept of "narrative medicine" came into being.⁴

This concept, proposed by Rita Charon, is mainly intended to supplement for the shortcomings of modern biomedical models, which lack medical humanism. As Rita Charon believes, narrative medicine is "a medical practice with narrative ability, which can absorb, explain and be moved by the story of disease".¹ The core of narrative medicine is empathy and reflection, that is, doctors' understanding, empathy, affinity to patients and reflection on their own act of medical treatment.² Narrative medicine is people-oriented. It respects the "story" about the disease told by patients, understands patients, sympathizes with patients, and makes effective clinical decisions for patients. It can improve the relationship between patients and doctors and help restore trust in the doctor-patient relationship.

The goal of narrative medicine is to eliminate the divergence between doctors and patients in the medical process through communication in order to improve the treatment effect. As a bridge of communication, narrative medicine has five characteristics.⁵

The first characteristic is timeliness. Philosopher Paul Ricoeur believes that narrative cannot be separated from time; on the contrary, time cannot be separated from narrative. The medical treatment of patients' diseases is essentially a race against time. It takes time for doctors to listen to patients, think about appropriate medical measures, and wait for the necessary examination results. It takes time to provide hospice care even for patients with a terminal diagnosis. Timeliness is the basis for most medical treatment.

The second characteristic is uniqueness. Doctors tend to ignore the personalities of patients as independent individuals and pay more attention to the common characteristics of diseases among different patients. But patients with the same disease are independent individuals with different personalities. Narrative medicine focuses on and emphasizes the uniqueness of each

patient. During practicing this view, doctors combine the commonness of patients' diseases with their respective personalities to obtain the best medical treatment.

The third characteristic is causality. By sorting out the sequence of the stories described by patients, understanding the causes of the events, and looking for relationships between different events, patients' descriptions of the disease can be changed from chaotic fragments into a story with obvious cause-and-effect relationships. Through careful analysis and diagnosis, the whole process of disease occurrence can be deduced to expose the deceptiveness of diseases and can thereby be treated more effectively.

The fourth characteristic is intersubjectivity. The concept of "intersubjectivity" was first proposed by Edmund Gustav Albrecht Husserl in *Cartesian Meditations* published in Paris in 1931. It is a prominent category in Western philosophy in the 20th century. The main purpose is to study or regulate how a subject interacts with another that operates as a complete subject. The process of narrative and listening in narrative medicine is the process of interaction between one subject and another. In medical practice, doctors and patients understand and empathize with each other. This intersubjectivity is generated in the discourse. Based on listening to patients' narration, the emotional narration can bring about a harmonious doctor-patient relationship, and doctors' listening can exchange patients' trust.

The fifth characteristic is ethics. Narrative medicine urges doctors to think about how to communicate with patients, the reasons to implement these medical measures, and how to gain the trust of patients. By considering these issues, doctors can obtain a sense of mission and identity for their profession.

In China, the concept of narrative medicine has not been popularized among clinical medical students. Yi Yao et al.⁶ sorted out the cognition of medical students in Quzhou Hospital of TCM on narrative medicine through questionnaires to explore the feasibility of applying narrative medicine practice to medical students in domestic medical practice education. Among the 116 medical students surveyed, 62% said that they did not understand narrative medicine at all, mainly because there were no relevant courses offered in undergraduate colleges; 13.7% of the respondents had a preliminary understanding of narrative medicine and obtained information from relevant domestic magazines; and 24.1% of the interviewees were clear about the concept of narrative medicine and recognized that narrative medicine was related to improving the status quo of doctor-patient communication (Table 1). Such students mainly learned theoretical knowledge of narrative medicine from reading relevant domestic and foreign magazines and participated in off-campus medical conferences to obtain more relevant clinical experience.

In summary, narrative medicine takes empathy and reflection as its core, establishes a bridge between

Table 1 116 medical students' understanding of narrative medicine[n(%)] (source with permission from: Investigation and research on medical students' narrative medical cognition⁶)

Understanding of narrative medicine	Distribution
Clear about the concept of narrative medicine	28 (24.1%)
Have a preliminary understanding of narrative medicine	16 (13.7%)
Do not understand narrative medicine at all	72 (62.0%)

doctors and patients, and plays an important role in medical clinical practice education. However, Chinese medical students generally do not understand the importance of narrative medicine in clinical practice education. Therefore, a method to help Chinese medical students understand narrative medicine is necessary. TCM medical cases can also play a role.

3 The origin of TCM medical case teaching

TCM always considers humanistic care as a major consideration, and medical cases are the specific performance and important carriers of narrative medicine's connotations in TCM. The stories about how Bian Que (扁鹊), a famous doctor of the Spring and Autumn period, practiced medicine recorded in *Shi Ji Bian Que Lie Zhuan* (《史记·扁鹊列传》 *Historical Records: Biography of Bianque*), are the earliest complete medical cases recorded so far.

It was not until modern times that TCM medical cases were systematically taught. TCM students, or apprentices, usually learned everything from their *Shi Fu* (师傅 master), who was their only teacher in the old days. Besides learning TCM classics such as *Shang Han Za Bing Lun* (《伤寒杂病论》 *Treatise on Cold Damage and Miscellaneous Diseases*), following *Shi Fu* treating patients was also an important way to study. The records about how *Shi Fu* treating patients written by students were TCM medical cases which could be used to teach others when students became *Shi Fu*.

The Song dynasty was a period of rapid development in medical science in China. The Song dynasty government paid more attention to the development of medicine, and TCM medical case teaching reached a higher level than before in the Song dynasty. The government set up the Proofreading Medical Books Bureau (校正医书局) to revise medical books, and the invention of printing technology enabled medical books to be printed and circulated widely.

At that time, famous doctors emerged in an endless stream. They demonstrated their strengths and carried their schools forward. The writing and accumulation of medical cases have been widely valued by doctors and have become one of the contents of students in the national medical official examination. During the Song dynasty, the Imperial Medical Bureau paid significant

attention to the training of medical students' actual medical skills. The third examination each year was "three fictitious cases (假令病法三道)". In fact, the Senior medical students also undertook the task of treating diseases for other students of the Imperial College (太学) and the soldiers. The treatment process and results were recorded on the official uniform printing paper according to uniform specifications. This led to a significant increase in the number of medical cases. The earliest existing medical record monograph in China is *Shang Han Jiu Shi Lun* (《伤寒九十论》 *Ninety Discussions on Cold Damage Disorders*) written by Xu Shuwei (许叔微), who was the first Chinese doctor to publish a book of his medical cases.⁷ From then on, an increasing number of Chinese doctors started to share their experiences by publishing their own medical cases.

Subsequently, TCM medical cases became increasingly standardized. By reading different doctors' medical cases, we can learn about the clinical thinking and direction of treatment based on syndrome pattern differentiation of different TCM schools.

Nowadays, the TCM teaching no longer takes the shape of apprentices following *Shi Fu*, but the core content is still the combination of classics and medical cases. It integrates each medical case into a textbook with different courses as a case explanation.

4 Narrative medicine and TCM medical cases

As an intuitive expression of TCM, medical cases include the records of doctors' diagnosis and treatment of patients' diseases, pattern differentiation analysis, curative effects, etc. In addition, there are descriptions of patients' experiences, social environments, surrounding interpersonal relations, and psychological status, which reflects narrative medicine in TCM. TCM medical cases are not simple records of clinical symptoms, signs, and patterns, but narrative records of the entire process of disease diagnosis and treatment which are also mixed with the thinking and discussion of the recorder.⁸ So clues of recorders' subjective thinking and discussion could also be found in the cases. The essence is the reflection and progress of doctors on their own pattern differentiation and treatment process, methods, and prescriptions.⁹ In the medical cases, patients revealed their emotions of own joy, anger, sorrows and happiness, and these emotions could help doctors better understand patients and better reflect the concept of narrative medicine.¹⁰

There exist differences between parallel charts and TCM medical cases, such as the fact that the patient also writes about their experience in the parallel chart, and TCM cases may have been written by a historian or a student, not necessarily by the doctor who was treating.

As for how to write medical records of TCM, Yu Chang (喻昌) at the edge of the Ming and the Qing

dynasty wrote in *Yu Yi Cao* (《寓意草》 *Draft on Medical Cases*) in details:

“For a proper medical case, you should record the year, the time, the location, the name and age of the patient. How does he/she look like? Is he/she tall or short, fat or thin? How about his/her complexion? Is his/her skin color black or white, dry or smooth? How about his/her voice? Is his/her voice clear or cloudy? Is his/her breath long or short? How about his/her emotions? Is he/her happy or upset? When did the disease begin? What about the order and efficacy of drugs? When is the disease more serious, during the day or night? Which is more, heat or cold? How about the diet? What about defecation? How about the pulses?...At this moment, everything must be explained in detail. The descriptions could be not vivid and rich, but detailed and accurate. (某年某月, 某地某人, 年纪若干, 形之肥瘦长短何, 色之黑白枯润若何, 声之清浊长短若何, 人之形志苦乐若何, 病始何日, 初服何药, 若次后再服何药, 某药稍效, 某药不效, 时下昼夜孰重, 寒热孰多, 饮食喜恶多寡, 二便滑涩无有, 脉之三部九候.....一一详明. 务令纤毫不爽, 起众信从, 允为医门矜式, 不必演文可也。)”¹¹

This example mentioned above depicted not only the format of description of patients but also detailed differentiation process of disease pattern and basis for doctors to make decisions which are called *Bian Zheng Lun Zhi* (辨证论治 treatment based on pattern differentiation) in TCM medicals cases. For a narrative, the main requirement is to be detailed and accurate. The description is not necessarily vivid, but must be accurate. TCM medical cases aim at teaching students how to treat similar diseases in the form of medical records with former doctors' thinking. This is also a difference in the structure and narrative methods between TCM medical cases and parallel charts. Compared with regular formatted medical cases, parallel charts focus more on the empathy between doctors and patients, and their descriptions are more vivid and rich.¹² However, the process of subjective thinking about how to treat patients and the basis for making treatment decisions are often lacking. This is harmful to TCM teaching, and it is difficult for students to understand how to treat patients. Therefore, TCM medical cases are more suitable for teaching than regular formatted medical cases, and it is important to implement the integration of TCM medical cases and narrative medicine worldwide.

Several medical cases are listed below to support this view.

4.1 Qian Yi's medical cases

“Someone in Luoyang (洛阳) surnamed Zhang had a grandson, who had a disease due to lung heat. Some doctors used *Xi Jiao* (犀角 Cornu Rhinocerotis), *Zhu Sha* (朱砂 Cinnabaris), *Long Nao* (龙脑 Borneolum), *She Xiang* (麝香 Moschus), and *Sheng Niu Huang* (生牛黄 Calculus Bovis) to treat him for a month, but the child was not cured. He coughed, had dyspnea, palpitation, choking sensation in the chest, could not stop

drinking water, and could not eat anything. A doctor surnamed Qian used *Shi Jun Zi* (使君子 Fructus Quisqualis) and *Yi Huang San* (益黄散 Qi-boosting Yellows Powder) to treat the child. Zhang asked, ‘He already suffers from heat, why do you use interior-warming medicines? Other doctors used herbs cold and cool in nature to fight heat for a month and did not work.’ Qian said, ‘If herbs cold and cool in nature have been taken too long time, patient’s spleen will be too cold to eat food. The child cannot eat due to spleen weakness, so the spleen should be nourished. After he can eat food again, purge his lungs. Then he will be cured.’ After taking medicines that nourished the spleen, the child wanted to eat. Qian used *Xie Bai San* (泻白散 White-Draining Powder) to purge the lungs, and the patient was cured. Zhang asked, ‘Why didn’t he develop deficiency?’ Qian answered, ‘I nourished his spleen first, then purged his lung, and that’s why the child didn’t develop spleen deficiency’. (东都张氏孙九岁, 病肺热, 他医以犀、珠、龙、麝、生牛黄治之, 一月不愈. 其症嗽喘闷乱, 饮水不止, 全不能食. 钱氏用使君子、益黄散. 张曰: 本以热, 何以又用温药? 他医用凉药攻之, 一月尚无效. 钱曰: 凉药久则寒不能食, 小儿虚, 不能食, 当补脾, 候饮食如故, 即泻肺经, 病必愈矣. 服补脾药二日, 其子欲饮食, 钱以泻白散泻其肺, 遂愈. 张曰: 何以不虚? 钱曰: 先实其脾, 然后泻肺, 故不虚也。)” (Fig. 1)

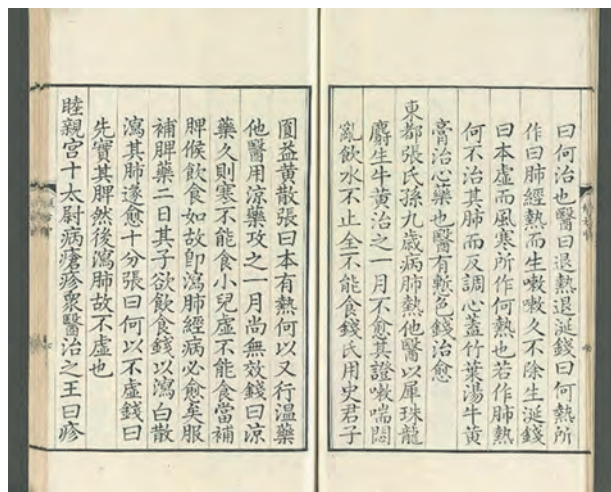


Figure 1 The medical case from *Xiao Er Yao Zheng Zhi Jue* (《小儿药证直诀》 *Key to Diagnosis and Treatment of Children's Diseases*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

This case was taken from *Xiao Er Yao Zheng Zhi Jue* (《小儿药证直诀》 *Key to Diagnosis and Treatment of Children's Diseases*), the earliest monograph of famous doctors in the Song dynasty, which initiated the trend of adding doctors' thinking to medical cases. This was the first medical case aimed at teaching.

