

Western Space and Local Experience: Ethnomedical Theory and the Practice of Montessori Mind-Body Interaction Therapy

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Abstract

As an innovative development of traditional Montessori medicine, Montessori mind-body interaction therapy has been recognized by patients from different regions and ethnic groups because of its remarkable efficacy, and it has been continuously improving its clinical practice techniques and building its own medical theory system. However, at the same time, we should also look at the problems encountered in the process of clinical practice of Mongolian mind-body interactive therapy while it is developing vigorously, and its reflection and discussion on its own problems can, to a certain extent, provide some ideas and reference for how ethnic medicine can face the current opportunities and challenges, so as to further promote the development of ethnic medicine.

Keywords

Ethno Medicine; Mongolian Mind-Body Interaction Therapy; Medical Anthropology.

1. Introduction

Ethnomedicine is an important field of medical anthropology research. While medical anthropology originated in the West, ethnomedicine is the product of Western scholars' research on non-Western societies. In 1924, in *Medicine, Magic and Religion*, Rivers linked non-Western medicine with culture, arguing that non-Western medicine is part of the cultural customs of society and should be included in the culture as a whole and studied from the perspective of faith.[1] A very interesting phenomenon that has emerged in recent times along with the entry of medical anthropological theories into China is the use of Western theories by non-Western scholars to study non-Western societies. According to Professor Yang Nianqun, "Western Enlightenment thinkers never recognized the existence of several other manifestations of "space" before the modern Western "space" had its universal meaning, they only recognized the existence of "space" in the modern era. Western "space," those civilizations and historical forms, in whatever form they took, whether "empires" or other territorial categories, had only a "local" value. "[2] The use of medical anthropology theory by Chinese scholars to explore ethnomedicine can be said to be a manifestation of the gradual spread of the influence of "Western space" and "local experience" from culture and politics to theory and practice. Therefore, ethnomedicine as a "local experience" has to take up the mission of the nation-state to fight against the "Western space" under post-colonialism, and on this basis, it has to face the problem of the game between theory and practice.

2. Montessori Medicine under Ethnic Medicine: Challenges and Reflections

The current challenges faced by the medicine are: the lagging development of the discipline, the serious lack of talents, the drug research basically staying at the stage of dosage reform, and the serious destruction of the natural resources on which the ethnic medicine depends.[3] In this regard, Zhang Zhenpeng and Li Shuwen have proposed measures to strengthen the development of Mongolian medicine, deepen the development of traditional resources,

increase the training of Mongolian medicine talents, accelerate the scientific management of Mongolian medicine, and explore the path of industrialization of Mongolian medicine through the combing of the history of Mongolian medicine science and technology.[4] Bao Hongmei and Liu Bing, by sorting out the debate between modern medicine (Western medicine) and ethnic medicine (Mongolian medicine) on drug "poison", suggest that it is also meaningful to try to study traditional medicine with the paradigm of Western medicine, but if we directly equate the modernization of traditional medicine with Western medicine as a whole, thinking that this is the necessary path for the development of traditional medicine, it may be a big mistake. path, it may be very problematic.[5]

The combing of the above studies we can find that ethnic medicine and Mongolian medicine based on spatial and local contexts should be a whole, but it seems to have broken in the process of articulation between theory and practice, and as the landed Mongolian medicine encounters problems in practice, it is more solved from the technical, clinical, and medical history perspectives, and although it also involves the criticism of the Western medical paradigm under the pluralistic position, it lacks in-depth and detailed. Although there are also critiques of the Western medical paradigm from a pluralistic standpoint, there is a lack of in-depth and detailed case studies, and no empirical exploration of the survival and development of Montessori medicine. Therefore, this paper attempts to show, through specific case studies, how ethnic medicine has explored to solve its difficulties in the process of development under the game of western space and local experience.

3. Clinical Field and Research Overview of Mind-Body Interaction Therapy in Montessori Medicine

3.1. Clinical Field of Mind-Body Interaction Therapy in Mongolian Medicine

From July to August 2021, the author conducted a field survey for more than one month in the Department of Psychosomatic Medicine of Inner Mongolia International Mongolian Hospital, which is currently the largest international tertiary level A general hospital for Mongolian medicine, and the Department of Psychosomatic Medicine of Mongolian Medicine is a clinical department based on the clinical practice of Mongolian psychosomatic interactive therapy founded by Nagon Bilig and his team, with 220 inpatient beds. There are 220 inpatient beds. The daily work of the department is mainly composed of two aspects: first, outpatient treatment. The second is to treat patients according to the diagnosis, combined with Mongolian medicine, mind-body interaction therapy and psychological hypnosis, and the core of the treatment is mind-body interaction therapy. At the beginning, I wanted to learn more about the development and status of ethnomedicine through this fieldwork, but the distinctive treatment mode of Mongolian mind-body interaction therapy caught my attention, and I recorded the group treatment of mind-body interaction therapy through my personal participation.

