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The Inscription of Chinese Medicine on the Australian Landscape



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Thesis submitted in fulfilment of the requirements for Master of Arts

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I declare that the thesis entitled, '*Encircling the Wind. The Inscription of Chinese Medicine on the Australian Landscape*', is my own work and has not been submitted previously, in whole or in part, in respect of any other academic award.

Peter A. Ferrigno

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The errors and misapprehensions which remain are mine.

Abstract

This thesis sets out to explore the ways in which Chinese medicine is practised - and through its practice understood - in Australia. It seeks to establish what Australian practitioners know, and how they know what they know, about a body of medical knowledge from which they are culturally and linguistically far removed. As this thesis argues, Chinese medical ideas direct practitioners' attention to fundamental questions on the human condition, which transcend cultural and linguistic difference. Through what is termed the therapeutic dialogue, which gives meaning to the practice of acupuncture, this thesis shows how the client and practitioner are able to share in the universal myths, metaphors and symbols which constitute the body of medical knowledge which goes by the name 'Chinese medicine'.

The first chapter of this thesis, *He Gu*, considers what scholar practitioners know of Chinese medical knowledge. The chapter considers three quite different but related contexts of meaning and interpretative possibilities: firstly, a brief account of available textual sources emanating from China as well as those produced in the West specifically for Western consumption; secondly, current attempts to understand the 'acupuncture effect' by applying biomedically structured clinical and laboratory trials; and, lastly, the reconstruction of classical ideas such as *xue* and *zangfu* functions by contemporary Chinese scholars. Together, these three quite different approaches are portrayed as reflecting, in China and the West, the desire to grasp the essence of Chinese medical ideas in changing social contexts.

The second chapter, *Gui Xie*, focuses on an early Chinese medical notion: being possessed by ghost evils. While it is the case that the role of evil spirits or demons as principal causes of illness was disputed by *Nei Jing* scholars and removed from medical discourse by contemporary Chinese scholars, external *xie* evils continued to be characterised as pathogenic *qi*. The language of possession became rationalised as an attack by 'evil' *qi* usually associated

with atmospheric influences such as wind, cold, heat, damp or dryness. The chapter's discussion on the meaning of external evil is placed in a context of maintaining harmonious balance between inner and outer life. The chapter demonstrates that *qi* is simultaneously a constructive and destructive force, and proposes that to distinguish *qi* as either *zheng* 正 or *xie* 邪 limits practitioner understanding of how *qi* remains and changes at the same time. Understanding this, it is argued, provides a means of understanding how people experience states of being, particularly in relation to personal strengths and limitations.

Chapter three, *Da Bao*, considers the ways in which the core values and ideas that constitute Chinese medical knowledge, based around the *Nei Jing* tradition, are currently apprehended by practitioners. The interpretation offered suggests that ideas shaped in historical and linguistic contexts different from our own are reached via more universal symbolic bridges. The emblematic symbols of *wu xing* and *liu jing* are presented as 'two faces' of *qi*. Both are shown as ways of symbolically representing *qi* on earth. The chapter also indicates how *liu jing* also contains ideas which speak of the movement and transformation of *qi* as a celestial force, and how *wu xing* and *liu jing* may be characterised as pre- and post-heavenly configurations of *qi* having meaning for understanding one's place in the universe.

Chapters four and five explore the notion of *shen* as a special route to understanding *qi* as a 'spiritual' dynamic in individuals: their mental life, emotions and spiritual attributes. Scattered throughout the *Nei Jing* are constant references to the idea that physicians always first observe and assess *shen*, in ordinary life as well as in the clinical encounter. As these chapters indicate, knowing *shen* was critically important to being a good practitioner. Discourse on *shen* serves to exemplify both the difference and similarity of approaches to understanding Chinese medicine in Australia and China.

Bai Hui, the sixth chapter, explores the meaning of *qi* in the context of the therapeutic encounter. A number of case studies of everyday life situations are presented as a means through which *qi* may be understood. The discussion also serves to illustrate that to know *qi* is

not necessarily exclusively a medical endeavour, although practitioners of *qi* are ideally placed to know *qi*. As this chapter stresses, apprehending *qi* in any situation enables an individual to understand states of being through the metaphors of the energy of Heaven and Earth. Given that Chinese medicine is simultaneously a technique as well as a state of mind, the chapter concludes that anyone, anywhere, can be thus 'enabled' to work with and experience *qi*.

The thesis concludes that the practice of Chinese medicine in Australia does more than enable practitioners (and clients) to share in the myths, metaphors and symbols which constitute Chinese medical knowledge. In the translation of that body of knowledge into an Australian context, it is argued, ancient medical concepts are transformed and re-vitalised in such a way that they continue to 'speak to' on-going universal human concerns.

Introduction

飛楊 Fei Yang

Chinese Medicine: The Journey from Australia to China

At its core this thesis sets out to explore ways of understanding the movement and transformation of Chinese medical ideas in contemporary Australia. Situated in a highly urbanised social setting, Australian practitioners are fundamentally removed from the historical, cultural and linguistic traditions that have shaped Chinese medicine. Having access to a Chinese medical tradition of thought based on ideas derived from what practitioners characterise as the *Nei Jing* 內經¹ tradition, Australian practitioners confront a formidable challenge: to access medical ideas, old and new, apprehending their meaning and transmitting their core values in a meaningful way.

The interpretation offered in this study is to be understood as an Australian acupuncturist's account of Chinese medical ideas shaped primarily by contemporary concerns associated with the meaning of well-being, illness, cure and practice experience. This means that not all *Nei Jing* ideas are given prominence. Rather, the study presents a selection of what are usually considered core ideas and values based on *Nei Jing* views, and contemporary Chinese and Western accounts of what constitutes Chinese medicine. Instead of taking the view that Chinese medicine, when practised in non-Chinese settings, is divested of its original meaning this thesis will argue that a distinctly Australian flavour is being appended to an

¹ The full title of the text is *Huang Di Nei Jing Su Wen Ling Shu*. Pin Yin Romanisation of Chinese terms is used throughout the thesis. However, when citing others and the spelling of Chinese words is different they are retained.

already hybridised medical perspective which has shown itself capable of accommodating change and differing points of view.

Acupuncture education courses delivered by Australians for Australians began in the late 1960's. At that stage access to textual sources in English or Chinese was difficult (Porkert 1974, 1976, 1984, Anon 1980).² For instance, the only available rendition of the *Nei Jing* was a partial translation of the *Su Wen* 素問 (Veith 1972).³ The early 1970's and 1980's saw a marked desire by the Chinese to 'export' their traditional medicine. Delegations of Chinese practitioners and Department of Public Health officials⁴ began regularly to visit Australian institutions. Many of the private colleges established programs of exchange whereby students and practitioners could supplement their theoretical knowledge and gain valuable clinical experience in traditional hospitals. In the early 1980's a number of major texts, either as original Western commentaries or translations of Chinese medical texts, became available in the West (Rogers 1979, Player 1980, Lu and Needham 1980, Needham 1976, Bantick 1981, Li 1981, Sung 1981, Negro 1981, Kaptchuk 1983, O'Connor and Bensky 1983, Seifert 1985, 1986, Jeynes n.d. and Watson 1984). For instance, Bantick (1981), Negro (1981) and Watson (1984) compiled a detailed inventory and discussion of Chinese medical symptomatology. Rogers (1979) and, later, Rogers and Rogers (1989), documented the traditional functions of acupuncture points and their dynamics, respectively. Alongside Porkert's (1974, 1981, 1983) works, Kaptchuk's (1983) offering is considered by many practitioners as the first comprehensive Western rendition of a Chinese medical text (cf. Sivin 1987, Unschuld 1980). These sources are now considered as basic medical texts in undergraduate acupuncture courses.

² Soule De Morant's work (in French) was available as early as 1972.

³ See also Lu (1979), who translated the *Nei Jing* and *Nan Jing*.

⁴ Renamed as the State Administration of Traditional Chinese Medicine in 1986.

Within ten years of the introduction of acupuncture education in Australia, what may be characterised as differing schools of thought were beginning to take shape. Early acupuncture training in Australia was influenced by European interpretations, especially 'the five element' approach to diagnosis and treatment. However, there was also notable interest in what were considered as the more classical aspects of Chinese medical thought, such as the open hourly points, *zi wu liu zhu* 子午流注, nine pulses of the regions, *san bu jiu hou* 三部九候, the sacred tortoise and eight laws, *ling gui ba fa* 靈龜八法, and their connection to Chinese philosophy (Jeynes n.d., Fraser 1987, Charles 1991, Liu 1988)⁵. At the time, such considerations were often seen as peripheral to the clinical application of acupuncture. The 'syndrome approach,' refined by the Chinese after the formation of the People's Republic and discovered by Westerners during the early 1980's, was seen as a neat and concise way of classifying patterns of illness more relevant to practitioner needs in Australia (Flaws 1992a, 1992b).⁶ Compared to the syndrome perspective, five element theory⁷ was seen as 'a rigid metaphysical overlay on the practical and flexible observations of Chinese medicine' (Kaptchuk 1983:352). However, five element theory as it was presented in the West was predominantly European rather than Chinese. As this thesis outlines, other Western renditions of key elements of Chinese medical discourse, such as *liu jing*, were more sensitive to the broader conceptual frameworks constituting that tradition. The significance of *xie qi* 邪氣, critical to understanding the nature and movement of *qi* 氣, and other emblematic symbols are identified in this thesis as examples of how classical ideas may be interpreted by Australian practitioners.

⁵ Liu (1988:1) renders *zi wu liu zhu* as, 'circadian flowing and pooling of vital energy along points of the 12 channels'

⁶ See Flaws (1992b) for a controversial view on the problems associated with learning Chinese medicine in a Western setting. Compare with views expressed by Deadman (1992), Richardson (1993) and Foster (1989).

⁷ Five element theory was the original translation for *wu xing*.

The emergence of differing schools of thought in Australia reflects how the process of accessing Chinese medical ideas constitutes an evolving discourse. Indeed, the Australian experience, as argued in this study, reflects a similar pattern already undergone by our Chinese counterparts and the continuing evolution of Chinese medical discourse in Australia adds to an already rich body of knowledge thickly packed with changing levels of meaning and significance.

For some thirty centuries Chinese physicians have been interpreting and reformulating Chinese medical knowledge according to changing social contexts, and the past fifty years in particular represents a period of a remarkable transformation of Chinese medical ideas in what has become known as Traditional Chinese Medicine (TCM). The body of Chinese medical knowledge has a long history of scholarly documentation, and the task of reproducing and transmitting a constantly changing medical discourse in a radically different social setting constitutes a formidable challenge, for Chinese and Westerners.

One way to understanding Chinese medical ideas is to approach this knowledge through the literary tradition, especially those sources said to represent 'classical wisdom'. Sources such as the *Nei Jing* are still considered by the Chinese as canonical⁸ 经典 texts,⁹ and viewed as containing the revealed knowledge of master physicians who, because of their experience with *qi*, were regarded as wise teachers. Reading and reflecting on ideas found in the *Nei Jing* and other traditional texts offers practitioners a route to attaining the essence, *jing* 精, of Chinese medical knowledge. By approaching classical works with reverence, practitioners are held to become 're-awakened' and able to apprehend the fundamental Chinese medical idea named *qi*. It is as if, behind the words, as is the case in the Chinese language, lie magic keys able to convey the reader to what Proust, writing in a quite different context, refers to as 'those dwelling-places into which we would never have been able to penetrate' (Proust

⁸ See Bell and Zola (1992).

⁹ There is a Chinese proverb which says, 'Books are like medicine. Reading them in a correct way may cure people's foolishness' and when 'a book is read a hundred times, its meanings will naturally become clear'.

1994:36). Reading in this way might be said to stimulate the experience of creative and intuitive ways of thinking, whereby the written word or character connects with deeper levels of meanings which direct the reader to the complexity of the human potential.

Apprehending Chinese medical ways of knowing by engaging with the thoughts of classical scholars may be viewed as a personal journey through Chinese medical knowledge. With the *Nei Jing's* presentation as a dialogue between a master physician and apprentice practitioner, the reader is invited, as it were, to embark on a journey of experience in which Chinese medical ideas are waiting to be discovered. In reading classical sources practitioners are afforded an altogether different means of absorbing medical knowledge: reading the revealed wisdom of ancient medical scholars, understood as an experience with *qi*, is said to convey practitioners into the 'world of *qi*'. In this sense, there is the suggestion that Chinese medicine must be experienced in order to know it. Theory and practice, according to Chinese medicine, is conflated. If theory cannot be put into practice, it may not be 'real' knowledge. If it is 'real' knowledge, then it can be put into practice.¹⁰ In this thesis the idea of absorbing Chinese medical knowledge is taken to be an interactive and interdependent relationship and exchange between practice and scholarly documentation - a learning dynamic which transforms both knowledge and people.¹¹

¹⁰ In Chinese, knowledge and practice is expressed as *shi jian* 實踐 and *jing yan* 經驗. In the former, one knows when to stop and gather precious knowledge, suggesting that an individual will develop an inward personal wealth. In the latter, attaining knowledge is seen as a path of experience and, at the same time, the experience will reveal the correct path for the individual. Farquhar (1994) argues that the emphasis given to *shi jian* and *jing yan* by contemporary Chinese practitioners is far more than just a deployment of terms made fashionable by Maoist philosophy in accord with the modernisation of China's medical system after the Cultural Revolution. These terms essentially represent an epistemological formation with a specific historical importance, and for this reason, Farquhar argues, 'a large part of the appeal of these terms was the way in which they accorded with, and continued to reproduce, Chinese doctors' deeply held understandings of how truly effective healing had to be organized' (Farquhar 1994:3).

¹¹ Chuang Tzu offers a poetic description of the meaning of transformation. He noted, 'Once upon a time, I, Chuang Tzu, dreamt that I was a butterfly, flitting around and enjoying myself. I had no idea that I was Chuang Tzu. Then suddenly I woke up and was Chuang Tzu again. But I could not tell, had I been Chuang Tzu dreaming that I was a butterfly, or a butterfly dreaming I was now Chuang Tzu? However, there must be some sort of difference between Chuang Tzu and a butterfly! We call this the transformation of things' (in Palmer and Breuilly 1996:20).

Reading the *Nei Jing* as narrative, practitioners are confronted with a constellation of 'simple'¹² ideas, often repeated in different ways, at times seemingly ambiguous and contradictory. It is no wonder that beginning students and practitioners often 'get lost' in the discourse, giving up in frustration and returning to contemporary text book accounts. The impact on the reader is understandable and, in many ways, an unavoidable phase in their learning of Chinese medicine. Recognised as an ancient book of wisdom, the 'secret knowledge' contained in the *Nei Jing* only becomes available to one who is 're-awakened and enabled'. At the same time, it is the experience of reading which conveys the reader into this deeper knowledge. According to this view, one is required to immerse oneself in and behind the words, absorbing their meaning as one experiences the thoughts of others.¹³ The implication is that the willing student is likely to be transformed by the experience, in much the same way as one might be transformed by gazing at great works of art, reading poetry or watching a classic film. Not only does one make contact with ideas of the past, but the very contact is believed to transport the reader along a learning path which gives meaning to everyday life. In turn, everyday life is understood as an important vehicle through which medical ideas become known.

The *Nei Jing* ought not to be considered as a 'textbook' containing a set of concepts that follow a logical sequence. Rather, the text is held to direct the reader on a discursive but not completely unfamiliar route to understanding the human condition through medical ideas.

This somewhat 'open-ended' process can be related to the fundamental Chinese medical idea of *hua* 化, usually rendered as transportation and transformation, considered central to the creation of *hou tian zhi jing* 後天之精 or post-natal *qi*. *Hua*¹⁴ epitomises

¹² The first book of the *Nei Jing* is titled *Su Wen*, meaning 'simple questions'.

¹³ The view is not dissimilar to the idea of discovering a revealed wisdom in the Christian bible.

¹⁴ The character to the right in *hua*, 化, is a variation of *ren* and means a person who has tumbled head over heels. Another meaning was, to die. The derived meaning is to overthrow or to transform (Wieger 1965). The addition of *ren* to the left, of a person tumbled head over heels, now means to convert people by teaching them (Wieger 1965, Wilder and Ingram 1974). When the grass graph is added above, 花, the meaning changes to the transformation or evolution from plant to flower. Interestingly, *hua* 化 forms part of the character which means,

Chinese medical discourse in the Australian context which, as this thesis suggests, encompasses three levels of meaning that simultaneously influence each other: how practitioners derive meaning from classical texts, how they observe and understand the energetic disposition of clients presenting for acupuncture, and how the therapeutic encounter shapes meaning. As this thesis argues, accessing Chinese medical ideas in the Australian context means that the ideas themselves are transformed and at the same time have the potential to transform the practitioner.

