

NEGOTIATING CHINESENESS IN DIASPORA:  
TRADITIONAL CHINESE MEDICINE AND MEMORY IN  
HONG KONG AND THE GREATER TORONTO AREA, 1960-2018

by

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**Abstract**

In this essay and documentary film, I explore the notion of “Chineseness” in traditional Chinese medicine (TCM) through the lived experiences of Chinese diaspora in Hong Kong and the Greater Toronto Area. To achieve this, I conducted an oral history project with eight individuals who shared their perceptions and memories of TCM. In the thesis, I interpret their stories through the theoretical frameworks of diaspora, affect, and performance, and situate them within the translocal history of TCM from China to its cultural peripheries. I argue that Chineseness emerges in liminal spaces and is narrated and negotiated in uneven and sometimes contradictory ways. I explore the ways in which TCM inscribes and transmits cultural knowledge in family. Finally, I examine cultural differences within the TCM community in the Greater Toronto Area. The documentary film portrays the affect and emotion in migrant memories of traditional Chinese medicine across time and space. This inquiry has implications for policymakers and change makers who are able to integrate cross-cultural perceptions and practices into private and public healthcare systems in Ontario.

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## Note on Transcription, Translation, and Terminology

Oral history interviews were conducted in either Cantonese or English, depending on the comfort and preference of participants. Their interviews always contained both languages in varying compositions. Interviews first were transcribed in verbatim, in both Traditional Chinese and English, and then later fully translated to English. Participant quotes appear in English only (due to page limitations) and *italics* (to distinguish them from excerpts of literature).

In this thesis I use Traditional Chinese characters, the standard character set used in Hong Kong. English pronunciations of the Chinese are *italicized* and are based on Cantonese dialect.

*Chineseness* denotes Chinese identity in all its ambiguity, capacity, possibility, the vagueness of which means it can exist throughout overseas Chinese communities.

*Chinese Canadian* refers to persons of Chinese ethnic origin who reside in Canada or are citizens of Canada.

*Hong Konger* is a person of Chinese ethnic origin who may have been born, raised, or resided in Hong Kong. It denotes a distinct Hong Kong identity.

*Traditional Chinese medicine* is used to describe the traditional or ‘classical’ system of healing practices and rituals that existed in China prior to the Communist government’s integration with Western medicine in the 1950s and the Cultural Revolution in the 1960s and 1970s, and continues to be practised in overseas Chinese communities.

*TCM* is the abbreviation of traditional Chinese medicine.

*Chinese medicine* is used to specify the blended, modern iteration of traditional Chinese and Western medicines in contemporary China.

*TCD* is an abbreviation for traditional Chinese doctor, used to describe TCM healers in China and Hong Kong. This is the term commonly used by Chinese in Hong Kong.

*TCMP* is an abbreviation for traditional Chinese doctor, used to describe TCM healers in Canada. Practitioner is the official professional term in Ontario.

*GTA* is the abbreviation for the Greater Toronto Area metropolis—specifically the municipalities of Markham, Richmond Hill and Mississauga.

## Chapter 1 Introduction

Imagine this. A small child with a head of thick, raven hair gets an annoying cough and a drippy nose. At five or six years old, they are a little over a metre in height—barely tall enough to see over an imposing object in the kitchen. If the child stands on the tips of their toes they might be able to make out the image of someone very dear to them labouring over an odorous pot of boiling herbs and water. Only a few hours ago, they were in a similarly pungent space with jars packed full of dried herbs, fruits, seafood, insects and more. Imagine this small child was sat down in a chair, or if they are particularly small, in their dear someone's lap, and made to face a doctor. The doctor took their pulse. The doctor looked at their tongue. Then, the doctor weighed out what looked like a cacophony of dried things and gave it to the child's dear someone. They instruct the child to take it to return to harmony. Now, imagine the kitchen again. The child's dear someone pours the dark liquid into a bowl. The child takes a sip. It is bitter, but their dear someone might have placed some sweet, round, pinkish thin crisps on the table to eat with the bitter liquid. Haw Flakes 山楂餅 (*sahn jah bang*). The child is told to drink it all, and so they do.

Every participant in this study shared a version of this narrative about being a child and being sick. It is a memory so ubiquitous, so obvious, as common as the common flu. Similar lived experiences will be the subject of this thesis. In this chapter, I introduce the research questions and themes explored in this project, explain my rationale for my focus, and provide the historical context of my inquiry. This qualitative inquiry demonstrates the construction of cultural identity through the microcosmic perspective of traditional Chinese medicine (TCM) as culture for

Chinese Canadians between two localities, Hong Kong and the Greater Toronto Area (GTA). This translocal contemporary history narrates stories of TCM from 1960s Hong Kong to present day GTA. I aim to develop a space where Chinese diaspora studies, affect theory, performance studies, and oral history can convene, coalesce and create. The purpose of my research is to reveal individual and collective experiences of traditional medicine as a form for performing, negotiating, and transmitting “Chineseness.” While this thesis touches on the history of traditional Chinese medicine in Ontario, my research is more interested in subjective questions of culture and identity. I survey and analyze these issues by using the lived experiences of first- and “1.5 generation” (persons who immigrated as children or young adults) Chinese migrants living between Hong Kong and Toronto and their narratives about traditional Chinese medicine collected in oral history interviews. This research aims to fill a gap in the scholarship of Chinese diaspora studies, performances studies, and oral history. The main questions guiding my research are: what role(s) does traditional Chinese medicine play in cultural identity formation in trans-Pacific Chinese communities in Hong Kong and Toronto? How is the notion of Chineseness perceived, experienced, negotiated, and narrated by TCM practitioners and users? How do their perceptions, experiences, negotiations and narrations of TCM relate to family, caregiving, and community?

This study uses the oral histories of ethnically Chinese TCM users residing in Hong Kong and the GTA to disrupt discourse on cultural identity formation. I propose the following alternative approaches to thinking about traditional Chinese medicine as: translocal knowledge, embodied memory, and performed identity. I argue Chineseness is found in the liminal spaces of narrative identifications of self, in



performances and transmission of knowledge in family, and in negotiation of Otherness in the TCM community in the GTA. Themes of negotiated Chineseness, mobilities and in-betweenness, familial and intergenerational knowledge, and medicine as culture emerge using the theoretical frameworks of diaspora, affect, and performance.

### **Hong Kong, City of Immigrants**

On the 1st of July 1997, Britain returned the Crown Colony of Hong Kong Island, Kowloon and the New Territories (hereinafter referred to as Hong Kong) to the People's Republic of China (hereinafter referred to as China or PRC) after over 150 years of colonial rule. The small islands located in the Pearl River Delta of southern China had been Britain's strategic powerhouse in the east since the 1842 Treaty of Nanking. Britain had acquired what was a collection of remote fishing ports from China after the First Anglo-Chinese War (1839-42), popularly known as the Opium War, and returned it as a vibrant and complex global city.<sup>1</sup> In the years since the imperial Chinese and British governments signed the lease for the peninsula in 1898, Hong Kong became a successful manufacturing and financial megacity, boasting impressive service, fashion, and film industries. A unique sociocultural, economic, and political system emerged, establishing Hong Kong as a transnational, cosmopolitan place that feels "at home in the in-between spaces of culture."<sup>2</sup> The handover was a historical transfer of sovereignty which signified the dusk of British colonial rule in Asia and the dawn of a new era for the region. However, it would be inappropriate to suggest a linear history of Hong Kong, where all pre-1997 paths lead

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<sup>1</sup> Steve Tsang, *A Modern History of Hong Kong*, (New York: I.B. Taurus, 2007): 18-23.

<sup>2</sup> Vivienne P Lee, *Hong Kong Cinema Since 1997: The Post-Nostalgic Imagination*, (Palgrave Macmillan: New York, 2009): 3.

to and all post-1997 changes stem from the handover. Gary Hamilton warned against unitary historical analyses regarding the handover: “One should not minimize the importance of momentous occasions, but such events should be placed in the context of history, rather than placing history in the context of events.”<sup>3</sup> Alternatively, Hamilton proposes an analytical approach to the island’s history which centres on the flow of the people of Hong Kong, their products, and their capital.

Hong Kong became a bustling metropolis, but it has always been a cosmopolis. Several conflicts, including the Second World War (1941-45), China’s Great Leap Forward (1958-62) and Cultural Revolution (1966-76) led Chinese to find refuge in the neighbouring British colony. After the Second World War, Hong Kong’s population grew from 600,000 in 1945 and 2.5 million in 1955.<sup>4</sup> At one point in 1949, the civil war in China prompted up to 10,000 Chinese ‘refugees’ to migrate to Hong Kong per week.<sup>5</sup> In 1958, the Communist Party of China led by Chairman Mao Zedong initiated the ‘Great Leap Forward’ to transform the country into a modern socialist society through rapid industrialization and collectivization. Years of famine followed. The Cultural Revolution brought additional waves of migrants to Hong Kong from the sociopolitically tumultuous PRC. Thus, the population on the island was no stranger to what John Akomfrah, British director and founding member of Black Audio Film Collective, called “transience—the journey, these endless states of being— [that seem to] mark migrant lives.”<sup>6</sup> The “transience and transition” Hong

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<sup>3</sup> Gary G. Hamilton, ed, *Cosmopolitan capitalists: Hong Kong and the Chinese diaspora at the end of the twentieth century*, (Seattle: University of Washington Press, 2001): 1.

<sup>4</sup> Census and Statistics Department, *Hong Kong Statistics 1947-67*, 1969: 14.

<sup>5</sup> John Burns, "Immigration from China and the Future of Hong Kong." *Asian Survey* 27, no. 6 (1987): 661-82.

<sup>6</sup> As quoted in Nina Power, "Counter-Media, Migration, Poetry: Interview with John Akomfrah," *Film Quarterly* 65, no. 2 (2011): 59-63.

Kongers experience between colonial British and post-colonial China as a Special Administrative Region unsettles “multiple dimensions of difference” in Hong Kong Chineseness, showing the ways in which in-betweenness inscribes transience into migrant identities.<sup>7</sup> The immigrant nature of the population and the pre-1997 uncertainty surrounding the future of social, political and economic stability instilled certain characteristics on the society and culture of Hong Kong. Subjective definitions of identity can emerge in this space where transience feels permanent and continuity seems ephemeral.

A confluence of historical circumstances engendered a local Chineseness among “Hong Kongers” oriented between China, colonial Britain and the West.<sup>8</sup> *In-betweenness* is a defining characteristic. A Hong Kong identity emerged when the homeland became something different, the communist PRC. Return was not desirable, nor was it possible, as the system that once governed the land no longer existed. In the 1950s, a generation of post-war youth—educated by the colonial government’s push to eradicate pre-war discrimination against local Chinese—initiated debates about their unique positionality.<sup>9</sup> This decade coincided with the decline of colonialist motivations in the British Empire, so a distinct Hong Kong Chineseness was beginning to take shape. After the Tiananmen Square protests of 1989, which resulted in hundreds of civilian deaths, residents feared China would suppress certain democratic freedoms after the transfer of sovereignty in 1997. The event led Hong

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<sup>7</sup> Caroline Knowles and Douglas Harper, *Hong Kong: Migrant Lives, Landscapes, and Journeys*, (Chicago: University of Chicago Press, 2009): 2-16.

<sup>8</sup> Within the context of the paper, I define the concept of ‘the West’ as the countries of Western Europe and its descendant countries who share similar traditions, values and religions and reflect political ideologies of liberal democracy, human rights, and secularity. Geographically, this includes Western Europe, Canada and the United States (US) in the Americas, Australia and New Zealand and perhaps some assorted islands. Specifically, I refer to Canada, the UK, and the US. Hong Kong is linked to the West in political and economic terms, but does not share a similar cultural history.

<sup>9</sup> Tsang, *Modern History of Hong Kong*, 180-90.

Kongers to question Beijing's adherence to their 'One Country, Two Systems' commitment and hastened a wave of emigration from the islands. Hong Kong poet Leung Ping Kwan famously summarized this feeling in "Broken Home," which he wrote in June 1989:

How can we abandon this,  
 although you say you think we'd better,  
 now that the trucks and tanks are closing in,  
 and people are running and screaming all around  
 and flares light up the entire square. [...]  
 You say it was always a temporary home, we can build another.  
 Sure we can, our own hearts are the furniture.<sup>10</sup>

Leung's prose reflects the climate of fear about the Tiananmen Square events and the transient nature of Hong Kong cultural identity in the postcolonial city. Residents anticipated a regression of political and economic freedoms normalized during British colonial rule in their "temporary home" upon the transfer of sovereignty. An estimated 500,000 residents left Hong Kong between the signing of the 1984 Sino-British Joint Declaration and the actual handover in 1997. More than half of these migrants chose Canada to build another home, their hearts as the furniture.<sup>11</sup>

### **The Chinese in Canada**

The Chinese have been coming to Canada for two centuries. The first wave of Chinese migrants, primarily from southern China, came to what was soon to become Canada in 1858 in search of "Gold Mountain" and later as labourers for the Canadian Pacific Railway. They faced hostility, discrimination, and exploitation, which

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<sup>10</sup> See Leung Ping Kwan, "Broken Home" in *City at the End of Time: Poems by Leung Ping Kwan*, ed. Esther Cheung, (Hong Kong, HKU Press, 2012): 117. "Broken Home" is one of many vignettes in *City at the End of Time*, a collection of Leung's poems that captures and portrays the complexity of cultural identity in Hong Kong in the 1980s and 1990s.

<sup>11</sup> Migration Information Source, database, various years, as quoted in Salaff, Wong, Greve, *Hong Kong Movers and Stayers: Narratives of Family Migration*. (Urbana: University of Illinois Press, 2010): 1.

culminated in the 1923 Chinese Immigration Act. The repeal of the so-called 'Exclusion Act' in 1947 ended over two decades of race-based exclusion and began a steady increase of Chinese immigration to Canada. The majority of immigrants from China in the 1950s were family reunifications—the wives and children of male Chinese labourers already in Canada. Chinese immigration to Canada gained momentum after 1967, when Canada adopted a points system to screen economic capital through work experience, education levels, and language ability. Between 1968 and 1984, about 170,000 immigrants arrived from Hong Kong, mainland China, and Taiwan.<sup>12</sup> Chinese immigration more than doubled in the following decade, with a total of 335,000 newcomers between 1985 and 1994, the majority coming from Hong Kong.<sup>13</sup>

Hong Kong has been a major nodal port connecting trans-Pacific Chinese migration from the mid-nineteenth century onward, but out-migration from Hong Kong has slowed in the last two decades. Before 1997, the majority of post World War II Chinese migrants came from Hong Kong. After 1997, the majority of Chinese newcomers to Canada came from mainland China. Political uncertainty triggered by the handover is often cited as the impetus for the mass exit of Hong Kong in the 1980s and 1990s, but reluctant to place history in the context of events, Li argues the movement of Hong Kongers was more likely a result of the 1989 Tiananmen Square incident in Beijing and its aftermath, in combination with Hong Kong's booming economy in the 1990s which elevated residents to a more mobile, middle class.<sup>14</sup>

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<sup>12</sup> Peter S. Li, "The Rise and Fall of Chinese Immigration to Canada: Newcomers from Hong Kong Special Administrative Region of China and Mainland China, 1980–2002," *International Migration* 43, no. 3 (2005): 19-21.

<sup>13</sup> *Ibid.*

<sup>14</sup> Li, "Rise and Fall of Chinese Immigration," 22-24.

Indeed, out-migration from Hong Kong slowed after 1997 due to a severe economic downturn in Asia. These developments coincided with changing immigration policy in Canada.<sup>15</sup> Meanwhile, steady GDP growth in China contributed to a growing Chinese middle-class. These demographic changes resulted in increasing complex social differentiation within the Chinese population in Canada, which is reflected in the microcosm of the GTA's TCM community.

I localize my inquiry to the GTA for two reasons. First, the GTA is home to the largest group of Chinese in Canada. Of the 586,645 Chinese in Canada reporting single ethnic origin at the time of the 1991 Census, over one third lived in the GTA, 40% of whom were born in Hong Kong. Second, my parents settled in the GTA in 1983.<sup>16</sup> The height of Toronto's Chinatown was 1923, and Chinese immigrants have since chosen to move further from the downtown core.<sup>17</sup> By 2016, Chinese made up 10.8% of visible minorities in Toronto out of a population of 2.8 million people.<sup>18</sup> The percentage of visible Chinese compared to the total population increases in the surrounding municipalities such as Markham, Richmond Hill, and Mississauga.<sup>19</sup> Chinese immigrants moved away from Toronto city centre to ethnically diverse suburbs where they are able to maintain kinship ties and community bonds (choosing

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<sup>15</sup> Canada focused on economic capital in the mid-1980s with the Business Immigration Program and allowed Chinese students studying in Canada to immigrate permanently in 1989.

