

Nashville Qi? Chinese Medicine in an American Heartland

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Abstract

This article shares preliminary results from current research on Chinese medicine in Nashville, Tennessee, a city in the American South known both as “Music City, USA” and “The Buckle of the Bible Belt.” The author has interviewed dozens of patients and practitioners in Nashville to understand how Chinese medicine came to the city, what styles of practice are present, and whether or not new understandings of Chinese medicine’s fundamental concept of qi might emerge from the unique cultural setting of the American South. While Chinese medicine is flourishing in the city, because of complexities at the intersection of religion, science, and the experience of healing, the clinical encounter between patients and practitioners is not typically characterized by a mutual embrace of a language of qi.

Keywords: Chinese medicine; Nashville; Qi; United States

1 Introduction

This article shares preliminary results from my current research on Chinese medicine in the United States. My research is focused on the flourishing community of acupuncturists in a place called Nashville, Tennessee: a mid-sized city in the US South.

Several anthropologists have probed how Chinese medicine is shaped by local environments in the United States. Sonya Pritzker has explored the “living translations” that take place as Americans learn Chinese medicine in a TCM school located in southern California.¹ Emily Wu has highlighted Chinese medicine as a spiritual quest in the Bay Area.² Victor Kumar studied practitioners and patients in the Washington, DC area.³ Linda Barnes has explored manifestations of Chinese medicine in Boston.⁴ Mei Zhan has examined the way Chinese medicine is transformed as practitioners move between Shanghai and San Francisco.⁵

Most of these studies have focused on major cosmopolitan coastal cities with large Chinese immigrant and

Asian-American communities. In this project, I ask: what happens when we look at manifestations of Chinese medicine in a place that is very far removed from China? What is the practice of Chinese medicine like in a small city with very few Chinese, a place that prides itself has having strong links to conservative American values—an “American heartland?”

To guide my inquiry, I take inspiration from Mei Zhan’s important work on how Chinese medicine is “worlded,” or manifested in specific sites through ever-changing relationships among multiple societies, environments, and histories. In her pioneering book *Other-Worldly*, Zhan demonstrates that global Chinese medicine is not a singular thing but is constantly being transformed by its new environments in ways she calls “inchoate, unruly, and extraordinary.” In spite of these surprising local transformations, Zhan nevertheless believes that ideas from and about China are still central to the way TCM is practiced outside of China. As Zhan puts it, even for practitioners and patients in the United States, understandings of China “are part and parcel of everyday practice.”⁵

This article probes how Chinese medicine came to Nashville, who practices it, and, most importantly, how Nashvillians understand Chinese medicine. I am particularly interested in how Nashvillians interpret the traditional concepts of Chinese medicine—ideas like yin and yang, Five Phases, meridians, and *qi*. Even though many scientific explanations for acupuncture are available, these traditional concepts still form the basis for training in Chinese medicine in the United States. The following discussion is based on dozens of interviews with acupuncturists in Nashville conducted between 2020 and 2023. Through an analysis of the responses of my informants, I seek to understand what sorts of “inchoate, unruly, and extraordinary”

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reshapings of Chinese medicine are taking place in the American South. How might ideas from Chinese medicine interact with the area's rural roots and strong evangelical Christian culture? As Chinese medicine practice grows in the city, might we even see the emergence of a "Nashville *qi*?" As an "American heartland," Nashville demonstrates how Chinese medicine has become "worlded" in a world where we might not expect it.

2 Introduction to Nashville as an "American Heartland"

Nashville is an unusual but instructive place to study Chinese medicine in America. Some may say that Nashville is quintessentially American—it is, after all, known as "Music City, USA," the home of traditional American country music. It is also known as the "Buckle of the Bible Belt," a national center for American evangelical Christianity.

It may be surprising, but this city of traditional American music and American religion is also home to Chinese medicine. I will use two images near my house to illustrate this strange juxtaposition.

Just a 3-minute drive from my house, there is a small Nashville neighborhood called Berry Hill. Berry Hill's modest cottages hold the greatest concentration of independent recording studios in the city. Even though the houses look like shacks, some of country music's biggest stars have recorded here. Here we can find a mural painted on a rickety wooden fence depicting the queen of traditional country music: Loretta Lynn (Fig. 1). Loretta Lynn, known as the "Coal-Miner's Daughter," came from the poor village of Butcher Hollow, Kentucky to become the most famous country singer in America during the 1970s. This primitive but deeply respectful painting of "Miss Loretta" is symbolic of Nashville's deep connections to its rural roots and its identity as a center of American folk culture.

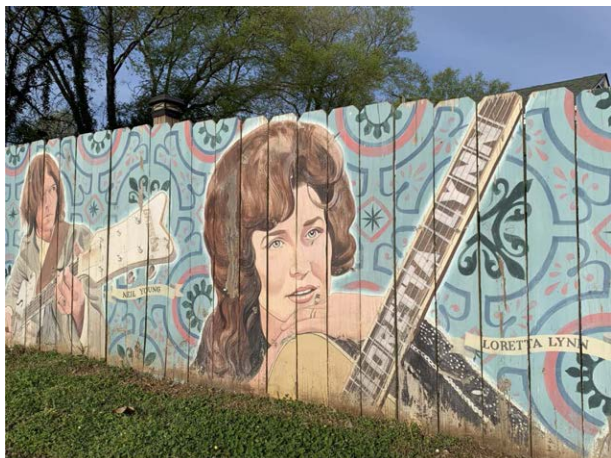


Figure 1 Mural of country music legend Loretta Lynn (source from: photo by the author).

