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Do not Ignore the Embarrassed Elephant in the Room: Empathic Rhetorical Strategies Used by Andrological Clinical Physicians in Traditional Chinese Medicine

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Abstract

Within the Chinese cultural milieu, discussions surrounding sexual life and sexual capability evoke feelings of embarrassment. In the context of online Traditional Chinese Medicine (TCM) treatment, physicians predominantly rely on verbal inquiries to ascertain patients' medical conditions. However, patients may feel uncomfortable or hesitant to articulate their concerns openly and candidly. It is incumbent upon physicians to demonstrate empathetic sensitivity towards patients' emotional states and employ empathetic rhetorical strategies to facilitate a conducive environment wherein patients feel empowered to articulate their conditions without reservation. This research endeavors to identify the empathetic rhetorical strategies employed by physicians to alleviate patients' embarrassment within TCM clinical settings focused on male sexual dysfunction. Additionally, the authors aim to categorize these empathetic rhetorical strategies for future investigations into physician-patient relationships and communication dynamics, thereby enhancing physician-patient communication and treatment efficacy.

Keywords

embarrassment; physician empathy; andrological clinical settings of Traditional Chinese Medicine; empathic rhetorical strategy

1.Introduction

Sexual life has recently attached more importance in China [1, 2], but the open discussion of it remains embarrassing on some occasions, especially when it comes to the dysfunction of sexual competence, e.g., andrological problems. Embarrassment is common in clinical settings [3], particularly in the andrological clinic. As a sentiment, it leads to delays in patients' help-seeking in sexual healthcare [4, 5] and also causes other problems that may impact patients' health [6].

As a typical treatment system originating in ancient China, Traditional Chinese Medicine (TCM) is popularizing globally [7, 8, 9]. TCM physicians diagnose patients mainly through "looking" (望 , wang), "listening" (闻 , weng), "questioning" (问 , weng), and "feeling the pulse" (切 , qie) [10], rarely applying mechanical instruments such as fMRI machines, X-rays, computed tomography, etc., in diagnosis. The primary source of

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information for TCM physicians is through "questioning." Although interspersed with steps such as "observing the tongue," questioning is still considered an important approach in soliciting patients' problems [11]. Therefore, effective doctor-patient communication is essential for disease treatments. The TCM physicians of andrology are expected to use rhetorical strategies to help patients put the embarrassment aside and guide them to actively or passively speak out about their physical problems to extract valid information for further precise and effective treatment. The discussion of embarrassment is worthy of attention in andrological clinical treatment in TCM. Although several previous studies pay attention to the uncomfortable sentiments of patients [12, 13, 14, 15, 16, 17], few focus on how to eliminate or alleviate the embarrassment while this sentiment can obstacle the treatment process and thus influence the treatment effect. Concerning the shyness of Chinese people when talking about sex-related issues such as sexual organs, sexual life, and sexual competence dysfunction, rhetorical strategies become increasingly significant.

Less bodily exposure and more oral expressions distinguish andrological treatment in TCM from modern western medical treatment. In TCM, reducing bodily exposure does not mean less embarrassment; however, describing the problem can be embarrassing for the patients. Embarrassment is the emotion that hints to people to take physical examinations, e.g., colorectal cancer screening [18] and the andrological treatment in this study, and thus physicians' rhetorical strategies in dealing with this emotion are essential for effective treatment in TCM. Previous studies rarely pay attention to this topic, and the present study focuses on examining rhetorical aspects of physician empathy in reducing embarrassment and analyzing the underlying factors.

2.Literature Review

2.1 Embarrassment and shyness in clinical settings

Embarrassment is caused by three accounts: the loss of self-esteem, concern for others' evaluations, or absence of scripts to guide interactions [19]. Many scholars have conducted research on the occurrence of awkward emotions in medical situations, which can generally be categorized as follows: cervical cancer screening, breast cancer screening, colorectal cancer screening, and bowel screening. These situations are mostly related to the exposure of sensitive private areas. The fear of embarrassment is one factor that impedes patients from seeking professional medical treatment [20, 21]. Scaglioni and Cavazza [22] concluded through a sample of more than 200 adult patients that negative emotions are negatively correlated with bowel screening attendance and positively correlated with intention to delay seeking medical help, and embarrassment is distinctly one of those negative emotions and may become an obstacle in curing.

