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The internet as non-biomedical milieu: Production of alternative health techno-social spaces and the persistence of marginalised medical practices

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ABSTRACT

This paper describes how spatial understandings of the internet (i.e. the internet is a 'space') enable the persistence of marginalised medical practices. By tracing different accounts of the internet as space among practitioners and followers of *diện chẩn* – an emergent Vietnamese unregulated therapeutic method – we show how the logic of space circumscribes an alternative techno-social site for marginalised medical practices, transforms the private experience of being alone with technology into being-in-space, spiritualises the internet as a conduit of healing power, and mediates transnational health mobility among the Vietnamese diaspora. Drawing on interviews and ethnographic participation in Vietnam and the US, we demonstrate how the internet can be understood as non-biomedical milieu – a field of determination that conjoins heterogeneous interventions on health-related eventualities outside of structured and institutionalised biomedical practices. This *in vivo* conceptualisation of the internet as space offers a point of convergence against the bifurcation of information as abstract and technology as concrete. A spatial conceptualisation highlights the embeddedness of health knowledge on the internet and shows how techno-social interrelations produce different spaces of multiplicity, which constitute a favourable milieu for medical practices outside of the biomedical institution to persist.

1. Introduction

Spatial language infuses the way the internet is discussed in popular culture. From the famous adage “On the internet, no one knows you’re a dog” (Steiner, 1993) to allusions to ‘cyberspace’, ‘online world’, and ‘global village’, the internet is often understood as a place that is at once disembodied and yet spatially capable of bringing the world together (Graham, 2013). One goes ‘on’ the internet and ‘to’ a website in the English lexicon, as Graham (2013) points out, as if there is a singular virtual place equally accessible to all. Vernacular equivalents of the grammatical rules associated with the internet in the English language can also be found in Vietnamese – one goes ‘up’ or ‘onto’ the internet (*lên mạng*) or ‘into’ a website (*vào web*). As a space, the internet enables ‘free flows of information’ and is host to ‘online communities’. These spatial elaborations of the internet often go unexamined as they structure, condition, and constrain computer-mediated practices as well as producing novel experiences of place.

While the internet as a space lacks apparent coherence and closure, it is nevertheless seen as stationary and mapped out from the user-infrastructure perspective: even though the internet is a little different

every time we refresh our newsfeed, click on a link, or livestream a video, there is a finite set of tasks that users can execute and manipulate when they are online. As such, activities on the internet take on an ontic role; this ontic role informs the notion that internet problems require internet-specific solutions – a discourse easily misconstrued as separate from problems and solutions that are ‘social’, ‘cultural’, or ‘political’.

This demarcation between technology and society is prominent in the framing of the mis/disinformation problem (Hwang 2020). Although digital mis/disinformation hardly exists independently of the material technology that constitutes it, there appears to be a bifurcation of information as abstraction and technology as milieu. For example, the internet is often understood as a ‘conduit’ for health misinformation (Bode and Vraga 2018); when this ‘conduit’ intersects with the ‘health arena’, experts warn of life-threatening consequences (Wang et al., 2019). This intersection produces a kind of multiplicity that often combines already well-delineated territories; it therefore becomes intuitive to ask questions about the prevalence of misinformation on social media about a particular health-related issue (Chou et al., 2018), whether experts can mobilise their expertise in this new context (Vraga and Bode 2017; Armstrong and Naylor 2019), or indeed whether

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technology can mobilise itself to intervene in the new space it helped create (Ghenai and Mejova 2018; Ma et al., 2019).

In this paper, we argue that another kind of multiplicity exists when we unsettle the implicit assumptions we make about space as stationary and mapped out, and instead see space as the product of interrelations, a sphere of contemporaneous plurality – as often experienced by internet users. It should be noted that there are a number of prominent conceptualisations of the internet that contend with a spatial conceptualisation, such as the idea of a media ecology (Altheide 1995; Fuller 2007; Malpas 2018), the arboreal model of a network with centres and peripheries (Wellman 2001; Van Dijk, 2020), or the rhizomic model of Deleuze and Guattari (Buchanan 2007; Hess 2008; Beck 2016). The goal of this paper is not to propose and defend an alternative position on the spatial qualities of the internet against these well-established models. Rather, it seeks to describe *in vivo* conceptualisations of the internet as space using a relevant case study and show how techno-social interrelations produce different spaces of multiplicity, which constitute a favourable milieu for medical practices outside of the biomedical institution to persist.

In the sections that follow, we discuss the notion of non-biomedical knowledge and practices as existing contemporaneously alongside the multiplicities of scientific biomedical knowledge and various forms of health mis/disinformation. Using the case study of *diện chẩn*, an emergent Vietnamese unregulated therapeutic method, we show how spatial understandings of the internet (i.e. the internet is a ‘space’) among *diện chẩn* practitioners and followers enable the persistence of this marginalised non-biomedical practice via the creation of alternative techno-social spaces.

2. Non-biomedical practices and the case of *diện chẩn*

Non-biomedical knowledge and practices are therapeutic modalities that exist in separation, but not isolation from, biomedicine (Nguyen 2019). In the disparate literature on non-biomedical modalities, terms such as traditional medicine, alternative medicine, complementary medicine, herbal medicine, or unorthodox medicine are often used interchangeably, denoting problematic assumptions and biases about these practices while also eliding the internal contradictions constructed by using terms like traditional and unorthodox, complementary and alternative, as synonyms (Nguyen 2019). It is only with the assumption that a hegemonic set of medical practices forms the counterpoint, or the point of comparison, that it becomes possible to be both traditional and unorthodox, complementary and alternative.

