

An Alternative Approach: Chinese Medicine and Autism

Elena Sobrino

University of Michigan-Flint

ABSTRACT

Biomedicine and alternative medicine hold distinct paradigms for understanding the human body and health, distinctions which raise thought-provoking questions when it comes to autism spectrum disorders (ASD). What shifts in thinking about wellbeing and normality take place when families use both biomedical and alternative methods to treat or manage a diagnosis of autism? To address this question, I turn to specific cases of how different forms of Traditional Chinese Medicine (TCM) are utilized by families, and how this particular approach is either different from or overlaps with forms of biomedical treatment. My main focus will be describing this variation, and exploring how contrasting treatments can illuminate new possibilities for interpreting the autistic condition. Regionally, the scope of my discussion is predominantly limited to North America, although I draw a few examples from China as well. Regardless of location, my goal is to better understand what motivates the choice of TCM over biomedicine, vice versa, or even the use of both simultaneously. Understanding this decision-making process as one inevitably grounded in cultural beliefs and values can help us understand the differences between alternative medicine and biomedicine better. Examining these differences will also help us see how the body itself is both concrete and socially constructed. Because the spectrum of autism is so diverse, many different explanations and treatments can coexist and indeed enrich our imaginations and knowledge. In addition, the potential conflicts that may separate different perspectives can help us better understand how different forms of medical knowledge both diverge and overlap, and what the consequences are in everyday life.

KEYWORDS

Autism, Disability, Biomedicine, Alternative Medicine, Traditional Chinese Medicine

Biomedicine and alternative medicine hold distinct paradigms for understanding the human body and health, distinctions which raise thought-provoking questions when it comes to autism spectrum disorders (ASD). What shifts in thinking about wellbeing and normality take place when families use both biomedical and alternative methods to treat or manage a diagnosis of autism? To address this question, I turn to specific cases of how different forms of Traditional Chinese Medicine (TCM) are utilized by families, and how this particular approach is either different from or overlaps with forms of biomedical treatment. By looking at these experiences, I will argue that sustaining multiple explanations of autism that encompass both biomedical and alternative knowledges has the potential to decenter prevailing mind/body, normal/abnormal, and individual/environment dichotomies.

In North America, Traditional Chinese Medicine (TCM) is frequently classified as alternative or complementary medicine, in contrast to biomedicine, which is classified as modern medicine. While these categories of alternative and modern may accurately reflect specific cultural attitudes, a closer examination of the global history of medicine shows how this distinction can be misleading. Medical historian Don Bates (2002) does an excellent job of summarizing the differences between what he calls the classical and 20th century paradigms of medicine in a wide variety of areas including health, sickness, diagnosis, therapy, theory, and the doctor-patient relationship. Understanding TCM in light of the historical paradigm shifts Bates describes will allow us to see more clearly what differentiates TCM from biomedicine.

So-called alternative medical practices like TCM have much in common with the classical paradigm Bates describes. For instance, within the classical approach, there is a strong emphasis on the specificity of individual bodies, the integration of body and spirit, balance of humors and energies, and what Bates calls “ecological physiology” (2002: 16). By ecological physiology, Bates means “a physiology that does not stop at the skin, but which is closely interactive, to varying degrees, with anything from the immediately surrounding environment to the distant planets and stars” (2002: 16). This exact notion is found in theories of TCM: the body is understood to be inseparable from its natural environment, so treatment is influenced by seasonal and climactic factors (TCM Basics).

The theoretical foundation of TCM lies in the concept of yin/yang and the theory of five elements. At the most basic level, yin/yang is a theory of opposites:

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in terms of TCM, “disease is a result of an imbalance between yin and yang which leads to the hyperactivity or hypoactivity” of one or the other (TCM Basics). Yin signs are associated with “inhibitory, resting, passive, cold, progressing internally and developing downward manifestations,” while yang involves “excitatory, active, hot, progressing externally and developing upward manifestations” (shen-nong.com). The basis of diagnoses in TCM rests upon eight principals of contrasts or disharmony: exterior/interior, cold/hot, deficiency/excess, and yin/yang (Shen-Nong). Wellness is possible when there is a balance or harmony between the distribution of yin and yang associated features throughout the body.

