

# Politics of Culture in China

Report >  
China

The emergence of a transnational management culture in China is a very recent phenomenon. There have, of course, been precedents, which may be traced back to the early twentieth century or even earlier. But what we see happening in China today in Sino-foreign joint ventures has basically emerged during the 1990s. Small wonder that the study of transnational management is still taking its first steps, and that a broadly oriented approach in this research field is lacking. Last year, a workshop entitled 'Politics of culture in transnational management: China during the twentieth century' was convened by the authors in order to develop such an approach.

By Leo Douw & Chan Kwok Bun

The study of transnational management has been dominated by the concept of cultural difference ever since Geert Hofstede published his classical research on IBM and its branches over the world (1980). Hofstede suggested that the existence of cultural differences among the personnel of multinational firms offers a substantial explanation of the problems with which corporations such as IBM are confronted in their foreign branches; he also offered an apparently sophisticated methodology for the research of those differences, because his project provided a convenient outline of the components of culture and enabled students to efficiently interview the employees in those firms, measuring their proclaimed cultural luggage along sliding scales. In many departments of business economics and organ-

ization studies at universities, and in professional schools, the work by Hofstede and his followers is still the standard reference. As for China, Hofstede has provided the obvious starting point for a large number of research projects.

Undeniably, the Hofstede school has engendered a vast amount of useful information on work relations in foreign-invested firms, including those in China. There is no doubt about the existence of cultural differences nor about their being a real and often formidable obstacle to be overcome when doing business across national borders. Nevertheless, over the past decades the theory's limitations have also become clear. For one thing, the argument of cultural difference can be manipulated to the purpose of maintaining existing power structures. Research on gender relations in Sino-German enterprises indicates that whereas German expa-

triate managers usually value women higher as to their work performance than men, they are nevertheless sensitive to the argument of their Chinese counterparts, that most Chinese employees would not accept a woman as their boss. In that way, career opportunities for women are being overlooked on a grand scale. Also, the argument of cultural difference may self-reinforce and perpetuate existing mutual stereotypes and thus hinder changes in work relations. In contrast with the Hofstede approach, the acknowledgement that employees of different cultural backgrounds also share many cultural features is obviously much more conducive to cultural change.

An even more challenging problem is that undue emphasis on cultural differences may block out a realistic view of structural factors, which determine much of the problems encountered by foreign firms in China. Foreign enterprises usually serve different purposes for the Chinese than for their foreign partners; they also, often unawares, serve quite diverse and sometime conflicting interests among their Chinese counterparts. A more realistic under-

standing of these interests on the Chinese side seems to be much more helpful in conducting business than any perception of cultural differences, however useful that may be. It would be better, too, if our rapidly increasing understanding of the workings of Chinese business networks could be extended to the analysis of transnational management, as a method of getting to grips with the question of where foreign firms in China are heading in the longer term, and which side controls that process. The past achievements of such business networks in accommodating the needs of Western enterprises in China would particularly merit such analysis.

What applies to claims that cultural differences really matter, applies equally to claims of cultural affinity. Research reveals that managers of a bicultural background are often perplexed by the conflicts which result from that situation: prospective Australian-Chinese business people for example, who try and enter the Chinese market, have often shrunk back from their initiative when realizing that they were considered as Chinese rather than as Australians, and were not prepared to live

up to the resulting expectations. The claim that their shared culture provides Chinese descendents with a big advantage over other foreigners in doing business in China is equally deceptive. For example, research into the Suzhou Industrial Park shows how a joint undertaking between the China and Singapore governments ended in failure because, amongst other things, claims of cultural affinity from both sides blinded the participants to objections against a local administrative project.

It is perhaps high time to transcend the Hofstede approach by examining what is behind the cultural divide rather than its alleged features and, also, by looking upon the newly emerged transnational management culture in China as a totally new phenomenon. To mention some final examples: German and Chinese female managers in transnational enterprises in Hong Kong have demonstrated a remarkable ability to create career opportunities for themselves, which is quite contrary to Chinese common practice. Also, there is now sufficient research showing that remuneration systems in transnational firms in China have their own specific features and can no longer be called either 'Chinese' or 'Western'. The new transnational management culture in China can be said to be composed of very different elements, but is more than the sum of its parts, and

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The workshop 'Politics of culture in transnational management' was held at Hong Kong Baptist University on 23-24 May 2002, as a part of the international conference on 'China in the world in the twenty-first century: hot development issues in contemporary China'.

