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

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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.

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,

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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 understood 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 utilization[21] 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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