Just a few meters away from this mural, we find another image that signals a very different presence in the neighborhood. A small wooden sign decorated with a faded circle of red, blue, green, silver, and yellow announces a small acupuncture clinic called Five Elements Healthcare (Fig. 2). The white American woman who runs the clinic has been practicing acupuncture in Nashville since the 1990s: indeed, she is one of the "mothers" of acupuncture in the state who pushed for legislation to make acupuncture legal in Tennessee in the early 2000s.

This is not the only spot in Berry Hill where Chinese medicine is practiced. Across the street from the Five Elements clinic is another venerable Nashville clinic run by an Israeli acupuncturist from Tel Aviv. Down the street there was until recently another clinic run by a woman from Shanghai who learned Chinese medicine as a barefoot doctor during the 1960s to 1970s. Two Chinese brothers have a flourishing practice at one end of the neighborhood, while at the other end, a white Canadian woman with a PhD in Oriental Medicine from an American school has just opened up a practice. This surprising juxtaposition of country music and acupuncture clinics indicates that Chinese medicine has already been planted in the soil of an American heartland.

Nashville might be called an "American Heartland" for several reasons. The first is its location. Nashville



Figure 2 Local Nashville acupuncture clinic (source from: photo by the author).

is the capital of the state of Tennessee. Tennessee is state located in a meeting-point of different regions. It is located in the southeastern United States, wedged between Kentucky, Mississippi, and Alabama, but it is also quite far inland—directly south of Illinois and Indiana. Tennessee is a long state. Its easternmost regions touch the Appalachian Mountain range, while its western border is on the Mississippi River. Tennessee’s forests and rivers were home to legends of American culture like Daniel Boone, Davy Crockett, Tom Sawyer, and Huckleberry Finn.

The population of Nashville today is approximately 700,000. Nashville is the largest city in the state of Tennessee, but it is only the 21st largest city in the United States. Its modest skyline suggests a place with a small city, low urban density feel (Fig. 3). In terms of demographics, Nashville has traditionally been a city in black and white (Table 1).⁶ In 1970, 80% of the population were European-descended Whites, while 20% of the city’s population were descended from formerly enslaved people of African descent.⁷ Over the past 20 years, the city has become much more diverse. Today, Nashville has the fastest growing immigrant population of any city in the United States, and is home to burgeoning communities of Kurds, Guatemalans, Egyptians, Somalis, and Burmese.⁸ In spite of these rapid changes, people of East Asian descent are still a very small minority of the population.

Nashville is relatively famous in the United States for a few reasons. For more than 100 years, Nashville has been called the “Athens of the South” because of its large number of colleges, including top-ranked Vanderbilt University. Today, Nashville has become a center for IT development, medical research, and related health-care industries. But in American popular culture, Nashville is best known as Music City, USA: the home of American country music. Nashville is host to numerous record labels and recording studios and has spawned a global industry of country music stars.^{9,10} Nashville’s reputation as Music City has driven a multi-billion-dollar tourism industry. Over sixteen million tourists a year flock to Nashville to listen to music in the city’s many “honky tonks.” In recent years, Nashville has also become the

Table 1 Nashville demographic change, 1970–2020 (numbers do not add up to 100%: small number of “other” categories not included in table) (source from: https://en.wikipedia.org/w/index.php?title=Nashville,_Tennessee&oldid=1164318813#Demographics)

Population by race	1970	1980	1990	2010	2020
White	79.5%	75.2%	73.2%	56.3%	56.3%
Black	19.6%	23.3%	24.3%	28.2%	27.4%
Hispanic	0.6%	0.8%	0.9%	10.0%	10.4%
Asian	0.1%	0.5%	1.4%	3.1%	4.0%

number one destination for bachelorette parties in the United States.¹¹ For these tourists, Nashville is a center of American-style fun—manifest in country songs about trucks, cheating, fighting, and above all, drinking.

Given its identity as a place to party, it is ironic that Nashville Tennessee is also known as the “Buckle of the Bible Belt.”¹² It is an important center of evangelical Protestantism in the American South. Nashville holds the headquarters of three major denominations: the United Methodist Church, the Southern Baptist Church, and the African Methodist Episcopal Church. Nashville is also a center of Christian publishing and communications in the United States, with many corporate campuses, buildings, and retail outlets related to Christian media. The majority of the population identifies as Protestant Christian, and unlike many cities on the coasts, attendance in church on Sunday morning in Nashville is robust. Indeed, Nashville has more megachurches per capita than any other city in the United States.¹³

This is the paradoxical Nashville environment in which Chinese medicine now flourishes. Nashville is a sort of *yin-yang* place of unexpected yet complimentary phenomena: it is both homogeneous and diversifying, a place with a high concentration of both bars and churches, a city that parties hard and prays hard. How, then, does Chinese medicine manifest in Nashville? Who are the practitioners of Chinese medicine in this city, and how did they get there? To understand this, we must investigate the licensed acupuncturists in the region, since in the United States, Chinese medicine manifests primarily as acupuncture.



Figure 3 Nashville skyline (source from: Wikipedia Commons).

