

Chinese Healing in Boston

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Introduction

Boston has the fourth largest Chinatown in the United States.¹ Although the occasional Chinese individual had come to Boston since the eighteenth century, the earliest group arrived in 1875 from the West Coast. By 1890, there was a small settlement in the Oxford Street area of present-day Chinatown. These were mostly men, sojourners from southern China, usually from the province of Guangdong to the southeast of Canton. Due to U.S. laws restricting immigration from China after 1883, by 1935 the population of Boston's Chinatown had reached only twelve hundred. The numbers increased substantially after 1965, when the immigration laws changed, and now included women and children. Although Chinatown is no longer the residential center for the Chinese population in the Boston area, it remains important for Chinese residents in other parts of the city and in the suburbs, as well as for Chinese students studying at different schools in the city.

The convergence of these factors created a setting for the entry of Chinese healing practices into Boston. At the same time, Chinese practices were not only undergoing a process of acculturation in their own right; they also exercised a reciprocal influence on emerging versions of complementary and alternative therapies in the city. Many of the latter have grown up alongside developments in practices of Chinese origin. Chinatown has functioned in some cases as a source and, in others, has responded to interests coming in from the surrounding culture. One finds, therefore, a system of interacting influences.

In looking at intersections between religion and healing in relation to Chinese practices in Boston, I cast a wide net that draws in not only acupuncture, herbal practices, therapeutic massage (*tui na*), bone-setting, and martial arts medicine, but also *tai ji quan*, *qi gong*, and other practices often assigned to the categories of martial arts or meditation. Few of these practices appear overtly religious. All of them, however, intersect with the religious worldviews of

Chinese traditions in their assumptions about the nature and composition of reality.

Practices and Practitioners

Acupuncture

For simplicity's sake, one could say that some five acupuncture traditions are represented in Boston: the Traditional Chinese Medicine (TCM) of the People's Republic of China, the Worseley Five Elements school, Japanese acupuncture, and more limited instances of Korean and French-based systems. The problem with this description is that, while not wrong, it also risks being simplistic. Among TCM-trained practitioners, for example, there are Chinese individuals who trained in the medical system of China, and European Americans who did their studies here in the United States (in some cases supplementing that training with time spent in Chinese hospitals). Some Worseley practitioners trained in England, while others studied in the Worseley school in Maryland or in the school in Florida.

Practitioners promoting Japanese acupuncture represent, in at least two significant cases, two different traditions out of Japan, and the two Korean acupuncturists with whom I met both learned within distinct family lineage traditions. The French-based systems also differ, depending on whether one is talking about a distance-learning program designed for physicians, or the ear-point acupuncture being used in drug detox programs. In addition, there are also various practitioners who studied in Hong Kong or Taiwan, some within family lineages and others at non-PRC schools. For them, "traditional Chinese medicine" is not necessarily the TCM of the PRC. In all cases, where one studied made a difference in what and how one learned, and thus, in how one now practices. Likewise, the pervasiveness of biomedicine as a global tradition has also informed how the specific versions of acupuncture present themselves and define what they do.

Many acupuncturists in the Boston area either

have their own private practice or work in a small group practice. Most of the Chinese American practitioners work alone. If they are part of a collective, their partners are likely to be European American. Such collectives, however, usually consist of European Americans. They may include other acupuncturists, or the person may work in an office setting with other holistic practitioners, such as muscular therapists, massage therapists, homeopaths, naturopaths, osteopaths, nutritionists, and, occasionally, physicians. If a practitioner is on the faculty of the New England School of Acupuncture, he or she may also give treatments through the school's clinic, as well as supervising students, who offer treatments at a lower fee in order to gain experience. Occasionally, students also work as interns under more experienced acupuncturists in private offices, although this practice has not yet become as institutionalized as some people would like.

Acupuncture has not generally been part of the hospital repertoire in Boston, with several notable exceptions. In a few instances, acupuncturists collaborate with physicians specializing in sports medicine. Chinese practices are also used in drug detox programs and in programs for the treatment of people with HIV. In a growing number of cases, hospitals have an on-staff acupuncturist, generally in relation to treatment for pain-related conditions.