In the medical context of treating issues related to sexuality and the examination of private body parts, the frequent occurrence of embarrassment is noteworthy. Embarrassment emerges as one of the reasons why patients are reluctant to discuss sexual issues [23], contributing to inadequate communication between physicians and patients. The lack of effective communication between patients and physicians on this subject has been a concern of scholars for over three decades [24, 25], and this issue persists to the present day. In a recent study, researchers documented three isolated cases of vulval cancer in a gynecological center in South Wales, where these women, despite being aware of the lesions for an extended period, delayed seeking medical attention due to embarrassment, ultimately resulting in the progression of cancer [26]. Holroyd et al. [27] investigated the cultural and social factors contributing to Chinese women's attendance for

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cervical screening. Embarrassment is also one of the psychological barriers for Asian women to take breast cancer screening [28, 29, 30].

The majority of the research focuses on the diagnosis and treatment of female-related illnesses while paying limited attention to male-related conditions such as prostate diseases and sexual dysfunctions. Within the same cultural context in China, both men and women are similarly influenced by cultural subconscious constraints regarding the exposure of intimate body parts. Consequently, feelings of embarrassment may impede not only women's attitudes toward seeking medical care but also men's attitudes, potentially leading to adverse effects on patients' health [31].

Shyness and embarrassment are two closely bonded sentiments and often appear synchronously. Shyness is the wariness in the face of social novelty and/or self-conscious behavior in situations of perceived social evaluation [32]. As a personality trait that influences people's behavior and mindset, it is correlated with measures of global self-esteem, external locus of control, and perceived competence across different domains of the self [33]. Teng et al. [34] took the gynaecological clinical settings as the instance, which can be a reference for the present research, claiming that personal embarrassment relates to shyness or discomfort with patients' genitalia. The shyness of Chinese children or adolescents has been elaborated by several researchers [35, 36, 37, 38], and Chinese children are inclined to be shy or implicit in some triggering situations. When it comes to the reasons, Xu et al. [39] have pointed out that Chinese children's shy behavior is shaped by Chinese culture, while Liu, Harkness, and Super [40] believed that, despite social, political, and economic transitions, societal changes are associated with this character. Therefore, the inclination of embarrassment and shyness appeared frequently in physician-patient communication in China. Holroyd, Twinn, and Adab [41] collected data on Chinese women undergoing uterine examinations and found that embarrassment reduces the frequency of women undergoing such examinations. They posited this as a culturally related phenomenon and suggested encouraging Chinese women to participate in uterine examinations actively; healthcare practitioners such as doctors or nurses should possess relevant social and cultural knowledge.

2.2 Physician empathy

Empathy, as emotional labor [42, 43, 44] in medical care, is quite critical and essential [45, 46, 47] because it helps physicians to provide quality patient care [48, 49, 50] and enhances the healing relationship between physicians and patients [51, 52, 53]. Furthermore, physician empathy is strongly related to the satisfaction of patients, especially in communications that concern negative and miserable topics about patients [54].

The dichotomous assortment of empathy, via., affective empathy and cognitive empathy, is mostly discussed [55, 56, 57, 58]. Current studies on empathy in medicine focus more on the cognitive side and less on the affective side [59, 60], leading to the neglect of emotional elements in empathy, which are the basis of empathy and even moral clinical actions [61]. The caregiver role of physicians also has been overlooked [62]. Some researchers in the medical field argue that the over-application of cognitive empathy in medicine may have negative effects both on physicians and patients [63]. In addition, concentration on the empathic-cognitive aspect during the medical treatment process enhances professional skills but also decreases

the humanity of the medical treatment [64] and deviates the process from physicians' original intentions -- making patients more willing to take good care of themselves. Therefore, the balance of the two empathic models through deep and surface acting is promoted [65].

