

COVER PAGE

XJTLU IHHC 2025

International Health Humanities Conference (IHHC)

23-24 May 2025

Book of Abstracts

IHHC 2025 is hosted by the Health Humanities Research Group – an interdisciplinary group that is part of the University’s Research Centre for Culture, Communication, and Society (CCCS).

1) Plenaries

Keynote Speech

Professor Paul Crawford, Nottingham University

Health Humanities as a Shadow Health Service

Abstract

Professor Paul Crawford will outline how the arts and humanities can promote a shadow health service. This will include an account of the origins and praxis of the now global, transformative field of health humanities which he founded in 2006. Drawing on his championing of creative public health, he will provide insight into the way that social and cultural assets can be harnessed to advance the health of nations. This account will be illustrated through an array of clinically relevant and award-winning research supported by substantial funding from United Kingdom Research and Innovation. This array will cover topics such as: creative arts for health; health language, narrative and storytelling; social media, film and health (not least his groundbreaking animation work with Aardman, *What's Up With Everyone*); literature and mental health; and history and health. The latter will include his acclaimed historical research on the pioneer of public health, Florence Nightingale, and his history of the folk syndrome 'cabin fever' in the context of the pandemic.

Keynote Speech

Professor Liping Guo (郭莉萍教授), Peking University

Medical Humanities and Its Ramifications in China: The Expectations of “Ren” (仁)

Abstract

This talk will explore the multifaceted dimensions of the medical humanities in Mainland China, introducing its history, content and features, and comparing it with health humanities, medical humanities, critical medical humanities, and narrative medicine in the West. “Health humanities” is a neglected term in Mainland China where it takes on very different meanings. “Medical humanities” is an all-encompassing term with different ramifications in Chinese academia, but the medical community expects it to play the sole role of training humane doctors. This divergence leads to the criticism by the medical community that the medical humanities has not linked theories with practice close enough. New terms such as “humanistic medicine” and “clinical medical humanities” have been proposed to solve the problem. However, in actuality, the instrumentality of the medical humanities is served by narrative medicine. The expectations of the medical humanities to train humane doctors have its social reasons. I trace this to the root in Chinese medicine’s expectations of “ren” or “benevolence” in the medical practitioners.

Keywords: medical humanities, health humanities, narrative medicine, critical medical humanities, “ren” (benevolence)

Professor Yu Xinzong (余新忠教授), Nankai University

医史与医学人文刍议

摘要

本文围绕“医史与医学人文”的核心关联，从概念界定、范式演变、互动关系及人文意义等维度展开探讨，旨在揭示医学与医学人文的关系，并探究历史学对于医学人文的意义。

首先，医学人文具有三重内涵：观念层面的人文精神（如敬畏生命、反思医学限度）、实践层面的人文关怀（如医患伦理与沟通），以及作为桥梁的医学人文学科（如医史、医学伦理）。医学史作为重要分支，其研究范式经历了从传统“工具性”角色（如培养医师、建构专业合法性）到现代“批判性”视角的转变，后现代思潮推动其超越简单社会史框架，聚焦疾病、权力、文化等复杂关联，成为解析医学本质的跨学科载体。

通过梳理医学人文学科发展的三次浪潮（博雅教育兴起、生命伦理学主导、全球化多元发展），可见医史与医学人文始终共生互动：早期医史是培养人文素养的核心课程，后虽受伦理学科冲击，却为其提供历史语境；当代叙事医学、健康人文的兴起，更依赖医史揭示医学的社会文化属性（如福柯对医疗权力结构的剖析）。

医史的人文意义在于通过历史情境还原，彰显医学的多元性：既揭示中医知识体系的社会建构过程，反思中西医论争的现代性困境，也通过医疗社会史研究（如殖民医疗、性别种族差异），批判权力结构对医疗实践的影响，重申“以病人为中心”的初心。最终，医史不仅是学科史，更是对医学本质的人文叩问——唯有在历史回望中坚守对生命的敬畏与关怀，才能规避技术异化，回归医学的人文本质。

Reflections on the History of Medicine and Medical Humanities

Abstract

This article explores the core relationship between "the history of medicine and medical humanities" from dimensions such as concept definition, paradigm evolution, interactive relationships, and humanistic significance. It aims to reveal the relationship between medicine and medical humanities and explore the significance of history for medical humanities.

Firstly, medical humanities have three connotations: humanistic spirit at the conceptual level (such as reverence for life and reflection on the limits of medicine), humanistic care at the practical level (such as doctor - patient ethics and communication), and medical humanities disciplines as a bridge (such as the history of medicine and medical ethics). As an important branch, the research paradigm of the history of medicine has evolved from a traditional

"instrumental" role (such as training physicians and constructing professional legitimacy) to a modern "critical" perspective. Post - modern thoughts have propelled it to go beyond the simple framework of social history, focusing on complex relationships among diseases, power, culture, etc., making it an interdisciplinary vehicle for analyzing the essence of medicine.

By combing through the three waves of the development of medical humanities disciplines (the rise of liberal arts education, the dominance of bioethics, and the globalized and diversified development), it can be seen that the history of medicine and medical humanities have always coexisted and interacted. In the early days, the history of medicine was a core course for cultivating humanistic qualities. Although it was later impacted by ethics disciplines, it provided a historical context for them. The rise of contemporary narrative medicine and health humanities relies more on the history of medicine to reveal the social and cultural attributes of medicine (such as Foucault's analysis of the medical power structure).

The humanistic significance of the history of medicine lies in demonstrating the diversity of medicine through the restoration of historical contexts. It not only reveals the social construction process of the traditional Chinese medicine knowledge system and reflects on the modern dilemmas of the debate between traditional Chinese and Western medicine but also, through the research of the social history of medicine (such as colonial medicine, gender and racial differences), criticizes the impact of power structures on medical practices and reaffirms the original intention of "patient - centeredness". Ultimately, the history of medicine is not only a disciplinary history but also a humanistic inquiry into the essence of medicine. Only by adhering to the reverence and care for life in historical retrospection can we avoid the alienation of technology and return to the humanistic essence of medicine.

1) Panels

Session 1 23rd May 12:30-2:30

Panel 1 Doctor-Patient Interactions

The encounter of two worlds: Divided narratives of decision-making on cancer treatment between physicians and patients

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Abstract

Introduction: Divided narratives pose long-standing difficulties in physician and patient communication. In decision-making on cancer treatment, divided narratives between physicians and patients hinder mutual understanding and agreement over the illness and its treatment. For effective decision-making on treatments, it is necessary to investigate the similarities and differences in these divided narratives.

Methods: This study adopted a qualitative research design of narrative inquiry to examine the data, which includes interviews with 32 cancer patients and 16 paired physicians in two hospitals in China. Data analysis was conducted using grounded theory to generate findings.

Results: Both physicians and patients were concerned about goals and obstacles to their decision-making on cancer treatment. Four common aspects of goal setting were identified from the divided narratives: treatment pools, treatment goals, identity practice, and preferred identity. Four common obstacles were identified: pain and trust, communication gap, financial issues, and complex family. However, the meanings attached to these eight aspects differed between physicians and patients.

Conclusion: Cancer treatment decision-making is an encounter of the scientific world and lifeworld. A divided narrative approach can identify the similarities and differences in the decision-making on cancer treatment between physicians and patients. Physicians generally adopt a rational decision-making approach, while patients generally adopt a relational decision-making approach. Despite the common concerns in their goals and obstacles, physicians and patients differed in their contextualized interpretations, which demonstrate the physician's and the patient's pursuit of preferred identities in decision-making. The results of this study provide a new perspective to treatment decision-making, emphasizing on reaching mutual agreement through narrative integration.

Session 1 23rd May 12:30-2:30

Panel 1 Doctor-Patient Interactions

**“The Logic of Communication”: Study on Doctor-Patient Interaction on Online
Medical Consultation Platform**

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Abstract

In light of the examination of current issues in the platformization of medical services in China and a reflection on the positivist tradition in health communication research, this study endeavors to explore the construction of doctor-patient relationships and the corresponding research approaches in the era of deep mediatization.

Grounded in the constructivist tradition of mediatization research within European media sociology and building upon the interactionist perspective in doctor-patient relationship studies, this research adopts the concept of “communicative figurations”—developed by Nick Couldry and Andreas Hepp based on Norbert Elias’s notion of “figuration”—as an analytical tool. It constructs an analytical framework consisting of “frames of relevance – constellations of actors – communicative practices” to investigate how interactional orders emerge in online medical consultation platforms. The study aims to answer a central research question: How do media infrastructures and contemporary doctor-patient communication practices mutually shape each other, and how does this process become a critical dimension in explaining the construction of doctor-patient relationships?

Using “Good Doctor Online”(好大夫在线), a leading Chinese online medical consultation platform, as a case study, this research conducts an eight-month participant observation on the platform, tracking publicly available consultation records and analyzing the interaction processes, communicative norms, and discourse patterns between doctors and patients. Additionally, semi-structured in-depth interviews were conducted with 12 patients and 8 doctors, all of whom have extensive experience with online medical consultations.

The study identifies four primary forms of communication in doctor-patient interactions on the platform: consultative communication, transactional communication, expressive communication, and implicit communication. However, several key interactional barriers emerge, including “misunderstanding,” “speechlessness,” “constraints,” and “conservatism,” reflecting deeper tensions within the context of healthcare platformization. These interaction barriers lead to mutual negotiations among the platform and its individual actors, resulting in

the formation of corresponding action strategies. The doctor-patient-platform triad engages in an ongoing co-construction of communicative order, continuously negotiating balance within both internal and external power relations. This dynamic process presents a complex reality with critical and constructive tension to the ideal model of “shared doctoring” proposed by Annemarie Mol based on the “logic of care”.

The findings suggest that media infrastructures have become an essential condition for shaping doctor-patient relationships today. More importantly, they serve as a crucial lens through which we can recalibrate our understanding of communicative relationships in healthcare—transcending the conventional technology/culture dichotomy and opening new theoretical and methodological avenues for future research.

Keywords: doctor-patient interaction, mediatization, online medical consultation platform, communicative figurations

Session 1 23rd May 12:30-2:30

Panel 1 Doctor-Patient Interactions

Initiating End-of-Life Talk: Analysis of Doctor-Patient Conversations at the Clinic of Pain Management

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Abstract

In recent years, the Chinese government is promoting hospice care so as to refine the current health care system for the elderly. To raise the public's awareness and understanding of hospice care is considered the first step to implement hospice care. The clinical setting in which patients visit physicians concerning their medical problems provides a good opportunity for doctors to introduce the concept of hospice care and to initiate talk on end-of-life issues.

This study aims to explore the way experienced doctors use to communicate end-of-life issues with patients and families in the clinic of Pain Management. Taking an ethnographic approach, the researchers observed and collected data on doctor patient communication in the pain clinic at a public hospital in Beijing, where its hospice care unit is credited to be one of the demonstration bases in China. 117 audio and video recordings of doctor-patient conversations were collected and transcribed.

Based on systematic analysis, this study discovered that doctors initiate end-of-life talk with patients through a "Three-step Perspective Display Device". The paper discusses in detail the implementation of the first step, inviting patients to display their perspectives, from two aspects: direct invitation and indirect invitation. Through the analysis, this paper has generated useful patterns and models for clinical practitioners to use so as to improve the quality and effect of communicating end-of-life issues and conducting life care and education in clinical settings in China.

Key words: hospice care, life care, doctor-patient communication, conversation analysis, China

Session 1 23rd May 12:30-2:30

Panel 1 Doctor-Patient Interactions

Doctor-patient relationship-in-flux: Emerging and Emergent identities in the medical consultation

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Abstract

The doctor-patient relationship has traditionally been viewed as asymmetrical, characterized by a paternalistic model where the doctor, as the authoritative expert, directs care while the patient assumes a passive role. This model remains influential but has evolved with societal shifts emphasizing patient autonomy, shared decision-making, and collaborative care. Another emerging model positions the doctor as a service-provider, with patients as empowered consumers asserting their expectations.

These theoretical models often assume static and mutually exclusive roles throughout a consultation. In contrast, identity theories from constructionist and ethnomethodological traditions suggest that social roles are dynamically negotiated in interaction. Identities—and their relational roles—are co-constructed through discourse and continuously shaped by interactional context.

This presentation examines the fluidity of doctor-patient relational roles in a "difficult" consultation in a Singapore urology clinic. Using a selected case study of video-recorded consultation, we analyze how the relational dynamic shifts moment by moment. Specifically, we highlight the transition from a paternalistic model to a consumerist model as the patient and caregiver resist the doctor's multiple recommendations.