3 Nashville’s practitioners of Chinese Medicine

According to the Tennessee State Committee on Acupuncture, there are approximately 200 active licensed acupuncturists in the state¹⁴—this is out of approximately 38,000 acupuncturists in the entire United States (Fig. 2).¹⁵ It is not surprising that there are far more acupuncturists in places like California and New York, and it is not just because those states have larger populations. California has about 30 practitioners per 100,000, while the state of Tennessee has only about 3 per 100,000. In spite of their small numbers, Nashville’s community of acupuncturists is thriving and growing.

Who practices Chinese medicine in today’s Nashville? To date, I have been able to identify approximately 50 individuals with active acupuncture practices in the Nashville area. They can be categorized in several ways (Fig. 5-7). There are almost equal numbers of men and women, with slightly more men. Approximately two-thirds of the practitioners are of non-Asian descent, primarily white Americans who were born and raised in the United States and who studied acupuncture in the United States. One third of the practitioners were born and studied Chinese medicine in China. A small number of individuals hail from other East Asian countries like South Korea but received training primarily in the United States. Degrees vary a great deal. Some are MDs (achieved in the United States or in China), some have doctorates (PhD), the majority were trained in the United States and received masters in acupuncture and are licensed acupuncturists (L.Ac.). Only a few who trained in the United States have the

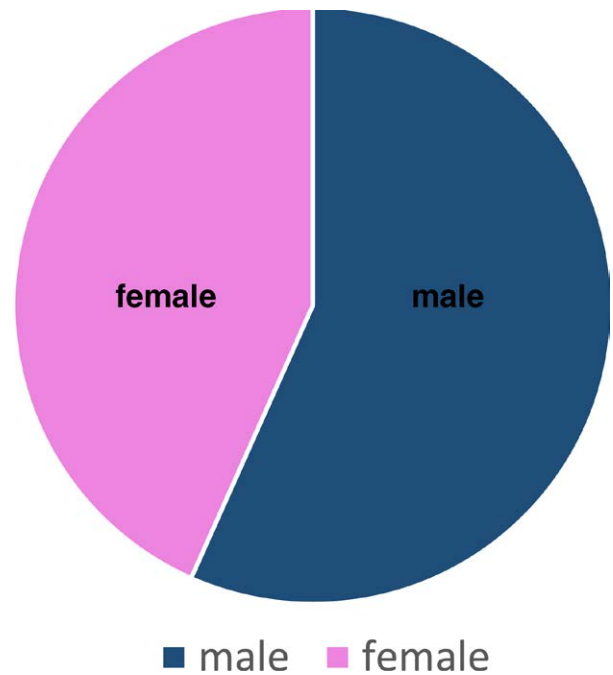


Figure 5 Analysis of Nashville acupuncturists by sex (source from: the author).

“Oriental Medicine” degree which combines knowledge of acupuncture and herbal medicine.

Most practitioners I interviewed came to Tennessee through interesting and convoluted journeys. Only one of the twenty-five practitioners I have met is native to Nashville. Others came from places around the world, including Baltimore, Seattle, New York City, Tel Aviv, Taipei, Chengdu, and Shanghai. Whether from China or the United States, few moved to Nashville with the intention of practicing Chinese medicine. Instead, most arrived more or less by accident through chance connections to

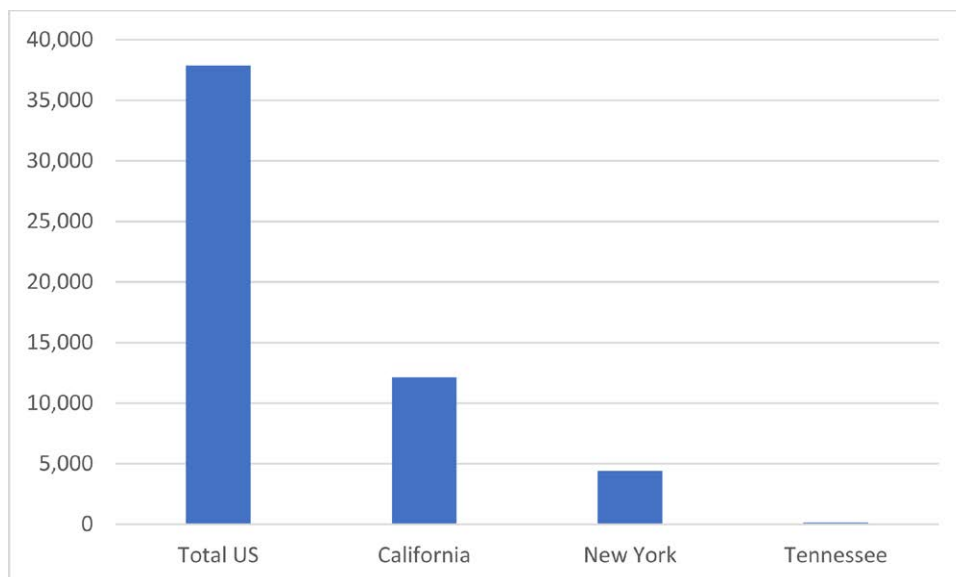


Figure 4 Number of acupuncturists in US, comparing CA, NY, and TN (source from: Tennessee State Committee on Acupuncture).