In this medical case, Qian Yi (钱乙), a famous doctor in the Song dynasty, first asked and analyzed the patient's previous treatment in detail during the treatment process. Other doctors used the method of clearing lung heat and attacking pathogenic factors, but patient's condition did not cure after one month. Qian also pointed out other

doctors' fault, ignoring the fact that the patient was a seven-year-old child. Those doctors were confused by the appearance of the disease, and forgot that the treatment plan should change following the patient's change in conditions. Qian explained the concept of treatment in detail in the process of communicating with the parents of the children. Such communication has better promoted an understanding between doctors and patients. Finally, Qian also summarized his inference as follows: "先实其脾，然后泻肺，故不虚也 (I nourished his spleen first, then purged his lung, and that's why the child didn't develop spleen deficiency)."

From this medical case, TCM medical cases have a very obvious narrative style. Starting with describing the treatment process of diseases, doctors diagnose the reasons behind the change of symptoms and take into account the patient's own physical characteristics for treatment. The case ends with a description of the etiology and treatment approach. The medical case is full of empathy, with ideological confusion, doctors obtaining information from the unspoken meanings of their families, and taking the initiative to guess the metaphors of patients.

4.2 Zhu Danxi's medical case

"A woman experienced uterine prolapse after giving birth. The prolapse resembled clothes at her abdomen. Doctors could not address this problem. Zhu said: 'This is the uterus. It fell with the child due to the deficiency of qi and blood.' He used medicines such as *Huang Qi* (黄芪 Radix Astragali), *Dang Gui* (当归 Radix Angelicae Sinensis), and *Sheng Ma* (升麻 Rhizoma Cimicifugae) to uphold qi. He then used *Wu Bei Zi* (五倍子 Galla Chinensis) to make soup in order to shrink the uterus. The uterus went up. Zhu comforted her: 'You can have another child in three years. Don't worry.' (一妇人产有物不上如衣裾，医不能喻。翁曰：'此子宫也，气血虚，故随子而下。' 郎与黄芪当归之剂，而加升麻举之，仍用皮工之法，以五倍子作汤洗濯，皱其皮少选，子宫上，翁慰之曰：'三年援可再生儿，无忧也。' 如之。)" (Fig. 2)

The case was taken from *Dan Xi Weng Zhuan* (《丹溪翁传》Biography of Zhu Danxi). The doctor-patient relationship has always been an important part of narrative medicine. In this medical case, we can see the humanistic care of doctors for patients. In this medical case, Zhu Danxi (朱丹溪) pointed out the crux of the problem. While explaining the treatment method to the patient, the doctor also paid attention to the patient's psychological condition and comforted her by saying, "You can have another child in three years. Don't worry." As the disease is related to the uterus in women, the most important issue is fecundity. Zhu was conscious of that and directly addressed her worry. This reflects doctors' concerns, understanding, and empathy for patients. At the same time, it also reflects the importance of TCM medical cases in the interaction between doctors and



Figure 2 The medical case from *Dan Xi Weng Zhuan* (《丹溪翁传》Biography of Zhu Danxi) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

patients, shows the doctors' sincere concern, understanding, and empathy for patients, and fully reflects the concept of empathy and reflection in narrative medicine.

4.3 Zhang Congzheng's medical case

"During her travels, Wei Dexin's wife was sleeping at night when she encountered a robber burning down her house. She was startled and fell on the ground. From then on, every time she heard loud noises, she would be startled out of her mind. Everyone in the family tiptoed and no one dared to make a sound. The patient did not recover for more than a year. Many doctors treated her as having the disease in the heart with *Ren Shen* (人参 Radix et Rhizoma Ginseng), *Zhen Zhu* (珍珠 Margarita), and *Ding Zhi Wan* (定志丸 Mind-soothing Pills), but none of them were effective. After diagnosing the patient, Zhang Congzheng (张从正) inferred: 'Shock belongs to yang and is influenced by outside factors; fear belongs to yin and it comes from inside. People who are frightened do not know that they are about to be frightened; People who are afraid know that they will be afraid. Gallbladder Meridian of Foot-Shaoyang belongs to the liver wood. Bravery belongs to gallbladder. Fear and fright hurt one's gallbladder.' So he let two maids grab the patient's hands and have her sit on a high chair with a tea table in front of her. Zhang said, 'Please take a look at here.' Then he used a wooden stick to strike the low tea table suddenly, and the patient was startled. Zhang said, 'Why are you startled when I strike the tea table with the wooden stick?' After the patient calmed down a little, Zhang hit the tea table again, and this time she was not so startled. After a while, Zhang strike the tea table several times, strike the door with the wooden stick and let someone else secretly scratch the

window behind the patient's back. The patient stopped being startled little by little. Then she smiled and asked, 'What kind of treatment is this?' Zhang said: '*Nei Jing* (*内经*) *Inner Classic* states that patients should be accustomed to the source of startle when they are startled. Once you get used to it, you won't be startled anymore.' That night, Zhang had someone strike the patient's door and window, from night until dawn, but the woman was not startled. Startle made people's spirit go up. Striking the tea table below to make her look down, then her spirit was settled down. After two days, even if she heard a thunderous noise, she won't be startled anymore. Wei Dexin initially disliked Zhang, but finally he was convinced. If someone said Zhang didn't understand medicine, He would use a dagger-axe to drive him away. (卫德新之妻，旅中宿于楼上，夜值盗劫人烧舍，惊坠床下，自后每闻有响，则惊倒不知人，家人辈蹶足而行，莫敢冒触有声，岁余不痊。诸医作心病治之，人参、珍珠及定志丸，皆无效。戴人见而断之曰：惊者为阳，从外入也；恐者为阴，从内出也。惊者，为自不知故也；恐者，自知也。足少阳胆经属肝木。胆者，敢也。惊怕则胆伤矣。乃命二侍女执其两手，按高椅之上，当面前，下置一小几。戴人曰：娘子当视此。一木猛击之，其妇人大惊。戴人曰：我以木击几，何以惊乎？伺少定击之，惊也缓。又斯须，连击三、五次；又以杖击门；又暗遣人画背后之窗，徐徐惊定而笑曰：是何治法？戴人曰：《内经》云：惊者平之。平者，常也。平常见之必无惊。是夜使人击其门窗，自夕达曙。夫惊者，神上越也。从下击几，使之下视，所以收神也。一、二日，虽闻雷而不惊。德新素不喜戴人，至是终身厌服，如有言戴人不知医者，执戈以逐之。)" (Fig. 3)



Figure 3 The medical case about Zhang Congzheng (张从正) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

In this medical case, on the basis of fully understanding the patient's emotions, the doctor chose the most suitable treatment plan for the patient, which is emotional therapy. This unremitting care for patients and adequate communication with patients fully reflect the concepts of empathy and reflection in narrative medicine.

From ancient times to the present, there are still many TCM medical cases that can reflect doctors' empathy, care, and understanding for patients. The three medical cases mentioned above are just a few examples, but the concept of narrative medicine is fully explained in TCM

medical cases. In summary, TCM medical records reflect the concern, understanding, and empathy of doctors toward patients in the process of clinical diagnosis and treatment.¹³

However, compared with general parallel charts, formatted medical cases make TCM cases less vivid and rich enough to attract students' interest at first glance. It is also difficult for foreign students to understand TCM cases. As we all know, there are a lot of medical terms related to the basic theories of TCM, such as *Wu Xing* (五行 the five elements), yin-yang (阴阳), *Zang Fu* (脏腑 Zang-Fu organs), *Qi Xue* (气血 qi and blood), and so on in TCM medical cases. These terms are difficult to translate into English; without narrative case, TCM medical case teaching is inefficient, especially for those students who lack traditional Chinese cultural backgrounds. The key point is to enable foreign students to master and understand the characteristics of TCM through medical cases and to enrich their own TCM connotations that cultivate their understanding, empathy, affinity for patients, and reflection on their own act of medical treatment.

5 The global spread of TCM medical cases aided by narrative medicine

TCM cases conform to parallel charts that reflect the concepts of narrative medicine. Although the emergence of TCM medical cases was much earlier than the birth of "narrative medicine", TCM medical cases have unexpectedly fit the concept of narrative medicine, Chinese medical case archive was, and would be socially and culturally rich to draw from for narrative-medicine ends.

The development of modern Chinese medicine case teaching also follows the international standard requirements of narrative medicine, combining the sublimation of Chinese medicine characteristics and playing an important role in today's medical clinical practice education to cultivate the humanistic feelings, empathy, and reflection ability of Chinese medicine talents in the new era. Currently, the development of TCM is undergoing a rapid progress.^{14,15} Since Professor Tu Youyou (屠呦呦) won the Nobel Prize in Physiology or Medicine for discovering artemisinin, China has made endless achievements in the field of TCM. When the COVID-19 pandemic swept the world, TCM made great contributions to the fight against the virus. Traditional Chinese medicines, such as *Lian Hua Qing Wen* Capsules (连花清瘟胶囊), have made great contributions. The success proved the great potential of traditional Chinese medicines, that attracts more and more foreigners to learning and understanding TCM.

However, it remains challenging to teach TCM cases to foreign students,¹⁶ which may hinders the international promotion of effective TCM as follows:

First, most TCM medical cases' backgrounds were from ancient times. Therefore, they are usually written in medical classical literature, making it difficult for foreign

readers, even modern Chinese readers feel difficult, to read and figure out what they are talking about. People who want to read TCM medical cases need to learn classical Chinese first. This increases the cost of learning, and may decrease interest in TCM medical cases.

Second, after understanding the contents of TCM medical cases, there are still many terms related to TCM basic theories in TCM medical cases that are difficult to translate into English. For people who do not know enough about TCM theory and culture, it is difficult to understand the thinking of doctors in treating diseases and their care for patients, which is the quintessence of TCM medical cases.

Third, for some foreigners who can understand classical Chinese and TCM basic theories, some TCM medical case, which tends to omit descriptive methods, may be lacking in dramatic and embellished narration, compared to general parallel cases which have complete narrative details. At first glance, TCM medical cases may not be fascinating enough to lead foreigners into a really interesting part of them. Foreigners may ignore TCM cases' importance that is helpful for their future medical work or research.

Therefore, the implementation of reading and writing methods for TCM cases based on narrative medicine is particularly important. By combining the strengths of TCM medical cases and general parallel charts, we may attract foreign doctors' interest and lead them to pay more attention to TCM cases. This will promote the globalization of TCM and expand its influence worldwide. A renowned case is Anton Staudinger who relied on TCM cases to cured his unhealed diseases for many years with TCM, and felt the magic of TCM. After that, he established the Chinese Medicine Hospital of Quetzine, which was one of the most successful Chinese Medicine Hospital established by foreigners.¹⁷

6 Conclusion

Despite the slight difference between “parallel chart” and “TCM medical case”, as the expression of the benevolence spirit of TCM, “TCM medical case” reflects the essence of narrative medicine. This also demonstrates that the Chinese medical case archive is socially and culturally rich.

To further promote the localization of narrative medicine in China and the promotion of TCM culture well accepted in the world, we should rely on the internationally and domestically recognized teaching characteristics and development paths of narrative medicine and deeply integrated the characteristics of TCM cases and modern medical treatment from the perspective of narrative medicine. For better teaching TCM, international exchange, and medical cases sharing, ancient TCM cases should be well translated and enriched. Evidence-based and narrative thinking is one of the best ways to improve public health and high-quality medical care in

the modern Chinese medical system. The construction of China's narrative medicine system has received reflection and recognition from forward-looking hospital leaders in this context, and has quickly integrated into the high-quality development of clinical departments and hospitals in recent years, particularly in TCM, which focuses more on medical cultural attributes.

In this way, we should closely integrate TCM medical cases and narrative medicine in the development of TCM teaching in China, laying a solid foundation for the international recognition and exchange of Chinese medicine, further accelerating the realization of the ideal of self-confidence in TCM culture.

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Author contributions

ZHAO Yunfan drafted and corrected the manuscript; TAN Xinyi corrected it. CHEN Xiaoyun guided and revised this article. All authors have read and agreed to the published version of the manuscript.

Ethical approval

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

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Erratum

Collecting Knowledge about Medicinal Ingredients in Northwestern Sichuan in the 1950s: Erratum.