The nurturing of empathy in medical care implemented by physicians is valuable [66, 67], and its significance lies in providing health recovery [68] and psychological comfort for patients. However, there is a study gap in how to express physicians' empathy and appropriately deliver their empathic emotions to patients in clinical settings. Physicians need more empathic skills to communicate with patients through their reactions to their diseases and future treatment measures, especially in communicative clinical settings like TCM and andrological clinical settings.

Based on a nationwide survey, just 54% of respondents in China expressed satisfaction with both their physician and the hospital [69]. In China's healthcare system, most patient-physician relationships are characterized as "transactional," and the consultation time for patients with physicians is brief [70]. Physicians often lack sustained and effective tracking of patients' medical conditions, and the brief communication between physicians and patients fails to establish trust, diminishing the potential for embarrassing emotions. Mistrust has been a serious issue that results in the deterioration of the physician-patient relationship in China [71, 72], resulting in patient non-compliance or incomplete adherence to medical recommendations and treatment delays. Healthcare professionals must possess advanced communication skills to foster patient trust in physicians. Simultaneously establishing personal trustworthiness, healthcare providers should aid patients in alleviating negative emotions, such as embarrassment, during the medical consultation process. Schofield et al. [73] noted that a doctor's expression of empathy can help patients experience enhanced emotional well-being. Cultivating a trusting, committed, and functional relationship between patients and physicians is crucial in enhancing the quality of the patient experience within the Chinese health system [74]. The urgent question within the realm of urological healthcare in China is how physicians can employ empathetic communication to redirect patients' focus towards their medical conditions rather than dwelling on feelings of embarrassment.

In clinical settings, the rhetoric of empathy is implemented by physicians with the rhetorical goal of comforting patients and leading them to follow professional advice. Pedersen [75] noted that the empirical studies of empathy in medicine gradually separate empathy from the main parts of clinical perception, judgment, and communication. The comforting function of rhetoric is important in andrological TCM clinical communication, during which embarrassment emerges frequently. Research on empathy measurement, development, and outcomes in medical education and practice is important and timely [76]. The empathic rhetorical strategies used by physicians to better treat patients belong to the outcomes of empathy, being an approach to show how physicians care about and understand patients. Although many studies have emphasized the importance of physicians' empathic rhetoric toward patients, categorizing strategies under specific settings is still rare. Combining the subject of this research, the authors have proposed two research questions (RQ).

RQ1: In andrological clinical settings of TCM, when the embarrassing atmosphere is intense, what empathic rhetorical strategies are taken by physicians to help eliminate or alleviate patients' embarrassment?
RQ2: How do these empathic rhetorical strategies work and move the communication forward?

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3.Method

3.1 Data collection

The data was collected from "Tencent Watchpoint," one of the biggest video-playing platforms in China. With an overall active user base of 185 million, daily content consumption of over 8.25 billion, and per capita single-day usage time of 49 minutes, Tencent Watchpoint reaches all ages in all cities across China.[1] Several physicians post their clinical videos on this platform, providing free suggestions for the non-clinical audience.

The physicians selected met the following criteria: (a) were authoritative in the clinician andrological department, and (b) had more-than-average followers on the video platform. Moreover, the 50 patients selected met the flowing criteria: (a) ranged from young to elderly (18-50) and (b) asked for help for diverse andrological symptoms. According to the criteria above,

We selected 5 physicians of andrology (A, B, C, D, E) (n=5) who were active in treating patients on the platform, and 10 videos of each (50 patients in total) (n=50) were chosen from their posts. The 5 physicians work in authoritative hospitals (2 from the highest-leveled hospitals, 2 from state-leveled ethnic hospitals, and 1 from a secondary comprehensive hospital) in China as chief physicians. The levels of hospitals confirm, to the most extent, their professional skills in treating patients and abundant experience in physician-patient communication. Each physician has more than 20,000 followers on the platform, suggesting that their audience consists of face-to-face patients and those watching the videos. Therefore we can infer that they would pay more attention to how to better communicate to their clinical audience and non-clinical audience. As for the video screening, the diversity of the video content was the main consideration. The length of the videos ranged from 1 to 3 minutes, and most of them focused on different andrological symptoms, such as excessive masturbation, asynodia, excessive sexual intercourse, etc. We tried to cover the frequently asked diseases to make the study most useful in clinical settings.