Our findings reveal the complexities of medical consultations, showing how ideals of patient-centered care and shared decision-making require ongoing negotiation and dialogic effort. This study invites reflection on the distinctions between patient-centered and patient-centric care and explores how doctor-patient relationships reflect cultural contexts. By considering doctor-patient relationship as dynamic and interactionally negotiable, the study offers insights into fostering more adaptive and culturally responsive healthcare communication practices.

Session 1 23rd May 12:30-2:30

Panel 2 Medical Practice

行动者研究范式下以叙事医学赋能上下联动全科医疗服务的实践探索

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摘要

本研究采用行动者研究范式, 聚焦“叙事医学赋能上下联动全科医疗服务”的核心命题, 通过“计划-行动-观察-反思”的螺旋式循环, 开展为期7个月的协同变革实践。研究团队包含临床工作者、医学教育者及社区卫生合作伙伴, 强调实践者即研究者的主体性地位。第一行动循环包括现状诊断阶段(第1个月): 采用定量研究方法, 应用杰斐逊共情量表(JSE-HP)和叙事医学能力评估工具进行基线测量; 发现全科团队普遍存在“技术叙事”惯性, 住院医师群体在生物-心理-社会模式整合中存在结构性断裂。干预设计与实施(第2-5月): 构建“叙事赋能体系”, 从认知维度开展经典叙事医学文本共读(每月1次读书会); 从技能维度引入平行病历写作工作坊(写作技巧讲座+OH叙事小组); 从制度维度在规培住院医师出科考核中加入叙事书写分值。效果评估与反思(第6月): 定量数据显示叙事能力量表得分无统计学差异($p>0.05$), 但干预后反馈调整表提示受训者主观感觉共情能力提高。核心反思: 离散式培训难以突破临床惯习, 需重构医疗叙事生态系统。因此进行第二行动循环(第7月), 系统化改进策略, 建立“全流程叙事渗透机制”: 在全科门诊开展患者人文医学需求调查, 全科病区推行入院人文需求评估, 住院期间叙事护理日记, 将标准病例报告与平行病历叙事并列呈现, 要求住院医师同时完成疾病演化时间线与患者体验轨迹的对照。出院后患者叙事随访。联合1家社区卫生服务中心开展“叙事接力”项目, 实现医院-社区叙事信息无缝对接。第二阶段实施结果初步发现通过行动者研究范式, 叙事医学实践可与全科医疗体系深度兼容, 为分级诊疗背景下构建人文导向的整合式健康服务体系提供了可复制的实践路径。

Session 1 23rd May 12:30-2:30

Panel 2 Medical Practice

新形势下社会工作介入医患矛盾的实践与探索—以三亚市某三级医院为例

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摘要

新形势下医疗领域变革不断，医患关系出现新问题，面临新挑战。以三亚市某三级医院为研究对象，以参与式调查方式开展研究，发现医患之间存在沟通不畅、信任缺失以及信息不对称等基本问题，同时医患关系呈现出诸如患者就医选择多元化、医患关系复杂化的新特点与跨国医疗纠纷的新问题。这些问题的产生主要归因为医务人员缺乏沟通技巧、患者期望值过高以及医院国际化水平滞后等。

通过对三亚市某三级医院的医务社工介入医患矛盾的实践案例进行深入剖析与评估发现，医务社工通过心理支持、资源链接和沟通协调等服务模式为改善医患关系、提升患者就医满意度、减少医疗纠纷等方面取得了一定积极成效，但也暴露出医务社会工作者专业能力不足、医院重视程度不够以及社会认知度和认可度较低的问题。

在自贸港发展背景下，海南需多方协同努力加强医务社会工作专业化和职业化培养，提高医院对医务社会工作的支持力度、优化资源配置以及提升社会对社工的认知度和认可度等。

Session 1 23rd May 12:30-2:30

Panel 2 Medical Practice

控制自己身体的意义：M 医院帕金森病患者 DBS 治疗选择的人类学研究

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摘要

于帕金森病患者而言，最大的困扰就是无法控制自己的身体。DBS（脑深部电刺激术）是帕金森病患者在用药难以解决运动障碍的问题时会考虑和评估使用的治疗手段，一种采用立体定位技术在脑内特定的靶点植入刺激电极进行高频电刺激，从而调节相应核团兴奋性以达到治疗目的的神经外科微创手术方法。该治疗手段并非完全有效且价格昂贵，患者需要了解脑内植入刺激器的原理，并需要接受运用机器来调节自身运动的感受，医生和患者在选择 DBS 治疗方法的过程中需要进行许多沟通和术前评估，医生要依据患者病情和心理情况来评估 DBS 手段是否合适，而患者需要大量信息来决策自己是否选择 DBS。本研究结合叙事医学研究方法，从人类学的视角来探讨人如何理解对自己身体的控制和机器调控身体的赛博格属性。

关键字：DBS 治疗 帕金森病患者 身体控制

Session 1 23rd May 12:30-2:30

Panel 3 Space and Aesthetic

Beyond the “Law of Ripolin”: Recalling Le Corbusier’s Hygienist Aesthetics

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Abstract

In his “Natural History of Architecture”, Phillip Rahm traces the hygienist origins of white modern architecture from the whitewash recommended by the chemist Louis-Bernard Guiton de Morveau in the early 1800 to the invention of Ripolin at the end of the same century. Le Corbusier, in “The Decorative Art of Today” (1925) proclaimed the “Law of Ripolin” as a key feature of modernist architecture. Advocating for the use of white paint to cleanse domestic interiors of clutter and decay, Le Corbusier’s aesthetic was as much a visual language as it was a prescription for health. His fascination with hygiene, order, and modernity reflected the socio-medical concerns of his time, such as the fight against tuberculosis, urban overcrowding, and poor sanitation.

The “Law of Ripolin”, often interpreted as a superficial ode to minimalism, is re-examined here as a deeper metaphor for architectural and societal purification. Drawing connections between his writings, his designs, and the broader hygienist movement, the paper explores how Le Corbusier’s work integrated medical discourse into architectural practice. Projects like the Unité d’Habitation and the Villa Savoye are analyzed for their strategic use of light, ventilation, and spatial clarity to promote physical and mental well-being.

In the context of the International Health Humanities Conference, this paper argues that Le Corbusier’s hygienist aesthetics can provide valuable insights for contemporary health-oriented design practices. As public health crises such as the COVID-19 pandemic have reignited interest in the relationship between architecture and health, revisiting Le Corbusier’s legacy offers both inspiration and cautionary lessons. How can we critically engage with his vision of “hygienic modernism” without perpetuating its ideological blind spots?

This presentation contributes to the dialogue between architecture, aesthetics, and health humanities by situating Le Corbusier’s architectural philosophy within a broader narrative of

health, modernity, and design ethics. It invites reflection on how the ideals of hygiene and well-being might shape the built environment of the future.

Session 1 23rd May 12:30-2:30

Panel 3 Space and Aesthetic

In(visible) Grief across Various Spaces: Chinese Medical Staff's Strategies in Coping with Grief Following Patient Death

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Abstract

Background

Within the development of emotional geographies, an increasing number of scholars have started to explore the relations between human emotions and spaces. As Maddrell (2016) proposed, three overlapping spaces underpin the bereavement: material (e.g. cemeteries, home), embodied-psychological (e.g. sadness, relief), and virtual (e.g. online memorials, social media platforms). Previous research focused on the relations between grief and material spaces (e.g., home, long-term care facility and hospital setting). In contrast, how embodied-psychological space and virtual space interact with bereavement have been less studied. Moreover, no scholar till now has applied the lens of emotional geographies into Chinese medical staff's grief experiences.

Aims

This qualitative study explores the dynamics between medical staff's grief experiences and various spaces.

Methods

Participatory observation and in-depth interviews were conducted with 20 medical staff working in departments (i.e., digestive diseases center, oncology, critical care unit, hematology) in a tertiary hospital in South China from February to December 2023. The data were coded via thematic analysis for further implications.

Results

Three themes emerged: 1. "Patient Wards": Suppressing Grief; 2. "Private Home" & "Nature Space": Introspecting grief; 3. "Cyberspace": Interacting grief. Medical staff strived to inhibit grief expression in the wards and suffer their grief silently. Moving beyond the hospital setting, cyberspace or other physical spaces allowed them to share grief with intimate family members or trusted colleagues.

Conclusion

Medical staff resort to various spaces when expressing their (in)visible and enduring work-related grief. Hospital administrators should realise that grief expression is demanding and requires a more grief-literate workplace to enhance how medical staff can act as individuals and as professionals.

Session 1 23rd May 12:30-2:30

Panel 3 Space and Aesthetic

From Classroom to Community: Student-Led Design Solutions for Elderly Mobility

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Abstract

According to the WHO, by 2030, 1 in 6 people in the world will be aged 60 years or over, and we will spend the additional years in poor health. When aging, there are three main categories of problems: sensory, motor, and cognitive problems (Iancu & Iancu, 2020), and each of them affect the quality of our life. In this kind of context, the role of design as a transdisciplinary discipline is raising in fostering elderlies' independence and enhancing their quality of life. For example, within the academic research context, the Participative design approach (Gregory, 2003) can bring insights by bridging the academic knowledge and the knowledge of the real world (Bijl-Brouwer, 2022); the Human-Centered Design (HCD) approach can identify the real needs of the target audience; and the Speculative Design approach allows us to envision alternative future scenarios and, thus, prepare for them. In the educational context, working on the design briefs addressing the needs of elderlies allows students to empathize and be respectful to the different needs of this social group. In this paper, we will talk about how the consequent application of HCD and Speculative Design methodologies within the IND217 module transformed students' understanding of the topic related to the elderlies' mobility issues. As population ages, the need for environments that accommodate mobility challenges becomes increasingly important, and the UG students worked on the design for these issues. Older people are more likely to fall, to lose balance or to lose touching dexterity. Walkers, crutches, and knee-scooters are typical solutions to assist in walking, yet there is room for improvement regarding the usability and desirability of such products. Accessing transport and public services also represent important issues for the aging society (Ravensbergen, 2022), and more holistic solutions are needed to address the elderly mobility not only through specialized products but also through the environments. The course results brought us competitive solutions that were demonstrated at the Italian Design Icons and entered an international competition organized by the partner institution Heriot-Watt University in Scotland in Dubai, which demonstrates the power of design as a practice that delivers not only theoretical value but predominantly it addresses the needs of the real people in the real world.

Keywords:

Design for Elderly; Mobility; Speculative Design; Human-Centered Design; Design Education; Transdisciplinary Approach

Session 1 23rd May 12:30-2:30

Panel 3 Space and Aesthetic

Evolving Intimacies: Socio-Economic Changes and the Rise of AI and Digital Connections in China

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Abstract

Intimacy in contemporary China is experiencing profound transformations, significantly shaped by socio-economic reforms, urbanization, and evolving cultural values. This shift is characterized by an increasing emphasis on individualization in both sexual and interpersonal relationships. The intersection of economic restructuring and urban growth is cultivating an environment where personal aspirations for intimacy are progressively acknowledged and valued, reflecting a departure from traditional collectivist norms. The transformation of intimacy is not homogenous; it varies across demographic lines, including age, gender, and urban versus rural contexts. As these dynamics evolve, they are poised to reshape the landscape of intimate relationships within Chinese society. Recent advancements in artificial intelligence (AI) and Human Computer Interaction (HCI) have introduced tools designed to provide emotional support, enhance sexual health education, foster deeper emotional connections among users and generally to improve health and wellbeing. This phenomenon, termed "digital intimacy," encompasses the emotional bonds formed through various digital platforms and AI driven devices, facilitating interactions across romantic, platonic, and social dimensions. The integration of AI into personal relationships presents both opportunities and challenges. While AI can enhance emotional support and connection, it also raises concerns regarding the authenticity of human interactions. Thus, achieving a balance between leveraging the advantages of AI technologies and preserving genuine human connections is essential as society navigates this complex landscape. This paper aims to analyze the impact of a selection of AI tools on intimacy in China and to propose considerations for future developments in this field. By examining these shifts, we can better understand the implications for intimate relationships amidst the ongoing socio-cultural transformations in contemporary China.

