

Chinese Medicine is Queer

‘Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers. It is an identity without an essence. ‘Queer’ then, demarcates not a positivity but a positionality vis-à-vis the normative’¹

What is Queer theory and how does any of this relate to Chinese Medicine?

Queer critique of normality

Queer theory is a so-called Post-structural critical theory that has its roots in the early 1990's lesbian and gay activist scene. A central tenet of this theory is a deconstructionistⁱ critique of gender and sexuality. What you may quite rightly ask yourself, has any of this to do with Chinese medicine? Well a central part of the theory, that is relevant to us in the Chinese medicine community, is the concept of social constructionⁱⁱ and that “normality” and “deviance” are adopted values, not natural laws. Through the use of post-structuralism and deconstructionism, Queer theory challenges not only the inherent power structures of a heteronormative society, but it also challenges what and who defines what normality itself is.

When normality is socially defined by a dominant group, being normal will be accompanied by inherent rights and privileges. When you are positioned or when you position yourself outside of the normative, you lose these privileges and your voice loses its authority. What I want to do here, is to utilise this critical approach and analyse Chinese medicine's position in relation to the “normal” and thereby dominant Western medicine, in the developed world.

What is straight and normal and who defines this

Chinese medicine is inherently “queer” in its relation to Western medicine. Western medicine is the dominant culture. Because it is a dominant culture, it is perceived of as being that which is normal. It does not have to justify itself or prove its merit. This being inherent and self evident. Anything that falls outside of its demarcations is thereby not normal. This means that it acceptable to view any deviations that fall outside of the confines of Western medicine i.e. the normative, as being weird, worthless, peculiar or even crackpot. As practitioners of Chinese medicine, we are regularly termed quacks and practitioners of ju-ju by our most sceptical critics in the Western medical and scientific community. When you deviate or digress from the normative, then you not only have to prove to the community at large, that what you do is not weird or crackpot, but also that what you do is effective and justifiable. This is not just reflected in everyday practice, but is especially evident with regards to clinical research. Western medicine itself can utilise techniques and products that are not proven by their own gold standard of randomised controlled trials. For example only 37% of interventions in Western medicine are proven by RCT², because empirically it is accepted that these techniques and products work, as they have been successfully used for decades. Chinese medicine, because it is positioned outside of the normative culture, has to undergo stringent and critical testing, even though its techniques and products are even older and also empirically have

¹ D. Halperin, *Saint Foucault: Toward a Gay Hagiography*, Oxford University Press, Oxford, 1995, p. 62.

² http://www.sram.org/media/documents/uploads/article_pdfs/5-2-06.Imrie-Ramey.pdf accessed 24/01/16

been known to “work” for even longer than Western medicine protocols. There are two sets of rules. These rules being defined by one's position in the power relationship.

This power relationship is also evident in language and terminology. Chinese medicine and many other therapies are defined as being alternative or complementary. The implication of these terms being, that there is something mainstream that they are an alternative to or that they complement.

Having to perform better to get the same recognition

Chinese medicine and other complementary therapies are in many ways, in the same position as numerous minority groups. It is much more difficult to be taken seriously, when you are queer, when you are positioned outside of the dominant culture. You have to achieve more or fight harder to gain respect and acceptance. This is the same story that women and many ethnic minorities also report in many professions. In most Western countries women receive around 15% lower pay, than their male colleagues. (At the same time many women report having to make a 20% greater effort to be seen as being on the same level). This difference in wages is even more evident, when ethnicity is added to the pot. In the USA Hispanic women earn 89% of what Hispanic men earn, but their wage is only 54% of a white man's wage³.

Whilst it is always convenient and often satisfying to point a finger at others, it is always more edifying to reflect and look inwards at oneself, both individually and in this case, as a profession. For example: Is there an over-representation of male lecturers at the top of our own profession, whilst there is a greater number of female practitioners in the profession itself? When I spoke at the congress in Rothenburg last year, I did a survey and found that 60% of the participants attending the congress were female, whilst only 40% of the lecturers were. This bias is likely to be even higher, in that there is probably a greater number of mothers of small children who are practitioners, who did not attend the congress.