Figure 1 in this article in *Chinese Medicine and Culture*, Issue 1 of 2023, published with an incorrect figure. The online version of the article has been corrected.

Yao W. Collecting knowledge about medicinal ingredients in northwestern Sichuan in the 1950s. *Chin Med Cult* 2023; 6(1):88–99. doi: 10.1097/MC9.0000000000000048.

Doctor-patient Narrative Re-discovered from Overseas Traditional Chinese Medicine Practices

SHEN Chengju¹, YANG Yidan², LI Zhenyi^{3,*}

Abstract

The doctor-patient narrative has been revisited and appreciated in both the West and the East due to the negative impact of biochemical medicine in the past two centuries on healthcare. Biochemical medicine system simply marginalized the roles of doctors and patients. More research and practice of “doctor’s benevolence” and “humanistic medicine” have called for the return of the doctor-patient narrative. This paper draws on interviews with several non-Chinese overseas traditional Chinese medicine (TCM) practitioners, whose clients are also non-Chinese. We adopted discourse analysis to explore our data. We found that they actively engaged in doctor-patient narrative with localized interpretation of TCM. We believe such a return to basic doctor-patient narrative is caused by fundamental needs for doctor-patient narrative coinciding with loose control of TCM practices in the studied countries. This discovery may inspire further study on re-establishing doctor-patient narratives in healthcare institutions by re-positioning biochemical medicine.

Keywords: Doctor-patient narrative; Overseas practice; Cross-cultural communication; Traditional Chinese medicine

1 Introduction

Narrative medicine is a relatively recent concept in China, which is defined as “medicine practiced by doctors with narrative skills, which in turn is the ability to recognize, absorb, explain, and be moved by the stories of diseases”.¹ After being introduced to China in 2015, it has developed rapidly and has become an auxiliary means in hospital treatment. It urges doctors to record “parallel medical records” to tell patients’ personalized disease stories, to empathize with patients’ pain, demands and disease experiences. Narrative medicine helps doctors to form partnerships with patients to alleviate psychological fear brought by the disease, to address the thoughts and expressions of the uncertainty of the future caused by the disease, as well as to bridge the gaps in addressing disease problems that are difficult for biochemical medicine.

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Obviously, medicine is the study of humanities. Therefore, to ignore the doctor-patient narrative is to forget the attributes to medicine about humanities. The doctor-patient relationship is a social relationship,² and the emphasis on narrative medicine strengthens the understanding that medical practice is based on and aims to work for better social relationships. Although the concept of narrative medicine is a relatively recent concept in China, traditional Chinese medicine (TCM) has never ignored the social relationships. However, TCM has been integrated with biochemical medicine in China for decades. This study attempts to conduct a reverse study by focusing on overseas non-Chinese TCM doctors and non-Chinese patients to explore the following research question:

Is the narrative behavior of TCM unique to and rooted in traditional Chinese culture and social system?

2 Health communication and traditional Chinese medicine communication from a cross-cultural perspective

As for the definition of TCM, there are many definitions given by the academic community, and most of them put forward that TCM is “an important part of the excellent traditional culture of the Chinese nation” and a combination of “spiritual civilization (精神文明)” and “material civilization (物质文明)”.³⁻⁵ Moreover, TCM and philosophy have coexisted and blended with each other for a long time, “unified in the Confucian royal system (统摄在王道权威之下)”, which can almost be called “Confucian medicine (儒医)”.² Some researchers have pointed out that TCM is a symbol of health communication born in the soil of traditional Chinese culture,

with medical practicality, and constructed by culture.⁶ This definition emphasizes that TCM is not only medically practical, but also constructive. Medical practicability emphasizes the instrumental significance of TCM, which is a means and method used to solve health problems. Constructivity refers to the space of meaning, symbolic roles and rituals constructed by different forms of cultural media, such as language, writing, and moral environment.

TCM overseas practice constructs a health communication phenomenon of cultural integration and reconstruction. For example, the combination of two morphemes, *acu* (needle 针, sharp 尖锐) and *punctura* (puncture 刺) to form a Western expression of *acupuncture*, is a creation of concepts across cultures. The word “communication” is rooted in Commonness, Communion and Community, all of which refer to the maintenance of social commonality in the same time and space. Therefore, communication “is to construct and maintain an orderly, meaningful, and cultural world that can be used to govern and accommodate human behavior (是建构并维系一个有秩序、有意义、能够用来支配和容纳人类行为的文化世界)”.⁷ Edward Hall, the founder of intercultural communication studies, stressed that “culture is communication”.⁸ Culture and communication become twin flowers. Communication is no longer a simple information channel, but a series of complex activities of culture, and communication is deeply rooted in culture. In other words, communication itself is both constructive and cultural, and can maintain the constructed cultural world.

Health belongs to “the state of body and mind under the mutual construction of people and the environment (人与环境的相互建构下身与心的状态)”,⁹ which means that health is also deeply rooted in culture and exists in various symbolic and ritual world. What we call “health” is woven together by specific descriptions we choose. These descriptions and expressions are subtly controlled and subtly transformed by the internal structure of culture. In this sense, health is a practical and constructive culture for understanding body, disease, and relationship between people, society and the natural world.

With the acceleration of globalization, research on health communication from a cross-cultural perspective has emerged, positioning “culture” as the central issue in health communication studies.^{10–14} The research perspective on the cultural construction of health communication has become increasingly open and flexible, with a greater focus on the processes, meanings, and ritualistic consumption generated in cross-cultural communication. Furthermore, it emphasizes theoretical nourishment from other interdisciplinary fields such as anthropology, sociology, linguistics, and semiotics. It can be said that in the context of cross-cultural health communication, one cannot overemphasize the importance of culture.

Intercultural health communication is a cultural process that includes cultural counterparts, developments,

and cognition.¹⁵ Cultural counterpart refers to the cognitive formation of the phenomenal world by cultural subjects under the action of different spaces and times, which plays the role of health knowledge trigger, that is to say, health not only has the practicality of relieving disease pain, but also contains unique traditional health cultural beliefs, thinking structures and knowledge bases. Cultural development refers to intercultural adaptation, which is an intermediate transitional communication stage combining a specific adaptation process and development process. In this acculturation, there is intercultural negotiation, in which both cultures are constantly changing, and adapting to each other, to achieve intercultural understanding and the transmission of traditional inventions. Cultural cognition refers to the complex communication elements such as emotion, morality, cultural memory, and identity construction which emerge from the results of communication, with new symbolic continuity, ritual change and renewal.

If cross-cultural health communication is compared to a painting, it contains three aspects: the background paper of social morality and culture, the lines of symbols, and the color blending of diverse realities, that is, cultural counterparts, cultural development objects and cultural cognition. As a cultural phenomenon, TCM happens to be reflected in these three aspects, which not only represents social morality and culture, but also has rich symbols, cultural counterparts, cultural development objects and cultural cognition.

3 Research on overseas traditional Chinese medicine communication based on interview and theme analysis method

In this study, we adopted a thematic analytical approach to explore how TCM practitioners’ narrated in the practice of TCM in intercultural communication sphere. This approach is a flexible and useful research method for qualitative data, which highlights identifying, analyzing, and reporting themes in the process and the details of the analysis.¹⁶

We recruited participants by convenience sampling method, which is affordable and easy. Subjects were readily available,¹⁷ and all the participants whose most formative years of learning were not in China have experience of medical practice with TCM. In-depth interviews were conducted with five participants from Portugal, Germany, Australia, and Indonesia via Zoom and WeChat. The interviews lasted from 35 to 90 minutes and were conducted between December 2021 and March 2022.

The interviews mainly focused on the following two questions: 1. What difficulties do you think exist in the intercultural communication of TCM? 2. What advice would you give to someone who is planning to be an intercultural communicator of TCM?

Our thematic analysis yielded four themes from the data we collected: 1) individualized interpretation, 2) service-based health consultation, 3) localized language behavior, and 4) contextualized decision-making process.

3.1 Individualized interpretation

The first theme shows that a distinctive strategy used in a medical service setting by international TCM practitioners is individual interpretation and service-based interaction methods.

In our data analysis, the first primary theme showed that TCM international practitioners appeared to adopt shared understanding and unfamiliarity avoidance approaches to help the patients to understand the theory of TCM in healthcare service encounters. In a working setting, they always emphasized the importance of “interpreting rules”, such as “comprehension”, “daily life” and “shared understanding”, to engage patients in counseling activities. The act of principle illustrating reflects the ideological art of practitioners’ interpretation applied in the international healthcare service encounters.

TCM international practitioner’s interpretations varied depending on the other. This means the patient’s individual experience and needs are the factors that practitioner should take into account. The interpreting ways that TCM international practitioner adopted were based on patients’ cognition.

“To patients, the cultural words of Chinese medicine seldom be used. Instead of using the word ‘Qi (气 qi)’ directly, I choose many natural metaphors to express the meaning of it. Because I understand that many Chinese medicines contain many metaphors, I always use the metaphors of nature to explain them. For example, a person has *Yin Xu Shi Re Zheng* (阴虚湿热证 pattern of yin deficiency coupled with damp heat). How to explain this pattern? I would explain it like this: if a small puddle changes from a small river, then the water stops flowing, and the quality of water becomes bad. This is a metaphor of nature used frequently in my clinic. Many people can’t get pregnant because of the *Han Qi* (寒气 wind-cold) in the body, so my explanation is: you cannot sow seeds in winter because of freezing soil, and you can’t get pregnant because of the cold body.” (Dove)

Dove’s statement reflected his awareness of patient-centered service in the consultations, and he saw his work as script interpretation to make his patients know this therapy better. When it comes to the first-time visitor, Sam adopted a different way to explain:

“Occasionally, some patients, especially newcomers, do not know Chinese culture. I have to translate the holism concept to them, which emphasizing the body being a holistic unit. It can be said as a translation medicine combined the Chinese and the Western. This is not a big problem to me, because I have experience in both Chinese and Western medicine culture. Therefore,

I introduce TCM, its basic theory, diagnosis, and therapy from a modern scientific perspective, which must be translated into another local way, the traditional and professional words of TCM cannot be used.” (Sam)

The excerpts illustrate how the practitioners translated and explained Confucian medicine to their patients, shifting the focus from culture to nature, and using well-informed and shared social phenomenon instead of professional vocabularies. Additionally, medical moral and philosophical judgment can only be excavated once the practitioner has to construct a synchronic explanation of these juxtaposed images. However, the special vocabulary of TCM originated from Confucian culture was rather difficult for patients to understand. For example, *Qi* was reinterpreted, and was harnessed to formulate a theory grounded in the nature phenomena, other professional and unfamiliar vocabularies had to be silenced and purged from medical conversation. In other words, the professional theory vocabularies of TCM were not used frequently to patients, which liberated the participants from explaining the medicine culture, a unique non-western health worldview originating from Confucianism. Thus, the common natural phenomena were chosen to express TCM healthy meaning and the Confucian culture parts were underappreciated in healthcare encounters. Occupational success is dependent on the practitioners’ abilities to attract the consumers’ interests through the individual interpretation, which should be sufficiently familiar enough to accord with the ideologies and expectations of the patients.

The interpretation is reshaped based on consideration of the people currently served. Our data show that social-based representation is expressed through word concept conversion, familiarity collocation, and nature image metaphor. Obviously, the use of word concept conversion is entailed by the nature of language. Instead of using medical terminology in consulting, the international practitioner chooses the ordinary language in basic interaction. In the limited consulting space, most of the consultations begin with small talk about different aspects of the patients’ daily activities, such as sleep quality, appetite, throat condition and stool condition, rather than the professional vocabularies, like *Yin Xu* (阴虚 yin deficiency), *Shi Qi* (湿气 dampness), *Han Qi* (寒气 wind-cold) and so on. To reduce unfamiliar information and uncertain data received by patients, explanation content management implements filtration is based on symbolic value. Like a ritual ceremony, the explanation has symbolic power. These symbols are artificial and constructive. Once consulting starts to develop in the clinic, the practitioner and patient do have a system for symbolic representation. They can talk about things which are not in their living environment including the past. As you can see in the excerpt illustration, ordinary language relating to daily life may represent something understandable and meaningful. During the consulting

ceremony in the clinical space, two distinct processes, word-choice and word-usage, constitute conversion symbols that can deepen patients' understanding of TCM through an interacting process. The sound and rhythm of speech, prescription, practice space, and other forms are also social symbols that involve verbal and non-verbal language modes of information transmission.

In our analysis, we found TCM international practitioners had a high cultural awareness of modifying their communication patterns to be congruent with the modes of local thought through their interpreted behaviors. These symbolic behavioral skills were the effective communication competence, which brought the idea of TCM to life. Unfamiliarity avoidance includes dominant symbols that focus on symbolic explanation, which cannot be tangibly felt. The practitioners always emphasize the similarities between TCM and common natural phenomena in the patients' body conditions, making the theory of TCM visible, knowable, and sensible, providing opportunities for the patients to explore the general idea of TCM and feel comfortable sharing their concerns with them. The way they transmit information and express the idea of TCM makes the explanation become symbolic rituals, which seeks common ground while reserving differences.