The five elements theory is closely related to the notion of yin/yang balance, and harkens back to the idea of ecological physiology. The five elements are features of the natural world that correspond to elements of the body: wood, fire, earth, metal, and water. These five elements are used not only to describe orientation, season, climate, and cultivation, but also different organs, orifices, tissues, senses, and emotions of the body (TCM Basics).

The relationship between the five elements, in any context, is always mutual and generative, with complex forms of subjugation at work, so no one element can function in isolation (Shen-Nong, TCM Basics). When the relationships between the five elements are disordered or thrown out of balance, the body is compromised. As with the theory of yin/yang, the key to maintaining the balance of the five elements is to acknowledge that they are constantly in flux and always connected to the environment beyond the body itself.

One additional topic worth mentioning is TCM’s conceptualization of qi, which along with blood and body fluids is considered one of the fundamental substances that support life. Broadly speaking, TCM theory distinguishes between interconnected energetic and material properties that constitute the body. Qi, which could be defined as “vital energy,” serves a number of different key functions in keeping the body working properly.

Specifically, qi prompts the body to develop and grow, prompts the circulation of blood and the performance of organs, serves as a heat source to keep the body at a constant temperature, defends the body from environmental factors that cause illness, consolidates and retains bodily fluids, and metabolizes food to generate energy (Shen-Nong). In addition, “when qi becomes stagnated, the body fluid will accumulate and condense to form phlegm,” which can “interfere with and cloud the spirit” (Institute for Traditional Medicine). Qi is in

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constant motion throughout the body, and maintaining balanced movement of qi is part of the tasks TCM sets out to accomplish to resolve health problems.

As is evident from the above discussion of a few of the central concepts of TCM, in this framework, health is understood in terms of balance, harmony, proportion, and unity. Qi, yin, yang, and the five elements are ultimately interrelated, fluid concepts, explicitly connecting materiality and spirituality, individual and environment. In such a context, it makes little sense to describe bodies as discrete and bounded. In addition, there is a strong notion in TCM that body and spirit are seamlessly integrated, and furthermore that our bodies are embedded in their environments and can only be explained by understanding the natural world as well. These fundamental concepts make TCM strongly distinct from biomedical approaches to the body. Indeed, in many ways TCM posits an entirely different reality than biomedicine does.

For example, one predominant tension between the two forms of medical practice is the divide between an “internalizing discourse” in which “disease is decontextualized” and an “externalizing discourse” that “emphasizes familial, social, political, and environmental contributions to ill health” (Lock and Nguyen 2010: 43). Biomedical practices are often built on scientific epistemologies that produce internalizing discourses, which emphasize dimensions of illness that are easily subject to experimental manipulation and statistical analysis. Such an emphasis tends to downplay or erase outright factors that are not easily measurable. TCM dissolves this internal/external dualism, expanding the concept of the body (and its health or lack thereof) to include the both tangible and intangible elements found in nature, beyond the individual alone.

While TCM acknowledges the uniqueness of each body, the standardized body is typically the point of reference for biomedicine. Biomedicine is

anchored by the idea of a universal somatic body where health and illness are conceived as opposite poles along a biological continuum...perhaps the most crucial distinction that differentiates biomedicine from other types of medical practice is its insistence that bodies can best be understood as standardized entities the world over (Lock and Nguyen 2010: 44, 55)

The idea of controlling nature so central to biomedicine is not present in TCM, where nature is seen as dynamic, and indeed, almost agential, in contrast with a

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more western notion of working with a dichotomy between humans and nature, where nature is an object to be subordinated.

Autism, in biomedical terms, is a spectrum disorder defined by the DSM-IV as involving deficiencies and abnormalities in the areas of development, functioning, socialization, emotion, and imagination (Chi 2014: 49). Symptoms of autism typically include exhibition of various disruptive or abnormal behaviors as well, especially when it comes to social interaction. The current consensus among the scientific community is that the symptoms of autism can be directly traced to neurological malfunction of the brain.

In contrast, "autism in the Western medical sense does not exist in Chinese medicine" (pacificcollege.edu). One way to classify autism and "translate" the condition into TCM concepts is to see autism as a syndrome of five delays in standing, walking, hair growth, teeth eruption, and speech (Pacific College). TCM also emphasizes the heart, spleen, and kidney as organs significant to autism, since they strongly impact reason, awareness, emotion, concentration, and memory. Additionally, treatment of autism through TCM can include regulating phlegm, an excess of which can compromise one's mental and emotional state of being negatively.