The videos were posted online as open resources, therefore no rights infringement is included in this research. The videos were transcribed verbatim, and a small corpus of 40,597 Chinese characters was built. In the collected videos, the words directly related to sex, such as "masturbation," "erection," and "morning erection," were silenced, indicating the low-key atmosphere of andrological treatment in Chinese cultural and social context and also implying the high possibility of patients' embarrassment.

3.2 Data analysis

This research adopts a corpus-driven approach characterized by an absence of preconceived notions during the corpus analysis. Rhetorical analysis was employed as the primary methodological framework. The initial phase of data analysis involved decoding the transcripts. Both authors examined the transcripts multiple times to discern instances of an embarrassing atmosphere and the nuanced implications of patients' emotions, particularly regarding embarrassment. For instance, indicators such as repeated hesitations (e.g., "Um") or the avoidance of explicit references to private bodily parts were identified as stimuli for embarrassment. In cases where uncertainties arose during this identification process, deliberations ensued

[1] This data is from TechWeb, a Chinese Internet consumption interactive media, http://www.techweb.com.cn/it/2019-11-18/2764545.shtml

between the authors, and in instances of unresolved disagreements, a third researcher (one Chinese college teacher) was consulted to facilitate consensus. Subsequently, the authors focused on identifying empathetic rhetorical expressions employed by physicians to address patients' embarrassment. Adopting an "empathic rhetorical perspective" in decoding the transcripts, the authors engaged in extensive discussions to ascertain whether the rhetorical strategies utilized by physicians were rooted in empathy.

The third step entailed classifying these empathetic rhetorical expressions into distinct empathetic rhetorical strategies. The meticulous confirmation and categorization of these nuanced rhetorical phenomena are pivotal in addressing RQ1 and RQ2, thus necessitating thorough caution, deliberation, and discourse among the researchers. Subsequently, the fourth step involved critically examining the intricate social and cultural nuances inherent in these empathetic rhetorical strategies within the Chinese context. This analysis encompassed factors such as the prevalent shyness observed among Chinese individuals, the comparatively less-discussed nature of sexual matters in Chinese culture, and the specific communication characteristics in TCM clinical settings. These multifaceted elements collectively influence or determine how physicians broach sensitive topics with patients and alleviate their embarrassment, thereby facilitating effective disease management. Selected exemplary empathetic rhetorical expressions are cited within this article, with translations into English provided by the first author.

The analysis concluded upon attaining a shared understanding among the authors, characterized by minimal disparities in the perspectives on physicians' and patients' emotions, the categorization of empathetic rhetorical strategies, and the consideration of pertinent cultural contexts in the final determination. Although some discrepancies arose during the deliberation process, they were ultimately reconciled to reach a consensus.

4.Results

The physicians predominantly adhered to a linear interrogation approach, encompassing inquiries about dietary habits, sleep patterns, sexual frequency, and other relevant factors. Concurrently, they exhibited adeptness in tailoring their discourse strategies to suit the unique circumstances of individual patients. These observed, analyzed and subsequently presented strategies form the crux of our investigation.

Four empathic rhetorical strategies were extracted through collaborative discourse analysis of the clinical communicative text the authors collected in TCM settings. Table 1 presents the frequency of the four strategies used by physicians when they intend to eliminate patients' embarrassment. Table 2 provides examples of these empathic rhetorical strategies.