3.1.1. On-site Group Therapy - July 21, Morning

The patients were divided into two groups, one group was reporting patients and the rest were listening patients. During the treatment process, the reporting patients went up to the stage one after another to report, and the listening patients sat down on the stage.

8.30-9.00, theoretical study: Nagon Bilig introduces the treatment principles, medical theories and treatment modalities of Montessori mind-body therapy by means of classroom lectures, interspersed with health knowledge and health education.

From 9.00 to 11.30, reporting patients will come on stage individually and share their main medical condition, routine treatment process, time of receiving mind-body interactive therapy, conditioning response and treatment according to their personal social experience before and

after the disease, combined with the requirements of the "Patient Reporting Form of Psychosomatic Medicine Department".

3.1.2. Video Group Therapy - July 30, Afternoon

The video material of the recorded class comes from the debriefing material recorded in the live class, and the participants who watch the recorded class gather in a larger lecture hall to watch the recorded video together, and the process of watching the video is the process of therapy.

3.1.2.1 Meridian Health Exercises

3.1.2.2 Live Patients Watch Recorded Case Sharing Sessions

Among the shared cases, in addition to patients of various ethnic groups from various banners and counties in Inner Mongolia and Mongolian patients from pastoral areas, there were also patients who came from outside the country. Patients who were not from outside Inner Mongolia, non-Mongolians, and senior intellectuals became the focus of material selection.

3.1.2.3 Interspersed during the Case Study

3.1.2.3.1 Five-minute Meditation

Patients bring in roles and emotions by listening to the stories of others to achieve a state of empathy, and Nagonbirge told patients, "Imagine someone older than you as your parents and elders, someone younger as your children and juniors, and someone the same age as your siblings."

3.1.2.3.2 Education on National Unity - "3,000 Orphans Enter Inner Mongolia, Work Together to Build Baogang"

As a clinical practice, Mongolian mind-body interaction therapy has incorporated many modern treatment methods, and these treatment methods seem to be difficult to relate to traditional Mongolian medicine, so is Mongolian mind-body interaction therapy Mongolian medicine and can it be understood by the concept of ethnic medicine? As his successor, Nagaonbirig further proposed, on the basis of his ideas, the overall unity of the human body, the overall unity of the body and mind, the overall unity of man and society, the overall unity of man and nature, and the overall unity of man and the universe (time and space). "From this understanding, we further reason and think about the medical model, and believe that the medical model of Mongolian medicine should be related to the new view that "biology-psychology-society-nature-time-space (universe)" is composed of five dimensions.[6] It is also the theoretical basis of the interaction between mind and body in Mongolian medicine. According to Nargunbirig, Montessori mind-body interaction therapy is a set of comprehensive psychological counseling treatment methods developed based on the holistic view of the "unity of heaven and man" in Montessori medicine, the unified theory of mind-body in Montessori medicine, and modern medical psychology theories and methods.[7] Sarenqig, Ulantuya, Ungiligun[8] The treatment of "He-yi syndrome" is based on Mongolian mind-body interaction therapy together with Mongolian moxibustion, which has achieved positive results. The name of "Hegy disease" is a kind of perception and naming of psychological diseases under the theory of "three roots and seven elements" in Mongolian medicine, similar to "depression" in western psychological diseases. There is no name for depression in the ancient literature of Mongolian medicine, but according to its clinical symptoms and pathogenesis, this disease belongs to the category of "heyi disease" in Mongolian medicine.[9] Therefore, we can conclude that Montessori mind-body interaction therapy is a clinical practice under the guidance of the theory of Montessori medicine, and its theoretical basis is derived from the inheritance of the theory of traditional Montessori medicine, its clinical practice is carried out under the guidance of the theory of Montessori medicine, and its curative effect can be interpreted under the theory of Montessori medicine. Ethnic medicine.

From the doctrinal logic we conclude that Mongolian mind-body interaction therapy is ethnomedicine, then how should we understand Mongolian mind-body interaction therapy as ethnomedicine from the conceptual logic, i.e., why do we conclude that Mongolian mind-body interaction therapy is not like ethnomedicine when we use the concept of ethnomedicine to understand Mongolian mind-body interaction therapy at the beginning of the paper? Some of the patients' perceptions when they first encountered mind-body interaction therapy collected by the author during the fieldwork process may give us some insights.