3.2 Service-based health consultation

This theme we categorized emerged in every conversation and reflected the interactional network between international TCM practitioners and their patients. The function of health communication, as a medium within and through which cognitions of self and others are expressed, interacted, and negotiated. The practitioners' medical judgements about patients were "made in terms of the individual attributes of persons rather than their formal statuses".¹⁸ The consultation was not only talking about patients' illnesses, but also discussed their primary concerns of particularistic ideas and interests.

"My experience with patients is to be patient, and very patient, and constantly communicate with them in detail every time. For patients who see a doctor for the first time, it will take longer, maybe an hour and a half, and then an hour will be. I would ask them for a comprehensive picture, such as what food they ate, whether they exercised regularly, how they were doing, and I would ask them to describe their habits... Insomnia, anxiety, worrying things, and so on." (Sam)

"The most important fact that my patients still trust me is my treatment works. If my treatment doesn't work well, they won't visit me later. Meanwhile, my treatment fee is still relatively cheaper compared to other practitioners, is another reason that they trust me. All these costs are cheaper for groups with commercial insurance, which they can reimburse." (Kim)

What social relationship can we infer from the negotiating space that the practitioners created? First, we found that their focus was on exploring patients' motives

and intentions, which emphasized the unique, subjective, qualitative differences between individuals. To be accord with the expectations of their consumers, the consultative relationship was based on the care of individual, not only about the static body, but also about the dynamic perception of life. In another word, it is oriented from the life-force communicating process, not from matter-force.

The relation between international practitioners and patients was formed in private practice. Their relationship was based on the treatment outcomes and collection of fees. It was the patients to decide the efficacy of practitioners' treatment. The practitioners won the favors of their patients by individually proving their personal and professional suitability in the face-to-face consultation. The safety and efficacy of therapy relied on the patients' approval of their words. As can be seen from the interviewees, the clinic's income is also completely dependent on the cost of treatment paid by patients. In addition to the effect, the price has also become one of the important reasons for patients to choose whether to adhere to the treatment. We found the patients had more power when the medical relationship was established in the international market.

Obviously, patients had many opportunities to negotiate the activities with their practitioners. The interaction between practitioners and patients was organized around a nexus of informal statuses and negotiating patterns of deference. A key characteristic of TCM interaction is that it creates a caring space through the perspective of holistic treatment, which emphasizes the important connection between the body and social context. The "being patient" way of communicating with sick-man had great influence on the relation construction. Responding to patients' unfamiliar understanding of TCM, the practitioners was explaining it patiently. In this way, these patients can slowly understand TCM and gradually built confidence in it. This specific pattern of caring explanation shows that international TCM practitioners' love for their patients, not only treating illness, but also paying attention to their thoughts and understanding. In this dual interaction, the health care space of being present is constructed compared with the absent ones which only based on the organic diseases.

3.3 Localized language behavior

The result of our analysis revealed the interactive logic of the relationship adopted by TCM international practitioners in health communicating narrative between the patients and the host state. Because the interactive meaning analysis of utilitarian discourse process can be used to reveal the new communication space created by the users. Meanwhile, intercultural communication should be appropriate not only in skillful messages of individuals, but also within contexts of socially and institutionally sanctioned public discourse.¹⁹ In this study, we used

interpersonal and public discourse to analyze practitioners' clinical choices and behaviors.

Language skills, including understanding and using the host language,²⁰ are essential abilities for professional therapists to acquire. Based on the results of the coding, we found that the intercultural linguistic barriers of TCM were not the impediments to the provision of medical care anymore. All the participants were bilingual practitioners had effects on resource utilization²¹ and well linguistic competence in doctor-patient communication, not only because they were proficient local language speakers belonging to the same cultural groups but also because they deeply knew how to use the different linguistic strategies in them.

David was a bilingual practitioner with 6 years of TCM experience in Australia. He perceived language was an important factor in his domestic practice:

“Some patients are willing to talk to me in the local language about their daily life, and what troubles they have at home, so that I can learn more about their condition of life related to pain, anxiety, or family life.

At first, most of my patients were Australians. Gradually some Chinese-Australians came to visit me. The reason they come and recommend their friends to me is not only because of my treatment skills but also because I speak their language well. Many patients know about my clinic by word of mouth. At this moment, I have many Australian patients who speak English or Chinese.” (David)

As the first interactive mediator, language behavior initiated the medical conversation. David's statements reflected his awareness of the advantage of language in medical practice, and he saw bilingual competence as benefits of TCM consuming. Healthcare encounter, an important aspect of medical service, is the key to improving service quality to achieve patients' satisfaction. Patients' satisfaction will affect the intention to adopt the therapy, the clinical image, repeat business and personal recommendation. TCM international practitioners, as healthcare service providers, whose success of service provided is contingent upon the satisfaction of the patient, should conform behaviors appropriately to the positions they occupy in society.²² Once the consumer entered the medical institution, he/she adopted the role of a sick man who is not only seeking ways for treatments, but also needing chance to spill his/her problems out to the therapist. After shifting the focus from therapy to communication, the practitioners always emphasized the importance of language interaction (such as adherence to treatment and compliance with the indication) they provided, which means empathic communication is also very important in intercultural context,²³ including reciprocity of affect displays, verbal response understanding, and active listening.²⁴ These appropriate strategies would provide more opportunities for the practitioners to explore patients' conditions and to meet patients' expectations.

Sam's view was an echo of this point, bilingual or multilingual medical practice could facilitate the international communication of TCM:

“I have worked as a TCM practitioner for over 17 years in Portugal, most of my patients are not only the local residents, but also foreigners from France, UK, Germany and Italy. So, the working languages I often use contain English, Portuguese and Chinese. They give me great convenience to practice.” (Sam)

These views indicated the impact of language on TCM intercultural communication. In general, many intercultural communication studies found the apparent difficulty in doctor-patient consultation is the language barrier.²⁵ The communication between practitioners and patients from different ethnic or cultural groups was lacking effective language understanding. Limited language proficiency can lead to ineffective communication and a demonstrable negative impact on doctor visits, quality of care, patient satisfaction, and compliance with follow-up. The inability of language proficiency could make the patients less likely to seek care and receive needed services.²⁶ Our study showed the role of bilingual skills could be seen as the effective method not an obvious hindrance to intercultural health communication. First, the healers who were natives could understand the patients' meaning better through verbal messages. Meanwhile, the closer the patient and healer's cultural background, the better the chances for effective communication.²⁷ Obviously, it was easier for members of the same culture to articulate their symptoms and feelings in the native language. Relying on the sharing language culture, the patients could describe their health status clearly to the practitioners, such as physical symptoms, mental symptoms, and body signs. At the same time, healers' familiarity with the local meanings of silent language could assess the patients' real meanings behind expressed messages and make the traditional medicine treatment cultural caring. In this sense, the sharing language has great potential for coping with effective health communication of TCM while ensuring medical compliance behavior.

3.4 Contextualized decision-making process

Social institutions often consciously constrain and reorganize the various service projects they can control according to their own social structure, collective interests and cultural planning. The result of our study showed that participants had an open attitude toward conforming local restrictions and took active measures to deal with business, even though they had less power in these decision-making encounters, which the institutional or state policy in regard to the management of alternative medicine. The dearth of sufficient policy in this exotic area leaves these treatment decisions made by the practitioners to factors such as legal codes, or market forces.

Clinical treatment, such as the skill to conduct *Ba Mai* (把脉 pulse diagnosis), *She Zhen* (舌诊 tongue

diagnosis), *Zhen Ci* (针刺 acupuncture), *Ai Jiu* (艾灸 moxibustion), *Tui Na* (推拿 massage), *Qi Gong* (气功 Qigong), *Shi Liao* (食疗 dietary adjustment) and *Cao Yao* (草药 herbal medicine), were classified as the essential methods of TCM. The excerpt sheds light on the traditional development setting of TCM in the global medical market without any modern technology. In general, the practitioners' technical treatment methods were seen as the significant difference between Chinese and Western medicine which echo that medicine including medical principle, method and content is directly shaped by culture. Although TCM has become increasingly popular in the world, huge disparity is perceived to exist between the local medical laws and practice. Western medicine is provided as a financial subsidized service to patients in the public medical care and primary care setting by the overseas hospitals, whereas TCM is not. TCM has not entered overseas local healthcare system and gets little local government financial support. To serve more international patients and work well, the practitioners must reconfigure practice contents relating to local regulations in international encounters.

The reconfiguration they had made was based on the market rules. Since the number of herbal medicine stores in the Western medical market is relatively low, there are few pharmacies specializing in selling Chinese herbal medicine. It is inconvenient to purchase Chinese herbal medicines and proprietary Chinese medicines prescribed by TCM international practitioners. As a result, many practitioners will consider using fewer medicines and more physical methods such as acupuncture and massage to treat patients' diseases. Meanwhile, in order to increase market competitiveness, many complementary medicine therapists optimized their health service structure, by adopting different kinds of treatment as main business at the same time.

"We currently have cooperation with universities of Chinese Medicine in China, and we organize two online lectures every month for the local. If there is any online class about the TCM, the Chinese universities will inform us. Since 2014, I have recommended one or two students every year to study for a master's degree in Tianjin University of Traditional Chinese Medicine (天津中医药大学) with Chinese government scholarship. In the past two years, it was local people who were recommended for the scholarship, not Chinese people, who were particularly interested in Chinese medicine and acupuncture." (Suyanto)

Suyanto pointed out that due to the restrictions of local education policies, Indonesia does not have complete Chinese medicine education resources, and local people who want to learn Chinese medicine still need to go to Chinese medicine universities for systematic study, and a lot of knowledge can be obtained through online channels with professional schools in China.

The above statements reflect the attitude conveyed by the international practitioners. The local structural

alliances, including juridical legal, education, funding agency, insurance, and health care business related to medicine, are still the intercultural communication barriers of TCM. These institutional dilemmas they were trapped in could be divided into two types: explicit and implicit. The explicit showed internal positive attempts to embrace this ruled system, while the implicit reflected external rivalry for commercial influence in the service market of healthcare institutions. The significant influence of international rules has reshaped the activity strategies of international TCM practitioners and changed the content of their services. They need to perform not only as medical practitioners, but also as educators, propagandists and promoters, secretaries, purchasers, and so on. Each of these roles comes with different mission requirements, they flexibly switch between different roles and provide different services. Most of the practitioners made efforts to response to these requirements. Where prohibited by law, they conscientiously obey it; Where insurance coverage is inadequate, or medicines are lacking, they screen for affordable treatments and methods; Where there is a lack of funding to support legacy education, they actively seek out opportunities and resources.

4 Conclusion

Overall, our data suggest that the international practitioners reinterpret TCM theories to patients through individual ways of consensus-based unfamiliarity avoidance representation, created negotiating communication channels by reciprocal care, used native language strategies for interaction, and conducted their service action adapting to different institutionalized rules in international healthcare encounters.

4.1 TCM narratives possess practicality and constructiveness

We asked: "Is the narrative behavior of TCM unique to and bonded within traditional Chinese culture and social system?" Our study found that narrative behavior plays a central role in overseas non-Chinese TCM behavior, which proves the practicality and construction of TCM narrative. The central position of narrative in the dissemination of TCM overseas has changed our understanding of "health"—health is a practical and constructive culture for understanding diseases, the body, and the relationship between people, society, and nature. The "integration" and "fairness" embodied in the dissemination of overseas non-Chinese TCM point to cultural reinvention and cultural self-consistency. This research can provide useful inspiration for the external dissemination of narrative medicine.

Medical narratives are a way to present health needs. Who presents them and how they are presented determine the manner and method of medical services provided to patients. The findings of this study indicate that

the narrative of TCM is not only practical but also constructive. The narrative process of overseas TCM practitioners is a social phenomenon where TCM is constantly being defined, redefined, constructed, and reconstructed. Through a set of explanations that convince patients, they provide a framework for describing TCM treatment, which serves to give meaning to TCM and help people understand TCM culture, thereby expanding the dissemination of TCM.

The essence of overseas TCM medical practice can be understood as a form of narrative practice, deeply embedded in the interpretive system of medical humanities values. How can we understand and interpret the overseas medical practice of TCM from a narrative dimension? We can explain it from three dimensions: narrative content, narrative style, and narrative purpose.

From the perspective of narrative content, the primary characteristic of the narrative by overseas TCM practitioners is an “interpretation-driven” practice, emphasizing the understanding of diseases, the body, relationships between people, and the relationship between humans and nature, based on the health practicality of TCM culture. In terms of narrative style, overseas TCM practitioners’ narratives revolve around “cultural consensus”, avoiding unfamiliar TCM theories and adopting methods familiar to locals. Whether through personal life connections, metaphors, dialogues, or educational lectures, these narrative methods go beyond the logical foundation of emphasizing medical practical content and focus more on the emotional rhetoric practice of understanding. Such rhetoric and representational strategies greatly expand the power of medical narratives. When people’s health needs shift from physical well-being to relational harmony, it means that emotional narratives appealing to understanding will become a widespread rhetorical strategy in society.