Herbal Medicine

For many Americans, "Chinese medicine" means acupuncture. They remain unaware of the importance of a second practice that is of equal, if not greater, significance in China—the use of herbal medicine. Yet herbal medicine, too, has quietly made its way into American culture through a variety of channels. Unlike acupuncture, the use of herbs is not regulated, although an herbal section has been added to the state and national licensing exams for acupuncturists. The subject raises thorny issues, many of them having to do with the lack of biomedical clinical-trial research into the efficacy of Chinese herbs. Still, some practitioners feel that herbal medicine is such an integral part of traditional medicine as practiced in China that it should be more fully integrated into American practice.

Others worry that with herbal medicine now a part of the licensing process, government regulatory agencies will turn a sterner eye in its direction. Should agencies like the FDA call for bans on various herbs or even on the use of herbal medicine as a whole, these practitioners fear that it could jeopardize the practice of acupuncture by association—particularly if the licensing process includes both

modalities. In the meantime, however, Americans are not only being treated with herbs by a range of practitioners; they also incorporate Chinese formulas into their store of self-treatment options. This means that, unlike acupuncture treatments, for which one must go to a practitioner, herbal medicine is available both through specialists and through the equivalent of over-the-counter sites. The sources therefore become more mixed and complex.

Family Knowledge. Members of Chinese families may grow up with a lay knowledge of herbal medicine and home remedies. As one practitioner put it, "In China, everybody knows how to make herbal medicine soup," although this now tends to be truer of the older generations. In addition, just as Chinese practitioners now find it increasingly difficult to get hold of certain herbs from China, so do their lay counterparts. To find the sorts of herbs used in home remedies, one can go to local Chinese food markets, where entire sections are devoted to packages of dried herbs. There, one can buy mixtures for soups and other tonics. The crossover between herbs and food is such that when Paul Kwan, a researcher at Tufts Medical School, first took me to Ming's Bookshop, he brought my attention to a cookbook entitled *Nutritious Stews with Herbal Ingredients*. It contains such recipes as "Stew of Black-skinned Chicken with Dong-kwai and Pak-kei" ("Good for woman for irregular menstruation, white flow, anaemia and dizziness"), "Stew of Pigeon with Spatholobus" ("Good as tonic for deficiencies in blood and vital energy, general weakness and alleviating agent for injury by falling down"), and "Ginko Stewed in Honey" ("Good for nervous breakdown, insomnia, forgetfulness, falling off of hair and general tonic for the brain").² In keeping with this orientation, Chinese practitioners are more likely than most of their American counterparts to offer their patients detailed advice about what they should or should not eat. After one of his patients had had surgery, one of my consultants, Dr. Mai Ruixiong, advised her not to eat duck, lobster, spicy food, or eggs, as these would adversely affect "the healing inside."

Chinese Herbal Stores. When a person needs a more complex herbal formula, he or she must go to one of the local herb stores, of which there are some five or six in Chinatown itself. Some sell nothing but herbs. Others occupy a section in a larger store where one can also purchase the same packages of herbs found in the food markets, as well as figurines of different Chinese heroes, gods, and goddesses, incense, packets of the spirit money used in various

rituals for the dead, items for altars, clay pots for cooking herbs, plastic dishes, plastic and silk flowers, canned foods, and teas. (Ming's, which sells newspapers, adult magazines, and books, also houses an herbal pharmacy.)

Most herbal stores carry Chinese patent medicines—formulas sold in pill or tonic form—which the patient may buy either because a practitioner has prescribed them or because the person is familiar with the particular formula and is self-dosing. The current problem with some patent medicines from Mainland China is that their quality has been shown to be inconsistent. Due to the lack of regulation, and the quality of production in facilities that may rely on aging water pipes, some contain lead or trace poisons such as arsenic.

For the patient who comes into the herbal pharmacy with a traditional prescription, however, wooden drawers line one or more of the walls of the herbal store, each drawer containing dried herbs. In some instances, there may also be large glass jars with additional ingredients, such as dried mushrooms, and desiccated sea horses. Using handheld balances, the pharmacists weigh out each of the herbs according to the prescription, distributing them between three or four large pieces of brown paper. Each dose gets wrapped up into a paper packet. The herbs are to be taken home and cooked twice—first in one pot of water, then in another, and finally strained, after which the two batches of resulting tea are combined and drunk over the course of the following day or so.