Session 1 23rd May 12:30-2:30

Panel 3 Space and Aesthetic

What Blocked Visual Stimuli in Art brings to Emotional Expression

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Abstract

This study explores the impact of blocked visual stimuli on emotional expression during artistic creation. Using Interpretive Phenomenological Analysis (IPA), the research team examined how participants, deprived of visual input, relied on non-visual senses such as touch and sound to engage in creative processes. Conducted at the 2022 Sensory Arts Festival, the workshop involved blindfolded participants who navigated emotional responses and artistic expression through sensory exploration. The findings reveal that blocking visual stimuli heightens sensitivity to non-visual senses, leading to a richer emotional engagement. Participants reported enhanced emotional expression, frequently linked to memory recall and scenario enactment, highlighting the potential of non-visual sensory art practices in therapeutic and interdisciplinary applications. This study contributes to the understanding of how sensory experiences shape artistic expression and offers valuable insights for future research in art therapy and emotional resilience.

Session 1 23rd May 12:30-2:30

Panel 4 Therapy

以文釋疾：盧照鄰的病中創作與文學治療

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摘要

唐代詩人盧照鄰是中國古典文學史上的典型病人之一，其病中創作不僅是個體痛苦的抒發，更展現了文學在疾病經驗中的治療功能，及其與社會、道德的互動。本文探討盧照鄰如何透過文學進行自我療癒，並分析其疾病書寫所隱含的醫療互動與社會倫理議題。

盧照鄰的文學治療方式主要表現為兩種途徑：一方面，他透過回溯並美化過去經歷，或虛構理想人生，來重構自我認同；另一方面，他透過直接書寫病痛、訴說內心苦悶，或運用故事化敘述，將個體經驗轉化為虛構文本，以此釋放情緒並尋求社會共鳴。此外，他的疾病書寫不僅關涉個人體驗，也涉及患者、親友與社會之間的醫療互動，映射出唐代社會對疾病的道德判斷與人倫關懷。本研究在豐富對盧照鄰作品理解的同時，也試圖揭示唐代文人疾病書寫的心理機制與社會意涵，並進一步闡明中國古典文學中的文學治療功能。

Session 1 23rd May 12:30-2:30

Panel 4 Therapy

音乐疗法在减轻慢性疼痛患者心理压力中的应用研究

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摘要

随着社会的发展和人口老龄化趋势的加剧，慢性疼痛患者数量不断增加，慢性疼痛不仅给患者带来身体上的痛苦，更对其心理健康产生严重影响。本文旨在探讨音乐疗法在减轻慢性疼痛患者心理压力中的应用及其效果。本研究采用跨学科研究方法，结合心理学、医学、音乐学等多个领域的理论和技术，运用多种研究手段，以期为慢性疼痛患者的心理治疗提供新思路。

本研究采用多方法研究设计，包括定量和定性的研究方法。首先，通过文献综述，梳理了音乐疗法在慢性疼痛治疗中的理论基础和实际应用。其次，采用问卷调查和实验研究，对 100 名慢性疼痛患者进行了心理压力水平的评估，并随机分配实验组接受音乐疗法干预，对照组接受常规治疗。通过对比分析，评估音乐疗法对慢性疼痛患者心理压力的减轻效果。此外，本研究还通过访谈法，深入了解患者对音乐疗法的接受程度及其心理体验。

本文进一步探讨了音乐疗法在慢性疼痛治疗中的应用策略，包括音乐选择、干预时长、干预频率等方面。同时，分析了音乐疗法在实际应用中可能遇到的困难和挑战，并提出了相应的解决措施。

研究结果显示：音乐疗法能够显著降低慢性疼痛患者的心理压力，改善其情绪状态，减轻疼痛程度，提高生活质量。此外，音乐疗法在实施过程中，患者的生理指标如心率、血压等也得到了明显改善。本研究为音乐疗法在慢性疼痛患者心理治疗中的应用提供了实证支持，也为进一步研究音乐疗法的作用机制和优化治疗方案提供了基础。

本研究不仅为慢性疼痛患者提供了一种新的心理干预方法，也为相关领域的跨学科研究提供了有益的借鉴。通过多方法研究的综合运用，本文揭示了音乐疗法在减轻慢性疼痛患者心理压力中的重要作用，为未来的临床实践和科学研究提供了理论和实践基

础。未来研究可进一步探讨音乐疗法的具体机制和适用人群，以期为慢性疼痛患者提供更加精准和个性化的心理支持。

关键词 乐疗法；慢性疼痛；心理压力；应用

Session 1 23rd May 12:30-2:30

Panel 4 Therapy

艺术减少精神健康问题相关的污名与歧视：一项基于社会接触理论实验研究设计

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摘要

研究背景：国内外各级精神卫生政策已将消除精神健康问题相关的污名与歧视作为核心目标，而社会接触被广泛认同为最有效的干预手段之一。由精神疾病亲历者主导的精神健康艺术科普展，作为一种融合艺术表达的间接接触形式，正在国内逐步兴起，并在减少污名与歧视方面展现出潜在的积极作用。

目的：本研究旨在基于社会接触理论，构建亲历者主导的精神健康艺术科普展这一创新干预策略，并评估其不同呈现形式在消除污名与歧视方面的有效性。

研究设计：本研究采用两阶段实验设计。第一阶段的干预内容为武汉“第二届精神健康艺术科普展”，该展览由精神疾病亲历者及其亲友主导的武汉栖息公益组织策划，共展出 40 余位创作者的艺术作品，旨在呈现亲历者等相关人士对精神健康的理解和认知。该阶段采用单组前后测设计，研究对象为展览观众，包括精神疾病亲历者、其亲友以及普通公众。研究将于观展前（T0）、观展后一个月（T1）及观展后六个月（T2）进行三次问卷调查，测量内容涵盖人口学信息、精神疾病态度及精神健康素养等多个方面。第二阶段的干预内容为根据“第二届精神健康艺术科普展”编制的展览手册。手册包括展览现场的科普文字说明及 10 副艺术作品，配有创作背景或作者经历的文字介绍。此外，本阶段还设有传统宣教手册组（接收传统精神健康知识宣教）及空白对照组。该阶段采用多组前后测设计，研究对象包括精神疾病亲历者、其亲友及普通公众等未参与第一阶段线下展览的人群，将在干预前（T0）、干预

后一个月（T1）及干预后六个月（T2）接受三次问卷调查，同样包括人口学信息、精神疾病态度及精神健康素养等内容。

研究进展：目前，本研究已完成两阶段各组的干预前（T0）及干预后一个月（T1）的问卷调查工作，正在进行干预后六个月（T2）的第二次随访调查。

Session 2 23rd May 2:50-4:50

Panel 1 Care, End of Life, and Death

West Meets East: How Confucian Ethics Can Inform Understanding of Dilemmas in Intergenerational Communities Within Individualistic Cultures

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Abstract

This study explores how Confucian ethics can enrich our understanding of ageing, focusing on intergenerational engagements between older adults and young children. Unlike dominant Western gerontological frameworks, which often prioritise active ageing and intrinsic capacity—risking marginalisation of those who do not meet these criteria—Confucianism views "old age" as a moralised stage of life centred on respect, wisdom, and intergenerational solidarity. Western traditions, however, are not exclusively individualistic; alternative frameworks such as care ethics and communitarianism emphasise relationality and collective responsibility, complementing Confucian ideals and offering a more balanced, cross-cultural perspective on ageing. Findings from a UK-based intergenerational programme reveal that older adults' perceptions of falls are shaped by embodied understandings of age and frailty, influenced by physical, emotional, and social factors. Engaging with children motivates older adults to improve balance and mobility but also raises concerns about fall risks, leading to more cautious behaviours. Despite these challenges, such interactions significantly enhance emotional wellbeing, confidence, and a sense of capability, while also offering spiritual and existential benefits aligned with Confucian values of inner peace and moral cultivation. Risk management and supportive environments are critical in enabling participation, reflecting Confucian ideas of filial duty and holistic health. By emphasising the interconnectedness of generations, Confucian ethics, when integrated with complementary Western traditions, offers a relational framework that values older adults as central to community cohesion. This study advocates for intergenerational engagement as a pathway to enhance physical, emotional, and spiritual resilience in later life, calling for a culturally diverse approach to ageing that prioritises dignity, mutual support, and community.

Session 2 23rd May 2:50-4:50

Panel 1 Care, End of Life, and Death

Exploring Quality of Death in Chinese Hospice and Palliative Care Units: A Qualitative Perspective from Practitioners in Healthcare Settings

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Abstract

The quality of death (QoD) in palliative care is a critical yet understudied aspect of healthcare in China, influenced by complex cultural, familial, and clinical factors.

This study aims to explore the components of QoD and the factors influencing it within Chinese palliative care and hospice units, drawing insights from care practitioners across China.

A qualitative thematic analysis was conducted based on data obtained from in-depth interviews with multidisciplinary end-of-life care practitioners across China.

Three themes emerge: (1) providing care with dignity through relationships, balancing respect for patients with cultural expectations and medical realities; (2) enhancing communication within family dynamics, involving indirect communication styles, managing family conflicts, and balancing transparency with cultural norms; and (3) negotiating intergenerational dilemmas, where generational differences in attitudes toward death and dying create tensions in care decisions. These findings reveal the challenges practitioners face in respecting patient autonomy while addressing family-centred values and medicalised norms.

The study underscores the importance of improving communication about life and death, enhancing understanding of palliative care concepts, and promoting public education on end-of-life matters. Addressing family dynamics and intergenerational conflicts is also crucial for improving QoD. The research suggests a need for tailored interventions that integrate Western clinical perspectives with traditional Chinese values to enhance palliative care quality. While the study provides comprehensive qualitative insights, future research is needed to include patients and their family perspectives to further investigate the interplay between cultural values and clinical practices in end-of-life care.

Session 2 23rd May 2:50-4:50

Panel 1 Care, End of Life, and Death

Deathbed Experiences: Folk and Clinical Knowledge about the End of Life

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Abstract

Deathbed events are phenomena reported by or about patients in the last weeks, days or hours of their life: seeing a pre-deceased relative at the bedside, speaking as if on a journey or visioning bright colours and lights. Meaningful coincidences at the moment of, or just after death, as well as suggestions that the dying person has agency over when they ultimately 'go' are likewise a common kind of talk in the spaces of death and dying: a clock stopping as someone dies, white feathers seemingly falling from nowhere, someone 'hanging on' until a friend or relative arrives. This research looks at what happens when such reports emerge in the clinical world of end-of-life care. How do stories circulate, in what ways do healthcare workers respond to them and what can we learn from those responses about medical knowledge and care? With death now managed within the modern clinical speciality of palliative care such talk sits uncomfortably alongside the epistemological imperatives of evidence-based practice. Yet it remains surprisingly persistent. Based on a seven-month ethnography within a UK hospice in-patient unit and 42 interviews with end-of-life care professionals the presentation will explore what we can learn from this talk around deathbed events. It will consider the varying ways clinical staff integrate so-called folk knowledge into formal practice, what we can learn from the different interpretations of such moments (medical, psychological, transcendent) and how the often beautiful and/or meaning laden nature of such experiences point us towards a more aesthetic form of thought in clinical work. Ultimately it will consider what happens when we notice and indeed take seriously the informal, non-medical and at times non-materialist discourse that remains present within health settings today.

Session 2 23rd May 2:50-4:50

Panel 1 Care, End of Life, and Death

Exploring 'Good Death' in China: A Qualitative Study from the Perspectives of Family Members

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Abstract

China's emerging palliative care services are heavily influenced by Western models of palliative medicine, which emphasize dignity, autonomy and individuality. How palliative care is designed and provided, however, within the distinctively non-Western context of Chinese society has yet to be fully explored. To examine palliative care as a socio-cultural construct, this qualitative study investigates what a good death means in China from the perspective of bereaved family members. Thirty-one semi-structured interviews were conducted, followed by an inductive thematic analysis. Four main themes were identified: (1) Negotiating Autonomy in Family Contexts; (2) Familial Obligations and Cultural Practices; (3) Security and Resource Stability; (4) Meaning and Legacy at the End of Life. We found that, for family members, a good death is primarily mediated by the objectives of family harmony and continuity, often overriding the dying person's individual wishes. This emphasis on the family can act as a double-edged sword, both supporting and complicating the experience of death in China. Based on our findings, we propose a social support system that balances individual and family interests, to inform more culturally informed end-of-life care within practical and policy paradigms.