Displaced and marginalised by the scientific biomedical enterprise, non-biomedical knowledge and practices nevertheless continue to exist across the world as their interaction with biomedicine continues to evolve in both clinical and non-clinical settings. Non-biomedical practices often incorporate biomedical technologies and techniques, such as hybrid practices wherein chiropractors incorporate X-ray scanning in their diagnosis (Ernst, 1998), eclectic combining use of Viagra and traditional Chinese medicine among men treating impotence (Zhang, 2007), use of traditional medicine among cancer patients in India (Broom et al., 2009), and agnostic evaluation of blood test results in conjunction with Eastern medical diagnosis among Vietnamese women treating infertility (Pashigian, 2012). Living practices of non-biomedical therapies are often guided by pragmatism; patients negotiate individualised treatments that incorporate non-biomedical therapies which reflect their culturally conditioned understandings of health and illness as practitioners of these therapies flexibly draw from biomedicine as a way to innovate and ‘scientise’ their practices. There also exist nested hierarchies within non-biomedical practices. In Vietnam, Northern medicine (*thuốc Bắc*) is considered a more learned and philosophical tradition compared to Southern medicine (*thuốc Nam*), due to its indebtedness to Chinese medicine, Vietnam’s neighbouring tradition to the North (Monnaix et al., 2011). There is also *thuốc gia truyền* (most literally ‘family transmission medicine’), which comprises a largely

fragmented body of family recipes that are passed down from generation to generation within medical families (Thompson, 2017). Alongside these established practices, there are also emergent therapies that offer new interpretations of traditional texts and new inventions of therapeutic tools; what these new practices lack in the authority that comes with established traditions, they make up for in their flexibility to adapt, hybridise, and reinvent themselves.

Diện chẩn (literally ‘face diagnosis’ – hereafter DC) is such an emergent practice. Behind this emergent Vietnamese non-biomedical practice, which has attracted an international following via the internet, is an obscure man named Bùi Quốc Châu (BQC), who claims to have single-handedly invented a new way to diagnose and treat most diseases through particular ways to massage the face. Particularly, different constellations of points on a human face, according to DC, are said to correspond to different organs in the human body. If these points are massaged correctly according to the method, the claim is that any and all diseases within the corresponding organs can be cured. For example, intense and frequent massaging of the mentolabial sulcus (area between the lower lip and the chin) using a DC tool is claimed to cure uterine fibroids, as the area is believed to correspond to the uterus in the female body. DC claims to have gathered millions of followers in 35 different countries (Vu, 2020). While it is difficult to ascertain the veracity of this claim, our own documentation of this method shows that DC materials are available online in at least nine different languages (Vietnamese, Spanish, Polish, English, Italian, French, Portuguese, German, Russian).

BQC’s claim of originality and efficacy was once taken seriously by important politicians in the politburo in the 1980s. In 1988, BQC was sent to Havana, Cuba on a mission to both help promote ‘Vietnamese medicine’ to Vietnam’s Communist ally in the Caribbean and to help him hone his craft through ‘scientisation’, which happened to be an important political-medical project in Cuba at the time (Vietnam National Archive, 2020). The mission was not successful, however, and with the changes in power within the politburo in the early 1990s also came DC’s fall in popularity: BQC’s DC research centre in Ho Chi Minh city was later seized by the government, and BQC’s subsequent attempts to gain regulatory recognition by the Vietnamese government proved futile. In 2003, Lao Động newspaper published an article alerting readers to the lack of scientific basis in DC as a method (VNExpress, 2003). In 2012, Sài Gòn Giải Phóng newspaper published a three-part investigation into DC and concluded that DC practice not only lacks scientific foundations, it could also be illegal (Sai Gon Giai Phong, 2012a, b, c).

As such, the space for DC practice – social, political, and legal – has repeatedly been curtailed as post-war, post-socialist Vietnam comes to integrate certain non-biomedical practices into its mainstream biomedical healthcare system and parochialise others. This contraction of space reproduces nested hierarchies of medical traditions in Vietnam as it poses challenges for emergent practices such as DC to either retreat and wither, or construct new spaces for its survival. Vietnam’s rapid adoption of digital technologies and fast-growing internet penetration rate, as we will argue in the following sections, have allowed for alternative techno-social sites of practice to emerge, where networks of interrelation cut across geographical borders and contemporaneous non-biomedical multiplicities coexist as they compete for attention and engagement from internet users. On social media, non-biomedical knowledge sharing groups facilitate the provision and reception of both tangible and intangible social support against the background of increasing healthcare privatisation (Nguyen 2021). Few studies, however, have analysed user spatial articulations of the internet and the effects that these articulations have on the way people manage their experiences of health and illness.

3. Method

This paper draws from the first author’s fieldwork over ten months

between April 2019 and March 2020 in Vietnam and the US, where she observed and interviewed followers and practitioners of DC at their clinics, their homes, over videotelephone applications, and through their activities on Facebook. This study was reviewed and approved by the Human Ethics Sub-Committees (HESC) at the University of Melbourne. Among the interview participants was BQC himself, who has given written permission to not remain anonymous. Apart from BQC, all participants have been given pseudonyms in this paper. Six interview participants were recruited from a BQC-affiliated Facebook group, four were recruited from two other DC groups without affiliation with BQC, and eight more interview participants were recruited through chain-referral sampling (Bernard 2017).