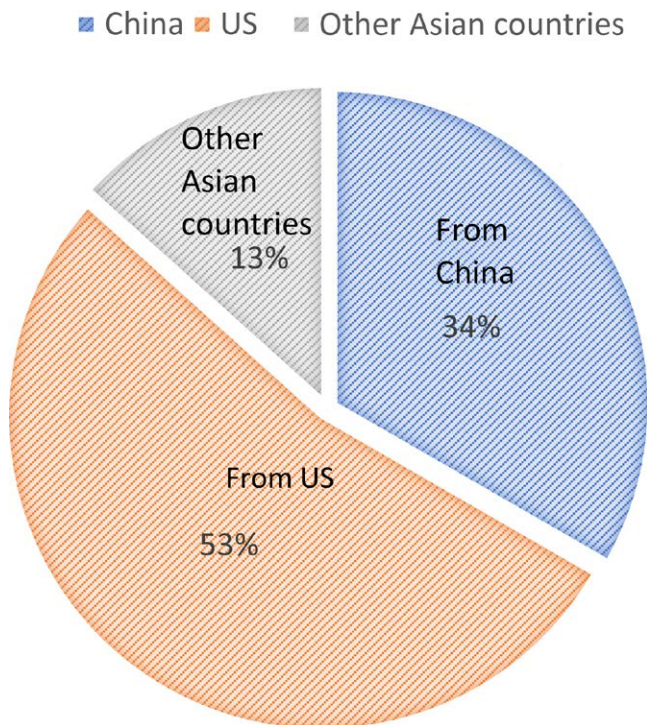


Figure 6 Analysis of Nashville acupuncturists by national origin (source from: the author).

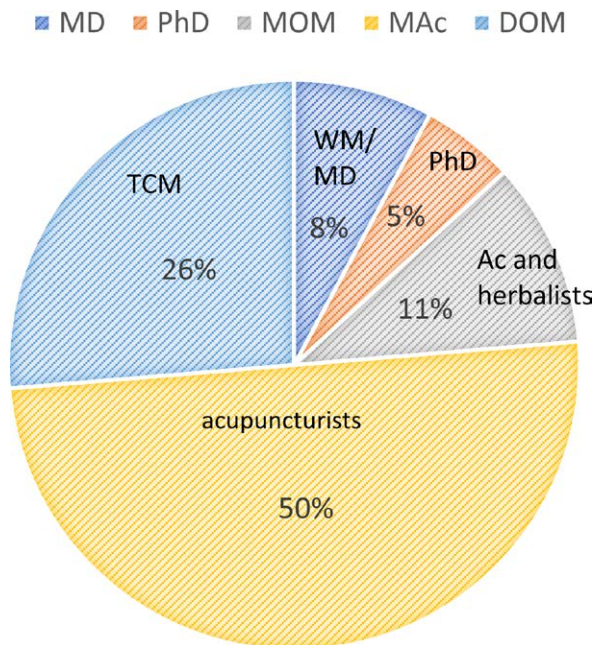


Figure 7 Analysis of Nashville acupuncturists by training (source from: the author).

other industries and through far flung networks. Many moved to Nashville because they or their spouses happened to find jobs with Nashville’s numerous universities or through the corporate offices of Nashville’s many Christian institutions. Some moved to Nashville because of connections with Nashville’s thriving entertainment

industry. The US military has also helped seed Chinese medicine in the area through its promotion of acupuncture in its Veterans Administration medical system.¹⁶ Interestingly, most of the practitioners from China initially came to Nashville because of scientific connections with Vanderbilt University—either the practitioner or the practitioner’s spouse worked in the university’s biomedical science laboratories on scientific research *not* related to TCM.

All practitioners interviewed had remarkable stories of how they became practitioners of Chinese medicine. In her pioneering work on practitioners of Chinese medicine in the United States, Linda Barnes has theorized the decision-making processes that led practitioners to choose Chinese processes as a language of *Xin* (心), a form of agency that is “simultaneously cognitive, affective, embodied, and cosmic.”¹⁷ My Nashville informants similarly spoke of a multi-layered process that combined emotion and what they deemed as rational choice, but for the most part, their descriptions leaned decidedly more toward the “cosmic.” Among the practitioners who were trained in the United States, almost all characterized their decision to become an acupuncturist as being inspired or even dictated by a mysterious force they described as “an inner voice” or a literal “calling.” A small number of individuals had prior interest in “Oriental culture,” including meditation, yoga, and martial arts. But the specific prompting toward Chinese medicine was sparked by uncanny experiences. Some came to acupuncture after deep emotional trauma. Some recounted having reoccurring dreams that inspired them to study TCM. Others literally heard clear voices in their heads telling them to “go study herbs.” Most identified these voices as “inner voices” coming from the individual’s own intuition, but one practitioner who self-identifies as a devout Christian attributed this voice to God. For the most part, those who studied Chinese medicine in the United States characterized their career path as being relatively devoid of rational choice, motivated by an outside force that was nevertheless highly personal: something of a mystery, inexplicable but powerful, indeed, “other-worldly.”