Chinese medicine, by being queer in the Western medicine world has to be 100% squeaky clean and has to constantly prove itself on a playing field defined by Western medicine's terms, whereas Western medicine does not have to explain itself or prove itself to Chinese medicine. Western medicine is the dominant and accepted way of being. In research, a single trial showing inefficiency, even though it does not live up to even the most obvious standards of treatment in Chinese medicine, can be used to demean or cast doubt on the efficacy of Chinese medicine as a whole. Also one patient getting poisoned by a herb or a lung being punctured by a needle is used to define a whole profession or medical system as being dubious, yet Western medicine quite sensibly accepts that there will be occasional casualties, as a result of treatment. This is very similar to the position of ethnic minorities in European society. A criminal who has an ethnic background will be reported in the media, as being for example an Arab or immigrant criminal, whereas a white, European criminal is only reported as a criminal. This misreporting combined with white European being the dominant, normative culture, results in these criminal acts reflecting negatively on a minority community collectively, whereas a white person's digression is an individual misdemeanour.

Furthermore, practitioners of Chinese medicine, like women and various minority groups, are generally underpaid with regards to their qualifications, when compared to a Western medicine

³ Source: U.S. Current Population Survey and the National Committee on Pay Equity

practitioner. Also the level of recognition a doctor has compared with an acupuncturist is disproportionate with regard to the level of training of an acupuncturist. Statements from a doctor's mouth are by definition credible, doctors being the most trusted profession in British society⁴, whereas an acupuncturist's words will carry little weight in the public health debate, even though they have studied the subject area for a similar number of years. A Western doctor will often go unchallenged by a journalist, when they express a view about the efficacy of Chinese medicine, despite not having any knowledge or experience of Chinese medicine.

We should though also look inwards and analyse our own latent power structures. Just like in the macrocosm of society, these structures and relationships which exist in our own microcosm, are subtle and largely undefined. It does not mean though that they are non-existent. As Chinese medicine has established itself and grown in the West, there has arisen an increasing number of sub-cultures, some defining themselves in opposition to the main or dominant culture (e.g. multi-bed working class acupuncture contra individual treatment sessions), some asserting that they are in reality the true, normal culture, even though they are numerically a minority (e.g. classical Chinese medicine contra TCM), and some are viewed as pariahs (dry needling). What then is normal practice and what is fringe or alternative within our own medical system and who makes these definitions?

Subcultures and alternative cultures often still reflect the dominant culture and its definitions of normality. Many subcultures striving to be normative and gain acceptance from the dominant culture. Queer theory in fact arose partly in opposition to, what was perceived of as being, a suffocating inclusion of gayness into the mainstream society – assimilation, rather than integration. Gay having become a well trained poodle. The question we sometimes should ask ourselves in the Chinese medicine community is whether we are at risk of doing the same. There is definitely a movement to try and seek acceptance and inclusion in Western medicine on its terms, rather than holding on to our “queer” Chinese medicine roots. With this I am thinking for example of clinical trials performed to fulfil Western medicine's research criteria, rather than our own standards; the analysis of herbs with regards to their active chemical components, rather than holding on to our historical understanding of a herbs therapeutic dynamics; trying to measure acupuncture's mechanisms in relation to Western medicine physiology; treating disorders utilising a Western medicine pathological concepts.

Chinese medicine is increasingly gaining acceptance and recognition, both within the Western medicine community and in the public eye, but is this is more the result of assimilation, rather than integration? Is Chinese medicine only being accepted, when it can be explained and utilised within parameters defined by Western medicine?

⁴ <https://www.ipsos-mori.com/researchpublications/researcharchive/2818/Doctors-are-most-trusted-profession-politicians-least-trusted.aspx> accessed 24/01/16

- i [Www.freedictionary.com](http://www.freedictionary.com) defines deconstructionism being “A philosophical movement and theory of literary criticism that questions traditional assumptions about certainty, identity, and truth; asserts that words can only refer to other words; and attempts to demonstrate how statements about any text subvert their own meanings.”
- ii Social construction is a theory of knowledge in sociology and communication theory that examines the development of jointly constructed understandings of the world that form the basis for shared assumptions about reality. The theory centres on the notions that human beings rationalize their experience by creating models of the social world and share and reify these models through language. Leeds-Hurwitz, W. (2009). Social construction of reality. In S.Littlejohn, & K.Foss (Eds.), *Encyclopedia of communication theory*. (pp. 892-895). Thousand Oaks, CA: SAGE Publications, Inc.