Patient A: "My family introduced me to Mr. Na's class, and I went there half-heartedly, but I had some doubts in my mind: Can the class cure my disease?"

Patient B: "A friend introduced mind-body interactive therapy is to watch videos and listen to lectures, I was listening and did not believe, and did not take it seriously."

Patient C: "I learned about mind-body interaction therapy through my aunt, and she said that listening to the class can regulate mood and cure illnesses, so I was curious about what kind of therapy it was."

This is the most direct impression left by Montessori mind-body interactive therapy, listening to lectures for healing, video lectures, novelty, and patients' perceptions basically stay in the surface form of Montessori mind-body interactive therapy clinical practice, which is of course the most direct aspect of Montessori mind-body interactive therapy presented to the public. This problem Nagaon Bilig and his team also noticed that the therapy is positioned as psychotherapy, but usually needs to be combined with auxiliary means such as Mongolian medicine, health tea, etc., and in the external publicity is carried out in the form of health and wellness lectures, etc., which inevitably gives people a confusing feeling.[7] The author believes that this is related to the fact that traditional Mongolian medicine is influenced by clinical but not basic, technical but not theoretical, the integration of medicine, medicine dependent on medicine, and the importance of "prognosis".[10] The author believes that this is related to the deep influence of the pragmatic ideology of traditional Montessori medicine.

3.2. Overview of Research on Mind-Body Interaction Therapy in Mongolian Medicine

Patient debriefing is one of the most important aspects of Mongolian Mind-Body Interaction Therapy. In addition to the basic debriefing contents, the patient must prepare a biomedical diagnosis before and after receiving Mongolian Mind-Body Interaction Therapy to explain the efficacy of the treatment. The attending physician of the Department of Psychosomatic Medicine of Montessori Medicine Baoyin In the interview, he said that the development of ethnomedicine at this stage is bottlenecked by the limitations of Western medical standards. The author searched 31 papers on the Internet using the keyword "Mongolian psychosomatic medicine", among which, similarly, 30 patients were evaluated with the Self-Assessment Scale for Anxiety and Depression (SAS, SDS) and 30 patients were evaluated with the Hamilton Depression Scale (SDS).[11] using the Hamilton depression scale (HAMD) in 35 patients with acute cerebral infarction.[12] A total of 18 comparative clinical efficacy studies were conducted to illustrate the efficacy of the patients before and after receiving the intervention of Mongolian mind-body interaction therapy. In contrast, there were only five papers that analyzed the interpretation of Mongolian culture and traditional Mongolian medicine theories in Mongolian mind-body interaction therapy. Uyun Sriguleng's "A trial of mind-body medicine and the holistic concept of Mongolian medicine" (2014), Tao. Suhe, Jimus, and Sqintana's "Grassland Culture and Mongolian Mind-Body Medicine" (2014), Nargunbilig, Shazhinai, and Sajura et al.'s "Shamanic Psychotherapy and Mongolian Mind-Body Medicine" (2015), Han Jingjing's "An Experimental Discussion on Mind-Body Medicine and the Holistic Concept of Mongolian Medicine" (2019), and Li Tonggui, Nargunbilig, and Shazhinai et al.'s "Mongolian Mind-Body Interactive Therapy: A Method of Psychotherapy Developed in Chinese Ethnic Medicine"

(2020). up psychotherapeutic approach" (2020). And the reflection of this phenomenon in the domestic ethnomedicine theory is the split between modern and traditional in theory and practice. On the one hand, theoretically, it is emphasized that ethnomedicine should be modernized, and Bilif and Agulla believe that for the development of Mongolian medicine, the theoretical system of Mongolian medicine can be reconstructed only by introducing modern analytical means and integrating the essence of humanistic science of the times. On the other hand, in terms of practice, first equates ethnic medicine with traditional medicine, and believes that ethnic medicine refers to the traditional medicine of Chinese ethnic minorities, further denying the innovation of clinical practice of ethnic medicine from the definition, and putting the clinical practice of ethnic medicine in the opposite of modern medical technology. The innovative development of ethnomedicine has become a process of borrowing Western medical theories and standards to explain its clinical practice and efficacy, and the importance of ethnic cultural factors and traditional medical theories of ethnomedicine has been diluted in this process, and "innovation" has made the image of ethnomedicine more and more blurred.