<sup>16</sup> My positionality and the influence of my family history on this inquiry is discussed further in the methodology section.

<sup>17</sup> Arlene Chan, *The Chinese in Toronto from 1878: From outside to inside the circle*, (Toronto, Dundurn: 2011): 32-33.

<sup>18</sup> Statistics Canada, "2016 Census of Population" *Statistics Canada Catalogue*, no. 98-316-X2016001. Ottawa, 2017.

<sup>19</sup> Scarborough has a larger Chinese population, while Mississauga has a larger South Asian population. I list Mississauga here because it is more relevant regarding the participants in my study. None of my participants reside in Scarborough. Data from "Population and dwelling counts, for Canada, provinces and territories, and federal electoral districts (2003 Representation Order), 2011 and 2006 censuses (province of Ontario selected, ordering by Population % change)" and Statistics Canada, 2011 Census of Population.

to settle where Chinese already live); to find new housing developments (where housing is in plentiful supply); or to find “social distance” from dominant groups.<sup>20</sup> Increased Chinese immigration in the 1980s and 1990s engendered anti-Chinese racism in the GTA. In 1995, a deputy mayor caused an uproar in the Chinese community when she accused the increasing number of Chinese malls alienating longtime Markham residents.<sup>21</sup> Hate literature dropped in suburban mailboxes, xenophobic video games played in city arcades, even a national television program portrayed Chinese immigrants as insular and passive.<sup>22</sup> Thus, in both Hong Kong and the GTA uneven and ambivalent cultural spaces developed where Chineseness is negotiated in-between.

### **Traditional Chinese Medicine, a Translocal History**

Traditional Chinese medicine is one liminal space where Chinese diasporic communities practice and express hybrid narrative cultural identities. The history of TCM is religious, socioeconomic, political, and personal. TCM is an ancient form of healing built on a foundation of over thousands of years of practice.<sup>23</sup> It is comprised of herbal medicine, acupuncture, massage, cupping, moxibustion, exercise (eg. tai chi), and dietary therapy. At its most fundamental, the concept of TCM aims to balance two opposing principles in nature—feminine and negative 陰 (*yin*) and masculine and positive 陽 (*yang*)—to maintain the flow of vital life energy or 氣 (*qi*).

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<sup>20</sup> Hou Feng and Garnett Picot, "Visible minority neighbourhoods in Toronto, Montreal and Vancouver," *Canadian Social Trends* 72 (2004): 8-13.

<sup>21</sup> "Page E1," *Toronto Star* (1971-2015), Aug 19, 1997.

<sup>22</sup> See "Page A7," *Toronto Star* (1971-2015), Apr 23, 1991; "Page A27," *Toronto Star* (1971-2015), Mar 24, 1994. "Page E5," *Toronto Star* (1971-2015), Jun 21, 1994.

<sup>23</sup> Estimates on the age of TCM varies from 2,000 to 4,500 years old. The number 4,500 is based on the the estimated date of the mythical authorship of the earliest coherent theoretical and clinical approaches recorded in the *Yellow Emperor's Inner Canon* (*Huángdì Nèijīng* 黃帝內經) in 111 C.E. The book is likely closer to 2,000 years old.

The practice was strongly influenced by Confucius and Taoist philosophies, but as it has evolved over thousands of years through diverse localities, TCM now includes a constellation of practices and world views. It is not a monolithic canon of medicine as much as it is a “multi-sited, multidirectional, and sociohistorically contingent” set of practices and processes.<sup>24</sup> TCM is a complex system of knowledge about healing that is “made *through*—rather than prior to—various translocal encounters and from discrepant locations.”<sup>25</sup>

In the nineteenth century Imperial China faced a host of problems that increased pressure on its pre-modern institutions—natural disasters and famines, foreign intervention and loss of territory. Growing discontent with the dynastic system led to the end of over two millennia of imperial rule in 1911. Revolutionaries from either side of the new Republic of China’s limited political spectrum sought to abolish archaic institutions, which they blamed for the nation’s impoverishment and misfortune. TCM became one such symbol of the nation’s backwardness. Leaders of the nationalist Kuomintang and the Communist parties denounced the practice as old, shamanistic, and charlatanic. In 1929, the Nationalist government passed a proposal entitled “A Case for the Abolishment of the Old Medicine to Thoroughly Eliminate Public Health Obstacles” to limit the spread of unscientific information.<sup>26</sup> It prohibited advertising, practice and the establishment of schools. TCM communities protested the decision and many medical professionals moved to Hong Kong and Taiwan, where their livelihoods were not restricted. These migrant communities

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<sup>24</sup> Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames*, (Durham: Duke University Press Books, 2009): 33.

<sup>25</sup> Their emphasis. Zhan, *Other-Worldly*, 1.

<sup>26</sup> Kim Taylor, *Chinese medicine in early communist China, 1945-1963: a medicine of revolution*, (London: Routledge, 2004): 1-29.



preserved a ‘classical’ practice of TCM as Chinese medicine on the mainland changed. Once in power, the Chinese Communist Party (CCP) realized the ancient practice would be impossible to eradicate, so in 1949 Mao Zedong famously reversed his stance on TCM. It was too popularly used across the population; from the rural poor, who relied on TCM’s accessibility and affordability, to the educated upper classes, who maintained TCM as culture, while managing illness in combination with Western medicine.<sup>27</sup> TCM was officially regarded as a cultural and social treasure worthy of the new, patriotic, communist state. Thus, in the 1950s China promoted the integration of Chinese and Western medicines that would blend theory and methodology. This marked the beginning of a distinctly local, blended system of scientific *and* traditional national healthcare that would take off near the end of the century after the Cultural Revolution. Chinese medicine in contemporary China would employ Western biomedical terms and concepts, making it distinctly *more* Westernized than TCM practised in overseas Chinese communities in Hong Kong, Taiwan, and even the Americas.<sup>28</sup> But first, the reforms of the Cultural Revolution (1966-76) aimed to remove “The Four Olds,” elements of traditional culture from society; persecuting academics, professors, doctors, business people, religious leaders and other professionals. Medical practitioners once again migrated to the periphery—to Hong Kong and Taiwan—to avoid being killed, imprisoned or sent to indoctrination camps. An unknown library of knowledge was burned during this period, which would have lasting effects on the study of Chinese medicine in China

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<sup>27</sup> In this thesis I define ‘Western medicine’ in contrast to Eastern medicine. I use Western medicine to describe evidence-based medical knowledge based on the scientific method in which medical doctors, nurses, pharmacists and therapists treat patients for chronic or acute illness.

<sup>28</sup> See Elisabeth Hsu, *Transmission of Chinese Medicine*, 68-224; Ma, “Remaking of a Chinese Hospital,” 1318-1336; Taylor, *Chinese Medicine in Early Communist China*, 63-108.

and globally. The bipolar romanticization and vilification of traditional medicine during the twentieth century would leave lasting impressions in Chinese perspectives on TCM throughout the spreading diaspora.

While all components of TCM have travelled to Hong Kong, herbal medicine, acupuncture, and 跌打 (*deet dah*) Chinese chiropractic are the most commonly used TCM practices among Hong Kong Chinese. Facing growing public concern about safety and authenticity in a postcolonial city, Hong Kong began the process of regulating the practice and industry of TCM in the 1990s. The importance of TCM was enshrined in the Basic Law of the Hong Kong Special Administrative Region, which affirmed Hong Kong's autonomy to "formulate policies to develop Western and traditional Chinese medicine and to improve medical and health services."<sup>29</sup> In 1999, the Ministry of Health moved Hong Kong towards law-based regulation, scientific research and education, and better serving the public safety. However, TCM was systematically separated from government-run Western medical healthcare system as a result of its colonial history, and to this day there is no government regulated TCM hospital.<sup>30</sup> Nevertheless, Hong Kongers believed they were uniquely positioned on the international arena, between China and the West, to incorporate and export a combination of the two medical systems.

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<sup>29</sup> The Basic Law, adopted in 1990 and effective July 1, 1997, is the same document that promises the famous "one country, two systems" form of governance. *Hong Kong: Basic Law of the Hong Kong Special Administrative Region of the People's Republic of China*, 1 July 1997.

<sup>30</sup> In 2018, the TCM community in Hong Kong is lobbying to create Hong Kong's first public TCM hospital, among other expansions of TCM into public, governmental spaces, similar to China's blended system. Hong Kong Baptist University's School of Chinese Medicine actively works to promote TCM in public and private spaces for graduates of their program. They lobby for greater Hong Kong-China knowledge exchange; introducing a TCM pharmacy system; and developing safer, more scientific factories for the production, import, management and storage of TCM. For an account of a historical exception of TCM use in Hong Kong western hospitals, see Shu-Yun Ma, "The Making and Remaking of a Chinese Hospital in Hong Kong," *Modern Asian Studies* 45, no. 5 (2011): 1313-336.

In Canada, herbal medicine and acupuncture are the most commonly practiced components of TCM. TCM arrived first in Canada with the immigration of Chinese workers in the mid-nineteenth century. In *The Concubines Children*, Denise Chong's award-winning memoir about her grandmother May-ying's struggle as an early immigrant in a Vancouver Chinatown, TCM was a consistent thread of daily life: "A line of pickle jars was her medicine cabinet [...] For everyday use, to promote circulation, energy and vitality, were [...] *yuk choy*, *dong guai*, *ginseng* and various grasses and tree barks."<sup>31</sup> Meanwhile, in Toronto, of the thirteen families among 2,035 documented Chinese in 1921, three were herbalists.<sup>32</sup> These early Chinese immigrants brought TCM with them in their suitcases, minds, and bodies in the form of texts, dried goods, seeds and more importantly—their rituals, practices, and memories.

There was a need to regulate TCM in the 1980s and 1990s for the safety and confidence of Canadians as confusion about the practice led to growing discord. For example, in November 1995, the Chinese Canadian National Council accused the Humane Society of Canada of initiating a probe into the trade of bear gall bladders, an ingredient used in TCM, as "negatively stereotyping a minority group." A woman wrote a letter to the *Toronto Star* in response, calling the practice "absolutely revolting, morally as well as aesthetically" and for such so-called 'medicine' to be replaced by "conventional medicine."<sup>33</sup> As TCM clinics, schools and shops proliferated, dominant society responded to moral panic with legislative control. Ontario began the process of regulating TCM in the mid 1990s, around the same time

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<sup>31</sup> Denise Chong, *The Concubine's Children: Portrait of a Family Divided*, (New York: Penguin Books 1996): 105.

<sup>32</sup> Chan, *The Chinese in Toronto*, 38.

<sup>33</sup> "Page B3," *Toronto Star* (1971-2015), Nov 25, 1995

as Hong Kong. After two decades of lobbying from the TCM community and consultations with local stakeholders and experienced non-local organizations, the province officially recognized TCM and acupuncture as health professions in 2016. At the time, the government estimated there were around 3,000 to 4,000 practitioners of TCM and acupuncture (TCMPs) working in what was estimated to be a multi-million dollar industry.<sup>34</sup> The College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the College) was created under the Traditional Chinese Medicine Act (2006) and began regulating in April of 2013.<sup>35</sup> The Act required practitioners to register with the College, take a series of tests, and meet educational and practical standards. The regulation of TCM would have effects on both practitioners and the practice itself.

Today, TCM is no longer restricted to immigrants and a few rare believers—70% of the Canadian population has tried TCM at least once.<sup>36</sup> In the GTA, dozens of TCM colleges and clinics serve Chinese and non-Chinese populations. The usage of TCM is also modernizing; consumers take capsules, tablets, and tinctures in lieu of the traditional process of brewing and drinking herbal tea. The participants in this study add colour to these overlapping and uneven histories with their narratives. In the next chapter, I present a discussion of my theoretical framework, a review of recent literature, and my research methods and methodology.

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<sup>34</sup> Brad Mackay, “New Ontario college for traditional Chinese medicine,” *Canadian Medical Association Journal* 176, no 4. (2007): 435-436.

<sup>35</sup> Ontario’s regulatory college was created 8 years after British Columbia’s 1999 college.

<sup>36</sup> Qian Jia, Institute of Scientific and Technical Information (China) “Traditional Chinese Medicine Could Make ‘Health for One’ True,” World Health Organization, 12.

## Chapter 2 Theory and Methodology

In this chapter, I present my theoretical framework as a foundation for analyzing the role of traditional Chinese medicine in Chinese diaspora in Hong Kong and Toronto. I present a review of the most recent scholarly work on Chinese Canadian diaspora studies and traditional medicine as culture. I conclude with an outline of my methodology and methods of inquiry. This literature review is interdisciplinary, reflecting the entangled and ‘slippery’ nature of memory and cultural identity. Three frameworks provide a combined conceptual lens to explore the unique constellation of experiences in this research: diaspora theory provides a lens to consider Chinese Canadian narratives of identity and negotiations between cultures, while affect and performance theory help to interpret migrant experiences with traditional Chinese medicine (TCM). The objective of this chapter is to develop a discursive space where literature on diaspora, performance, and affect studies can convene, coalesce and create in the area of Chinese studies.

### **Theoretical Framework**

#### *Diaspora*

Members of an ethnic diaspora often share a common history of dispersion or displacement to the periphery, a collective memory of the ancestral home, and a sense of exile that arises from being uprooted and marginalized in the country of adoption.<sup>1</sup> Borders of terminological definition can be as murky as national boundaries. Concepts, like nation-states, are most comfortably defined by and within boundaries. The concept of diaspora has developed significantly from its origins describing exiled and victimized Jewish communities to encompass a bricolage of cultural dispersions

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<sup>1</sup> See Robin Cohen, *Global diasporas: An introduction*. Routledge, 2008.

influenced either by force or by choice. Rare is Safran's treatment of the concept, which restrictively understands collective identities as maintaining 'memory, vision, or myth about their original homeland' and therefore alienation from their host country. Tölölyan termed this transition from specific histories of victimhood to a wider understanding of the interactions of movement and identity as a shift from 'exilic nationalism' to a new 'diasporic transnationalism.'<sup>2</sup> In a reflexive rumination on the field, Tölölyan laments the blurred boundaries of 'diaspora' in decades of academic and artistic (mis)use, but nonetheless conceptualizes contemporary diaspora vaguely as processes of becoming and unbecoming.<sup>3</sup>

The works of Stuart Hall,<sup>4</sup> Paul Gilroy,<sup>5</sup> and James Clifford<sup>6</sup> on diaspora postulate on identity formation and ethnicity expression by reconsidering the myth of return to the 'past' of homeland. Hall's authoritative 1996 essay, "Cultural Identity and Diaspora" rejected an essentialist conception of cultural identity, emphasizing instead various fluctuating similarities and differences within an imagined cultural group.<sup>7</sup> Hall argued that identity is a result of continuous positioning through narrative re-tellings of the past, a "production which is never complete, always in process, and always constituted, not outside but within representation."<sup>8</sup> Tensions arise in the fluid nature of continuous construction, as each narrative reiteration

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<sup>2</sup> Khachig Tölölyan, "Beyond the homeland: From exilic nationalism to diasporic transnationalism," in *The Call of the Homeland: Diaspora Nationalisms, Past and Present*, (Brill, 2010): 28.

<sup>3</sup> Khachig Tölölyan, "The Contemporary Discourse of Diaspora Studies", *Comparative Studies of South Asia, Africa and the Middle East*. Vol. 27 no. 3 (2007): 647-655.

<sup>4</sup> Stuart Hall, 'Cultural identity and diaspora' in *Identity: community, culture, difference*, ed. Jonathan Rutherford, (London: Lawrence & Wishart, 1990).

<sup>5</sup> Paul Gilroy, "Diaspora," *Paragraph*, vol.17 no. 3 (1994): 207-212.

<sup>6</sup> James Clifford, 'Diasporas', *Cultural Anthropology*, vol. 9 no. 3 (1994): 302-338.

<sup>7</sup> Paul Gilroy, *The black Atlantic: Modernity and double consciousness*, (Cambridge: Harvard University Press, 1993).