Thus, according to some TCM practitioners, "unlike Western medicine, which rates the brain the most important factor of the human physique, Chinese medicine sees the body and mind as part of the same circular system with the organs and the central nervous system" (Pacific College). The form diagnosis of autism takes in TCM is a clear reflection of a holistic approach, in contrast with biomedicine's reductionist approach: the entirety of the body is taken into consideration when interpreting problematic behavior. The four main avenues of treatment one could take when approaching autism through TCM are diet, acupuncture, massage, and herbal medicine.

When it comes to nutrition, temperature is one of the most important factors that are supposed to guide dietary choices; in general, warming foods (and here warm refers not simply to the physical temperature of food but the quality of energy) are considered the most efficacious for autism (Pacific College). Acupuncture and massage are used to restore balance to the body; acupuncture can "reconnect neural circuits that have been disrupted and disconnect vital areas of the brain" (Clark and Zhou 2005: 291). Herbal medicine is primarily used to target phlegm excess, and is always highly individualized for each person's

specific needs (Pacific College). Addressing autism through diet or herbs rather than pharmaceuticals again reflects the holistic values of TCM; the focus is on nourishing the entire body, not isolating autism as a target for elimination.

The symptoms or indicators of autism also can vary cross-culturally. Whether in the US or China, “as a product of everyday thinking and psychiatric thought, autism is a dynamic social phenomenon that is constructed in specific socio-cultural contexts” (Hsiao and Magyar 2006). Looking at autism in China, these two researchers highlight three characteristics of autism that are ambiguous due to cultural factors: aloneness, talkativeness, and pronunciation in speech. Hsiao and Magyar question whether these traits are strictly autistic, or simply culturally shaped traits, since these criteria are closely linked to “social-cultural phenomena and norms that regulate daily practices and social interaction” (Hsiao and Magyar 2006).

For instance, regarding talkativeness, they ask, “do most Chinese parents encourage their children to share their interests and talk about whatever they want? Or are children...taught to be self-effacing?” (Hsiao and Magyar 2006). If the latter is the case, it would be erroneous to pathologize reticence as an autistic dysfunction. On the other hand, Hsiao Magyar point out that pronunciation may be more significant a symptom in China than in the US, since Mandarin and other languages used in China rely on specific variations of tone for accuracy (Hsiao and Magyar 2006). These examples demonstrate the problems attendant to delineating autistic behavior, since norms of social interaction are always subject to change even within a given cultural context.

Research elsewhere has also shown that different cultures focus on different aspects of autism as disordered, and thus there is no consistent, universal conceptualization of what autism is (Mandell and Novak 2005: 111). The spectrum metaphor that has become popular in North America suggests that there is potentially no human experience that could not be described as autistic to some degree. In the face of so much ambiguity, it is harder and harder to maintain an essentialist definition of autism. What these details demonstrate is that there is a certain flexibility in defining what behaviors count as autistic, and that the evaluation of symptoms is dependent on specific cultural contexts—including the medical framework used to approach the issue. Using TCM can offer opportunities for families to change their perspective on autism. For example, in one study testing the results of a TCM treatment, parents evaluated improvement based on

how challenges and stresses to family life were alleviated; the goal for these parents was not to have their children become more “normal” or “less autistic,” but rather to accommodate their children in the easiest way possible (Ferguson et al. 2008: 16).

A variety of factors motivate non-Chinese parents to use TCM as a complementary or alternative treatment for autism. In general, using alternative medicine opens up “a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs,” which can generate hope for parents searching for as many strategies as possible to ensure their autistic children can navigate a difficult world more easily (Wong 2009: 454). In the case of TCM, a biomedical diagnosis of autism often remains present and significant even as autism itself can be re-imagined through TCM theories. At the same time, frequently the goal in pursuing TCM treatments is not necessarily to eliminate autism itself, but rather “associated problems” that may manifest physically (such as sleeplessness or gastrointestinal issues) as well as in social interactions (Mandell and Novak 2005: 113).

