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台灣大眾論述中的醫藥觀定位與流動：媒體再現 VS. 常民經驗(2/2)

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行政院國家科學委員會補助專題研究計畫成果報告

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Introduction

The contemporary Taiwanese society has long been noted for the pluralism of various medical practices. Generally, while Western medicine is valued as a repository of medical knowledge and scientific thoughts (Penson, Ceasar, Seiden, Chabner & Lynch, Jr., 2001), traditional Chinese medicine (TCM) places an emphasis on the holistic approach of combining body, mind, and spirit in treatment of illness.[1] As Western medicine serves as the major expert system in interpreting health in the mainstream discourse, news coverage in Taiwan echoes such an ideology. Government officials and physicians trained in Western medicine thus become the most quoted sources in health-related news (Hsu & Hu, 1998). It is no wonder that the health-related news in the mainstream media is abundant of medical experts' warnings to keep lay people from engaging in unscientific medical use.

Even though the science-based Western medicine has more predominant voice in the orthodox establishment, TCM and folk medicine have still been widely practiced by local people (Wu, 1982; Chan, 2005). Indeed, a recent nationwide survey shows that more than 75% of Taiwanese residents had used at least one type of non-Western medicine for treating illness or alleviating symptoms (Lew-Ting, 2005). It becomes intriguing as to how lay people's perceptions of their bodies and health, together with their practices of medical use, resonate and differ from the so-called medical correctness raised by the elitist medical circle and why.

By focusing on medical preferences (i.e., Western vs. Chinese or folk medicine), we are specifically interested in knowing the patterns of lay people's interpretations of their illness experiences. We are also interested in finding out whether those patterns reflect lay peoples' personal and social lifeworld. We believe that lay people's health seeking beliefs and

[1] Philosophically, the holistic approach emphasizes the concept that the whole is made up of interdependent parts. Each person is thus perceived as greater than and different from the sum of his or her parts (Schreiber, 2005).

behaviors do not simply depend on the so-called biomedical model[2] of health/illness, which, as mentioned, has long been dominant in the health care system (Sharf & Vanderford, 2003) in both the Western society and Taiwan. The socio-cultural forces that inevitably shape lay people's health beliefs and behaviors are oftentimes accepted as natural. To do so, we adopt a social construction approach in examining lay discourse of body, health and medical use in the study. By unpacking these sources of symbolic usage in health care, we hope to reveal patterns of medical use that may underline lay peoples' psychological, spiritual, cultural, as well as physical dimensions of conceptualizing health.

Theoretical Framework

Lay Vs. Scientific Theories

In relation to the differences between experts and lay people in perceiving and articulating their bodies, health and medical use, Furnham's (1988) lay theories provide us with a starting point. By comparing and summarizing cases and empirical evidence discussed in social scientific disciplines such as anthropology, psychology, criminology, and sociology, Furnham argued that while formal, explicit, and scientific explanations have been used by social scientists or experts to account for certain human behavioral phenomena, ordinary people have developed their own ways to explain the causes of their and others' behaviors. The latter, or what Furnham (1988, pp. 2-12) referred to as *lay theories*, consist of eight features that can be distinguished from the expert-based scientific theories. After a closer examination of these distinctive features of lay theories, we found that they can be further summarized and regrouped along the following three dimensions:

Ways of making causal explanations and attributions. Lay theories frequently generate causal explanations from *correlational* results. Comparatively, rigorous scientific theories

[2] Grounded in germ theory and deprived primarily from Western scientific thought, biomedical model of medicine describes the type of health care that originates from or relates to the natural sciences (Engel, 1977; Gillick, 1985; McKee, 1988).

insist on the time sequence, correlation, and the exclusion of the confounding variables in inferring a cause-effect link. That is, lay people tend to see a relationship between two variables and then infer unidirectional cause based on implicit theory (Furnham, 1988, p.4). For example, Gwyn (2002) indicated that lay theories of illness causation are seen as a part of a more general framework about the origins of misfortune at large. Moreover, in accordance with Ross' (1977) psychological assumption of fundamental attribution error, lay people frequently infer broad personal dispositions and expect the consistency of behavior (across situations) and stability of behavior (over time) across widely disparate situations and contexts (Furnham, 1988, p.6). Therefore, lay theories tend to underestimate the *external* explanations for human behavior.

***Nature of the assumptions and premises*.** Compared to scientific theories that are explicit, formal, and set in a logical, internally consistent manner, lay theories are often *implicit*, with *tacit, non-specified* assumptions or axioms. That is, when lay people are asked to provide an explanation, they often do so without knowing what their explanations are derived from. In addition, rather than holding coherent and consistent propositions as scientists do, lay assumptions can be contradictory. Thus, lay people can hold two mutually incompatible ideas or beliefs at the same time. These inconsistencies, however, are deemed as *superficial* and can be resolved at a specific level (Furnham, 1988, p.4). Gwyn (2002, p.59) argued that individuals are likely to give different and perhaps conflicting accounts of illness and health according to the criteria of process and context, and that this variability constitutes a normal feature of discursive practice. Applying this view to the context of Taiwanese pluralistic views and practices of medical use, we can easily understand why most Taiwanese lay people can well justify their adoption of Western medicine for some types of illnesses or symptoms, but of Chinese or folk medicine for others. The explicit contradictions between various medical beliefs do not particularly bother lay people, as lay people may be rarely aware of

these inconsistencies.

***Structure and scope of inferences*.** Compared to the widely accepted principle of falsification and deductivism accepted in science, lay theories often rely on principles of inductivism to make further inferences. However, these inductive assumptions may just be based on hunch and common sense, and they can hardly be tested by what Popper (1959) called disconfirmatory evidence. Furthermore, while academic scientific theories are more explanatory and process oriented, lay theories are primarily descriptive of types or categories. These *content* oriented lay theories can be tautological as they do not attempt to describe the process whereby the types arise (Furnham, 1988, p. 5). As for the scope of inference making, while scientific theories can be broad enough to explain a wide variety of types of human behavior, lay theories tend to be *specific* in that they cannot be built up into general theories (Furnham, 1988, p. 6). That is, lay people tend to formulate explanations for specific phenomena based on the information they receive or seek, but those explanations cannot be generalized into abstract theoretical principles. Such inferences are considered weaker theories, although the distinction between weak and strong is merely relatively clear-cut.

To recapitulate, lay theories can be well applied to people's perceptions and interpretations of medical use. In this regard, medical anthropological studies of health and illness (Helman, 1984; Herzlich, 1973), which are concerned mainly with cultural determinants of health beliefs, have contributed greatly to our understanding of lay theories in medicine.

Functions of Lay Narratives of Health and Illness

People do frequently give lay accounts of what they do to themselves when ill. People also turn to or give medical advices based on lay assumptions. Therefore, narrative perspective to health context, especially in the form of health/illness narratives, provides a particular type of social construction that helps us understand how social sharing of personal

life stories further accounts for why people believe and behave in certain health and medical practices (Sharf & Vanderford, 2003). Indeed, health and illness cannot be viewed simply as the opposite of each other. They are both bound up with lay people's way of life (Herzlich, 1973; Radley, 1994).

Adopting a narrative approach is also important for us to distinguish between experts' and lay people's understanding and interpretation of health and illness. The former, based on the biomedical model of defining disease mentioned earlier, concern mainly with so-called facts associated with the logico-scientific approach to reasoning that has pervaded modern medical practice (Babrow, Kline & Rawlins, 2005). Therefore, the discovery of *facts* about the patients' illness is exactly equivalent to the discovery of new scientific truths about the universe (Greenhalgh, 1998). In contrast, a narrative approach privileges the particularities of individuals' lives and attempts to understand how specific persons in particular times and places describe their experiences of living their lives. Therefore, a focus on the narrative accounts shifts the focus from a search for universal truths about an objective reality to the subjective experiences of individuals (Babrow, Kline & Rawlins, 2005, pp. 33-34).

Furthermore, lay people's accounts of their heath/illnesses can be viewed as significant alternate *routes of knowledge*, serving to construct their illness experience (Sharf & Vanderford, 2003). In other words, narrative-based investigations extend the discussion of health and disease beyond the biomedical model to encompass the meaning that patients ascribe to their illnesses as they affect roles, relationships, and identities, as well as levels of meaning that reflect social, organizational, ethnocultural, and familial assumptions and influences (Sharf & Kahler, 1996).

Sharf and Vanderford (2003, pp. 16-28) proposed five functions of health/illness narratives: *Sense-making, asserting control, transforming identity, warranting decisions, and building community*. We found that the first four functions are particularly crucial to the

analytic scheme of the present study.[3] The following briefly outlines the nature of these functions:

Sense-making. This refers to the ability of narratives to create meaning of random events, people, and action. Individuals can interpret events, ascribe meanings, justify actions, and make links in retrospect that are less likely to be discerned when they experiences events in real time. Meanings can also emerge from individuals' interpretation and rearticulation of the relationships among countless seemingly unconnected experiences, beliefs, attitudes, and understandings (Babrow, Kline & Rawlins, 2005). That is, meanings are found in interpretation of phenomena, not in objective observation (Vanderford, Jenks & Sharf, 1997), as maintained by evidence-based medical scientists or experts. Fox (1993) also argued that lay perspective is reframed as an emancipatory participation in health care, and is considered integral to the meaning-making process. For example, Herzlich (1973) maintained that illness enables an individual to perceive his or her relation to society in three different ways. All of them serve as sense-making function. First, illness is destructive and can devalue a person's self-worth. Second, illness, especially serious one, can liberate a person from reality, leading him or her to the discovery of another world. Third, illness, especially specific one, can be perceived as a life's work as the patient is preoccupied with getting curried.