The journeys to Chinese medicine for those who came from China were quite different. Some from China began as barefoot doctors in the countryside and were then sent to schools of traditional Chinese medicine; others had hoped to become doctors of Western medicine when they were young, but their test scores weren’t high enough to get into medical school, so they had to go to colleges of Chinese medicine. These tales manifest the structures of Mao-era history and socialist education and show the power of state structures to determine life paths: as one interviewee from China put it: “none of this was my choice.” But their journeys to America, in their telling, seemed full of serendipitous events and uncanny connections,

chance occurrences that resulted in a relocation from huge metropolitan areas in China to Nashville, Tennessee—a place that most of them had never heard of before. Looking back and reminiscing about their journeys from China, many informants attributed their arrival in the American South to the workings of fate (命), a force as mysterious as the “inner voices” heard by American-born practitioners, located not within the heart but in the inexplicable outer workings of an impersonal universe.

4 Diverse styles of practice in the “needling” marketplace

Once they achieved their “calling” and the workings of fate led them to Tennessee, how did these individuals practice Chinese medicine? Almost all describe their practice as consisting primarily of treating musculo-skeletal pain, chronic headaches, and mental health problems such as anxiety and depression, although several practitioners also specialize in OB/GYN/infertility treatments. The vast majority treat disorders with acupuncture alone—I have encountered only a few who also regularly give oral medicines/herbal medicines. Indeed, if we were to try to come up with one term that describes this profession, it would *not* be “Chinese medicine” but rather “acupuncture.” Indeed, when queried, many non-Chinese practitioners expressly denied that what they were doing was “Traditional Chinese Medicine.” Many American-trained practitioners spoke of TCM as a very distinct style of practice that relied on a mechanistic system of differential diagnosis and used acupuncture needles with deep insertions and harsh manipulations. Several practitioners were more attracted to a “Japanese style” of acupuncture (KMS—Kiiko Matsumoto Style) involving extremely thin needles with very shallow insertions or no insertion at all. Several practitioners called this a more “elegant” and “gentle” way to practice and appreciated how the points were found through manual palpation of the patient’s body, not through mechanistic application of patterns and meridians. Others proclaimed that they were practicing *Classical* Chinese medicine, a medicine more attuned to emotions, less mechanical, more spiritual and intuitive—thus echoing trends from California to China identified by Pritzker, Zhan and others.¹⁸ Many others mentioned specific styles almost as “brands” they acquired after attending continuing education seminars or webinars: these included Dr. Zhu’s Scalp Acupuncture, Master Tung Acupuncture, and Dr. Tan’s Balance Method. Some practitioners also employed methods far outside of the realm of Chinese medicine that are specifically branded as trademarks, including Life Fertility Biotherapy, ATP Resonance Biotherapy, and Ozone Reboot Therapy.

As soon as I started studying manifestations of Chinese medicine in Nashville, I quickly realized that the term

“Chinese medicine” was a misnomer. Indeed, as noted by Wang Tianfang (王天芳), Yemeng Chen (陈业孟), and others, acupuncture in the United States has undergone a remarkably diverse development.¹⁹ This diversity could also be reflective of the essential diversity of practice that has typified Chinese medicine for millennia.^{20–22} In the end, I found that it was difficult to find something that held all these practices together other than the use of needles: an issue that leads to complications.

Indeed, many of my interviewees see themselves as competing within a healing marketplace that is saturated with needles, and they were struggling to establish boundaries between themselves and the many purveyors of needle-based therapies. Specifically, practitioners frequently spoke of competition from acu-detox specialists (ADS) and those who practice dry needling (DN).

“Acu-detox” is a non-diagnostic auricular acupuncture protocol consisting of five standard points in the ear, done to treat PTSD, stress, and addiction.²³ Originally developed by a French physician, refined in China,²⁴ and standardized for addiction treatment by public health physicians and Black and Puerto Rican activists in the United States,²⁵ ear acupuncture requires relatively little training and is given in communal settings for very little money or for free. It is also widely practiced in Nashville as a treatment for addiction, since Tennessee is one of the states hardest hit by America’s current opioid crisis—the state ranks fourth in the nation in drug overdose deaths per capita²⁶ and third in the nation for prescription drug abuse.²⁷

Licensed acupuncturists typically voiced admiration for ADS’s work among the city’s poor but reserved stronger criticism for the emerging popularity of “dry needling” in the city. The term dry needling comes from the fact that unlike the typical needle encountered in biomedicine—the “wet” hypodermic needles—the needles used in dry needling are not attached to a vial containing liquid to be injected. These needles are inserted in specific trigger points, based on the location of pain, and moved in and out quickly. Explanations for the effect of dry needling are explicitly based in terms related to biomedical anatomy such as myofascial tissue.²⁸ While decades of scientific research have clearly linked Chinese medicine’s acupuncture to biomedical structures and mechanisms, education in acupuncture is typically based on learning diagnostic techniques and treatment protocols based in traditional theories such as *qi* and meridians. As a result, those who practice dry needling sometimes (erroneously) try to distinguish their technique as uniquely “evidence based” in contrast with what they castigate as more exotic “energy”-based “Eastern” medicine.²⁹