Table 1. Frequency of physicians using empathic rhetorical strategies

	Straightforward comforting	Assuring patients of treatment efficacy	Mirroring patients' emotional expressions	Adopting rhetorical indifference
A	10	11	3	0
B	4	2	3	7
C	10	2	15	0
D	7	4	4	3
E	5	6	9	2
Total	36	25	34	12

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Table 2. Examples of four empathic rhetorical strategies

Strategies	Examples
Straightforward rhetorical comforting	Phy: Three or five minutes like yours would not be called premature ejaculation, only undesirable. Many books consider the time of sex for Chinese men to be 5-13 minutes, and you can only say that yours is slightly worse than other people's. Strictly speaking, it is not premature ejaculation. Phy: It's okay, don't be afraid, lad. You belong to this fledgling... First, let me tell you this is not a big problem for you, so don't be nervous.
Assuring patients of treatment efficacy	Phy: Second, don't be nervous, don't be anxious, because it has something to do with your age and inexperience. Leave the rest to me, and I'll prescribe medicine for you, okay?
Mirroring patients' emotional expressions	Phy: A young man finally had the chance to be intimate with his girlfriend for the first time, but he ended up with his hands full, sweating, and shivering with nervousness because he was inexperienced, right? Phy: In the past two years, each time has been short, so do you always have a kind of worry in your heart, and it also affects your mentality? (3) Phy: After too many failures or dissatisfaction, you develop that mental pattern and end up with a heavy mental burden. Like we said, once bitten by a snake, you will be afraid of the rope for ten years.
Adopting rhetorical indifference	Pa: Sometimes it's quicker or slower; I don't know what's going on. The glans seems to be more allergic. / Phy: Um. / Pa: I used to masturbate. / Phy: Don't rush. Let's take one question at a time.

Although patients' embarrassment emotion is embedded in their personal experiences and the social and cultural environment, the subjects of the emotion in TCM andrological clinical settings are stable and identifiable, enabling researchers to analyze the stimulated actions, in this case, their rhetorical actions. Therefore, we first identified and categorized the embarrassing moments during clinical processes according to the patient's reactions, such as avoiding answering questions using evasive words like "Um," and found 24 times obvious avoidance of direct descriptions when patients asked about their sexual dysfunctions. In addition, patients rarely said the names of sexual organs; to be more specific, only 3 times "glans," 1-time "penis," and 4 times "testicle" emerged when patients answered questions or described symptoms. They usually replaced the organ names with "down there," "that thing," "it," etc. According to the description of the conversational text and the interpretation of the relationship between the text and physician-patient interaction, we have generalized four empathic rhetorical strategies to reduce patients' embarrassment, as shown in Table 1.

4.1 Straightforward comforting

The predominant strategy TCM physicians employ during andrological clinical consultations is direct rhetorical comforting, employed 36 times. All five TCM physicians consistently employed this approach when patients exhibited or were at risk of experiencing embarrassment, such as when they hesitated to divulge further details regarding their sexual dysfunctions. The interpretive analysis of these interactions sheds light on the dynamics between participants in the discourse. Physicians' utilization of straightforward comforting

reflects their communicative intention to mitigate patients' sense of embarrassment and demonstrate empathetic concern. They endeavored to contextualize patients' conditions by referencing examples of other patients, often those with more severe ailments, to provide a broader perspective, as evidenced by statements like, "Your condition is only slightly more severe than others, and strictly speaking, it does not qualify as premature ejaculation." Additionally, physicians normalized patients' concerns by reassuring them that their issues were commonplace, as exemplified by statements like, "Your problem is quite normal."

4.2 Professional assuring of treatment efficacy

Language use is a social practice [77]. Patients primarily seek professional guidance and assistance for their medical concerns in clinical settings. The experience of embarrassment often stems from a lack of understanding about their condition, leading them to perceive it as a private issue related to their bodily anatomy rather than an objective medical phenomenon. Notably, during most clinical consultations, the five physicians ultimately reassured embarrassed and anxious patients about the efficacy of treatment. In conducting a critical analysis within the Chinese social context, it is essential to consider the power dynamics between physicians and patients. Physicians typically wield authority in directing the course of treatment, while patients typically adhere to their recommendations. When patients experience feelings of embarrassment or anxiety, physicians draw upon their professional expertise to furnish patients with the requisite assurance, thereby demonstrating cognitive empathy and empathetic care.