Some stores hire a practitioner to work on site, to take one's pulse and prescribe a remedy. This is similar to what one finds in countries like Hong Kong, as Paul Kwan recalls:

I grew up in Hong Kong. When I got sick, my parents decided to take me to a Western doctor and to a Chinese herbalist. I had an overall weak constitution, so I saw a Chinese herb doctor every week. He charged about three dollars. He looked at my tongue and eyes. He worked in the same place as the herbalist. None of the drawers had names; they just had different compartments. The herbalist could measure them out by eye. Most of the time they tasted god-awful.

Many herbal pharmacies have either an altar or a wall-mounted shelf holding a figure of Guan Gong, a deified military hero, who is also thought of as the god of medicine. Dressed like a figure from Chinese opera, he wears a fierce red mask and brandishes a lance, exercising a protective influence over the store.³

Health Food Stores. The non-Chinese counterpart to the herbal pharmacies are the mostly European-

American-owned health food stores. Many of these stores now carry herbal remedies, some of which are either imported Chinese patent medicines, Chinese patent medicines manufactured by American companies like Jade Pharmacy, or American products that contain Chinese herbs. Many of the latter are either intended to treat "women's conditions" or are related to the broad category of "energy."

Ginseng in particular has made its way into a wider market in a range of ways. For example, local supermarkets that carry Soho sodas sometimes include "Ginseng Ginger Ale." The Osco Drug chain sells "Osco Ginseng Concentrate" in soft gel capsules. Ginseng, in other words, has become part of the popular vernacular.

One can also order Chinese herbal products through advertisements in magazines like *New Age Journal*. One issue, for example, carried mail-order ads for ZAND, an astragalus herbal formula ("designed for use the entire year to support optimal health, and may be used with our popular Echinacea and Goldenseal Combination"). In that same issue, one could also send for Reishi mushroom (*Long Zhi*) extract ("used to promote health, longevity, and the immune system"); Siberian Ginseng ("best known for its ability to help extend endurance and stamina and to fight off fatigue"); a special trial size offer of Beta-Ginseng ("With Beta-Ginseng it's never too late to protect your skin from the signs of aging"); or Slim Cream ("China's Women Trim off Inches with 'Slim Cream'").⁴

The Martial Arts and Inner Disciplines

For many people, the catalogue of Chinese healing practices would stop here. However, in terms of the larger system, the list is not yet complete. Broadly speaking, the basic objective of the various practices is to harmonize the flow of *qi*, or vital force, and blood in the body. Acupuncture does so by regulating the flow of *qi* through the meridians, or *qi* pathways; herbs and food serve both as sources of energy and *qi* and as a means of correcting imbalances of *yin* and *yang*. Various forms of massage are also used to maintain health by harmonizing *qi*.

The general principle underlying the different strategies is that the body will heal itself best when a state of internal balance is sustained. Therefore, a preventative stance is preferred to waiting until actual illness occurs. This stance includes being sensitive to the effects of climate, geographic location, and the propensities of one's own system in relation to one's social and natural environment. It is a matter of regulating the balance between both internal and external factors. So long as one does so, one

diminishes the need for more radical measures of treatment.

This principle of bringing about balance is expressed throughout many Chinese practices in ways that extend the meaning of healing. One finds this approach, for example, in the practice of *feng shui*, the art of how to place things within one's material surroundings in order to adjust one's environment toward harmony. Practitioners offer to teach others to do so on their own, through workshops, or to come into their homes or businesses to provide the service themselves. This principle informs the approach to exercise as well, which includes both external and internal forms. In their external forms, this approach to health takes on physical expression through various sets of movements aimed at establishing equilibrium in motion. These include forms ranging from *tai ji quan* to the more explicitly martial arts. In addition to creating internal balance, such practices allow one to keep that balance even while under attack by an opponent.