Keywords: good death; quality of death, family; culture, dying, palliative care

Session 2 23rd May 2:50-4:50

Panel 2 Ageing

鸿沟还是桥梁：数字基础设施建设如何重塑老年人社会安全感

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摘要

在老龄化和数字化双重浪潮推进的时代背景下，数字化如何赋能老年人成为一个重要的研究议题。文章利用 2012-2020 年中国家庭追踪调查（CFPS）数据，以“宽带中国”战略为外生冲击，考察了数字基础设施建设对老年人社会安全感的影响。研究发现：

（1）数字基础设施建设显著提高了老年人的社会安全感；（2）机制分析显示，数字基础设施建设主要通过促进老年人数字参与、提升其政治信任度，改善了老年人的社会安全感；（3）异质性分析表明，数字基础设施建设对老年女性、低文化水平、农村地区以及无配偶老年人的社会安全感的提升效果更强；（4）文章进一步研究发现老年人社会安全感提升能显著改善其心理健康水平与对社会的信任度，并且能够提高老年人的生活满意度。本文对探究数字化浪潮下如何缓解老年人信息贫困、跨越数字鸿沟，建设积极老龄化社会具有重要的启示意义。

关键词：数字基础设施；社会安全感；数字参与；政治信任

Session 2 23rd May 2:50-4:50

Panel 2 Ageing

亲属制度、福利多元与乡村养老——基于滇南哈尼村寨的人类学研究

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摘要

受新型城镇化与人口结构转型驱动，乡村养老问题成为我国必须直面的社会问题。结合人类学亲属制度分析，基于福利多元主义理论框架，本研究通过对云南红河哈尼村寨的田野调查发现，“文化-经济-制度”三维交互使乡村养老体系层级化。亲属赡养依托亲属网络，深嵌于哈尼族地方性知识体系，构成具有民族文化特性的非正式保障制度，承担主要养老供给。地缘互助养老与政策型社会养老借助社区组织和财政支付发挥补充功能。在乡村振兴战略全面推进的机遇下，建构韧性乡村养老体系，一方面要培育乡村特色产业重建经济共同体，促进劳动要素回流巩固亲属养老；另一方面需通过制度创新与文化宣传，完善互助养老和社会养老功能，构建平衡的乡村养老生态。

Session 2 23rd May 2:50-4:50

Panel 2 Ageing

多民族聚居城市老年人社区居家养老服务需求影响因素研究——以呼和浩特市为例

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摘要

为了解多民族聚居城市老年人社区居家养老服务的需求意愿及其影响因素，采用分层随机抽样方法对呼和浩特市 8 个典型多民族社区 621 名老人展开问卷调查，并运用 Logistic 回归方法，从个体特征和情境特征两大维度进行老年人养老服务需求优先序及影响因素的实证分析。结果发现：吃饭、照护、就医仍是老年人养老生活的“头号需求”，影响因素依次是身体状况、年龄、居住方式、社区养老服务资源分布情况；年龄越大、空巢独居、身体状况越差的老年人，对紧急救援类服务和医疗护理类服务的需求意愿越强，邻里关系因素对老年人精神慰藉类服务需求意愿影响较大；民族因素影响各类养老服务需求意愿并无显著性差异，但少数民族老年人养老服务需求有明显的民俗偏好。据此，应基于多民族聚居城市社区养老情境特点，夯实“生存托底型”养老服务基础保障，加强“生活质量型”养老服务多元分类建设，提升“普惠可及型”社区养老服务供给能力。

Session 2 23rd May 2:50-4:50

Panel 2 Ageing

以人为中心视角下养老护理员优质照护行为影响因素及其作用路径研究

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摘要

背景：养老护理员是负责大部分居民日常照护的一线人员，其与机构老年人的互动和照护实践直接影响居民的幸福感和生活质量。本研究以能力、机会、动机、行为（COM-B）模型为基础，探讨养老护理员照护行为的影响途径。方法：采用横断面研究设计，收集养老护理员的优质照护行为、对老年人态度等数据，采用结构方程模型等进行分析。结果：对 18 家养老机构的护理员（n=1028）进行调查，护理知识与技能和自我效能等均对照护行为有直接和间接影响。结论：能力和机会能通过动机影响照护行为。为了促进养老护理员的照护行为，机构管理者可以提供支持性的工作环境来培养护理员的职业认同。

Session 2 23rd May 2:50-4:50

Panel 3 Stigma

The changing moral status: exploring stigma experiences and coping strategies among Chinese young chronic leukemia patients

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Abstract

Previous studies concerning chronic leukemia patients have focused on the medical characteristics of chronic leukemia and its impact on patient's quality of life. However, less attention has been paid to their experiences associate with disease stigma. This qualitative study focused on the stigmatization experiences and coping styles of young chronic leukemia patients. Ten young chronic leukemia patients from mainland China were recruited participated in semi-structured interviews, the transcripts were analyzed by using thematic analysis. The finding shows that the onset of chronic leukemia temporarily interrupts the life course of young patients, preventing them from fulfilling their moral obligation. They have suffered prejudice against chronic leukemia, being labeled as useless, as well as losing various opportunities such as employment and marriage. It leads to the stigmatization of young people with chronic leukemia at the subjective, familial, and interpersonal levels. However, young people with chronic leukemia are not entirely passive in the face of their illness, they can employ a range of strategies to restore their symbolic capital, strive to live “normal” lives, and counteract the effects of stigmatization. These findings could fill a gap in research on young people with chronic leukemia and inform the development of more targeted welfare policies and social support systems.

Key words: Young chronic leukemia patients; Stigma; Moral status; Qualitative study

Session 2 23rd May 2:50-4:50

Panel 3 Stigma

Beyond Accessibility: How art and the design of our environment can positively support neurodiverse populations

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Abstract

Neurodiversity, encompassing the natural variations in human neurological functioning, including conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and dyslexia, is an increasingly significant paradigm in health and design discourse. Through a literature review, this paper explores the interplay between neurodiverse populations and the built environment, focusing on how architecture and spatial design impact well-being, sensory experience, and health outcomes. It further examines the incorporation of art in architectural design as a mediating factor that influences neurodiverse individuals' interactions with spaces.

The study employs an interdisciplinary approach, synthesizing insights from environmental psychology, neuroarchitecture, and healthcare design to understand the challenges and opportunities posed by built environments for neurodiverse individuals. Key issues addressed include sensory sensitivities, spatial navigation, and the psychological impacts of environments that fail to accommodate diverse cognitive and sensory needs. The research highlights that neurodiverse individuals often experience heightened stress, discomfort, or exclusion in environments designed without inclusivity in mind. Conversely, spaces designed with neurodiversity in focus, characterized by flexible layouts, controlled sensory stimuli, and supportive visual cues, significantly enhance well-being and promote inclusivity.

The incorporation of art within architecture is critically assessed as an agent of positive change. Drawing from case studies, the paper identifies art as a multifaceted tool that fosters emotional engagement, reduces stress, and supports cognitive functionality. Murals, textures, color schemes, and biophilic art forms are examined for their role in creating environments that resonate with neurodiverse populations. For example, biophilic designs incorporating natural elements have been found to mitigate sensory overload and create restorative spaces (Kellert et al., 2011). Additionally, interactive art installations and adaptable features are explored for their potential to engage and empower neurodiverse individuals by encouraging interaction and creativity.

The findings underline the importance of participatory design processes involving neurodiverse users to ensure that architectural solutions meet their needs. Evidence from recent healthcare design projects demonstrates the benefits of inclusive design principles in reducing anxiety and improving health outcomes (Andrews, 2020). The paper concludes by advocating for policy changes that prioritize neurodiverse-friendly design and art integration in urban planning and architectural education.

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Panel 3 Stigma

“It's Time... to End Everything”: Disease Narratives and Stopping Drug Treatment Choices Among Elderly HIV-Positive Yi Women

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Abstract

Elderly Yi women living with HIV have long been caught between the burdens of family responsibilities and the constraints of local medical management policies, which should be considered. Based on an ethnographic study of HIV-positive elderly women in a mountainous region of southwestern China, this study employs the narrative disruption approach of Narcofeminism to examine their disease narratives and drug-related decisions—particularly their choice to discontinue medication—within the intersecting contexts of health, family duties, and ethnic medical policies. Our findings note that the decision to stop antiretroviral treatment (ART) is largely driven by shifting life expectancies. On the one hand, the completion of family obligations and the intensification of stigma within their villages diminish their sense of future possibilities. On the other hand, HIV control policies in Yi areas, the structural distribution of HIV treatment drugs, and the group's distinctive cultural perceptions of life and death gradually erode their sense of meaning in life. As a result, participants adopt a stance of "frustration and relief" toward their condition, framing the discontinuation of treatment as an autonomous choice rather than a matter of medical compliance or drug resistance. This study critically reflects on the role of life visions—particularly a sense of the future and meaning—in shaping treatment choices. It expands the discourse on drug choices beyond biomedical frameworks of adherence and resistance, foregrounding the diverse and autonomous decisions of individuals from a cultural perspective. By centring participant-driven narratives over health-centred scripts, this research also offers recommendations for more contextually informed HIV treatment and drug management policies.

Keywords: Elderly women with HIV; narratives disruption; treatment choices; ethnic minorities; drug policy; Narcofeminism

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Panel 3 Medical Culture

“六经注我”：清代燥病理论与理学思维

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摘要

《内经》关于燥病认识的罅隙以及宋明医家随文而释的局限，是清初喻昌创建燥气理论的背景。喻昌引入理学思维，改《内经》“秋伤于湿”为“秋伤于燥”，从病机、治法、方药等方面，全面建立了一套关于燥病的理论。喻昌通过疑经改经来创新的模式，为清代燥病理论的发展开辟了广阔的空间。此后，对燥病的认识，医家不再拘泥于经典，而是采取六经注我的理学思维，以临床为主，用经典解释自己发明。无论是对喻昌的评价，还是对燥令、燥性、燥证和治法，他们都有不同的认识，进而展开争鸣，燥病理论由此逐渐走向繁荣。在清代燥病理论演进中，理学思维成为经典走向创新的桥梁。可见，主流思想文化在清代医学发展中扮演了重要的角色。

Session 2 23rd May 2:50-4:50

Panel 3 Medical Culture

医生道德创伤现状及影响因素分析——基于关怀伦理

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摘要

目的：了解我国医生道德创伤现状及影响因素，并分析道德创伤与医师专业精神之间的关系，为防治道德创伤、保障医生的身心福祉提供参考依据。

方法：于 2023 年 9-10 月，采用便利抽样法，对黑龙江省、广东省、新疆维吾尔自治区、北京市等各级医院的执业医师、实习或规培医师进行问卷调查。

结果：共纳入 421 名执业医师、实习或规培医师，我国医生职业群体道德创伤症状量表的总分为 (42.07 ± 13.67) 分，其中 31.6% 的受访者存在明显的临床痛苦以及道德创伤相关的功能损害，其中“难以宽恕”这一维度的均分最高；相关分析显示医师专业精神总分以及各维度得分与道德创伤症状量表总分呈显著负相关；线性回归分析显示，工作满意度、医师专业精神、在医患纠纷处理中是否感到自身安全得不到保障、是否目睹过患者遭受痛苦或死亡、性别、是否经常加班、是否需要缓解心理压力的专业帮助是医生道德创伤的影响因素。

结论：我国医生道德创伤整体上处于中等水平，医生道德创伤受多种因素的影响，道德创伤与医师专业精神呈显著负相关。建议提高医疗机构的组织支持水平以及医生的专业精神，设立专门的心理、道德援助机构，营造关怀型组织氛围，以防治、修复医生的道德创伤，更好地保障其身心福祉。

Session 2 23rd May 2:50-4:50

Panel 3 Medical Culture

新中式“轻养生”：中医食养与正念干预的整合传播及助农路径研究

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摘要

在快节奏的现代生活中，年轻人对高质量健康生活的追求愈加旺盛。随着“新中式”国风潮流的兴起，融入传统元素的日常保养方式逐渐成为一种新的“轻养生”趋势。本文从哲学与心理学的双重视角出发，通过分析中医食养与正念干预的跨学科整合传播，揭示中医食养的整体性健康理念与正念干预的身心平衡理念的契合性，并从身心同步理论出发探讨正念结合食疗对身心健康水平的影响。此外，本文探索了现代传播手段在突破传统文化传播困境中的作用，特别是如何利用自媒体有效转化健康观念，推动年轻群体健康行为的转型。本文为正念干预与中医食养的结合提供了理论框架与实践路径，旨在推动传统养生文化与现代健康行为的融合。

Session 2 23rd May 2:50-4:50

Panel 3 Medical Culture

主动健康中个人自主与公共责任的伦理张力

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摘要

在全球范围内，多个国家在健康政策中提出类似“个人是健康第一责任人”的理念，强调个人在健康管理中的主动参与和责任，但在某些情境下暴露出个人自主与公共责任的深刻伦理张力，如老龄化社会的长期护理保险政策实践。本文结合医学伦理学理论与健康社会决定因素（SDOH）框架，批判性分析政策对弱势群体的潜在排斥机制。现行政策过度强调个人健康责任，忽视经济贫困、教育水平低等结构性限制，导致“责备受害者”风险。基于阿马蒂亚·森的“可行能力”理论与罗尔斯正义原则，提出“责任共享”模型，重构个人、家庭、社会与政府的协同责任框架，平衡健康自主权与社会公平。强调健康政策应从“问责个体”转向“系统赋能”，以包容性制度设计保障弱势群体的健康尊严，助力“健康中国”从理念到行动的伦理升级。