4.3 Mirroring patients' emotional expressions

As we have mentioned, andrological clinical settings are not only about physical and sexual dysfunctions but also about emotional embarrassment. The 50 patients in this research sometimes resisted speaking out about their feelings. Regardless of this, physicians understood them and could express the understanding by Mirroring what patients felt about their sexual dysfunctions. The 5 physicians always got a positive answer when asked whether the patients felt the way they presumed. Therefore, the questioning parts in this research were also categorized as declarative playback. We have found that this rhetorical strategy was used as frequently as straightforward comforting, as shown in Table 1. Mirroring patients' emotional conditions that patients expressed manifests that the physicians could understand these emotions or they attached importance to these emotions, and empathy was shown in this process.

4.4 Adopting rhetorical indifference towards patients' conditions

Physicians' strategic indifference rather than over-attention can sometimes calm patients down and reduce their embarrassment. We found abundant evidence in the corpus proving this effect of indifference when the deeper intention of physicians was to lessen patients' scariness of the disease, demonstrating that these physicians were aware of the patient's thoughts and needs. Hence, the designed indifference in the conversations was rhetorical and colored by physicians' cognitive empathy. The indifference contrasts sharply with the patient's over-description of the irrelevant symptoms. From the perspective that takes a particular interest in the relation between language and power, the indifference demonstrates the physicians' professional power and cognitive empathy. The physicians used indifference variously; for instance, some physicians refused to answer the irrelevant questions or changed the subject to the symptoms directly related to

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the diseases, and some physicians shortened their answers to irrelevant questions. As shown in Table 2, the physician answered “Um” to the anxious patient and then reminded the patient to describe the symptoms individually.

5.Discussion

In the andrological clinical settings, it is unavoidable to frequently use direct descriptions of private bodily parts and problems that patients encounter in their personal lives, which can stimulate embarrassing emotions [78, 79]. However, the results show that patients often replaced expressions like “penis,” “masturbation,” and “glans,” etc., with “this” or “that part,” demonstrating the intense embarrassing clinical atmosphere in TCM. In addition, patients were willing to answer the questions without much hesitation but showed little inclination to take the initiative to say more information, which is a sign of shyness and embarrassment when talking about sexual topics in public.

The quality of physician-patient communication and relationship determines, to a large extent, whether patients can feel safe to speak out about their concerns [80]. When sexual dysfunctions make patients embarrassed [81], whether physicians are empathic with patients, understand their insecurity, and express their embarrassing problems without feeling uncomfortable can make a difference to the patient’s willingness to have an open-hearted conversation with physicians and disclose more information [82]. Just as Bensing et al. [83] noted, showing personal attention has a universal value in medical care, and in this research, direct comforting demonstrates physicians’ attention and empathy to patients. Under the particular clinical conditions of TCM, physicians handle patients’ embarrassment and show their empathy mainly through rhetorical approaches.

It is found that the physicians were attempting to provide comfort by generalizing patients’ problems to make them less embarrassed and more confident. TCM physicians frequently expressed comfort to embarrassed patients by comparing them to patients who are in worse physical conditions, directly minimizing their embarrassment of being “different,” “odd,” or “difficult to handle.” The fear of being labeled as “difficult” blocks patients from fully engaging in physician-patient communication [84], while the emotion of embarrassment reflects, from a sideways view, that patients are reluctant to be looked down upon because of their self-esteem and the fear of being labeled.