The internal practices involve breathing techniques used to "massage" the internal organs and circulate the effective flow of *qi*. Some of these exercises—which draw from the Confucian, Daoist, and Buddhist traditions—are essentially forms of meditation that are inseparable from a broader approach to health. They also have treatment dimensions, as in therapeutic applications of the practice of *qi gong*. Some teachers focus on exercises designed to promote the correct circulation of *qi* throughout one's system, and then relate this to increasing one's health and vitality. Even when the religious dimension is not made explicit, it would be wrong to surmise that the emphasis on physical health and mental discipline (particularly by some teachers trained in China) is devoid of religious content. Tu Weiming has shown that, within the Chinese Confucian tradition, there is an underlying project of self-cultivation which, at root, is a deeply religious one.⁵ The same is the case with different styles of practice in the martial arts. When American students look for a fighting form, the martial aspect is the dimension the teacher is more likely to emphasize; but when the student approaches the practice with a different understanding, looking for an internal discipline, that dimension is also there to be found.

Some martial arts teachers, like Grandmaster Kwong Tit Fu, are also herbalists and practitioners of Chinese medicine. Others, like Master Bow-sim Mark, come from medically oriented families; it is her brother, Mai Ruixiong, who became the traditional doctor. Still others have a background in

treatment forms particular to the martial arts themselves. The practice of the martial arts in China invariably led to the need for remedies to treat the injuries one might sustain. Such therapies include massage and related herbal formulas. *Tit da* (also referred to as *dit da jow* or *tie da jiu*) translates literally as "iron-hit-wine" and refers to a liniment used in treating injuries caused in iron-palm striking practices. It consists of a mixture of herbs and wine (or, sometimes, vodka), which is prepared and then sealed in an airtight jar and set in a cool, dark place for at least two months, and preferably for a year. The longer it ages, the stronger it is said to become.⁶ It is then massaged into an injury.

Qi gong is taught within the martial arts community, particularly as it has become better known to an American audience. Master Yang Jwing-ming, for example, both teaches and writes about it, offering books like *The Root of Chinese Chi Kung: The Secrets of Chi Kung Training*. In addition to running his own martial arts program, he has crossed over into the Omega Institute, where he teaches a summer course on *qi gong* to a New Age audience. (He also advertises through the Yellow Pages that he teaches *qi gong*, as do Grandmaster Kwong Tit fu and several other teachers.)

The range of the audience interested in *qi gong* is evident in magazines as diverse as *New Age Journal*, *Internal Arts: The Magazine for Self Development of Mind/Body/Spirit*, and *Inside Kung-Fu*, all of which have published articles on the subject: the first published "In Good Hands: A Firsthand Encounter with the Mystery of Qigong"; the second devoted an entire issue to *qi gong* healing arts; and the third included "Chi Disease! How You Can Get it, How You Can Prevent it!"⁷ For some people, it is not, then, such a long step over into the practices identified as "Daoist Esoteric Yoga." Part of the interest in such practices grows out of a broader interest in older meditation traditions; part of it, though, is due to associations drawn between Daoism and esoteric sexual practices.⁸ Even the Silky Way, an import store in Chinatown, devotes an entire shelf in the larger martial art book section to the general topic of "Daoist sex."

A Pluralistic Reality

The outcome of these various approaches is pluralistic on several levels. The first is the eclecticism that characterizes the practice of many of the American practitioners. There are practitioners who supplement their Chinese medicine practice with homeopathy, Zero Balancing, crystals, Western herbs, naturopathy, yoga, and the like. One would not gen-

erally find the same kind of mixes among Chinese practitioners. The reason for the difference involves the unifying principle underlying the two approaches. Although both types of practitioner would point to *qi* as the principle pervading all of Chinese practice, non-Chinese practitioners are more likely to translate *qi* as “energy.” Where a Chinese practitioner may incorporate a number of other therapeutic strategies into his or her work, these strategies are almost always other Chinese modalities and, therefore, are all explicitly *qi*-based. In contrast, the practices chosen by the non-Chinese practitioner are likely to be tied together as exercising an influence on a person’s energy, but can, therefore, come from any number of origins.

For some of the non-Chinese practitioners, it is equally important for both their personal lives and their clinical work to explore an eclectic range of spiritual practices. These can include everything from Native American shamanic influences to Zen or Tibetan Buddhism. Within this rubric, *tai ji* and *qi gong* may be construed as contributing to the individual’s sense of spirituality. For many, the religious traditions with which they grew up may represent an experience they are trying to leave behind.