Nashville acupuncturists’ frustration with dry needling has economic, sociological, and epistemological components. Their complaints echo frustrations that have been voiced by acupuncturists in America at a

national level.³⁰ My informants complained that health-care technicians such as physical therapists, sports trainers, and occupational therapists could become certified to perform dry needling after as little as 27 hours of training (“just a \$1500 weekend course”) while as licensed acupuncturists, they had spent several years and upwards of \$70,000 to train for their profession. They lamented that American consumers often did not understand the difference between the acupuncture that is based on extensive training in the theories of “Oriental Medicine” and the simple dry needling that is deployed by lower-level biomedical health-care personnel. Some spoke of the competition with dry needling in terms of market share. As one practitioner put it, Nashville’s professional football team, the Tennessee Titans, in the past had employed local licensed acupuncturists to treat their players, but new management came in and got rid of acupuncturists and brought in dry needling done by lesser-paid physical therapists. The lack of access to professional athletes took away the extreme “top of the market.” At the other end, “the acudetox people,” with their free clinics, “took the bottom” of the market, leaving acupuncturists to compete for middle-class patients who are often hesitant to pay out-of-pocket for the multiple treatments needed to see results. This fear of losing market share voiced the inability of acupuncturists to distinguish themselves as the more qualified wielders of the needle—qualifications that are based on long clinical hours demanded by their training, but also on their grasp of theories of meridian channels, pulse and tongue examinations, yin-yang thinking, pattern diagnosis, and a fundamental understanding of *qi*.

5 The possibility of a Nashville *qi*?

One might think that practitioners would emphasize their understanding of traditional Chinese concepts such as *qi* to help patients distinguish acupuncturists from other “needlers.” However, the majority of the practitioners I’ve interviewed to date do not see it this way. Whether trained in China or United States, most say they explicitly *do not* explain ideas such as yin, yang, *qi*, or meridians to their Nashville patients. Indeed, I was shocked by how readily they dismissed the idea of doing so. Several American-trained practitioners said that any talk about traditional East Asian theories is “best avoided” because it is “not a satisfying discussion.” They insisted that talk about *qi* and other Chinese medicine terminology “makes things difficult.” Talking about *qi* would be “a bridge too far” for most Nashvillians. It was either “not accessible” or “too mysterious.” Several had a very clear stand that the conceptual underpinnings of Chinese medicine were in fact *not* what draws patients to them. As one practitioner put it, “what I’m selling is not the medicine: what I’m selling is me.” Some practitioners even stated that mention of any Chinese cultural

underpinnings would be a detriment to their ability to market themselves. It is important to note that there *are* a few practitioners in Nashville who explicitly educate their patients about things like *qi* and do so with great enthusiasm.³¹ But for the most part, practitioners rely on efficacy and not knowledge to distinguish their craft: as put by one informant, they prefer to “let the needles do the talking.”

But even as they described their patients’ limited potential for understanding traditional Chinese medicine’s concepts, many US-trained practitioners themselves often voiced a skepticism or a bewilderment about how acupuncture actually operated. All had been exposed to biomedical explanations for the mechanics of acupuncture. At the same time, they had all been trained to work within a world defined by yin-yang, *qi*, Five Phases, and other fundamental concepts of Chinese medicine. Yet when pressed to discuss the functioning of their medicine, they often resort to quotes such as “I really don’t know how it works,” “it’s magic” or “it’s a mystery.” These statements are clearly designed to express humility and a sense of wonderment about what acupuncture can achieve. Several practitioners see “mystery” as a plus—they hold that one of Chinese medicine’s best qualities is that it is comfortable with ambiguity and uncertainty. At the same time, for many, this talk of “magic” or “mystery” belied a sense of ambivalence and disconnection. When things worked out with treatment, they were grateful to the medicine and their training, but they would still be confused or frustrated when the same treatments would not work for others (as one practitioner put it in a very American baseball idiom, with each patient he “swings for the fences, but doesn’t always hit a home run”). The workings were a mystery, but when pressed, few attributed the mysterious functioning of Chinese medicine to *qi*. Remarkably, there was even one practitioner who stated that concepts like *qi* would have to be eliminated if their profession had any chance of surviving in the United States. This opinion was an outlier, but even those who had come to Chinese medicine because of an attraction to “Oriental” cultural underpinnings had a pessimistic view about the continued survival of the profession—a sense that it would get swallowed up by biomedical practitioners and dry needlers, and the career they had worked so hard to achieve would become irrelevant, obsolete.

6 Discussion and conclusion

What could explain this reluctance to talk about Chinese medicine’s most fundamental concepts? Why is there seemingly little discussion of China, “real or imagined or anticipated” in Nashville’s acupuncture? Where is “Nashville *qi*?”

Perhaps it has something to do with Nashville’s position as the buckle of the Bible belt. Certain Protestant denominations explicitly counsel believers to avoid medical treatments that are based on forms of “energy” that are

not recognized by science and thus might compete with ideas of a spiritual God.³² This problem was experienced by older acupuncturists in Nashville, who clearly remember receiving pushback from some local church-goers when they first started seeing patients. They sometimes received notes slipped under the door accusing them of practicing Voodoo or had patients who said their pastor warned them that acupuncture was the “devil’s work.” But even those patients who were worried about the devil’s work would come back if the treatments made them feel better. Such stories remind us that for all its religious conservatism, the American South has had a long history of generating and accepting “unorthodox” medicines, from Thompsonianism to chiropractic.^{33,34} Nevertheless, we can’t rule out the role of religion as part of what makes it difficult for concepts from Chinese medicine to gain traction in Nashville’s everyday experience. Today, many Americans readily accept the role of inexplicable mysteries in their lives: indeed, much of American “therapeutic culture” revels in the idea that there are workings in the universe far beyond what can be explained by science. But such mysteries frequently belong under the purview of God, Jesus, or the Holy Spirit (if we use the language of the church), or a “Higher Power” (if we use the language of 12-step recovery). Given these monopolies, there is little room to encompass the mysteries of healing under the language of *qi*.