The two ideas of transportation and transformation, central to *hua* and to other concepts such as *yinyang*, or *qi* and *xue*, always reverberate in Chinese medical discourse. For instance, the pattern of liver *yang* rising, an apparent *shi* condition, is often spoken about in terms of liver *yin xu* or liver *xue xu*. Treatment may be directed at the *yin* aspect of the liver while the condition is *yang* in nature. From a Western perspective, when reading or practising acupuncture, such Chinese medical ideas may seem to defy explanation. Yet Chinese medical ideas are simultaneously ineffable and practical. One has to understand the contradiction within transformation that is central to any *qi* pattern. Indeed, patterns of disharmony are better understood if a practitioner recognises the contradiction in how *qi* remains and changes at the same time. Therefore, learning of this kind transcends the logic-centric confines of Western explanation and suggests that to appreciate the essence of what is meant by the coming and going of *qi*, practitioners must enmesh themselves in the world with *qi* and experience the dynamism and contradiction of *qi*. Such an attitude to learning ‘enables’ practitioners to apprehend an ancient scholarly wisdom while preparing them to become good contemporary practitioners.

‘truly, genuine or perfect simplicity’, suggesting the idea that Daoist learning and practice transforms states of being by attaining perfect simplicity. *Hua* 化 is also connected with the Chinese medical term, *zhen qi* 真氣, which means true, genuine or authentic *qi* (Wieger 1965:36, Wilder and Ingram 1974). Compare also with *lao* 老, a venerable old man whose beard and hair, *mao* 毛, has changed colour to white.

See also Larre and de la Vallée (1985, 1986, 1990, 1991, 1992, 1994) on the relationship between language and meaning of Chinese medical ideas.

Exhorted to experience the coming and going of *qi*, Australian practitioners, like their Western counterparts, confront another stimulating challenge: to translate and derive meaning from a language from which we are linguistically and culturally removed. Compared with the transmission of ideas between cultures sharing a similar historical and linguistic tradition, the rendering of Chinese medical ideas into English poses a number of particular problems. Much has already been written on the structure of the Chinese language and how language has influenced the development of ideas in China (Creel 1943, Forrest 1948, Karlgren 1949, 1950, 1990, Hager 1972, Fenollosa 1968, Waley 1969). What is of special interest in this study is the way pictographs or symbols are used to communicate an idea. Though Chinese characters have been created according to several principles, they take their origins from simple pictures or combinations of pictures. What this means is that the language expresses 'the abstract and the intangible in terms of the concrete and the tangible' (Bodde 1957:12). For instance, the character *ri* 日 means sun and originally was written as a circle with a dot in the centre. Drawing a horizontal line under *ri*, now 旦, means dawn or daybreak. The sun is rising above the horizon. Adding a small stroke above *ri* now means clear or white, 白. The small oblique stroke signifies the sun's very first ray of bright light emerging over the horizon. Combining 月, the moon, originally presented as crescent, with sun produces the ideograph *ming* 明, meaning brilliant, bright or enlightened.¹⁵ The symbols depicting the sun and moon, two important celestial objects, now convey to the reader diverse realms of meaning. Observing light and shade of the sun and moon meant that one could distinguish and comprehend the natural world in an enlightened manner. To 'understand' is written as *ming bai* 明白, meaning things bright and clear are easy to know.¹⁶

¹⁵ Early seal characters for *ming* have a window instead of sun beside moon. The brightness of the moon shone through a window (Wilder and Ingram 1974, Wieger 1965, Bierderman 1994).

¹⁶ *Wo ming bai ni de yi si* 我明白你的意思 means 'I understand what you mean.' The last two characters, 意思, in this sentence are central to *Nei Jing* discourse on the creation of thought and how thinking transforms people. These two ideas will be explored in a later chapter.

The ideographic character of Chinese writing denotes a complete idea along concrete, descriptive and associative ways. Things are seen as part of a never-ending movement of thought. Concrete images are accumulated and connected by including other ideographs. In the reconstruction, new thoughts, shaped by other ideographs, emerge. Consequently, Chinese characters leave room for an ever-expanding set of associations and interconnections (Andrews 1854).

Deriving meaning from pictographs suggests that understanding an idea first hits the eye and not the ear. This means that contemporary Chinese people are able to read ancient classics, provided they are able to recognise older Chinese characters, without having any idea as to how they were sounded in the past. Moreover, if one were to listen to another read a passage aloud, chances are that the sentences would 'teem with homophones' with the result of 'complete incomprehensibility' (Karlgren 1990:29). Chinese characters may be construed as symbols and images containing an intrinsic capacity to express abstract ideas as a drawing, usually depicting the concrete; *qi* 氣, presented as a universal force living in the body and universe, is, for example, portrayed as rising, odorous vapours from cooking grain.

To the Chinese, scripting characters is revered to a degree we in the West can hardly understand. Reading words in a book, as art, is seen as a salutary endeavour (Ryckmans 1996). Thus, Chinese writing may be viewed as the means for picturing thoughts (Williams 1960, Van Briessen 1963). Writing and graphic art are intimately connected and calligraphy is the first step in creating great art (Chieh Tzu Yüan Hua Chuan 1982, Williams 1960). In China, an expert calligrapher is also regarded as an artist of the first rank: where Westerners might hang art work in their homes, the Chinese display scrolls of poetry or memorable Chinese sayings. Translating Chinese pictographs into English language removes, or at least reduces, this artistic feature and to this extent changes their meaning.

The problem, common to all translations,¹⁷ is compounded in reproducing a body of knowledge from other times in which the linguistic and cultural webs of significance of the translator will mediate the meaning. For Australians, attempting to reproduce and apply Chinese medical ideas via a radically different language discourse, this is a core problem, which this thesis addresses. As argued in this thesis, while a transformation is unavoidable, the 'essence' or core values and ideas of a tradition like the *Nei Jing* are reconstituted in another context - just as they are in China.. The issue is not whether the 'original' meaning has been 'lost' or not, but the efficacy of the new context of meaning which is inevitably established for interpreting an ancient medical wisdom.

The principal source for this ancient medical tradition used in this thesis is the *Huang Di Nei Jing Su Wen Ling Shu* 黄帝内经素问灵枢 (hereafter called *Nei Jing*), a collection of 162 medical treatises very likely representing the ideas and thoughts of a range of medical scholars in a continuing tradition of medical thinking over 2000 years. It is a significant and important medical tradition but certainly 'does not represent the ideas of all Chinese' (Chiu 1986:4). Nonetheless, the text exemplifies one significant Chinese medical tradition and has had a 'towering influence on later Chinese medical thinking' (Chiu 1986:10). The *Nei Jing* contains two books, the *Su Wen* 素问 (Simple Questions) and the *Ling Shu* 灵枢 (Celestial Pivot),¹⁸ which have 'survived the vicissitudes of transmission to the present day' (Harper 1982:2). Each book is composed of 81 chapters and comprises a collection of medical treatises probably written by numerous scholars and compiled between 1BC and 1AD.

The *Su Wen* is based on Wang Ping's edition of the eighth century, and Wang Ping appears to have not only re-ordered chapter sequences, but also added chapters and modified

¹⁷ Ursula Le Guin (1993) offers a comment about the process of translating. She writes, 'Translation is entirely mysterious. Increasingly I have felt that the art of writing is itself translating, or more like translating than it is like anything else. What is the other text, the original? I have no answer. I suppose it is the source, the deep sea where ideas swim, and one catches them in nets of words and swings them shining into the boat ... where in this metaphor they die and get canned and eaten in sandwiches.'

¹⁸ Sometimes rendered as '*Spiritual Axis*'.

the text. Previously known as the *Chiu Ling* or *Chen Ling*, the *Ling Shu*'s modern form is based on Shih Sung's version presented to the emperor in the twelfth century (Chiu 1986, Harper 1982). Consequently, the *Nei Jing* represents medical ideas of Han and pre-Han times and of subsequent generations of medical scholars. Indeed, there exist many differing Chinese renditions of the *Nei Jing*, which testifies to its significance as the principal source of medical knowledge (OICSAA 1979, Chiu 1986, Sivin 1987, Kaptchuk 1987, Huang-Fu Mi, 1994, Larre 1983b, 1984). Sivin notes that from 1949 until the mid 1970's, 27 new editions of or commentaries on the *Nei Jing*, 76 reprints of or annotations to the *Treatise on Cold Damage Disorders*, and 56 reprints or new editions of classical materia medica and roughly 350 reprints, editions, and anthologies of other medical treatises were published. 'This flood', he noted in 1987, 'had shown no sign of stopping ...' (Sivin 1987:26 n 20).

Chiu, in her 1986 study, refers to another *Nei Jing* text, identified as the *Huang Di Nei Jing Tai Ssu*, discovered in Japan during the late Ch'ing period. The *Tai Ssu* appears to be freer of revision and interpolations and offers closer parallels to the *Ma Wang Tui Han Mu Po Shu* 馬王堆漢墓帛書 (circa 168BC) manuscripts,¹⁹ indicating it contains 'medical views which prevailed in Han or Pre-Han China and very little reflects views after the seventh century' (Chiu 1986:12).

Essentially we have not one *Nei Jing*, but a collection of *Nei Jings* each offering an additional layer of meaning about the *Nei Jing* tradition. The texts, representing differing faces of a changing medical tradition with succeeding authors adapting its ideas within their own particular social context and acquired medical knowledge, might be viewed as constituting a continuing dialogue in the reproduction and transmission of medical knowledge. Even though

¹⁹ The *Ma Wang Tui Han Mu Po Shu* medical corpus contains eleven manuscripts written on three sheets of silk found in a lacquer box in 1973. The manuscripts were recovered from the tomb of Lady Tai dated precisely to 168 BC. Analysis of one of the scripts, the *wu shih erh ping fang*, has lead Chinese scholars 'to place this text together with others [*Ma Wang scrolls*] appear to have been redacted before the end of the third century BC.' (Harper 1982:2)

the *Nei Jing* does not represent the views of all Chinese, it is portrayed by both Chinese and Western practitioners as the premier text of a scholarly medical tradition of medical ideas.

Just as Chinese scholars re-interpreted Chinese medical ideas in the *Nei Jing*, so too - it is argued in this thesis - Westerners, by reproducing translations, may be seen as repeating an ancient tradition. A contemporary Western *Nei Jing* tradition is emerging as another layer of thought and meaning to an evolving body of medical knowledge. In this instance, the reproduction of Chinese medical thought is occurring in a radically different social setting. The latter part of the twentieth century appears to be a significant period of transition in the transmission of Chinese medical knowledge, for Chinese as well as Westerners. For the first time in thirty centuries, Chinese medicine is being appended to Western ideas of what constitutes health and well being, aspects of which are outlined in this thesis.

Before the late 1970's the only available English translation of the *Nei Jing* was the Veith (1972) version of the first thirty two chapters of the *Su Wen*. By the early 1980's, two complete translations of the *Nei Jing* had been published: one by Lu (1979) and the other originally rendered into French by Chamfrault. This latter work was later translated into English by the OICSAA²⁰ group. Both translations were written by individuals experienced in the practice of acupuncture, whereas the Veith version was not (Clavey n.d.) Only in the last few years has the West seen a significant increase in offerings: Wu Jing Nuan's *Ling Shu*, Ni Mao Shing's rendition of the *Su Wen* and Larre and de la Vallée's (1985, 1991, 1992a, 1992b, 1994, 1995) translations of particular sections of the *Su Wen*, *Ling Shu* and *Nan Jing*.

The significant issue for these translations is how such a vast array of ideas contained in the texts, together with subsequent interpolations, can be reproduced in a way that transmits

²⁰ The Occidental Institute of Chinese Studies Alumni Association (OICSAA) is a translation of Chamfrault's work (from the French) in collaboration with Ung Kam San, which is based on the Wang Ping's version of the *Nei Jing*. The authors acknowledge the *Tai Ssu* version, but there is no indication whether it was used as a source of comparison to Wang Ping's version. The OICSAA group also translated the *Nan Jing* (Classic of Difficulties) originally translated by Ngyuen Van Nghi. Whenever the OICSAA work is cited, (SW), (LS) or (NJ) mean, *Su Wen*, *Ling Shu* or *Nan Jing* respectively.

those ideas in a meaningful way to contemporary Westerners, while simultaneously retaining the 'essence' of what constitutes the core values of the *Nei Jing* tradition.

It should be noted that just as there is not one *Nei Jing*, so too an increasing number of English translations of the *Nei Jing* are being offered for Western consumption. Though most translations are based on the Wang Ping version, it is the case that English renditions of the *Nei Jing* can be presented quite differently. For instance, Chapter Two of the *Su Wen* is translated by Ni (1995) as '*The Art of Life Through The Four Seasons*', by Larre and de la Vallée (1994) as '*Harmonize The Spirits With The Qi Of The Four Seasons*' and by the OICSAA (1979) as '*The Art of Regulating One's Life According to the Seasons*.' Ni writes:

The three months of the spring season bring about the revitalization of all things in nature. It is the time of birth. This is when heaven and earth are reborn. During this season it is advisable to retire early. Arise early also and go walking in order to absorb the fresh, invigorating energy. Since this is the season in which the universal energy begins anew and rejuvenates, one should attempt to correspond to it directly by being open and unsuppressed, both physically and emotionally. On the physical level it is good to exercise more frequently and wear loose fitting clothing. This is the time to do stretching exercises to loosen up the tendons and muscles. Emotionally, it is good to develop equanimity. This is because spring is the season of the liver, and indulgence in anger, frustration, depression, sadness, or any excess emotion can injure the liver. Furthermore, violating the natural order of spring will cause cold disease, inflicted by atmospheric cold, during summer. (1995:5)

In contrast Larre and de la Vallée write:

The three months of spring/Are called springing up and unfolding./Heaven and Earth together produce life,/And the 10,000 beings are invigorated./At night, one goes to bed, at dawn, one gets up./One paces the courtyard with great strides,/Hair loose, body at ease,/Exerting the will for life:/Letting live, not killing;/Giving, not taking away;/rewarding, not punishing./This corresponds/with the spring qi./It is the way/That maintains the drive of life./To go countercurrent /Would injure the liver,/Causing, in summer, disturbance due to cold,/Through an insufficient contribution to growth. (1994:106-107)

The OICSAA states:

Spring is the season of rising of the sap: the Earth and Heaven recapture life. All is in fecundation. It is the season during which man must rest his

body in order that new energy can grow. It is the moment of giving and not of suppressing; it is the hour of reward and not of punishment. In order to comply with the energy of Spring, it is necessary to nourish this new vitality. If one violates this principle, the Liver will suffer from it. Summer is the season of growth. The energy of Heaven and that of Earth are joined together again. (In the cosmic philosophy, man takes into himself part of Heaven and of Earth, which are joined together in the Summer season.) Everything in nature flourishes and bears fruit. In this season, he must not irritate this need for vitality; he must allow it to diffuse into the organism, this will be the best method of maintaining the vitality. If one violates this principle - this Tao - one will see appearing intermittent fevers or cough in Autumn, and some serious sicknesses in Winter. (1979:3)²¹

From a practitioner's perspective all renditions are informative and, rather than merely pointing to weaknesses in translation, the differences indicate a fluidity of meaning in understanding Chinese characters together with the authors' creativity in attempting to convey the complexity and subtlety of meaning to the reader.

There are other available translated texts considered part of *Nei Jing* tradition that are an additional source of knowledge, and part of the scholarly tradition of Chinese medical ideas. For instance, the *Hua Shi Zhong Zang Jing* (Yang 1993), attributed to Hua To and probably written during Han times, 'can be seen as a most definite example of a Daoist lineage of Chinese medicine ... even though its author does use theories such as five phases, shared by the Confucian *ru yi*'²² (Flaws in Yang 1993:xiv).²³ This particular work demonstrates the continuing tradition of early magico-religious rituals as part of therapy. The text includes herbal recipes such as *Tian Xian Yuan* (Celestial Immortal Pills) and *Zuo Ci Zhen Ren Qian Jin Di Huang Jian* (True Person Zuo Ci's Thousand Tales of Gold Rehmanniae Decoction), reflecting a link to earlier foundations of Chinese medicine.

²¹ Sexist language will not be corrected in quotations, though inclusive language will be used throughout the thesis.

²² *Ru yi* is said to represent the Confucian scholarly tradition in Chinese medicine in addition to, for example, Chinese medicine's Daoist lineage (Flaws 1992a, 1992b).

²³ The Yang Shou-zhong (1993) rendition is a 'translation based on the *Zhong Zang Jing Jiao Shu* ... edited by a group of many Chinese scholars headed by Li Cong-fu and published ... in Beijing in 1990' (Flaws in Yang 1993:xx).

Other sources include the *Pi Wei Lun* (Spleen Stomach Treatise), *Nan Jing* (Classic of Difficulties),²⁴ *Shang Han Lun* (Treatise on Febrile Diseases Caused by Cold), *Jinkui Yaolue Fanglun* (Synopsis of Prescriptions of the Golden Chamber)²⁵ and the *I-hsüeh Yüan Liu Lun*²⁶ (Forgotten Traditions of Ancient Chinese Medicine). More recently, Huang Fu Mi's *Jia Yi Jing* has been published, which the translators suggest has 'defined acupuncture as we know it today' - largely on the basis that the text devotes considerable attention to the actions of acupuncture points (Yang and Chace 1994:4).