关键词: 主动健康; 个人自主; 公共责任; 伦理张力; 责任共享

Session 2 23rd May 2:50-4:50

Panel 3 Medical Culture

五行针灸在现代医学人文实践中的应用

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摘要

五行针灸是一门将医学人文思想同实践相结合的针、灸并用的针法，这治疗中展现其。五行针灸医学人文思想的实践路径可归纳为“一个中心、两个基本支点”。“一个中心”即指五行针灸体系的生命观的建构，对天人同一、身心合一的内涵进一步解读。“两个基本支点”分别指借助叙事医学工具，五行针灸通过语言要素再现了真实世界中的疾痛故事并完善了“释放与吸收”的归属闭环；而通过非语言要素的身体细读则完善了文字叙述之外的信息交互，掘进了医患沟通中的人文化，加强医患对彼此理解的深度。五行针灸医学人文思想，能为当下带来更多关于对于身心关联性的疾痛感受的关注、共建医患命运共同体的叙事共济通道、解放医学视觉主义等观念提供当代启示。

Session 3 24th May 9:00-11:00

Panel 1 Nursing and Care

民族、性别与阶级的互动：中国近代护士群体性别比例变化研究

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摘要

中国护理事业在西人帮扶下成长起来，早期护士群体以男性为主，后逐渐过渡至以女性为主。至二十世纪二三十年代，民族、性别与阶级的压迫体系共同交织在男护士身上。中华护士会正副会长长期由西人担任，由于护士待遇差、女护士比男护士更多地占据了高级职位，相比从事其他职业的男性，男护士无法完成社会期待的男性养家的责任。家庭经济分工的压力给男护士埋下了道德危机的伏笔，部分男护士沿袭旧例以护代医，被大众作为男性品质不适宜从事护理的例证。在这样互相交织的压迫体系中，男护士将矛头对准了早期来华医疗传教士与中华护士会的西洋护士，巧妙地转移了重点，将男护士存废问题营造成国家政治问题，以此来实现阶级的跃迁。

关键词：护士；性别；男护士改进社；家庭经济分工 去西洋化

Session 3 24th May 9:00-11:00

Panel 1 Nursing and Care

疾痛生活与照护社会：桂东北恭城瑶族仪式治疗研

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摘要

仪式治疗是桂东北瑶族民众共享的一种处理疾痛的地方性智慧。将仪式治疗置于当地疾痛生活中考察，发现背后起疗愈作用的关键之一是一个具有照护精神的社会环境，其包含层层铺展的互惠型社会支持网络以及主体应对疾痛的“修功德”地方道德实践。这一“照护社会”既为当地应对疾痛提供了疗愈支持系统，也使个体较好地参与到社会照护的建设之中，形成一个“个体——社会”相互支持的良性循环。“照护社会”的提炼拓展了仪式治疗的研究视角，增进了医学人类学“照护”理念的本土化研究，对新时代“健康中国”战略下的区域实践具有一定启示意义，同时也可拓展与国际健康人文的积极对话。

Session 3 24th May 9:00-11:00

Panel 1 Nursing and Care

全球化背景下的老龄化与护理-中国安宁疗护的卫生经济测算实践

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摘要

本研究评估将安宁疗护 (PCD) 纳入公立医院体系, 测算老年癌症末期患者的卫生经济。

通过决策树模型评估 PCD 对癌症住院患者的成本效益, 我们对比 12 天内延续常规治疗 (CDT) 与直接 PCD 干预。数据整合省级 GDP、137 个缓和医疗试点区域、癌症死亡数据及健康效用评分, 参数基于 2019-2024 年深圳试点数据。结果显示, 干预组每 QALY 日成本增加 112.9 美元, 除西藏外 30 省均具成本效益。各省增量成本效果比 (ICER) 与癌症死亡数负相关, 与试点区域数量正相关: 青海 (2 个试点, 7808 例死亡) ICER 最高, 山东 (6 个试点, 181,180 例死亡) ICER 最低。敏感性分析表明“持续治疗概率”影响显著, 临终治疗频率增加将降低成本效益。

结论证实 PCD 可降低医疗成本、提升死亡质量, 建议癌症高负担省份扩大试点。

Session 3 24th May 9:00-11:00

Panel 1 Nursing and Care

ICU 终末期患者死亡质量调查及相关性分析

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摘要

目的 调查 ICU 终末期患者死亡质量。方法 运用中文护士版 ICU 终末期患者死亡质量量表以及自制家属版调查表对我市某院 99 名 ICU 终末期患者进行调查。结果 中文护士版 ICU 终末期患者死亡质量总分得分 44.72 ± 8.20 ；各维度得分如下：死亡准备度 34.72 ± 7.5 ，个体症状照护 18.20 ± 4.72 ，死亡时刻 21.08 ± 5.59 ，关怀程度 18.08 ± 3.51 ，灵性照护 0.062 ± 0.45 ，临终决策 3.11 ± 2.33 。受访家属 78.1%表示未与患者讨论过死亡问题，大部分人都认为当时的做法正确，认为患者自身可以感知到死亡，无需谈论。43.8%受访者认为患者最后时刻安详，34.4%认为不安详，21.9%表示无法判断。相关性分析显示，参保与否与死亡质量得分 ($r=-0.205$, $p<0.05$)、与家属版临终安详状态评价 ($r=-0.352$, $p<0.05$) 均呈负相关。结论 ICU 终末期患者死亡准备度不足，死亡质量与参保状态呈负相关。

Session 3 24th May 9:00-11:00

Panel 1 Nursing and Care

智慧养老的信任鸿沟：健康传播如何打破老年人的技术壁垒？

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摘要

国家积极推动智慧养老发展，通过政策试点与财政支持加速智慧化养老产品的落地。但是智慧养老是否真正惠及老年群体？本研究基于对某公立养老机构的实地调研，基于 TAM 模型，剖析影响老年人智慧养老接受度的关键因素。研究发现智慧养老技术的推广在供给侧存在脱节问题。65 岁以上老年群体对智慧养老的接受度仅为 55%，完全自理者普遍对智慧养老持冷漠态度，占全部老年群体的 20%；基本自理者虽具备智慧化需求但受制于产品功能不足，而半自理者仅愿意使用交互门槛最低的智能设备。智慧养老的健康传播体系未能有效匹配老年群体的媒介接触习惯，导致老年人对智慧养老的认知障碍与使用阻力。因此本文提出健康传播优化路径，为智慧养老政策的有效落地提供支撑。

关键词：智慧养老、健康传播、信任鸿沟、技术接受、政策实践

Session 3 24th May 9:00-11:00

Panel 2 Ageing

Beyond the focus on individuals: Adding environment into the redefined successful aging paradigm

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Abstract

Since the origin of the Successful Aging (SA) model by Rowe and Kahn, scholars have been working on enriching the content of SA and taking actions to promote this concept worldwide. While most studies primarily focus on older individuals, only a few scholars have considered the environmental aspect of SA. However, the environment, directly and indirectly, enhances older adults' abilities to achieve SA. To measure SA comprehensively and address inequalities among older adults, this theoretical article aims to challenge current SA models by incorporating both individual and environmental aspects and proposing four measurement dimensions: inclusivity of disadvantaged groups, culture-specific adaptation, balance between physical and social environments, and dynamics of the whole lifecycle. Moreover, this article provides examples to illustrate how environment can support older adults especially those who would be defined as "unsuccessful" under the original SA model. Our proposed model would provide theoretical guidance for future research and spark new ideas for policies and programs that support every older adult in achieving SA.

Session 3 24th May 9:00-11:00

Panel 2 Ageing

Niceaunties and the Auntiverse: AI-Driven Cultural Narratives in Reframing Aging and Health Communication

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Abstract

The Auntiverse is a digital alternative reality where older Asian women enjoy lives of autonomy, vibrancy, and adventure; it is an aging utopia depicted in the AI-generated art series, Niceaunties. This series created by Singaporean artist Lim Wenhui, is gaining growing attention for its dynamic portrayals of auntie figures that stand for empowerment and self-determination. This research addresses an urgent issue in contemporary society: the pervasive stigma attached to aging, especially in societies that value youthfulness linked to productivity, and hold strong negative sentiments towards elderly life and dependency. Previous studies have examined the representation of aging in traditional media and cultural contexts, but few have explored the creation of AI imagery as a way of actively contesting the dominant narratives. This paper fills this gap by examining how AI-generated artwork can help reshape perceptions and create dialogue around aging and intergenerational understanding.

Using qualitative methods of visual analysis and focus group interviews, this research examines the cultural and societal stories embedded in the Auntiverse. The findings suggest that the project combats patriarchal and ageist discourses, reframing the perspective of aging from decline to empowerment. In addition, the Auntiverse also raises other pressing issues such as excessive beauty treatment, gender-biased domestic labor, and environmental changes.

This study contributes to the emerging field of visual health communication by exploring the possibility of AI-generated art as a means of effective advocacy. Niceaunties establishes a framework for employing innovative technologies in taking on social concerns, presenting a new perspective on aging that is both culturally pertinent and universally impactful.

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Panel 2 Ageing

Reimagining hope: progressivism, micro-action and moral becoming of urban-poor families with disabled children in mainland China

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Abstract

Through fieldwork in a frontline care institution from Nanning (a capital city from south China), this paper discusses beyond biomedical promise, a new imagination of hope as the embodied knowledge, possible actions, and moral project to build a habitable world under poor materiality. This paper first examines diffused “progressivism” throughout frontline rehabilitation, which is entangled with state project of “early intervention” and biopolitical regime of “normal children development”. The “misfitting” experience further exiles “hopeless” children who cannot make progress in the proper age. Reimagining hope not only brings new scope of knowledge beyond bodily impairments, but also different micro-actions to “tinker” and hug whole humanity of the disabled. Inspired by the theory of “people as affordance”, the paper discusses how intersubjective care intimacy in family creates habitable future for disabled children under poor infrastructure. It joins “dependence critique” from feminists and challenges ideal autonomy in the dominant hope of “self-care”. This paper argues intersubjective care practice neither pursues independence nor replacement. It implies “possible reciprocity”, which is not only for children’s development but also for decreasing burden of care giver. Then, paper further shows the cruelty and uncertainty of affordance to see the moral struggling of care when “people as affordance” fails to materialize. It reveals politics of care in contemporary China and agents’ moral dilemma to responds to the loved one with infinite needs.

Session 3 24th May 9:00-11:00

Panel 2 Ageing

“Fulfilled my wishes”—What is important for quality home-based end-of-life care in China? A Qualitative Study with relevant Stakeholders

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Abstract

Background: The efficacy of home-based palliative and end-of-life care in enhancing the quality of life for advanced patients and their families has been well-documented. Previous studies have demonstrated the views of some Western countries on quality home-based palliative and end-of-life care, but little is known about the content of quality home-based end-of-life care in China. **Objective:** Explore what elements constitute high-quality home-based end-of-lifecare services in China through the experiences and feedback of relevant stakeholders.

Design: A qualitative study using semi-structured interview, participant observation, documents, and records collection was conducted. **Setting/Participants:** This study was conducted from March to November 2024 in four healthcare organizations with hospice wards in Beijing. Purposive sampling was used to recruit a total of 39 participants, including 12 terminally ill patients, 13 family members, and 14 professionals. **Methods:** The information collected was transcribed into qualitative data analysis software and analyzed using content analysis.

Results: Four themes and ten sub-themes were identified: ①Open the door: preliminary basis for home-based services, includes two sub-themes: Comprehensive home condition assessment and Sense of trust building; ②Open the mouth: professional and effective communication and support, includes two sub-themes: Easy-to-understand communication and Practical professional support; ③Open the heart: long-term stable care relationships, includes three sub-themes: Regular home visits mechanism, Tailored care management and Reciprocal relationship; ④Open the death: fulfilling preferences for end-of-life locations, includes three sub-themes: Leave me a final bed, Fulfilling my wish to back home and Continuing follow-up after death. The four constituent elements can be linked to a dynamic progression of trust relationships.

Conclusions: The connotation of high-quality home-based end-of-life care in China can be described as a process of dynamic development of a trusting relationship between the providers and the service. This study provides a unique perspective from a non-Western country into the quality of home-based end-of-life care services, most importantly to fulfill the wishes of patients and families. More knowledge based on unique cultural and national contexts should be taken into account in future research and assessment of service quality.