Perhaps we should not think of Chinese medicine in the United States as a project of knowledge-creation at all. In his 2019 study of Chinese medicine in the DC suburbs, Kumar found a similar disinclination to talk about Chinese medical theories among practitioners and patients. Instead of lamenting this as a “lack,” he shifted his focus from “knowledge-production” to “not-knowing” as an object of analysis. This not-knowing was “not a form of ignorance, but a way of emphasizing those aspects of acupuncture therapy that are *not beholden to knowledge*.”³⁵ Instead of *theories* about *qi* and yin and yang, practitioners and patients spoke about the importance of therapeutic *relationships*: medicine as an embodied but ineffable knowledge that is created through the intimate encounter between the sufferer and the practitioner. Kumar also suggests that the prevalence of “not-knowing” in acupuncture is a way of grasping the “nonspecific,” or not-yet-explained aspects of Chinese medicine’s efficacy—something that also exists in biomedicine but is seldom acknowledged.

Perhaps the lack of a Nashville *qi* reflects the border-making struggles that lie at the very heart of the condition of Chinese medicine in the modern world. As the historian of medicine Sean Hsiang-lin Lei has put it, Chinese medicine since the early twentieth century has existed as “neither donkey nor horse”—a mongrelized entity at once “scientized” and yet resisting total “scientification.”³⁵ Lei argues that this mongrel form is perfectly reflective of the contemporary condition, which in the words of Latour has “never been modern.” But this

mongrel exists in a biomedically dominated world that is constantly attempting to erect borders, constantly striving to distinguish itself from “the other” through evidence. If we think back to the “dry needling” *vs.* “acupuncture” debate, we find that dry needling is sometimes perceived by some as being based on evidence while Chinese medicine is characterized as being based on “energy”—the most common English-language translation for *qi*. In spite of the large amount of scientific research pointing to possible biomechanical explanations for acupuncture’s effects, “energy” is indeed the most commonly encountered word used to describe the mechanism of Chinese medicine in the United States, whether in popular media, government documents, or in the clinics of Nashville, Tennessee. In the minds of many, this energy is subjectively *felt* but not objectively *proven*, and is therefore less-than-real: as the NIH’s Center for Complementary and Integrative Health once defined it, acupuncture is a form of “energy medicine,” but that energy is “putative,” or “not veritable”: in other words, not real (Note 1).

The seemingly innocuous use of the term “putative energy” represents the fierce boundary-making struggles between biomedicine and what are termed complementary and alternative medicines (CAM). As discussed by Colleen Derkatch’s 2016 study *Bounding Biomedicine*, scientific research into CAM in the West is a profound boundary-negotiating discursive activity, with lines drawn again and again through an idealization of evidence, research, and efficacy.³⁶ Biomedicine has attempted to maintain its position of privilege and prestige throughout this process, claiming the power to “position CAM variously within and beyond biomedical boundaries.” This activity is not only discursive, but political as well, powerfully manifested in economics, education, and legislation that shape the terrain of practice. It is clear from my research that this boundary-making struggle puts many individual practitioners in Nashville—people who were simply trying to follow their inner voice and alleviate some suffering in the word—in a difficult position. They recognize the power of their medicine but are groping for ways to claim authority in the face of forces beyond their control. Under such circumstances, for most practitioners, talk about things like *qi* has limited utility. Because of ongoing complexities at the intersection of religion, science, and the experience of healing, in this particular “American heartland,” it is difficult to employ “real or imagined or anticipated imaginaries” of China in the practice of Chinese medicine.

Notes

1. These definitions are from an older iteration of what is now the NIH’s Center for Complementary and Integrative Health (NCCIH) but was then the National Center for Complementary and Alternative Medicine (NCCAM). “What is Complementary and Alternative Medicine?” <http://nccam.nih.gov/health/whatiscam> (first accessed April 29, 2014, link no longer functioning).

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Ethical approval

This study does not contain any studies with human or animal subjects performed by the author.

Author contributions

Ruth Rogaski drafted and reviewed the manuscript.

Conflicts of interest

The author declares no financial or other conflicts of interest.