Asserting control. This refers to the relationship of narratives to increased perceptions of control. Rather than silently comply with the initiatives and orders of others, the narrators assert themselves as agents in order to recover the voices that illnesses and their treatments often take away. For example, lay people may show non-compliance with physicians' prescribed medication as a way of asserting control over the disease (Britten, 1996). In fact,

[3] The fifth function of health/illness narratives, *building community*, is the ability of narratives to serve a communal function by helping disparate individuals with common maladies provide support to one another, by raising public awareness about specific issues inherent in experiences of illness, and by serving as highly recognizable discourses for advocacy (Sharf & Vanderford, 2003, pp. 26-28). Nevertheless, the current study does not intend to address those stories lay people tell in communal formats in order to solidify health-related communities. This function, thus, will not be applied in the forthcoming analysis.

an important component of the holistic perspective of health assumes that individuals must take an active role in health decisions and the healing process (Schreiber, 2005).

Transforming identity. It is the ability of narratives to provide *wounded* storytellers with a means to reshape their identities, either in functional, enabling ways or, alternatively, with an emphasis on loss, trauma, or impairment. Stories that serve this function may include identification of critical, life-changing incidents, the revelation of character through multiple perspectives, and the integration of personal expertise and adaptation to illness. For example, from a holistic perspective, illness can be seen as an opportunity for personal transformation, growth, and closure (Gordon, 1990; Schreiber, 1999). Thus, a person with a serious or terminally illness may still perceive him- or herself as healthy, especially by way of some health restoring thoughts or actions.

Warranting decisions. This refers to the ability of narratives to reveal storytellers' values or reasons for actions, including routine activities and those involved in medical decision making. Decisions about health are based on the meaning patients give to symptoms and experiences with disease and their physicians. Narratives function to justify decisions already made and determine future decisions (Vanderford & Smith, 1996). Britten (1996) further distinguished between orthodox vs. unorthodox accounts in addressing lay people's legitimatization of their health or illness-related decision-making. Simply put, lay people may reveal their faith in medical establishment and then give orthodox accounts. They may occasionally take opinions or views legitimated by their non-medical significant others (i.e., unorthodox accounts).These two types of legitimatization seem to contradict with each other, but the coexistence of those accounts well characterizes the nature of the lay discourse, as defined by Furnham (1988). Similarly, Cline (2003) argued that everyday interpersonal communication, including social network influence, plays a significant role in not only disseminating health information, but also reinforcing health-seeking or risk-taking

behaviors.

In short, narrative approach to health/illness emphasizes the meanings that individuals assign to their lives as they orient to experiences. Health and illness stories, as Frank (2005) put it, “constitute a formless but formative framework of interpretive effects that structures people’s sense of what events and actions are worth telling stories about and how these stores are to be understood, including what actions follow from them” (p. xi). We believe that through lay people’s narratives of their bodies, health, medical use, we are able to understand how the multi-dimensional definition of health, integrate and interact with one another in constructing lay people’s self identity, as well as decision-making and rationale of their health seeking beliefs and behaviors.

Method: Focus Group Discussions

The present study is exploratory in nature rather than aiming to reach generalizable insights. We also expect to solicit the kind of group dynamics that may occur when lay people talk about their medical use in the real-life settings. For these purposes, we conducted two sets of focus group discussions (FGDs) in December, 2006: one set with two panels in Kaohsiung county, and the other in Taipei city. As put by Babbie (1998, p. 249), FGDs can simulate the kinds of discussion people commonly have when they discuss some topic in everyday life. Moreover, as lay theories of medical use are still broad and vague at present, more exploratory efforts are needed before conducting research on larger-scale representative samples.

Specifically, we assumed that lay beliefs and behaviors regarding medical use could differ by age and region. Age differences indicate the variance of bodily health conditions between the young and the old, which may induce different ways of perceiving and practicing medical use. Regional differences are another major concern that the inequality of medical resources and the localized culture of medical use may influence how lay people make use of

Western and non-Western medicine. As TCM and folk medicine seem to be more popular among the older generation in rural Taiwan, we recruited 16 participants aged 44 to 70 (six male, 10 female; averaged age = 59) through snowballing sampling. Most of them had received junior high school or lower education. The use of snowballing resulted in many of the participants having known each other or having lived in the same community, which was similar to the natural settings older people talk about their health, illnesses and medical use.[4]

The contrasting group of FGD participants, whom were expected to be younger and live in the medically resourceful urban areas, was recruited from Taipei city via Internet advertisements. As the Internet is getting more and more accessible and popular among the younger generation, the use of such a medium and the less familiar relationship among the participants were considered appropriate and preferable. In total, five males and four females, aged 25-36 (averaged age = 27.6) participated in the FGD, with all of them having college or higher education. For all the FGD participants, they were required to have experiences in mixed medical use in the past 6 months.

Each FGD session lasted about two hours. For all the FGD sessions, three sets of issues were discussed, including how participants do with their bodies when ill, what they usually do to maintain or enhance health, and what they will do to prevent from getting infectious diseases such as the bird flu. Probes were used frequently, especially as a vehicle to explore into participants' medical beliefs and medical decision-making when addressing the aforementioned issues. In other words, we did not ask our participants to talk about their medical beliefs and uses directly. By way of locating our questions in more natural and lifelike formats, we hope to uncover more effectively the patterns and functions of lay narratives of health, bodies, and illnesses. Moreover, to reduce the language barriers that may

[4] For this reason, that is, some Kaohsiung participants were accompanied by their friends, neighbors, or relatives in our FGD location. To value the interpersonal links that may play a crucial role in this culturally specific group, we included all the 16 people as our FGD participants, but we further divided them into two panels to facilitate the efficiency of FGD sessions.

have hindered our participants from expressing their views fluently, we used Fukien dialect, occasionally mixed with Mandarin Chinese, to conduct the FGD sessions in Kaohsiung.

Analysis of the Lay Discourse: Preferences for Medical Use

To illustrate how the features of lay theories and functions of lay narratives were manifested in our participants' accounts of their bodies, health, illness, and medical use, we categorize the analysis by participants' mentioning of their preferences for Western or TCM/folk medicine. Those categories can be further distinguished according to participants' direct preference narratives as well as their references to the problems found in any of the (non-chosen) medical practices.

Why Choose Western Medicine

Acknowledging the strengths of Western medicine. To the participants in our FGD interviews, the fast and obvious effects of taking Western medicine, based mostly on their personal or interpersonal experiences, and the science-related professionalism associated with the practice, constituted the major rationale of their preferences for Western medicine. The following narrative by participant Ka7f,[5] a 58 year-old homemaker and a long-time heart disease patient from Kaohsiung, illustrates such typical lay characteristics:

> *I have no interests in TCM at al.… I always go see a Western medical doctor when ill. I have suffered from the heart disease since ten years ago. If I worked a little harder or got nervous, I simply got shocks.… About six years ago, my daughter, who worked as a hospital nurse, arranged me to see a renowned doctor for the heart surgery. After the surgery, I feel very good. I can work without feeling discomforts of my body. So, you must go see a doctor when ill, and follow what the doctor tells you to do. Do not take the unorthodox folk remedies. They cannot cure any disease at all.*

The attribution Ka7f made was very specific, and could hardly be generalized into other contexts regarding Western medicine and cure. In addition, we found that the lay explanations to endorse Western medicine, provided by Ka7f and some other participants

[5]We use codes to refer to our FGD participants in order to protect their privacy. While the first letter "K" and "T" indicate Kaohsiung and Taipei, respectively, the "m" and "f" at the end serve as the participants' sex code. Moreover, for the Kaohsiung participants, the second letter "a" and "b" indicate the panel number.

(e.g., Ka1m, Ka2m, Ka5f, Ka9f, Kb4m), usually took the form of clichés such as 'doctor knows best' and 'one should always go see a doctor when ill.' Such a legitimation process is one of the key concepts in Berger and Luckmann's (1967) social constructionism. That is, through legitimation of the Western medicine, biomedical knowledge, or biomedical authority serves as a powerful frame within which lay people make sense of their world (Rogers, 1991).

Interestingly enough, while the older Kaohsiung participants tended to describe their preferences for Western medicine directly, the younger Taipei participants (e.g., T2m, T4f, T5f, T7m, T9f) seemed to be more comfortable switching from one medical use to another. Such switching was justified by personally experienced illnesses, ranging from cold, allergy, asthma, acute gastroenteritis (i.e., a sudden infection that affects the stomach and intestines), to cancer.

Take our Taipei FGD participant T9f, a 28 year-old female college graduate, for example. She perceived herself as owning a healthy body, but she also admitted that she adopted both Western and Chinese medicine for different types of diseases. For diseases that may "kill people," she insisted on seeing Western medical doctors. For minor illnesses or pains, she tried self care or folk remedy first. The switching decision thus revealed the tacit knowledge shared in the local culture: Western medicine is more effective in curing acute and serious diseases; TCM and folk medicine have merits in improving body health or curing chronic diseases. By ascribing meanings to their adoption of various medical practices, T9f and other participants who mentioned similar choices also provided sense-making interpretations to resolve the contradiction that may have existed, and then to warrant the decision-making in medical choice.

Moreover, the realm of self control was asserted through lay people's narratives about the types and aspects of diseases they can and cannot take care of. This was particularly true

to those people who indicated that they were active in enhancing their own health and bodies via non-Western holistic medical approaches, such as the younger Taipei participants in the study. The older and the self-perceived unhealthy participants tended to render the control of their body health to Western medical professionals, whom they believed to be more trustworthy.

Participants who suffered from the loss of their own health or that of their significant others also told stories that helped explain their transformation into new identities. For example, to the heart-disease stricken Ka7f mentioned earlier, the successful heart surgery enabled her not only to be a stronger believer and user of Western medicine, but also to rethink about being an active agent of her own health management. It was evident in her narratives when she kept emphasizing the importance of complying with doctors' prescriptions. She also seemed to realize that preoccupation with health consciousness and practices will be her top-priority lifelong endeavors.

Referring to the problems of Chinese or folk medicine. While some participants revealed their preferences for Western medical use directly, more of them told all sorts of trial-and-error stories of misapplying TCM or folk remedies in justifying their priority choice for Western medicine. The non-Western medical practices were described as risky, unscientific, having slow or more side-effects. The weak support from Taiwanese nationwide medical insurance policy to non-Western medical practices was also mentioned.