The first author first approached one of BQC-affiliated groups on Facebook in July 2019 after three months of online observation, during which time she kept a research diary to map out the interaction dynamics of different members both within and across different DC Facebook groups. Subsequent in-person interviews at DC clinics were informed by the first author's preliminary online chats with the participants, with whom she made contact. During these interviews, the first author asked the participants about their first encounters with DC, the course of their life decisions which led them to practicing DC both professionally and as part of their healthcare regime, and their uses of technology in relation to practicing DC. The interview transcripts were analysed in conjunction with field notes from visits to DC clinics; while not all visits entail participant interviews and not all participant interviews happened in clinic settings, the data collected from clinic observation, online observation, and in-depth interviews inform each other in reiterative cycles of both refining the methodological techniques used and the first author reflecting on her evolving engagement with DC communities (Christ 2010; Alvesson and Skoldberg 2017).

Throughout eighteen semi-structured interviews, all participants consistently referred to the internet as a 'place' as they articulated their engagement with DC. The first author probed into these articulations both during these one-on-one interviews and during face-to-face visits to DC clinics. References to 'space' and 'place', both direct and indirect, are highlighted in interview transcripts and compared with fieldnotes for broader context. Four vignettes in particular have been selected for discussion in the section below; they each represent spatial articulations that are most distinct from each other while being most representative of the articulations encountered in the data collected. The internet is a different kind of 'place' in each articulation; some of the places articulated, however, are more similar than others. Together, these contemporaneous spatialisations of the internet sanction a non-biomedical milieu that allows for anomalies to adapt and re-establish as normal – sometimes even superior to biomedicine – in these emergent techno-social settings. In the next section, we will discuss the chosen vignettes in singular first person to accurately reflect the data collection process.

4. Spatial understandings of the internet and the construction of techno-social spaces

4.1. The internet as an alternative techno-social site

Thu is in her early 40s; when I met Thu at her apartment-cum-clinic in a brand-new apartment complex inside one of Ho Chi Minh City's latest urban development zones, the door was kept open. As I entered and introduced myself, Thu casually nodded her head to acknowledge my presence and asked me to wait in the clinic room. In the middle of the clinic was a long wooden table, surrounded by plastic chairs on all four sides. There was also a lone hospital bed pushed against the top right corner of the room, under a large window with a view facing the Sai Gon river. As I sat down at the table on which dozens of tripods and smartphones were placed, I noticed that the clinic walls are filled to the brim with DC point chart posters that resemble acupuncture maps of pressure points on the body. I didn't mind the wait as there was a lot to take in;

where point chart posters didn't fit, portraits of BQC and photos of him and his followers would enter to fill up what could otherwise have been some white space on these walls.

When Thu finally came in to begin our interview, I noticed that she had changed into her uniform – a light purple mandarin collared shirt with toggle buttons, which resembles traditional medicine doctor attire, and a large DC logo on her left chest. Two of her assistants quickly picked up the phones and tripods on the table to install a three-camera setup. I explained to her that it was her right as a participant to enjoy anonymity and to withdraw from the study at any point she so wishes. 'It's OK, I don't want to be anonymous. I live stream everything I do here at this clinic every day. Someone will watch it, that's how I stay connected with my clients [...] This humble clinic you see here is nothing compared to the splendour of our following on the net (*trên mạng*), but I guess you already know that,' said Thu.

And so our conversation began. Every time I came back to visit the clinic and talk to Thu's students and patients, our conversation would be live-streamed on Facebook. These livestreams are automatically available as recordings for later viewing. I later learned that this almost obsessive documentation and broadcasting of everyday events has become a ritual of sorts for all members of her 'crew' – as well as other DC groups that I have been able to trace through Facebook and through my visits to BQC's own clinic. Thu explains to me that her compulsive livestreaming of DC activities is a form of record-making; it is as much a tactical undertaking as it is an act carried out precisely because Facebook has made the technology readily available:

'Why do I livestream my practice? I don't know, why not? I want to help people so the more people can watch what I do here the better. I help my patients get better every day, people should see it with their own eyes. As I practice the method on my patients, I also explain what I'm doing to the audience. They can watch and learn from what I do. This is like a bonus from my usual tutorial videos. Even if they cannot follow me when I treat my patients on video, they can look up the tutorial videos separately, using the keywords I mentioned in my demonstration livestreams. You know, you can re-watch all livestreams after the fact, and even search for them. A lot of people do. Sometimes it's a little difficult to find old livestreams, so we reshare it on our feed, or make new livestreams with slightly different storytelling. It's all really invaluable resource. The wisdom of Master Chau lives on in living videos like these.'

This elaboration of livestreaming as record-making is attuned to the particular affordances of Facebook as a platform: far from being an ephemeral technology, Facebook Live videos are stored in perpetuity as a recording and can be revisited any time, much like pre-recorded videos. Affordances are the ways in which technologies enable and constrain potential behaviours, the conditions of which vary by perception, dexterity, and cultural and institutional legitimacy (Davis 2020). They can be best understood as relational properties that mediate action possibilities. While technologies cannot force people into doing things, it is through the mechanisms and conditions of their affordances that actions are encouraged or discouraged (Bucher and Helmond 2017; Ettlinger 2018; Hanckel et al., 2019). Raman et al. (2018) analysed 3 TB of Facebook Live data for patterns of global activity and found that most of the engagement with Facebook Live videos comes *after* the live broadcast – with engagement increasing about fourfold the day after broadcast. While the act of going 'live' in this context might be spontaneous, the digital traces it leaves behind is perceived not as a platform by-product, but as premeditated footprints that can be, and will be, drawn upon as record. Record-making in this context is also space-grabbing. A record, once made, is 'stored' somewhere. While the metaphor of cloud computing – the imaginary that our data immaterially reside 'in the clouds' – has become ubiquitous in English-speaking contexts, the same does not apply in this context. It seems imperative that a techno-social site be constructed to augment the limited physical