The *Pi Wei Lun*, a twelfth century source of the Yuan dynasty, attributed to *Li Dongyuan* (Yang and Li 1993), focuses discussion on the internal causes of disharmony, *nei shang*. Attention is directed to the role of the stomach and spleen *zangfu* 臟腑, said to symbolise the actions of Earth, as a means of understanding the human body. The treatise assigns prominence to the school of thought that one should always nourish one's earth (*bu tu pai*), by speaking about the qualities of stomach and spleen. *Pei tu*, preserving one's health by attending to one's earth, contains important metaphors relevant to Western notions of the relationship between lifestyle, individual well being and collective concerns about our planet earth. The meaning of *bu tu pai* and *pei tu* is considered in detail in later chapters.

The above sources, understood by the Chinese as precious classics, are to be seen as part of a continuing medical tradition to which practitioners have access. They are therefore important to the present study, intimately connected with the ideas contained within the *Nei Jing* and serving as a guide to understanding acupuncture practice in the contemporary world.

What is of special interest in this study is that practitioners are afforded a different but not completely foreign means of entry into understanding Chinese medical ideas. Uncovering metaphor and symbol located in Chinese writing is to explore the art of Chinese medicine. An

²⁴ See Unschuld (1986), OICSA (1979) and Lu (1990) who have also translated the *Nan Jing*.

²⁵ These two texts are attributed to Zhang Zhong Jin and are dated to the second or third century AD. See Zhang 1986.

²⁶ An eighteenth century text recently translated and annotated by Unschuld (1990).

important and related aspect to this kind of endeavour suggests that Chinese medical knowledge can be explored as a human enterprise in search of meaning. By locating medicine within social contexts of art and meaning, practitioners acknowledge that medicine is more than a technique. Chinese medical knowledge clearly directs attention to the importance of attaching meaning to states of being, understood as health, well being, illness and cure, through symbol and metaphor.

People know that they will experience illness and suffer pain at some stage in their life. What individuals do not know is how they will respond and what will happen if they experience a severe, debilitating or life-threatening situation (Baszanger 1989, Kotarba 1983, Scarry 1985). Understanding medical knowledge and practice as a human endeavour within a social context suggests that we cannot avoid the process of attaching meaning to states of health. Not using metaphor and symbol as a way of understanding medical concerns and, by implication the human condition is indeed a linguistic impossibility (Feinstein 1990, Lakoff and Johnson 1980). In this way Chinese medical discourse transforms discussion by attaching meaning to symbol and metaphor. It matters not whether metaphor and symbol are true or false. Rather, the question changes to how to usefully employ these ideas in a process of investing meaning within medical preoccupations and concerns. Attaching meaning to states of health, according to any medical tradition, implies the use of metaphors and symbols. In the Chinese medical tradition, as this thesis indicates, the use is perhaps more apparent and explicit than is the case with, for example, Western medicine. Exploring the role of symbol and metaphor, as undertaken in this thesis, demonstrates the ways in which meaning is attached to understanding health and illness as a lived experience according to any medical tradition.

Symbol and metaphor do other things to the mind. They contain and give an account of how things come into being and how ideas remain and change in human life. Listening to myth, which is housed within symbol and metaphor, as for instance when reading classical texts or

being engaged in a clinical encounter, one 'enjoins' with ancient Chinese medical sages.

Symbol and metaphor, it is said, can transport one to another 'place and time' when:

Man and Woman lived in company with the gods. And somehow we still recall the long, long childhood of our race.... human consciousness still centres on a magically pristine wilderness. The old name for that Central Park of the Mind is Arcadia. (Elliot 1990:12)

The impact of reading classical medical discourse may be likened to being transported to the Central Park of the Mind and transformed by the experience. The effect is to 'awaken' a state of mind in the would-be practitioner, similar to ancient medical sages of the *Nei Jing* tradition who were said to be 'in tune with the heavens above, in tune with the earth below, and centrally in tune with human affairs' (Wu 1993:143). Practitioners are, then, able to re-vive the past and make it present. This integration confers meaning on the experience of being healthy, sick or returning to a state of well being. For practitioners, being transported into 'another place and time' or mythic *illud tempus*, Eliade suggests, means one discovers the primordial which is always 'infinitely recoverable' (in Elliot 1990:24).

While at a superficial level, medicine attempts to assist sick people to get well, at a 'deeper' level of meaning, medical knowledge cannot avoid addressing that far more fundamental human reality of life and death. Deriving its vitality from metaphor and symbol, the 'life of mythology' opens people to deeper levels of meaning. One of the most fundamental concerns of myth is to speak about birth, death and re-birth: of the universe, humans, animal and plant life and even institutions. Human myths transport people into worlds of meaning and states of being in an attempt to understand and explain life, and permit other modes of perception, 'recognising through the metaphor an epiphany behind the words' (Campbell 1995:21). Within the process of being transported to other ways of knowing humans discover the potential for transformation. According to a number of traditions, the transformation and change experienced mirror cosmic principles. The Australian Aboriginal Dreamtime, Genesis, *Dao De Jing* (*Tao Te Ching*), *I Ching* and the *Nei Jing* all offer an account of creation and

humanity's place within the scheme of things. It is no accident that many of the stories in these traditions begin with a phrase like *In the beginning* In the first chapter of the *Nei Jing* rendered as '*The Truth According to the Divine Precepts of the Antique Age*' (OICSAA (SW) 1979), the Emperor Huang Di 黃帝 opens the discourse by asking Qi Bo 岐伯:²⁷

I have heard it said that in antique times humans were living to the age of one hundred years. In our days, at fifty years we are already worn out. Is this owed to the changes of circumstances or does it come back to the fault of humans?

Qi Bo responds, saying:

In the antique age, man used to live according to the 'Tao', the 'Principle'. They used to observe the law of Yang and of Yin, to be sober, to live a regular and simple life. For this reason, healthy in body and in spirit, they used to be able to live up to a hundred years. In our age, man drinks alcoholic drinks like one drinks water, looking for all the pleasures, and addicting themselves to intemperance, so they do not live beyond fifty years. The Sages teach that in order to be able to avoid the 'Perverse Fongs' (sicknesses owed to exterior influences), it is necessary to lead a simple and peaceful life. Keeping thus in reserve all of its energies, the body cannot be attacked by the sicknesses. The wise man must protect himself from desires, thus his heart will be at peace, his body can be tired, but not his spirit. It is by living in such simplicity that man can still, in our days, live to the age of one hundred years. (OICSAA (SW) 1979:1)²⁸

In another passage, which deals with the six atmospheric influences and their relationship with the *wu xing*, Huang Di finally asks whether there are any persons not subject to pathogenic influences. Qi Bo responds, 'Yes, these are the Wise Men who are united with the Tao' (OICSAA (SW) 1979:194). Embodied in the idea is that physicians were ideally placed to understand the human condition, as they cultivated life. Thus medical practice and its underpinning knowledge base contain a potential to transform people into 'wise beings'.

²⁷ In the *Nei Jing*, the physician Qi Bo is sometimes written as Chi Po, Qi Po or Chi Bo.

²⁸ In the Ni (1995:1) version the chapter is titled, '*The Universal Truth*'. Compare with the opening statement of chapter one in the *Dao De Jing* which states, 'The way that can be spoken of/Is not the constant way;/The name that can be named/is not the constant name./The nameless was the beginning of heaven and earth; ...' (Lau 1972:57).

Chinese medical practice, understood as a vehicle which transports practitioners into special states of being, is supported by its creation myths symbolised by the immanent and transcendent Dao, the formation of *yinyang*, and a universal cosmic force named as *qi* living in all humans. In art, architecture,²⁹ farming, or in understanding the functions of the *zangfu* 臟腑, one could experience the cosmic realm on earth. As in other world myths, Chinese medical ideas are often associated with natural cycles and patterns: the sun's diurnal and seasonal rhythms, waxing and waning of the moon, the water cycle, sowing and harvesting crops, and birth, death and re-birth. Essentially, the depiction is about transformation and change, able to be experienced and understood by humans while simultaneously containing elements of mystery. Humanity is located within this realm and reflects the process of transformation and change. Being part of a cosmological process, human beings are offered by myth the opportunity to know about self, mind, body and the human condition. In permitting one to enter other worlds of meaning, moments of transcendence are experienced, when one can know the 'nameless named' or cosmic guiding principle.

In Chinese medicine the physician's task of healing the sick could not be separated from also being a benefactor and teacher. Indeed, it was more important that physicians teach people how to stay well. Experiencing wellness also meant that one was predisposed to understand the light and shade of celestial bodies which are held to give birth to enlightenment. This implies the necessity for physicians to penetrate and apprehend heavenly and earthly forces manifest in humans. Having attained a special state of knowledge, or in *Nei Jing* terms *tong shen ming*, a physician was ideally placed to apply this wisdom therapeutically. Being sick, from this point of view, might be construed as one particular way of preparing an individual to grasp and attach meaning to their life on earth.

²⁹ The *Temple of Heaven* in Beijing is an architectural expression of the harmonious relationship between heaven and humanity on earth.

For Australians, the fascination with Chinese medical ideas and their underlying philosophy, fundamentally different from our own, embodies a discourse which speaks of the unity of mind body and the ever present reality of human mortality. The practitioner's attention, as this thesis argues, is thus re-directed to fundamental questions on the human condition. The therapeutic dialogue, in this way, may be understood as an occasion when these concerns are articulated and understood as energetic patterns of *qi* and *xue*. What is remarkable is that in a mundane setting called a clinic room, acupuncture practice represents an active engagement on the part of the practitioner and client with universal myths, metaphors and symbols situated within a body of knowledge called Chinese medicine. The following chapter considers three of the contexts in which Australians 'know' Chinese medicine: textual sources emanating from China and produced in the West specifically for Western consumption, current attempts to understand the 'acupuncture effect' by applying biomedically structured clinical and laboratory trials, and the reconstruction of classical ideas such as *xue* and *zangfu* functions by contemporary Chinese scholars. As the chapter argues, these three quite different approaches reflect, in China and the West, the desire to grasp the essence of Chinese medical ideas in changing social contexts.

Chapter 1

合穀 He Gu

Adjoining Valleys of Chinese Medical Thought

The principal focus of this thesis is to explore the ways in which Australian practitioners access and understand ‘traditional’ or ‘classical’ Chinese medical knowledge. Chinese medicine cannot be characterised as single, neat and concise medical perspective (Unschuld 1980, Harper 1982, Kaptchuk 1987). Medical knowledge and practice in early China was not the same as traditional Chinese medicine now practised in China or in any Western nation. Nevertheless, practitioners constantly refer to and accept the view that an identifiable and explicit medical gaze can be attached to Chinese medical knowledge. Underpinned by a 3000 year tradition of medical thought, Chinese medicine’s gaze may be characterised as reflecting change and innovation together with the ability of Chinese medical scholars to accommodate differing and often contradictory perspectives. Accepting that Chinese medical knowledge does retain a fundamental methodology, practitioners are also confronted with a fluid, lively and contrasting discourse on what constitutes Chinese medical knowledge.

This thesis acknowledges that a central feature characterising discourse in Chinese medicine is the fluidity with which ideas can be used to explain phenomena. The activity of *qi*, a core medical idea, symbolises Chinese medical thinking. Accepting that *qi* remains and changes, at the same time, in the body and the universe asks of practitioners that they experience *qi* as they make ‘technical’ assessment of *qi*. A discourse of this nature presents

practitioners with contiguous levels of meaning around fundamental ideas said to convey understanding of the human condition. To individuals more familiar and accustomed to linear ways of thinking, Chinese medical discourse often seems circuitous and baffling. This is not a weakness. Instead, as this thesis argues, Chinese medical ways of knowing assign other levels of significance and meaning to, for instance, learning how to be ‘present to the moment’ in order to experience *qi*, thus invigorating discourse on the meaning of health, illness and cure.

The most important textual source for such knowledge are translations of key texts such as the *Nei Jing*. This text is considered to be a ‘classic’, *jing* 經, meaning that the ideas of ancient medical scholars are held to confer access to ‘deep’ knowledge. The *Nei Jing* may be considered as a technical manual of instruction on things medical and, more importantly, a treatise on apprehending the human condition which, arguably, would transport a practitioner to a more profound understanding of the human condition, making one a better practitioner. To practitioners the text, or more correctly the collection of ideas pertaining to the *Nei Jing* tradition, represents a corpus of ideas which serve to prepare the ground, fashioning a practitioner’s mind to apprehend an ancient medical wisdom. In this sense, medical ideas contained in the *Nei Jing* were to be respected for they nurtured the development of the scholar physician.

Though an increasing number of Chinese language sources is available in Australia, English renditions of primary sources, the *Nei Jing* in particular, have not emanated from China. Authors of these texts are either of Western origin (OICSAA 1979, Veith 1972, Yang and Chace 1994, Unschuld 1987a, 1987b, 1988, 1990, Larre and de la Vallée 1994), or Chinese scholars (Lu 1979, Wu 1993, Ni 1995) who have made their home in the West. Access to primary sources is primarily through Western scholarship. On the other hand, translations of basic medical texts appear to be dominated by the Chinese (Anon 1980, Cheng 1987, O’Connor and Bensky 1983, Shuai 1992, Zhang 1988). In addition they emulate a Western textbook style. Contemporary Chinese texts appear to be neat, ordered, logically sequential

statements about Chinese medicine (Anon 1980, Cheng 1987, O'Connor and Bensky 1983, Shuai 1992, Zhang 1988, Zhong and Hui 1996). This differs markedly from the presentation of ancient texts that comprise a compilation of edited medical treatises covering a period of some twenty-five centuries. Recent Western texts (Maciocia 1994, Clavey 1995, Ross 1985) follow a similar path. However, other approaches to reproducing Chinese medicine in the West clearly indicate differing levels of interest (Bertschinger 1987, De Morant 1994, Ellis, Wiseman and Boss 1991, Lade 1989, Larre, Schatz and de la Vallée 1986, Larre and de la Vallée 1995, Connelly 1982, 1993, Jarrett 1993, 1994, 1995, [cf. Mahoney 1988]), Requena 1989, Seem 1986a, 1986b, 1990, 1991, Worsley 1990a, 1990b). The incorporation of Japanese influences is a more recent addition (Denmei 1990, Seem 1990, 1991, Shima 1992, Pirog 1996, Romano 1992).

There are, of course, other ways of exploring how Chinese medicine is being transmitted in China: examining the institutional settings training China's physicians¹ or observing and analysing the Chinese clinical encounter (Farquhar 1994). However, our immediate concern is to draw attention to how contemporary Chinese practitioners are reproducing and re-interpreting ideas within the *Nei Jing* tradition.

Finally there is a growing literature, both Chinese and Western, on scientific research into the effects of such 'traditional' therapies such as acupuncture, *tui na* 推拿, individual herbs, herbal formulae and techniques derived from martial arts such as *qi gong* 氣功 (Hu 1982). Unlike the textual sources depicting Chinese medical knowledge, scientific research into its therapeutic effects, a more recent expression in understanding Chinese medical ideas, has been unable to accept the elements of ambiguity and contradiction inherent in 'traditional' Chinese medical ideas and practice.

Underpinning 'traditional' Chinese medical knowledge is the concept of *yinyang* 陰陽 which conceives of opposites as dialectically part of a unified whole which, for the Western

¹ Research study in progress by Yang Cong Xing.

mind, is often difficult to grasp. In Chinese medicine this sense of understanding *qi* is epitomised by the medical dictum, *tong bing yi zhi - yi bing tong zhi*, 同病異治, 異病同治, different treatment for the same disease and same treatment for different diseases.² This statement is presented as characterising the sense of contradiction inherent to Chinese medicine. Many other medical axioms contain similar contradictions: treating obstruction of vital energies by tonification techniques, *sai yi sai yong* 塞因塞用, or expelling the stagnant, *liu zhe gong zhi* 留者攻之. In the former condition, the obstruction may be understood to be caused by an overall *xu* condition requiring augmentation of *qi*. This seems unusual given that a ‘tonification technique’ is employed which, in turn, is said to disperse the excess caused by an ‘emptiness’. In the latter condition the excess is dealt with directly and the treatment principle is to encourage the excess to ‘leave’ the body.

Resolving this apparent lack of resolution, working with the contradiction, is connected with understanding how things transform in nature, which in turn is grounded on the wisdom that comes with practice. In understanding how Australian practitioners are able to work with ‘traditional’ or ‘classical’ Chinese medical knowledge, it is insufficient for this purpose simply to consider how practitioners apply such medical knowledge in practice; for they are simultaneously accessing and reproducing the underlying theoretical knowledge. As this chapter will outline, this ‘theoretical knowledge’ is not discretely ‘medical’, but is at the same time structured as a discourse on social and moral order. This, it will be suggested, not only renders Western scientific techniques of verification inappropriate for assessing the efficacy of Chinese medicine, but even helps to explain the ability of Chinese medicine to accommodate the political demands of the Chinese Communist regime.