In one ethnographic study, parents expressed that “perception of their child was not just confined to the description of diagnostic criteria...the same behavior or performance that is considered a sign of ‘impairment’ or ‘deficit’ in the criteria could be regarded as the child’s idiosyncratic way of coping with and knowing the world” (Chi 2014: 309-310). One effect a TCM approach has is decentering autism (as a biomedical category) as an explanation for every aspect of a child’s behavior and opening up possibilities for other ways to see multiple but integrated causes for what would simply be considered abnormality in biomedical terms.

This is possible in part because TCM shifts the focus from bringing an autistic child back into the realm of the normal as much as possible to discovering how to best allow a child’s unique needs to be accommodated. Tension may arise when trying to pursue this objective in a social context where biomedical concepts like normality are hegemonic, but it seems nevertheless that participation in TCM techniques opens up a space for families to reflect more critically on a diagnosis of autism with biomedical origins.

One specific form of therapy based on TCM is qigong sensory treatment (QST), a specialization of tuina methodology designed especially for autism. Tuina is essentially a form of massage therapy, meant to “normalize touch” in order to allow the “sensory systems to start working together” (Qi Gong Sensory Training

Institute). Notice that in this description, quoted from a professional, informational website, the use of biomedical language (“normalize”) is combined with TCM concepts (like integration of sensory systems). The website also directs readers to studies and research on QST published in mainstream medical journals as evidence of the treatment’s efficacy. Thus, in this case, we see a treatment of TCM being legitimized through recognition from biomedical knowledge. The QST training institute’s mission statement on the website states, “we work at the convergence of Western science, Chinese medicine and Public Health to develop evidence-based, early intervention that involves parents,” testifying to an apparent harmony between TCM and biomedicine.

The application of QST assumes that the underlying cause of autism is lack of proper regulation of the senses—hearing, vision, taste, smell, and especially touch. According to the principles of QST, when autistic children experience sensory impairment, they also suffer from lack of awareness, abnormal behaviors, difficult transitions, and delays in learning social and language skills (Ferguson et al. 2011: 3). Although this explanation is couched in primarily biomedical terms, the underlying concepts have their origins in TCM.

As one study puts it, QST is based on an understanding of autism as “a partial closure of the sensory orifices due to toxicity, deficiency, or block” (Ferguson et al. 2011: 3). This is a far more integrative approach to autism than biomedical approaches that often isolate the brain as synecdoche for the person as a whole. A neuroscientific discourse about autism, for example, might suggest that autism results from an inevitable “wiring” of the brain to function a certain (abnormal) way.

Some factors that influence treatment choices include how etiology is understood, the effect of the treatment, the child’s receptivity, and accessibility and affordability (Shyu et al. 2010: 1329). One study conducted in Taiwan found that “many parents hold both traditional medical/biological and supernatural beliefs” at the same time without conflict, yet interestingly, parents in this same study felt reluctant to admit they used TCM treatments to conventional health professionals (Shyu et al. 2010: 1330). Hence, there still appears to be a perceived divide between TCM and biomedicine, even when this divide does not prevent families from seeking treatments from both sources, sometimes simultaneously.

In other cases, some reasons parents cite as motivations for seeking alternative treatment like TCM involve not just their child’s experience, but also

their own experiences of exhaustion, depression, and stress (Shyu et al. 2010: 1327). In the studies of QST, interestingly, it is suggested that the massage has healing properties for both the receiver and giver (child and parent) alike, regardless of the presence of disability (Ferguson et al. 2011: 16). Thus, object of treatment for QST is not simply autism alone, but includes relief for the non-autistic parent administering the treatment as well. Like other treatments found in TCM, this method goes beyond “correcting” autism or assuming that the autistic child is isolated in his or her deficiency—rather, the process is about mutual healing. This kind of approach also suggests that autism is not a “thing” to be manipulated or eliminated, but rather something that comes into being through sets of social relationships—whether between parent and child, or otherwise.

In the cases discussed, there is no inherent incompatibility between TCM and biomedicine when it comes to practical application to autism, though the philosophies of each method are quite distinct. There is indication that the use of TCM, however, has the potential to prompt families to interpret their children’s health and behavior as intertwined with the harmony of body and mind as an integrated whole, undoing somewhat the scapegoating of autism as the sole cause of a child’s every action.