<sup>8</sup> Hall. "Cultural Identity and Diaspora," 225.

includes and excludes, dichotomizes and hybridizes. In each articulation, unique identity is constituted not only by what one is, but in the “ruptures and discontinuities” that make what one is not.<sup>9</sup> Clifford’s distinction between essentialist ‘roots’ and transitory ‘routes’ (the places and pathways of travel and movement) reflects Hall and Gilroy in shifting the onus of culture from *identity* to *identification*. Thus, culture is constituted in “acts of relationship rather than pre-given forms,” where networks of spatiotemporal crossings redefine modern and mobile inventions of self.<sup>10</sup>

In “Reflections on Exile,” Edward Said describes the alienation of dislocation as “the unhealable rift forced between a human being and a native place, between the self and its true home.”<sup>11</sup> In a later literary critique entitled “Between Worlds,” his perspective is no less grim, using phrases like ‘the aura of dislocation, instability, and strangeness,’ ‘fate of lostness,’ ‘disorientation,’ and ‘restlessness and unease’ to describe his feeling of cultural difference.<sup>12</sup> The recurring sentiment in Said’s essays illustrate a precariousness of identity that is neither here nor there: an in-between, and the creativity and poetics which emerges from that liminal space. Tölölyan summarizes this notion in an interesting analogy: just as electricity does not idly and independently flow through space, diasporic life is dependent on connective ‘nodes’ of sedentariness marked by cultural differences.<sup>13</sup> According to Homi K. Bhabha, cultural difference is enunciated and articulated from the margins of the nation,

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<sup>9</sup> Ibid.

<sup>10</sup> Clifford, “Diasporas,” 321

<sup>11</sup> Edward Said, “Reflections on Exile” in *Reflections on Exile: And Other Literary And Cultural Essays*, 173-186. Granta Books: London, 2000.

<sup>12</sup> Edward Said, “Between Worlds” in *Reflections on Exile: And Other Literary And Cultural Essays*, 554-567. Granta Books: London, 2000.

<sup>13</sup> See Tölölyan, “Contemporary discourse of diaspora studies.”

similar to Anderson's conception of "imagined communities." It is a performance of "the traces of all those diverse disciplinary discourses and institutions of knowledge that constitute the conditions and contexts of culture."<sup>14</sup> Thus, questions on cultural difference present arrangements of knowledge and practice which co-exist in heterogeneity and designate a form of social contradiction that should be negotiated or sorted out rather than assimilated.<sup>15</sup> Translation of the meanings and symbols of differential identity is a task in liminality which can never be entirely transferable.

Ien Ang's exploration of 'Chineseness' in *On Not Speaking Chinese* affirms the notion of cultural identity as narrative re-production, defining diasporas as "transnational, spatially and temporally sprawling sociocultural formations of people, creating imagined communities whose blurred and fluctuating boundaries are sustained by real and/or symbolic ties to some original 'homeland.'"<sup>16</sup> From an autobiographical perspective, Ang reflects on her personal experiences with the difficulty of being "too Chinese" or "not Chinese enough," loosely settling on an in-between of being an "Overseas Chinese."<sup>17</sup> Ang reflects Hall's rejection of diasporic identity as transnational sameness for "togetherness-in-difference."<sup>18</sup> Chineseness is in continuous renegotiation and rearticulation, producing varied iterations within and outside of China. Ang's cultural criticism culminates with an urge to embrace unsettled identities and to adopt postmodern hybridity, a deliberately ambiguous conclusion.

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<sup>14</sup> Homi K. Bhabha, "DissemiNation: Time, narrative, and the margins of the modern nation," in *The Location of Culture*, (Routledge, 1994): 199-244.

<sup>15</sup> Ibid.

<sup>16</sup> Ien Ang, *On not speaking Chinese: Living between Asia and the West*, (Psychology Press, 2001): 25.

<sup>17</sup> Ibid, 13.

<sup>18</sup> Her analysis is based on an understanding of diaspora as outlined in Safran (1991).



## *Affect*

Continuing this discourse in ambiguities, I briefly review affect theory as a conceptual framework to understanding spheres of encounter and experience. The affective turn has touched various disciplines and is intimately related to diaspora studies, performance studies, and oral history. Focusing on affects opens avenues of critical analysis on bodies and emotions and the relationships between mind and body (reading body as human, non human, part-body, or otherwise). The philosopher Baruch Spinoza's *Ethics* introduced affect, at its simplest, as a body's possibilities. It is a body's capacity to affect and be affected.<sup>19</sup> Affects are the forces or intensities in-between and beside conscious knowing that drive a body toward movement, thought, action, or inaction.<sup>20</sup>

In an interview with Joel McKim regarding microperception and micropolitics, Massumi describes affect as "embodied relational becoming" which feels life's interruptions and urges the body to reaction before fully registering them. Massumi calls this collective 'microperceptive' bracing "affective attunement," adopting Stern's term for when multiple bodies act in unison differently.<sup>21</sup> Affective attunement provides a useful concept for understanding influential diasporic events like Tiananmen Square and the handover of Hong Kong, where bodies similarly braced for change based on their microperceptions.

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<sup>19</sup> Brian Massumi, "Notes on the Translation and Acknowledgements," in Gilles Deleuze and Felix Guattari, *A Thousand Plateaus*. (Minneapolis: University of Minnesota Press, 1987).

<sup>20</sup> Melissa Gregg and Gregory J. Seigworth, "An Inventory of Shimmers," in *The Affect Theory Reader*, (Duke University Press, 2010): 1-28.

<sup>21</sup> For more on affective attunement, see Daniel N Stern, Lynne Hofer, Wendy Haft, and John Dore. "Affect attunement: The sharing of feeling states between mother and infant by means of inter-modal fluency." *Social perception in infants* (1985): 249-268.

Understood as a felt transition transferred from one body to another and leaving traces in the form of *memory*, affect is also a lived past composed of “habits, acquired skills, inclinations, desires, willings.”<sup>22</sup> This affective memory is recorded and repeated within and through various bodies by ritual and performance. In “Bitter After Taste,” Highmore uses affect to explore human cultural experience as the “sticky entanglements of substances and feelings, of matter and affect [which] are central to our contact with the world.”<sup>23</sup> Highmore does not shy away from the correlation between emotion and sensorial perception, outlining their synesthesia—when one type of stimulation evokes the sensation of another—in the daily occurrences of English language and expression in television, classical fiction, and interviews with regular people. Chinese culture and history at the interstices of taste, memory and feeling in the everyday can be analyzed using Massumi’s theory of embodied memory traces and Highmore’s method of synesthesia as frameworks. I consider TCM through the lens of affect as embodied past repeated in the daily actions of individuals and families; an intergenerational transmission of cultural knowledge, skill, and inclination; and a synesthesia of sensing and being.

### *Performance*

In a beautiful piece of academic writing, Denning uses the analogy of beaches to exemplify storytelling as performance in the in-betweens of spoken words, changing spaces, and felt places. Histories are performed, seen, heard and felt in the silences, actions, and energies of the everyday. Denning allows writers, subjects, birds, and beaches to share a co-performative role in the narration history. Thus, participant

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<sup>22</sup> Massumi, *Politics of affect*. (John Wiley & Sons, 2015): 49.

<sup>23</sup> Ben Highmore, “Bitter After Taste: Affect, Food, and Social Aesthetics” in *The Affect Theory Reader*, ed. Melissa Gregg and Gregory J. Seigworth, 118-37. Durham: Duke University Press, 2010.

oral histories on TCM can be regarded as “living, experiential and recognizably human” performances of Chinese cultural history and narrative identity.<sup>24</sup> This paper aims to write from both sides of the beach, from both Hong Kong and the GTA in “the theatre of cross-cultural writing.”<sup>25</sup>

Performance studies can refer to the analysis of cultural expression in events that involve theatre, dance, and other ‘performed’ behaviours, or the methodological lens used to analyze everyday events performed in the public sphere.<sup>26</sup> The language of embodiment and repetition found in affect theory can be found in this latter faction of performance studies. Butler’s theory of *performativity*, the socialization of identities into bodies through processes of regulation, is influential but places the agency of identity into normalized discursive practice.<sup>27</sup> Instead, this analysis will consider performance as the subjective and autonomous transmission of traditions, memory, and identity collected and stored in the body. History is predicated on remembering, recording, archiving, and re-writing, but it is also reliant on forgetting. Roach wraps performance in the language of memory, pointing to the necessary act of forgetting in politics and culture. TCM can be considered a ritual practice that concurrently forgets and remembers both spatial distance and cultural difference in Chinese diaspora. Taylor questions the dichotomy between *archive* (information stored in traditional forms like writing) or *repertoire* (a living archive of embodied knowledge and culture), arguing for a dynamic in-betweenness in such acts of

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<sup>24</sup> Greg Dening, “Performing on the beaches of the mind: an essay,” *History and Theory* 41 (2002): 4.

<sup>25</sup> *Ibid*, 10.

<sup>26</sup> Diana Taylor, *The Archive and the Repertoire: Performing Cultural Memory in the Americas*, (Durham: Duke University Press, 2003): 3.

<sup>27</sup> For more on performativity, see Judith Butler, *Excitable speech: A politics of the performative*. Routledge, 2013.

transfer.<sup>28</sup> Traditional medicine, similar to cooking and culture in food, can be considered a nonverbal practice that preserves a sense of communal identity and memory.

Theorist and director Richard Schechner's seven characteristics of performance are helpful in understanding the performance of the everyday. From a pragmatic perspective, performance is used to develop a sense of identity, shape community, and can be didactic and persuasive. Performance can also be light: it can entertain or be beautiful just for beauty's sake. Finally, it can be ritualistic and healing. Schechner called performance "twice-behaved" behaviour, meaning that despite a seemingly seamless transmission across generations, no action is repeated the same way twice.<sup>29</sup> This paper will use this paradigm to analyze migrant experiences, demonstrating TCM as practice as performance which renegotiates individual and collective knowledge, memories, values, belief systems across generations.

## **Literature Review**

### ***Mobilities and the notion of in-betweenness***

I use diaspora as the primary theoretical framework to consider the contrapuntal identity production among traditional Chinese medicine users in Hong Kong and Toronto, but the literature is vast. The language of a 'new mobilities paradigm' nuances the social and cultural dynamics of TCM in transnational Chinese diasporas. Mobilities can refer to the literal movement of bodies, but also

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<sup>28</sup> Taylor, *Acts of Transfer*.

<sup>29</sup> Richard Schechner, "Behavior, Performance, and Performance Space." *Perspecta* 26 (1990): 97-102.

demographic, economic, social and symbolic networks along nodes of diaspora.<sup>30</sup> The differences within Chinese diasporas, Li argues, are influenced by different histories, material and social conditions, language and dialect, cultural rituals, and other dimensions.<sup>31</sup> The formation of ethnic identities in diasporic Chinese communities are shaped by the varied political, economic, cultural and social conditions in their homeland and host countries.

In contrast to Li's concept of place-based identity formation, Ma and Lin explore Chinese diaspora through the complex interrelationship of identity and mobilities. Ma demonstrates a shift from "old linkages" based on similar places of origin, kinship, and dialect to communities based on business networks.<sup>32</sup> Lin uses the case of Hong Kong to demonstrate how regional identity formation reflects both physical space and symbolic cultural relations, shifting identity production from locality to mobility. Lin places Hong Kong as a 'first wave' of diaspora from southern Chinese coastal regions and cities like Toronto as a 'second wave,' which serve as 'nodes' or pivot points.<sup>33</sup> One could extend this idea further to consider ethnically saturated suburbs as a third wave. I use this concept of waves to examine the Chinese community in Markham, Richmond Hill, and Mississauga. These tides also pull back. Salaff, Shik and Greve found that the "sons and daughters" of the Chinese 1.5 generation in Toronto would return to Hong Kong for various social and economic

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<sup>30</sup> Llyod L. Wong, *Trans-Pacific Mobilities: The Chinese and Canada*. (Vancouver: UBC Press, 2017): 3-24.

<sup>31</sup> See Peter S. Li, *Chinese in Canada*, second edition, Oxford University Press, Toronto, 1998.

<sup>32</sup> Laurence JC. Ma, "Space, place, and transnationalism in the Chinese diaspora," in *The Chinese Diaspora: Space, Place, Mobility, and Identity* (2003): 1-50.

<sup>33</sup> Lin, George, "Identity, mobility, and the making of the Chinese diasporic landscape in Hong Kong." *The Chinese Diaspora: Space, Place, Mobility, and Identity* (2003): 141-161.

reasons.<sup>34</sup> Tu's concept of a modern "cultural China," where the 'periphery'—Taiwan, Hong Kong, Singapore, and the overseas Chinese—has become the new 'centre' of cultural China (in contrast to the mainland) can also be extended to the TCM community in the GTA.<sup>35</sup> An uneven continuity of Chinese culture exists in these peripheries as a result of their distance from the Cultural Revolution. While Hong Kong could be considered at the periphery of China, Hong Kongers both on the island and in diasporas beyond are able to orient themselves to the 'centre' at their convenience. In this 'cultural China' relationships and rituals contribute to the subjective ways by which individuals and communities make sense of who they are and the experiences they have.<sup>36</sup>

Li Wei further broadens the physical boundaries of perceived diaspora by stretching the narrative beyond historic Chinatowns, where spatial-social communities have spread to ethnically diverse suburban sprawls like Markham, Richmond Hill, and Mississauga, creating a cultural China encompassed not by zoning laws and ornate archways but rather by social and emotional boundaries.<sup>37</sup> These municipalities can be considered 'ethnoburbs,' to use Li's term for "suburban residential and business area(s) with a notable cluster of a particular ethnic minority population."<sup>38</sup>

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<sup>34</sup> Janet Salaff, Angela Shik, and Arent Greve, "Like Sons and Daughters of Hong Kong: The Return of the Young Generation," *China Review* 8, no. 1 (2008): 31-57.

<sup>35</sup> Tu Wei-Ming, "Cultural China: the periphery as the center." *Daedalus* 134, no. 4 (2005): 145-167.

<sup>36</sup> For more on trans-Pacific, intergenerational, circular cultural mobilities of Chinese ritual, see Paul Crowe, "Heeding the Phoenix Pen: Trans-Pacific Scriptures from Lu Dongbin" in *Trans-Pacific Mobilities: the Chinese and Canada* ed. Lloyd Wong, (Vancouver: UBC Press, 2017): 63-83. Crowe employs the language of a new mobilities paradigm to describe social and cultural activities at alters dedicated to Lü Dongbin, a semi-legendary cultic hero from Tang Dynasty.

<sup>37</sup> Li Wei, "Anatomy of a new ethnic settlement: The Chinese ethnoburb in Los Angeles," *Urban studies* 35, no. 3 (1998): 479-501.

<sup>38</sup> *Ibid*, 73. Wang and Lo also call Markham a "new Chinese ethnoburb" in their quantitative study on the settlement patterns of Chinese immigrants in Toronto using data from the 1991 Census. Their inquiry highlights "intra-ethnic variability" and urges against treating Chinese as a homogenous group.

Leung's study on the transnational flows of capital, people, commodities, and culture in Pacific Mall, a unique Chinese shopping centre in Markham Ontario, focuses on a performative expression of Chinese immigrant identity in "cultural reproduction and the (re)construction of 'place'."<sup>39</sup> Opened in 1996, Pacific Mall was the biggest and most popular of many new Chinese developments in the suburbs of Toronto, which proliferated due to specific social, economic, and political factors in Canada, Hong Kong, and China. Leung's study on social space is relevant to this paper because it focuses on Chinese space in Markham; examines cultural articulation through practices, objects, language; and finds demographic changes in Chinese immigration in interviews with participants.

### ***Intergenerational identity and family***

Family is central to diasporic experiences of movement and mobility. The social, political, economic construct and experience of 'family' can ground individuals in a symbolic, affective 'roots' while also representing diverse and multi-nodal 'routes.' In a social constructionist discourse on Chinese immigrant adolescents in Toronto, Lui further develops Clifford's concept of 'routes' to represent identities constructed around "conceptions, perceptions, representations and negotiations [of] social situations in the process of immigration."<sup>40</sup> Putting families at the centre, Lui finds routes are not unidirectional but rather circular and repeated across generations. Examining the complexities of Chinese transnationalism in Canada in the case of

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<sup>39</sup> Leung describes the cultural space as Chinese, although today it would be more accurate to generalize as Asian or East Asian. Historically the shops were bought by Hong Kong entrepreneurs, but in recent years the Mall has growing influences from Korea and Japan in particular. "The Practice of Transnationalism in Pacific Mall: Chinese Canadian Experience," in *Trans-Pacific Mobilities: The Chinese and Canada*, (UBC Press, 2017): 302.