Take another long-term disease sufferer, 61 year-old Kb3m from Kaohsiung, for example, He admitted that he was an alcoholic more than ten years ago, which brought him the problem of liver cirrhosis. Like the heart disease patient Ka7f, he decided to trust his Western medical doctors only after the surgery, in addition to leading a healthy balanced lifestyle. Nevertheless, while Kb3m seemed to direct his medical preference to his own illness experience, the story he told about his father's death revealed more about his own

medical beliefs:

> *I don't believe in any folk or secret remedies at all. I only trust my doctors. When my father was in his sixties, he was dependent upon taking folk remedies. Then, he died of liver cancer. Folk remedies such as cupping (ba guan) sounds good, but you need to be psychologically prepared to try it. I am simply afraid of doing that… Why do Chinese medicinal herbs leave such a negative impression to people? It's because they have been criticized as being supplied with wrong species or mislabeled herbs… For TCM, I only take those nourishing diets to improve the constitution of my body.*

The above story, like that told by the heart disease patient Ka7f, revealed all of the four functions of health/illness narratives (i.e., sense-making, asserting control, transforming identity, and warranting decision). If we look closely into the attributions made regarding the medical choice of Kb3m's father and the subsequent failure (i.e., death), we can hardly link the attributed "factor" and "effect" as causal, as demanded by the scientific experts. In addition, the assumption that TCM and folk medical uses were more risky was rooted in the widely accepted value in the mainstream medical community: The non-Western medicine has not been tested scientifically. Thus, no safety is guaranteed. While Kb3m voiced such strong opinions about his own medical preferences, his mentioning of taking TCM nourishing diets seemed to undermine the validity of his inferential statements. Again, this was another example of holding various inconsistent beliefs in addressing their reasons for certain medical uses. By referring TCM to serve merely nourishing function, Kb3m could revolve the superficial contradictions of his actions.

Ka5f, a 48-year old career woman from Kaohsiung, provided a more heart-breaking story about her late husband, who also died of liver cancer. She indicated that in her six-month care taking of her husband, they had taken all kinds of advices and had tried various folk remedies. Nevertheless, those remedies did not work at all. Judging from this failed experience, Ka5f insisted on sticking to Western medicine when ill (i.e., function of warranting medical decision). It has increased her sense of self control when she decided to engage in health-conscious lifestyle. Her new self identify was thus developed.

The stories told by our younger Taipei participants, however, showed that the lay vs. expert comparison was not clearly dichotomous. Rather, health/illness narratives can be perceived as being located in the spectrum with the structures of extreme lay and extreme expert, respectively, being the two polar ends. For example, T1m, a 26 year-old college graduate working in the manufacture industry, has suffered from asthma and allergy since his childhood. His priority medical use was also Western medicine, but he was not as skeptical about TCM and folk medicine as the older Kaohsiung participants were. On the contrary, his narratives of medical use reflected a more expert-like deductive approach. He first mentioned the principles and features of TCM, and then provided his own practical reasons for medical decision making without being biased against TCM:

> *Regarding the curing process of asthma, TCM seems to take longer. There is this TCM concept of "treating diseases in summer that are easily caught in winter." Therefore, for asthma that is easily caught in winter, a Chinese medicine called "san fu tei" can be put on the special acupuncture points (xue wei) of the human body in the hottest days in a year. I myself am not very patient in following such a time-consuming prescription. I'll just go see a Western medical doctor.*

In T1m's narratives about how he learned to live peacefully with his chronic disease and symptoms, we found that he actually revealed a more holistic philosophy of health. Therefore, it was no wonder that he attributed his preference for Western medicine to his own personal traits, that is, impatience, to resolve the inconsistency between his medical belief and medical use. The holistic view is also culturally shared. Such implicit knowledge, though did not dominate his medial preference, served sense-making and identity transforming functions well in T1m's justification that he had to live with asthma and allergy for the rest of his life. He also mentioned how he actively took actions in improving the constitution of his body, by eating healthy and regular exercises. We could then feel a sense of body control his narratives were trying to reveal.

Why Choose TCM or Folk Medicine

Acknowledging the strengths of TCM or folk medicine. While we had expected our older, rural participants to indicate their preferences for TCM or folk medicine more than the younger urban participants, we surprisingly found that it was the latter (e.g., T1m, T2m, T3m, T9f) who showed more confidence in acknowledging the strengths of the non-Western medicine. Participants who did so also referred to experiences of their own or their friends and family to justify their sense-making interpretations.

In fact, we did not find any absolute users of TCM or folk medicine. Even for those who explicitly expressed their preferences for non-Western medicine, they still resorted to Western medicine for certain types of diseases. The younger Taipei participants who endorsed TCM and folk medicine were mostly switchers of different medical practices mentioned earlier. The tacit knowledge of what each medical practice is good at constituted the major contents of the lay narratives, which, again, functioned to reassure lay people's sense-making, control assertion, and decision warranty of their illness and medical use experiences.

The use of TCM or folk medicine to enhance body health by expelling cold (*han*) or depletion (*xu*) was naturally mentioned by several participants as the major strengths of such medical practices. Indeed, the cold vs. hot and the depletion vs. repletion metaphors are embedded in the culturally shared understanding of body and health.[6] In this regard, T9f's (Taipei female participant, 28) narrative of how she had her insomnia cured by adopting skin scrapping (a popular folk treatment scraping the patient's neck, chest or back) manifested the implicit theory of how culturally Chinese view their bodies and health:

> *There was once that I had a slight fever and couldn't sleep at night. I just tried skin scrapping… then I started to feel that the obstructed circulation of chi and blood in my body was unblocked. I fell asleep quickly. Skin scrapping may not be the best therapy, but it worked for my body. So, if your chi is obstructed, you just need to scrap your skin under*

[6] Traced back to the time from the fourth century to roughly 100. B.D. the schools of thought that evolved naturalistic theories generally shared such fundamental concepts such as *yin-yan*, the five phases, and *chi*, though differed in how concretely or abstractly they used them (Sivin, 1987, p. 43). This, thus, applies to the tacit knowledge shared by both TCM and other Chinese folk medicine.

which the coargulation (yu) of "sha" can be scattered. Then, you'll get well.

T9f gave very detailed descriptions of the skin scrapping remedy. In addition to the tacit knowledge that was found in her narratives of the curing principles, the rationale she provided to attribute how the curing effects occurred revealed the kind of the lay narrative structure as discussed earlier. That is, it was specific and ungeneralizable. In fact, many participants (e.g., T1m, T2m) who mentioned the merits of skin scrapping, cupping, and the like, depended greatly on the personally experienced effects as the justifications: They no longer felt pains and sores, which were sufficient to serve sense-making functions to users of folk remedies.

In addition, lay people' accounts of their use of TCM or folk remedies manifested their assertion of body control, particularly among the FGD participants who had physique (*jin gu*) aches, sprains or dislocation (e.g., T1m, T2m, T3m, T9f). These bodily symptoms were perceived as being better treated by non-Western medical remedies such as kneading (*tui na*). Take the previously mentioned 26 year-old chronic disease sufferer T1m for example. He was once having a broken arm. After trying a bone-setting (*jie gu*) folk remedy, together with taking herbal medicine, he felt "he was getting on his feet again." For this reason, he considered TCM (actually, folk remedy) to be faster in curing than Western medicine. Another example can be found in T3m, a 27 year-old coach of Chinese martial art. Due to his professional needs, he seemed to reveal more than just lay accounts when talking about TCM and folk remedies. Even that, T3m occasionally had injuries in his martial art practices. He thus learned to treat his own muscles, tendon, and bones if he could, for he realized that "long illness makes the patient a good doctor."

The TCM nourishing diets (*shih bu*) was also seen as an ancestral handing down method to improve the constitution of the body. Several participants (e.g., T2m, T7m) gave detailed descriptions about what, how, and why they ate to be healthy, although none of them could

explain the reasons based on scientific evidence. These narratives served sense-making and assertion of body control functions as well. For instance, Kb2f, a 45 year-old blue collar worker from Kaohsiung, admitted that she trusted TCM more than Western medicine. Thus, she would eat ginger duck soup with Chinese herb in order to expel the cold. Again, the belief in such a practice, together with the aforementioned belief and practice that TCM or folk medicine are better in treating muscles, tendons, and bones, reflected lay people's tacit knowledge that is culturally embedded.

Referring to the problems of Western medicine. As mentioned, the younger, urban Taipei participants referred directly to the merits of TCM and folk remedies as the main reasons why they adopted non-Western medicine. An interesting contrast was found in the discourse of the older, rural Kaohsiung participants when they tended to talk about the weaknesses and aftereffects of Western medicine to make sense of their medical choice. Generally, Western medical treatments were described as merely being able to alleviate the symptoms of an illness, rather than perform a permanent cure. The problem of strong drug resistance was also mentioned. Similarly, lay participants' accounts were based mostly on the negative experiences of taking some Western medicine by themselves or their family and friends.

For example, Kb2f, the 45 year-old blue collar worker who indicated her TCM preference for health care and protection, gave personal trial-and-error accounts to warrant her decision not to take Western medicine anymore for her chronic nasal allergy. However, we found that she still took some nutritional supplements such as Vitamin E and fish oil for health care and protection. To Kb2f, these supplements were not perceived as part of Western medicine. The inconsistency in her narratives regarding what she believed in and actually practiced was thus resolved by such a lay explanation.

Among our Kaohsiung participants, the 65-year-old Kb5m was perhaps the only person

who could talk confidently about TCM beyond simple content-based lay accounts. He even provided very vivid stories about the miracles and magic power of TCM and folk remedies. These, however, were still based mainly on his personal and interpersonal experiences, with some of them being rooted in culturally tacit knowledge. Kb5m used an example of self experienced aftereffect of Western medical drug to make sense and warrant his decision for medical choice.