The value of TCM’s holistic approach as opposed to biomedicine’s reductionist approach radically alters the goals of treatment: broadly speaking, TCM aims to restore balance rather than normalcy, and each individual’s proper state of balance is unique. Nevertheless, despite TCM’s unique perspective on autism, many families may seek out TCM treatments with the goal of normalizing their child in order to ease his or her adaptation to society. The use of TCM, then, does not automatically indicate that biomedical values are no longer relevant—but there is also room for TCM to challenge biomedicine’s claim to complete, absolute knowledge of the body and autism as well.

A fruitful direction for future research on this topic might involve looking more closely at the use of TCM beyond North America—in China itself, for instance, where TCM is not in any sense “alternative,” but rather a mainstream source of healing. Indeed, the importance of being attentive to place and local cultural context cannot be underestimated when it comes to discussions about autism. However you conceptualize autism, whether through the metaphor of a spectrum or not, the range of possibilities for symptoms is astonishingly broad, and the

salience of certain features of autism no doubt varies significantly depending on the specific norms of the given time and place in question.

In addition, it is worth noting that the notion of treating, curing, or otherwise rehabilitating individuals with autism is a deeply controversial one in some cases. In North America and elsewhere, autism advocacy does not begin and end with concerned parents; many autistic individuals themselves insist that autism is a difference to be valued, not a deficit to be eradicated. The implications of this viewpoint are worth considering, and pose another promising possibility for further research on how the strategies of biomedicine and alternative medicine are either resisted or embraced. I would speculate that the particular strain of anti-cure sentiment that finds expression in the autism self-advocacy community is quite intimately tied to the kinds of scientific truths produced about autism that are foundational to biomedicine. In this sense, looking to TCM and alternative medicine is a way of looking beyond a cure, beyond deficit, and beyond the reification of autism itself as a threat to one's status as a fully human subject.

Pragmatically, people with autism—like all people—depend on certain techniques to successfully navigate their social and physical environments. The assumption that some forms of dependency are more abnormal than others is an unfortunate byproduct of the otherwise well-intentioned biomedical project to diagnose and treat autism (or any disability). TCM presents not only alternative treatments for autism, but also implies an alternative definition of personhood. In contrast to the self-sufficient subject valorized by the contemporary, neoliberal climate of the US that shapes biomedical knowledge and practice, the principles of TCM point us to a more dividualistic conception of the human person. To recognize the interdependency of human lives in this way involves a marked departure from the normalizing compulsions that drive a strictly biomedical view of autism.

My goal in elucidating the dissimilarities of biomedicine and TCM is not to facilitate a trite rehabilitation of the perennial nature/nurture debate. The claim that biology and culture are both always (although not necessarily equally) implicated in any configuring of disability has been made convincingly many times already. Etiology is not the primary concern of most families who seek alternative treatments, according to the examples discussed in this paper. Their objective, rather, seems to lie not in finding a cure, but simply in finding more successful forms of accommodation for autism than biomedicine can offer.

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Through TCM, accommodation can certainly involve bringing about changes in the patient's body, but these adjustments are always linked to a wider world that is likewise always in flux. The environment and the individual alike shift together; one searches not for predictability, but for harmony.

Enlarging the concept of autism itself beyond the vocabulary of biomedicine gives us an opportunity to critically re-evaluate our cultural notions of healing, wellness, and indeed the parameters of what kinds of human life are deemed livable. In comparing bio and alternative medicine, I want to resist the temptation to oversimplify their differences in terms of reductionism versus holism. Instead, the contrasts explored in this paper illustrate that the condition we call autism is a dynamic constellation of both challenges and competencies. In the end, the valence of autism's symptoms is deeply dependent on varying cultural modes of healing that make autism coherent in one way or another.

In conclusion, TCM makes it possible to see autism not simply as a cognitive handicap, but as related to many complex, interdependent processes both within and outside the body. In addition, linking the body, and by extension autism itself, to the physical world, through theories like yin/yang and the five elements, allows us to see how the environment can be disabling, rather than assuming that the individual is intrinsically disordered. Through the lens of TCM, it is possible to see some aspects of autism as not only socially constructed, but also as a concrete condition that can be addressed through therapeutic measures that affirm, rather than jeopardize, the humanity and wholeness of autistic individuals.

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