<sup>40</sup> Lui, "Roots and Routes: A reimagining of Chinese immigrant adolescents' identity constructions in Toronto," M.Ed thesis, McGill University (2010): 11.

adoption using interviews with adoptees and parent questionnaires, Dorow demonstrates that China-Canada adoptive families negotiate the “left behind cultural and familial worlds”<sup>41</sup> alongside their local experiences and perceptions of race, culture, and kinship. While Lui’s study is limited to a segment of participants’ immigration life, Dorow’s study revisits the interviewed adoptees later in their life, exemplifying that migrant identities are indeed in continuous renegotiation and rearticulation. Shen’s ethnographic analysis examining the experiences of Mandarin teachers in an Ottawa-based Chinese language school places familial learning at the centre of Chinese cultural identity construction.<sup>42</sup> Such learning is a useful concept to consider the transmission of cultural knowledge and familial roles. The notable silence of youth and learner experiences in Shen’s research is due to the limited scope of a Master’s thesis.

In *The Concubine’s Children*, May-ying’s story is narrated in the third person by Denise Chong, her granddaughter. This biographical account offers a unique familial perspective on the political, social, and cultural tensions in China and Canada from 1848 to 1987. Chong’s monograph based on letters, photographs, and memory add an affective dimension to the body of scholarly research on family and caregiving in early Chinese communities in Canada.

### ***Migration and medicine***

The intersections of migration and medicine have generated research interest in social sciences, anthropology, history and medical sciences. Anne Fadiman’s *The*

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<sup>41</sup> Sarah Dorow, “Bringing Transnationalism Home: Mobility and Locality in China-Canada Adoption,” in *Trans-Pacific Mobilities: The Chinese and Canada*, (UBC Press, 2017): 238

<sup>42</sup> Yu Shen, “Articulating Chinese Cultural Identity through Participating in Teaching Chinese Mandarin Heritage Language,” M.A. thesis, Carleton University. 2012.



*Spirit Catches You and You Fall Down* is perhaps the most prolific within and outside of the academy.<sup>43</sup> The book braids together the intimate narrative of a Hmong family and their child with epilepsy, a social, cultural and political history of the Hmong, the Vietnam War; and American doctors in Merced, California. The spatial-social ethnography stages an encounter between Hmong culture and Western medicine that problematizes kinship ties, language barriers, cross-cultural dialogue, and diasporic identity on both micro- and macrocosmic narrative levels.<sup>44</sup> Fadiman questions the encompassing influence of traditional medicine in Asian diasporic cultures, which is reflected in my interviews with traditional Chinese medicine practitioners and users in Toronto and Hong Kong.

There is a wealth of academic literature in the medical and humanities fields connecting the interrelated or complementary migrant use of traditional medicine and Western medical services. Declining health in migrant communities in the United States has been connected to a loss of traditional medical knowledge when coupled with marginalization from mainstream society and inability to access healthcare services.<sup>45</sup> The same study found positive health benefits when migrants maintained cultural rituals and beliefs. TCM use often precedes, complements, or replaces Western health services, and is frequently the first point of contact for treatment of illness in Chinese immigrants.<sup>46</sup> Language, culture, and ethnicity entangle to influence

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<sup>43</sup> The depth of analysis and unique storytelling in Fadiman's long-term ethnographic studies are beyond the scope of this Master's thesis, but remains a remarkable research model to aspire to.

<sup>44</sup> Fadiman embraces Dwight Conquergood's incorporation of traditional knowledge and beliefs with public health systems in Ban Vinai, the largest refugee camp in Thailand. For more see *I am a Shaman: A Hmong Life Story with Ethnographic Commentary* (1989).

<sup>45</sup> Waldstein connects declining health in Mexican migrant communities in the United States.

<sup>46</sup> Grace Xueqin Ma, "Between two worlds: the use of traditional and Western health services by Chinese immigrants." *Journal of community health* 24, no. 6 (1999): 421-437.

the choice of health care providers and health management strategies by Mainland Chinese immigrants in Toronto. Older Chinese immigrants in Canada may experience barriers to accessing health services if they are from Hong Kong; have a shorter length of residency in Canada; are less financially stable, do not have someone to trust and confide in, identify strongly with Chinese health beliefs, and do not self-identify as Canadian.<sup>47</sup>

TCM is used for more than managing illness and encouraging vitality in the physical body. Family and caregiving are factored into considerations of TCM use in Chinese migrant populations. Incorporating TCM into the health practices of elderly in the United States has been found to allow them to perform and affirm their Chinese identity, fulfil their social and familial roles, and pass down cultural knowledge and practices.<sup>48</sup>

*Other-Worldly* is a particularly helpful source regarding knowledge creation through TCM. Mei Zhan's ethnographic inquiry regarding the relational processes of Chinese medicine in Taiwan and the San Francisco Bay Area positions TCM within urbanization and globalization in the twentieth century.<sup>49</sup> What Zhan terms the 'worlding' of traditional Chinese medicine is charted through individual practitioners, Chinese healthcare policy, TCM in Africa, and Chinese medicine practitioners in Shanghai and San Francisco. Her study builds on Hsu's work on the 'secret,'

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<sup>47</sup> Lu Wang, Mark Rosenberg, and Lucia Lo, "Ethnicity and utilization of family physicians: A case study of Mainland Chinese immigrants in Toronto, Canada," *Social science & medicine* 67, no. 9 (2008): 1410-1422.

<sup>48</sup> Haiying Kong and Elaine Hsieh, "The social meanings of traditional Chinese medicine: Elderly Chinese immigrants' health practice in the United States," *Journal of immigrant and minority health* 14, no. 5 (2012): 841-849.

<sup>49</sup> See Mei Zhan, *Other-worldly*.

‘personal,’ and ‘standardized’ modes of transmission of Chinese medical knowledge.<sup>50</sup>

While there has been considerable anthropological research on the cultural practices and perspectives of TCM in the United States, there is a gap in the literature regarding Canada. Additionally, the limited Canadian research on the topic has favoured British Columbia, and little has been written on TCM in Ontario. The fields of social sciences and medicine have extensively covered Chinese migration and traditional Chinese medicine, but there is room for more exploration from a historical cultural studies perspective. This research aims to bridge those disparities.

### **Methodology and Methods**

In this section, I situate myself in the inquiry and consider my positionality as a co-narrator with my participants. I introduce key concepts in oral history, sharing authority, heuristic interpretation, and reflexivity which forms the basis of my methodology. I provide a description of my methods of inquiry, my data collection process, and contextual information on my participants.

### ***Positionality***

In *On Not Speaking Chinese*, Ang mobilizes the autobiographical by employing experience and emotion as evidence and colour for cultural theorizing. Autobiographical discourse is a purposeful, performative “reflexive positioning of oneself in history and culture”, which puts forward the question: what is identity used for?<sup>51</sup> Ang uses identity analysis to critique the complexities and contradictions of Chineseness between Asia and the West. This paper will follow in a similar

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<sup>50</sup> See Elisabeth Hsu, *The transmission of Chinese medicine*. Vol. 7. Cambridge University Press, 1999.

<sup>51</sup> Ien Ang, *On Not Speaking Chinese*, 31.

understanding of personal narratives as what Janet Gunn styled “cultural acts of self reading” rather than “private acts of self writing.”<sup>52</sup> Participants were encouraged to engage in such cultural acts of self reading in interviews conducted between two localities and two languages. In asking others for their autobiographies, the researcher becomes an integral and inseparable part of the narrative. It is therefore necessary to illustrate the position from which I enunciate as researcher.

In 1983, my parents immigrated to Toronto from Hong Kong in search of greater economic opportunity and political liberty for themselves and their future children. I was born in 1994 and raised in Markham, Ontario, an ‘ethnoburb’ of Toronto with a large population of East-Asian immigrants and the foods and businesses that follow them. My parents consider themselves Hong Kongers and Chinese Canadians. If I were to choose such a term of national identification, I would have to fall into the Chinese Canadian category, but not without hesitation. I rejected my Chineseness growing up. In my young opinion, it provided me no cultural capital on the carpeted classrooms of primary school, the brown-green fields of middle school, or in the fluorescent white halls of high school. Lessons about being Canadian, being Chinese, and the hierarchy separating the two identities were learned from school curriculum, children who did not know better, and schoolteachers who did. Structures and relations learned in my Canadian educational institutions led me to believe my parents’ most personal properties—their traditions, their recipes, their language—were my deepest embarrassments instead of my greatest gifts. This dissonance stayed with me after moving from Toronto to Ottawa for post-secondary

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<sup>52</sup> See Janet Gunn, *Autobiography: Toward a poetics of experience*. (Philadelphia: University of Pennsylvania Press, 1982).

education. It remained with me throughout my undergraduate degree at Carleton University, where I studied journalism and learned to be a storyteller. Towards the end of my degree, I realized I was avoiding the narratives I am best positioned to tell—my own. Perhaps my lack of meditation was a result of a lack of knowledge about cultural histories and family narratives. Thus, in the summer between my Bachelor's and Master's degrees, in that not-unique space of free-fall new grads experience, I discovered a desire to ask reflective questions about Chineseness to bridge the perceived gulf within my biculturalism. TCM was a significant part of my childhood. My parents would bring me first to a TCMP when I was sick, and failing that, then to a Western doctor. TCM was at once familiar, a habitual part of my cultural life, and foreign, a healing system about which I understood very little. My curiosity about TCM led me to this research and is, in some ways, an attempt to reverse that felt dissonance of identity.

My lived experiences aided my role as a researcher on the question of Chineseness. Prior knowledge of and interactions with TCM helped me grasp an elementary understanding of its vast cultural resonances and underlying worldview. My basic experiences with TCM allowed me to understand some Chinese concepts that are difficult to define cross-culturally, and the topic of cultural translatability arose in most of the interviews. My spoken fluency in both Cantonese and English was useful when conducting interviews with participants, especially when one idea could not be translated into the other, or in other characteristically Hong Konger 'Chinglish' moments. However, my inability to read and write in Chinese strained the subsequent transcription process. My training in journalism made me comfortable arranging and conducting interviews with near strangers, but may have also made me

more interjecting and inciting than most oral historians would be comfortable with. A network of relationships stemming from my parents' position as Hong Kong Chinese Canadians presumed my trustworthiness, making open, in-depth oral history interviews possible. With one exception, I was around two decades younger than my participants. It is likely that my age difference affected their storytelling about youth and family in complex ways. Etherington understood reflexivity as "the capacity of the researcher to acknowledge how their own experiences and contexts (which might be fluid and changing) inform the process and outcomes of inquiry."<sup>53</sup> Throughout the data collection and analysis processes of this research, I was conscious of my particular configuration of age, gender, race, class, and citizenship. By continuously engaging in reflexive analysis, I am better able to interpret the lived experiences of diasporic Chinese with distinctive narratives and identities from my own.

### ***Shared authority in oral history***

Oral history can be traditionally understood as "knowledge about the past that has been relayed by word of mouth from one generation to the next" or more broadly conceptualized as "the practice of recording, archiving, and analyzing eyewitness testimony and life histories."<sup>54</sup> It has been employed to reclaim, include, and vocalize the narratives of communities who have been marginalized by the field of history. In Canada, oral history has been particularly democratizing for indigenous, women, and immigrant communities. Michael Frisch coined the term "shared authority" in 1990 to denote the complex processes of co-narration in the oral history interview produced by both the lived experiences of the storyteller and the interviewer. Steven High

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<sup>53</sup> Kim Etherington, *Becoming a reflexive researcher: Using our selves in research*. (Jessica Kingsley Publishers, 2004): 31-32.

<sup>54</sup> Kristina R. Llewellyn, Alexander Freund and Nolan Reilly, "Introduction," in *Canadian Oral history Reader*, (MQUP, 2015): 3.

expands the notion to a “sharing” of authority, where collaborative storytelling and social change-making continue beyond the interview. Llewellyn, Freund, and Reilly’s collection of theories and methodologies on interviews, ethnographies and autoethnographies in *The Canadian Oral History Reader* (2015) is a foundational text for my methods. The collection offers approaches relevant to my research, including lessons on sharing authority,<sup>55</sup> intergenerational interview interpretation,<sup>56</sup> and limits to minority advocacy,<sup>57</sup> among other topics. Zembrzycki’s experience narrated in “Sharing Authority with Baba” details her struggle to include her Baba, her Ukrainian Catholic grandmother, as a co-interviewer in her doctoral research on Sudbury’s Ukrainians. Her essay on the complexities of sharing authority with family grew to be more influential throughout my research as my father, Anthony, became an integral part of my interview process. My father assisted me as a cameraman and translator in interviews conducted in Hong Kong and the Greater Toronto Area. Like Zembrzycki, I needed to make peace with his dual role as interviewee, making interjections in conversation, and as interviewer, mistranslating concepts that I had not fully briefed him on. Like Zembrzycki, the stories we collected would have paled in narrative colour without my father’s presence and contribution. However, due to the limiting time restrictions of a Master’s thesis, I was not able to fully share authority with my participants. I provided them with sample interview questions before our meeting and

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<sup>55</sup> Stacey Zembrzycki, “Sharing Authority with Baba,” in *The Canadian Oral History Reader* ed. Kristina Llewellyn, Alexander Freund, Nolan Reilly (Montreal: McGill-Queen’s University Press, 2015), 53-72.

<sup>56</sup> Alexander Freund, “A Canadian Family Talks about Oma’s Life in Nazi Germany: Three-Generational Interviews and Communicative Memory,” in *The Canadian Oral History Reader* ed. Kristina Llewellyn, Alexander Freund, Nolan Reilly (Montreal: McGill-Queen’s University Press, 2015), 159-179.

<sup>57</sup> Pamela Sugiman, “I Can Hear Lois Now: Corrections to My Story of the Internment of Japanese Canadians,” in *The Canadian Oral History Reader* ed. Kristina Llewellyn, Alexander Freund, Nolan Reilly (Montreal: McGill-Queen’s University Press, 2015), 297-317.

informed then that they could direct our conversation as they desired. They could decide on the level of their interview's recording and publicity: only audio, audio-visual, or neither. I did not share their transcripts with them nor get their approval before quoting. They also did not participate in the interpretation of their narratives. Thus, authority is primarily shared with my father as co-interviewer in this inquiry.

### *Methods of inquiry*

This qualitative inquiry on narratives of cultural identity and perspectives on traditional Chinese medicine in diasporic Chinese is based on eight in-depth, face-to-face, oral history interviews conducted in Hong Kong and the Greater Toronto Area (GTA). My approach is based on the assumption that identities are subjective, dynamic, and interpretative social constructions. I follow Bruner's functional narrative analysis approach, which views narratives as the way in which individuals make sense of reality and create and share meaning from random and chaotic events. Narrative construction of reality as a mode of cultural inquiry argues that "we organize our experience and our memory of human happenings mainly in the form of narrative—stories, excuses, myths, reasons for doing and not doing, and so on."<sup>58</sup> Interviews are analyzed thematically, as this approach places diachronic storytelling in an atemporal understanding of events. Bruner's concept of *hermeneutic composability*, that is, the implication that what someone expresses is different from what they mean, confronts the notion of sharing authority.<sup>59</sup> Therefore I accept that narrative expression from storytellers, interpretive analysis from myself as a listener and researcher, and even tertiary understandings from this paper's readers may reveal

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<sup>58</sup> Bruner, "The narrative construction of reality." *Critical inquiry* 18, no. 1 (1991): 4.

<sup>59</sup> For more on hermeneutic reading, see Charles Taylor, "Interpretation and the Sciences of Man," in *Interpretative Social Science: A Reader*, ed. Paul Rabinow and William M. Sullivan (University of California Press, 1979): 25-72.



a constellation of differences. Meaning is significant even in the silences and the imaginations. I return to Greg Dening to articulate collaborative reflexivity in interpreting cultural experience:

We humans are very ingenious in creating a hedged-around space and time to have our experiences. It is an in-between space and in-between time—in-between ordinary living, in-between everyday relationships, in-between other conversations, in-between other performances. We sometimes called this hedged-around space ritual, sometimes theater.<sup>60</sup>

While Dening continues with a metaphor of beaches to narratively perform his understanding of in-betweens, I will examine such spaces of ritual and theatre through immigrants' lived experiences of traditional Chinese medicine.