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Panel 2 Ageing

Double Burdens or Double Resilience? The Experiences of Chinese Older Couples both with Multimorbidity

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Abstract

Background:

As population continues to age, the occurrence of older patients and their spouses both suffering from multimorbidity is becoming increasingly common. Multimorbidity not only affects the patients themselves but also imposes a heavy burden on family caregivers. In cases where older couples both experience multimorbidity, the roles of caregiver and care recipient often become blurred. Currently, there is limited research exploring the lived experiences and daily interactions of this specific population. This study aimed to explore the lived experiences and daily interactions of older couples both with multimorbidity.

Methods:

A qualitative study was conducted. A total of 20 couples with multimorbidity participated in this study. Semi-structured interviews were conducted between May 2023 and January 2025. Reflexive thematic analysis was used to analyze data.

Results:

Four key themes were generated: the relational triad, dynamic daily health management interactions, double burdens, and double resilience. In older couples where both partners have multimorbidity, the roles of "patient" and "caregiver" often shift in response to acute flare-ups of chronic illnesses, declining physical function, or the involvement of third parties. In daily health management-such as symptom management, medication use, emotional regulation, diet and exercise, the interactions between spouses are primarily characterized by independence, interdependence, and dependence. Additionally, double burdens manifest in three aspects: physical toll, financial hardship, and emotional contagion. Conversely, double resilience is reflected in the formation of a nudge effect, the generation of emotional resonance, and the encouragement of family-wide advocacy for a healthy lifestyle.

Conclusion:

This study adopts a dyadic perspective to explore the experiences and interactions within older couples where both partners experience multimorbidity. Formal or informal caregiving support from third parties, as well as the nudge effect and emotional resonance between spouses, play a pivotal role in offering essential support, helping older couples better navigate the challenges of multimorbidity.

Session 3 24th May 9:00-11:00

Panel 3 History and culture

Culture, Trust, and Governance during the COVID-19 Pandemic: A Comparative Study of Australian Leadership and Public Diaries

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Abstract

The COVID-19 pandemic exposed the intricate relationship between governance, trust, and cultural values, especially in the context of crisis communication. This study examines how Australia's pandemic response in 2020 was shaped by these factors, focusing on the interaction between government messaging and citizen experiences. By comparing public interviews given by the Australian Prime Minister across various news outlets with diaries written by citizens in New South Wales, this research explores how trust in governance and cultural values influenced public perceptions and behaviors during the pandemic.

Drawing on narratives from "The Diary Files," a project by the State Library of New South Wales documenting the lived experiences of individuals during this unprecedented time, the study highlights the cultural dynamics underpinning trust and compliance in moments of crisis. This comparative analysis sheds light on the broader implications of communication strategies and cultural frameworks for public health governance. By doing so, it contributes to a global discourse on how culture shapes collective responses to public health challenges.

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Panel 3 History and culture

Chinese medicine doll: women's diagnosis, body and Western imagination of Asian medicine

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Abstract

Focusing on the collecting and display of objects of Traditional Chinese Medicine, this paper reconsiders the reception of TCM in the UK in the late nineteenth and twentieth century. Drawing on the medicine collections in several British Museums, and medical exhibitions, it probes how the practice of museology of Oriental/alternative medicine was informed by imperialism, anthropology and gender. It reveals traditional Chinese women's medical practice became highly interested in the West. Among western collection of Chinese medical objects, Chinese medicine doll can be found in major Western institutions with Chinese collections. It was said the medicine doll was used, when Chinese female patients see male doctors, "by pointing out the location of her pain on the "medicine doll", the Chinese female patient was spared the embarrassment of undressing," as what was written in Medical News (April, 1966). However, it seems records of medicine dolls could hardly be found in Chinese medical classics and literature. This paper explores how such dilemma of representing Chinese medicine or 'creative misunderstandings' were caused when medical objects and knowledge moved to another cultural system. Drawing on museum collection, exhibition and literature, this paper fills an important gap in the neglected area of global motion of Chinese medical objects, and it casts a critical eye over British collecting and curating practices with regard to Asian medicine in a global history context.

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Panel 3 History and culture

Rationalising 'superstition': A case study of amulets in Old English remedies

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Abstract

Amulets have and are a part of human life at all times in all civilisations. The use of specially selected objects to avert vexations and seek protection is a common practice among various cultures. It is not surprising that amulets are also used in Early Medieval England. While modern scholars often label them 'superstition', 'magic' and opposite to 'rational' medicine, they are commonly found in Old English medical literatures among herbal remedies and medical teachings. Furthermore, similar to the modern criticism of amulet as a form of superstition, it has already been the target of condemnation in the Christian teachings and penitentials of the time because of its possible relation to paganism. This study takes a stylistic approach that analyses the language and wording of amuletic remedies and compares them to their surrounding 'rational' herbal remedies. It explores their position within the wider context of Early Medieval English medical practice and considers the dynamics between amuletic remedies and Christian belief. By doing so, it reveals how the amulets adapt folk practice and fit into the Christian world view as a rational way of healing.

This case study examines amuletic remedies in Leechbook III, an Old English medical collection dated to around the tenth century and it is famous among scholars because of its abundant extra-medical contents. The eight amuletic remedies in Leechbook III cover a wider range of objects and ailments. They use herbs, animal parts and daily objects to counter both visible bodily problems and invisible attacks from the Christian devil and the pre-Christian elf. They present a mixture of folk European practices, learned classical knowledge and Christian belief. This study gives a new interpretation of amulets in Early Medieval England and tells us more about the conceptualisation of illness within their contemporary world view.

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Panel 3 History and culture

Victorian Women as Healers: Herbalism and Working-Class Medicine in Elizabeth Gaskell's *Mary Barton*

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Abstract

This article delves into the intersection of gender issues with herbalism and working-class medicine in Elizabeth Gaskell's 1848 social problem novel *Mary Barton*. Against the backdrop of 19th-century scientific advancements, medicine underwent a transformation into a scientific discipline, emphasizing structured training and professional credentials. This transition highlighted the primacy of knowledge over experience and reason over emotion, reinforcing the prevailing Victorian notion that women were ill-suited for medical practice or any intellectually demanding pursuits, relegating them to the domestic ideal of "the angel in the house". However, through the character of Alice Wilson, a peripheral figure in *Mary Barton*, who gathers and employs herbs for medicinal purposes within her community, a narrative unfolds where she asserts her agency as a female healer amidst entrenched masculine discourses. This depiction positions her as a precursor to the emergence of women in the modern medical profession by the late 19th century. Drawing on meticulous textual analysis of the novel, coupled with an exploration of historical sources on herbalism and medical practices in Victorian England, this study unpacks the diverse metaphors surrounding herbal remedies. It seeks to advance three key arguments: firstly, women intimately connect with herbal traditions; secondly, the terminology and classification systems in herbal practices are rooted in female experiences, diverging from the Linnaean taxonomy prevalent in 19th-century botany; and thirdly, the herb-gathering activities necessitate women to navigate urban spaces, thereby carving out a female sphere through the cultivation of herbal gardens. The application of herbal remedies for treatment took place within the patients' homes, creating a domestic environment that evokes psychological security, contrasting with the predominantly male-dominated hospital settings. The portrayal of Alice Wilson and her herbal remedies in *Mary Barton* serves as a lens through which to examine Gaskell's apprehensions and challenges towards the medical discourses of the Victorian era.

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Panel 4 Gender

‘But all gentlemen are now very old’: Ageing Masculinity in Evelyn Waugh’s Late Works

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Abstract

Drawing on archives and ageing research, this paper examines the representation of age and ageing in Waugh’s later fiction and his late style. Waugh’s war and postwar works, and mid-century modernism for that matter, are preoccupied with ageing. If youth is glorified, notably in *Brideshead Revisited* (1945), age is largely conceived as undesirable, particularly for men: Basil Seal in Waugh’s last short story ‘Basil Seal Rides Again’ (written in 1962 and published in 1963) and Mr Pinfold in *The Ordeal of Gilbert Pinfold* (1957), for example, find ageing emasculating. Moreover, men tend to age worse than women. The premature ageing suffered by this generation of middle-aged men, not least Charles Ryder, Basil Seal, and Guy Crouchback in Waugh’s war trilogy *Sword of Honour* (1965), is to some extent prompted by the Second World War, which makes them conscious of their age and subjugates them to ageism. By contrast, the sage-like Mr Crouchback, Guy’s father, can be considered an exemplar for healthy ageing. Late style, albeit varied, tends to entail a stylistic as well as thematic return to the beginning, as ageing research confirms such a circularity in later life.

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Panel 4 Gender

Institutional Liminality in Care Facilities and García Márquez's "I Only Came to Use the Phone"

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Abstract

The concept of liminal space provides a compelling framework for analysing both contemporary care facilities and Gabriel García Márquez's short story "I Only Came to Use the Phone." This paper examines how the psychiatric institution in García Márquez's narrative mirrors modern nursing homes and care facilities as spaces of transition, displacement, and suspended reality. Like María the protagonist who becomes involuntarily confined in a mental hospital after seeking help for a broken-down car, residents of care facilities often find themselves in an ambiguous state between autonomy and institutionalisation. The story's themes of miscommunication, loss of identity, and institutional power dynamics parallel the experiences of many in contemporary care facilities, where individuals navigate spaces that are neither fully medical nor truly domestic. Through this analysis, I hope to explore how both García Márquez's fictional institution and real-world care facilities function as liminal spaces where traditional social boundaries blur, time seems to operate differently, and residents exist in a state of perpetual transition. This examination reveals how institutional spaces can inadvertently strip individuals of their agency while operating under the guise of care, creating a disturbing parallel between the story's surreal nightmare and the very real experiences of those in modern care facilities.

Keywords: liminality, institutional power, medical hierarchy, medicalised spaces

Session 3 24th May 9:00-11:00

Panel 4 Gender

Challenging the “Doctor as Savior” Trope: Depathologizing Trans Identity in Trans Memoir

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Abstract

Doctors have had a prominent role in trans life writing from its infancy and have often been depicted as taking on the role of savior, guide, and even parent. In these narratives, the doctor-patient relationship was based on a clear and traditional division of roles, with the doctor acting as educator and gatekeeper and the trans patient playing the role of compliant and grateful worshipper of the doctor’s skill. In early memoirs such as Lili Elbe’s *Man into Woman* (1933) and Christine Jorgensen’s *A Personal Autobiography* (1968), the doctor delivers the trans subjects from a life of suffering and through the miracle of modern medicine physically transforms them into gendernormative, transnormative subjects who fits back into mainstream society. Trans patients were allowed to access care only if they complied by recounting the traditional trans narrative (Stone, Prosser, Spade) of being in the “wrong body” and passing various tests. With the progress of trans rights and the depathologization of transness in the DSM and ICD manuals in 2013 and 2019, trans memoirs have also reflected the shift in attitudes towards doctors. In Akwaeke Emezi’s *Dear Senthuran* (2021), surgery is not a panacea for trans suffering and doctors are criticized for making trans people “jump through hoops” (Emezi). Janet Mock’s *Redefining Realness* (2014) and Elliott Page’s *Pageboy* (2023) discuss their privilege in accessing care and advocate for less gatekeeping in trans healthcare. In Emma Grove’s *The Third Person* (2022), the doctor is also trans and is abusive to his patient. In this presentation, I will trace doctor-patient relationships through several trans memoirs and argue that contemporary trans memoirs have largely moved towards collaborative models, “renegotiating the medical gaze,” viewing access to care as a basic right, and leaning into critiques of the gatekeeping system (Krishnan and Jha 2022).

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Panel 4 Gender

The Role of Religious Leaders in Women's Health: Navigating Ethical and Legal Boundaries

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Abstract

This paper delves into the intricate intersection of religious authority, women's health, and the legal frameworks that shape public health policies. Specifically, it examines the ethical and legal challenges religious leaders face when their deeply rooted religious doctrines collide with state-enforced health regulations. In many communities, religious leaders—whether pastors, imams, or monks—hold tremendous sway over women's health decisions, especially in highly sensitive areas such as reproductive rights, contraception, and abortion. This study investigates how these leaders navigate the complex tension between upholding religious tenets and advocating for or resisting women's legal health rights. Through a comparative analysis of case studies spanning different religious and cultural contexts, the paper uncovers the varying roles that religious leaders play in either challenging or reinforcing health policies. The research highlights how these leaders, often seen as moral gatekeepers, shape both public discourse and private health decisions, influencing critical issues such as reproductive autonomy and access to care. Furthermore, the paper explores the ethical dilemmas these religious figures face in balancing their faith-based responsibilities with the evolving demands of modern legal systems, particularly in the realm of women's rights. It reveals how religious authority can act as both a catalyst for progressive reform and a formidable barrier to legal and social change. Ultimately, this research contributes new insights into the delicate balance between religion and law, proposing pathways for reconciling religious doctrine with progressive health policies to ensure the advancement of women's health rights while respecting religious freedoms. This paper not only deepens our understanding of the intersection between ethics, religion, and law but also offers pragmatic solutions for navigating the complex dynamics that impact women's health on a global scale.