Regarding narrative purpose, the narratives of overseas TCM practitioners, besides informing patients about the medical practicality of TCM and its role in pain relief, also serve a special mission: reconstructing the international communication content of TCM as an important discursive practice, thereby enhancing TCM’s international communication capacity.

4.2 The cultural reconstruction and self-consistency practices demonstrated by overseas TCM practitioners

In the context of cross-cultural communication, the narratives of overseas TCM practitioners display two cultural communication characteristics: cultural reconstruction and cultural self-consistency. Edward Said believed that “a theory can be reinterpreted in a new political context and thus revitalized”.²⁸ Theories that have traveled and undergone acculturation will change form, transcend their original boundaries, maintain openness amid temporal and spatial differences, and awaken the vitality of communication interaction. It

can be said that “the travel of theory” is a prerequisite for “cultural reconstruction” and “cultural reconstruction” is the result of cross-cultural “narratives”. After traveling, culture undergoes “reproduction” activities. Our research materials show that in the process of cross-cultural health narratives, TCM integrates with the perspectives of cultural others, continuously manifesting cultural reconstruction phenomena of TCM in cultural interactions. In reality, there are many instances of cross-cultural reconstruction of TCM, such as French medical doctor Paul Nogier’s use of auricular acupuncture, British doctor J.R. Worsley’s creation of “five element acupuncture (五行针灸)”, American doctor Peter Eckman’s promotion of “constitution/condition acupuncture (体制状态针灸)”, and Dr. Leon Hammer’s development of the “Dragon Rises (飞龙脉法)” pulse diagnosis system based on long-term clinical experience. From the narratives of overseas TCM practitioners, it is found that the understanding and interpretation of TCM culture by cultural others have made “traditional culture surpass its original fixed form, infused with the subjective dimensions of the interpreters”.²⁹ TCM has detached from the roots of Chinese culture, adapted like a “local” in Western society through cross-cultural travel, and developed in a rationalized manner, which is cultural self-consistency.

4.3 Epistemological connections between overseas TCM practice and narrative medicine

By combining medical practice with narrative activities, we find that the narrative activities of overseas TCM practitioners, which are based on survival, actually place “profit” at the core of their demands. This profit comes directly from patients, rather than government agencies or public welfare organizations. The development model of overseas TCM heavily relies on interpersonal word of mouth communication among patients. Therefore, their narratives emphasize patients’ understanding and acceptance of psychology, fully exploring the advantages of each narrative method, and continuously exploring the rules and characteristics of doctor-patient narratives, thereby presenting the treatment content of TCM in a vivid, intuitive, and lively manner. This emphasis on interpersonal communication may, in turn, rewrite the “authority rule” in biochemical medicine narratives that cause “the disappearance of the patient”, objectively presenting an “equal communication” narrative form, calling for the return of doctor-patient narratives. In other words, narrative medicine and the overseas dissemination of TCM are inherently epistemologically and logically connected, directly linking the two. Through the methods and paths of narrative medicine, the international dissemination rules of TCM can be grasped.

This study also has its limitations. Firstly, the number of research samples is limited. The interview subjects in this study only include five individuals from Portugal,

Australia, Indonesia, and Germany, with insufficient coverage of different countries. Secondly, the use of communication languages is limited. Based on the foreign languages mastered by the researchers, the interviews in this study were only conducted in English and Chinese, limiting the depth and breadth of communication.

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Ethical approval

This study does not contain any studies with human or animal subjects performed by any of the authors. Written or electronic informed consent for publication was obtained from all the participants or their guardians.

Author contributions

SHEN Chengju did the interviews. SHEN Chengju, YANG Yidan and Li Zhenyi did the research and wrote the article.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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The Application of Sentiment Treatment and Narrative Medicine in Infertility

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Abstract

This study delves into the integration of traditional Chinese medicine (TCM) sentiment therapy with modern medical interventions in treating infertility, aiming to enhance the therapeutic outcomes for patients. It posits that infertility encompasses not only physical factors but also significant psychological and emotional dimensions. The synthesis of TCM sentiment therapy and contemporary reproductive medicine signifies a paradigm shift in comprehending the interactions among health, emotions, psychology, and physiology. By analyzing the diagnostic and treatment methods of TCM, this study elucidates how sentiment can enhance modern treatments, thereby promoting a more holistic, patient-centered approach to infertility care. Furthermore, it underscores the necessity of fostering a comprehensive understanding of health and disease within medical education.

Key Words: Infertility; Sentiment therapy; Narrative medicine; Modern medicine; Integrated treatment; Patient-centered care; Traditional Chinese medicine

1 Introduction

In the pursuit of addressing the complex and multifaceted issue of infertility, the medical community has increasingly turned its attention to integrative approaches that bridge the gap between traditional healing practices and contemporary medical science. This scholarly endeavor aims to meticulously explore the convergence of traditional Chinese medicine (TCM) sentiment therapy with modern medical interventions in the treatment of infertility, an area that has garnered significant interest and holds great promise for enhancing patient outcomes. The introduction of TCM sentiment therapy into the realm of modern reproductive medicine is not only an

act of fusion but a paradigm shift that acknowledges the intricate interplay between the emotional, psychological, and physiological aspects of human health.

Infertility, a condition that affects millions worldwide, is both a physical ailment and a deeply emotional and psychological experience for those affected. The conventional biomedical model, while effective in many cases, often overlooks the emotional and psychological dimensions of infertility, which can be crucial in the healing process. TCM, with its roots in ancient Chinese philosophy and medicine, offers a holistic perspective that recognizes the body as an interconnected system where emotional well-being is inextricably linked to physical health. This study seeks to illuminate how TCM sentiment therapy can complement and enhance modern medical treatments, providing a more comprehensive and patient-centered approach to infertility care.

The integration of TCM sentiment therapy into modern medical practice is underpinned by the belief that emotional distress can disrupt the body's natural balance, leading to various health issues, including infertility. By drawing on the principles outlined in the *Huang Di Nei Jing* (《黄帝内经》 *The Yellow Emperor's Inner Classic*) and other classic TCM texts, this research aims to shed light on the mechanisms through which sentiment therapy can address the underlying causes of infertility and support the overall well-being of patients. Through an in-

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depth examination of TCM's diagnostic and treatment methods, we aim to contribute to the body of knowledge that informs healthcare professionals about the potential benefits and applications of this integrative approach.

Furthermore, this study endeavors to provide fresh insights into the field of medical education by advocating for a more holistic understanding of health and disease. By examining the practical application and research progress of TCM sentiment therapy in the context of infertility treatment, we hope to foster a greater appreciation for the value of traditional practices within contemporary medical settings. Ultimately, this research aspires to offer a roadmap for healthcare providers to better serve their patients by incorporating the wisdom of TCM into their clinical practice, thereby enhancing the quality of care and improving the chances of successful treatment outcomes for individuals facing infertility.

2 The research status and treatment of infertility in China

Infertility remains a pressing global health concern, impacting a considerable segment of the female population of childbearing age. In China, the convergence of TCM sentiment therapy and modern medical treatments has emerged as a promising area of research. Drawing from the ancient wisdom encapsulated in *Huang Di Nei Jing*, TCM posits that infertility is intrinsically linked to emotional and psychological imbalances. This section elucidates the TCM perspective on the hypothalamic-pituitary-ovarian axis and underscores the critical role of emotional equilibrium in the pursuit of reproductive health.

In vitro fertilization-embryo transfer (IVF-ET) is one of the important means of infertility treatment in Western medicine in recent years. It is an assisted reproductive technology that removes the egg and sperm in the culture plate, and then transfers the embryo precursor -fertilized egg back into the fetus (assisted reproductive technique, ART). Although IVF-ET has developed rapidly in China this year, its final success rate is still low, which cannot meet the growing expectations of patients with infertility, and the relevant concomitant pathological state of the IVF-ET process lacks effective interventions.

In contrary, TCM approaches infertility with a focus on spiritual and psychological factors, as emphasized in *Nei Jing* (《内经》 *The Inner Classic*): "If the patient's essence and spirit are diminishing, and their willpower



Figure 1 The image of *Song Zi Guan Yin* revealing people's good wishes for childbirth (source with permission from: picture made by the authors)

is dispersed, the disease cannot be cure (但精神不进, 志意不治, 故病不可愈)". The iconic concept of *Song Zi Guan Yin* (送子观音 Child-giving Bodhisattva) in Buddhism might illustrate TCM's incorporation of spiritual beliefs into fertility treatment.¹ In a documented example from *Zhong Hua Quan Guo Feng Su Zhi* (《中华全国风俗志》 *A Compilation of Customs from China*), "Women without children in Huangdu town, Qingpu district would always visit *Song Zi Guan Yin*, located in the east hall of the ancestors at the east of the town. They would burn incense, pray to the *Guan Yin*, and steal one of the *Guan Yin*'s embroidered shoes secretly, believing it could lead to childbirth (青浦黄渡镇妇女之无子者, 必往镇东祖师东堂之送子观音前, 烧香告祷, 并暗中将送子观音之绣鞋, 偷去一只, 云即能生子)" (Fig. 1). The integration of fertility wishes into the cultural imagery of *Fo Jiao Guan Yin* (佛教观音 Buddhist Bodhisattva) reflected how society at that time found solace in their pursuit of children, easing the anxiety linked with infertility.

In TCM theories, emotional factors influence infertility by affecting vital organs function, particularly the crucial "hypothalamic-pituitary-ovarian" (下丘脑 - 垂体 - 卵巢) gonadal axis responsible for reproductive functions.² Excessive psychological stress can disrupt this axis, leading to changes in the secretion of catecholamines and endorphins secretion in the central nervous system. According to *Jing Yue Quan Shu*

Fu Ren Gui [《景岳全书·妇人规》*The Complete Works of (Zhang) Jingyue: Treatise on Gynecology*], “If women’s desires were not realized, they would lead to contemplation and depression, causing qi-stagnation in the heart and spleen, damaging the root and source of *Chong* and *Ren* meridian, which results in the decline of kidney qi (凡欲望未遂, 沉思积郁, 心脾气机郁结, 损伤冲任之根本, 肾气日渐衰微)”.³ Prolonged infertility, coupled with emotional factors, may lead to liver qi-stagnation, as highlighted by Ye Tianshi (叶天士) in *Lin Zheng Zhi Nan Yi An Tiao Jing* (《临证指南医案·调经》*Clinical Guide to Medical Cases: Menstrual Adjustment*), which emphasizes that “the liver is the acquired foundation organ for women (女子以肝为先天)”, underscoring the liver's significance in women's physiology and pathology. Treatment involving liver and meridian adjustments can rebalance sex hormone levels, improving ovarian structure and function, and ultimately addressing anovulation.

Infertility rates have risen in recent years. Some healthy couples struggle with pressure from family and society under the influence of traditional ideas, which causes significant damage on their physical and mental health. Implementation of IVF-ET in some patients often results in low embryo implantation and pregnancy rates, along with repeated failures and a prolonged treatment cycle, exacerbating psychological stress. This stress adversely affects various body systems, including the nervous, immune, and reproductive endocrine systems, indirectly impacting normal fertility. Consequently, psychological treatment has become an integral part of infertility care, with some countries formally incorporating psychological intervention into infertility treatment procedures for better psychological treatment results.

Comprehensive psychological nursing aims to assist infertility patients in managing psychological distress and enhancing resilience through multi-faceted support.⁴ This includes: 1. Psychological anxiety symptom assessment; 2. Cognitive intervention: Correcting unreasonable beliefs, cognitive reconstruction, mental health education, relaxation training, and problem-solving to provide psychological counseling alongside medical treatment; 3. Psychological intervention measures: approaching patients with warmth, sincerity, care, and consideration, engaging in topics of interest to build trust. The care extends beyond individual mental health to encompass the stability of marital relationships and the overall well-being of the family.⁵

3 “Treatment from the heart”: narrative medicine with TCM conditioning for patients' psychological intervention

The term narrative medicine was proposed by Rita Charon, a professor of clinical medicine at the School of Internal Surgery of Columbia University in January 2001.⁶ The goal is to ease the strained doctor-patient relationship, listening to patients overlooked by scientific discourse. Narrative medicine involves bringing doctors into patients' worlds, fostering enhanced communication and empathy (Fig. 2).