My data were collected through interviews with members of Chinese diaspora in Hong Kong and the GTA, specifically Markham, Richmond Hill, and Mississauga, who have used TCM. I conducted face-to-face interviews in Hong Kong in October 2017 and in the GTA from November 2017 to February 2018. All participants were interviewed individually and were audio-recorded. When consent was given, interviews were also filmed.<sup>61</sup> Participants were given the option to make their interviews publicly available by consenting to their visage, quotes, or both to be presented in a documentary film produced by myself. Unsurprisingly, the camera's and cameraman's felt presences influenced many of my interviews.<sup>62</sup>

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<sup>60</sup> Dening, "Performing on the beaches of the mind," 8.

<sup>61</sup> Oral historians and journalists have noted the effects of recording equipment, television lighting, and taking notes in interviews with participants or sources. For more on an interview approach that puts participants at ease, see chapter 10 "The Interview" in Thompson, Paul. *The voice of the past: Oral history*. Oxford university press, 2017, or chapter 15 in Mencher, Melvin, and Wendy P. Shilton. *News reporting and writing*. Brown & Benchmark Publishers, 1997.

<sup>62</sup> Participants would offer personal information and anecdotes before and/or after the cameras turned off. While this did not negatively affect the written portion of this research project, this would have significant consequences for its accompanying documentary film. Additionally, participants would feel less comfortable under bright camera lights necessary for certain filming environments. In these situations, my responsibility as an oral historian took precedence over my role as filmmaker, and I settled for poorly lit footage that will not be included in the final film.

Interviews began with the open-ended “life story approach,” where I asked participants for their lived experiences and listened to their life stories about their immigration experiences. Using a dialogical approach, I then used a semi-structured interview format to focus on topics of cultural identity and TCM, asking questions spontaneously when necessary. My goal was to engender a conversational environment that would encourage openness and the emergence of vulnerability. To minimize discomfort or distraction, participants were encouraged to use whichever language—English or Cantonese—they felt most comfortable using during the interviews. All participants used a combination of both in varying compositions. Interviews were later transcribed and translated in English and Chinese (Traditional) by my fully bilingual father because while I can speak fluently, my Chinese reading and writing is elementary.<sup>63</sup> The semi-structured interview questions were designed to be easily translatable in both English and Cantonese due to the varying language fluency of my participants.<sup>64</sup> To maximize accessibility, my questions consciously avoided academic jargon and theoretical terms. My questions acted as points of departure to provoke memories and stories about childhood and family; health and medicine; migration and settlement; identity and difference; Chineseness and being Canadian. Spontaneous questions were asked to inspire conversations about culture, cross-culture, and hybridity. Prior to meeting my participants, interview questions were developed using my research questions and refined through a process of trial and error with family and family friends in Markham, Ontario.

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<sup>63</sup> Interviews were transcribed in the language they were spoken, meaning the transcriptions jump between English and Chinese when participants switched between English and Cantonese. They were later fully translated to English.

<sup>64</sup> A list of my research questions are included in Appendix B.

### *Participant recruitment and context*

I conducted interviews in Hong Kong in October 2017, four of which are discussed in this paper. I conducted four interviews in the GTA between November 2017 and February 2018: one in Mississauga, one in Markham, and two in Richmond Hill. I used the snowballing method to recruit participants.<sup>65</sup> I contacted them first via WhatsApp and followed up with an email which included my project proposal, an invitation letter, interview questions, and a consent form. Interviews were conducted in participants' homes, offices, or public spaces depending on their comfort and preference.

With the exception of Mrs. A, all participants gave me permission to use their real names. Altogether, eight Chinese individuals living in Hong Kong and the GTA are included in my inquiry. Most participants are between 40 to 65 years old, barring one female in her 20s. They are first and 1.5 generation Chinese with citizenships in two localities, with one Canadian resident with Taiwanese citizenship. Seven participants were born in Hong Kong, with the exception of Pierre. They are all ethnically Chinese but fluctuate in their subjective definitions of identity. Those who were born in Hong Kong are the children or grandchildren of Chinese from Southern China who migrated to Hong Kong between the 1930s and 1950s. The four participants currently residing in the GTA immigrated in the mid-1990s. The four participants presently residing in Hong Kong immigrated to Canada earlier—between 1974 and 1990—and returned to Hong Kong in the 1990s or 2000s. These return

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<sup>65</sup> Starting with my immediate family members' network of friends, classmates, and coworkers, and later expanded by word of mouth into their networks. I was forwarded the names and numbers of potential participants.

migrants all have family in the GTA and visit often, nearly every one or two years, and have all seriously considered retiring in Canada.

### **Patty**

Patty was born in Hong Kong and raised in Macau. She immigrated to Canada with her mother as a teenager in 1974 to reunite with her father, who worked in a restaurant in Yarmouth, Nova Scotia. The family later moved to Fredericton, New Brunswick. When her father passed away, Patty and her mother settled in Toronto. After graduating post-secondary school, Patty could not find employment and moved back to Hong Kong in 1992 to “get a job and a get a husband.”<sup>66</sup> Her mother remains in Toronto and Patty visits yearly. Patty has two young-adult sons who were born in Hong Kong and currently reside in Toronto. She plans to retire in Canada. Our interview was conducted in Cantonese.

### **Chris**

Chris is a teacher at an international school in the New Territories, Hong Kong, where he also lives. His wife and adopted daughter live permanently in Toronto. He immigrated to Canada in 1988, is a Canadian citizen, but found better employment in Hong Kong and returned in 1994. After a typical school day, Chris collected us from the gate security and took us into a small white classroom—slightly larger than a storage closet—that was dominated by an island of large, rectangular, grey desks. We sat at opposite ends of this grey island, which we may have internalized and expressed in an awkward, stressed interview. Our interview fluctuated between English and Cantonese.

### **Rufina**

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<sup>66</sup> Patty Wong (Traditional Chinese medicine user), interview by Jenn Ko, Hong Kong, October 2017.

Rufina met us in the lobby of her apartment complex in North Point, Hong Kong, after dropping off her 5-year-old son at pre-school. She was born in Hong Kong and immigrated to Canada in 1990 as a teenager with her parents and older brother. They were wealthy, economic immigrants. Similar to Patty, she jokes that she moved back to Hong Kong in 2000 “for fun, to look for a job, to look for a husband.”<sup>67</sup> Her parents remained in North York, Ontario while her brother moved to New York City. She is also pursuing an online PhD to continue teaching post-secondary college students in Hong Kong. Her son is the primary reason she thinks about TCM today. Our interview fluctuated between English and Cantonese.

### **Teresa**

Teresa was recommended to our study through her former coworker, Rufina. Both women are lecturers for the Hong Kong vocational studies college system. She grew up in Hong Kong, attended university in the United Kingdom, and immigrated to Vancouver in 1990 in search of employment. She moved back to Hong Kong in 1993 after finding a job there. Her husband’s family lives in Toronto, and together they visit every few years. We met in an empty classroom at the Design Institute in Tseung Kwan O. Our interview fluctuated between English and Cantonese.

### **Arthur**

I interviewed Arthur in his small clinic at the back of a traditional Chinese herbal shop in Richmond Hill. Arthur bookended our interview between two patient appointments. Arthur grew up poor in Hong Kong and moved to Richmond Hill, Ontario in 1994, where he currently lives with his wife and daughter. In Hong Kong he worked as a banker but in Canada, he turned his passion for TCM into a career as a

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<sup>67</sup> Rufina Chan (Vocational instructor), interview by Jenn Ko, Hong Kong, October 2017.

matter of economic survival. Arthur is a TCMP, owner of a small technology distribution company, and founder of a TCM school in Toronto. He spends his spare hours promoting TCM as a radio host on a Chinese radio station in Toronto. I met Arthur a few times before our interview at his clinic, at vegetarian dim sum with his family, and at a launch event for his business selling TCM capsules. His native language is Cantonese but interview was conducted in English, at his request.

### **Imelda**

Imelda is Arthur's daughter. She was born in Hong Kong and immigrated to Canada with her parents as a baby. As a result of her father's passion and interest, she has grown up fully immersed in TCM mythology, ritual, and practice. She recently graduated from law school. We met in the Lo family's suburban home in Richmond Hill. Our interview was conducted in English, with the exception of a few technical TCM conceptual terms.

### **Mrs. A**

I use the pseudonym, Mrs. A, for this participant to protect her personal identity and information. She immigrated to Canada in the early 1990s and eventually settled in Markham. Mrs. A is a wife and stay-at-home mother, and was notably shy and quiet in group situations. She has a green thumb and maintains blooming fruit and vegetable gardens both inside and outside her home. Mrs. A is much more talkative in Cantonese but insisted on using English for the interview.

### **Pierre**

Pierre is a special participant in my inquiry. He is the only Taiwanese participant and an obvious outlier in my study. Rather than excluding him from my

analysis, I find that his anomaly reflect's Gilroy's understanding of diasporic difference in sameness or sameness in difference. Pierre came to Canada when he was six years old with his mother. He comes from a family of practitioners who have practiced TCM in Taiwan for generations. I met Pierre in the office of the Canadian College of Traditional Chinese Medicine, a TCM school he founded in Mississauga. The office park containing their office also hosts their clinic, an import/export shop for herbs and needles, and the school. Pierre is soft-spoken, polite, put together, and melancholic. He seemed to know Arthur Lo, another prominent member of the TCM community in the Greater Toronto Area, but would not go into detail about their acquaintance. Our interview was conducted in English.

### Chapter 3 Healing Between Worlds: Chineseness in the GTA's TCM Community

*"The traditional Chinese medicine system in Ontario, to me, seems strange."*<sup>1</sup>

*There isn't one Canadian TCM. Who is the Canadian public? Mainland? Hong Kong? Multigenerational white Canadians who have never been exposed and see it as some new age thing?*<sup>2</sup>

Traditional Chinese medicine is a 'twice-behaved' behaviour, to use Schechner's term, remaking itself as it traverses the globe. TCM in Ontario is different from its iteration in Hong Kong. Likewise, TCM in Hong Kong is unique from its rendition in China and anywhere else in the world. Zhan calls this process of transmission and transformation the "worlding" of TCM.<sup>3</sup> The translocality of TCM presents cross-cultural knowledges and practices in different spaces, changing communities as it 'behaves' again. Identifications of nationality and culture within the GTA's TCM community are constantly constructed and reconstructed in-between. Analyses of the internal inclusions/exclusion of Othered populations can occur in this "liminal signifying space" marked by minority discourses, "heterogeneous histories," and antagonistic authorities."<sup>4</sup> In this introductory analysis chapter, I provide context on the spatial and temporal in-betweenness of the people and places in this inquiry. I argue that Chineseness is dynamically reconstructed against changing definitions of Ontario society.

Pierre said, "*TCM is one of the oldest medicines in the world, but it is one of the newest medicines in Ontario.*"<sup>5</sup> Specific social, political, cultural, and historical

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<sup>1</sup> Arthur Lo, (traditional Chinese medicine practitioner), interview by Jenn Ko, Richmond Hill, January 2018.

<sup>2</sup> Imelda Lo, (graduate student), interview by Jenn Ko, Richmond Hill, November 2017.

<sup>3</sup> See Zhan, *Other-Worldly*.

<sup>4</sup> Bhabha, *DissemiNation*, 212.

<sup>5</sup> Chen, interview.



interactions between TCM and place produced heterogeneous community identities, philosophies, and patient experiences. TCM is notoriously hard to define. It has been called “the quintessence of the Chinese culture heritage,”<sup>6</sup> “an enduring system of therapeutic knowledge,”<sup>7</sup> “a way of life,”<sup>8</sup> even “the interwoven pattern of inseparable links in a circular chain.”<sup>9</sup> Sticky entanglements between perceptions of TCM are articulated in my participant’s narratives. There is an element of unknowing in Chinese and non-Chinese perceptions of TCM efficacy, an element that belongs in the “inventory of shimmers” that exist between a body and its thinking-feeling.<sup>10</sup> Teresa exemplifies an affective necessity to believe:

*Chinese medicine is very interesting, you won't know what you're given. After you've brewed it and having drank it, you feel different. It's the feeling, you can feel it.<sup>11</sup>*

Teresa articulates this feeling with a single word: 夾 (*gaap*), which translates to ‘wedged or inserted between’ but can mean ‘click,’ ‘match,’ or ‘fit together’:

*I don't know, if it is 夾, it's very obvious. If you don't, you'll feel like it was useless. I didn't see any Chinese doctors in Canada because you really need to go through trial-and-error. [...] But in Hong Kong I have one Chinese doctor.<sup>12</sup>*

Teresa tried many TCM doctors in Hong Kong before she found her current doctor, to whom she is connected in ways she finds difficult to communicate. In “Bitter After Taste,” Anderson attempts an heuristic examination of synesthesia in the interstices of

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<sup>6</sup> WHO, “Traditional Chinese Medicine,” 4.

<sup>7</sup> Zhan, *Other-Worldly*, 1.

<sup>8</sup> Chui, “Practicing TCM in a Canadian Context,” 96.

<sup>9</sup> Beinfeild and Korngold, *Between Heaven and Earth*, 5.

<sup>10</sup> Gregg and Siegworth, “Introduction,” 3.

<sup>11</sup> Tam, Interview.

<sup>12</sup> *Ibid.*

taste, memory and feeling of everyday culture and history as a way to communicate the feeling in Teresa's comment.<sup>13</sup> The olfactive, gustatory, aural, optic and haptic elements of TCM tell stories of the travelling affective dimensions of diaspora and intercultural memory and feeling.<sup>14</sup>

Walking down the crowded streets of Hong Kong, it is not uncommon to see herbal stores, dried seafood stores, TCM clinics, or Chinese and Western integrated medicine clinics. A tripartite operation provides TCM healthcare in Hong Kong: a hospital authority, private clinics, and blended private and government clinics. Herbal medicine, acupuncture, and 跌打 (*deet dah*) Chinese chiropractic are the most commonly used TCM practices among Hong Kong Chinese. Around every corner is a locally-owned shop or 7Eleven selling traditional Chinese rubs, pills, creams, and ointment pads. The most famous junction in Hong Kong is Ko Shing Street in Sheung Wan, where the wholesale herbal medicine trade is in every store on either side of the street, even drying on plastic tarps and wooden baskets in the sun on the pavement. Ko Shing Street thrives at the confluence of modern city and ancient practice on an island between Asia and the West. These sensorial dimensions of Hong Kong and Chinese culture followed immigrants to 'ethnoburbs' in Toronto.

The "earthy, woody" smell of herbal medicines common in Mrs. A's former neighbourhood in Central district, Hong Kong, are not difficult to encounter in Richmond Hill and Markham. She regularly shops for TCM ingredients at First Markham Place—a multi-cultural shopping centre inscribed with Chineseness similar

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<sup>13</sup> Anderson, "Bitter after taste," 119.

<sup>14</sup> For more on the anthropology of sight, smell, taste, touch, sounds of culture and diasporas, see Paul Stoller's *Sensuous Scholarship*. Philadelphia: University of Pennsylvania Press, 1997; Amanda Wise, "Sensuous Multiculturalism: Emotional Landscapes of Inter-Ethnic Living in Australian Suburbia," *Journal of Ethnic and Migration Studies*, 36 no. 6 (2010): 917-937.

to Pacific Mall—to boil soups and teas that correspond to her family’s changing spatiotemporal environments. For Mrs. A, the olfactive dimension is inseparable from the culture of TCM, following diasporic Chinese throughout the spaces they inhabit around the world: *“Of course it is connected to TCM. When you boil it, when you cook it, they have the smell. The smell belongs, it is part of Chinese life.”*<sup>15</sup> Her home in Markham smelled like family dinners of her memory. The smells of Mrs. A’s Hong Kong are repeated in public and private Chinese spaces of the GTA.