# 'Wellcome' Asia: Histories of Medicine in the UK

is closely related to the power structures which gave birth to it and keep changing it. <

## Reference

– Hofstede, Geert, *Culture's Consequences: International Differences in Work-Related Values*, Beverly Hills, CA: Sage (1980).

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The Wellcome Trust, the well-known British educational charity, has played a sterling role in encouraging the development of research and teaching expertise in the history of medicine in the United Kingdom. At the moment the Trust funds three different units at the universities of Oxford, Manchester, and East Anglia (Norwich), and one major centre in London.

## News > General

By Sanjoy Bhattacharya

The Wellcome Trust Centre for the History of Medicine at University College London, now directed by professor Harold Cook, has recently strengthened its Asian Studies component with two lecturers and a fellow in addition to the two lecturers already working there. Dealing with the history of South Asia, Sanjoy Bhattacharya mainly works on the nineteenth and

twentieth centuries, while Vivienne Lo concentrates on the ancient and medieval periods in China.

Dominik Wujastyk has recently been appointed as a senior research fellow and is now working on medical trends in India on the eve of colonialism. The centre's new specialist on Central Asia, research fellow Hormoz Ebrahimnejad, researches the introduction of Western medical practices in nineteenth-century Iran, which he describes in this issue of the *IIAS Newsletter*, but is also interested in Afghanistan's history. Alex McKay, who joined us on 1 October 2002 with a three-year fellowship, is working on the transmission of Western medicine in Himalayan South Asia between 1900 and 1947.

The centre's Asian Studies component will be enhanced through the development of large projects in collaboration with international research organizations. Such collaborative work could be developed with the help of a

range of funds and be deployed to examine a variety of important issues. Medical ethics in Asian contexts has recently become the focus of discussions between the Wellcome Trust Centre and the IIAS, and will hopefully lead to a collaborative research programme in the near future. It is to be hoped that the examination of this significant topic will encompass a transnational and multi-disciplinary perspective. A similar approach could also, of course, be used in a broad study of the attitudes held by Asian minority and migrant communities in Europe towards state-sponsored healthcare provisions – another important theme that has received far less attention than it deserves. Hopefully, the start that the Wellcome Trust Centre and the IIAS made in this regard will lead to a series of productive international partnerships. <

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## Info >

For fellowship applications, you may contact professor Cook with a copy of your CV and a two- or three- page research proposal, to be considered by the Centre's Research Committee before selected names are forwarded to the Trust for its fellowship competition.

Doctoral candidates (with their own funding) may contact Dr Michael Neve: [m.neve@ucl.ac.uk](mailto:m.neve@ucl.ac.uk)  
Details are available from the centre's website: [www.ucl.ac.uk/histmed](http://www.ucl.ac.uk/histmed)

# What Is Bon Medicine?

## Analysing Narratives of Illness and Healing

Tibetan medicine is recognized today as one of the world's most complex and sophisticated systems of medicine. Over the last 1300 years, Tibetan medical traditions have produced a vast corpus of literature analogous in complexity to the medical scholasticism of India, China, or Greece. Tibetan medical systems are practised widely today in the countries of Nepal, Bhutan, and Mongolia; in Tibetan populated areas of the People's Republic of China; in parts of Russia (Kalmykia, Buryatia); and throughout India (Ladakh, Sikkim, and in Tibetan refugee settlements). The popularity and use of Tibetan medicine is growing in Europe, North America, and the Pacific Rim as well.

## Research > Central Asia

By Mona Schrempf and Frances Garrett

Studies on Tibetan medicine generally refer to the 'classical' medical system, which is largely influenced by Buddhist notions of the body and the human condition. With an emphasis on medical theory, existing historical research on Tibetan medicine stresses the influence of the Indian Ayurvedic humoral system and Chinese pulse diagnosis, and focuses on the institutionally codified body of Tibetan medical literature comprised by the *Four Tantras (rGyud bzhi)* and its commentaries. Many studies of Tibetan medicine are limited by a scientifically oriented epistemology that places value in the study of medical systems only in the search for effective healing techniques. Medical anthropologists, in turn, have concentrated mostly on the impact of modernity and socio-political change among Tibetan patients on the public health system and on the institutionalization and professionalization of traditional Tibetan medicine, as exemplified in the largest Tibetan medical institutions, the *sMan rtsis khang* in Lhasa (Tibet Autonomous Region) and in Dharamsala (Indian exile).