> *I used to take doctor's prescribed pills from the beginning to the end, but it would cause the backflow of my stomach acid (i.e., gastroesophageal reflux disorder). Now I only take the pills for one or two days, then I switched to Chinese medicine when I feel better. I am very confident about how to take Chinese medicine. Even for minor illnesses such as flu or common cold, I will go to the drugstores for the injection, but I never take the pills they provided. I will try Chinese medicinal powder instead, for it treats flu and common cold better than Western medicine during your nightly sleep.*

Again, we observed sense-making, assertion of body control, and decision warranty functions in Kb5m's above narratives. His personal illness story was still characterized by lay characteristics, even though he sounded more expert-like when addressing TCM principles in general. For the one thing, he attributed his gastroesophageal reflux disorder entirely to taking Western medicine. Such an assumed causal link was implicitly based. For the other, his switching between Western and Chinese medical treatments for the same illness appeared quite contradictory, even more so than the illness-based switchers mentioned earlier. Nevertheless, by giving sense-making accounts this way, Kb5m was able to empower himself with more self-perceived body control.

Discussion

Summary of the Analysis

Generally, our FGD participants, either from the suburban South (i.e., Kaohsiung County) or urban North (i.e., Taipei city), talked about their medical uses which were based mainly on personal perceptions and experiences. The majority of the participants mentioned specific reasons for their preferences, but those reasons were hardly causal, as demanded by

the scientific experts. The participants also tended to overlook the external or contextual factors that may have influenced the effects, non-effects, or side-effects of their medical taking. Such narratives often revealed the implicit assumptions or tacit knowledge of culturally shared beliefs and practices in medicine. This also justified why our participants claimed they believed in sometimes contradicted with what they practiced.

Health was not perceived as the opposite or the lack of diseases. In fact, those participants who have been long-time illness sufferers provided us with richer narratives in asserting their control of their bodies and health. The choice of either Western or non-Western medical therapies, the switching between various medical practices, and the inconsistence found between their medical beliefs and use, all served sense-making functions for our participants. Chronic diseases, successful surgery experiences, and failed medical therapies of the beloved ones had transformed the involved participants into new selves, by re-conceptualizing the relationships between bodies, health improvement and medical use.

Lay people did not apply TCM or folk remedies because they were ignorant. Likewise, those people who perceived themselves as depending mostly on Western medicine did not necessarily mean that they were more knowledgeable about medical use and care. In fact, their narratives revealed that they felt less control of their own bodies due to personal illnesses or the loss of significant others. Thus they decided to let Western medical experts take full care of their health. Their new identities could also be reassured by compliance with the physicians.

Implications of the Study

Illness narratives are told within a dense weave of stories people tell about their own bodies and stories from elsewhere, told (usually from a seemingly stance of expertise) about the ill bodies of other people, including both patients and bodies at risk (Frank, 2005). Therefore, cultural differences, illness experience, and spirituality and healing as they relate

to holistic medicine, have joined with patient education and public health campaigns, mass mediated messages, and consumer satisfaction and compliance, to become ripe areas of study from a communication perspective (Schreiber, 2005).

Indeed, health communication researchers have long emphasized the crucial roles of everyday informal communication and incidental messages in influencing health, such as the lay narratives of medical preferences investigated in the present study. Nevertheless, most scholarly efforts are still made in attending to mass than interpersonal communication. The interpersonal form of health communication, according to Cline (2003), emerges as the *neglected box*, and tends to be addressed in fragments.

Furthermore, as mentioned in the beginning of the paper, biomedical model of medicine has been predominant in the Taiwanese medical care system. It is thus very common that health care administrators and workers, especially physicians, are placed in the position of power and control. The kind of medical and treatment knowledge communicated, or merely transmitted one way from the powerful medical establishment to lay people, may not effectively enter into patients' meaningful life world.

Therefore, for effective doctor-patient communication or for a more equalitarian, patient-centered health care provision, it is crucial to truly understand the lay medical beliefs and practices existing in the culturally specific society, and how they affect lay people's medical decision making. Instead of treating lay people as being unscientific about appropriate medical use, health experts and administrators are suggested to take account more seriously of lay perceptions and experiences of self bodies, health, and the interpersonal/social relationships involved in the health-related matters.

By understanding lay people's narratives in asserting control, medical care services could provide patients with motivations to learn about their own health and to discover satisfying explanations for illness, as well as empower them with the sense of feelings of

autonomy. This is considered essential to the successful doctor-patient interaction.

Limitations of the Study

Previous ethnographic studies of lay people's accounts of their medical use discourses such as Cornwell's (1984), were conducted through several times of interviews. The current investigation was based on one-shot focus group discussions. Whether FGD participants' narratives of their views and practices of medical use reflected their public or private accounts, or by using Britten's (1996) terminology, orthodox vs. unorthodox accounts, remain unknown. That is, we are unsure whether lay participants' narratives in our study did in fact reflect what they really believed in their private lives. For example, when some of our participants emphasized that they would definitely go see a doctor when ill, we cannot be sure whether they were narrating what they truly believed in and practiced, or they were simply giving orthodox accounts to meet with the socially desirable criteria or to win public approval. That is, although we have tried to establish natural and informal settings to conduct FGDs, there still existed possibilities that the participants may have switched between their public and more personally-experienced private accounts in their narratives.

Our data consisted of interviewed talks in response to predetermined questions, although the latter were framed as open-ended. The mixed use of private and public accounts reflected lay people's accommodation of both individual and collective perspectives of health/illness in order to meet the sense-making function of narratives in their everyday life. However, as a methodological concern, whether those narratives virtually represented talks lay people normally had in the natural settings was beyond the scope of the current study.

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行政院國家科學委員會補助國內專家學者出席國際學術會議報告

97 年 4 月 30 日

報告人姓名	徐美苓	服務機構 及職稱	國立政治大學新聞系
會議 時間 地點	2006.11.16-19 美國德州聖安東尼市（San Antonio）	本會核定 補助文號	計畫編號： NSC 94-2412-H-004-004-
會議 名稱	(中文)第 92 屆國家傳播學會年會 (英文) 92nd Annual Convention of the National Communication Association		
發表 論文 題目	(中文) 2003 年台灣 SARS 疫情報導中的傳統中醫與民俗醫學論述 (英文) Mediated Discourse of Traditional Chinese and Folk Medicine during the 2003 SARS Crisis in Taiwan		

報告內容包括下列各項：

一.參加會議經過

二.與會心得

三.建議

四.攜回資料名稱及內容

五.發表的論文內容

（詳見下頁）

一、 參加會議經過

本人於 2006 年 11 月 16-19 日赴美國德州 San Antonio，參加國家傳播學會（National Communication Association, NCA）年會並發表 panel 論文。根據大會的統計，本次年會計有來自世界各地 4,000 多人參加，並於四日內舉行了超過 1,200 場的 sessions。本年年會主題為 Creating Sites for Connection and Action，本人所參加的 panel 乃為華人傳播研究學會（Association for Chinese Communication Studies, ACCS）所規劃的 panels 之一（詳見以下）。

ASPECTS OF CHINESE COMMUNICATION

Sponsor: Association for Chinese Communication Studies
Chair: Guo-Ming Chen, University of Rhode Island,
Respondent: Jensen Chung, San Francisco State University

"The Chinese Cultural Influence on Group Narratives: An Examination on the Relationship between Group Narratives and Group Decision Making." – Shu-Chu Sarrina Li, National Chiao Tung University, Taiwan
"Cultural Glocalization: A Study of the Organizational Culture of Hong Kong Disneyland." – Meihua Lee, Tamkang University, Taiwan
"China-West Cultural Dichotomies Reconsidered: A Historical and Rhetorical Approach." – Xiaosui Xiao, Hong Kong Baptist University
"Mediated Discourse of Traditional Chinese and Folk Medicine during the 2003 SARS Crisis in Taiwan." – Mei-Ling Hsu, National Chengchi University, Taiwan
"To Date or Not to Date: Globalization and Interracial Dating in Singapore." –Vivian Chen,Nanyang Technological University

本人此次發表的論文題目為：Mediated Discourse of Traditional Chinese and Folk Medicine during the 2003 SARS Crisis in Taiwan，乃申請人 2004 年國科會計畫「台灣健康醫療新聞建構的在地性研究：以中西醫對爭議議題的論述為例」的部分研究結果。論文主要以 2003 年 3 月起因 SARS 疫情在台灣蔓延，導致中藥材從在坊間流行、媒體大量討論到最後被衛生單位祭出罰則的流變過程為例，探討不同醫療觀在論述建構上所扮演的角色，並從議題的詮釋中，勾畫出媒體論述與社會結構、文化、科學知識等要素之間的互動。蒐集資料的方式包括檔案與文獻檢閱、新聞論述分析以及深度訪談等。

二、與會心得

本人在上述 panel 中所發表的論文，除了從各國參與者得到對愛滋防治宣導的回饋外，亦藉由討論與交換經驗，獲知其他地區的傳播學術研究發展問題，可謂獲益良多。

本人所發表的論文內容與本人近年來在健康傳播教學與研究領域相關。本人自 1995 年起即進行健康傳播領域的相關研究，並於 1998 年起在政大新聞研究所開設健康傳播專題的研究所選修課程，於 2003-2004 年參與政大傳院科普專班規劃與課程教學。健康傳播最大的特色之一即為跨領域，此新興領域雖植基於社會與人文科學，卻運用其他專業領域的原則，包括健康醫療照顧、教育、管理、法律與行銷等。此外，本人發現若欲加強健康傳播的在地特性視角，也必須從在地醫療觀的特色，而非僅依循西方科學主義導向的醫療哲學切入。本人此次所參加的 NCA 年會與參與的 panel，正好達成此學術與教學經驗交流的目的。