² The *I-hsüeh Yü Liu Lun* (Unschuld 1990), an eighteenth century Chinese medical text, deals with similar issues. For instance, the text contains chapter titles such as, ‘On identical illnesses in different persons’ and ‘On identical illnesses resulting from different causes’. Hsü Ta-ch’ün noted, ‘[Various matters may suffer from] identical heat but the reasons why this heat emerged are different. Hence the drugs [employed to treat these patients must be] very different too. Whenever the causes of illness are different, the treatments employed must differ also. Therefore, one and the same illness may have to be treated in different ways’ (Unschuld 1990:118).

As Australian practitioners endeavour to comprehend the notion of *qi* 氣 and how opposites transform into each other they also confront the task of understanding interpretive shifts in Chinese medicine by Chinese medical scholars. During the past fifty years, Chinese medicine in China has been transformed, with a major shift in interpretation and expression of its core ideas. The inclusion of biomedical perspectives and Western modes of clinical research, understood as ways of affirming Chinese medical practice, cannot be separated from the creation of the People's Republic. Particular reference is directed to the influence and impact of biomedical thinking and socio-political demands of post-1949 China in the reconstruction of Chinese medicine.

As practitioners access Chinese medical ideas through classical and contemporary texts, a markedly different approach to understanding acupuncture is occurring in Australia and China. In this case Western modes of scientific thought on conducting research are being applied. These studies have focused on the efficacy of acupuncture in clinical and laboratory trials as a way of understanding Chinese medicine. Western approaches to 'trialing the acupuncture effect' familiarise practitioners with 'unclassical' ways of accessing and understanding Chinese medicine. Most researchers of clinical and laboratory acupuncture trials take the view that a system of medicine like acupuncture is not scientifically based. However, a peculiarly Western scientific mode of thought is being used to evaluate and, by implication, understand acupuncture in biomedical terms. This particular approach to acquiring knowledge, a genuine endeavour in its own right, is highlighted as a point of departure from classical ways of thinking in Chinese medicine.

By the 1960's, Chinese research documentation contained an extensive range of assertions on the efficacy of acupuncture. These claims were structured from a biomedical perspective, for instance, the role of acupuncture in analgesia, anesthesia, surgery, infection control, tissue repair and, even, hormonal regulation. China began transporting its traditional medicine to the West in an attempt to demonstrate the value and importance of an ancient

medical knowledge which, it was argued, could be easily understood by modern medicine. Asserting that Chinese medicine could 'talk with' biomedicine was also a way of demonstrating to the West, and more importantly to the Chinese people, that acupuncture could harmoniously coexist with biomedicine in the new China.

Vast numbers of clinical acupuncture and laboratory trials were implemented and published, giving major attention to Western biomedical structured concerns such as analgesia and anesthesia, musculo-skeletal pain, gynecology, respiratory difficulties and drug related dependencies (Bensoussan 1991, Pomeranz and Stux 1989, Melzack and Wall 1965, 1973, Bonica 1953). The particular research approach adopted to studying the role, nature and efficacy of acupuncture reflected a Western scientific attitude to gaining knowledge. Paralleling the task of validating Chinese medical practices and ideas, the Chinese had already begun a significant phase of accommodating Western medical influences into traditional medical knowledge. Western ways of knowing were being appropriated by the Chinese which had never been part of traditional ways of knowing about health and illness. In marked contrast, these individuals in the West, fascinated by China's classical medical knowledge - notably not including biomedical practitioners - began accessing and transporting Chinese medical ideas into Western settings. Discourse on Chinese medicine in Australia, as in other Western countries, was noted for its conflict between biomedical and acupuncture practitioners rather than genuine dialogue (NHMRC 1974, 1988, 1989).³

Recently, scholars have expressed concern about applying a Western biomedical clinical methodology to acupuncture. Attention is directed to fundamental methodological problems in mounting acupuncture clinical trials as a method of evaluating the 'acupuncture effect'. Connected with this critique is the view that such an approach fails to recognise the holistic nature of the Chinese medical world view. Applying a 'scientific method' of inquiry to

³ See also Rogers and Watson (1990) and AESO (1987), Committee for the Evaluation of the NH and MRC Working Party on Acupuncture (1990).

a medical tradition whose body of knowledge proposes that to work with *qi* practitioners are simultaneously participating with *qi* when observing *qi*, misguides and misinforms Westerners (Watson 1994, 1995). Certainly, additional knowledge about the actions of acupuncture points said to lower blood pressure, reduce the extent of myocardial ischaemia, raise red blood cell count, increase gastric secretions or regulate the function and motility of the small intestine may be generated by biomedical research (O'Connor and Bensky 1983, Zhang 1986, Bensoussan 1991, Pomeranz and Stux 1989, Shi 1996, Lin 1996, cf. Nester 1996 and Woods 1983). However, a more fundamental concern is that the holistic nature of Chinese medical will be emasculated by a Western scientific and reductionist view of the world. Nevertheless, since Chinese medicine is a body of knowledge that can describe, diagnose and treat, Vincent and Richardson (1986) suggest that if diagnosis and treatment can be clearly specified it makes the scientific investigation of outcome possible. Enlarging Chinese medical knowledge through clinical research methods, a not so classical endeavour, is one particular way of understanding the role and scope of acupuncture practice.

Double blind trials, 'considered axiomatic amongst researchers for many years',⁴ are inappropriate, according to Vincent and Richardson (1986), to acupuncture research. This is because the person administering the treatment cannot be 'blind' to the study. Even single blind studies pose problems, because the person administering acupuncture treatment, usually a practitioner, may influence a subject's perception between true and placebo treatment. Accepting the view that single blind trials are less problematic, researchers will need to include processes to review and assess verbal and non-verbal messages given during treatment, to

⁴ Double blind trials have become the research method of choice only in the last fifty years. See Kaptchuk (1987). Rigorous clinical research has a tendency to distort everyday clinical experience. A significant feature of clinical research attempts to isolate and identify those factors said to for therapeutic efficacy. In these instances therapeutic goals are narrowly defined. In laboratory trials are even more remote from everyday clinical practice. What 'binds' the findings of clinical and laboratory trials to everyday practice is problematic, particularly when the 'human element' is also central to the notion of treatment and cure.

minimise the placebo effect. Video recording of true and placebo sessions may prove to be a useful way of reflecting on single blind trials (Vincent and Richardson 1986).

Not needing a group of subjects as a control group also seems inappropriate, given that people would expect to be needled. Rather than not needle, researchers suggest that ‘incorrect’ points, often referred to as ‘sham’ acupuncture, be selected and needled. Again, this raises problems. Puncturing any point on the body, from a Chinese medical perspective, impact on one’s *qi*, meaning that to some degree a subject will derive a therapeutic effect. Moreover, there is also the problem of obtaining *de qi* 得氣, a tingling or grabbing sensation, usually felt on or just after puncturing. In acupuncture, obtaining *de qi* is a *sine qua non* to successful treatment. Another added dimension is the view that the *de qi* sensation is determined by the practitioner, not necessarily the client (Flaws 1994, Gardner-Abate 1995). The practitioner ‘feels the arrival of *qi*’ during needle insertion. In this case the client may feel an initial prick to the skin and no more. Pre-empting the client’s *de qi* response, it is not uncommon to hear acupuncturists remark that just after puncturing the practitioner feels the arrival of *qi* or that it does not seem to be present. Clinically, needling not only requires a practitioner to obtain a *qi* sensation; the acupuncturist must pursue it first and then lead it (Lou 1989). Incorporating ‘the needle sensation’ into clinical trials will challenge researchers when constructing clinical and laboratory trials.

The use of blind trials and sham acupuncture demonstrates the limitations of exploring Western approaches to structuring and testing knowledge for understanding the efficacy of acupuncture. The dilemma is how to construct a methodologically sound approach capable of producing valid findings according to a Western scientific framework without compromising the integrity of Chinese medicine. To have any valid meaning in Chinese medical terms, clinical and laboratory research trials will need to factor in the following premises underpinning Chinese medicine: accepting the fundamental interrelatedness and interdependence of all phenomena, that the dynamic of the whole is considered primary and finally, that process is

integral to understanding structure. Reconciling the disparate perspectives will be a continuing challenge for Western and Chinese researchers. As will be discussed in greater detail later, factoring in these premises may stimulate a more holistic, processual approach to practice overshadowed by the 'technologising' of biomedical treatment.

Paralleling Chinese intentions to 'prove' the therapeutic value of acupuncture through Western type research trials was the view that the body of Chinese medical knowledge should be 'updated' and 'revised'. In the last fifty years Chinese medicine has experienced possibly the most significant modification to its corpus of ideas, a change which has been intimately connected with the creation of the People's Republic. Entering into and exploring contemporary Chinese re-interpretations of Chinese medicine is not without difficulty.

After the installation of the Communist regime, and at Chairman Mao's insistence, the Chinese were confronted with the challenge of retaining (Croizier 1968) the treasures of their classical past as well as demonstrating that traditional medicine could be understood and explained by biomedical thinking. Chinese practitioners have had to accommodate and restate classical ideas within the dialectical materialism so central to their quest for modernisation. A core element to this quest was the imperative to devise, implement and deliver a public health care program for the masses (Hillier and Jewell 1983, Croizier 1968, Leslie 1980, Lampton 1977, Rosenthal 1981, Taylor and Leslie 1973, Song, Rathwell and Clayden). As the Chinese began to reformulate Chinese medicine, with Maoist influence, the process of adapting traditional medicine in a rapidly changing society was not an easy task. Chinese medicine was forced to live with Western medicine within their health care system. The aim, however, was to incorporate Western medical knowledge and traditional medicine to improve methods of treatment as well as improve health conditions.

The desire to blend Western and traditional medicine in the early 1950's became known as 'walking with two legs' (Hillier and Jewell 1983). Walking with two legs was not easy. Of the major colleges of traditional Chinese medicine in the mid 1950's, not one of the

principals was acceptably traditionally trained (Hillier and Jewell 1983). While a large number of traditional doctors did exist, for the Chinese government the question was to determine what constituted basic minimum training and practice, and many of the early appointees to senior positions in traditional colleges had substantial training in biomedical sciences.

For many biomedically trained personnel traditional medicine was not a systematic body of knowledge. It contained contradictions; concepts were obscure; and interpretations often changed. Not even traditional doctors, it was argued, could agree amongst themselves about various ideas and practices. Yet, Western medical students in training in China were directed to enroll in traditional medicine courses. The aim was to eventually establish full cooperation between traditional and Western medicine in China's hospitals. To many students taking traditional medicine courses this was an unnecessary burden. Complaints about the validity and usefulness of traditional medicine practices were often leveled and students often avoided attending classes (Hillier and Jewell 1983, Croizier 1968)

But the directive of the Party Central Committee was clear: to elevate traditional medicine to its rightful place in the health care system and integrate it with Western medicine because:

Folk medicines are the treasures of effective values practised by the majority of the masses, they should be highly respected, generalised and earnestly increased and extended quickly and economical. (Hillier and Jewell 1983:319)

In a process of appeasement, attempts to rid traditional medicine of superstitious elements, witch doctors and demonological practices were instigated. The notion of possession stands out as a particularly significant feature that is now lost to contemporary Chinese medical discourse (Unschuld 1980). Other medical ideas were retained and reformulated so that Western and traditional medicine could more adequately communicate. This particular aspect will be the subject of later discussion in this chapter and in the second chapter.

Strict lines separated acceptably trained medical practices and what were referred to as superstitious, feudal practices. A government controlled system of accreditation and regulation became established. Colleges of traditional medicine were established,⁵ texts written, and course structures designed. Though the process of installing a state endorsed education system in traditional medicine was not easy, traditional medicine was kept alive because of Mao's insistence (Hillier and Jewell 1983).

The political imperatives of the 1970's brought a wave of modernisation to China, along with an increased status to traditional medicine. Research was stressed, particularly a Western style approach to investigating indigenous pharmaceuticals and their actions, as well as the acupuncture effect on biological functions. Research journals and clinical laboratory publications (Zhang 1986, O'Connor and Bensky 1983) were being proposed. Within a few years the number of papers published was enormous, although the quality was highly variable (Vincent and Richardson 1986, Committee for the Evaluation of the NH and MRC Working Party on Acupuncture 1990).

One area that captured the interest of biomedicine was the role of acupuncture in analgesia and anesthesia.⁶ A strange, completely different approach was being used to anaesthetise patients: 'acupuncture anaesthetised' patients were filmed sipping Chinese tea and speaking to medical staff during surgery. This image was a particularly powerful way of drawing attention to the efficacy of acupuncture and, by implication, helping to define and assert the importance of Chinese medicine in the modern world. These events constituted the beginnings of a dialogue between Chinese and biomedicine with respect to understanding the curative mechanisms of acupuncture. But Western biomedical interest in Chinese medicine's theoretical foundations was, and still is, considered of little value, since biomedicine presumed

⁵ By late 1955, four state endorsed colleges of Traditional Chinese Medicine were established, with 144 traditional medicine hospitals opened. Three years later there were thirteen and by 1984 there were more than 24 colleges training traditional medicine practitioners. See also Lampton (1977), Macek (1984).

⁶ See proceedings of World Federation of Acupuncture and Acupuncture Societies (1987, 1989).

to own the necessary theoretical structures to explain the acupuncture effect (NHMRC 1974, NHMRC 1988, 1989). Interestingly, it was around the 1970's that acupuncture was noticed by Westerners interested in the traditional foundations of Chinese medicine, and privately-run traditional acupuncture courses began to operate in Australia. But their reason for exploring and appropriating Chinese medicine was at odds with biomedicine, and suggestive of a disillusionment with biomedical practices (Unschuld 1987b).

Just as some Western acupuncture practitioners (Seem 1987, 1992, Watson 1991, 1993, 1995)⁷ are troubled about biomedical ideas infiltrating Chinese medicine, Chinese practitioners were also critical of the newly established relationship in China. Practitioners of traditional medicine were concerned that a narrow and focused Western approach would erode the very basis of traditional medicine (Croizier 1968, Hillier and Jewell 1983). Chinese medicine and, by implication, the new China were perilously close to becoming 'too' Westernised, thereby threatening to extinguish the essence of Chinese medical ways of thinking. That Chinese medicine is in danger of being overcome by biomedicine is a continuing concern (Farquhar 1987, 1994). Indeed, Sivin (1987) argues this has already happened in China.

Nevertheless, official policy was to promote the treasures of traditional medicine whilst attempting to balance the conflicting interests of various groups. Its remedies were inexpensive, less reliant on technology and, importantly, a central feature of Chinese life for over 2000 years. Compared with the significant amount of money and personnel required to implement a Western style health care system in China, traditional medicine happened to be a simpler, effective and less expensive option. The practicalities of delivering an indigenous and inexpensive health care system had much to do with the acceptability of traditional medicine being historically important to an emerging nation intent on demonstrating its unique

⁷ Underlying this tension is the issue of whether or how Chinese medicine can talk with biomedicine. The consequences of such a dialogue with regard to teaching Chinese medicine and health care practice in Australia will provide a lively debate. Recent research findings about the bodymind problem may well facilitate genuine discourse.

characteristics. However, the genuine integration of Western and traditional medicine, initially desired, has not occurred (Hillier and Jewell 1983, Croizier 1968, Sivin 1990). Both forms of medicine exist as parallel approaches to health care.

China's reconstruction of traditional medicine, as outlined above, was connected with an attitude of purging it of irrelevant and inappropriate ideas to establish a more rational congruence with political imperatives. Perusing reprinted versions of contemporary texts offer telling insights into the relationship between politics and medicine in China. Prefaces to Chinese medical texts often contained statements that practitioners should:

... respond in a correct manner from a dialectical materialist point of view, seriously studying the theories and experiences in these books, using scientific method to sort them out and enhance them, to excavate their treasures and absorb their essences. (Sivin 1987:105)⁸

The statement is both an exhortation and a warning to practitioners to show due political care and consideration. The Chinese goal was to discover and implement the material efficacy of traditional practice. Its theoretical foundations were to remain a secondary consideration. Recovering and restoring a traditional theoretical framework to support practice contained dangerous implications. Naive, unscientific theories from a feudal past could not be accommodated into the new China. Not only did this require the production of new medical texts, but a new style of practice also had to develop, consistent with Chinese political imperatives.

The documentation and practice of traditional medicine reflected a revolutionary desire to become a model of social and political change. As in China's ancient past, the 'new' traditional medicine was firmly embedded into China's political agendas. This meant that

⁸ O'Connor and Bensky (1983) translated in 1981 the Shanghai College of Traditional Chinese Medicine text which was originally published in China in 1974. Most of the obligatory political language required of medical texts has been deleted by the translators. However, they do include the following statement: 'From the beginning, however, we should recognize that, like other aspects of traditional medicine, channel theory reflects the limitations in the level of scientific development at the time of its formation, and is therefore tainted with the philosophical idealism and metaphysics of the day. That which has continuing clinical value needs to be re-examined through practice and research to determine its true nature (O'Connor and Bensky 1983:35).

medical ideas articulated in the classics not only co-existed with biomedical practice but that some biomedical ideas became accommodated by China's 'new' traditional medicine in a milieu of revolutionary change.