The practice of TCM in Ontario was distinctly localized by provincial regulation and by culturally similar and dissimilar immigrants who carried various knowledges from homelands formed in specific sociopolitical histories. In the 1980s and 1990s, the TCM community in the GTA reflected the composition of Chinese immigrants at the time—most colleges and clinics were operated and attended by Cantonese speaking Chinese from Hong Kong. Arthur opened his school with a Hong Kong curriculum. In 1999, nearly all his students were from Hong Kong: *“They are simple, they want to know how to live a good life. Eat some good diet, nutrition. Health is their purpose.”*<sup>16</sup> Starting in the 2000s, Arthur noticed the demographics of his classes mirror changes happening on a macro-level in Canada:

*Most of the immigrant people is from mainland China. It's different. They speak in Mandarin, and their purpose is different. They want to learn Chinese medicine to make money. They want to study a year, maybe two years, come out to be a doctor. And then earn a living.*<sup>17</sup>

Today, nine out of ten of his students are from mainland China. With the increase of immigrants from China and decrease of immigrants from Hong Kong after 1997, Li

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<sup>15</sup> Mrs. A (Stay-at-home mother), interview by Jenn Ko, Markham, November 2017.

<sup>16</sup> Arthur Lo, Interview.

<sup>17</sup> Ibid.

found local organizations and niche markets in cities adjusted to changing demographic compositions of the Chinese population.<sup>18</sup> The changes add to the complexity in social differentiations and cultural identity in the Chinese diaspora in Canada, which is reflected in the microcosm of the TCM in the GTA. Arthur interestingly demarcated not only a difference of language and place of origin, but also described a difference of personality. He found Hong Kong Chinese and mainland Chinese immigrants bring opposing goals, desires, and willings to their study of TCM in Canada. Pierre also recalled considerable difference of opinion in the Toronto TCM community during the regulation process, with fifteen to twenty TCM organizations claiming to be the regulatory body:

*Before it was tight knit. Everyone speaks Cantonese, there was associations, it was okay. As we see people from China coming in, we see disputes between the associations. Right now you can still see these people fighting for power. That contributed to the regulation process. That kinda changes the inside and dynamic of these communities.<sup>19</sup>*

When I asked him what he meant by ‘power,’ Pierre attributed the conflict to an undemocratic mainland Chinese mentality. The sociocultural formation of difference in Chineseness in Arthur’s and Pierre’s comments create two imagined communities within the Chinese TCM community in Toronto. However, their imagined alliances can blur and fluctuate within “togetherness-in-difference,” relative to the imagined Other. The influx of mainland Chinese immigrants “interrupted” the dominant culture of TCM in Toronto and created “new forms of meaning” through new social and political identifications.<sup>20</sup>

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<sup>18</sup> Li, *Chinese in Canada*.

<sup>19</sup> Pierre Chen (traditional Chinese medicine practitioner), interview by Jenn Ko, Mississauga, November 2017.

<sup>20</sup> Bhabha, “DissemiNation,” 233.

Zhan also noted discord in the San Francisco TCM community between newer mainland Chinese immigrants and older Chinese immigrants from Hong Kong, Taiwan, and other parts of East and Southeast Asia. Mandarin-speaking TCMPs in Ontario practice a version of post-Cultural Revolution Chinese medicine, which lost traditional knowledge during the 1966-76 campaign to eradicate the “Four Olds” and has been systematically integrated with Western medicine since the 1980s. TCM practitioners and their families survived persecution by seeking refuge in neighbouring peripheries like Taiwan and Hong Kong, and their ‘classic’ medical practice and knowledge survived with them. As one individual in her ethnographic study bluntly noted:

There is no authentic Chinese medicine in China anymore. [...] They got rid of all the spiritual and philosophical components, which are what really made traditional Chinese medicine so special. [...] No, I would rather learn from old Chinese healers here than going all the way to China.<sup>21</sup>

In this comment, China, Chinese culture, Chineseness and traditional Chinese medicine are presented on a continuum between inauthentic and authentic, *lieux* and *milieux*, archive and repertoire. But is TCM in overseas Chinese communities, bifurcated from Chinese-Western integrated medicine in mainland China, truly more authentic? The case of TCM in Ontario suggests traditional healing practices and communities has been Westernized along different trajectories.

The Traditional Chinese Medicine Act of 2006 granted Traditional Chinese Medicine practitioners and Acupuncturists self-regulatory status under the Regulated Health Professions Act, 1991 and established the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario. The Ontario government

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<sup>21</sup> Ibid.

appointed a “Transitory Council” to lay the groundwork for a permanent regulatory board in 2008, and the College officially came into force in 2013. The College was mandated to regulate the profession in Ontario and envisioned to inspire greater confidence and trust in the practice of TCM. It would regulate practitioners as either TCMPs and/or as acupuncturists. But ever since its creation, the College has been criticized for inept self-regulation and discriminatory tests.<sup>22</sup> The certification test administered by the College—required for existing TCMPs until 2013 and all incoming TCMPs in futurity—was problematized for being offered exclusively in English and French. This made the test largely inaccessible to practitioners with inadequate English language skills, especially older Chinese immigrants.<sup>23</sup> By contrast, the certification test in British Columbia administers the test in Canada’s official languages and Chinese.

Members of the TCM community in Toronto have expressed their confusion and disdain for the test, which they believe excludes older practitioners for whom English or French is not their first language. Both Arthur and Pierre lament the language requirement that excluded some of their experienced Cantonese and Mandarin speaking colleagues. Interestingly, neither TCMP acknowledged that the College designated a temporary “grandfathered class” for practitioners who needed accommodations. During the regulatory transition, the College provided different registration classes, translators, and the devising of a language plan for individuals who registered before 2014. Practitioners in the “grandfathered” class were given five years to develop their English and French skills. Despite the language barrier, 95% of

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<sup>22</sup> Mackay, “New Ontario college for traditional Chinese medicine,” 435.

<sup>23</sup> Nicholas Keung, “Traditional Chinese Medicine: Licensing regulations discriminate against practitioners, say lawyers,” *Toronto Star*, January 7, 2014.

applicants passed the test. However, this number does not take into consideration practitioners who have been deterred from taking the test.<sup>24</sup>

The ‘worlding’ or ‘translocalization’ of traditional Chinese medicine in Ontario can also be seen in the patients who use it. Like most of the participants in this study, Arthur remembers his mother giving him some bitter herbal medicine and sweet crisps from a young age. All mothers give their children Chinese medicine first, he says, because Hong Kong society in 1960 was poor and herbal medicine was cheap. In Toronto, however, ever since Hong Kong migrants from the 1980s and 1990s became landed immigrants, going to a TCM clinic was no longer simply a last resort for the less wealthy.<sup>25</sup> Patients pay a TCM practitioner consultant fee, whereas Ontario Health Insurance Plan (OHIP) cardholders are able to see a Western medical doctor as a government funded social service. While TCM prescriptions are not exorbitantly expensive to fill out, they are never free, whereas basic pharmaceutical costs can be covered by OHIP. Pierre also considers TCM to be a medicine and practice for the “*privileged*” in Ontario, which he says is a result of TCM practitioners not being the primary public healthcare providers. The reversal of patient usage from 1960s Hong Kong to present day GTA reflects the economic status acquired by Chinese immigrants, who rose from their relative poverty in Hong Kong and Taiwan, to their greater prosperity during the capitalist expansion in Hong Kong before the

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<sup>24</sup> Ibid.

<sup>25</sup> The term “landed immigrants” was used in the aforementioned time period. Presently the the term “permanent residence” is more commonly used, but they are often still used interchangeably. Under the Canadian Charter of Rights and Freedoms, landed immigrants/ permanent residents have the right to most social services, such as healthcare, but are different from Canadian Citizens because they cannot vote in federal elections; run for federal office; hold some jobs that require a high-level security clearance; and hold a Canadian passport.

turn of the century. This acquired prosperity accompanied them to Canada when they were admitted as skilled and business class migrants.

There are other visible transformations in the TCM community since regulation. The production of Otherness shifts and pivots in relation—and reaction—to who is considered dominant. When Arthur participated in consultations with the Ontario government during the regulation of TCM in the 2000s, he noticed the Westernization. The cultural shift in Toronto seemed strange to Arthur:

*Why? When I have a meeting about 2000 regulated TCM doctor here, I find out half of them is mainstream people. Not Chinese. They cannot use the Chinese language. But they are considered TCM practitioners because they use acupuncture. This is a special, I think maybe... to me it's strange. This is maybe a special feature of TCM in Ontario.<sup>26</sup>*

Despite his apprehensions, Arthur said he recognizes that TCM in Ontario is meant to serve all of the Ontarian population, not only the Chinese community. The regulation of TCM in Ontario has changed the community of practitioners and therefore, the culture and practice of TCM in Ontario. Traditional practices adjust to accommodate the dominant culture in Canada.

Chinese language is deeply embedded within TCM philosophies, concepts, and terms. A significant portion of that knowledge is not easily translatable to English. For example, at the Canadian College of Traditional Chinese Medicine, Pierre first teaches his students culturally dissonant concepts like Chinese calendar's 12-hour clock as the foundation for understanding the body's corresponding organ systems. The introductory lesson is always a cross-cultural hurdle. Ontario's decision to exclude Chinese language from the certification test, and therefore certain Chinese individuals from taking the test, denotes a Westernization of TCM in the province.

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<sup>26</sup> Arthur Lo, Interview.



Older traditional Chinese medicine practitioners represent a deep archive of textual and embodied knowledge which is not easily translated. Chui finds that “when a complex of ideas or practices is introduced in a society, it may undergo change so as to be compatible with the new sociocultural setting.”<sup>27</sup> Interestingly, to be legitimized or *included* as a medical profession in Ontario, the College indirectly *excluded* a portion of their most experienced professionals. The ‘Canadianization’ of TCM in Ontario reaffirmed the Otherness of Chineseness by emphasizing certain language insufficiencies in a group of TCM practitioners.

In “Images of Hong Kong”, Leung Ping Kwan writes that Hong Kongers are “always at the edge of things and between places.”<sup>28</sup> The story of TCM in Canada is also at the periphery of Chineseness, between time and space. These spatial and temporal dimensions of the lived experiences of Chinese Canadians in the GTA can be contrasted and compared to the Hong Kong Chinese migrants encounters and entanglements with TCM. In the next chapters, I interpret participant oral histories thematically, beginning with self narration and identity.

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<sup>27</sup> Lyren Chui, "Practising Traditional Chinese Medicine in a Canadian Context: The Roles of Immigration, Legislation and Integration." *Journal of International Migration and Integration* 7, no. 1 (2006): 96.

<sup>28</sup> Leung, *City at the End of Time*, 89.

## Chapter 4 The Stories We Tell Ourselves: Chineseness in Sameness and Difference

*“It’s a part of our cultural tradition. There’s just no separating it. From when we are small to when we are older. It includes our language, our lifestyle, our habits, traditional Chinese medicine is an integral part of our life. I can’t separate it from me.”<sup>1</sup>*

Participants in this study enunciate Chineseness in relation to others. They construct identities as their narratives of self, culture, and community brush, grind, or collide against each other, revealing how identity emerges from the “continual slippage of categories.”<sup>2</sup> Like tectonic plates shifting on top of churning molten rock forge the surface of the Earth, narratives of self converge, diverge, and transform to assemble individual and collective cultural identities. Narratives of self are based on human happenings. They entail a protagonist’s beliefs, philosophies, values and willings within their capacity to act. The Tiananmen Square protests of 1989 is one such human happening. The “June Fourth Incident,” coupled with economic and legislative events in the 1980s and 1990s led my participants, their families, and a tide of similarly *affectively attuned* Hong Kongers to move to Canada in search of freedom, economic opportunity, and education. They brought with them a complex constellation of “habits, acquired skills, inclinations, desires, willings.”<sup>3</sup> These affects colour the repertoires of embodied knowledge which constitute the perspectives and practices in their performances of cultural sameness and cultural difference. In this chapter, I argue the ritual of TCM allows migrants to perform Chineseness in agentic narrations as they find difference in sameness and sameness in difference between

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<sup>1</sup> Chris Mak (International high school teacher), interview by Jenn Ko, Hong Kong, October 2017.

<sup>2</sup> Bhabha, “DissemiNation,” 201.

<sup>3</sup> Massumi, *Politics of affect*, 49.

spatial, temporal, and conceptual nodes. I develop themes of agency, exile, and hybridity.

The production of difference between multiple localities creates touchstones between feelings of exile, lostness, and disorientation. The notion of in-betweenness characterizes migrant identities. For the Hong Kongers in this inquiry, in-betweenness encompasses manifold meanings: it denotes living between Hong Kong and the GTA; the hybrid usage of both TCM and Western medicine; and family relationships between continents. Their various experiences of medicine between Asia and the West present hybrid identities in constant negotiation.

Chris drinks herbs from the herbalists for his flus and goes to the acupuncturist for his asthma. He brings a simple burdock tea in a thermos to an international school in Loha's Park, Hong Kong, where he teaches math and coaches boy's basketball. Chris' wife is the daughter of a traditional Chinese doctor. She lives on the other side of the Pacific Ocean in Canada with their daughter. Even though Chris lives alone in Hong Kong, his repetition of "*our*" in the quotation at the introduction of this chapter signifies how TCM is part of his family's shared, daily identity construction across time and space. While Chris lives in his birthplace in Hong Kong, he also lives in exile from his family. Chris speaks to an inherent, consistent thread of Chineseness in traditional medicine: "*It's a part of our cultural tradition. There is just no separating it.*" Kong and Hsieh have noted the role of TCM in affirming Chineseness among older immigrants.<sup>4</sup> Like May-ying, Chris uses TCM to ground himself in a performance of self that can be shared with his wife and daughter in Canada and to repair a sense of exile from his family.

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<sup>4</sup> Kong and Hsieh, "The social meanings of traditional Chinese medicine."

Sameness can also be produced despite difference. Teresa prepares and drinks a bowl of herbal medicine every day to maintain her health. Every week, she will wait in line for three hours at her popular TCD on the other side of Hong Kong from her home and workplace. Teresa likens her daily TCM use to her Canadian aunt's morning vitamin routine. *"I take Chinese medicine, they take vitamins. I think it's the same philosophy."* She repeats this sentiment later in our interview, *"It's the same, they take different pills for blood, joints, calcium for the bones, whatever. A lot of stuff. But for me, I just drink one bowl and that's it."*<sup>5</sup> Although Teresa and her aunt resided in different places and employed different practices to maintain health, Teresa equated her daily ritual to her aunt's use of Western vitamins. While their practices are different, she sees similarity in purpose and philosophy. Thus, Chineseness is also performed in syncretism, between TCM and Western health practices, in decidedly personal willings and inclinations and autonomous of place or family. When I asked Teresa if she thought her habitual practice of TCM was a result of societal or familial normalization, Teresa told me her parents maintain their daily health with Western medicine because they don't like the smell nor the process of brewing herbal tea. *"It's just personal decisions. I believe in my own feelings."*<sup>6</sup> Teresa's repetitive performances are agentic narrations of self, independent of her family's practices.

Similar to Gilroy's mapping of the musics of the black Atlantic, the perspectives, practices, and people of traditional Chinese medicine can be routed in their transnational and transcultural histories across the Pacific. Gilroy's "changing

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<sup>5</sup> Teresa Tam (Vocational instructor), interview by Jenn Ko, Hong Kong, October 2017.

<sup>6</sup> Ibid.

same” describes identity made through the differences of localities and temporalities.<sup>7</sup> These narratives of translocal experiences of travel, home, memory, and connection articulate hybrid self identities in-between sameness and difference.

At the start of our interview in his small office at the back of a traditional Chinese herbal shop on the border of Richmond Hill and Markham, Arthur immediately asserts his identifications: *“I’m just a Hong Kong guy. I was born in Hong Kong. I’m just a normal Hong Kong people.”*<sup>8</sup> Arthur’s stated connection to Hong Kong reinforces his disconnection to a Canadian identity. He summarizes the essence of Hong Kong identity into three values: struggle, freedom, and creativity. He said the small, rocky island became an international city after 156 years of British colonial rule partially because of the governance, but primarily because of the Hong Kong spirit. Arthur elaborates:

*We are poor, we are nothing, but we have to work. And then we can create something. Another value is freedom. Hong Kong people like freedom. Freedom of speech, to work, to move, to travel. Without freedom, I am not here.*<sup>9</sup>

He emigrated in 1994 for the same reasons as “everyone else at the time”—for freedom. Arthur’s employment experience in Hong Kong did not translate into a commensurate banking job in Canada, so he positioned his passion and education in TCM as an integral part of his economic survival, *“When I come to Canada I think, this is the only treasury in my hand.”* In 1999 he started a TCM college in Toronto to make a living, but also to “maintain Chinese culture.” The school was another iteration of his agentive use of a repertoire of acquired habits, skills, inclinations,

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<sup>7</sup> Paul Gilroy, "Sounds authentic: Black music, ethnicity, and the challenge of a" changing" same," *Black Music Research Journal* (1991): 111-136.