Despite a growing interest in Tibetan medicine, the pluralistic diversity of Tibetan medical systems, that is their textual, institutional, and localized practical forms, has received little scholarly research attention outside Tibet. By examining modern-day Bon narratives of illness and healing and the historical development of such narratives in ninth- to fifteenth-century Tibetan literature, this project aims to articulate the boundaries of a distinctive tradition of Bon medi-

cine. Associated with the Bon religion, and claiming origins dating back to centuries before Tibetan Buddhism, Bon medicine is an ancient medical tradition. Taught in Bon monasteries, specific medical schools, or through oral transmission by hereditary lineages of Bon doctors, it is still practised today by Bon medical practitioners in the People's Republic of China, and in indigenous and exile Tibetan communities in Nepal and India. Historical and anthropological research on Bon medicine will facilitate a scholarly analysis of the complexities of local medical practice and of indigenous understandings of health and illness in everyday life in Tibetan communities. In the effort to understand how Bon medicine is defined as a tradition distinct from other forms of Tibetan medicine, this project will also contribute to the larger question of how medical and religious disciplinary boundaries are drawn in Tibet both historically and today.

### Narratives of illness and healing

Drawing on methodologies of history of medicine and medical anthropology, this project will analyse 'story-like' narrative descriptions of individual experiences of illness and relief from illness in Tibetan Bon literature and practice. In such narratives, notions of self, society, and culture are negotiated and made meaningful. These narratives – crucial components of medical education, medical theory and practice, and the healing process – will support an analysis of cultural constructions of illness and healing in Bon literature and practice; their analysis will help clarify the relationship between centralized and localized medical practices, written and oral histories, and text and performance. There are compelling reasons to use narrative as an organizational rubric for the study of medicine. In the last few decades, many sociologists and philosophers of science have challenged the approach of logical empiricism, its ontological privileging of scientific knowledge, and the adequacy of logico-scientific rationality. In its place some have embraced an understanding of the social and historical contingency of all types of knowledge, including scientific knowledge. The ontological concept of disease, for example, based most centrally on a cataloguing of symptoms, was an historical development in seventeenth-century European medicine that revolutionized diagnosis and treatment. It is not necessarily, however, a well-suited model for the analysis of early systems of medicine, even within European intellectual history, let alone for the analysis of Tibetan medical systems. The present project will therefore involve the careful development of a theory of the role of medical narrative in

Tibetan literature that takes into account conventions of history and fiction specific to Tibetan contexts.

Medical narratives found in the earliest extant Tibetan texts from Dunhuang (ninth century AD) present 'Bon' priests healing sick patients and clearly contain non-Buddhist ideas and practices. Tibetological scholarship has demonstrated that some of these early narratives are thematically related to later Tibetan healing practices. Our project will compare healing narratives in these early medical texts and in later eleventh- to fifteenth-century Bon literature with those known and used by Bon medical practitioners and their patients today. The research results will contribute to our knowledge of early Tibetan medicine and to defining a distinctive tradition of Bon medicine. Additional comparisons of Bon narratives with contemporaneous Buddhist narratives will contribute to discussions about theoretical confluences and distinctions of both traditions.

Historical and ethnographic research will aim to show that, in contrast to the way Tibetan medicine is presented by most scholarship today, Tibetan medical systems are not only empirically founded explications of natural phenomena, but also ideological and cultural narratives greatly influenced by changes in religious and social concepts, local and historical contexts, and other forms of culture. This approach identifies medicine as a player in a far larger discourse than simply that of medicinal healing. It exposes broad hermeneutic issues that shape the relationship of medicine and culture in world societies, questioning the validity of superimposing our own epistemological taxonomies on classical Asian thought. <

**Frances Garrett, MA** is a scholar of classical Tibetan medical, religious, and historical literature and the developer of *Tibetan Medicine Learning Resources*. She has performed preliminary research on healing narratives in Tibetan texts and done fieldwork on Tibetan medicine in India and Tibet.

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**Dr Mona Schrempf** has worked on cultural-religious revivals among Tibetan Bon communities in both China and India with recent fieldwork on Bon medical practice. Specializing in oral history and medical anthropology, she holds a PhD in social anthropology from the Free University Berlin, and is currently affiliated with the Department of Anthropology, South Asia Institute, Ruprecht-Karls-Universität, Heidelberg.

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