space that DC takes up: one that remains visible and accessible insofar as the act of record-making never ceases. Record-making is not automatic record-keeping, however. Some level of archival orientation is necessary for record-keeping to occur – in other words, for records to be systematically managed and distributed. While the need for record-keeping (maintaining and indexing resources) is frequently mentioned, its practice is hampered by the impulse to ‘go live’ (you can always make more videos), perceived audience expectation (people want a constant stream of new videos or they would lose interest), and platform affordances that discourage effective subsequent knowledge retrieval and organisation (proprietary algorithms that prioritise livestream videos over other asynchronous broadcasts, achronological ordering of Facebook newsfeed). This trifecta conditions a dynamic sense of space-grabbing of the internet as constituted through interactions – of space as a product of interrelations constantly under construction. While record-keeping and by extension, systematic knowledge management, requires a mastery and ordering of space as enclosure, excessive record-making is active open-ended space-making. This active space-grabbing through the abduction of time – of creating spectacular events to compete for audience attention – is driven by a techno-social precarity that, while having an enabling effect, is just as daunting as existing precarities facing DC.

‘Yes, I sometimes worry about the authorities. They have made it difficult for us in the past. News media are also very biased against us, although recently they have softened their prejudice. The establishment sees us as unorthodox, as anti-establishment even. We’re simply too avant-garde, even when Master Chau invented this method way back in 1980. But we are more ubiquitous than you might think. There are a lot of traditional medicine clinics who quietly practice DC. They don’t advertise it publicly of course, they could lose their licenses for that. Master Chau has long given up on the need to be recognised by the Agency of Traditional Medicine Administration. They are simply too old-fashioned. We do our own thing now, without the need for approval from anyone. The internet is wonderful like that. It leads us to the true path for DC: anyone can be free to practice DC, teach DC, interpret and appropriate DC for their own needs, and all the while ignore the noise from the naysayers.’

As such, the internet is seen as a venue in which the multiple and simultaneous trajectories of DC would coexist in their full liveliness, regardless of underlying coherence. While the spaces for mainstream biomedical and non-biomedical practices alike are made and representational – qualities that cannot be detached from their history and context – the technosocial space for DC is that made of heterogeneous impromptu acts of broadcast that are at once generative and elusive.

4.2. *Being alone with technology as being-in-space*

Lam, who joined Thu’s group from his hometown less than 200 km South of Ho Chi Minh City, was 19 years old when I met him. I sat down with him at a coffee shop near the clinic to talk about his introduction to DC on a separate occasion. As soon as the conversation began, Lam was comfortable enough to share that in his final year of high school, he discovered DC because he had haemorrhoids at the time and ‘Western medicine’ was of no help to him. Out of frustration, he looked up haemorrhoids cures on the internet and followed a few DC tutorials on Youtube, which according to him was able to help him manage the condition. He later discovered the growing number of DC communities on Facebook, Thu’s included, and found out that he could take a DC class directly with BQC if he would make the trip to Ho Chi Minh City and pay the VND5 million (roughly USD220) tuition fee. When he finished high school, his score was not good enough for him to get into university; he figured that pursuing DC professionally – something he seemed to have a particular talent for – would set him apart from his high school friends,

who were too busy ‘chasing grades and studying what they hated’. With his parents’ blessing, he moved to Ho Chi Minh City to embark on his journey as a DC professional.

‘I couldn’t talk to anyone about, you know, my haemorrhoids. I mean I eventually told my parents so they could take me to see a doctor, who was of little help ... Since I was a kid I’ve always hated taking medications. It does no good to your body. I managed my condition by looking up cures on the internet, specifically using the keywords ‘cures without medication’ (*không dùng thuốc*). I found tons of such videos on Youtube, demonstrating how to cure my haemorrhoids by practicing DC techniques. One video, two videos, then ten, twenty ... I can’t recall exactly how many videos I’ve watched and practiced along to. Must be a lot. There were days when I completely lost track of time; I would start practicing to these videos after lunch only to stop for dinner. Then I would practice late into the evening before bed. I was hooked. You know what it’s like to lose yourself to the internet, right? You get lost in there. Video led to video, then from Youtube I jumped to Facebook and Zalo (a popular Vietnamese messaging application). Just me and my phone, like this. Most of my friends waste their time on online video games, which is dumb. I learnt to cure myself and others from (*từ*) the net. It’s a much more useful skill.’

For Lam, the internet as a space might be characterised as providing the condition for therapeutic activities that generate time: time that can either be lost to wasteful online spaces or well spent being in spaces that help him with both his health condition and with finding a sense of purpose. The more time is spent on the internet, the larger the internet is envisioned as a space: to traverse and master a vast space, one needs to invest time. He maintained that his DC skills cured him of his haemorrhoids – the skills he later practiced on his parents and extended family to help them with all their health problems to convince them of his unconventional career choice – and that the internet gave him an alternative space to explore where his abilities might best be invested. While Lam’s individual experience of illness might have seemed isolated and isolating – that of an embarrassed young man practicing along to obscure Youtube videos alone in his room – there is a great deal of sociability in Lam’s experience of health subjectivity. This sociability is attributable to the spatiality with which the internet is thought of: Lam hardly noticed how time was passing as he immersed in a space of multiplicity – of the mobile technology he held in his palm, of the platforms he savvily navigated, of the connections he made through these platforms which eventually materialised into his mobility into the city. Lam’s subjective experience with his health conditions was, therefore, not an internalised succession of sensations where the different points on his face were correctly massaged to somehow produce the effect of curing his haemorrhoids – an experience of pure temporality – but that of a relational nature and is therefore also spatial.