In this changing social and political context, Chinese medical workers made many medical 'discoveries' in the 1960's and 1970's. Their accounts serve as an illustration of how medical knowledge and practice were intimately connected with the new China, symbolic of her emergence as a modern nation state. Often, reports described extraordinary sacrifices made by medical workers, many of whom were not fully trained traditional physicians, implying the importance of one's actions being informed by political desires. Achievements included curing deaf-mutism, startling recoveries of sequelae of infantile paralysis, anesthesia and open heart surgery. Typically, the patients were treated with traditional methods like acupuncture but the diseases had a biomedical name.

In a report relating to deaf-mutism, 'a medical propaganda team' undeterred by what they deemed to be '*conservative medical opinion*' (my emphasis) about treating deaf mutes interpreted the 'conservatism' as, 'cases having been refused treatment' (Anon 1977). They set out to 'challenge' the past and 'prove' that one's motivation for involvement, together with a modern application of traditional medical ideas, could cure deaf mutes. The acupuncture point *Yamen* 翳門⁹ was seen as containing the answer to the prevalence of deaf-mutism, suggesting that *Yamen* may be the 'door' to curing the condition. Conventional needle depth was deemed too shallow to 'open the door' to deaf mutes: *Yamen* translates as Door of Mutism. Classical descriptions of the point's actions were acknowledged, but the workers went further, proposing the view that workers had to penetrate the depths of the point in order to effect a cure. Supporting their medical opinion was a social and political desire to 'relieve our class brothers of their suffering; we must go forward and not be stopped by the 5 fen limit' (Anon 1977:70).

⁹ See Jarret (1994) and his approach to understanding the actions of acupuncture points. Cf. Hicks (1981, 1985).

The point *Yamen* (Governing Vessel 15) is located at the back of the skull. Classical scholars knew that deep needling was dangerous. The point overlies the cerebellum and medulla. It is for reasons of safety that recommended needle depth is limited to 5 *fen* (about one centimetre). However, these workers were indeed adventurous. They firstly practised on themselves needling *Yamen* to depths as far as 1.5 *cun*¹⁰ recording their experiences. Chao Pu-yu, the medical worker mentioned in the report, needled himself to a depth of 1.5 *cun*. The text remarks:

... the stimulus was so powerful that his hands become [sic] numb and he found it hard to manipulate the needle. Should he stop there, or should he go on? (Anon 1977:70)

He needled deeper because:

If I lose my power of speech it would be worthwhile; if I lose my life, it would not be in vain, as it would be in the interest of serving the people (Anon 1977:70)

The worker needled deeper, this time to a depth of 2.5 *cun*! His neck and throat became numb, as if he had received an electric shock: he had 'broken the limit of the ancients by a good margin!' (Anon 1977:70). It is not noted whether any injuries were sustained by the workers or patients during these trials. Nevertheless, of 168 deaf mutes treated, 157 are reported to have regained their hearing, the majority reportedly also regained the ability to speak (Anon 1977).

Deep insertions and stronger needle manipulation became important trademarks of Chinese acupuncture practice.¹¹ The so-called limits of classical Chinese medicine were deemed irrelevant and discarded when placed in the context of the demands of an emerging nation like

¹⁰ Ten *fen* constitutes one *cun*.

¹¹ During a hospital experience in Taiwan, a group of acupuncture students filmed and commented on their experiences. In particular, they noted that needle penetration on most occasions was particularly deep. For instance, Stomach 1 *Cheng Qi* 承氣, was needled to a depth of 2 *cun*. Most Western acupuncture point manuals suggest depths of no more than 7 *fen*. Rogers and Rogers (1989) forbid needling of the point. In marked contrast, Japanese needle insertions are especially shallow, usually 3-4 *fen* at any point and with little or no stimulation.

China. Ancient medical ideas, though never completely rejected,¹² have been transformed and accommodated into China's social and political imperatives.

Such changes, omissions and modifications of earlier Chinese medical ideas have been the subject of exploration for a number of writers (Sivin 1987, Kaptchuk 1983). In his analysis of contemporary Chinese medical texts, Sivin (1987) clearly demonstrates how the Chinese have reworked a number of classical Chinese medicine ideas, adding a new layer of meaning to already existing ambiguities and tensions connected with these concepts.

The relationship between *xin* 心 (heart) and *xin bao* 心包 (pericardium) of *wu xing* 五行 theory, is another example of how medical ideas cannot be separated from political ideology (Klate 1984, Francis 1984, Rogers 1996b). The heart is said to be the home of the emperor and immune from external perverse evils. Minister Fire-pericardium, *xin bao*, acts as the protector or envelope of the heart, reflecting illness as part of the upper *san jiao* 三焦.¹³ In classical texts the pericardium is said to manifest the emperor's heart illness. Exploring the notion of fire, the *I-hsüeh Yü Liu Lun* demonstrates a fluid relationship between the *zang* 臟 that manifest fire signs and symptoms. It states:

The designation 'minister fire,' though, applies (in fact) to the fire of the heart-enclosing (network). It is responsible if one feels uneasy, has a red (face), and suffers from vertigo. It is at the side of the ruler fire, and to

¹² As the *wu xing* speaks of the qualities of change of the four seasons, Lei Feng's poem, 'The Four Seasons', utilises these same qualities within the context of the Cultural Revolution. School children had to learn this poem by heart: 'Like spring, I treat my comrades warmly. Like summer, I am full of ardor for my revolutionary work. I eliminate my individualism as an autumn gale sweeps away fallen leaves, and to the class enemy, I am cruel and ruthless like a harsh winter' (Chang 1991:340).

¹³ See OICSA (LS) (1979:163) on the relationship between the heart and pericardium, 'The Heart is the sovereign who rules over the organs and bowels, it is also the dwelling of the soul. The Perverse energy can never attack it, otherwise there will immediately be death. The Perverse energy only attacks the Hand Chueh Yin (Envelope of the Heart) meridian, this is why the Hand Shao Yin (Heart) meridian does not have a Yu point.'

'Does this mean that the Heart will never be sick?' [Huang Di]

Qi Bo: Its meridian can be attacked, but not the organ itself. If the meridian is affected, it is sufficient to puncture the point Shen Men, He 7. The Heart represents in Man the sun, if one wishes to disperse it, it is necessary to do it at the time of its maximum intensity, that is to say at noon. If one wishes to tonify it, it will be necessary to wait for its 'sleeping time'. In order to understand acupuncture, it is necessary to know the beginning and end of the twelve meridians well, then one feels the pulse.' Cf. Wu (1993:229).

call it minister fire appears to be fitting indeed. One need only check the *Nei Jing* to get the right view. (Unschuld 1990:81-82)¹⁴

Anyone advocating a similar view in contemporary China could be seen as supportive of a political perspective involving some risk to themselves. Characterising the fire phase of the *wu xing* as a relationship between an emperor and minister is represented as ‘trash meant to protect the feudal ruling class and should be criticised’ (Sivin 1987:130).¹⁵ The political metaphor enclosed within this description was too reminiscent of the politics of feudal China, which was what China was attempting to leave behind in its pursuit for modernisation. In contemporary China, *wu xing* 五行 theory has now been re-adapted and described as ‘... the basic materials constituting the material world’ which exhibit an ‘interdependence and inter-restraint which determines their state of constant motion and change’ (Anon 1980:16). The same text acknowledges *wu xing* theory to be an ancient philosophy and a basic practical guide in explaining physiology and pathology. Accepting *wu xing* theory as a treasure from China’s ancient past, the text insists that practitioners reflect on their clinical experiences, ‘by adhering to the scientific attitude of dialectical and historical materialism’. Only in this way is medical progress assured (Anon 1980:21).

Another medical idea which has since been reinterpreted is the meaning of *Ming Men* 命門 or The Gate of Life.¹⁶ Said to contain the idea of the ‘fire within the body’ and

¹⁴ Hsu Ta-ch’un speaks at length about the ‘fire’ of one’s body which has often been a source of contention for scholars. Hsu Ta-ch’un wrote, ‘The heart is associated with the (phases of) fire, and it is located in the upper (part of the body); also, it represents pure yang and governs the entire body. To speak here of a ruler fire seems quite agreeable (to the facts). The fire in the kidneys, though, is located at quite a distance from the fire of the heart ... Also it is a fire amidst water and is, therefore, different from the fire of the heart. To call it minister fire appears to be inappropriate ... And, the triple burner is a pathway of fire; it allows the two fires (of the heart and kidneys) to interact’ (Unschuld 1990:81). See also Kaptchuk (1983).

In the translator’s preface of the *Pi Wei Lun*, Li Dong Yuan is credited with postulating the notion of *yin* fire understood as an extension of *yinyang* theory. Fire qualities of this nature are generated by *xu qi*, *xu xue*, depressed emotions or cold transforming to heat. *Yin* fire is distinguished from the notion of fire accumulation, for instance internal heat, and is not necessarily related to *xu* conditions (Yang and Li 1993:x).

¹⁵ This was written in 1972 during the Gang of Four period. Sivin (1987) notes the view was revised some time later but the ambiguity still remains.

¹⁶ Sometimes also referred to as the *Portal of Destiny* or *Life Gate*.

connected with kidney, which is considered as *yin* water, there arises ambiguity when this idea is spoken about given that the heart *zang* is associated with the fire phase in *wu xing* theory. Engaging in dialogue on this problem would unavoidably return practitioners to aspects of classical discourse which contemporary Chinese scholars were attempting to leave behind. Eckman (1984)¹⁷, writing in a Western context, poses the question, is *Ming Men* the right kidney or located between the two kidneys? What similarity does *Ming Men* have with *Xin Bao* and *San Jiao*?¹⁸ Further discussion would raise the problem of recognising the pulse positions of each of the five *zang*. This kind of discourse would return practitioners to much older classical ideas.

The questions¹⁹ raised are Western in origin but are not untypical of classical discourse, reflecting a tradition of on-going re-interpretation and reconstruction of classical ideas (Sivin 1987, Kaptchuk 1983, Chiu 1986). Discourse containing ambiguity and contradiction goes to the core of Chinese medical dialogue. Indeed, Chinese medical ideas seem to thrive on ambiguity and ‘an affinity for vagueness’ (O’Connor and Bensky 1983:3). Currently, it seems that Western practitioners are eager to re-explore a past discourse not because it is ancient but because the ideas display an inventiveness and creativity that appeals to the Western mind.

Putting aside a ‘classical discussion’ of such apparent ambiguities, contemporary Chinese medicine texts have largely settled the question of *Ming Men* and *San Jiao*. *Ming Men* is the fire of the Gate of Life and seen as *yang qi*, concentrated in the kidneys. *San jiao* is retained as a generalised term for the various functions of visceral systems in each of the three *jiao*.²⁰ That means the radial pulse positions pertaining to the twelve channels are fixed. Any

¹⁷ By way of contrast, Eckman draws attention to the question from the Western ‘Five Element school’ perspective. He puts the question, ‘who lives downstairs in the third house on the right: the Kidney (Fire) Official, the Circulation Sex (Pericardium) Official or a Minister we haven’t even met?’ (Eckman 1984:13). See also Rogers (1996b).

¹⁸ See *Su Wen* chapter 62 and *Ling Shu* chapters 2, 10, 11, 13 and 16.

¹⁹ See also Jarret (1994).

²⁰ See Davis (in publication) for his discussion of *san jiao*.

further discussion about alternate pulse positions and diagnostic meaning is omitted. By implication, discussion about alternative pulse positions could therefore be interpreted as criticism of contemporary Chinese medical formulations. Such a simplification of classical ideas, according to Sivin (1987), also reflects an unmistakable Western medical influence.

Connected with the reconstruction of classical ideas by Chinese scholars, influenced by Western medical ideas and China's pursuit for modernisation, is discourse of the four vital substances. *Wei* 衛, *qi* 氣, *ying* 營 and particularly *xue* 血, important components of classical Chinese medical thinking, have been similarly 'modernised' by contemporary Chinese scholars. In the discussion on the production, function and circulation of the vital substances, the functions and nature of *xue* occupy an important place (Maciocia 1981). In the *Nei Jing*, *xue* 血²¹ is described as follows, 'When the medial *chiao* receives [constructive] *ch'i* [from food] it extracts its juices, transforming them and reddening them. This is called *hsueh*' (Sivin 1987:150).²²

Though *xue*, as depicted by the text Sivin (1987) reviews, is said to be red in colour, he notes that the text does so regarding *xue* functions, and not substance. Putting aside whether *xue* happens to be a red liquid, discussion about the vital substances in the *Nei Jing* tradition was connected with the bigger picture of *qi* and *yinyang*. In the *Nei Jing (Ling Shu)*, Qi Bo clearly places the discussion into a broader context saying:

The nourishing *qi* and the protective *qi* are the essences of the valley *qi*. There is blood and spirit *qi*. For blood and *qi*, there are different names for similar species. Thus, when blood is exhausted, there is no sweat. When sweat is exhausted, there is no blood. (Wu 1993:92)

More recent Chinese texts, written by authors presumably familiar with Western medicine, have added another but more confusing layer to the discussion when it comes to *xue* (Sivin 1987). The 1981 Chinese-English dictionary on Chinese medical terms describe blood 'as red

²¹ *Hsueh*, 血, is the Wade-Giles Romanisation for *xue*.

²² Compare with OICSA which states, '... the energy diffused by the Middle Burner ... transforms the energy of food into blood ...' (OICSA (LS) 1979:103).

liquid coursing through the blood vessels.’ When speaking about the regulation and movement of blood, the same text also states, ‘The Spleen regulates the blood to permit it circulating normally in blood vessels’ (p 61). In the same way the Beijing Medical College text on common terms in Traditional Chinese Medicine states that blood is:

the red fluid circulating through the blood vessels and nourishing the body tissues. It is derived by transformation of the food essence and nutrients produced in the spleen and stomach and vital essence stored in the kidney ... Its circulation is promoted by the heart with the help of the lung and controlled by the spleen ... Dysfunction of any of the above viscera may lead to blood deficiency or abnormal blood flow, such as stasis due to insufficient activities of the heart, haemorrhages caused by functional deficiency of the spleen. (Anon [1980]:44)

Unlike other sources, the Beijing Medical College text does, however, retain a sense of classical notions of metabolism, circulation and function of *xue*. On the other hand, Sivin (1987) notes that *The Outline of Chinese Medicine*²³ does not define *xue* or even relate it to blood. Discussion about the vital substances seems to be firmly rooted on classical grounds. In contrast, the 1992 edition of the *Fundamentals of Chinese Medicine* is informative, speaking at some length about *xue* functions, but also stating that ‘blood brings nutrition to the cells’ (Shuai 1992:54).

Western authors have been keen to avoid identifying *xue* with blood. In one of the first Chinese medical texts published in the West, Kaptchuk (1983:41) opens the section on *xue* saying:

The Blood of Chinese medical terminology is not the same as what the West calls blood. Although it is sometimes identifiable with the red fluid of Western medicine, its characteristics and functions are not so identifiable.

Further on, Kaptchuk adds:

Three organs in the body have a special relationship with Blood: the Heart, Liver and Spleen ... The Heart rules the Blood ... The Liver stores the Blood. The Spleen governs the Blood ... *Qi* is the commander of the Blood ... Blood is the mother of *qi*. (1983:42)

²³ *The Outline of Chinese Medicine*, published in 1958, is the text Sivin translated and analysed. See his (Sivin 1987) discussion on pp. 30-36.

An Australian text published three years earlier (Player 1980:8) also attempts to offer a classical view of the relationship between *qi* and *xue*:

Blood is formed from the combination of Ching I and Ying Chi in the middle warmer (spleen and stomach) Chi controls the movement of blood - if chi moves then blood moves.

Larre, Schatz and de la Vallée (1986:134), in attempting to be more innovative in their interpretations of Chinese medical ideas, suggest a correspondence with Western medical thinking concerning *xue*. The text states, 'For the Chinese, all thoughts on the origin and the role of blood correspond to what we call hematopoësis' - a somewhat strange claim given the authors' insistence on being congruent with Chinese medicine's more classical and philosophical foundations.

A body fluid, said to be red in colour, that is still *qi*, is now not separated from Western blood. In his conclusions on the subject of how Chinese medical ideas have been reinterpreted, Sivin (1987) ends on a somewhat pessimistic note:

Hsueh is now, in other words, no longer officially distinguished from blood,²⁴ although the way it is described remains very different. Recent textbooks and handbooks are consistently inconsistent because identifying hsueh and blood has consequence for the overall understanding of vital processes that have not yet been faced. ... Once they are faced, it is difficult to see whether traditional medicine will long remain more than a grab-bag of therapeutic techniques. (p 171)

This is not to suggest that contemporary Chinese practitioners have reconstructed Chinese medical ideas in such a way as to make it unrecognisable. Sivin's view²⁵ contrasts markedly with, and needs to be balanced by, Farquhar's (1987) comments derived from her analysis of recent discourse in Chinese medicine. Whilst certain medical practices have been reconstructed, Farquhar indicates that Chinese medical discourse in recent times has

²⁴ Contemporary Western documentation faces a similar situation. *Xue* and blood have become interchangeable.