本人同時亦代表華人傳播學會（Chinese Communication Association）參加一項 NCA 商議如何展開國際合作的會議，發現過去仍為美國人佔多數的此學會，在全球化的風潮下，亦開始重視起美國以外傳播研究的趨勢與重要性。故會議討論除了要擴大非美國傳播學者的與會，並計畫至這些國家舉辦小型區域會議。此趨勢值得台灣推展傳播學術研究國際化者重視。

三、建議

從本人數日的會議參與，深感國內傳播研究有必要從跨領域以及國際化的角度來進行。故以下建議主要則從此角度提出：

（一）一如以往本人所參與的多項傳播或跨領域的國際會議，來自中國大陸的參與者日益增多，也在會議中扮演相當活躍的角色，來自台灣的參與者多屬單打獨鬥，除了個別的參與與發表目的，並無共同以代表台灣為主的目標性行動。此現象是喜是憂或許見仁見智，但若台灣學界欲增加台灣學界在國際上的能見度與活動力，建議國內相關單位可考慮除了提供出席國際會議的實質補助外，亦能規劃團體主動參與國際會議各項活動的方案。上述 NCA 未來重視非美國學者參與的規劃，也似乎為我們的強化參與帶來了契機。

（二）相較於社會學與心理學等社會科學領域，傳播學門相對年輕，但近年來也面臨理論枯竭，須向外領域接支之情形。本人發表論文主題乃從跨領域角度出發，亦在會議討論中得到相當正面的回應，並令本人益發深信傳播學

門須朝創新與突破發展的重要性。

四、攜回資料名稱及內容

本人此次參加會議共攜回相關資料近百筆，由於數量眾多，故不予一一贅述。基本上若依類型來區分，包括大會手冊、論文或論文摘要、各類學術期刊、傳播書籍或書單名冊等。這些資料部分是以紙本方式呈現，部分則貯存於光碟中。

五、 發表的論文內容

（下頁起）

Mediated Discourse of Traditional Chinese and Folk Medicine during the 2003 SARS Crisis in Taiwan

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ABSTRACT

The newly infectious disease SARS took many regions and countries by storm in the spring of 2003. Taiwan was not an exception. Although it was not the first time that Taiwan was struck by an epidemic, the impact that SARS brought to the society was no less tremendous. The kind of social reality represented in the media has triggered great attention and thus strong criticisms from the pubic and the social elitist groups. Most academic and administrative discussions of SARS tended to focus on how accurately risk perceptions and how efficiently risk management of the disease had been represented in the public discourse. Few efforts were made to explore why and how alternative interpretations of SARS, namely interpretations based on traditional Chinese or folk medical beliefs, were surging in the popular and the media discourses in the mean time. As Taiwanese news coverage of health has long been dominated by beliefs and practices of science-based Western medicine, the unusually emerging Chinese and folk medical discourse seemed to reveal changes of power positioning between various medical beliefs in a time of increasing uncertainty. We are thus interested in investigating the dynamics of such discourse patterns. By conducting a news discourse analysis and personal in-depth interviews, the study aims to analyze how traditional Chinese or folk medical interpretations of SARS and its related matters had been represented in the popular discourse and why.

In the study, SARS news being analyzed were selected from three mainstream print media, namely *China Time* , *United Daily News,* and *Min Seng Daily* from March 15, the date when the first local SARS case was reported, to July 5, 2003, the date when Taiwan was removed from the WHO list of SARS-affected countries. We were particularly interested in analyzing SARS reports in which traditional Chinese or folk medical perspectives were represented. In addition, in-depth interviews were conducted on four Chinese medical doctors and four medical journalists involved in SARS coverage in order to uncover the decision-making and participating processes of the appearance of none-Western medical interpretations of SARS in the popular discourse.

Mediated Discourse of Traditional Chinese and Folk Medicine during the 2003 SARS Crisis in Taiwan

INTRODUCTION

SARS (Severe Acute Respiratory Syndrome), the newly infectious disease which has its origin in Guangdong, China, took many regions and countries such as China, Hong Kong, Vietnam, Singapore, Canada, the U.S., and Taiwan by storm in the spring of 2003. Aided by globalization and the ease of modern air travel, the epidemic spread throughout Taiwan at a speed faster than anyone could imagine. It had not only seriously struck various sectors of Taiwanese society, but triggered heated debate about the roles of the mass media in surveillance and social integration. Public panic amplified by the mass media regarding the infectious disease and the infected people tended to be the most criticized (Lin, 2003; Chu, Chang. Y., Chang, L., Lin, & Chang, C., 2003; Yang, F., 2003; Lu, 2004).

In the midst of anxiety, uncertainty, and chaos during the epidemic, the news discourse was also full of the market's response with traditional Chinese herbal and folk medical prescriptions that were said to prevent SARS or increase human immunity, such as Isatis Root (*ban lan gen*), Flos Lonicerae (*jin yin hua*), and Herba Houttuyniae (*yu xing cao*).[1] While most academic and administrative discussions of SARS focused on how accurately risk perceptions and how efficiently risk management of SARS had been represented in the media discourse, few efforts were made to explore why and how these alternative interpretations of SARS were surging in the popular and media discourses in the mean time. As Taiwanese news coverage of health has long been dominated by beliefs and practices of science-based Western

[1] These Chinese herbs are said to reduce toxic heat in the blood or to eliminate stranguria. Please see http://www.herbasin.com/database for specific instructions of each herbal plant.

medicine (Hsu & Hu, 1998), the unusually emerging Chinese and folk medical discourse seemed to reveal changes of power positioning between various medical beliefs in a time of increasing uncertainty. We are thus interested in investigating the dynamics of such discourse patterns. Specifically, we will use news as a 'site' to observe how traditional Chinese or folk medical interpretations of SARS and its related matters had been represented in the popular discourse and why.

Before conducting the study, we would like to briefly review the theoretical concepts that are helpful to laying out the analytic framework. They include medical beliefs, expert system and health risk Interpretation, as well as media discourse as a site of power positioning.

MEDICAL BELIEFS, EXPERT SYSTEM AND HEALTH RISK INTERPRETATION

Medical Beliefs and Practices in Taiwan

The contemporary Taiwanese society has long been noted for the coexistence of various medical practices, Western, traditional Chinese, folk…etc. After the Second World War and under American influence, the practice of Western medicine has been the mainstream of health care, although traditional Chinese medicine (TCM) has still been practiced and used by local people (Chan, 2005). Many local Taiwanese adopt Western, traditional Chinese and folk medicine at the same time (Wu, 1982). A recent nationwide survey shows that 75.5% of Taiwanese residents had used at least one type of non-Western medicine for treating illness or alleviating symptoms (Lew-Ting, 2005).

Thus, in many local herbal shops, trading of Chinese medical drugs and raw herbs is popular. In TCM practice, herbal remedies have played a central role in the prevention and treatment of disease. Compared to Western medicine that is valued as a

repository of medical knowledge and scientific thoughts (Penson, Ceasar, Seiden, Chabner & Lynch, Jr., 2001), TCM places an emphasis on the holistic approach of combining body, mind, and spirit in treatment of illness. Illness is thus viewed as an imbalance in the body, which can be restored using various methods to bring life's energy back into flow. There also exists a salient gap in the knowledge of TCM between East and West in understanding how TCM uses herbal products for treatment (Chan, 2005).

Nevertheless, as mentioned earlier, Western medicine seems to have more predominant voice in the so-called orthodox medical establishment. TCM practice has often been marginalized or even stigmatized as something unorthodox or superstitious in the elitist medical discourse. For instance, Western medical scientists insisted that any merits of alternative forms of treatment, including Chinese herbal medicine, can and must be rigorously assessed by the same fundamental principles regulating Western medicine to ensure the quality control, even though the necessary testing requires much time and effort (Talalay, Pamela & Talalay, Paul, 2001). Therefore, many, if not most, Chinese medicinal herbs has been criticized as being supplied with wrong species or wrong named herbs (Vickers & Zollman, 1999).

As Western medicine serves as the major expert system in interpreting health and health risk in the mainstream discourse, news coverage in Taiwan echoes such an ideology. Government officials and physicians trained in Western medicine thus become the most quoted sources in health-related news. To gain more popular as well as official support, traditional Chinese medical community oftentimes reframes its practice as complementary to Western medical care. This is, again, reflected in the mainstream news coverage of health (Hsu & Hu, 1998). Since being defined as “complementary,” Chinese medical practice has been perceived, or misperceived, as maintaining a harmonious and cooperative relationship with the dominant Western

medical practice.

The Roles of Expert Systems in Risk Interpretation

For newly emerging diseases like SARS, lay people depend greatly on the expert systems, sometimes over local knowledge, to define what the risks are. Nevertheless, lay people's trust in experts must be won and negotiated (Giddens, 1994). According to Beck's (1992) notion of risk society, in a world of new and intense risk arising from technological developments, science no longer has privileged claims to rationality and truth. In addition to analyzing risks in a context of uncertainty, scientist experts also produce and profit from providing risk definitions. Under these conditions, many attempts to confine and control risks turn into a broadening of the uncertainties and dangers. Therefore, with an exponential growth in scientific findings, science has lost its monopoly as a producer of knowledge, for this over-production carries with it a demystification and uncertainty. Beck then argued that how one acts in the risk society is no longer something that can be decided by experts. Risks pointed out or obscured by experts at the same time disarm these experts, because they force everyone to decide for themselves: What is still tolerable and what no longer?

When scientific experts' definitions are questioned and challenged, other interpretations may come into play. That is, science is no longer the province of accepted experts with automatic credibility. We can thus expect that when the uncertainty of a health-related risk is increasing, the science-dominated expert systems, such as Western medicine during SARS in Taiwan, may be confronted by various interpretive systems in winning the trust from the lay people.

Lupton (1999) pointed out that risk is a collective construct, governed via a heterogeneous network of interactive actors, institutions, knowledge, and practices.