The role of narrative medicine combined with TCM in improving psychology is as follows. As an integral part of China's traditional medicine, TCM has consistently exhibited a profound humanistic touch throughout its extensive history. The ancient text *Huang Di Nei Jing* emphasizes that: “In medical treatments, doctors should observe the form and power of the patient’s body, qi, color and vigor on the patient’s face, strength of the patient’s pulse, as well as the time of the occurrence of the disease, then could the doctors waste no time to apply treatments to the patients (凡治病察其形气色泽, 脉之盛衰, 病之新故, 乃治之, 无后其时).”⁷ The TCM diagnostic methods of *Si Zhen* (四诊 four diagnostic methods) of *Wang Wen Wen Qie* (望、闻、问、切 observing, smelling, asking, and palpating) represent a comprehensive process to comprehend patients' ailments and distress. In a broader context, narrative medicine involves careful reading, building interpersonal connections, and fostering a life narrative community. TCM believes that internal changes would be reflected on the external part of the patient, allowing doctors to discern internal conditions through observing patients' external manifestations.⁸

Building parallel TCM medical record is also crucial in the process.⁹ In the realm of narrative medical science, parallel medical records are a vital tool for ethical reflection. The integration of narrative medicine into clinical practice involves using parallel medical records to tangibly express doctors' narratives. This method requires doctors to carefully document patients' experiences and feelings throughout the disease process, fostering reflective exploration of their medical behaviors.¹⁰

Joe Winston, an expert in drama narrative and ethics education at University of Warwick, argues that “narrative storytelling is the best way to comprehend and convey moral knowledge.”¹¹ Acknowledging

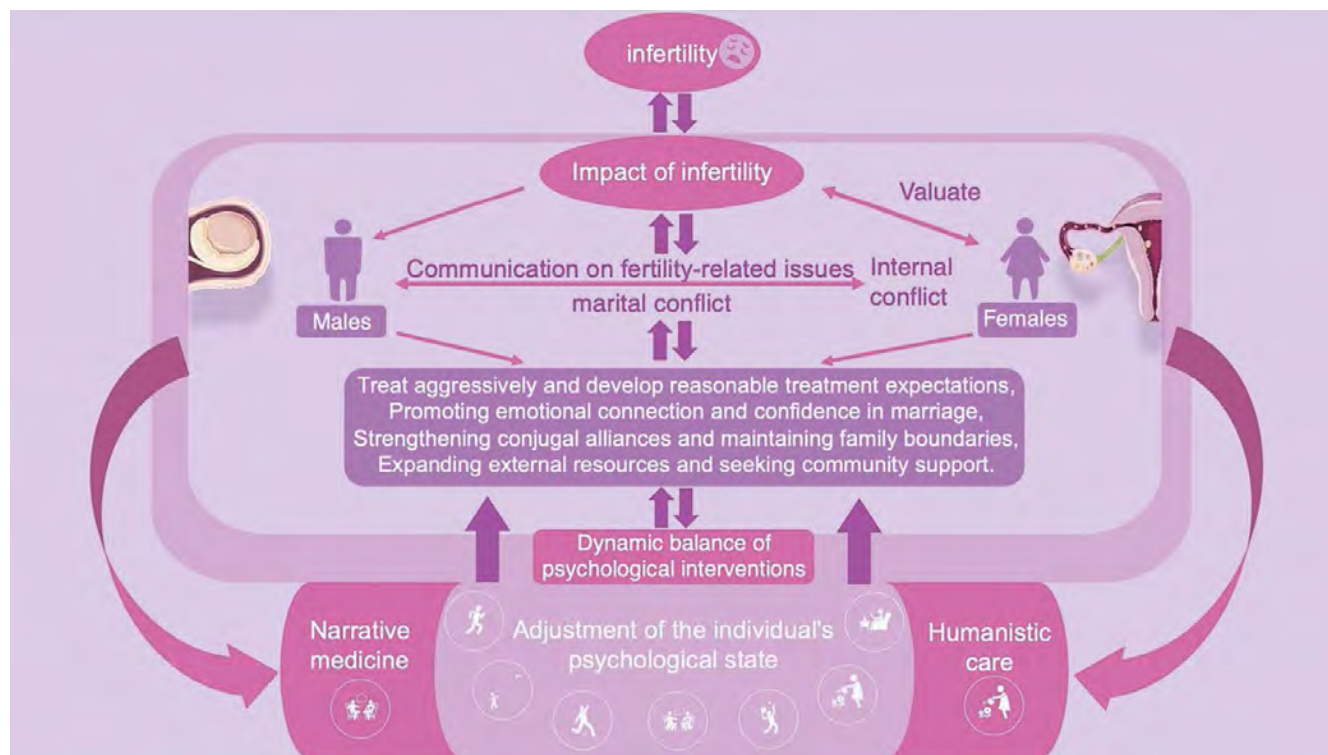


Figure 2 For couples with infertility, communication and support are the key to addressing the challenges together, and narrative medicine provides an option for sharing humanistic care (source with permission from: picture created by the authors)

narrative's central role in moral research and teaching, it becomes crucial for shaping the identity of the narrative subject in moral choices, actions, and emotions, signifying the pinnacle of moral development. Given the people-centric nature of narrative thinking, cultivating professional narrative abilities in healers is essential for elevating the standard of professional ethics education.

By contemplating the ethical link between past and present actions, doctors can shape their future ethical conduct. Drawing from *Lun Yu Li Ren* (《论语·里仁》 *The Analects of Confucius: Living in Brotherliness*), which advises, “Behold the virtuous and engage in thoughts to imitate them; encounter the non-virtuous and engage in self-reflection (见贤思齐焉，见不贤而内自省也)”. The terms “thought (思)” and “self-reflection (省)” denote two distinct thinking levels, emphasizing individual reflection. Writing stands as the highest form of introspection, converting external observations into internal reflections. This process fosters a genuine understanding of others' experiences and potential personal challenges, leading to transformative changes in ethical behavior.

Creating parallel medical records in TCM should integrate Chinese medicine's unique features with the Western parallel medical paradigm. Tailored to TCM's

context in China, these records complement the clinical treatment process, embodying a revived humanistic care spirit. They play a crucial role in improving diagnostic and treatment effectiveness while fostering meaningful doctor-patient communication.¹²

In *Huang Di Nei Jing*, there are discussions on the principles behind the formation of *Beng* (崩 excess bleeding during menstruation) and the relationship between emotions and the circulation of the meridians. Zhang Jingyue (张景岳, 1563-1640) posited that *Beng* was a result of poor emotional health. During the Song dynasty, the first specialized treatise on women's medicine in China, *Fu Ren Da Quan Liang Fang* (《妇人大全良方》 *The Complete Compendium of Fine Formulas for Women*) emphasized that “women's health is based on blood (妇人以血为本)” (Fig. 3). Medical practitioners after the Song dynasty generally believed that menstruation was a primary characteristic distinguishing the female body, and regulating the menstruation cycle was considered key to ensuring women's reproductive capacity. In TCM, the heart governs blood, and the heart's meridian is connected to the heart system; the heart system envelops the pulse of the life gate, which governs the menstrual cycle. Therefore, the theory of “the heart governing blood” is closely linked to the idea that “worry, sorrow, and contemplation injure the heart”,

indicating that emotional states impact heart function, indirectly affecting menstrual health. Professor Xia Guicheng's (夏桂成) perspective on the "heart-kidney-uterine axis" further highlights the crucial role of the "heart" in reproduction. Thus, mental well-being adjustment is inseparable from the principles governing the heart.

In clinical practice, particularly for infertility patients in assisted reproductive technology, TCM adopts a "treatment from the heart (从心佐治)" approach. For instance, the combination of *Suan Zao Ren* (酸枣仁 *Semen Ziziphi Spinosae*), *Yuan Zhi* (远志 *Radix Polygalae*), and *He Huan Pi* (合欢皮 *Cortex Albiziae*) in prescriptions not only harmonizes the heart, calms the spirit, but can also relieve depression and eliminates restlessness, which in turn effectively alleviates anxiety and improves overall outcomes following pattern differentiation.¹³ Given the unique circumstances of infertility treatment, caution is taken in selecting medications to avoid embryotoxic substances. TCM excels in regulating the kidney-cell uterine axis (肾-胞宫轴), providing a holistic approach throughout the ART treatment process.¹⁴

Humanistic care in infertility treatment should be manifested as such. Medicine embodies a humane science, an art enriched by extensive experience, and the most scientific facet of humanity. *Huang Di Nei Jing Su Wen* (《黄帝内经·素问》 *The Yellow Emperor's Inner Classic: Basic Questions*) emphasizes its essence: "Before treatment, choose a quite environment for communication, and close the door and windows to protect patients' privacies. Ask for the patient's conditions multiple times to get his trust, making him feel ease and comfortable, so that the doctor would get the cause of the disease, and observe his spirit at the same time. Those with the spirit would recover after the treatment, while those without the spirit would be hard to cure (闭户塞牖, 系之病者, 数问其情, 以从其意, 得神者昌, 失神者亡)". The concept of "ask for the patient's conditions multiple times (数问其情)" focuses on changes in the patient's mental and physical states. To create a sincere and trust-filled environment, doctors should strive to foster a relaxed atmosphere for patients to express their true feelings, facilitating the release of both physical and mental sentiments. The emphasis



Figure 3 Volume 2 of *Fu Ren Da Quan Liang Fang* (《婦人大全良方》 *The Complete Compendium of Fine Formulas for Women*) (source with permission from: Library of Shanghai University of Traditional Chinese Medicine)

lies in establishing a narrative community relationship between doctors and patients—a profound connection illuminated by using one life filled with love to support another life in need of love.¹⁵

At the same time, we must strive to enhance the humanistic qualities of medical professionals. In addressing infertility, a vital component that is often lacking is medical humanistic care, which is founded on love and compassion. To effectively incorporate humanistic care into infertility treatment, doctors must prioritize these qualities. We should acknowledge our shortcomings, enhance our understanding of humanistic knowledge, and refine these qualities. For example, engaging with literary works that explore the experiences of illness can deepen our empathy for the pain experienced by patients facing infertility, who often possess multiple identities. Doctors treating infertility should be proficient in attentive and empathetic listening, prioritizing genuine care for their patients. In addition to utilizing the essential skills of “touch” and “talk”, medical staff must learn effective communication techniques. Addressing physiological aspects with their medical expertise, it is crucial to provide humanistic care for alleviating psychological pressure, reducing fear, and fostering hope in patients. This comprehensive approach will help patients overcome their pain and suffering.

Finally, attention must be directed towards the psychological well-being of patients' families. In addition to addressing the potential anxiety faced by women dealing with infertility, it is crucial to provide psychological support to family members, particularly husbands. Research indicates that infertility has a similar psychological impact on both husband and wife, highlighting the importance of fostering a positive attitude to alleviate the psychological burden on infertile women. Doctors can facilitate understanding and coping strategies related to infertility through effective psychological communication and support from husbands. Encouraging mutual support between spouses can reduce anxiety and pressure on patients, ultimately enhancing the success rate of treatment.

4 Conclusion

TCM offers significant value in terms of safety and therapeutic effectiveness.¹⁶ The integration of TCM sentiment therapy with modern medical science represents a groundbreaking and holistic approach to infertility treatment. By combining the time-

honored practices of TCM with the advancements of contemporary medicine, we are positioned to provide a more comprehensive and patient-centered form of care that addresses both the physical and emotional dimensions of infertility.

Moreover, incorporating principles of narrative medicine enriches this approach by emphasizing the importance of patient stories and experiences. Understanding each infertile patient's unique narrative allows healthcare providers to tailor individual treatments, fostering a deeper connection between doctor and patient. This empathetic engagement can not only enhance therapeutic outcomes but also empower patients, helping them navigate the challenges of infertility with greater resilience and hope. Ultimately, this integrated model of care offers a more profound understanding of infertility, ensuring that both the physical and emotional aspects are harmoniously addressed.

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Ethical approval

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

Authors' contributions

TONG Yuheng did the research and wrote framework construction and content writing of the article. CHEN Wei was responsible for the format modification of

the article. Deep Vaishnani and Khaing Wut Yi Hla provided translation guidance. CHEN Chen was responsible for picture production. Chen Yanman was responsible for the guidance of language expression.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Clinical Humanistic Needs of Chinese Medicine Treatment of Chronic Urticaria from the Perspective of Narrative Medicine

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1 Introduction

A prevalent clinical dermatologic condition, chronic urticaria is characterized by urticaria lasting longer than six weeks and more than two episodes per week.¹⁻² Patients typically experience the abrupt onset of urticaria and itching on their face, limbs, and trunk.³ The disease has a quite complicated etiology. Statistics show that 46% of people with chronic urticaria have psychosocial variables, primarily anxiety, depression, and other issues.⁴ The condition is prone to recurring episodes, which has a major negative impact on the patient's quality of life. Chronic urticaria is called *Yin Zhen* (瘾疹 nettle-rash) in Chinese medicine. The word *Yin Zhen* was first seen in *Su Wen Si Shi Ci Ni Cong Lun* [《素问·四时刺逆从论》 *Basic Questions: Discourse on Opposition and Compliance in Piercing in (the Course of) the Four Seasons*]: "Skin arthralgia and addiction rash may occur due to excess of qi in Shaoyin (少阴有余, 病皮痹隐疹)." *Jin Gui Yao Lue Zhong Feng Li Jie Bing* (《金匮要略·中风历节病》 *Essentials from the Golden Cabinet: Stroke and Arthralgia Disease*) also recorded: "Pathogenic wind affecting the interior may cause itchy urticaria (hives) (邪气中, 则身痒而瘾疹)." Chronic urticaria can be treated in a variety of methods using traditional Chinese medicine (TCM). The therapies work well and are frequently used in clinical settings.