Although there are discrepancies between physicians and patients regarding the need for medical treatment [85], physicians understand that all patients seek both physical recovery and emotional comfort in clinical settings. Identifying and expressively empathizing with the emotional needs of the patients [86] is significantly important for the physician-patient relationship, while this relationship is unsatisfying [87] because of the change in the healthcare system and more adoption of medical apparatus and instruments. On the contrary, this tradition of close communication remains quite well in TCM, which is why this empathic rhetorical strategy appears frequently in the corpus. Physicians are expected to provide emotional comfort to calm the embarrassed patients, meanwhile, they should, if possible, give the patients hope about recovery, especially in TCM clinical settings where instruments are rarely used.

In this investigation, it was observed that all physicians consistently reassured patients that adhering to medical advice and medication schedules would lead to the successful treatment of their illnesses. Such reassurance, from a theoretical perspective of empathy, aligns with the capacity for cognitive empathy among physicians. Notably, patients' confidence in physicians substantially influences their inclination toward seeking and utilizing health information [88]. This trust is rooted not only in the perceived professional competence of physicians but also significantly hinges on the quality of physician-patient communication [89] and the display of empathy by physicians [90].

The hope of recovering from andrological diseases often follows the straightforward comforting of physicians, constituting the rhetorical humane communication an empathic physician provides. It is called "rhetorical" because the physicians were using the oral assurance to lessen patients' negative emotions and the assurance has not been proven. Furthermore, the therapeutic efficacy of TCM, when integrated with Chinese philosophy and the concept of rhythmicity, as delineated by You [91], is not immediately apparent but manifests over the long term. Consequently, physicians are compelled to instill hope in patients, as the beneficial effects may only become evident after a prolonged period. Professional assurance serves as a crucial source of solace for patients grappling with embarrassment and, even more distressingly, anxiety, apprehension, and trepidation. Hence, the employment of professional assurance is both rhetorical and pragmatic.

As the division between physicians and patients is growing [92], patients tend to be more suspicious that physicians can understand them [93], especially at the psychological level. Mirroring patients' emotional conditions is a signal given by physicians that patients' feelings are known, understood, and accepted. It requires the capability of effectively realizing and understanding what the patients are going through in their actual lives. In the current study, the results show that TCM physicians frequently played back the emotional states of patients, especially the embarrassed emotional states. This rhetorical playback demonstrates that physicians are not only medical professionals but also familiar with patients' emotions; to be further discussed, they are effectively empathic with patients. As the audience in TCM andrological clinical settings, the patients would have less embarrassed and reluctant feelings when their embarrassment is fully understood by the physicians [94, 95].

Unexpectedly, the findings also provide evidence suggesting that physicians may exhibit a degree of "indifference" when discussing patients' andrological diseases. It is imperative to interpret this finding judiciously, as it may diverge from certain prior investigations advocating for the demonstration of empathic rhetoric through emotionally resonant language consistent with the audience's sentiments [96, 97]. However, this finding is not necessarily at odds with previous literature, as the observed indifference is likely rhetorical rather than genuine. Furthermore, genuine indifference often impedes patients from seeking additional professional assistance [98, 99, 100, 101] and may exacerbate feelings of embarrassment. Embarrassment hinders patients from speaking out about their andrological problems in clinical settings, especially under the Chinese implicit cultural background [102, 103]. If physicians use too many emotional expressions, the communication will bring more intense feelings of embarrassment and discomfort to patients. The professional detachment towards patients' delicate concerns within Chinese culture cultivates a professional doctor ethos and subtly suggests to patients that their issues may not be as grave as perceived. This dynamic

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reinforces the power dynamics inherent in physician-patient interactions, enhancing communication efficiency. Furthermore, it complements the affective empathy conveyed through comforting gestures, thus maintaining a delicate balance in the physician-patient relationship.