4.3. *The internet as a conduit of healing power*

Shortly after my first visit to Thu’s clinic, she offered to introduce me to BQC at his residence. We sat down in his office on the second floor of his villa, tucked away in a small alleyway in Ho Chi Minh City. On the ground floor, people were sitting in the foyer waiting to see Cuong, one of BQC’s sons, who is the practitioner on call for the day. The furniture would be moved around at night, Thu explained to me, so BQC could teach advanced DC classes in the same room where Cuong was diligently massaging his patients using strange looking tools that can be bought in an adjacent room. BQC is remarkably lively for a man in his late 70s; he would, however, get quite grumpy when I would occasionally try to steer him back from his incessant reminiscence of the past. BQC has many wild stories to tell; where his stories lack in clarity and veracity, they make up for in intricate details, punctuated with random mentions of French philosophers and famous Vietnamese politicians. As we talked

about his overseas following – which is largest in Italy and Spain – and how technology helped him stay connected with them, he assured me that digital technologies do more than just help him popularise his invention:

‘I recently cured a whole family in Germany of back pain. Father, mother, and their son. You heard me, they’re in Germany. Yes they are Vietnamese-Germans, the Vietkieu (overseas Vietnamese), but I cured them while they are in Germany, not while they are visiting here. You ask me how? It’s through this phone right here. They were practicing my tutorials for back pain for weeks without any results, so they called me up using Zalo to ask for help. I asked the mum to show me the son’s back on video. I then cured him through the videocall using my psychic energy through my palm. Just like I would if he was here physically. The phone carries my energy, you know. It travels through the internet, to Germany. You know, 4G technology these days, it’s quite marvellous. He got better instantly. Only I can perform such a miraculous feat.’

Following his early unsuccessful endeavours in legitimising DC through scientisation, BQC’s turn to the supernatural and spirituality through claims and stories that would grant him quasi-sainthood status appears to have coincided with his core group’s adoption of new technologies. While he does not manage his own social media presence, BQC regularly uses his smartphone to make direct contact with his overseas following, as well as taking photos and videos of DC events for his own record. The internet as a space accessed through the portal that is his mobile device is understood as one that is suitable for conveying therapeutic energy, which allows him to include internet-based activities into the rhythm of his everyday practice. In this transcendent interpretation of digital technologies as part of an ecosystem that allows invisible forces to make a direct impact on the human body from afar, the internet becomes a domesticated space: a space invented by science, but shaped in ways that accommodate the goals and desires of people engaging with that space. The internet is also understood as possessing special qualities that can facilitate the therapeutic experience; while these qualities might not be intrinsic to the technological infrastructure per se (not everyone can perform these ‘miraculous acts’), they can nevertheless be activated through the performance of certain rituals in particular events. The choice to activate these special qualities is both utilitarian (the situation demands such a performance) and marked by deeply-held beliefs about the relational nature of well-being as well as the purpose and power behind new technologies. When the internet is successfully mobilised as such, it is further ‘blackboxed’ – the more effectively the internet is constructed as a conduit for healing energies, the more opaque and obscure it becomes, thus giving way to supernatural interpretations of the internet as embedded in existing webs of signification. The internet, once imagined as a non-physical space, lends itself to associations with the spiritual, immaterial world that has been purged from the biomedical gaze upon the body, yet ever present in the way the body experiences the world of which it is a part.

4.4. The heterotopic internet and transnational health mobility

For Quang, a Vietnamese-American in his mid-60s who had been living in California since 1973, going online means engaging in a buffer space that allows him to draw on resources in the ‘homeland’ without having to compromise his ideological and political convictions. Having served in the South Vietnam army before Communist North Vietnam won the Vietnam War in 1975, Quang had vouched to never return to a Vietnam he refused to acknowledge as legitimate. I met Quang and his family of four, together with two of his best friends in the US, at Thu’s clinic on one hot December afternoon in 2019. He had decided to spend his winter break in Ho Chi Minh City studying DC with BQC and frequenting Thu’s clinic to both ‘hang out’ and get Thu to help with his wife’s chronic fatigue. Quang had been diagnosed with prostate cancer

four months before this trip; a family relative in the US recommended that he looked up DC on Facebook and follow the livestreaming tutorials on there to help with his illness. ‘These people are legit, you know,’ Quang told me firmly, ‘I’m not one to be fooled. I know all this seems a little unconventional, but DC really works. I don’t just uproot my family on a whim. My wife and I own a *phở* shop in Garden Grove, Orange County; it’s not easy for us to leave the shop to our staff and come here for my treatment’.

Quang and I had a long conversation, which was of course livestreamed on Facebook, as we watched Thu perform various DC massage procedures on his wife, Xuan, who is in her early 50s. In another room, An, one of Thu’s assistants, was performing other procedures on Quang’s friends, Toan and Lan, who are in their 70s and 40s respectively. ‘I had my doubts initially, as you can imagine. I live in the US, this kind of stuff is usually seen as quackery over there. I took the time to google ‘dien chan’ and ‘scam’ together. There was no result! But there were a lot of results for ‘dien chan’, in all kinds of languages, even Russian. All of these results sing praises about master BQC and Thu’s group. That’s how you know they are the real deal.’ It was not my place to point out the flaws in his information appraisal strategy. Quang quickly became preoccupied with DC, practicing it every day and closely following Thu’s livestreaming videos on Facebook in a fashion similar to how Lam found himself ‘lost’ in a space of his own making. When he felt that the progression of his conditions required an intervention more radical than practicing to Thu’s paid online tutorials, he decided to make the trip to Vietnam for the first time in 46 years.