For many Chinese practitioners, the term “spirituality” is not part of an active vocabulary, unless they have been in the United States for some time. The actual term “religion” is often taken to refer to Christianity, or maybe Buddhism, and is rarely a part of people’s working experience. Chinese practitioners are more likely to emphasize the relational dimension that, within a Confucian framework, is crucial to the larger religious project. As Tu Weiming has suggested, the self is understood as the center of a network of relationships that extends from the inner life outward to the full reach of the cosmos. One’s capacity for cultivating oneself in that context lies at the heart of the religious undertaking. It is also important to note that practitioners from China are more likely to define themselves as not being religious, because of the risks in the PRC of identifying oneself with a religious community. The exploration of any religious tradition in China today cannot be divorced from the political realities that can make doing so a problematic undertaking.

Only one of the practitioners with whom I spoke said that he had actually converted to Christianity following his arrival in the United States. He had become a Mormon. His reason for choosing this tradition over others was what he perceived to be its more egalitarian structure. Most other Chinese practitioners, however, have found that what has mattered to them is some reexamination of their

own religious and philosophical roots. *Qi gong* master Fan Daren, for example, has taken a new look at the Confucian tradition through a seminar he sat in on with Tu Weiming. He says that he finds the tradition meaningful to him in ways he could not have when, as a historian at Beijing University during the Cultural Revolution, his primary objective was to criticize it. Now, he feels it has more to offer than he had previously imagined.

Other Chinese practitioners talk about how they were made to read older Chinese medicine texts during the Cultural Revolution in order to criticize the religious and “superstitious” elements in them. The unintended secondary consequence of this experience, however, was that these individuals absorbed the ideas of these texts and in some cases found them meaningful. For still others, certain tenets of a tradition like the Confucian are so deeply embedded in what they identify as qualities of being human that they do not explicitly identify them either with Confucianism or with religion unless pressed. For example, one practitioner described working to be “hollow and open” within herself—receptive—in order to be more responsive in her relationships with patients. I suggest, therefore, that the process of becoming a doctor in this context is, for at least some people, permeated with religious dimensions, even when people do not explicitly identify it as such.

Thus, in contrast with their non-Chinese counterparts, most Chinese practitioners do not identify a practice such as *tai ji* as having anything to do with a spiritual practice. Nevertheless, someone like Dr. Mai is well aware of the philosophical dimensions of both his medical practice and of *tai ji*, although he would not say that either constitutes anything particularly religious or spiritual for him. Although he says that his mother is a Buddhist who goes to a Chinese Buddhist temple, he also says that neither he nor his sister Bow-sim Mark are Buddhists. And yet, a figure of Guan Yin stands on a small shelf over the doorway leading to his treatment rooms, and it was he who most sharply criticized a Shao-lin monk, who fled his troupe as it toured the United States, for not being a real Buddhist.

The system as a whole is pluralistic on another level as well. In Chinese cultures outside of Mainland China, one still finds a spectrum of practitioners that includes “Chinese medical doctors, herbalists, Taoist and Buddhist priest healers, spirit mediums and shamans, geomancers, fortune-tellers, acupuncturists, bone-setters, physiognomists, pharmacists, [and] itinerant peddlers of drugs and other remedies.”¹⁹ Many of these practices were suppressed

for some time in the PRC, the government having banned them as superstition. Only more recently have some forms of spiritual healing resurfaced quietly and in limited settings. The official story in the PRC is one of integration between the practice of biomedicine and certain other traditional practices, into what Charles Leslie refers to as “the image of an extensive, bureaucratically rationalized system.”¹⁰ This does not, of course, make the actuality anything so neat. A pluralism of practice and institutions is part of China’s medical reality, and therefore shapes the mindset of Chinese practitioners who come to Boston.

While not every aspect of what has constituted the traditional complex of healing resources in Chinese cultures has made its way into the American scene, what is striking is how many, indeed, have. I was told no stories of priest healers, spirit mediums, or shamans in Boston (although Dr. Mai showed me a postcard of a Buddhist temple in upstate New York, the caption for which described it as a healing temple). Nor did I hear of any physiognomists or itinerant peddlers at work. Beyond that, however, the other practices, in various forms, are here in Boston and are known in different ways to various sectors of the non-Chinese public. Thus, one dimension of the cultural pluralism at work here involves the presence of these Chinese practices. All those practices co-exist in the context of the biomedical system in the United States, constituting a complex of practitioners related to biomedicine and those kept on its margins.

