

Narrative Medicine in China and Chinese Sources for Narrative Medicine

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

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

The 10 articles in this special issue of *Chinese Medicine and Culture* on “narrative medicine in China and Chinese sources for narrative medicine” fall under five broad categories: (1) Introducing to a Chinese audience AfterWards, a specific narrative medicine program established in 2014 at Johns Hopkins University (Small); (2) Summing up the recent history of narrative medicine in China and what makes

its development distinctly Chinese (Guo, Gui); (3) Drawing out connections between central concepts in modern narrative medicine and comparable concepts within traditional Chinese medicine (Wang, Yang); (4) Introducing the narrative medicine potential of a wide range of primary Chinese sources from antiquity to the present (Cook, Richter, Hanson, Li, and Mao); and (5) Bringing a narrative medicine perspective to bear on the different roles case studies and case reports are currently playing in East Asian medicine in the United States (Rivkin).

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

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

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

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

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

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

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

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

and Yang Xiaolin subtly analyze the Chinese medical concepts that resonate with central concepts in modern narrative medicine.

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

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

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