²⁵ In an endnote to his article Sivin (1990:340) states that, '... some descriptions of Chinese medicine in the English language seem to portray it as an unchanging picture of an art that is moving rapidly away from its classical roots.' Cf. Farquhar (1987, 1994), Zaslowski (1996).

emphasised classical ways of knowing, *shi jian-jing yan* 實踐經驗, (cf. pp. 5) based on authoritative texts and practices from as early as the Han dynasty. Colleges of Traditional Chinese Medicine, such as Guangzhou, offer courses in the dialectics of Chinese medicine taught by scholars who made their careers comparing chairman Mao's thoughts with Chinese medical ways of knowing (Farquhar 1987).

Investigating ways of knowing in Chinese medical thinking, Farquhar (1987, 1994) clearly demonstrates an intimate and continuing connection between Mao's philosophical thinking and classical ideas found in Chinese medicine. Indeed, the process of engaging medical use of Maoist philosophy, she asserts, '... is a recent and overt form of the pervasive and multifaceted relationship between socio-political philosophy and the discourse of medicine in modern China'²⁶ (Farquhar 1987:1015). As Farquhar argues, recent Chinese accounts of medical knowledge and the practice of medical wisdom, such as Gao Shangde (1983) and Huang (1982),²⁷ indicate a clear and close relationship with Maoist dialectical materialism.

The art and science of medical knowledge is portrayed by Gao Shangde and Huang as a personal discourse of experience with patients, teachers, students and the treasures of the past. It is not so much a theory of knowledge as we know it in the West as a set of ways of discerning and experiencing the world, intimately connected with the practice of the wisdom of the past transmitted by scholar doctors and their writings. The notion of contradiction and change is now being re-emphasised as a way of recapturing a deeper sense of the root, *ben* 本, of medical ideas, demonstrating how Chinese medical scholars are able to work with ambiguity and contradiction. In Chinese medicine, practitioners accept the view that to 'work with contradiction' means more than a technical appraisal of medical conditions. In order to work with contradiction and ambiguity, practitioners are required to acquire a way of thinking which

²⁶ The medico-political connection is not new to developments in Chinese medical thinking. Unschuld (1980, 1987) clearly demonstrates how the *wu xing*, the naming of acupuncture points and their functions, demon therapy and even ancestral medicine of the Shang had social and political ramifications. See also Lampton (1977).

²⁷ In Farquhar (1994).

supplies the root, or *ben* (for comprehending *qi* configurations), in the body and the world (Kaptchuk 1987, Seem 1986, Seem and Kaplan 1989, Kaptchuk, Maciocia, Moir and Deadman 1985). Recent Chinese medical discourse is now re-emphasising the view that 'contradiction can generate quality and that quality generates things' (Farquhar 1987:1017), suggesting that learning Chinese medicine is not exclusively a cognitive enterprise. Learning Chinese medicine cannot be separated from personal experience, which means that practitioners learn to cultivate how to observe, do, and ask the right question at the right time. Articulating Chinese medical ideas as a way of understanding the relationship between transformation and contradiction and how things become manifest in the world returns practitioners to classical ways of knowing. Learning Chinese medicine is construed as a living discourse.

This shift to classical ways of knowing, *shi jian* 實踐, is reflected in medical discourse about the meaning of *biao* and *ben* 標本 (Gao Shangde 1983 in Farquhar 1987). *Biao* and *ben*,²⁸ the secondary and the primary, like *yinyang* represent two opposites of the whole, phenomenon and essence, and are critical to understanding symptom patterns. Such ideas are not 'theories' in themselves. Rather, *biao/ben* supplies the foundation for apprehending the 'root and branches' of one's condition and how pathology manifests in a person. *Biao/ben* discourse also alludes to understanding the origins of *qi* and how *qi* constantly changes in the universe. *Biao/ben* represent the expression and relationship between the way energy and form transforms in the world and in the body.

A recent Chinese-English text of traditional Chinese medical terms describes *Biao/Ben* in the following way:

Between the human body and the pathogenic factor, the primordial *Qi* of the body is Ben (the primary) and the pathogenic factor (the secondary) and insofar as the disease is concerned, the aetiology is Ben and the symptoms are Biao. (Sung 1981:333)

²⁸ The character for *ben*, 本, is a pictograph for tree with the root being emphasised by the horizontal stroke at the top. Though the lowest part of the tree is beneath the ground and hidden from view, it is considered of critical value in the tree's struggle for survival. It is the same character used in *Ben Shen* 本神. When the character *ben* 本 is attached to *ren* 人, *ben ren* becomes a Chinese expression for 'me', 'myself'.

From a clinical perspective, assessing *biao* and *ben* offers access to understanding a client's energetic condition. This suggests that practitioners assess and determine which symptoms need to be attended to in the first instance, temporarily ignoring others until the client's condition changes, indicating that the secondary symptoms can now be attended to. Understanding *biao* and *ben* in the clinical setting also means having a clear comprehension of other medical ideas, for instance, whether the condition is *xu*, *shi* or mixed *xu/shi*, true cold or false cold. A common clinical condition recognised by practitioners is a fire pattern due to insufficiency, *xu huo* 虛火. Sometimes the fire symptoms are said to rage or flare with such force that symptoms appear *shi*. However, other symptoms clearly suggest that *yin* fluids are essentially insubstantial. The root, *ben*, is weakness, the fire symptoms are secondary, but dealt with first. Once the fire is extinguished, the true condition is more easily ascertained and dealt with accordingly. Recognising illness patterns as reflections of *qi* in a state of flux is what matters, providing an overall understanding of contradiction and *yinyang* transformation.

The important point to note is that *biao/ben* resonates with the idea of 'seeking the root' (Farquhar 1987). Though seeking the root is applied in medical contexts, the notion also applies to understanding history, social life and social policy, as well as treating personal illness (Farquhar 1987). Mao Ze Dung's writings have been 'resurrected', to give impetus to this 'new' shift to classical ways of knowing. Reading Mao's discourse '*On Contradiction*', one gets a clear impression that it could have been written long ago by a medical scholar. Mao wrote:

The interdependence of the contradictory aspects present in all things and the struggle between these aspects determine the life of all things and push their development forward. There is nothing that does not contain contradiction, without contradiction nothing would exist. But is it enough merely to say that each of the contradictory aspects is the condition for the other's existence, that there is identity between them and that consequently they can exist in a single entity? No, it is not. The matter does not end with their dependence on each other for their existence; what is more important is their transformation into each other. That is to say, in given conditions, each of the contradictory aspects within a thing transforms itself into its

opposite, changes its position to that of its opposite. (Quoted in Farquhar 1987:1016-7)

The statement appears to be a modern expression of *yinyang* theory, reflecting classical ways of knowing. Discourse on *yinyang*, central to apprehending Chinese medical ideas, also offers a way to understand social life, political thought and philosophy. Connecting ideas can be invoked from apparently unconnected aspects of life; Chinese medical ideas may be employed to understand behaviour, attitudes and social life. Superficially it may seem strange that Chinese medicine can offer insight into social and political life, but how people behave and think in everyday life can be viewed as another expression of the transforming actions of *qi*. Implicit is the idea that rediscovering classical ways of knowing simultaneously makes one a better practitioner while providing a deeper knowledge of social order and disorder. The good practitioner, because of his knowledge and experience, is one who can offer a critique of social life. The emblematic symbols of *qi*, *yinyang*, *liu jing* or *biao/ben* direct attention to understanding how life remains and changes, how transformation occurs through the interplay of contradictions which constitutes any system.

Recent Chinese scholarly work has begun to re-examine medical theory and practice as an evolving dynamic. Likening theory and practice to *yinyang* revitalises classical discourse, re-affirming classical Chinese medical ways of knowing. This suggests that complete undermining of 'classical' Chinese medical knowledge, particularly by biomedically-structured ways of knowing, is unlikely. Rather, the interpretive shift which is occurring in medical discourse in China can be seen to be premised on key classical concepts.

This ostensibly 'new' phase of medical discourse in contemporary China suggests that practitioners are predisposed to become more public about classical ways of articulating medical ideas and practice. In this sense, emphasising classical ways of knowing may be viewed as a process of re-positioning scholarly discourse amongst medical scholars in terms of the 'lost treasures' of China's past, supported by a changing political context. Discourse on

biao/ben may be construed as exemplifying a contemporary, authentic return to exploring the notion of essence, *jing* 精, re-affirming what it means to be Chinese and think in a Chinese way.

Australian practitioners are also attempting to discover what constitutes the roots of Chinese medical thinking. However, the Australian quest is occurring in a context mediated and affected by differing linguistic and cultural traditions. Access to and reproduction of Chinese medical ideas over the past twenty-five years means that, for the first time, such scholarly activity is occurring outside the Asian context. In the process Chinese medicine is likely to become more 'cosmopolitan', with differing schools of thought emerging in the West adding to the evolution of Chinese medical thought and Chinese ways of knowing the world.

Chinese medicine offers Australian practitioners another path to understanding and accommodating the relationship between medical knowledge and practice. Understanding unity as a dynamic exchange of complementary opposites predisposes adherents to the idea that transformation, in the patient and the world, verifies and resolves the existence of contradiction in all things. Classical Chinese medical ideas offer Australian practitioners another context or point of reference for understanding health, illness and cure. In their training, practitioners are introduced to a medical discourse now largely lost to biomedicine, but not completely foreign to the Western mind.

Exploring classical Chinese medical ideas establishes the possibility of Australian practitioners re-considering the meaning of health and illness. The following chapter identifies a very old and particularly 'unusual' Chinese medical idea: the notion of possession, *ke* 客, which predates the *Nei Jing* tradition. Though the language of possession, as articulated in earlier times in China, is now lost to contemporary Chinese medicine, the discussion serves to illustrate how medical ideas - in this case possession disorder - have been accommodated and re-interpreted in changing social contexts (Pollard 1991).

Chapter 2

鬼邪 Gui Xie

Searching for Demons: The Quest for Balance and Harmony

The preceding chapter suggested that the sources for Chinese medicine are not ‘static’, but change over time according to the new contexts in which they are read. This dynamic and fluid aspect of the sources of Chinese medicine can be seen in relation to the ancient medical concept of *ke* 客 or possession (Sivin 1987, Harper 1982, Unschuld 1980). As this chapter indicates, the concept dates to early Chou times and has remained a key idea for ‘traditional’ medicine, though not in the same way. As this chapter argues, since Chou times possession has been apprehended according to the changing contexts of social life, in terms of which it has assumed various meanings and translations.

Possession is now more a metaphor describing the manifestation of *qi* as an ‘evil energy’ circulating through the body’s functional systems and conduits rather than referring to an actual presence of spiritual beings. As this chapter will demonstrate, the language of possession is a way of recognising that individuals are alive to external forces, which must be balanced with the individual’s inner world of being. It will be argued that this recognition is of particular relevance to countries like Australia, particularly when individual health concerns are placed in contexts which recognise spiritual or transpersonal issues or that well-being may be connected to the way people respond to and understand the external world. Part of the attraction of Chinese medicine is the way it speaks of the notion of contradiction, reconciling within and without, and of transformation and change at all levels of social existence. Despite

contextual changes, this chapter argues that the concept of 'being possessed' familiarises practitioners with Chinese a medical discourse which continues to inform practice.

Key to the discourse is the concept of *qi*, which in Chinese medical terms stresses the importance of living in a harmonious relationship with the forces of the cosmos as a way of maintaining health and well being. Though *qi* is often understood in positive terms, as a constructive and creative force, its opposite also exists. *Qi* can also be construed as an evil 邪¹ or heteropathic force (Unschuld 1980, Porkert 1981, 1983). Chinese medicine insists that to know anything in its entirety its opposite must also be acknowledged as central to understanding any situation, whether illness, the change of seasons, human behaviour or expressing emotion. To understand the creation of *qi*, its movement, direction and change, practitioners cannot avoid confronting and knowing the dark side of *qi*. Orthopathic or true *qi* cannot exist without the presence of evil *qi* (Low 1985, Porkert 1983). Aspects of this dark side convey practitioners firmly into a discourse about the nature and existence of external forces and their relationship to health and illness. From a Chinese medical perspective, people might be viewed as little living universes, resembling a flux of activity displaying a constantly changing relationship between external and internal forces. Whether *qi* is spoken of as internal or external in origin and nature, *qi* is true and evil at the same time.

Ideas surrounding the nature of evil *qi* can be traced back to Chou times, when demonological therapy was practised and, moreover, very closely related to acupuncture (Harper 1982).² The importance of this view of the world, in particular with regard to disease causation and its manifestations in Chinese medicine, should not be underestimated. Unschuld notes that 'medical care based on demonological principles was probably the most widespread practice in China for the last two thousand five hundred years' (1980:117). Demon therapy was

¹ Wilder and Ingram (1974:223) render *xie* as, 'vicious, depraved or heterodox'. The phonetic to the left, 牙, meaning tooth, 'appears to be a contraction of the original phonetic, meaning a garment like a buskin which wraps around the legs, awry.' The radical, 卩, refers to an ancient city in Eastern Shantung which had a reputation as a city of depravity.

² See Harper (1982).

the medicine both of the masses and of the imperial court. Practitioners of demon therapy, *wu yi* 巫醫, the predecessors of *zhong yi*, were often the first to be consulted when illness struck (Kaptchuk 1987, Hill 1988).

The language of possession, now likened to an attack by external evil *qi* by contemporary Chinese scholars, exemplifies an externalising belief system offering an understanding of illness causation. Demonological practitioners³ diagnose problems thought to originate from activities in the external world affecting internal aspects of an individual. Illness is not seen as internally generated as, for instance, in psychiatry, which considers a client's problem and sense of being as living in the individual's brain and mind, with the solution being sought from within. What Chinese medicine proposes, in terms of understanding *qi*, is to acknowledge and explore how *qi* remains and changes in the external and internal world. The presence of *qi* is considered to exist anywhere and everywhere, and a skilled physician is thought to know how to diagnose when *qi* is evil or true.

The idea of spirit-caused illness and associated healing practices is not specific to China. Magic⁴ and the shamanistic practices of *i magi*⁵ have played a key role in the development of science and medicine in the West. Shamans were a source of knowledge about nature and supernatural forces. The indigenous worlds in the Pacific, Africa, North America, and Australia is replete with all kinds of spirits, connected with ceremonies, hunting, crop harvests, healing, life and death. They could cause natural disasters, increase crop yields or bless families. Their place in the world of humans was just as central as the clouds, seasons, rivers, animals and plants (Grossinger 1985, Krippner 1987).

³ See Bantick (n.d.) and his discussion on an understanding and application of the thirteen ghost points, attributed to Sun Si Miao. Cf. Dale (1992a), Yu (1990).

⁴ See Buckman and Sabbagh (1993) and Cochran (1994).

⁵ In Italian folklore '*i magi*' were also believed to be wise people. For instance, the three travelers from the East who attended Christ's birth were *magi*. See Bierdermann (1994).

In the treatment of supernatural influences a wide range of methods were used in ancient China: dancing,⁶ music, incantations,⁷ the wearing of talismans, incisions,⁸ bloodletting, scarring the flesh or sucking out diseased objects.⁹ Harper (1982) provides compelling evidence about the role and nature of external evil from the *Wu Shih Erh Ping Fang* 五十二病方 (168BC), particularly its connection with magico-spiritual concerns, the role of shamans and the methods they employed.

In Chinese medicine, the language of possession was another way of establishing and recognising a link with cosmological forces. Understanding illness as a state of being establishes a link to cosmological forces implying that certain people, predisposed to understanding the supernatural world, could give meaning to events and experiences as well as be able to pronounce a remedy. Accepting that the human condition was also subject to much greater forces offers a response to the experience of knowing and attaching meaning not only to being sick, but also to states of being. Acknowledging the existence of external influences stimulates human discourse concerning matters beyond earthly life. Recent Western discourse on the relationship and meaning of intra-psychic and transpersonal experiences resembles Chinese medical ways of understanding health, illness and the human condition (Capra 1989, Capra, Steindl-Rast and Matus 1992, Moore 1994, Watson 1991, 1993, 1994, Wilber 1985, 1994). Human endeavours of this kind offer practitioners additional contexts of meaning for apprehending the human experience, thereby enriching medical discourse.

⁶ Unschuld (1987:39) demonstrates one such process known as the *Steps of Yu*, an example 'of magical transfer in which the ailment is transferred into an intermediate object, and the object is then safely discarded.'

⁷ Harper (1982:74) describes how archers were used in performing rituals during Chou times. Maledictions were also part of the rituals. From the Chou Li, Harper writes, 'Be as if tranquil and Marksmen do not be deluded. If you are not tranquil, the Marksmen do not attach themselves to the King's place, thus raising (the target) we shoot you.'