Session 4 24th May 3:00-5:00

Panel 1 Health and Language

Laughter as a Metapragmatic Awareness Indicator: Understanding Communication in Chinese Elders with AD

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Abstract

The study regards laughter as a metapragmatic indicator that reflects metapragmatic awareness. It explores the metapragmatic functions of laughter and reveals the metapragmatic awareness of Chinese elders with Alzheimer's Disease (AD) in the cognitive assessments and semi-structured interviews. The findings indicate that the use of laughter demonstrates the metapragmatic awareness of AD elders across various aspects of communication, including discourse structure, information, speaker, and both parties in interaction. Their metapragmatic awareness is manifested in managing discourse organization, alleviating embarrassment, mitigating face threats, facilitating self-deprecation and expressing emotions. Furthermore, the study analyzes these metapragmatic functions of laughter within the framework of rapport management (Spencer-Oatey 2008), highlighting the role of laughter in fostering rapport. This research contributes to the advancement of the metapragmatics theory and the rapport management theory, with implications for interventions aimed at enhancing rapport in interactions involving AD elders.

Session 4 24th May 3:00-5:00

Panel 1 Health and Language

Repeat with me: A longitudinal study on training functional echo-like speech in autism therapy

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Abstract

Autism Spectrum Disorder ('ASD') is an increasingly common neurodevelopmental condition characterized by repetitive behavior. We examine a communicative phenomenon resulting from this symptom: so-called 'echolalia', the echo-like repetition of prior speech (Kanner 1946; Prizant 1983; Neely et al. 2016). Echolalia in autism, shown in 75-80% of verbal individuals, has been widely documented (Fay 1967; Schuler & Prizant 1985). This notwithstanding, it remains poorly understood, resulting in the fact that it does not appear in diagnosis tests and is not used in therapy.

Long considered meaningless repetition to be avoided, echolalia may in fact be used functionally (Prizant & Rydell 1984; Roberts 2014; Sterponi & Shankey 2014). Examples are quoting somebody's words to refer to them or saying "Goal!" for 'soccer' (Dornelas 2018). We explore the potential benefits of using functional echolalia for language development. Based on one naturalistic study (Dornelas & Pascual 2016) and three follow-up elicitation studies (Dornelas 2018; Pascual, Dornelas & Oakley 2017; Xie, Pascual & Oakley 2023), we will present the design of a 9-month longitudinal study in which a group of ASD children will be trained in the strategic use of repetition, both by receiving encouragement when producing functional echolalia and by hearing a verbal formula associated with a given profession or entity when presented with an image of it (e.g. 'Happy birthday!' upon seeing a birthday cake). We expect the ASD children trained in functional echolalia to show a larger vocabulary and overall communicative skills than ASD controls from the same therapy center without functional-echolalia training. We hope to show that what is generally regarded as a pathological default to be discouraged may be used as an effective interactional resource and as a stepping stone to better linguistic and communicative competence.

Session 4 24th May 3:00-5:00

Panel 1 Health and Language

Chinese ASD children's interpretation of reflexive pronouns

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Abstract

Children with autism spectrum disorder (ASD) face issues with the use of language connected to contextual use. A pertinent linguistic element relating to context is that of anaphora in Chinese, which is influenced by contextual considerations. Considering reflexive pronouns, they present a challenge to first language acquisition as their usage can be affected by context, which children are learning to integrate. Considering children with ASD as compared to typically developing TD children, the latter may have issues in using context to guide reflexive antecedence as compared to TD children.

In a visual world experiment, we investigated two reflexive pronouns, *zìjǐ* 'self' and *tāzìjǐ* 'him/herself'. These pronouns differ as *zìjǐ* is generally ambiguous allowing both long-distance (LD) and local antecedence, whereas *tāzìjǐ* has a preference for local antecedence. Proceeding a context biasing focus to the LD antecedent, or a neutral context without focus, participants heard a target sentence, *Lǎohǔ shuō Xiǎo Niú xǐhuān [tā zìjǐ/zìjǐ] de tóufà* 'Tiger [LD antecedent] said that Little Cow [local antecedent] likes his/ his own hair', while looking at the two referents, a distracter animal, and distracter object.

In the critical reflexive region, significant 2-way interactions for reflexive and referent are found (group and context are not significant). Differences between *zìjǐ* and *tāzìjǐ* show that the local antecedent is preferred to be looked at more for *tāzìjǐ*. Considering *tāzìjǐ* itself, it has more looks to the local antecedent than the LD antecedent. For *zìjǐ* however, neither antecedent received more looks than the other, reflecting its ambiguous interpretation. Thus, both groups are sensitive to the reflexive form differences, showing different interpretation patterns. However, both groups are unable to take advantage of context to guide antecedence for *zìjǐ*. These findings are discussed in terms of the acquisition of antecedent resolution strategies for children, and their interpretation of reflexives.

Session 4 24th May 3:00-5:00

Panel 1 Health and Language

A Paraphrastic Research of "obesity" discourse in Chinese Newspapers

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Abstract

Obesity is becoming an increasingly prominent problem in China. However, research on obesity from a discourse analysis perspective is rare in the field of linguistics in China. This study, based on Paraphrastic Discourse Analysis (PPDA) and employing the approaches of collocation and KWIC analysis, describes and analyzes obesity discourse in a self-built Chinese newspaper corpus (2000-2023). The study finds that there are four main types of obesity discourses in newspapers: 1) "Definitional Discourse" which defines what obesity is and what it is like; 2) "Factual Discourse" which presents the real-life situations faced by obese groups; 3) "Causal and Correlational Discourse" which introduces the causes of obesity, its consequences, and related factors; 4) "Solution Discourse" which provides measures to address the obesity issue. The results not only demonstrate the applicability of the PPDA for discourse analysis but also help the public better understand obesity, raise health awareness, and enhance self-health management.

Keywords: obesity discourse; Paraphrastic Discourse Analysis; collocation analysis; KWIC analysis; Chinese newspaper corpus

Session 4 24th May 3:00-5:00

Panel 2 Art Therapy

Theatre Lab: co-creating flourishing spaces, co-producing health(s)?

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Abstract

The benefits of the arts and culture in terms of health prevention or treatment of illnesses are well-documented and in the post-pandemic era, there has been a renewed interest in the field, particularly thinking about the intrinsic and extrinsic links between physical and mental health. The importance of arts-learning in the medical curriculum has been explored in terms of human flourishing and supporting the training and wellbeing of healthcare professionals. Yet, the broader role that process-led creative spaces can play in the co-production of health(s) beyond clinical settings requires a closer examination. The biopsychosocial model of health encompasses an unescapable intercultural and cosmopolitical dimension, thus posing a myriad of ethical challenges and aesthetical implications that must be further addressed by the health and humanities. In theatre and performance studies, there is a legacy of theatre directors who have investigated the fundamental aspects of acting, developing new techniques and forms of expressing, and ultimately, of being human. Theatre laboratories, as experimental artistic spaces can be seen as a fertile ground to explore different notions of health (i.e. social health, democratic health, creative health, planetary health, etc.) and human flourishing. Since 2023 I have been running a weekly Theatre Lab with postgraduate students (from the MSc Creative Arts and Mental Health) at QMUL. Drawing from my experiences as a director, dramaturg, performer and teacher, and bringing together theoretical and practical knowledge from various theatre traditions and philosophical approaches we co-created a ‘third space’ that combines artistic, pedagogic and therapeutic outlets. Currently, we are developing a Collaborative Autoethnography to analyse the specific components that made Theatre Lab a flourishing space for exploring the multiple meanings, values, and affects associated with health and wellbeing.

Key words: Theatre Lab; Health(s); Flourishing Spaces; Collaborative Autoethnography;

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Panel 2 Art Therapy

Exploration of a new path in literature therapy from the perspective of health humanities

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Abstract

Health humanities advocate the deep integration of comprehensive health and humanistic care, and literature therapy can effectively promote the psychological recovery and spiritual growth of individuals through emotional resonance, psychological catharsis, narrative reshaping and image healing. Under the guidance of the concept of health humanities and in the current AI era, the long-standing literature therapy has regained its unique luster. Starting from the connotation of health humanities, this paper deeply analyzes the theoretical basis and historical origin of literature therapy, discusses its applications in health education, psychological rehabilitation and medical practice. In view of the new challenges and opportunities faced by literature therapy in the current AI era, the authors call for interdisciplinary research and innovative practice to provide new ideas for improving the physical and mental health of the whole public.

Key Words: Health humanities; Literature therapy; Mechanism; Innovation

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Panel 2 Art Therapy

Mechanisms, Current Applications, and Development Strategies of Music Therapy in Intervening Autism Spectrum Disorder

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Abstract

Music therapy, as an emerging interdisciplinary field and clinical technique, offers novel approaches to intervening in autism spectrum disorder (ASD). It embodies the innovative concept of "prescription diversity" in modern medicine and exemplifies the integration and mutual support between humanities and medicine, art and health. Traditional research has primarily focused on the physiological and psychological mechanisms of music therapy. This paper expands and constructs a "physiological-psychological-social" intervention mechanism for music therapy, discussing the applicability and compatibility of music therapy in intervening in ASD. It is found that music therapy, targeting the physiological characteristics of ASD children such as auditory sensitivity and strong musical perception abilities, can effectively guide them to shift behavioral states, develop self-awareness, enhance language abilities, improve interpersonal interactions, and elevate both psychological and physiological health levels. To achieve sustainable development, music therapy needs to incorporate research techniques such as randomized controlled trials (RCTs) and meta analyses and obtain more comprehensive clinical data support. Additionally, strengthening the cultivation of interdisciplinary professionals and improving industry access standards are necessary to further enhance intervention effectiveness.

Session 4 24th May 3:00-5:00

Panel 3 Culture and medicine in China

Attention politics and China's role transformation in global health partnerships

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Abstract

China's role in global health governance evolved during the COVID-19 pandemic, sparking academic discussion. Most literature focuses on the structural factors shaping China's participation in global health governance at the international level, with fewer studies addressing China's domestic ideational factors. This article aims to integrate these two levels of analysis by examining how China's domestic political system has shaped the transformation of its role in global health governance using the concept of 'politics of attention'. Through a case-study of global health partnerships (GHPs), the article argues that China's role transformation in such partnerships is attributable to a policy outcome driven by shifts in Beijing's attention in response to external shocks, facilitated through resource mobilization and allocation. Moreover, the article explores the limitations of China's participation in GHPs during the pandemic as a non-western power; these limitations arose primarily from competition between different channels for Chinese global health participation; the various internal and external obstacles faced by Chinese corporations; and criticisms surrounding the efficacy of Chinese-produced vaccines and medical products.

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Panel 3 Culture and medicine in China

**A series of Doctor-Patient Communication Tools for Holistic and Humanistic Care
Based on Narrative Medicine and TCM**

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Abstract

Background: Holistic and humanistic care is the essence for a tight doctor-patient relationship. Doctor-patient communication plays a fundamental role on humanistic care and therapeutic effect. Even various tools and interventions aimed at enhancing the effect on doctor-patient communication, but most of those focused on the explanation on the medical sciences and technique, ignoring the humanity. Narrative medicine (NM) is considered as the effective practice of humanistic care in clinic. TCM therapy involves the holistic and humanistic concepts and practical therapeutic methods. Therefore, this study aims to construct a series of doctor-patient communication tools, combining the concepts and practical therapeutic methods of NM and TCM, to harmonious the misunderstanding between doctor and patient in order to sharing clinical decision together effectively.

Methods: For the essences on humanistic care in TCM therapy, the ancient Chinese medical classics were collected and curated systematically by realistic literature review. And then combined with the concepts of narrative medicine, the draft of doctor-patient communication tools were constructed, which were imposed 3 tools for flexible stages of realistic clinical practice. Subsequently, experts from multiple fields were invited to validate the tools through the nominal group technique. After in-depth discussions and collective voting, further detailed usage instructions were added. **Result:** Three doctor-patient communication tools with detailed usage instructions were developed, so as to applying for various conditions of medical communication, diagnosis, explanation, and shared decision-making.