‘I’m not exaggerating when I say it’s DC, Master Chau, and Ms Thu here that got me to go back to Vietnam. I no longer have any family here ... I might as well be a stranger in a strange land. The community I found in DC reminds me of a Vietnameseeness that is rooted in traditional wisdom. Traditions, as you know, are free of politics. When you innovate a tradition, such as a medical tradition, you bring Vietnameseeness to the world. Traditions have to be innovated where they started, so to speak. And then brought overseas. You cannot have real Vietnamese traditions in the US, for example. We’re Vietnamese over there, but we also had to be Americans. It’s a different kind of community. Once I’m in Master Chau’s advanced DC class, I found a community almost immediately. People practiced the techniques on me, and let me practice on them. It’s easy when the culture is already there and you just become part of it. My treatment with DC is even more effective when I’m here.’

The internet as a space of emplacement – of rhizomic assemblages, circulations of knowledges, including subjugated knowledges, and of transnational relations – also has the capacity to facilitate physical mobility and offer alternative possibilities in the production of space, though not seamlessly (Chung 2018). Quang’s decision to travel to Vietnam as a physical, territorial extension of the online space which augmented his everyday life in the US is one made on an understanding of space as absolute locations, as things in their places, and for Quang the place for DC is Vietnam. The internet, in this context at least, is what Foucault called a heterotopic space (Foucault 1984, 2005) – a conceptualisation of space that Foucault proposed through brief thumb-nail sketches and examples rather than resolving in a coherent way (Johnson, 2020). Foucault (1984 [1967]: 3) describes heterotopias as counter places, as an ‘effectively enacted utopia in which the real sites, all the other sites that can be found in a culture, are simultaneously represented, contested and inverted’. Foucault uses the example of viewing his own reflection in a mirror. From one perspective, Foucault’s reflection is in a placeless place, a utopia that exists in an ‘unreal’ place. But from another perspective, it is also a heterotopia: a mirrored image that does exist as a counteraction to Foucault’s own position, where he is reconstituted in another place that is connected to the space around it. Cyberspace and platforms such as Facebook have been explored as heterotopias by various authors (see Rymarczuk and Derksen 2014).

Foucault's heterotopia for DC evokes a picture of juxtaposing spaces and sites that are "other" to one another (Vietnam, America, the DC clinic), brought together through the internet and placed in the same "garden", to use one of Foucault's examples, though they are in themselves incompatible. On this heterotopic internet, people and ideas that are otherwise unconnected connect; individual habitus, however, plays an important role in enabling these connections. In drawing on spatialised notions of 'home' and 'tradition', Quang is able to navigate and negotiate his personal health crisis away from the sight of his 'host country'. Vietnam, as such, is constructed anew as a bundle of ties that can be assembled and reassembled, rather than as a static storage space of Quang's personal memories. The internet as a heterotopic space is neither a coherent zone of consolation nor a chaotic sphere where 'anything goes'. It acts more appropriately as a mirror in the Foucauldian sense (Foucault, 1984; 2005); rather than being a reflective surface which closes representations of the social system in which it is a part, the internet discloses one's own social habitus and in so doing destabilises senses of national territory as made and unchanging. Its disruptive impact on the way Quang confronts and manages his illness lies not in the way it seemingly mixes the profound with the profane – hence the framing of a 'battleground' for truth against misinformation – but in how it creates situations where Quang was forced to choose between a series of incompatible positions. As the internet recedes from its position in the foreground as an interface and into the background of everyday life, it flattens out the space of the techno-social and smoothes experiences of displacement: Quang quickly established a sense of community in Vietnam even as he found himself 'a stranger in a strange land'. Quang was adamant that his DC skills were upgraded thanks to his being in Vietnam, which subsequently helped with his condition. Perhaps similar to Lam, Quang's experience came less as a result of pure temporality – of therapeutic techniques perfected and generating a felt impact on Quang's body, and more as a spatial experience of being in the relational and dynamic techno-social spaces of his own making.

5. The internet as non-biomedical milieu

Contemporaneous spatial understandings of the internet as outlined in the previous section, while clearly distinct in orientation, nevertheless come together under the overarching sense of space as experienced when interactions between individuals, and indeed between individuals and the digital traces they leave behind, occur. In this way, techno-social relations assume spatial forms; the relative fixity of space experienced as such, in turn, helps configure these relations. These different spaces – a space of seizable techno-social wilderness that is up for grabs (in Thu's case), a semi-private space that offers free-floating associations which can transcend social contexts (in Lam's and Quang's case), a mythical space suitable for the performance of supernatural activities and rituals (in BQC's case), and a buffer space that allows for renegotiations of spatial belongings (in Quang's case) – conjoin through the artifices of digital technologies. The internet as a live middle space – a milieu of heterogeneous eventualities willed into being together – is as such deeply embedded in a techno-social ecology which it helps shape and by which it is shaped. A non-biomedical milieu such as that described here exists as a conjuncture of multiple historically and culturally contingent experiences of health and illness cross-cutting each other, intermingling in confrontation and collision. As an ambient whole larger than the sum of its constituent spaces, the internet as a non-biomedical milieu cannot be reduced to the role of indiscriminately carrying and transmitting knowledge and information. This milieu is actively involved in the shaping of the interactions from which it originates; these interactions have given this milieu an instrumental role in producing spaces where experiences of health and illness can productively happen outside of the biomedical institution. The productivity that arises from this milieu – in which people mobilise, cause others to mobilise, and make significant changes to their lives, is thanks to the increasingly seamless integration of digital technology into the rhythm of everyday life.