<sup>8</sup> Arthur Lo, Interview.

<sup>9</sup> Ibid.

desires and willings. Arthur desires to pass on this “Hong Kong spirit” to the next generation of Chinese in Canada, like his 24 year old daughter, Imelda. In a separate interview I conducted with Imelda, she suggests her father may have been successful in bequeathing his narrative: *“I am Hong Kong Chinese, I am Chinese Canadian.”*<sup>10</sup> Imelda’s hybrid self-identification suggests the younger generation’s ability to better “embrace the arts of exile and co-existence.”<sup>11</sup> Imelda exemplifies both the neither-nor of exile and the in-between co-existence in her dynamic cultural identification.

In his seminal essay, ‘Reflections on Exile,’ Edward Said denounced modern culture’s attempts to manifest honest representations of exile in Western culture, calling its objectifications banal and its beneficial claims mute. He wrote that the “essential sadness” of his life, being uprooted from Palestine and Egypt and untethered in Britain and the United States, “can never be surmounted.”<sup>12</sup> Still, migrants find ways to reconcile their exile. In *The Concubine’s Children*, the exiled and dispirited May-ying was renowned for her intuitive understanding of TCM and clung to her visits to the herbalist and her jars of herbal tea as a form of agency. For May-ying, exile was a condition of the mind and its medicine was found in her performance of TCM as Chinese identity in Canada which is neither-nor and in-between.

Like Chris, TCM informs Pierre’s understanding of self and family:

*It’s always been in my family identity. In this case I work in my dad’s clinic, and operate the school, I teach. We also sell herbs and needles.*

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<sup>10</sup> Imelda Lo, Interview.

<sup>11</sup> Clifford, “Diasporas,” 322.

<sup>12</sup> Said, Reflections on Exile, 172.

*So it's very big part of my life right now.<sup>13</sup>*

Pierre's knowledge, surroundings, and livelihood contribute to his personal identity, which is rooted in his genealogy. However, Pierre's rootedness in TCM traversed a different route from his family's. He was interested in medicine and healing from an early age, but while his family wanted him to carry on Chen's encyclopedia of TCM knowledge, Pierre wanted to branch into Western medicine. Western medicine represented scientific advancement, newness, but more importantly—inclusion:

*At that time it was kinda like how society viewed Chinese medicine as unscientific, as old, as not good. That was why I was going to do Western medicine.<sup>14</sup>*

TCM became an enunciation of Chineseness that troubled Pierre, and in the vulnerable years of young adulthood he dreamt of narrowing the difference between himself and the dominant society. Both Imelda and Pierre spoke of difficulty fitting into certain Canadian spaces. Imelda found it was easy growing up in the 'ethnoburb' of Richmond Hill, but felt a dissonance from her Caucasian classmates later in graduate school. Pierre's experience happened in reverse:

*I always found closer connections to my Chinese, my Asian identity. At a young age my parents forced me to read a lot of classics. I read a lot all in Chinese. Reading English, writing it, was always a tough one for me. It wasn't until later in high school that these identities started to merge and work together.<sup>15</sup>*

Despite growing up with a dream of studying Western medicine, Pierre followed his family's wishes to follow in the family tradition and eventually became a TCMP.

After his undergraduate degree in science at the University of Windsor he went to

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<sup>13</sup> Chen, Interview.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

study Chinese-Western integrated medicine in China. The medical practices he learned were a compromise and contributed to his identity in-between.

Heterogeneous identity affiliations can be found in seemingly homogeneous immigrant groups. When Pierre's Mandarin-speaking Taiwanese family first came to Canada, most Chinese immigrants were Cantonese-speaking Hong Kongers, so they quickly learned the dialect to better navigate the community. Thus, localized practice of TCM in the GTA changed the Chen family's linguistic life. Cultural similarities and differences extend beyond dialect. Interestingly, the Chens find they shared more similarities to Cantonese-speaking Hong Kongers who immigrated in the 1980s and 1990s than to Mandarin-speaking mainland Chinese of the 2000s. Because TCM is such a fundamental component in the construction of their identity, Pierre and his family related more closely to communities like Arthur's, who practiced a similar iteration of 'classic' medicine. Migrant identities, like traditional knowledges, are assemblages based on specific translocal histories. Although Taiwanese TCMs like Pierre can share the dialect of newer Chinese immigrants from mainland China, his lived experiences, practices, and inclinations are sometimes closer to Cantonese speaking immigrants from Hong Kong. As Clifford puts it: "Identifications not identities, acts of relationship rather than pre-given forms: this tradition is a network of partially connected histories, a persistently displaced and reinvented time/space of crossings."<sup>16</sup> Pierre's agentic identification based on "partially connected histories" shows how Chineseness overlaps and shifts in uneven and sometimes contradictory ways.

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<sup>16</sup> Clifford, "Diasporas," 321.



Participants were asked to consider why they use TCM: for social, cultural, or personal reasons? All four GTA participants explicitly stated TCM is a part of their Chinese heritage and culture, and plays a significant role in their understandings of who they are and how they construct themselves as Chinese in Canada. They use TCM to express narratives of Chineseness and identity in the spatiotemporal specificities of the GTA, but also to maintain health. In contrast, the Hong Kongers assert TCM is primarily used to maintain health. Although Rufina and Chris explicitly express TCM as Chinese heritage, their decision to practice is for pragmatics of health and family. Patty and Teresa implicitly describe TCM as a part of ritual life, but refuse to connect it to Chinese culture and explicitly state that they use TCM purely for health. To put it succinctly, the GTA participants enunciate their Chineseness through TCM use in Canada whereas the Hong Kong participants describe TCM as a ritual of daily life and health, as they do not feel the need to relate Chineseness to TCM in Hong Kong society. In the next chapter, I further examine the importance of family in the practice and transmission of traditional Chinese medicine and knowledge.

## Chapter 5 Runs in the Family: Inscribing and Transmitting Chineseness in TCM

*“I am old man, learn from Chinese medicine. Chinese medicine emphasizes family. Family not only deal with disease, this family is everybody's family. The country or a nation is a lot of families. If every family is good, the country is good.”<sup>1</sup>*

Where is traditional Chinese medicine placed in Pierre Nora’s distinct bifurcation of memory? With *lieux de memoire*, the tangible and intangible representations of the past, or as *milieux de memoire*, the real, embodied, ritual performances of historical memory? Is TCM *lieux* or *milieux*? TCM is certainly an “immense and intimate” collection of rituals, but it is also an “ultimate embodiment of memorial consciousness.”<sup>2</sup> Nora’s canonical—but dramatic—eulogy to memory imagines a dichotomy that is difficult to reproduce beyond the pages of academic writing. In the messier realm of reality, the divide between *lieux* and *milieux* is vague and dynamic. Since the 1950s, China has constructed a narrative of Chinese medicine for the unquestionably political purposes of nation building and exporting. Within a century in China, TCM morphed from a local practice, to a symbolic ‘treasure’ of Chinese culture, to a symbol of old, primitive ways, and finally to an effective and modern system worthy of internationalization. National memory and Chineseness is inscribed in the country’s unique healthcare system. And yet, Chinese medicine in modern China does not entirely value the new over the ancient, as it has found successes in integrating Chinese and Western medicine theory and methodology. TCM continues in “the remnants of experience still lived in the warmth of tradition, in the silence of custom, in the repetition of the ancestral,” in the minds and bodies of

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<sup>1</sup> Arthur Lo, Interview.

<sup>2</sup> Pierre Nora, “Between Memory and History: Les Lieux De Mémoire,” *Representations*, no. 26 (1989): 12.

Chinese around the globe.<sup>3</sup> In this chapter, I reconsider participant recollections of real, everyday experiences as situated within families as both *milieux* and *lieux* capable of exemplifying authentic and constructed Chineseness.

The Hong Kongers of this inquiry are somewhat different from Hong Kongers who have never immigrated overseas, as they factor their Canadian experiences into their past and future narratives and perform self identity in the present. Using TCM, Chineseness is learned in their pasts (in their family memories) and transmitted to their futures (as they take care of their children). Patty's earliest memory of TCM is from when she was five or six years old, before they moved to Nova Scotia. She remembers her mother brewing a herbal tea that "*tasted very bad. It was so bitter. So I would sometimes sneakily pour it out.*"<sup>4</sup> Her memory fills the room with laughter.

Chris also remembers his mother caring for him as a young child:

*We actually started taking Chinese medicine from a young age when we're sick. A lot of the times, for example, when we get the flu or a fever, our mommy would brew a bitter Chinese herbal medicine, and when we finish drinking it we'll go under the blankets to induce sweat. Then we'll pat it dry, and basically we'll be well again!*<sup>5</sup>

Both Chris' and Patty's memories are painted with taste-sense, linked to their mothers, and tinged with emotion. Memories of traditional Chinese medicine are made more vivid through the language of the senses. Pierre's earliest recollections also start in Taiwan at a young age:

*Our house is five stories. We would live in the fourth floor, my uncle in the third, my grandparents on the second. Our first floor was a shop, a clinic. The fifth floor, the rooftop, that's where they prepared the herbs and processed and everything. In the old days we would go out and*

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<sup>3</sup> Nora, 7.

<sup>4</sup> Wong, Interview.

<sup>5</sup> Mak, Interview.

*pick the herbs and process them on the roof. So everyday, from the first floor to the roof, there was always that smell.*<sup>6</sup>

He describes sweet memories of the “*pungent, strong, bitter smell*” of working with hundreds of herbs, but also the bitter memories of getting in trouble for stealing and eating his grandfather’s honey.<sup>7</sup> In the evenings, as he imagined his caucasian Canadian classmates were doing dishes, Pierre’s household chore was to sort pounds of dried goods in his room. He remembers his “*bedroom would be very smoky with all the herb dust in the air.*”<sup>8</sup> Pierre was always helping out and therefore able to learn a repertoire of traditional rituals and processes as a teenager. As an adult, what was an essential and unquestioned element of Pierre’s family environment become a deliberate and crystallized enunciation of identity. His simple, everyday, affective memories of TCM resonated across space and time.

In her study on Mandarin language schools in Ottawa, Shen finds that daily practices and embodied language skills learned within the family context are more *affective*, and therefore *effective*, contexts to articulate and perform Chineseness.<sup>9</sup> In regards to traditional cultural healing practices, learning is also more affectively resonant within the context and warmth—or chill—of memory. Rufina learned traditional medicine knowledge from her father, who did not trust Western medicine, until TCM became instinctual. For a decade in her thirties, she swore off Chinese medicine because of her husband’s experience with TCM side effects. She returned to TCM as a last resort to take care of her asthmatic five year old son, who coughs all

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<sup>6</sup> Chen, Interview.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Shen, “Articulating Chinese Cultural Identity,” 66-115.

through the day and night, a common affliction for young children in Hong Kong.

Today, she brings knowledge and tradition learned from her father to care for him:

*My dad, he thinks he his own doctor. He think he can feel for it himself. For myself, as a mommy, I will do the same thing for my boy. I can touch from my boy. Right now I can tell if my boy is OK or not because by the colour of his poo poo, by the colour of his snot. It's being inherited from my daddy. It's trying to read our self by the symptoms, digging out from our self.<sup>10</sup>*

In the summer of 2017, Rufina, her husband and her son travelled to Toronto to visit extended family. One cold night in Toronto, neither Rufina nor her son could stop coughing. Unable to visit her familiar TCD in Hong Kong, she turned to her reservoir of intergenerational cultural knowledge:

*It was so cold. I remember in the morning and the night time, it was 16 degrees, 18 degrees! They said, that's why there's no maple leaf, they're not turning in red yet. I have to drink ginger soup in the nighttime before I go to bed. But for a little boy, I cannot give him ginger, it's too hot! So I try something else hot, the longan fruit boiled with date-plum 黑棗 (hak jo). And it worked!<sup>11</sup>*

Rufina resorts to the familiar practice of using traditional Chinese medicine in times of need, intuitively knowing the right ingredients for her young son. She inherited TCM knowledge and learned how to care for her children from her father. Thus, Chineseness in TCM can be considered a set of experiential and embodied movements that pass between people—symbolic mobilities which encompass information, ideas, images, and culture (such as acupuncture, herbal remedies, and alternative medicines).

Ma found that Chinese immigrants will use TCM before, with, or instead of Western medicine when they fall ill.<sup>12</sup> Rufina's father lived in in an affluent

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<sup>10</sup> Chan, Interview.

<sup>11</sup> Ibid.

<sup>12</sup> Ma, "Between two worlds," 421-437.

neighbourhood in Toronto, and before he passed away he would almost exclusively use TCM. For Rufina's father, TCM was more than a daily habit to treat illness and maintain health—it was part of his cultural capital. Older Chinese immigrants are also less likely to use Western health services if they are from Hong Kong, have lived in Canada for less time, have less financial security, and also strongly believe in Chinese health beliefs, and do not associate closely with a Canadian identity.<sup>13</sup>

A Chineseness of both neither-nor and in-between, distinct from mainland China, colonial Hong Kong, and post-colonial Hong Kong can be observed in the repetitive, ritual embodiment of TCM use in Chinese families in the GTA. When Patty and her mother moved to Nova Scotia, the lack of TCM herbal clinics and pharmacies in Yarmouth meant that her mother could not continue brewing herbal medicine and soups for the family. Over the years, Patty's mother relied less and less on TCM:

*Back then, she seldom brewed herbal soup and the like. But now sometimes she'll make "purifying" soup for my two kids, because they visit my mom every Saturday in Canada. So she'll brew some "purifying" soup or she'll make "five flower tea" for them to drink, but not often.*<sup>14</sup>

Dislocated from a strong Chinese community in their first years on Canada's east coast, Patty's mother was unable to perform what was once a daily ritual of basic herbal teas and soups to accompany dinner, but in Toronto, she had access to the ingredients and resources to make soup for her grandsons. Her ritual use of TCM has been Canadianized in its reduced repetition in daily life.

Family, affect, hurt, and healing are painted in women's experiences with TCM. *The Concubine's Children* adds an affective dimension to family and

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<sup>13</sup> Wang, Rosenberg, and Lo, "Ethnicity and utilization of family physicians," 1410-22.

<sup>14</sup> Wong, Interview.

caregiving in Chinese communities in Vancouver's early chinatown. May-ying is dutiful when her children are sick, employing her traditional knowledge by brewing herbal teas and rubbing Chinese ointments to take care of her family. In *The Spirit Catches You and You Fall Down*, Mrs. Lee exhibits extraordinary patience and dedication in caring for her epileptic daughter. Her maternal devotion consumes her life and identity, and is exhibited in both her belief in Hmong shamanistic rituals and reluctant adherence to Western medical procedures. TCM becomes a vehicle for expressing care and performing parental roles learned in the culture of their childhood. In Markham, Mrs. A manages and maintains daily health in the home, where she uses TCM principles and practices in her role as wife, mother, and caregiver for her family members. Her power and importance is accepted and understood within her network, but she is decidedly humble about it. Inscribed with Chineseness, TCM becomes a vehicle for cultural maternal caregiving for May-ying, Mrs. Lee, and Mrs. A in exile.

Leung has similarly described TCM as a symbol of maternal and paternal love, writing that a "mother's spirit lived on" in the hearts of immigrants through "continued commitment to using Traditional Chinese Medicine knowledge."<sup>15</sup> Leung also writes about the discontinuity of tradition in diasporic Chinese.<sup>16</sup> Both Rufina and Patty were raised as teenagers in Canada and later moved to Hong Kong—members of the 1.5 generation. Like Rufina, Patty did not use TCM upon her return from Toronto until her son contracted a serious skin condition. She gets emotional as she tells me about her son's rash. She says, "*Here is white,*" as she gestures to her

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<sup>15</sup> See Chapter six in Big Leung, *Traditional Chinese Medicine: The Human Dimension*, (New York: Routledge, 2016): 103-30. Quote from 117.