This paper combines the latest concept of Chinese narrative medicine to explain that applying the concept of

narrative medicine to the treatment of chronic urticaria in Chinese medicine can help alleviate the adverse effects of psychosocial factors in the process of the patient's morbidity, increase the clinical efficiency of chronic urticaria, and improve the quality of life of patients with chronic urticaria, thus further enriching the clinical pathway of narrative medicine.

In order to help patients who are struggling with social and psychological issues, as well as physicians who possess the narrative ability to listen to, take in, and comprehend how to respond to other people's stories and challenges, narrative medicine advocates overcoming the limitations of traditional medical treatment and utilizing methods other than medications and surgery.^{5,6} A development route with Chinese characteristics has emerged in the clinical practice of narrative medicine in recent years.⁷ Chinese medicine emotional therapy (中医情志疗法) is strongly tied to narrative medical thought, and TCM promotes a vision of "holism of body and spirit, simultaneous treatment of body and mind (形神统一, 身心并治)" in clinical practice, which contains traits of medical humanism. In view of the influence of psychosocial factors on chronic urticaria patients, the author believes that narrative medicine is linked to the theory of Chinese medicine, and the application of the theory of narrative medicine in the diagnosis and treatment of chronic urticaria will help to improve the clinical efficacy of the disease, and provide new clinical paths for its clinical diagnosis and treatment.

2 Narrative medicine and current development in China and abroad

"Narrative medicine" was first proposed by Columbia University internist and literary scholar Rita Charon in 2001 to refer to a humanistic model of care that utilizes the ability to narrate, perceive, assimilate, interpret, and help others' stories and dilemmas in the practice of medicine.⁸ Empathy and reflection lie at its core. The model offers new opportunities for respectful, empathic and caring medical treatment by bridging the divide between physicians and their patients, themselves, their colleagues and society.⁹ After the 21st century, narrative medicine has been developing rapidly in foreign countries. Most

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medical schools in the United States offer courses in humanistic medicine, and nearly half of those institutions offer narrative medicine as a mandatory course.¹⁰ Narrative medicine has been applied in many fields such as clinical medicine, social management, geriatrics, psychiatric patient care and other fields, and has considerable medical practicality.

In 2008, Yang Xiaolin (杨晓霖), a scholar from Southern Medical University, introduced the concept of narrative medicine into domestic medical education.¹¹ In the same year, China's first symposium on narrative medicine was held at the Institute of Medical Humanities of Peking University, and under the active promotion of academician Han Qide (韩启德) as well as scholars such as Guo Liping (郭莉萍) and Wang Yifang (王一方), the theoretical study of narrative medicine kicked off in China.¹¹ In 2016, Yang Xiaolin proposed accelerating the pace of construction towards a system of narrative medicine of Chinese characteristics, to actively promote the development of Chinese narrative medicine in the local context, and to put forward a complete set of keywords and discourse systems for narrative medicine practice, such as "professional narrative competence of medical practitioners", "narrative literacy in life and health", "narrative adjustment", "narrative foreclosure", "narrative unification", "narrative community", etc.¹²⁻¹⁴ From 2018, the Southern Medical University team guided the establishment of more than 40 narrative medicine/narrative nursing practice organizations nationwide, and since then, narrative medicine research and practice has been rapidly spreading in China.

Chinese narrative medicine promotes disease diagnosis and compassionate treatment, health communication and crisis resolution, psychosomatic regulation and health management, health communication and disease popularization, clinical narrative thinking and professional identity education for medical practitioners, the dynamic empowering role of narrative in hospital management and cultural heritage, and narrative cross-disciplinary research in the context of the new medical sciences.¹⁵ The key concepts involved, such as "narrative foreclosure" leading to illnesses that require a narratively competent healer to strategically develop "narrative regulation" of the patient in order to achieve the optimal effect of whole-person treatment, are similar to the concept of "treating the heart with the heart (以心治心)" and "combining both body and spirit (形神兼具)" in TCM.¹⁶

Although both Chinese narrative medicine and Western narrative medicine use narratology as the overall framework, their philosophical roots are different. Therefore, in the construction of the Chinese narrative medicine system, Yang Xiaolin especially puts forward the concept of building the discipline of narrative traditional Chinese medicine, which discusses the inter-temporal echo of the philosophical foundations of life between TCM and Chinese narrative medicine, and

emphasizes that healing, health maintenance or rehabilitation is a "process of internal construction (自内而脱之使出)", which only mobilizes the internal resources of the individual life that can lead to the realm of "peace of mind and body (心身俱安)". Both emphasize education on the knowledge of life, old age, sickness and death, and advocate that the earlier the better for improving "the way of life (生命之道)" and the knowledge of life and health, in order to prevent illnesses from occurring in the first place; both advocate the return of medicine to the human nature and humanity, and the pursuit of the concept of "whole-person health (全人健康)".¹⁶ In this paper, the application of Chinese narrative medicine in the diagnosis and treatment of urticaria is studied using the narrative traditional Chinese medicine proposed by Yang Xiaolin as a starting point.

3 The physical and mental characteristics of patients with chronic urticaria and the current status of TCM treatment

3.1 The proposal of narrative Chinese medicine

Chronic urticaria is a common and frequent disease in domestic dermatology clinics in recent years. With its recurrences, the disease affects the patient's appearance, impairing one's normal interpersonal communication, work and life.¹⁷ The patient's long-term treatment is also burdened with a greater economic pressure, which can lead to a significant decline in the quality of life of the patient,¹⁸ and has a great impact on the patient's physical and mental health. At the same time, studies have shown that under the stimulation of tension, anxiety and depression, the thalamus-pituitary-adrenal axis can lead to the release of β -endorphin, which regulates and induces the immune response of human lymphocytes, leading to a significant increase in vascular relaxation and permeability, resulting in the occurrence of lesions and aggravation of chronic urticaria patients.¹⁹ Therefore, many scholars believe that the occurrence of chronic urticaria is directly related to the patient's anxiety, depression and other psychological disorders, and should belong to the category of psychosomatic dermatosis.²⁰

TCM believes that all kinds of human diseases may be caused by seven emotions (七情), excessive emotional excitement or excessive inhibition, human body qi (气机) disorders, disharmony between qi and blood (气血失和), or imbalance between yin and yang of the zang-fu organs (脏腑阴阳失调). The seven emotions would cause disease, that is, the so-called "internal injuries due to seven emotions (七情内伤)".²¹ In the clinical diagnosis and treatment of physical and mental diseases, TCM emphasizes "simultaneous treatment for body and mind (身心同治)". Although the skin is superficial at the body surface, but it is closely related to the function of the internal organs. *Su Wen Ci Jin Lun* (《素问·

刺禁论》*Basic Questions: Discourse on Prohibitions in Piercing*) said: “The heart’s expression on the surface (心部于表).” That is to say, *Yang Qi* of the heart (心之阳气) is dispersed in the skin, to maintain the normal physiological function of the skin. According to *Lei Jing* (《类经》*Classified Classic*): “Excessive heat causes painful sores, while mild heat causes itchy sores. The heart belongs to fire, which transforms into heat, so all sores belong to the heart (热盛则疮痛, 热微则疮痒。心属火, 其化热, 故疮疡皆属于心也).”

Dysfunction of the heart can lead to skin diseases. According to the theory of TCM pattern differentiation (中医辨证理论), heart and spirit abnormalities, the loss of heart qi (心气) of dispersion, heart blood loss in circulation (心血失于周流), the inability to glorify and nourish the skin hair and orifices, would result in a variety of skin diseases.²² Chronic urticaria is one of the typical diseases, and some patients may also experience a vicious cycle in which emotions and skin lesions aggravate each other. The summarized descriptions of emotion (情志), heart qi (心气) and skin ulcers (皮肤疮疡) in Chinese medical texts are important hints for the improvement of clinical diagnosis and treatment.

Huang Di Nei Jing (《黄帝内经》*The Yellow Emperor’s Inner Classic*) is the earliest medical text in China and a reliable cornerstone in the development of traditional Chinese medicine (中医学). The concept of the oneness of body and spirit (形神一体观) is an important academic idea of *Huang Di Nei Jing*, which advocates that human beings must have the unity of form and spirit (形神统一), and that form and spirit must be compatible with each other (形神相得), such as *Lin Shu Tian Nian* (《灵枢·天年》*The Spiritual Pivot: Years Given by Heaven*), “with a spirit of the heart and a soul that is complete, one becomes a human being (神气舍心, 魂魄毕具, 乃成为人)” and *Su Wen Shang Gu Tian Zhen Lun* [《素问·上古天真论》*Basic Questions: Discourse on the True (Qi Endowed by) Heaven in High Antiquity*], “the form and spirit are both in one place, and all of them will end up with their heavenly years (形与神俱而尽终其天年)”. If body and spirit are not unified, the physical and mental health of people will have problems, such as *Su Wen Tang Ye Lao Li* (《素问·汤液醪醴》*Basic Questions: Discourse on Decoctions and Wines*), “The body is damaged and the blood is exhausted.....inconsistent spirit (形弊血尽.....神不使也)” and *Su Wen Ni Tiao Lun* [《素问·逆调论》*Basic Questions: Discourse on the Assessment of Movements Contrary (to Their Regular Course)*], “if there is no connection between the body and the mind, it is called death (人身与志不相有, 曰死)”.

Su Wen Yi Jing Bian Qi Lun (《素问·移精变气论》*Basic Questions: Discourse on Moving the Essence and Changing the Qi*) is from the perspective of Chinese medicine diagnosis and treatment of the practice of “the concept of the oneness of body and spirit” put forward specific requirements: “Close the door and block the window, for those who suffer from illness, ask their situation

several times in order to understand their wishes (闭门塞牖, 系之病者, 数问其情, 以从其意).” It is said that the doctor can also have a diagnosis of the main key to the disease, that is, from contact with the patient to ask about the condition, to choose a quiet environment, close the doors and windows, and the doctor can get in close contact with the patient to patiently and carefully ask about the condition, make sure that the patient has no worries, talk to the fullest, to learn the true feelings of the patient, and to observe the patient’s complexion, there is an expression (神气) of the patient’s prognosis for a good and no expression of the patient’s prognosis for a bad. The prognosis is good for those who have a good spirit, and bad for those who do not. The reason why *Su Wen Yi Jing Bian Qi Lun* puts forward the above requirements is that the description of the patient in the process of Chinese medicine is often “inexplicable (言不尽意)”. At this time, through the descriptive thinking of image thinking (象思维), the Chinese medicine practitioner observes the dynamic whole of image (象) and the situation (境), comprehensively collects information through “building the image (筑象)”, “building the situation with the image (象以筑境)”, and combines the image and the situation (象境结合) with the difficult-to-express metaphors. Through this descriptive way, the “inexpressible” metaphor can be externalized.²³

Narrative medicine emphasizes the realization, understanding and respect of patients’ metaphors, which is similar to the process of diagnosis and treatment under the guidance of Chinese medicine’s image thinking.²³ In clinical diagnosis and treatment, doctors with narrative ability are required to understand and grasp the objective physical condition of patients exposed to diseases through patients’ “Self-telling body”, and to deeply understand the deep-seated individual self-condition of patients hidden behind the diseases.²⁴ Recognizing the specificity and uniqueness of individual patients, observing and witnessing the story of the disease together with patients, patients are no longer “part and object of the disease” for doctors to judge and diagnose, but “whole and subject of the human being” to participate in medical activities, which can bring them closer to each other and ease the tension between them. The distance between each other, eases the anxiety of both sides, truly realize the integration of the field of view of doctors and patients, so that the patients actually feel the doctor’s understanding and respect for individual life, and can be more positive from the psychological and physiological cooperation with the doctor’s treatment.²⁵

Both TCM and narrative medicine emphasize the attention to the patient’s mental and psychological factors, emphasize the medical humanistic care of the patient, respect and accept the patient’s individual physical and mental state and establish a deep narrative connection with the patient, to achieve harmonious communication between the patient and the doctor and to improve the clinical efficacy and the level of medical

services. In a sense, the textual reading, interpersonal narrative connection and narrative community construction of narrative medicine echo the three levels of TCM, namely, “inspection of the shape-inspection of the spirit-inspection of the nature (望形-望神-望性)”, which is the “concern” of “inspection (望诊)” in TCM. By inspection of the shape, that is, reading the text carefully, we can observe the external physical performance of the patient, and through the construction of interpersonal narrative connection, we can pay attention to the mental state of the subject, and fully grasp the patient’s body and mind as a whole, that is, we can inspect of the spirit, and combine the patient’s character and personality characteristics with the communication mode of narrative response, and then realize the communication of “using the spirit of my mind to meet the spirit of his mind (以我之神, 会彼之神)”. This not only makes the diagnosis and treatment more accurate and effective but also has more humanistic connotations.^{26,27}

3.2 Current status of TCM treatment of chronic urticaria

TCM recognized chronic urticaria in an early period. In the long history of development and clinical practice, Chinese medicine treatment of chronic urticaria has formed a more complete system of treatment based on pattern differentiation, mostly from the “wind (风)”, “dampness (湿)”, “stasis (瘀)”, “deficiency (虚)” of chronic urticaria for the identification and treatment, has accumulated a wealth of clinical experience, but so far has not yet found a complete cure.