As non-biomedical knowledge continues to propagate and non-biomedical practices continue to evolve not through any single apparatus, but by an ensemble of multiple social media platforms, devices, temporal practices, and transnational networks, the internet emerges as a favourable milieu of development that can generate its own legitimacy. Within this milieu, any disruption to the rhythm of everyday life, even in the presence of illness, is voluntary and therefore manageable. Managing health and illness within this non-biomedical milieu means making oneself useful by posing the least amount of disruption necessary to domestic life through the means of voluntary self-surveillance and self-healing. This enables an ethic of good health as resting well within the agency of the individual, even as they actively seek out non-biomedical networks of support and care – which is articulated onto a system of learning and transfer of knowledge made available to the individual and their network through the medicalisation of the moment. Existing outside of the temporal structure of institutions such as hospitals, rehabilitation centres, or laboratories, non-biomedical practices that translate well not only from historical and cultural ideas about health and illness from which they originate, but also into the temporal rhythm of the mundane every day, stand to persist as they continue to create and fill up spaces left unattended by the biomedical enterprise.

6. Conclusion

This paper traced the production of a techno-social non-biomedical milieu through articulations of the internet as space. Throughout this production, people leave behind digital traces (often understood as 'content') that, upon disembodied encounter through the opaque organisation of platform algorithms, could be reduced to their informational properties – as either accurately or inaccurately informing the public about health and illness. This reduction is unproductive as it ignores the deeply spatial ways with which people articulate their engagement with the internet as a techno-social system – as well as the spaces that the social processes behind these digital traces reflect and actively produce. An ecology-driven approach is better equipped to conceptualise the materiality and sociality attached to these digital traces. Understanding the internet as a non-biomedical milieu that embeds and conjoins physical as well as non-physical spaces crystallises the temporal conditions it helps create as well as the practices that thrive within these conditions.

Declaration of competing interest

None.

References

- Altheide, D.L., 1995. *An Ecology of Communication: Cultural Formats of Control*. Aldine de Gruyter, New York.
- Alvesson, M., Skoldberg, K., 2017. *Reflexive Methodology: New Vistas for Qualitative Research*. SAGE.
- Armstrong, P.W., Naylor, C.D., 2019. Counteracting health misinformation: a role for medical journals? *J. Am. Med. Assoc.* 321 (19), 1863–1864.
- Beck, C., 2016. Web of resistance: Deleuzian digital space and hacktivism. *J. Cult. Res.* 20 (4), 334–349.
- Bernard, H.R., 2017. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Rowman & Littlefield.
- Bode, L., Vraga, E.K., 2018. See something, say something: correction of global health misinformation on social media. *Health Commun.* 33 (9), 1131–1140.
- Broom, A., Doron, A., Tovey, P., 2009. The inequalities of medical pluralism: hierarchies of health, the politics of tradition and the economies of care in Indian oncology. *Soc. Sci. Med.* 69 (5), 698–706.
- Buchanan, I., 2007. Deleuze and the Internet. *Australian Humanities Review*. <https://ro.uow.edu.au/artspapers/1392>, 1–19.
- Bucher, T., Helmond, A., 2017. The affordances of social media platforms. In: Burgess, J., Marwick, A., Poell, T. (Eds.), *The SAGE Handbook of Social Media*, pp. 233–253.
- Chou, W.Y.S., Oh, A., Klein, W.M., 2018. Addressing health-related misinformation on social media. *J. Am. Med. Assoc.* 320 (23), 2417–2418.
- Christ, T.W., 2010. Teaching mixed methods and action research: pedagogical, practical, and evaluative considerations. In: Tashakkori, A., Teddlie, C. (Eds.), *SAGE Handbook of Mixed Methods in Social and Behavioral Research*, vol. 2, pp. 643–676.