⁸ Grossinger (1985) suggests that the practice of incisions, common in Australia, may have some earlier connection with the Chinese practice of acupuncture.

⁹ The technique of cupping to disperse obstructed *qi* or congealed blood is similar to the idea of 'sucking' out disease. Cupping has been and still is a common folk practice amongst, for instance, contemporary Southern Europeans.

Unlike the *Wu Shih Erh Ping Fang*, the *Nei Jing* minimises the importance of actual spirit possession. Rather, as Chiu (1986) notes, the *Nei Jing* interprets the ideas as a way of expressing that a person's *shen* 神 was out of control. This can be understood as another way of saying that certain pernicious influences would reflect themselves as a disordered *shen*. In this case one does not see the cause; rather, one sees the outcome.

However, oblique references to spirit possession do occur in the *Nei Jing*¹⁰ (Chiu 1986). In '*Questions on the Oral Teaching*', before the emperor and Qi Bo begin their discussion Huang Di orders his attendants to leave his chamber (Wu 1993:119).¹¹ It appears that discussion on medical ideas, not found in ancient classics but passed on orally, is about to commence (Chiu 1986). Forbidding others to listen suggests that what is to come is 'secret' knowledge and only for practitioners. There is a hint that the knowledge to be imparted could be misconstrued by the untrained.¹²

The entire discussion contains twelve questions, with explanations about yawning, belching, groaning, sneezing, mouth dripping with saliva, shaking with cold, biting one's tongue¹³, noises in the ear, vomiting due to parasites, being sad and teary or having a drooping body¹⁴. No indication of the numerological significance of twelve is given. However, Qi Bo refers to them as twelve 'curious illnesses'¹⁵ which, it is said, travel to the body orifices. A symptom at these portals indicates penetration of perverse evil.

It is the discussion of the symptom descriptions that offer hints about possession. Although the statement 'When a man is sad with tears and runny nose' could be construed as a

¹⁰ But the *Tai Ssu* version of the *Nei Jing* refutes the role of ghosts and spirits as causes of illness. In two classical texts we find conflicting opinions (Chiu 1986).

¹¹ The OICSSA (LS) 1979, titles the chapter 'Questions' but does not refer to Huang Di ordering his attendants 'both left and right to leave' (Wu 1993:119).

¹² See Harper (1982) for a discussion of oral instruction.

¹³ See Song (1986) for a contemporary Chinese analysis of tongue diagnosis.

¹⁴ Wu (1993:120) renders the condition as 'when man's body hangs down'. The OICSSA (LS) 1979 hints at the meaning of a drooping body by suggesting that heart *qi* is disturbed, meaning that *shen* is in disarray, causing the body to hang down.

¹⁵ Wu (1993:122) renders the idea as, 'The sum of the above is twelve evil diseases'.

wind cold attack, the discussion shifts to understanding the role of fluids and a constrained heart. It begins by referring to agitation in the heart, 'caused by grief and sorrow, worry and sadness' causing the body to vibrate, resulting in body fluids overflowing their channels leaving through the portals of the nose and eyes (Wu 1993:120). If the flow does not cease:

... the body fluids, when exhausted, cause a situation in which the essences cannot be poured. If the essences cannot be poured, it results in the eye being without sight. Consequently this is called seizing the essence. (Wu 1993:121)

Having one's essence seized suggests that *shen* is deranged and if the essences cease to flow one loses vision. Overwhelmed by 'excessive' emotion, seen as evil *qi*, one not only is said to lose *jing* but also *shen* spirit.¹⁶

Another example is the symptom of buzzing in the ears. When one hears noises in the ear, 'earth yang channel (stomach) is weak and hollow and dizziness often occurs' (OICSAA (LS) 1979:101). Referring to the *Tai Ssu*, Chiu (1986) interprets the dizziness as mental confusion (*huo*). Other symptoms, such as 'shutting one's eyes and refusing to look at things', 'wishing to sleep a great deal' and 'easily hungry but not wishing to eat' were also associated with being dizzy (Chiu 1986:237). Dizziness may be construed as a metaphor, suggesting that evil possession impedes an individual from living a balanced life. One Chinese medical interpretation of the symptom picture suggests that *yin* energies collapse, withdrawing from the upper portions of the body. Consequently, *yang* energy is likely to become unrestrained and unattached. With little *yin* the person wants to find *yin* and wishes to sleep, with excess *yang* the individual is hungry but has no substance with which to digest food.

If demons are able to enter through body portals then these natural holes and passages in the body are where evil *qi* can manifest. Evil *qi* construed as wind, cold or heat behave like demons. One's symptoms, and even speech (*gui yan* 鬼言), resemble demonic possession.

¹⁶ The *ling shu* recommends the point Celestial Pillar 天柱 *tian zhu*. Ellis, Wiseman and Boss (1991:200) note that *tian zhu* is indicated for such symptoms as 'dizzy or heavy head ... blurry vision ... eyes fit to burst from their sockets ... child fright epilepsy'.

Physicians then could easily talk about the physical manifestations of possession by evil wind or cold and any associated deviant behaviours.

The *I-hsüeh Yü Liu Lun*, an eighteenth century text of the *Nei Jing* tradition, devotes a chapter on spirit-caused illness and on exorcising the perverse evil. The author, Hsu Ta-ch'un, wrote:

Demon spirits are comparable to such evils as wind, cold, heat and dampness. When the protective influences are depleted, one absorbs heat. When the constructive influences are depleted, one absorbs demons. Man's spirits belong to (the category of) yang. When one's yang (influences) are weak, demons avail themselves of (their place). The *Nei Jing* has (a passage stating that) in case of illness in the five viscera, demons appear in the (respective) five colours. The *Nan-Ching*¹⁷ states, "When the yang (influences) have left, one sees demons." Hence among the holes on the conduits there are some bearing such (names as): "demons' bed" and "demons' dwelling". All these holes depend on [man's] spirit influences to be closed and filled. (Unschuld 1990:130)

Hsu Ta-Ch'un continues speaking on ways of dealing with perverse influences and specifically with demon possession such that in treating 'cases of demon (intrusion), one simply has to fill the respective (patient's) spirits' (Unschuld 1990:130). Further on, the passage offers reasons why demons abound in the environment. For instance, people are prone to demon attack as revenge for past social wrongs. Tumultuous outbursts of *qi*, understood as excessive emotional experiences such as anger, are likely to weaken a person's *zheng qi*, predisposing them to demonic attack (Unschuld 1990, Moran 1983). The idea is that people are attacked by demons because their spirit energy is depleted. The notion is similar to being attacked by wind evil because one's true energy is weakened. However, if one's spiritual resources were abundant the possibility of 'divining' correct treatments also existed. Thus, 'if someone with a sincere mind searches for a treatment, there must be a response from some demon or spirit able to cure illnesses' (Unschuld 1990:213). These kinds of spirits possessed a special medical knowledge when they were alive as people, but never had the opportunity to

¹⁷ *Nan Jing*

transmit their knowledge. Physicians therefore had to recognise and know how to access the physical and derive meaning from the physical and spiritual world.

One important technique for dispelling demons was acupuncture. Earliest clear evidence of needling for therapeutic purposes occurs about 90 BC. Speculation that acupuncture was practised before 90 BC is documented (Lu and Needham 1980). Recent Ma Wang grave findings show no indication of acupuncture practice (Harper 1982). However, Sun Si Miao documented the precise location of 'thirteen demon point's on the body which, if used in the correct order, would lead to the expulsion of the demons (Dale 1992a, Bantick (n. d.). This discussion referred to a physician, Pien Chiao, who supposedly practised during the fifth century BC, predating the first acupuncture references by about four hundred years (Unschuld 1980). In the *Wu Shih Erh Ping Fang* the use of pointed instruments to remove abscesses, lance boils, and blood letting was described, heralding acupuncture (Harper 1982, Epler 1980).¹⁸

One other possible link between acupuncture and demon therapy was the social practice of frightening demons from villages. At certain times of the year, and in order to scare demons away, we read of the practice of running through the streets and houses piercing the air with spears and swords as if stabbing the demons. On occasions people were also killed, suggestive of a warning to evil spirits of what would happen if they were caught (Unschuld 1987a). In these instances evil demons could invade not only a body, but also an entire community.¹⁹ A *wu shaman*, particularly one retained by an imperial court, was accorded a socially important function.

The idea of puncturing the body to expel demons is associated with the practice of frightening demons from villages. What becomes significant is that puncturing small holes in

¹⁸ Harper indicates a connection with what he refers to as the 'vapour pits' being cauterised or lanced which were associated with the circulation tracts.

¹⁹ Unschuld (1987) suggests a relationship between demon therapy, political unrest and civil strife during Chou times. The notion of demons ready to attack was also a metaphor of maintaining order in a socially violent world.

the body becomes connected with shifting and manipulating perverse evil lodged internally and physical symptoms or emotional expression observed as unusual behaviour

The origin of the character for healer is instructive in this respect, and has implications for acupuncture practice. The modern form for healing or cure, *yi* 醫,²⁰ takes its origins from *you* 酉, representing an amphora containing a medicinal decoction immersed in alcohol.²¹ The horizontal line above the amphora signifies the presence of something inside the bottle. The phonetic 医²² placed above, depicts the removal of arrows from a quiver giving the sense of hitting the mark of a disease. The character for early physicians, *yi* 醫, with *wu* 巫 replacing the amphora, *you*, clearly indicates a link to shamanic practices, suggesting that there was not a division of labour between the two occupations (Harper 1982). However, the *wu* 巫 character is no longer referred to, and is indicative of the scholar physician tradition eschewing magico-spiritual concerns (Wilder and Ingram 1974, Wieger 1965, Blakney 1926).

The upper part of the earlier graph for *yi* has also been recognised to contain another meaning: the sound of striking something, probably suggesting the groans of a sick person (Harper 1982).²³ However, another interpretation is to suggest a sound emanating from the healer: the healer's captivating cry and the power of the voice. These ideas have important implications for acupuncture practice.

When compared to herbal medicine, for instance, acupuncture is *wai ke* 外科, and characterised as *yang* medicine. Sending energy from the mouth which is meant to engage another's *qi* is similar to manipulating *qi* with an acupuncture needle.²⁴ Prodigious speech,

²⁰ To be sick, *ji* 疾, also contains the quiver and arrow ideograph, suggesting the person is struck by evil. Interestingly, the arrow graph also forms part of the character, *zhi* 知, wisdom. The arrow can lead one to wisdom or disease.

²¹ Usually, when the water graph, *shui* 水, is added to the phonetic, the character now means any alcoholic beverage. The character *shui* is simplified and represented as the three strokes to the left of the amphora, 酒 (Wilder and Ingram 1974).

²² 医 is now the simplified way of representing 'cure' and reads as *yi*.

²³ Harper (1982) acknowledges Shizuka's (1973) work on the etymology of the character.

²⁴ The *wu* ideograph is also found in some acupuncture point names; *Qing Ling* 青靈 Heart 2, *Ling Dao* 靈道 Heart 4, *Ling Xu* 靈墟 Kidney 24, *Cheng Ling* 承靈 Gall Bladder 18 and *Ling Tai* 靈台 Governor 10.

understood as healing *qi* emanating from *wu shamans*, is *yang* work (Harper 1982).²⁵ What is of special interest to acupuncturists is the meaning of projecting *qi*. In the case of acupuncture, needling mediates the transmission of *qi*. Moreover, practitioners are said to assemble their *qi* in order to engage and shift a client's *qi*. Manipulating *qi* with acupuncture or through sound is to project *qi*, rebalancing a disrupted energetic configuration. The practitioner, as the marksman archer, needs to 'shoot straight', which implies an ability to see, hear and feel *qi*: *xie qi* and *zhen qi*. A physician's ability to engage perverse evil by hitting a target stimulates the individual's defensive and true energies to begin the battle (*fu zheng qu xie*) against evil. That battle is construed as the healing process. In this sense healing is said to commence from the outside and acupuncture is central to the process. In acupuncture a visible instrument is employed whereby body holes are 'shot at', hitting perverse evil and forcing evil to transform. Evil forces are confronted and forced to leave from the inside.

Apart from projecting *qi* with needles, it can be done in other ways: a combination of movement and breathing usually known as *tai ji quan* 太極拳 or *qi gong* 氣功, collectively understood as *dao yin* 導引 or leading *qi*. This particular view returns discussion to a fundamental Chinese medical principle, that as practitioners learn how to cultivate their *qi* they become better practitioner in the process. Practising *dao yin* is one way of personally cultivating one's *qi* (Wang 1991). This also meant that practitioners could use or summon their *qi* in the therapeutic encounter. The meaning and practice of *qi gong* or *tai ji quan*²⁶ has ancient roots and may be understood as similar to Hindu yoga, Buddhist meditation or Christian prayer.

²⁵ Harper (1982:84) notes, 'The fiery quality of their speech is one manifestation of their Yang essence.' Speech, together with 'spitting' and 'spouting' (referred to in the *Wu Shih Erh Ping Fang*) is equated with fire. Thus, '... the second of the Five phases is called Fire and the second of the Five Functions is called Speech. Speech and fire are the same vapour. Thus the chants of youths and poem-songs are prodigious speech ... People in the world consider youths to be Yang ... Thus prodigious speech is emitted from young youths.'

²⁶ In more recent times, the therapeutic application of meditation and breathing has been developed by Grof (1993) and recognised as Holotropic Breathwork.

In the second and third sheets of the Ma Wang corpus (Harper 1982:11-12), attention is focused on *dao yin*: guiding and mastering the proper flow of *qi* in order to promote well being. The breath work tradition continues in China. At the Beijing Traditional Chinese Medical Hospital, Dong Zhi Men 東直門, as in many other hospitals, physicians practise therapeutic *qi gong* movements around their patients.²⁷ To the casual observer it looks as if the doctor ‘dances’ around the patient. Around sunrise, large numbers of Beijing’s population practise their *dao yin* exercises in parks and squares, promoting *yang sheng* 養生.

Though contemporary acupuncturists do not engage in incantatory practices, practitioners are trained to listen to a client’s sounds and observe their breathing cycle, particularly when associated with understanding the ‘pulse quality’. Intimately connected with needling, acupuncturists prepare themselves to wait for the correct time to insert or withdraw a needle. Timing the insertion or removal of needles is a way of recognising the presence of perverse evil and of securing its dispersal. Clinically, a practitioner may decide to ‘chase it’ by needling other points along a channel, thereby preparing a natural exit. On the other hand, a practitioner may decide to propagate the sensation. In this case, true *qi* is encouraged to change direction - filling an emptiness, dispersing fullness or adjusting flow. This means incorrect needling techniques may worsen a client’s health status. On the other hand, correct needling is likely to stimulate a ‘healing crisis’. The practitioner, mindful of the ways in which *qi* remains and changes, adapts the appropriate needling protocols. Acupuncture practice reflects the complexity of simultaneously recognising and treating true and perverse evil.

Metaphorically, acupuncture is war (Su 1988). Indeed, the notion of militaristic metaphors abounds in Chinese medicine (Unschuld 1980, 1990). A client’s condition may be described as: having succumbed to an attack of wind cold, fire blazing upwardly scattering

²⁷ Masters of *qi gong* are often said to be powerful individuals. It is said that with a movement of the hand, their emanating *qi* can forcefully repel another individual. Masters of *qi gong* or martial art exponents were powerful individuals. They could physically hurt people but, more importantly, they knew how to harness the power of *qi* and were, in a sense, invulnerable.

shen, or as a battle between the *wei* and *xie* evil. Other descriptions are associated with treatment protocols. Point functions are accorded with similar attributes. *He Gu* and *Wai Guan*, for instance, mobilise *wei qi*, fortifying the exterior. Other points support the centre, open gates, consolidate the surface, clear the channels or strengthen the extremities (Rogers and Rogers 1989, Van Buren n. d., O'Connor and Bensky 1983, Ellis, Wiseman and Boss 1989, 1991, Lade 1989, Bertschinger 1987). In this sense, the client brings all the armour and supplies with which to counteract the evil forces now lodged in and fighting the body. The client's true and upright energies must be mobilised and supported to win the battle against perverse evil. Perverse evil is the enemy within, which is another reason for saying that practitioners need to understand how *qi* is constantly transforming.