It is a matter of redrawing the frame, of redefining what falls within the bigger picture of American medical possibilities and—for the purposes of this study—correspondingly, of religious possibilities. The picture itself, depending on one’s aesthetic, is either hopelessly messy or possessed of a deeper coherence, given the competing and often contradictory explanatory models and practices that emerge.

At one time, it was assumed that biomedicine would gradually effect the abandoning or the elimination of other practices that lay outside of its logic. The reverse would seem, instead, to be the case. As Thomas Csordas has noted:

popular and folk care are the norm rather than the exception relative to professional care. They are steadily increasing in appeal, serving an important mediating structure between individuals and the cosmopolitan medical system, and for this reason must be taken seriously.¹¹

The directive to take these practices seriously is, in the main, directed to scholars and to biomedical

specialists, many of the other members of the culture having no problem in doing so. Nor do these other members find it difficult to hold together the competing logics of the different systems. Many of the people who turn to both systems experience little difficulty in integrating the use of many kinds of healing practices into “a total medical cognitive domain.” If Boston is any microcosmic indication of what is going on in the rest of the country, the old frame is cracking and a new picture is coming into view.

Notes

1. Boston ranks only behind New York, San Francisco, and Los Angeles.

2. Li Hue-peng, *Nutritious Stews with Herbal Ingredients* (Hong Kong: Bo Yi Chu Ban Ji Tuan You Yin Gong Ci, 1985), 8–9, 14–15, 44–45, and 112–13. The son of Joyce Chen, the restaurateur, also told me that he had heard of a restaurant in Shanghai where such stews are served. Upon entering the restaurant, one’s pulse is taken, after which the practitioner on duty diagnoses one’s condition and prescribes a medicinal stew.

3. Guan Gong is also the patron of police and fire stations. The owner of a goldfish store in Chinatown, however, told me that his altar there did not have Guan Gong because the general doesn’t like water.

4. *New Age Journal*, November–December 1992, 12, 34, 27, and 130.

5. I would argue that, in this sense, the experience of becoming a doctor is a variation on this theme of self-activation, which is both a religious and a moral project.

6. Brian Gray, “Dit Da Jow: Making Kung-Fu’s Liquid Gold,” *Inside Kung-Fu*, October 1992, 74.

7. See Elizabeth Rowe, “In Good Hands: A Firsthand Encounter with the Mystery of Qigong,” *New Age Journal*, January–February 1990, 65–67, 104–8; *Internal Arts Magazine*, May–June 1989; and Bruce Kumar Frantzis, “Chi Disease! How You Can Get it, How You Can Prevent it!” *Inside Kung-Fu*, October 1992, 63–66, 77. Not everyone in the martial arts world is uncritical. Paul Kwan, for one, is not: “*Qi gong* is all baloney. As for *qi* in the body, okay. But it cannot be projected. Things like the hand bending spears is a trick. Yogis are different. You can close them in a box and their metabolism goes down. You can measure this. They have superb control of their physical bodies. But that’s where the line is drawn. You have thousands of people practicing *qi gong* and maybe they can increase the body’s immunity, but they can’t pass it on. I don’t believe in *qi gong* doctors.”

8. One finds a similar fascination with representations of the Tantric Buddhist tradition and, particularly, with books on “Tantric sex.” This has been the case at least since the publication of *The Harrad Experiment* in the 1960s, in which college students experiment with ostensibly Tantric sexual practices.

9. Arthur Kleinman, "Cognitive Structures of Traditional Medical Systems: Ordering, Explaining, and Interpreting the Human Experience of Illness," *Ethnomedizin* 3, no. 1-2 (1974-1975): 36.
10. Charles Leslie, "Pluralism and Integration in the Indian and Chinese Medical Systems," in *Culture and Healing in Asian Societies*, ed. Arthur Kleinman, Peter Kunstadter, E. Russell Alexander, and James L. Gate (Cambridge, Mass.: Schenkman Publishing Company, 1978), 236.
11. Thomas J. Csordas, "Pain: Alternative Treatments" (manuscript, n.d., 1).