Among those various interpretative systems, *cultural* perception and definition of risk plays a pivotal role. Douglas and Wildavsky (1982) argued that knowledge about the risks is tied to the history and symbols of one's culture and the social fabric of knowledge. The influence of culture can be seen in how people label who is contagious or not, undertake preventive measures, care for symptoms, choose treatment, take medications, and so on (Trostle, 2005). As both a realist and constructivist, Beck (2000) contended that risk statements are neither purely factual claims nor exclusively value claims. Instead, they are either both at the same time or something in between, or what Beck called 'mathematicized morality' (p.15). That is, as mathematical calculations, risks are related directly and indirectly to cultural definitions and standards of a tolerable or intolerable life. As TCM and folk medicine have long influenced Taiwanese perception and practice of health, it will be interesting to observe how cultural definitions of health risks based on traditional Chinese or folk medicine have come to challenge the mainstream expert interpretations based on Western medical science during the SARS crisis in Taiwan.

MEDIA DISCOURSE AS A SITE OF POWER POSITIONING

Medical Knowledge and Power Struggle

In modern society, the media oftentimes serve as a best site for us to uncover the manifestation and interplay of various medical beliefs in defining and interpreting health risks. To elaborate this point, Foucault's (1981) thinking about the integral relationship between knowledge, discourse, and power provides us with a starting point. By *knowledge*, Foucault referred to frameworks of ideas within which understanding occurs. By *power*, he envisaged it as being 'exercised from innumerable points, in the interplay of non-egalitarian and mobile relations' (p.102). Power and resistance to power are not conceived as opposites, statically ranged

against each other, but as fluid force relations that group together, temporarily and uneasily, in oppositional formations (Macdonald, 2003, p.34). A discourse is the language used in representing a given social practice from a particular point of view (Fairclough, 1995). *Discourse*, thus, serves as the means through which power and knowledge intersect. By applying Foucault's thinking to the understanding of risk interpretations during SARS, we can argue that although Western medical interpretations had been treated as the default and predominant version of providing the knowledge framework regarding SARS and its risk. However, when the framework became unstable, that is, when uncertainties about the disease and its risk reduction were increasing, interpretations from other medical beliefs, in our case, traditional Chinese and folk medicine, may have come to share, if not take over, the interpretive voices in the mainstream discourse.

Positioning in the Mediated Discourse

The foregoing discussion also suggests that the power interplay between various medical beliefs during the 2003 SARS crisis in Taiwan may have reflected the strategy of 'positioning' used in the popular and media discourses. According to Sonsino (2001), the constant flow of everyday life is fragmented, through discourse, into distinct episodes that constitute the basic elements of the social world. Positioning serves to direct our attention to a process by which certain trains of consequences, intended or unintended, are set in motion. It focuses on the dynamic aspects of encounters. It thus offers a mechanism for the constant construction and reconstruction of the self or group identity. Davies and Harré (1990) also argued that positioning exists in the process of intentional construction of languages. It is perceived as the discursive process whereby people are located in conversations as observably and subjectively coherent participants in jointly produced storylines.

The dynamics of positioning will be influenced by the kind of strategies used in interpreting the multiplicity of self identities, including contradictions within or among possible selves in the interactive dialogues. In addition to the long existing and unbalanced power struggle between Western and Chinese/folk medical practices in Taiwanese society, newsroom routines and constraints play vital parts as well in shaping the health-related realities in the mediated popular discourse. Such interactions and interferences may become more dynamic in reality construction under circumstances of high uncertainty, such as the SARS crisis analyzed in the study.

Therefore, SARS coverage may have been shaped by various factors and constraints like other types of news stories are. In addition to the defining features of news values described in most traditional news writing textbooks: timeliness, proximity, consequence, human interest, conflict, prominence and unusualness, Meyer (1990) argued that there are those less visible constraints that need to be taken into account: inoffensiveness, the window of credibility, fitting existing constructs, and packageable in daily bites. SARS coverage may have also been affected by the market and political forces and journalists' barriers in interpreting complicated health facts (Meyer, 1990; Klaidman, 1990; Stuyck, 1990). The study will thus analyze how newsroom routines took part in representing the cultural diversity of various medical beliefs and practices.

To recapitulate, a better understanding of the aforementioned concepts will be helpful for us to interpret how various actors in the mediated discourse of SARS crisis, be they Western medical experts, traditional Chinese or folk medical practitioners, health authorities, or news media, interacted with one another in constructing and reconstructing their own identities.

ANALYTIC FRAMEWORK: CRITICAL DISCOURSE ANALYSIS

The analytic framework adapted in the current study is *critical discourse analysis* (CDA) developed by Fairclough (1992). CDA perceives language use as a mode of action, in a dialectical relationship with other facets of the social. The dialectical relationship is socially *shaped* as well as socially *shaping*. CDA aims to explore the tension between these two sides of language use, uncovering the connections between the use of language and the exercise of power which are often not clear to people (Fairclough, 1995, pp.54-55).

Fairclough's (1995) original CDA of communicative event consists of the analysis of relationships between three dimensions of that event: *text, discourse practice,* and *sociocultural practice*. The current investigation is thus an endeavor to tackle the relationships between SARS-related news texts, processes of SARS news production and consumption, and the immediate/wider contexts SARS crisis was embedded within. Specifically, the language use in the SARS crisis will be studied by a qualitative textual analysis of SARS news. The news production/consumption processes, that is, the decision-making and participatory processes of the appearance of none-Western medical interpretations of SARS in the popular discourse, will be uncovered by in-depth interviews with selected key persons involved in SARS discourse. The interviews, together with relevant document and literature reviews, will also provide us with information to understand the contexts where power positioning between various medical beliefs occurred. It is noteworthy, however, that our emphasis will be on the former two: textual analysis and in-depth interviews.

Textual Analysis of SARS news

SARS news being analyzed was selected from three print media, namely, *China Times*, *United Daily News,* and *Ming Seng Daily.*[2] The news texts for the SARS discourse analysis were examined from the first reported local case on 1 March to 5 July 2003, the date when Taiwan was dropped from the SARS list of the World Health Organization (WHO). We were particularly interested in analyzing SARS reports in which traditional Chinese or folk medical perspectives were represented.

A specific sample was thus selected from the on-line database systems of the aforementioned five news media, based on a search of the following combination of key words: *SARS, SARS & traditional Chinese medicine, SARS & Chinese herbal medicine, SARS & ban lan gen, SARS & jin yin hua, SARS & yu xing cao, SARS & folk prescription, SARS & penalty, SARS & misleading advertisement* and so on. By eliminating those articles that do not address medical beliefs in the texts, our database news search generated 240 articles considered for further analysis in the study. They include 92 articles from the *United Daily News*, 62 from *Min Seng Daily*, and 86 from *China Times*.

After collecting the relevant news articles, we looked into the texts to identify the patterns and changes in the discourse in relation to our research questions. As the major purpose of our study is to decode the meanings underlying the news texts, instead of analyzing all the articles in detail, we will focus on certain selected texts that can help illustrate and interpret the major findings. Furthermore, as the study aims to examine the patterns and changes of the discourse in the mainstream news media as a whole, we will not compare the differences in news reporting among the five news media.

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[2] *Ming Seng Daily* is the only one newspaper with a specialized medical page for health professionals in Taiwan.

In-depth Personal Interviews

This study also conducted in-depth personal interviews with selected key persons involved in SARS discourse construction with the focus on the *processes* rather than outcomes or products of the SARS coverage in Taiwan. By doing this, we were able to obtain information that could not be gained by observation (Berger, 2000) or textual analysis of the news alone.

Specifically, we recruited three medical journalists from the mainstream media, three Chinese medical doctors who have been the frequent expert sources for the news media, and one governmental official in charge of traditional Chinese medicine and pharmacy matters. The journalists we interviewed had reported SARS extensively from April to June 2003 and had substantial experience in medical reporting. These in-depth interviews were conducted between August 25 and September 10, 2005. The interviews averaged from one to two hours in length. The abbreviated names and affiliated professions of the interviewees, as well as the dates of interviews are listed in Table 1.

Questions for the interviewees varied, depending on each interviewee's roles in interpreting SARS-related health risk in the popular and media discourse. Probes were used whenever necessary. Each interviewee's framing and structuring of responses was respected (Marshall & Rossman, 1989). Generally, the journalists were asked about their judgments and experiences in reporting non-Western medical practices during the SARS crisis and why. Traditional Chinese medical doctors and the CCMP official were asked about their perceptions of TCM and folk medicine in preventing or curing SARS. To help interviewees address these issues more efficiently, major SARS events were used as prompts during the interviews.

Table 1: A Profile of Participants in the In-depth Interviews

Name of Interviewee	Affiliated Profession	Date of Interview
HT	Medical reporter, *China Times* (CT)	August 26, 2005
HJ	Local news reporter in Kaohsiung, *United Daily News* (UDN)	September 5, 2005
LYC	Medical reporter, *Min Seng Daily* (MSD)	September 10, 2005
YH	Traditional Chinese medical doctor in Taichung	August 25, 2005
LJ	Traditional Chinese medical doctor; chairperson of nationwide TCM association	August 29, 2005
CW	Traditional Chinese medical doctor; chairman of Taipei TCM association	September 9, 2005
LYH	Chairperson, Committee of Chinese Medicine and Pharmacy (CCMP), Department of Health	August 26, 2005

DYNAMICS OF POSITIONING IN SARS RISK INTERPRETATION

We categorized SARS-related discourse into four periods, based mainly on the development and features of the crisis. These periods are *period of unknown etiological cause of SARS*, *period of dominance of Western medicine*, *period of popularity of traditional and folk medicine*, and *period of Western medicine's regaining predominance*.

Period of Unknown Etiological Cause of SARS

As early as mid-November 2002, there were cases of pneumonia-like disease in China's Guangdong province. On March 12, 2003, the WHO issued a global alert on the outbreak of SARS (Koh, Plant & Lee, 2003). As SARS was a new disease, little

was known of the causative agent and its habits and characteristics. There were, however, divergent theories on how the virus spread at the beginning of the epidemic.