With the continuous deepening of the research of chronic urticaria in Chinese medicine, the importance of emotional factors in the development of the disease, diagnosis and treatment has been gradually emphasized. Zou Guoming (邹国明)²⁸ and others believe that liver depression and blood heat (肝郁血热) type chronic urticaria is mostly due to emotional discomfort and fluctuations. If there is too much worry and depression, resulting in obstructed flow of liver qi (肝气不疏) and qi stagnation (气机郁结), stagnation transforms into fire and generates wind, leading to internal wind heat (郁而化火生风, 内生风热之邪), stifling the skin (郁遏肌肤), and contending of qi and blood (气血相搏), then will there be wheal, itching and so on,²⁸ the treatment is to soothe the liver and relieve stagnation (疏肝解郁), cool the blood and stop the itching (凉血止痒). Zhou Baokuan (周宝宽) et al. used the method of nourishing yin, generating fluids (滋阴生津) and nourishing the heart and tranquilizing the mind (养心安神) to treat difficult chronic urticaria with satisfactory results.²⁹ Huang Yaozhou (黄尧洲) treated cholinergic urticaria with the principle of “calming the mind (镇心安神法)” method, and the patients responded well.³⁰ The process of TCM pattern differentiation of chronic urticaria is the process of “treating both body and mind (身心并治)”.

4 Application of narrative medicine in the clinical management of chronic urticaria

With the continuous development of the economy and society and the improvement of medical technology, the clinical practice of Chinese medicine is also developing in the direction of precision and evidence-based, and the traditional skills and traditional medical ethics of Chinese medicine have been gradually neglected, and patients are unable to effectively express their physical and mental pain and difficulties in the process of diagnosis and treatment. Clinicians focus on patients’ physical symptoms and test results and avoid the psychosocial factors in patients’ illnesses. According to the theory of narrative medicine, clinicians should provide humanistic care for patients with urticaria from the following points when they carry out TCM pattern differentiation for patients.

4.1 Listening to the patient’s physical and psychological predicament

In the process of doctor-patient communication, patients may show all kinds of concerns and doubts about the disease, as chronic urticaria patients are often eager to learn about the treatment, medical costs, prognosis and the probability of recurrence and other issues. The treatment will also produce for TCM pattern differentiation and the attending physician’s questions. A doctor should have good listening skills to find the root cause behind the patient’s emotional and psychological problems, and based on respecting the patient’s privacy and opinions, try to help the patient overcome the emotional and psychological factors, so that the patient maintains a good state of mind, to establish good mutual trust between the doctor and the patient, and try to take care of the feelings of the patient and his family.

4.2 Evaluate parallel medical records to assess the patient’s treatment

TCM medical records are important archival materials for the development and inheritance of TCM as well as the summary of clinical experience and the reflection on the combination of theory and practice of doctors in the past dynasties, which is of great significance for learning and summarizing the experience of pattern differentiation and prescription medication selection in clinical practice and improving clinical practice skills. However, the current TCM medical records and reflections are still mainly based on TCM pattern differentiation and medication techniques, and the recording and thinking of patients’ mental state are less, which leads to the failure to play an ideal role in the clinical decision-making process of patients with chronic urticaria psychosomatic diseases.

For patients with urticaria physical and mental diseases who have poor diagnostic and treatment effects or recurrent seizures, while writing routine outpatient medical records, the application of narrative medicine parallel to medical records to record the patient's language, demeanor, emotions, and other states, focusing on the patient's psychosocial factors in the process of the onset of the disease, and then reflecting on the medical process for the patient's disease of the non-biological factors of the judgment and understanding of the clinical diagnostic and treatment program to improve the reference.

In November 2011, a 76-year-old female patient was admitted to the dermatology clinic of Rongcheng County People's Hospital due to "wind mass accompanied by itching aggravated for 1 year and 2 weeks". The patient reported that there was no obvious cause of wind mass in the whole body one year ago, and the itching was intense, especially at night. The oral administration of levocetirizine hydrochloride tablets and other drugs was not good, and the effect was repeated for many times. According to the theory of TCM pattern differentiation and treatment, combined with the color of the patient's tongue and pulse and rash, considering the patient's age and weakness of qi and blood, Bazhen Decoction was administered. Oral drugs for a week, the patient reported that the itch was reduced, but still insomnia at night, but each insomnia is still a severe wind group attack, considering that there is a heart in front of the drug, the doctor then asked the patient in a concerned tone: "Insomnia at night because there is anything unpleasant in life, whether there is often a sense of emotional anxiety and depression?" The patient burst into tears and told his experience over the past year: "I was originally from the Northeast, after retirement, I returned to my hometown with my wife, but I did not expect to return to my hometown only one year, my wife fell ill and died, and my nephew came to compete for my wife's inheritance, under the influence of grief and anger, I suffered from urticaria, and because of family conflicts and long-term emotional disorders, serious insomnia, so urticaria has been repeated, both physical and mental pain." After saying this, the patient burst into tears.

The patient was gently led and convinced by the doctor, who also obtained the patient's consent to write parallel medical records and followed up with the patient on a frequent basis during the follow-up treatment. We conducted a reflection analysis using the patient's data from the parallel medical records, closely monitoring and documenting the patient's physical symptoms, facial expressions, movements, social relationships, and other aspects. Patients because of emotional disorders, liver qi is not comfortable lead to insomnia, night symptoms are obvious, so on the basis of the original prescription to add *Chai Hu* (柴胡 Radix Bupleuri), *Zhi Zi* (栀子 Fructus Gardeniae), *Xiang Fu* (香附 Rhizoma Cyperi), *Chuan Xiong* (川芎 Rhizoma Chuanxiong), *Zhi Qiao* (枳壳 Fructus Aurantii) and other drugs to ease the liver

depression, regulate qi. Take Baihui (GV20), Sishencong (EX-HN1), Shenmen (HT7), Neiguan (PC6), Xinsu (BL15), Danshu (BL19), Xingjian (LR2) and other acupoints for acupuncture treatment to help patients recover sleep quality and reduce the timing of urticaria attack.

In order to encourage patients to gradually walk out of the pain of the loss of a spouse, the doctor invited a psychological consultant to guide the patient to carry out a defining ceremony, write a letter about his life and illness experience after the death of his lover, and talk about the changes in this situation to his wife when mourning his lover, and let the patient record his emotions and life status before and after this process to strengthen the patient's awareness of his own state. After 3 months of medication, acupuncture treatment and psychological counseling, the patient's physical and mental pain was gradually reduced, and took the initiative to tell the doctor in a visit: "Their symptoms of urticaria are much better, with the progress of physical and mental treatment process, their inner pain and helplessness gradually dissipated, but also have the courage to face the future life." In the process of TCM treatment of chronic urticaria, the use of reflective writing such as parallel medical records can find the crux of the patient's disease through the process of combing the patient's physical and mental conditions, appropriately provide the patient with medical humanistic connection, guide the patient out of the bad physical and mental state, and more accurately adjust the patient's medication and diagnosis and treatment plan. To improve the clinical decision-making level of chronic urticaria diagnosis and treatment and medical service quality.

4.3 Guiding family members to provide psychological and social relationship support for patients

In the treatment of chronic diseases, we often find that the source of psychosocial support for patients is not only medical personnel, but also the support and help of patients' family members is more important. As an important part of the patient's intimate relationship, the words and actions of family members have a deeper impact on the patient, but in the process of accompanying patients with chronic diseases, the patience and energy of family members may gradually diminish, resulting in the patient being affected by the negative emotions and psychological state of family members. Therefore, in the process of diagnosis and treatment, we should strengthen the popularization of science and education for patients' family members, emphasize the importance of managing psychosocial factors like work and family-related stress for patients' diagnosis and treatment, and urge family members to provide appropriate psychological and emotional support for patients.

5 Conclusion

Long-term clinical practice in dermatology has taught us that good outcome and prognosis for patients with chronic allergic diseases can be achieved not only through the use of medical technology alone but also through the cooperation of different disciplines and specialties. Especially when dealing with patients with different personality traits, socio-cultural backgrounds, and close family relationships, it is important to address the various factors that contribute to the onset of a patient's disease in a manner that is appropriate to the individual. Narrative medicine is a clinical practice full of medical humanism that helps doctors and patients to work together to discover non-biological disease-causing factors, communicate fully and establish a trusting and cooperative doctor-patient relationship, to give full play to the ability of medical personnel to guide patients' physical and mental coordination in the process of treating diseases and to improve the diagnostic and therapeutic effects and doctor-patient relationship.

However, as far as the current clinical practice of dermatology is concerned, the narrative literacy of medical personnel needs to be urgently improved, the ability to listen to and empathize with patients and other narrative care needs to be strengthened, and the application of the theory of narrative medicine by various clinical institutions that have already carried out the work of narrative medicine is still at the stage of grasping for the way forward. From the perspective of narrative medicine, strengthening the theoretical study and expert guidance of narrative medicine, increasing learning and communication between different disciplines, integrating the strength of the medical team to create a positive atmosphere informed by narrative medicine, meeting the clinical and humanistic needs of patients with chronic urticaria, improving the quality of clinical decision-making for patients with this kind of physical and mental diseases, and providing patients and their families with more humanized medical technology and humanistic services can help to alleviate patients' physical illness and pain, help patients achieve physical and mental harmony.

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Ethical approval

This study does not contain any studies with human or animal subjects performed by any of the authors. Written or electronic informed consent was obtained from all the participants or their guardians.

Author contributions

ZHOU Rongxin is responsible for the overall planning and coordination of the entire research project, supervising the entire research process. LIU Shuchen is responsible for drawing up the research plan and schedule, collecting relevant research literature for comprehensive analysis. REN Tengfei is responsible for sorting out the relevant theoretical framework and combining it with practical research to write and revise the paper. Muhammad Danish Yaqoob is responsible for translating the article.

Conflicts of interest

The authors declare no financial or other conflicts of interest.

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Chinese Medicine and Culture

中医药文化（英文版）

Introduction of Infection, Inflammation & Immunology Team Led by Professor Zheng Yuejuan



The Infection, Inflammation & Immunology Team led by Professor Zheng Yuejuan (郑月娟) from Shanghai University of Traditional Chinese Medicine (SHUTCM) is committed to deciphering the protective roles and underlying mechanisms of traditional Chinese medicine (TCM) in the treatment of inflammatory or infectious diseases.

Professor Zheng Yuejuan is a chair professor of SHUTCM, vice dean of the School of Integrative Medicine, SHUTCM and vice dean of the Research Center for TCM, Shanghai Institute of Infectious Diseases and Biosecurity. She holds the titles of Young Qihuang Scholar and distinguished professor of Shanghai Universities (Oriental Scholar), serving as vice president of Shanghai Society for Immunology (SSI), chairwoman of the Committee of TCM & Immunology of SSI, and a standing committee member of Asia-Pacific Association of Medicine and Bio-Immunology as well as Chinese Association of Integration of Traditional & Western Medicine.

The team currently consists of 9 faculty members and over 20 students, including 3 professors, 4 associate professors and 2 lecturers. The team is committed to focusing on the research of immunomodulatory roles and mechanisms of TCM in viral or bacterial infectious diseases, and the teaching of immunology and microbiology to undergraduate or postgraduate students. The main findings are that effective TCM formulas such as

Qing Fei Pai Du Tang (清肺排毒汤 Lung-clearing and Toxic-resolving Decoction), *Fei Yan Qing Hua Tang* (肺炎清化汤 Lung Inflammation Clearing and Transforming Decoction), and Xuebijing injection (血必净注射液), as well as the active ingredients like ephedrine and baicalin can prevent the progression from mild to severe infection, improving the survival rate of infected individuals by modulating innate immune response and down-regulating the overwhelmed cytokine storm during infection.

The team has presided over 20 high-level projects, including those from the National Key Research and Development Program of China and the National Natural Science Foundation of China. Professor Zheng Yuejuan has published more than 55 SCI-indexed papers, with the highest impact factor of 24.1, and the total impact factor of more than 260. The team has edited and co-edited several textbooks, such as the 14th Five-Year Plan textbook *Yi Xue Mian Yi Xue* (《医学免疫学》 *Medical Immunology*) and *Wei Sheng Wu Xue Yu Mian Yi Xue* (《微生物学与免疫学》 *Microbiology and Immunology*). Professor Zheng Yuejuan has also obtained 5 national patents and won awards such as Young Scholar Award of the Chinese Society of Immunology and the second prize for scientific and technological achievements issued by the Chinese Medical Association. In terms of teaching, she has also been recognized as an External Gold Medal Teacher and Outstanding Postgraduate Tutor of SHUTCM. She spent 2 years as a senior visiting scholar at Weatherall Institute of Molecular Medicine, Oxford University, UK and currently is a visiting professor at the Institute for Biomedical Technologies of the Italian National Research Council. As the initiator and organizer of the International Symposium on the Integrative Innovation of TCM & Western Medicine and Talent Training Models, and the Summit Forum on TCM and Immunology in Yangtze River, Professor Zheng Yuejuan actively promotes the academic exchange and the inheritance of TCM culture.