<sup>16</sup> Leung, *The Human Dimension*, 127-9.

neck and collar area, “*and here your skin is a different colour. So I was very worried. Would people make fun of him? That would not be good. I really wanted to help him recover.*”<sup>17</sup> She pauses for several moments and wipes a tear at the corner of her eye:

*Finally, we found a Chinese doctor who said this is curable, so I was a bit more relieved and I put a lot of effort and patience into brewing herbal medicine for him. I had to have him drink it, “if you want to get better you must drink the medicine.” And he was a good kid. I brewed medicine three times a day and he would drink it. I could see on his face that he looks more lively, and when I saw that I was very happy.*<sup>18</sup>

Her son’s skin condition was cured before the year was over. After this experience with her son, Patty lost the doubt in TCM she once carried. She uses it daily and says she believes in it more than Western medicine. Motherhood and maternal caregiving led Patty and Rufina to recover a sense of Chineseness and autonomy after their young adulthoods in Canada. Patty, Rufina, Teresa all grew up using TCM and stopped using TCM in their teenage and young adult years for various reasons, a result of both a lack of access and health. The women all went back to use TCM when they moved back to Hong Kong. While spatial and temporal interact, I interpret that their return migration to Hong Kong is a result of *place* and identity, while their return to TCM has more to do with *time* and identity. As they aged, the women used TCM to be good mothers to their sons or good to their health. When these women resided in Canada, their identities were in-between. They considered themselves Hong Kong Chinese Canadian, but today identify more closely as Hong Kong Chinese.

The transmission is also paternal. Chris grew up trusting in TCM over Western medicine. His family decided to trust in TCM for his older brother’s polio, which could not be cured, and his father’s cancer:

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<sup>17</sup> Wong, Interview.

<sup>18</sup> Ibid.



*At the time, my paternal grandfather was persistent in using Chinese medicine to heal him. So my mommy worked really hard to help him visit traditional Chinese doctors. She brought home a lot of Chinese medicine. And it's not like you just throw it all into a pot and brew all of it at once. There was so much herbal medicine, every pack needed to be added at a different time. As a result, you were always watching that pot of brewing medicine, at different times you would add different ingredients. My daddy passed away in the end. Chinese medicine couldn't help him.<sup>19</sup>*

Losing both his brother and his father despite significant effort and trust in TCM has affected his view on the practice. Chris will use TCM for non-serious ailments, but is adamant about using Western medical services for serious health issues. But Chris still employs TCM to treat his daughter's thyroid problem. His process is laborious because it spans the Pacific Ocean. Because they were unable to find a practitioner that 'clicks' in Canada, he has tried to find TCDs in Hong Kong to write prescriptions for their daughter who fills out the prescription in Canada, where there is steady supply of TCM ingredients. But TCDs in Hong Kong are usually unwilling to prescribe for non-local patients because the prescription and effectiveness of TCM is intimately related to environmental conditions—the temperature, the humidity, the wind, the sunlight. He tries anyway because he believes TCM is an investment for her future:

*We also let her take Western medicine, but we believe Chinese medicine can help her boost her own body-defence. It can help her stabilize her own body system. So in the long run, we believe Chinese medicine can regulate her body.<sup>20</sup>*

The process of seeking out TCM for his daughter in Canada allows Chris to fulfill his role as a father in exile from Hong Kong. The inscription of TCM in his lived

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<sup>19</sup> Mak, Interview.

<sup>20</sup> Ibid.

experiences of family becomes a route for Chris to perform his paternal role and transmit Chinese cultural knowledge.

In a Confucianist understanding of self, family, and society, Arthur takes the TCM philosophy of *qi* to construct his view of his world from within and beyond: “*Chinese culture says, let it balance and then no more conflict. And then no more sick. And then no more disease. And you will be happy.*”<sup>21</sup> Organs need to be in balance for a healthy body. He compares a prescription of herbal medicine to a family, where each herb or family member plays a specific role to achieve optimal health. A country needs political, economic and social equality to build a peaceful society. Dorow has found that perceptions of family and nation are entangled in uncertainties around racial belonging. Arthur’s knowledge of TCM allows him to inscribe certain meanings and roles on himself as an individual and as a member of his family and his community. His self orientation toward family sits uncomfortably between Nora’s *lieux* and *milieux*— it is at once a narrative individuation, a desire to transmit tradition to family, and a construction of national myth and identity.

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<sup>21</sup> Arthur Lo, Interview.

## Conclusion

In traditional Chinese medicinal thinking, moderation and compromise between binaries are favoured over essentialist polars. *Yin* 陰 (dark) and *yang* 陽 (light) blend together in neither here nor there to maintain the balance of the body's *qi*. This thesis presented and problematized seeming opposites, nuancing instead the complementary and interconnected realities in immigrants' lived experiences with TCM. I explored the binaries of sameness and difference in personal narrations of identity, and argued hybrid identities are written in the spaces created in the residual of exile. I examined the performance and transmission of authentic and constructed Chineseness within memories of family, finding early affective memories of TCM deeply inscribe caregiving roles. This embodied cultural knowledge is performed again in adulthood for their own children. Finally, I discussed the translocality of TCM in the GTA, where a unique healing practice was produced in specific social, political and cultural histories.

Chineseness is an enunciation of cultural difference, a narrative strategy that Bhabha argues is at once liminal and atemporal.<sup>1</sup> This notion of in-betweenness is characteristic of diaspora, affect, performance and oral history studies. Once again I turn to Dening to articulate the overlapping theoretical frameworks: "Seeing difference always requires entering somebody else's metaphors. It always requires catching the interconnectedness between the different parts of living. To understand difference, you have to see the system in it."<sup>2</sup> Difference, narration, and affective feeling allow for a unique analytic approach to interpret Chineseness and TCM in

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<sup>1</sup> Bhabha, *DissemiNation*, 208-9.

<sup>2</sup> Dening, 7.

these participant stories. In this paper, I closely examined narratives in the shared memories of Chinese diaspora living in Hong Kong and the GTA to attempt to understand Chineseness within a transnational context.

The history of TCM is based on ancient Chinese religions, philosophies, and practices which have continued to the present day. At its most fundamental, TCM is a collection of practices and knowledges that began thousands of years ago. Throughout its history, TCM has been used across socioeconomic identifications and demarcations. The rural poor of 1960s Hong Kong practiced TCM in daily life as affordable and accessible healthcare. The educated and more prosperous Chinese immigrants in present day GTA practice TCM as a part of their culture as they can optimize their health with the combined usage of Western medicine. The participants in this study use TCM as ritual health care in daily life and as medicine to address acute illness. In the GTA, immigrants connect to Chineseness through daily life performances of TCM for self and for family.

The history of TCM in the GTA is also intensely political. The evolution of TCM from those early ancient practices and texts has been affected by the geopolitical events of twentieth century China, from the conception of Chinese Western integrated medicine in the 1950s, to the abolition and persecution of TCM in the Cultural Revolution, to the modern system of combined traditional Chinese and Western medicine. It has been influenced by the politics surrounding the handover of Hong Kong in 1997, which would bring a 'classic' iteration of TCM to the GTA. It was influenced by Ontario regulation and the uneven negotiations of Chineseness within Chinese individuals and communities in the GTA. TCM has a translocal history influenced by capitalism, communism, movement and diaspora.

Lastly, traditional Chinese medicine is fiercely personal. It is a set of embodied practices rich with the subjective narratives of family and community, of personhood and identity. TCM is embodied memory, affective practice, and transmitted knowledge—a basic part of Chinese diasporic life. The heuristic examination of narratives of TCM practice in Chinese individuals in Hong Kong and the GTA opens a discursive space to explore diaspora, affect, and performance in their lived experiences. Hong Kong Chinese Canadian individuals living between Asia and Canada use their memories of TCM to perform, negotiate and transmit cultural capital. Chineseness is narrated in individuals, performed in familial roles, and negotiated in TCM communities.

This research is limited in scope to first generation ethnically Chinese (those who moved in their adulthood and the 1.5 generation who moved in their childhood or teenage years) TCM healers and users with Hong Kong and/or Canadian citizenships living in Hong Kong and the GTA. This qualitative research examines subjective identities in a limited sample size. There is more work to be done on the social history of TCM in Toronto and the cultural dimensions of the TCM community in second and third generation Chinese and non-Chinese in Toronto.

The question of authenticity in TCM is recurring throughout this thesis. On a practical level, governments (wanted) to legislate and regulate TCM to assure safety and authenticity for public health. On a personal level, TCM users questioned the authenticity and efficacy of the herbal medicines they were purchasing and consuming. An authentic TCM in a greater global and historical context, however, is a more delicate matter and therefore problematic to define. Considering Schechner's concept of "twice-behaved" behaviour, each reiteration of an act is a novel original;

authentic from the first. This begs the question—what was the *first* “behaved” iteration of traditional Chinese medicine? Perhaps one could credit the 2,000 year old *Yellow Emperor’s Inner Canon* or *Huángdì Nèijīng* (黃帝內經) as the first authentic record of TCM, but the book itself is based on nearly 4,500 years of practice. Perhaps Nora would recognize this set of ancient, communal practices on which the *Yellow Emperor’s Inner Canon* is based as acceptably authentic milieu. Scholars and TCMPs have termed the practice of TCM in pre-Cultural Revolution in China and preserved elsewhere in post-Cultural Revolution Chinese diasporas ‘Classic’ Chinese medicine. However, this claim would negate the authenticity of translocal reiterations of TCM, which have morphed and adapted to regional environments in Hong Kong, Taiwan, and Toronto, for example. In the same vein, as my participants expressed in Chapter 3, TCM preserved in the peripheries is measured as more authentic than TCM in modern China, which has been systematically blended with Western medicine. Nevertheless, such comments disregard the periphery’s own disparate pathways to the westernization of TCM. Thus, this thesis argues that a singular ‘authentic’ TCM does not exist, as each iteration of the practice is as validly genuine as the other.

Debates about authenticity have implications for belonging and otherness in cultural identity and the construction of Chineseness. Claims to authenticity have been used by power-wielding entities to create binaries that position TCM practitioners and users between legitimate and illegitimate and us and them. In early twentieth century China, various governments attempted to regulate the practice and its practitioners to carve and sculpt the populace into their vision of a modern China. Toward the end of the twentieth century in Ontario, the Ontario government regulated TCM in an effort to gently fit practice and practitioner cohesively into the larger

Canadian medical system. Therefore, accepting that authenticity in TCM is amorphous, uneven, and in constant renegotiation, one could also postulate that Chineseness is similarly resistant to clear definition.

Chinese medicine has been seen through Western religious, medical, and cultural frameworks since the thirteenth century.<sup>3</sup> The cross-cultural exchange between Western medical doctors, traditional Chinese medicine practitioners, and the everyday Western and Chinese people they heal continues through to the present day. The task of translating the cultural differences of traditional Chinese medicine and its practitioners and users is complex and imperfect, but necessary. TCM is one of the most commonly used forms of alternative medicine in Canada. The asymmetric privileges and power relations between TCM and publicly funded Western medicine prevents valuable cultural knowledge transfers. The better integration of TCM and Western medicine in Ontario has the potential to alleviate stress on the province's healthcare system, which serves an increasingly culturally diverse population. The translocal history of traditional Chinese medicine from China to Hong Kong to the GTA also has implications for new and incoming traditional healing practices, as Canada's immigrant population continues to change.

People and practice are rooted in specific historical narratives influenced by real political, social, and economic events. They adapt as they traverse spatiotemporal routes. Both have the potential for healing and harm, flow multi-directionally, and are inscribed by generational memory. Like the Hong Kong Chinese diaspora in Toronto and Chinese Canadian diaspora in Hong Kong, traditional Chinese medicine also

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<sup>3</sup> Religion is an essential paradigm of consideration in historical cross-cultural understanding and misunderstanding. For a well-sourced history on the West's perception of Chinese medicine with expansive spatial and temporal scope, see Linda Barnes, *Needles Herbs Gods Ghosts*.

straddles constructed narratives of East and West. Placing these two elements—Chinese diaspora and traditional Chinese medicine—on either side of an imagined, conceptual mirror may coax out the interesting and meaningful differences and similarities in the myriad of reflections which comprise cultural identity.



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## Appendix A: Ethics Approval Form

### CERTIFICATION OF INSTITUTIONAL ETHICS CLEARANCE

The Carleton University Research Ethics Board-A (CUREB-A) has granted ethics clearance for the research project described below and research may now proceed. CUREB-A is constituted and operates in compliance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS2).

**Ethics Protocol Clearance ID:** Project # 107711

**Project Team Members: Dr. Daniel McNeil (Primary Investigator)**

Jenn Ko (Student Research: Master's Student)

**Project Title:** Hong Kong-Canadian Immigration and the Anthropology of the Body, Health, Illness and Healing [Jenn Ko]

**Funding Source** (If applicable):

Effective: **October 23, 2017**

Expires: **October 31, 2018.**

**Restrictions:**

This certification is subject to the following conditions:

- 1 Clearance is granted only for the research and purposes described in the application.
- 2 Any modification to the approved research must be submitted to CUREB-A via a Change to Protocol Form. All changes must be cleared prior to the continuance of the research.
- 3 An Annual Status Report for the renewal of ethics clearance must be submitted and cleared by the renewal date listed above. Failure to submit the Annual Status Report will result in the closure of the file. If funding is associated, funds will be frozen.
- 4 A closure request must be sent to CUREB-A when the research is complete or terminated.
- 5 Should any participant suffer adversely from their participation in the project you are required to report the matter to CUREB-A.

Failure to conduct the research in accordance with the principles of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans 2nd edition* and the *Carleton University Policies and Procedures for the Ethical Conduct of Research* may result in the suspension or termination of the research project.

Upon reasonable request, it is the policy of CUREB, for cleared protocols, to release the name of the PI, the title of the project, and the date of clearance and any renewal(s). Please contact the Research Compliance Coordinators, at [ethics@carleton.ca](mailto:ethics@carleton.ca), if you have any questions or require a clearance certificate with a signature.

**CLEARED BY:**

Andy Adler, PhD, Chair, CUREB-A

Bernadette Campbell, PhD, Vice-Chair, CUREB-A

**Date: October 23, 2017**

## CERTIFICATION OF INSTITUTIONAL ETHICS CLEARANCE

The Carleton University Research Ethics Board-A (CUREB-A) has closed the research project detailed below. As per Tri-Council Policy on Ethical Conduct for Research Involving Humans (TCPS2), no further research interactions with participants under this protocol are permitted.

**Project #:** 107711

**Project Team Members: Dr. Daniel McNeil (Primary Investigator)**

Jenn Ko (Student Research: Master's Student)

**Protocol Title:** Hong Kong-Canadian Immigration and the Anthropology of the Body, Health, Illness and Healing [Jenn Ko]

**Funding Source:** (If applicable):

Effective: **July 23, 2018**

Project Status: **Closed**

*Restrictions:*

This certification is subject to the following conditions:

§ An Annual Status Report may be submitted to re-open the protocol. Justification should be provided to renew a protocol that has been closed for more than a one-year period. If there are major changes to the original protocol, the research team will be required to submit a new protocol. Please email the Research Compliance Coordinators at [ethics@carleton.ca](mailto:ethics@carleton.ca) if you have any questions.

**CLEARED BY:**  
**2018**

**Date: July 23,**

Bernadette Campbell, PhD, Chair, CUREB-A  
Andy Adler, PhD, Vice Chair, CUREB-A



## **Appendix B: Interview Questions**

The questions below reflect the nature of this project. I provided them to participants in advance of our meeting and asked them to bring any accompanying materials (photo albums, memorabilia, etc.) if they wished. Each question was a point of departure. I asked follow-up questions depending on how they were answered. As much as possible, I wanted participants to shape the interview as a whole so after establishing some specific context (in time and place), my questions are open-ended by design.

**First: Tell me your life story.**

**Next: Guided Questions.**

- 1) What are your earliest memories of traditional Chinese medicine (TCM)? How did it affect your childhood and teenage years?
- 2) How do you take care of your health?
- 3) What does TCM mean to you? What is your relationship to TCM?
- 4) What does Western medicine mean to you? What is your relationship to Western medicine?
- 5) How did you take care of your health when you were in Hong Kong?
- 6) How did you take care of your health in Canada?
- 7) When did you come to Canada? Why did you choose Canada?
- 8) What do you think is the difference between TCM and Western medicine?
- 9) Do your children/parents/grandparents/peers practice, discuss, or think about TCM?
- 10) What does it mean to be from Hong Kong? What does it mean to be from Hong Kong in Canada?

I adapted these questions for participants living in Hong Kong. Their answers told me about how their use of TCM has been affected or continues to be affected by their experiences in Canada and how Canada plays into their identity.

**For participants in Hong Kong:**

- 11) When did you return to Hong Kong? Why?
- 12) Do you identify as Canadian, Hong Konger, Chinese, or a combination?
- 13) How do you take care of your health after your return to Hong Kong?