Conclusion: A series of doctor-patient communication tools help doctors listen about the stories of illness holistically and patiently, increase patient engagement, foster better communication, empathy, and shared decision-making.

Keywords: Doctor-Patient Communication; Narrative medicine; Traditional Chinese Medicine; Humanistic Care

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Panel 3 Culture and medicine in China

The Esoteric Appeal of TCM: The Tendency Toward Mystification and the Cultivation of Patient Expectations

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Abstract

Yijing/the I Ching (Book of Changes), as a classical Chinese text, has an uncertain date of composition, though it is generally believed to have originated during the Western Zhou period (BC1046-BC771). Over time, Yijing has undergone continuous textual revisions, and significant differences exist between the received version's hexagram and line statements and the earliest archaeological findings (Shaughnessy, 2022). Originally considered a divination manual, Yijing employs a symbolic system to describe the transformations of phenomena. Diviners would interpret hexagrams obtained through casting methods to predict auspicious or inauspicious outcomes. However, extensive empirical research suggests that ancient Chinese divination was less about objectively forecasting future events and more about articulating the diviner's expectations—voicing desired outcomes under the guise of divine will in order to seek spiritual reassurance and legitimacy (Shaughnessy, 2022; Zhou, 1993).

Regarding the relationship between Yijing and TCM, contemporary TCM research primarily focuses on the parallels between the Yijing's yin-yang transformations and symbolic structures and the theoretical framework of TCM, particularly its principles of yin-yang balance and the Five Phases (wuxing) and organ manifestations (zangxiang) (Cheng, 2008; Lu, 2013; Qicheng, 2008). Historically, however, divination and medical practice have been closely intertwined. While diviners were not primarily physicians, they frequently assumed a medical role, engaging in various prognostic and therapeutic functions, including predicting disease progression, lifespan, and time of death; diagnosing illnesses and their causes; suggesting treatments and cures; forecasting epidemics; and determining fertility outcomes, childbirth dates, and foetal sex (Lin, 2016).

David Twicken (2011) explores the similarities and connections between Yijing-based Ba Gua and Neijing-based TCM, both of which are founded on the principles of yin and yang. Through this framework, he links TCM clinical practices, Yijing, and Daoist perspectives on life. Nathan Sivin (2011) analyses Chinese historical records to examine the role of Daoism in ancient medical practices. Meanwhile, Mei Zhan (2016) investigates the enthusiasm among a group of

young TCM doctors and entrepreneurs in China for Yijing and Daoist thought, particularly their engagement with hexagram divination and their pursuit of a revival of classical TCM. Rather than interpreting this phenomenon as a religious revival or explaining it through the logic of capitalism, she frames it as a challenge to ideological materialism—an exploration that disrupts the mechanization and theorization of modernization while embodying multiplicitous nature of inquiry and inhabitation.

Building on these perspectives, this paper introduces a new line of critique. Rather than examining the theoretical parallels between divination, Yijing, Daoism and TCM, or assessing the role of divination in medical practice and its potential challenge to the epistemological dominance of scientism in TCM, my critique turns toward the contemporary tendency to mystify TCM. I am not, like Michael Matthews (2019), questioning whether TCM and all knowledge systems based on qi—rooted in China’s ancient history and cultural practices—constitute a form of pseudoscience. Nor do I believe that such knowledge should be evaluated strictly through the lens of so-called “science” or “pseudoscience,” nor will I make ontological judgments about the nature of knowledge itself. My critique is directed at the deliberate mystification of TCM, particularly through the esoteric and abstruse discourse surrounding Yijing. I argue that certain forces are intentionally portraying TCM as an incomprehensible and inaccessible body of knowledge, distancing it from clinical practice and reducing it to an elusive and abstract discussion. I firmly maintain that this tendency is detrimental to the transmission and development of TCM.

My focus is on the following aspects: First, the mystification of TCM’s methodology for knowledge transmission has hindered the effective transfer and inheritance of medical expertise. While this issue is partly tied to the nature of TCM knowledge itself and thus difficult to avoid, it nonetheless raises concerns. Second, the mystification of TCM theory has been reinforced by its association with Yijing. This integration has led to an interpretive framework in which TCM explains itself through Yijing, further distancing it from clinical practice and embedding it within an obscure and esoteric discourse. Third, building on this, mass media has commercialized and repackaged TCM and Yijing, capitalizing on consumer psychology to sell abstract concepts rather than substantive medical knowledge. This, in turn, has exacerbated the mystification of TCM. Fourth, the influence of mass media has shaped patients’ expectations of TCM, reinforcing a mystical perception that affects their evaluation of its efficacy and therapeutic value.

The study of Yijing has become increasingly complex with the discovery of new archaeological evidence, further exacerbating its interpretive instability and uncertainty. However, the difficulty in tracing the origins of Yijing does not justify viewing TCM as an esoteric and enigmatic medical practice. If TCM and its associated practitioners indulge in this mystified agnosticism, this so-called cultural revival may render TCM an abstract, self-referential discourse, detached from both its medical function and its capacity for effective treatment—an intellectual edifice suspended in ambiguity.

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Panel 3 Culture and medicine in China

非遗艺术的疗愈功能对老年人心理健康与生活质量的促进作用研究

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摘要

艺术疗愈 (Art Therapy) 作为健康促进的重要手段, 近年来受到广泛关注。然而, 以非遗手作为载体的艺术干预模式尚未被充分研究。本研究以某养老院的非遗手作课程为案例, 探讨非遗艺术在老年人心理健康促进中的应用。通过满意度调查 (N=303), 发现 89.44%的参与者对课程表示高度满意, 其中 64.03%为“满意”, 25.41%为“很满意”。研究发现, 非遗艺术通过增强专注力、创造力和文化认同感, 显著改善了老年人的心理状态。老年人在非遗课程中普遍表现出更强的幸福感, 情绪稳定性更高, 更愿意参与社会交往。研究提出“非遗+艺术疗愈”的健康服务模式, 建议将非遗艺术融入养老机构的常规健康干预计划, 为提升老年人生活质量提供实践依据, 并为非遗文化的现代化传承拓展新路径。

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Panel 4 Narrative and Society

The Construction of Ancient Chinese Artistic Health Preservation Thought and Its Humanistic Health Value from the Perspective of Sociology of Knowledge

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Abstract

The Huangdi Neijing is the earliest document in the world that records knowledge related to artistic health preservation. It not only reflects the "holistic thinking" mode and the idea of "treating with a combination of methods" in traditional Chinese medicine but also influenced the spiritual world and lifestyle of ancient people. Using knowledge construction theory, this paper analyzes the construction, dissemination, and acceptance process of Chinese artistic health preservation thought, such as the "Five Elements, Five Tones, and Five Colors" theory in TCM. This theory is not a simple mechanical correspondence or analogy; its understanding and application have undergone continuous development, reflecting the natural and cosmic views in the context of traditional philosophy as applied to the relationship between art and health. The sociology of knowledge provides a research method for observing the interaction between art and health from a humanities perspective, viewing the development of individuals and the process of interpersonal interaction in the context of illness from the perspective of mutual construction between individuals and society, thereby breaking through the boundaries of biomedicine and revealing the socio-cultural mechanisms of artistic health preservation. By comparing ancient artistic health preservation with contemporary art therapy from the perspectives of knowledge diversity and localization, this paper reveals that Chinese artistic health preservation thought embodies the humanistic health values of "naturalness," "human-centeredness," and "harmony."

Keywords: Artistic Health Preservation, Humanistic Health, Art Therapy, Ancient China, Sociology of Knowledge

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Panel 4 Narrative and Society

From memes to medicine: Exploring the convergences of popular culture, digital humour and health awareness in Africa and its Diasporas

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Abstract

African popular cultural products have become prevalent and globally available through internet dissemination. They have also generated memes which have been variously repurposed into activism and entertainment, which due to their constituent viral trends, have become equally popular. This presentation discusses how medical professionals co-opt viral African memes and trends in eliciting humour, while also discussing health-related matters on social media. By analyzing the creations of purposively selected online creators, such as Nokhukhanya Khanyile-Lenake (Kenya), Chinonso Egemba (Nigeria), and two from the African diaspora, Chris Raynor and Heather Irobunda, this study examines how health-related memes can effectively influence and convey critical health messages. Particularly, this paper deploys performance analysis and social media audience research in exploring the types of health issues addressed, the cultural relevance and resonance of the accompanying memes, and their impact on health literacy and behaviour change. To further show the diversity and global circulation of these memes and viral trends, this presentation also examines the TikTok dance videos of Beth Pearcey, who dances to Afrobeat songs against the backdrop of her travels and regular health-related job. By harnessing the power of humour, these health practitioners and communicators address health challenges and improve health outcomes for their followers. Consequently, the study provides insights into how African popular culture memes leverage cultural references and local languages, making them relatable and engaging for diverse audiences. It also highlights the potential of digital humour to break down stigmas associated with certain health conditions, thereby fostering a more open and informed public discourse. This paper argues that digital humour, particularly memes, represents a valuable and under-utilized resource in health promotion.

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Panel 4 Narrative and Society

Recognition, Diagnosis, and Remediation: Narrating Pandemics in Post-2000s Chinese Science Fiction

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Abstract

Drawing on Rosi Braidotti's posthumanist theories, this study uses four post-2000s Chinese pandemic-themed sci-fi works to understand the varied ways of narrating and responding to pandemic in post-2000s Chinese science fiction. This study argues that these four representative sci-fi works actively recognize, diagnose, and remediate the pandemic, epidemic, or plague. Among them, "The Dance of Shiva" (2008) by Jiang Bo and "The Plague" (2002) by Yan Leisheng are found to fulfill the posthuman subjects that represent the more-than-human or less-than-human agencies, whose existence is seen as secondary or peripheral due to their race, ethnicity, class, gender, sexuality, disability, and/or coloniality with nature, suggesting a post-anthropocentric and post-humanist turn. On the other hand, Chen Qiufan's "Contactless Love" (2021) focuses on the positive trends accelerated by the globe-altering pandemic and envisions a near-future lifestyle enhanced by the ubiquity of AI technology. This kind of pandemic narrative manifests and implicitly reinforces humanist prejudice, which fails to address the root cause of pandemic-related problems. Instead, Wang Jinkang's *Pathological* (2016) holds against the exacerbating effects of modern science by introducing the traditional Chinese Daoist principles of balance and inaction to address pandemic-related problems due to human-nature disharmony.

Collectively, China's SF community has made it increasingly clear that the pandemic is not just a health emergency but more like a catalyst of what was already there – the unresolved social and ecological problems globally and locally. These problems include the troubled human-nature relationship, deeply embedded social hierarchy, and the obsession with science and technology. They have demonstrated different ways of engaging with humanist and post-humanist discourses in their pandemic-centered narratives, but they have all contributed greatly to the current necessary discussions of environmental ethics, health issues, and human responsibilities.

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Panel 4 Narrative and Society

**Resilience, Narrative Identity, and the Embodied Experience of Chronic Illness: A
Medical Humanities Perspective**

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Abstract

Resilience is often conceptualised as an intrinsic ability to adapt to challenges, rooted in the human psyche and typically framed as a self-defence mechanism enabling individuals to navigate adversity. Emerging research however, has criticised this view, arguing that resilience should not simply involve adaptation but also drive positive change in response to adversity. This critique extends to the neoliberal implications of resilience narratives, which risk shifting welfare responsibilities from the state to individuals. Drawing on longitudinal qualitative data (2021–2023) from individuals over 50 managing novel chronic conditions of prolonged covid-19 symptoms in the UK, this study situates resilience as an embodied, socially mediated construction. Analysing four in-depth case studies reflecting divergent resilience trajectories—decline, improvement, fluctuation and persistence—we explore how chronic illness intersects with the challenges of ageing. Our findings reveal that resilience is not inherently stable nor universally positive but can be metaphorically understood as operating like an immune system: responding to disruptions while shaped by ageing bodies and everyday demands. Through the lens of medical humanities, we position resilience within narrative identity, where life stories are maintained through the interplay of past experiences, flexible future outlooks, and present-oriented living. This narrative framing reveals resilience’s existential dimension in later life and a perpetual questioning of self through embodied experiences of health and illness. Individuals nearing or in the third age (50s to 70s) navigate chronic conditions by drawing upon personal histories, community connections, social support and cultural narratives. This study highlights the relational and embodied aspects of resilience, challenging the predominantly individualised models often seen in medical and gerontological research. By integrating narrative, existential, and social dimensions, our findings contribute to a deeper understanding of resilience as a dynamic and complex process, offering nuanced insights into ageing and the lived experience of chronic conditions.