Western medical doctors and science-trained health officials, as usual, were quoted most of the time in the news media as the default experts in defining and interpreting what the new disease was like. This can be obviously seen by the frequency and the salience of their exposure in the news. Nevertheless, uncertainty and inconsistency appeared to be the features of the discourse constructed by the science-based experts. For instance, while the etiological cause of SARS was still unknown, quoted scientists in the news tended to give various speculations, ranging from close-contact aero transmission (*United Daily News*, March 31, 2003) to sexual transmission (*China Times*, April 9, 2003). Some experts insisted on wearing masks for SARS prevention, whereas others argued that hand-washing is more important than mask-wearing (*China Times*, April 1, 2003). Arguments like these echoed what Beck's (1996) and Giddens' (1991) contentions that experts can be as ignorant as lay people when facing and interpreting new risks in modern society. This could further weaken public trust in the expert system, and open window of opportunities for alternative interpretations, in our study, interpretations from TCM and folk medicine.

These alternative voices of SARS, however, scattered around the opinion pages instead of appearing in the main pages of the news media. Licensed Chinese medical doctors who also possess licenses to practice Western medicine were mostly the authors in providing TCM's perspectives of the emerging disease. It is no wonder that TCM's interpretation of SARS in the news discourse still began and concluded with Western medical perspectives. For instance, they would start with how Western medicine viewed the disease, and then proceed with the interpretations based on documentation in ancient TCM works. Therefore, SARS-related symptoms are what TCM terms 'moist heteropathy fever' (*shih je*) or 'wind-warm heteropathy' (*feng*

wen).[3] The therapeutic principle was to "clear hot heteropathy and flush out the toxicity" (*ch'ing je chieh tu*) by using medicines such as *ban lan gen* or *yu xin cao*. This has been a long-term TCM practice, traced back to the time before the invention of antibiotics and penicillin in Western medicine (*United Daily News*, March 18, 19, 2003). Such therapy was said to be similar to the function of 'increasing immunity' termed in Western medicine. These representations were also echoed by all of our interviewed TCM doctors.[4]

Also as a strategy to position themselves as "closer" to Western medicine, TCM doctors, either when being quoted in the news or authoring column stories in the news media, would call for more cooperation between TCM and Western medicine. They oftentimes framed TCM as complementary to Western medicine, for the strengths of the former could help eliminate symptoms of coughing and high fever when patients were diagnosed and treated by the latter (*China Times*, March 29, 2003). It was described as just exactly what was needed to effectively control SARS.

While Western medical experts expressed speculative, inconclusive but inconsistent statements in addressing SARS-related risks and uncertainties, traditional Chinese and folk medical practitioners revealed an "it doesn't hurt to try" attitude when providing therapeutic prescriptions. Thus, *ban lan gen* was recommended to strengthen immunity (*Ming Seng Daily*, April 4, 2003). *Jin yin hua* was said to be effective in preventing from SARS. Even if it was ineffective, it did not hurt taking it, either (*Ming Seng Daily*, April 1, 2003), although one of the interviewed TCM doctors (YH) did not recommend healthy people to take these Chinese herbs. As mentioned,

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[3] In TCM, disease is seen as invasion by malevolent spiritual forces such as heteropathy *(hsieh*), a general term for beings that enter and take over control of the body (Sivin, 1987, p.102). The heteropathy interpretation is similar to the use of infectious agent in Western medicine although the former appears featureless and has broader connotations.

[4] YH, personal interview, August 25, 2005; LJ, personal interview, August 29, 2005; CW, personal interview, September 9, 2005.

discourse like these was still balanced with Western medical conclusions. So whatever folk prescriptions lay people could take, the discourse tended to end with scientists' warnings that no evidence had been shown that these prescriptions were effective in fighting against SARS (*Ming Seng Daily*, April 1, 2003).

Our interviewed journalists also provided us with pragmatic reasons why traditional Chinese and folk medical interpretations of SARS appeared the way they were in the news discourse. Due to the increasing attention to the epidemic and the huge demand of SARS-related information, newsroom decision-makers had had their subordinated reporters look for all possible perspectives, but without sacrificing the standards of credibility and newsworthiness in covering SARS.[5] As a result of such a compromise, more SARS articles positively addressing traditional Chinese/folk medical perspectives were found. However, unlike stories with Western medical perspective appearing mostly in the front or main pages, stories with traditional Chinese/folk medical views were mainly in the local news[6] or non-news health sections.[7] As the experienced local news reporter HJ from *United Daily News* put it:

> "*We took a human-interest angle to write SARS stories, including those recommendations of taking all sorts of traditional Chinese/folk medical herbs to prevent the disease. Nevertheless, once the cause and transmission routes of SARS were confirmed, we stopped writing this kind of news.*"

In short, under circumstances of increasing uncertainty of SARS-related risk and the inability of Western medical expert system to provide confirmed risk-related definitions, the forum of interpretative participation was undergoing certain changes, too. At a glance, it seems to empower traditional Chinese and folk medical experts

[5] HT, personal interview, August 26, 2005.

[6] HJ, personal interview, September 5, 2005.

[7] LYC, personal interview, September 10, 2005.

with more voices in the discourse. A closer look at the patterns of the discourse, however, reveals that the predominant power was still in the hands of the Western medical expert system.

Period of Dominance of Western Medicine

The alternative SARS interpretations other than Western medical one in the media discourse, though trivialized as soft news stories, were further suppressed when more scientific evidence was found to support the Western medical definition. On April 16, 2003, the SARS virus was confirmed by the WHO as a member of the coronavirus family (Gourdsmit, 2004, p.144). Once the causative agent of the news disease was identified and fully characterized in terms of its habits and modes of spread, the Western medicine-based expert system soon declared its sovereignty in defining the risks and taking measures to control the spread of SARS.

Among all of the control strategies, body temperature monitoring was the most widely implemented. Human body with a temperature above 38 degrees Celsius was considered to be intervened by the control strategies. Althogh such measure was only compulsory to determine whether hospital patients needed to be segregated for treatment, many institutions volunteered to measure human body temperature in the public areas, such as the malls, schools, government buildings, movie theaters, department stores, and so on. At the first sight, the practice of monitoring body temperature did not have anything to do with the power struggle between Western and traditional Chinese/folk medical practices. Nevertheless, a closer examination of the SARS news discourse has shown that such a monitoring strategy was sometimes used to question the safety and thus the legitimacy of non-Western medical practices.

For example, high-fevered patients who intended to avoid temperature monitoring would turn to the TCM doctors. As TCM doctors are used to performing

pulse palpation to determine patients' symptons, including high fever, their clinics were described in the news discourse as one of the loopholes in SARS prevention (*China Times*, May 1, 2003; *Ming Seng Daily*, May 22, 2003). TCM doctors and herbal pharmacists were also viewed as high risk groups in SARS transmission (*United Daily News*, May 25, 2003). Later, all TCM and folk practitioners were required by the health authority to adopt the Western medicine-based measure of monitoring body temperature in their treatements.

In other words, TCM's legitimacy in participating in SARS control was acknowledged only if the scientific logic was applied to the diagnoses. Surprisingly, TCM doctors did not seem to object such a governmental policy. As LJ, a well-respected TCM doctor in the circle, put it, "*I can understand why the health authority issued such a policy. It is for the public good.*"[8] A more interesting explanation was provided by other TCM doctors in claiming that they were as scientific as Western medical doctors. It was those very few practitioners who were performing medicine that may have jeopardized the reputation of TCM.[9] Medical journalists from the mainstream media, who have long been internalized into the Western medical perspective, were not even hesitant to question such imbalanced power positioning between Western and traditional Chinese medicine. Even if some TCM doctors defended themselves as being scientific as well, TCM was still seen by most medical journalists as inferior when it came to scientific tests.[10] Dominance of the Western medicine-based expert system was more obviously seen here. Hegemony was also found in its opponent TCM community as well as the routinized journalism.

Period of Popularity of Traditional and Folk Medicine

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[8] Personal interview, August 29, 2005.

[9] LYH, personal interview, August 26, 2005; CW, personal interview, September 9, 2005.

[10] See footnotes 5 and 6.

The SARS outbreak in Taiwan occurred at a relatively late phase of the global epidemic. On April 22, several cases were discovered at Hoping Hospital in Taipei. On April 24, the hospital was sealed off by the government after a series of mistakes which led to a ‘cluster’ of SARS transmissions (Center for Disease Control, Taiwan, 2003). It apparently shocked many of the unprepared hospital staff as well as experts and lay people in the country. The outbreak and the accompanying public panic then spread throughout Taiwan. Experts were divided over the real efficacy of various protective devices against SARS. The public trust in the government’s ability to effectively control the SARS virus faded. The widespread SARS epidemic enveloped the entire island of Taiwan in a mist of anxiety and tragedy for a few months. With great uncertainty surrounding the epidemic, questions were raised about the shutting down of all business and public venues and all commercial activities, as well as the mandatory wearing of protective masks in public places. Therefore, efforts to clarify uncertainties were left to the news media. The once suppressed traditional Chinese and folk medical practices re-surfaced in the SARS discourse, but this time, with more diverse patterns than what was observed during the period of unknown etiological discussed earlier in the paper.

Generally, representations of traditional Chinese and folk medical views were mainly about or responded to the popularity of all sorts of folk prescriptions in society. Many of the prescriptions, ranging from *ban lan gen, jin yin hua, yu xin cao* to pineapples, green bean soup, were said to be out of stock and whose market prices were rocketing due to the huge demand from lay people (*China Times*, April 29, 2003; *United Daily News*, April 28, 30, May 8, 2003). Even praying to a Taoist God for miracle medicine was considered a remedy when most of the folk prescriptions were in short supply (*Ming Seng Daily*, May 3, 2003). Specifically, instead of reliance on credible sources for quotes and balanced reporting, journalists’ coverage of

SARS-related traditional Chinese and folk medical discourse during this period was characterized by the following features.