- Chung, Hye Jean, 2018. *Media Heterotopias: Digital Effects and Material Labor in Global Film Production*. Duke University Press, Durham, NC.
- Davis, J.L., 2020. *How Artifacts Afford: the Power and Politics of Everyday Things*. MIT Press.
- Ernst, E., 1998. Chiropractors' use of X-rays. *Br. J. Radiol.* 71 (843), 249–251.
- Ettlinger, N., 2018. Algorithmic affordances for productive resistance. *Big Data & Society* 5 (1). <https://doi.org/10.1177/2053951718771399>.
- Foucault, M., 2005. *The Order of Things*. Routledge, UK.
- Foucault, M., 1984. *Of Other Spaces: Utopias and Heterotopias*, Architecture/Mouvement/Continuité (Des Espace Austres, March 1967. Translated by Jay Miskowiec. <https://web.mit.edu/allanmc/www/foucault1.pdf>.
- Fuller, M., 2007. *Media Ecologies: Materialist Energies in Art and Technoculture*. MIT Press, Cambridge, Massachusetts.
- Ghenai, A., Mejova, Y., 2018. Fake cures: user-centric modeling of health misinformation in social media. In: *Proceedings of the ACM on Human-Computer Interaction*, vol. 2. CSCW, pp. 1–20.
- Graham, Mark, 2013. Geography/internet: ethereal alternate dimensions of cyberspace or grounded augmented realities? *The Geographical Journal* 179 (2), 177–182.
- Hanckel, B., Vivienne, S., Byron, P., Robards, B., Churchill, B., 2019. 'That's not necessarily for them': LGBTQ+ young people, social media platform affordances and identity curation. *Culture & Society* 41 (8), 1261–1278. Media.
- Hess, A., 2008. Reconsidering the rhizome: a textual analysis of web search engines as gatekeepers of the internet. In: *Web Search*. Springer, Berlin, Heidelberg, pp. 35–50.
- Hwang, T., 2020. Deconstructing the Disinformation War. *MediaWell*. <https://mediawell.ssrc.org/expert-reflections/deconstructing-the-disinformation-war/>.
- Johnson, P., 2020. *Heterotopian Studies: Michel Foucault's Ideas on Heterotopia*. online publication available at: <https://www.heterotopiastudies.com/>.
- Ma, W., Liu, Z., Hu, X., 2019, July. Online event Detection in social media with bursty event recognition. In: *International Symposium on Security and Privacy in Social Networks and Big Data*. Springer, Singapore, pp. 181–190.
- Malpas, J., 2018. *Place and Experience: A Philosophical Topography*. Routledge.
- Monnais, L., Thompson, C.M., Wahlberg, A. (Eds.), 2011. *Southern Medicine for Southern People: Vietnamese Medicine in the Making*. Cambridge Scholars Publishing, UK.
- Nguyen, D., 2019. Mapping knowledge domains of non-biomedical modalities: a large-scale co-word analysis of literature 1987–2017. *Soc. Sci. Med.* 233, 1–12.
- Nguyen, D., 2021. Dropping in, helping out: social support and weak ties on traditional medicine social networking sites. *Howard J. Commun.* <https://doi.org/10.1080/10646175.2021.1878478>.
- Pashigian, M., 2012. East, West, North, south: medical pluralism and “suitable” medicine for infertility in contemporary Vietnam. In: Monnais, L., Thompson, C.M., Wahlberg, A. (Eds.), *Southern Medicine for Southern People: Vietnamese Medicine in the Making*. Cambridge Scholar Publishing, UK, pp. 203–226.
- Raman, A., Tyson, G., Sastry, N., 2018. April). Facebook (A) live? Are live social broadcasts really broad casts?. In: *Proceedings of the 2018 World Wide Web Conference*, pp. 1491–1500.
- Rymarczuk, R., Derksen, M., 2014. Different spaces: exploring Facebook as heterotopia. *Clin. Hemorheol. and Microcirc.* 19 (6) <https://doi.org/10.5210/fm.v19i6.5006>.
- Sai Gon Giai Phong, 2012a. The hazy truth behind the dien chan method, part 1: telling the real from the fake. Sai Gon Giai Phong Online. Retrieved from. <https://www.sgpp.org.vn/mo-ho-lieu-phap-dien-chan-bai-1-thuc-hu-dien-chan-130343.html>.
- Sai Gon Giai Phong, 2012b. The Hazy Truth behind the Dien Chan Method, Part 2: Unproven Efficacy. Sai Gon Giai Phong Online. Retrieved from. <http://www.sgpp.org.vn/mo-ho-lieu-phap-dien-chan-bai-2-hieu-qua-chua-duoc-minh-dinh-130407.html>.
- Sai Gon Giai Phong, 2012c. A Follow up on the Dien Chan Method: Legal Actions Will Be Taken on Unauthorised Medical Treatments'. Sai Gon Giai Phong Online. Retrieved from. <https://www.sgpp.org.vn/phan-hoi-tu-bai-viet-mo-ho-lieu-phap-dien-chan-s-e-xu-ly-viec-kham-chua-benh-trai-phep-130463.html>.
- Steiner, P. (1993) *The New Yorker* 69 (LXIX) 61, 5 July.
- Thompson, C.M., 2017. The implications of gia truyền: family transmission texts, medical authors, and social class within the healing community in Vietnam. *S. East Asia Res.* 25 (1), 34–46.
- Van Dijk, J., 2020. *The Network Society*. SAGE.
- Vietnam National Archive, 2020. Archive of Sai Gon Giai Phong Newspaper Volume 4151 Dated 17 November 1988. National Library of Vietnam. Retrieved from shorturl.at/hrwB7.
- VNExpress Online, 2003. The Dien Chan Method Lacks Scientific Foundations. Reprint from Lao Dong Newspaper. Retrieved from.
- Vraga, E.K., Bode, L., 2017. Using expert sources to correct health misinformation in social media. *Sci. Commun.* 39 (5), 621–645.
- Vu, V.H., 2020. An invention by a world-renowned doctor. *Dien Chan Viet Online*. Retrieved from. <http://www.dienchanviet.com/dien-chan/vu-van-hoi/bui-quoc-chau-nha-phat-minh-dien-chan>.
- Wang, Y., McKee, M., Torbica, A., Stuckler, D., 2019. Systematic literature review on the spread of health-related misinformation on social media. *Soc. Sci. Med.* 240, 112552.
- Wellman, B., 2001. Physical place and cyberplace: the rise of personalized networking. *Int. J. Urban Reg. Res.* 25 (2), 227–252.
- Zhang, E.Y., 2007. Switching between traditional Chinese medicine and Viagra: cosmopolitanism and medical pluralism today. *Med. Anthropol.* 26 (1), 53–96.

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