4. Ethnic Medicine: Theory in Western Space and Practice in Local Experience

Influenced by cultural relativism, the World Health Organization talks less about ethnic medicine and more about traditional medicine.[3] The introduction of the concept of "modern and traditional" has not only failed to bridge the gap between "Western and non-Western", but also intensified the rift between "Western and non-Western", and the confrontation between Western and non-Western medicine has become the confrontation between Western and non-Western medicine. The confrontation between Western and non-Western medicine has become the confrontation between Western and non-Western traditional ethnic medicine. In this process, the clinical practice of ethnomedicine, which originates from ethnic regions and is rooted in ethnic culture, has been "decontextualized" from local experience in order to promote its development and get rid of the restrictions of regional and ethnicity, and has constantly borrowed Western theories and Western standards to interpret its medical effects, and the ethnic culture as a symbol of national medicine is gradually diluted. When it is "re-embedded" as "innovative development of ethnic medicine", the image of ethnic medicine wrapped by western theories and western medical standards and the public's perception of ethnic medicine under the control of western modern medicine are misaligned. This creates the illusion that innovative development of ethnomedicine is not ethnomedicine.

As an important part of the theoretical paradigm of medical anthropology, ethnomedicine should be re-examined in terms of its "modern vs. traditional" and "Western vs. non-Western" judgment criteria based on colonialism. If the innovative development of the clinical practice of ethnomedicine is based on the culture and traditional medical theory of the nation and its medical practice space is consistent with the social activity space of the people of the nation, then we cannot deny the ethnocultural nature of its medical theory only by the modern technology of its clinical operation. It is the medical principles and medical cultural beliefs behind the explanation of diseases that distinguish whether it is ethnic medicine or not. Therefore, if we look at the level of productivity represented by medical technology alone, ethnomedicine cannot be equated with traditional medicine, but should include both traditional ethnomedicine and innovative development of ethnomedicine (modern ethnomedicine).

Currently, there is a certain lag and ambiguity in the public's perception of ethnomedicine, and the intervention of state power is necessary for ethnomedicine as a carrier of colonialism criticism and the return of indigenous culture. In 2016, the Notice of the People's Government of Inner Mongolia Autonomous Region on the Issuance of the Outline of the Strategic Plan for

the Development of Mongolian Medicine and Chinese Medicine (2016-2030), which proposes to give full play to the Mongolian medicine and Chinese medicine characteristic advantages and accelerate the development of the region's Mongolian medicine and Chinese medicine health services, etc. In March 2021, the Inner Mongolia People's Government issued the "Implementation Opinions on Promoting the Inheritance and Innovative Development of Chinese Medicine (Montessori Medicine)", emphasizing the need to promote the complementary and coordinated development of Chinese medicine (Montessori medicine) and Western medicine. Foucault's theory of the right to knowledge argues: "Do not analyze the rules and legitimate forms of power at their center, at what may be their ordinary mechanism or overall effectiveness. Rather, it is important to seize power at its limits, at its last line, where it becomes capillary." If the conceptual construction of ethnomedicine continues under the "biological power" of modern Western medicine, the ethnic differentiation of our country will gradually deepen, the identity of the national unity will gradually decrease, and the resulting centrifugal force will get out of control when it reaches the edge. Therefore, the root of ethnomedicine still lies in the inheritance of national culture under the national cultural identity, and we must not put the cart before the horse and waste food because of choking. At the same time, it is necessary for the state to unite all ethnic minorities under the pattern of Chinese national pluralism, encourage and support the development of ethnomedicine through the introduction of policies and the provision of funds, so as to achieve the deconstruction of people's cognition under the control of modern Western medicine and to complete the reconstruction of their own cultural identity and centripetal force.

5. Conclusion

Finally, let us return to the clinical practice of Mongolian mind-body interaction therapy, which has been recognized by patients from different regions and ethnic groups for its remarkable efficacy, and has been building its own medical theory system while continuously refining its clinical practice techniques. However, we should also see that, as an innovative development of traditional Montessori medicine, the shortcomings of the lack of ethnic culture in the process of interpretation of its therapeutic effects need to be filled, and the research of medical anthropology on Montessori medicine can provide some ideas for the development of Montessori mind-body interaction therapy. For example, shamanic psychotherapy's perception of the relationship between social environment and mental illness. The unique naming and interpretation of the female psychological disease "Andai disease" by Andai therapy. Monk's Mamba Zakura. The importance of humanistic care and public welfare value education for healers.

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