Empathy in the treatment process encourages physicians to take a non-threatening and non-judgemental approach [104]. Patients are empowered to exercise their autonomy to heal diseases without being pushed by physicians [105]. Clinical distance and empathy should be balanced by physicians [106]. Nurses with deep empathy can analyze the root causes of patients' bad emotions, subtly perceive patients' unmet caring needs, and spontaneously provide humanized care [107]. It is reasonable for us to infer that this ability of deep empathy is adaptable in all medical settings, owing to the longings, positions, etc., of patients, indicating the transition from physician-centered communication to patient-centered communication in China [108]. The clinical distance in the shield of the indifference of TCM physicians' attitude towards patients' embarrassing problems is unexpected but explainable from the perspective of cognitive empathy. Cognitive empathy is about understanding others objectively [109, 110], i.e., more rationally rather than merely emotionally. TCM physicians intentionally ignore some of the patients' emotional questions to make the problem less fearful, demonstrating their cognitive wisdom to calm patients and deliver professional confidence in curing the diseases.

The demeanor of indifference displayed by physicians underscores their professional stance towards illnesses, steering the clinical environment towards a more pragmatic and less emotionally charged trajectory, thus underscoring the authority of medical practitioners. This intentional and rhetorical detachment serves to mitigate or even dispel feelings of embarrassment. Moreover, despite the inherent power asymmetry between physicians and patients, the latter often reciprocate empathically towards physicians. Consequently, patients are inclined to be influenced by physicians' composed demeanor, aligning their emotional states with their medical caregivers. Within the andrological clinical settings of TCM, empathy emanates from both physicians and patients, fostering an environment where discussions naturally gravitate towards disease-centered topics, thereby diminishing feelings of embarrassment.

6.Limitations

There are two main limitations of the current research. One concerns subjectivity in identifying and confirming the four empathic rhetorical strategies. Each researcher tried to reduce random choices about physicians' rhetorical expressions and discussed all the ambiguous parts according to the basic principle of CDA before confirmation. However, empathy is a concept of dynamic [111, 112, 113] and individual [114, 115, 116] emotions; therefore, like the subjectivity is necessary for CDA [117, 118], the subjectivity of the current research is also unavoidable, and what could be done is to provide more theoretical and logical support. The second limitation lies in the absence of patient reactions to substantiate the efficacy of these strategies in mitigating embarrassment. The immediate responses of patients were curtailed due to time constraints. Subsequent research endeavors could involve distributing questionnaires to patients and independently capturing clinical interactions via video recordings within hospital settings. These methods would facilitate a more comprehensive understanding of the impact of these strategies on patients' experiences and perceptions.

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7.Conclusion

TCM is a medical field requiring much communication between physicians and patients owing to the rare use of medical apparatus and instruments in "looking, smelling, questioning, and feeling the pulse." In this article, the data are the videos of online diagnoses in which smelling and feeling the pulse are omitted; thus, more attention is paid to the processing of questioning. In the andrological clinical settings, patients' emotions of embarrassment commonly appear and encumber the treatment process by preventing patients from saying their real conditions. Physicians are expected to use empathic rhetorical strategies to provide patients with a secure environment to speak out about their private problems which in Chinese social and cultural circumstances may be hard to be expressed in public. Through extraction, categorization, and analysis, we have found that andrological TCM physicians most frequently used four empathic rhetorical strategies in clinical settings. These strategies were used to eliminate patients' embarrassment and make the emotional atmosphere in the clinical process, as well as the treatment process, more positive. We have also found that adopting rhetorical "indifference" could prevent physicians from over-applying empathy, which may bring contrary results. The four rhetorical strategies to deal with embarrassment in TCM clinical settings are useful for treatment effects and promote the physician-patient relationship in the long term.

It has been advised to incorporate the practice of empathy into medical education [119], in which rhetoric of empathy covers a large part of being the main approach to manifest empathic concern to patients to eliminate their dissatisfaction with physicians [120, 121] and make them feel cared for. It is also expected that physicians do not need to switch between their fake selves and real selves but keep crystallized empathic selves, which can only be achieved through having empathic concern and using appropriate rhetoric to deliver empathy to patients. This study is expected to shed some light on medical rhetorical studies and, one step further, on medical education about physician-patient communication. An additional analysis that accounts for variables of the rhetoric of empathy in both western and TCM clinical settings of all kinds of outpatient departments needs to be performed in future studies.

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