Folk tale narratives or unconfirmed information. Many traditional Chinese or folk medicine-related SARS articles were human interest in nature. They were about folk prescriptions that have long been circulated in the popular society and their effectiveness, sometimes without credible sources for confirmation. This type of SARS discourse appeared mostly in the local news sections. The aforementioned stories regarding *ban lan gen, yu xin cao, jin yin hua,* and so on were typical of this type. For example:

> ***"To fight against SARS, people pick yu xin cao for tea or soup making***
> *…Recently, people were found to pick yu xin cao on the hillside in Keelung. Mr. Chang, who was lowering down his body on the roadside, indicated that he did not take yu xin cao because it was popular during SARS. He took this folk prescription mainly for the improvement of his health, and it worked. He started this practice ever since being advised by his friend last year.* (*United Daily News*, May 28, 2003)

While the reporters were not able to observe how lay people were practicing in response to the emerging disease, phrases such as "it is rumored…" and "it has been widely circulated on the Internet" are easily found in the news discourse. Therefore, the following type of report is not unusual:

> *"… Recently, a folk prescription【for SARS】said to be provided by a TCM doctor in China has been widely circulated on the Internet. This prescription is quite easy to follow, and it was said to heal many sick people…."* (*China Times*, April 29, 2003)

> *"…It was rumored in the street markets that pineapples and papayas can prevent from getting SARS. They are in high demand in the South. The retail prices of these fruits are doubled, too…."* (*United Daily News*, April 30, 2003)

Furthermore, some stories carried the “mystic” tones while referring to the folk prescriptions as being revealed by God (*Min Seng Daily News*, May 3, 2003) or some miraculous four-month old baby who could speak (*United Daily News*, May 8, 2003). Some of these news stories ended with experts’ warnings (*China Times*, May 1, 2003; *United Daily News*, May 7, 2003) while others did not. In other words, they are the least news-like stories found during the SARS crisis.

Product placement. Although product placement in the news is nothing novel for the journalistic practices, the salience of its appearance during SARS, under the disguise of promoting TCM or folk prescriptions, is worth noticing. News discourse characterized by product placement tended to emphasize the enhancement of immunity by linking to some TCM or folk prescriptions, which were said to be effective to keep people far away from SARS. These prescriptions, however, were often times part of the packages of certain services (e.g., essential oils in aromatherapy, *China Times*, May 14, 2003, *United Daily News*, May 29, 2003; organic food in an ecological or hot spring tour, *China Times*, April 26, 2003), or products promoted by certain local institutions (e.g., green beans, *China Times*, May 9, 2003). Stories like these were treated from the perspective of preventive medicine, which seemed to allow more leeway in reporting unconfirmed issues or events.

Endorsement from scientific or Western medical experts. Whatever liberty traditional Chinese and folk medical communities may have enjoyed in promoting their beliefs and practices, prescriptions with scientific evidence or endorsement were still regarded as the most credible ones in the news discourse. This seems to be a consistent pattern throughout the SARS epidemic in Taiwan. Therefore, traditional Chinese herbs experimented in a US national lab were described as bringing hopes to the human beings (*Min Seng Daily*, May 22, 2003). By doing so, as was found in the news discourse before the SARS virus was identified, TCM experts could position

themselves as more superior to folk medical practitioners, as the former was closer to the science-based Western medicine, a strategy that has been pointed out by Davis and Harre (1990).

When being asked why the above patterns of stories were popular during the high peak of the SARS crisis, our interviewed TCM doctors unusually showed their self pride. "*The health authority had to be open up, for the Minister of Health was close to stepping down*," said LJ, who chaired the nationwide TCM association.[11] Another TCM opinion leader CW also indicated, "*The government was only concerned with the control of the epidemic. They had no way in dealing with the popularity of all sorts of TCM and folk prescriptions.*"[12] These views were echoed by our interviewed journalists, who thought that the sealing off of Hoping and other hospitals contributed to the huge growth of prescription demands for SARS prevention.[13] Nevertheless, while one of the reporters admitted that stories of this type may have been initiated by the news media,[14] the other two interviewed reporters defended for the news media by claiming that these stories still relied on scientific evidence, or the stories were mostly event-driven. As HT put it, "*Those TCM and folk prescriptions were first popular in China, which created a new social phenomenon. The popularity then spread throughout Taiwan. Information like this is certainly newsworthy.*"[15] In short, the mainstream expert system's helplessness in defining SARS effectively, together with the news value of reporting certain new phenomena, enabled the TCM and folk practices to fill in the gap of reducing

[11] See footnote 8.

[12] Personal interview, September 9, 2005.

[13] See footnotes 5 and 6.

[14] See footnote 7.

[15] See footnote 5.

SARS-related uncertainty.

Period of Western Medicine's Regaining Predominance

It was not until 5 July 2003 that Taiwan was removed from the WHO list of SARS-affected countries. Taiwan was also the last country to be taken off the WHO list (Center for Disease Control, Taiwan, 2003). Nevertheless, when the SARS epidemic was gradually under control in May, 2003, the government started to release warnings that any promotion of the SARS curing or preventive effects of TCM or folk prescriptions would be severely charged as misleading advertising. The Government of Information Office, who was responsible for monitoring programming of the electronic media in Taiwan, was involved in supervising this type of SARS advertisements on television and radio. The public was also encouraged to file accusations of those so-called exaggerative promotions (*United Daily News*, May 8, 2003). Starting in June, 2003, penalized cases were released in the news discourse (*United Daily News*, June 7, 2003). The once claimed complementary roles of TCM and folk medicine in fighting against SARS seemed to be dismissed. Calls for more cooperation between Western medicine and TCM, especially using scientific methods to find out more about Chinese herbs' effectiveness in preventing or curing SARS, were no longer mentioned. Expert systems based on Western medicine then regained its complete dominance of SARS definition and interpretations.

When being asked about their reactions to the government's policy of penalizing TCM and folk prescriptions as well as its attitude of treating traditional Chinese and folk medicine as something disposable during the SARS crisis, our interviewed TCM doctors, though reserving their opinions, indicated that they had never believed that the government or the Western medical community was ever sincere about the

engagement in mutual cooperation.[16] Again, medical journalists we interviewed have provided pragmatic reasons for the seemingly unstable attitudes of the health authority. According to HT of *China Times*:

> "*CCMP had been dissatisfied with a diversity of the so-called SARS prescriptions circulated in the popular discourse, but the authority couldn't find any way to stop them. Those prescriptions could be helpful by chance, especially when no remedy was found in Western medicine. Now that the epidemic was under control. Scientific evidence must prevail.*"[17]

In fact, from our interviews, we found that medical journalists were mostly skeptical of the authenticity and the effectiveness of TCM and folk prescriptions, for they thought that TCM and folk practitioners were too close to the commercial sector, which may deprive the lay people's ability of telling true medical information from advertisements during the SARS epidemic and at regular times as well.[18] Judged from the above, hegemony was again found in pushing Western medicine to regain its interpretive power of SARS, as what it was like before the outbreak.

DISCUSSION AND CONCLUSION

Our findings support Beck's arguments related to risk society. The Western medicine-based expert system is predominant in normal times. When the equilibrium was broken by a new or unknown health risk, alternative systems such as TCM or folk medical practices, may surface in the mainstream discourse, attempting to provide their own definitions and interpretations of SARS-related risks and solutions. Representations of these alternative perspectives were, however, affected by news

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[16] See footnotes 4 and 8.

[17] See footnote 5.

[18] See footnotes 5, 6 and 7.

values as well as newsroom bias toward various medical beliefs. Underlying the dynamics of positioning of various medial beliefs and practices are Taiwanese policy toward TCM and folk practices and the long-term self perception of their practitioners. Scientific evidence was also used by both TCM and Western medical experts as a double-edged sword to defend their respective positions during this period.

It should be noted that while both Western and Chinese medical experts have used different positioning strategies to voice their interpretations of SARS, it is the former tradition that has gained a predominantly superior position in defining the issue in the elitist medical circle. Understandably, the role that each medical practice has been expected to play in modern society may have shaped how proponents of each tradition are represented in the mainstream discourse.

In addition, throughout the epidemic, media representation of SARS was becoming coherent with the scientific logic practiced in Western medicine. In doing this, human body was perceived as a *battleground*. Military metaphors such as "enemy," "fight," "invade," "eradicate," and so on were found more commonly in the news discourse to describe the processes of applying medication or treatment to the causative agent of SARS. The following news headline was typical of such representation: "*Wearing masks and measure body temperature, the campus confronts big enemy*" (*China Times*, April 29, 2003).

Nevertheless, a hybrid of metaphor usage was created in explaining the relationship between the new disease and human health throughout the epidemic. In particular, the mandarin character *shah* (evil spirit) was used to refer to SARS by adopting the meaning in TCM/folk medicine and the phonetics in English. Therefore, the economy was said to be "shah-ed" by SARS (*United Daily News*, April 16, 23, 26, 2003; *China Times*, May 6, 8, 2003). Instead of expelling the evil spirit *shah* by increasing the *chih* (energy) in human body, as practiced in TCM, experts and lay

people as well were advised to "fight against" or "eliminate" *shah* (*United Daily News*, May 22, 2003). Such uses of the military metaphors were actually more common in Western medical discourse (Montgomery, 1996), as discussed above, but they were mixed into traditional Chinese and folk medical definitions of SARS in the news.

We'd like to end the paper with a call for more seriousness in perceiving and treating traditional Chinese and folk medical perspectives of health-related stories in the journalistic practice. Such a call is not based on the Western medical assumption that health news should be factual and scientific. As was found in our analysis, TCM and folk medical views were mainly represented in the format of commentaries, letters to the editors, local news and non-news sections. They would appear in the front or main pages only when the stories were negative, such as being accused of misleading advertising. If issues related to TCM and folk medical perspectives can be less trivialized and marginalized in the news, we should be able to uncover in depth the cultural dimension of health risk such as SARS analyzed in the study. Lay people could also be empowered with more authentic information in dealing with the health-related matters in their everyday practices as well as during the health crisis.

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