References

- [1] Pritzker S. *Living Translation: Language and the Search for Resonance in U.S. Chinese Medicine*. New York: Berghahn Books; 2014.
- [2] Wu ES. *Traditional Chinese Medicine in the United States: In Search of Spiritual Meaning and Ultimate Health*. Idaho Falls: Lexington Books; 2013.
- [3] Kumar VA. *Poetics, Creativity, and the Embeddedness of American Acupuncture* [dissertation]. Baltimore Johns Hopkins University; 2019.
- [4] Barnes LL. *Alternative Pursuits: A History of Chinese Healing Practices In the Context of American Religions and Medicines with an Ethnographic Focus on the City of Boston* [dissertation]. Cambridge: Harvard University; 1995.
- [5] Zhan M. *Other-Worldly: Making Chinese Medicine through Transnational Frames*. Durham: Duke University Press Books; 2009. p. 5.
- [6] Nashville, Tennessee. In: Wikipedia. 2023. Available from: https://en.wikipedia.org/w/index.php?title=Nashville,_Tennessee&oldid=1164318813#Demographics. [Accessed on July 11 2023].
- [7] Internet Archive Wayback Machine. US Census data: Tennessee - Race and Hispanic Origin for Selected Large Cities and Other Places: Earliest Census to 1990. Published September 17, 2011. Available from: <https://web.archive.org/web/20110917171933/https://www.census.gov/population/www/documentation/twps0076/TNtab.pdf>. [Accessed on February 4 2023].
- [8] Mayor's Office of New Americans. Nashville.gov. Published March 18, 2021. Available from: <https://www.nashville.gov/departments/mayor/diversity-and-inclusion/new-americans>. [Accessed on February 4 2023].
- [9] Kosser M. *How Nashville Became Music City, U.S.A.: A History of Music Row*. Lanham: Rowman & Littlefield; 2022.
- [10] Haruch S, ed. *Greetings from New Nashville: How a Sleepy Southern Town Became "It" City*. Nashville: Vanderbilt University Press; 2020.
- [11] Hale S. Welcome to Bachelorette City. Nashville Scene. Published August 3, 2017. Available from: https://www.nashvillescene.com/news/coverstory/welcome-to-bachelorette-city/article_b9f75d92-a696-5833-800f-0fd96b74d493.html. [Accessed on February 5 2023].
- [12] Johansson DO, Bell PTL. *Sound, Society and the Geography of Popular Music*. Farnham: Ashgate Publishing, Ltd.; 2012.
- [13] Coleman S, Chattoo S. *Megachurches and Popular Culture: On Enclaving and Encroaching*. Leiden: Brill; 2020. p. 84–102.
- [14] Tennessee Department of Health Licensure Reports. Available from: <https://apps.health.tn.gov/licensurereports>. [Accessed on February 5 2023].
- [15] Fan AY, Stumpf SH, Faggert Alemi S, Matecki A. Distribution of licensed acupuncturists and educational institutions in the United States at the start of 2018. *Complement Ther Med* 2018;41:295–301.
- [16] Reddy KP, Drake DF, Kligler B. Acupuncture and Whole Health in the Veterans Administration. *Med Acupunct* 2018;30(5):225–7.
- [17] Barnes LL. Practitioner decisions to engage in Chinese medicine: cultural messages under the skin. *Med Anthropol* 2009;28(2):141–65.
- [18] Zhan M. Cosmic experiments: remaking materialism and Daoist Ethic “Outside of the Establishment.” *Med Anthropol* 2016;35(3):247–62.
- [19] Wang TF, Chen Y, eds. *Diversification of Acupuncture Practice in the U.S.* (针灸在美国的多元化发展). Beijing: China Medico-Pharmaceutical Sciences and Technology Publishing House; 2016.
- [20] Andrews B. *The Making of Modern Chinese Medicine, 1850–1960*. Vancouver: University of British Columbia Press; 2014.
- [21] Scheid V. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham: Duke University Press; 2002.
- [22] Farquhar J. *Knowing Practice: The Clinical Encounter of Chinese Medicine*. 2nd edition. London: Routledge; 2018.
- [23] NADA Protocol. National Acupuncture Detoxification Association. Available from: <https://acudetox.com/nada-protocol/>. [Accessed on February 10, 2023].
- [24] Hsu E. Innovations in acupoints: acupuncture analgesia, scalp and ear acupuncture in the People's Republic of China. *Soc Sci Med* 1996;42(3):421–30.
- [25] Meng E. Use of Acupuncture by 1970s Revolutionaries of Color: the South Bronx “Toolkit Care” Concept. *Am J Public Health* 2021;111(5):896–906.
- [26] United States CDC National Center for Health Statistics. Drug Overdose Mortality by State. Published March 1, 2022. Available from: https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm. [Accessed on February 10 2023].
- [27] Tennessee Bureau of Investigation. Current Drug Trends. Available from: <https://www.tn.gov/tbi/crime-issues/crime-issues/drugs.html>. [Accessed on February 10 2023].
- [28] Kalichman L, Vulfsons S. Dry needling in the management of musculoskeletal pain. *J Am Board Fam Med* 2010;23(5):640–6.
- [29] Rose Physical Therapy Group. Basics of Trigger Point Dry Needling. Published August 12, 2020. Available from: <https://rosept.com/blog/basics-trigger-point-dry-needling>. [Accessed on July 7 2023].
- [30] Fan AY, Xu J, Li YM. Evidence and expert opinions: dry needling versus acupuncture (I). *Chin J Integr Med* 2017;23(1):3–9.
- [31] Hulseley A. Notes from Your Acupuncturist. Available from: <https://www.notesfromyouracupuncturist.com/>. [Accessed on July 7 2023].
- [32] O'Mathúna D. *Alternative Medicine: The Christian Handbook*. London: Zondervan; 2001.
- [33] Whorton JC. *Nature Cures: The History of Alternative Medicine in America*. Oxford: Oxford University Press USA; 2004.
- [34] Wallis R, ed. *Marginal Medicine*. Mankato: Free Press; 1976.
- [35] Lei SHL. *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity*. Chicago: University of Chicago Press; 2014.
- [36] Derkatch C. *Bounding Biomedicine: Evidence and Rhetoric in the New Science of Alternative Medicine*. Chicago: University of Chicago Press; 2016.

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