Attack by perverse evil is often rapid, which calls for active and immediate action. Not only would the individual need to take quick action but the practitioner would need to employ a range of acupuncture strategies and weapons - cupping, scraping, bringing on a sweat, using a dispersing needle technique or seeing the client frequently. Inside the body true *qi* is mobilised, body orifices are shut or opened to ensure proper transformation of *qi*. Being engaged in a 'natural' battle with perverse evil, a client also needs to take personal measures to strengthen their inner reserves to prevent any further penetration. This battle is also to be understood as illness recovery, which means the client may 'get sick again' for this is one of the consequences of warfare (Juliano 1995). As perverse energies are forced to retreat earlier symptoms may be 're-experienced', but in a different way. On the other hand, should the evil break through the body's external walls and orifices and begin to win the battle there is the danger that the nutritive and essential energies will become depleted. Possible consequences of the battle can lead to more serious illness, hurt feelings, physical damage and eventually death. Dealing with perverse evil is like:

... two armies together at one point. Flags and banners can be seen by both sides. The white edges of the swords are arrayed in the middle of the wild ground. There is not one day for planning ... There is not one day to

instruct. It must be treated instantly.... is this also not far and separate from the Dao? (Wu 1993:195)

Because evil *qi* is said to lie concealed within individuals there is also the likelihood that the practitioner may be affected by a client's evil *qi*. Practitioners can also become 'hurt' during a therapeutic encounter. War is destructive and ugly and practitioners need to be mindful about their own feelings about being involved with such metaphors and its consequences. It is not uncommon to hear practitioners say they become sick after treating others. The suggestion is that practitioners are not able to properly defend themselves from perverse evil, meaning their *zheng qi* was insufficient in their confrontation with evil.²⁸ Sometimes, the practitioner manifests some of the symptoms described by the client. For these reasons practitioners often practise *dao yin* 導引 exercises such as *qi gong* 氣功, which is a way of maintaining their *zheng*.

In contemporary TCM texts, attack by perverse evil is accorded significance, particularly in relation to understanding penetration through the *liu jing*. However, the pattern of perverse evil penetration, to be discussed in the next chapter, is melded safely into medical descriptions such as a cold, flu or other infectious diseases, or possibly 'neuraesthesia' (Kleinman 1982, 1988b). It is a relatively safe way of talking about perverse *qi*.

A wind cold or wind heat attack, for instance, understood as facial neuralgia or paralysis, has been connected to issues of loss and personal relationship struggles (Resnick 1990) or low back and grieving (Crancher 1991). Susceptibility to wind cold attacks is usually associated with respiratory difficulties (Davis 1993a, Clavey 1993). Someone who says they easily 'catch colds and flu' may, for instance, suffer deficiency of lung, spleen or *wei qi*. Exploring other associated meanings connected with lung or spleen function could transform the discourse, opening up interpretive possibilities such as the meaning of 'possession'. Social relationships or intra-psychic difficulties can be understood as being part of a wind cold attack.

²⁸ In Chinese medical terms this may be related to the axiom: *no attack unless there is deficiency*.

Issues pertaining to *shen* are now potentially linked to exogenous attack. Entering the terrain of intra-psycho difficulties appears to be unlikely in contemporary China since symptom patterns are both described and understood primarily in somatic terms. (Kaptchuk 1987, Kleinman 1982, 1987, 1988a, 1998b, Kleinman and Lin 1981, Kleinman, Kunstadter Alexander and Gale 1975, Wu 1982).

One may be overcome or possessed by particular emotions. Feeling depressed, sad, fearful or hateful can be, at times, so powerful that one can feel overwhelmed or possessed. Clinically, emotional states can be recognised through somatic presentations or understood as a basis for entering and developing relationships. For instance, lung *zang* weakness coupled with earth not nourishing lung may speak of wind cold and recurring bouts of anger and irritability, because lung *zang* fails to restrain liver activity. What may be construed as being prone to attack by perverse wind cold evil is also linked to emotional states, physical symptoms or as a basis for structuring social relationships (Parsons 1995)²⁹.

As suggested earlier, the *Nei Jing* indirectly refers to demonic possession, as does contemporary Chinese medical literature. In contemporary Chinese medical texts discourse which gives attention to personal relationships with the external world is avoided (Kaptchuk 1987). Acknowledging the importance and influence of *qi* as a spiritual force, which 'inhabits' the external world, has been removed from medical discourse or, if alluded to, is spoken about in more circumspect language. Oblique references to other ways of interpreting possession along more 'classical' lines in recent texts do exist. For example, heart *zang* pain may be brought on by obstruction in the conduits and usually interpreted as angina. It can also be due to 'fright when one goes into old shrines in mountains or forests and sees unusual things' (Sivin 1987:106).³⁰ We also see it in other ways. The syndrome Phlegm Misting the Heart, another

²⁹ See also Green (1995).

³⁰ This description could also be interpreted as a sense of alienation from those contexts that provide meaning and support for individuals. It can also be taken to mean that the experience is a positive one, meaning an individual is able to 'see' the world in a totally different way, having the opportunity for new learning.

heart disharmony, contains symptoms such as an inability to speak, incoherent speech, clouded perception or weeping and laughing without apparent reason (Essentials 1980, Sung 1981 Yin 1992). The heart is said to be clouded by phlegm, 痰迷心竅 *tan mi xin qiao*, leading to unclear consciousness which, in Chinese terms, is also another way of saying madness. However, any further discussion about other possible meanings of these symptoms and their relationship to individual behaviour ends abruptly.

However, what this thesis suggests is that by identifying and exploring the differences common themes emerge. An individual's illness pattern may point to other concerns. For instance, malevolent wind is considered to be the cause of the one hundred illnesses,³¹ *feng wei bai bing zhi zhang* 風爲百病之長³², and connected with the body's defensive energies, principally *wei* 衛. If one's *wei* is unable to dispel *xie* evil, the likelihood that evil lodges internally remains a 'real' possibility. Even if one took efforts to protect oneself from evil conditions, one could still be struck by injurious wind. Internal change could release evil wind manifesting as headache, disturbed dreams or inappropriate emotional expression. Implicit is the notion of dormant or latent disease, *fu xie* 伏邪, not resolved by *liu jing* nor dealt with properly by *qi jing ba mai* 奇經八脉, the eight extra channels. This suggests that people carry unresolved perverse evil throughout their life on earth.

In clinical practice, patterns of disharmony often contain unusual symptoms and signs and may be interpreted as internalised evil manifesting itself with a 'new' disease. It can also mean recurring illness patterns. Recurring pain, skin eruptions, allergic conditions or even repeating patterns of behaviour and feeling states can be described physiologically in Western

³¹ The *Nei Jing* writes, 'The Fong attacks the Liver in Spring, the Heart in Summer, the Spleen at the End of Summer, the Lungs in Autumn, the Kidneys in Winter. It can attack the point Fung-Fu, Go-16 and penetrate to the brain - at the abdomen it can attack the Intestines. In short, the Fong is the cause of a hundred sicknesses; one cannot enumerate them all, because there are too many varieties.' And for instance when wind attacks, 'the Kidneys, the sick person has abundant sweating, fears the wind, his face is swollen, the vertebral column is painful; he cannot hold himself upright; the color of his skin is blackish' (OICSAA (SW) 1979:113).

³² See Tran (1988) for a discussion on wind as both a pathogenic and orthopathic factor.

medicine, and treated with surgery or pharmaceuticals. However, the experience may also be understood as possession and a metaphor for an unresolved past, or unfinished business, and symbolic of personal limitations. Conversely, unfinished personal business may be construed as a pattern of disharmony. Healing takes on an altogether different meaning, attached to intrapsychic and transpersonal concerns, and can be perceived as part of personal transformation or conversion (McClennon 1990, McNulty 1991).

In this thesis, the language of Chinese medicine is characterised as supplying the metaphoric means for understanding states of being in a social setting such as Australia. This aspect of Chinese medical knowledge may be interpreted as fanciful, esoteric, mystical or even sheer nonsense by orthodox medicine. However, what is being suggested is that Chinese medical ideas seem to be able to engage hidden but accessible aspects of being human. Chinese medicine does embody the mystical, can be esoteric and shadowy, but as such can return practitioners to lost traditions of health care.

It was alluded to earlier that demonic influences or *xie qi* can be understood as another aspect of transforming forces not yet recognised. One aspect of mythology that may provide a bridge in understanding the idea of being possessed is the 'vision quest' where the 'hero' confronts many different kinds of evil. The demons confronted by the hero need not necessarily be seen as evil beings. Rather, these demons may be taken to symbolise an individual's struggle with personal weaknesses and limitations (Jung 1964, Elliot 1990, Needleman 1994, Campbell 1988, Jacoby, Kast and Riedel 1992). 'Heroic' acts are said to give meaning to how individuals may learn from and overcome their 'illness', thereby becoming a 'better' person. In this sense, the world of demons may be understood as representing human limitations. If illness means that one is unable to live in harmony with cosmic and earthly forces, then the only thing that can 'cure' is a world-view based on the shared conviction that a person can render meaning to their life by becoming part of a much larger world of meaning. Writing on the vision quest, Campbell (in Maher and Briggs 1990:28) says:

And as each of these demons is conquered in a vision quest, the consciousness of the quester is enlarged, and more of the world is encompassed. Basically the vision quest involves getting past your limitations, which are within even as they appear to be without. They are symbolised in myth as monsters and demons, and in each age the characteristics change, because as a people changes, so do its limitations.

Campbell offers the tale of Padmasambhava, depicting how the future Buddha is able to deal with evil influences, transforming them into protectors of the self. The story contains the message of confronting evil, not repressing it. In the tale, Padmasambhava finally overcomes the evil demon Sticky Hair. Sticky Hair, seen as evil within, is dealt with, recognised for what it is and given its rightful place in the scheme of things.

Writing in another context, Goethe explores the significance of evil in *Faust*. Goethe has Faust ask Mephistopheles, 'When you are labeled Lord of Flies, corrupters, liars. All right - who are you, then?' The devil responds saying, 'Part of that force which would do ever evil, and does ever good.' Demonic influences or *xie qi* may be understood as another aspect of transforming forces not yet recognised. The path or option taken in any situation by any person can become a personal demon because of an inability to deal with perceived threats, danger or so-called enemies.

The above examples of Padmasambhava and Faust are meant to suggest that the devil, understood as an evil force, exists as a representation of humanity's dark, shadowy side - the opposite of our creative forces. This suggests that the presence and activity of *xie qi* is as necessary as *zheng qi* 正氣. Removing evil *qi* from Chinese medical discourse automatically eliminates the idea of knowing *zheng qi*: *yin* cannot be, unless there is *yang*. Apprehending how *qi* transforms is fundamental to knowing contradiction. *Qi* is taken to be that force which vitalises the universe and human beings are *qi*. Individuals carry in them a part that is evil. Its importance and function is affirmed as a vital component of being human. Being in life and experiencing pain, suffering, birth and death confer meaning on the human condition (Blendon 1979, Becker 1974, Welwood et al. 1978). The harmony of transforming *qi* is a constant

reminder of life on earth. Paradoxically, a physician's or indeed any other person's, path to penetrating divine intelligence, *shen ming* 神明, is to confront the prospect of having to know one's 'demons' by learning from the outside. Like Padmasambhava or Goethe's Faust, to reach and know heaven, implies going through hell.³³

Implicit in the idea of dealing with perverse evil, or any other kind of *qi*, is the notion that the body always transforms, searching for balance and harmony. Being in a state of balance and harmony means one retains the necessary energetic configuration to deal with evil forces. The assumption is that evil *qi* surrounds all humans, even when one is well. With respect to states of *xu* 虛 and *shi* 實, for instance, the human body behaves like nature, seeking to fill the empty and disperse the full. To take the view that pathogenic evil must be destroyed at all costs is too simplistic. *Xie* evil, like any other *qi*, exists as a necessary and recurring theme in human life. In Chinese medical thinking one must learn to live with illness-causing factors and, the best way to do this is to live in harmony with all forces present in the universe.

Understanding how to maintain harmony and balance of *qi* and *xue* is a fundamental objective in acupuncture. Balance is something we do with our bodies, ordering and shifting aspects of our lives relative to some frame of reference. But staying in balance and harmony always entails change, just as we experience the passage of day/night and the four seasons. Physical experience of equilibrium enables individuals to understand the mental state. The mind and body become different representations of *qi*, understood as states of being. Exploring the meaning of balance, Chuang Tzu likens a state of harmony to wearing a shoe or a belt: 'when the shoe fits, The foot is forgotten ... when the belt fits, The Belly is forgotten ... When the heart is right, "For" and "Against" are forgotten' (Merton 1992:166). Similarly, to be healthy

³³ In the *Divine Comedy*, Dante sets out on a journey through hell with Virgil as his guide on Good Friday. Fearful and with a sense of unworthiness, Dante proceeds through Hell and meets evil as the hoarders, wasters, the wrathful and the grudgers. An important element of the journey, crucial to his personal transformation, is the experience of evil recognised as personal limitations. The experience is a prologue to understanding the complexities of life (See May 1992, and Alighieri 1991).

is like experiencing clean air - 'If the air is good you don't see it, you only feel good, your breath is good, everything is good (Shen in Minton 1980:12).

Xu 虛 and *shi* 實, the empty and full, understood as a way of maintaining balance and harmony, is central to the struggle with perverse evil. Energetic states such as upper deficiency and lower excess, *shang xu xia shi* 上虛下實, deficiency mixed with excess, *xu zhong jia shi* 虛中夾實, or upper cold and lower heat, *shang han xia re* 上寒下熱, become the signposts of imbalance. Internal insufficiency, particularly if found at the level of the *zang*, needs to be replenished, supported or nourished and external excess dispersed. Once balance is attained *zheng qi* resumes proper movement. *Qi* and *xue* reassert their presence and direction along the conduits and the potential for penetration of perverse evil is minimised.

Most people live with *qi* disharmony. *Qi* disharmonies are normal occurrences in human life. One question, however, is how people attach meaning to being in a state of 'imbalance', particularly when perverse evil is present. Kaptchuk suggests:

... that every human being has to have their particular imbalance and on this level of reality it's not pathology. It's - what is the next step in my life that will make me more of a human being. On the level of the Will it's the fears I have to overcome in order to accept my Destiny in a deep way that reflect Wisdom. (cited in Hext [1989]:32)

The key is to learn how to conserve or, more correctly, how not to wastefully expend the Three Treasures (*san bao*) of *jing*, *qi* and *shen*. Thus even if 'Jing is only 70%, alright, you make Qi 70% and Shen 70%. Even if they are low but are balanced, that is good' (Shen in Minton 1982:16). A practitioner's task is to encourage a natural energetic harmony. In doing so, perverse evil is transformed.

Intervention through acupuncture therefore changes an individual's *qi* and *xue* by at first creating another 'disharmony'.³⁴ In clinical practice what the needles arouse sometimes

³⁴ There is a similarity to family systems therapy. A practitioner may view a family as 'balanced' even though an individual family member is identified as symptomatic. The therapist's strategy may be to unbalance the system by focusing attention elsewhere. Again we are reminded of Chin Hui's dilemma with his nagging mother-in-law.

becomes a personally-confronting situation. To live with the previous imbalance or to proceed not knowing the consequences becomes a risk some clients may not be willing to take. Stephens (1985) mentions a clinical experience where through acupuncture the client acknowledged other meanings and implications associated with her quality of 'Fire' but was unwilling to proceed any further.³⁵ Some clients come already prepared knowing of the risks of change. Others become prepared by the balance and movement activated by acupuncture. With *qi* now going the right way a new balance is created. Different signposts emerge along the way and another collection of possibilities and responsibilities is created. Another path to experiencing *shen ming* or knowing the Dao commences. The therapeutic encounter, construed as a healing journey, allows the client and practitioner to understand *qi* as a transforming force. The Spiritual resources of *shen*, *hun*, *po*, *yi* and *zhi*, other ways of saying *qi*, (to be explored in later chapters), collectively depict how *qi* remains and changes in the body.

Understanding Chinese medical ideas as metaphors of states of being binds the words and symbols articulated in Chinese medical thinking. Indeed, the corpus of ideas which constitute Chinese medicine, as depicted in this thesis, is a collection of interlocking metaphors conferring meaning on the human condition. Metaphors can simplify and amplify clients' bodily felt experiences, bringing client and practitioner into shared territory, highly personal and intimate. Such instances are often noted as points of departure when compared with client experiences with biomedicine.

This thesis has proposed the view that Chinese medical metaphors assists practitioners to use Chinese medical ideas and apply them in the Australian context, adding another layer of meaning to the clinical dialogue. At the same time, meaning is discovered in the words and symbols of Chinese medicine articulated in English by Australian clients. Though it is

³⁵ Stephens (1985:18) writes, 'She was always dressed in red, always laughed nervously and had flushed red cheeks.' After a few treatments she gained some relief, but 'Over the next couple of treatments very little happened, and she was no longer able to relax in her treatments I realized that she had reached a layer of emotional material that needed to be examined if she was to heal on a deep and complete level.'

important to translate Chinese medical terms into equivalent English words, metaphors, being 'affectively loaded', permit subtle yet powerful meandering around and with the words (Larre 1994, Unschuld 1980, Chiu 1983, Jarret 1993, 1994). Chinese medical words and symbols allow practitioners to enter the client's world of meaning without a sense of being intrusive and, at the same time, provide a safety and potency for people to communicate about intensely personal aspects of life.

It was suggested in this and the previous chapter that contemporary Chinese medical texts have avoided discussion of earlier Chinese ways of understanding possession in medical discourse.³⁶ Entry into a discourse on the nature and meaning of evil *qi* in the Australian context demands that attention be given to ideas and feelings such as personal struggle and self discovery. Discourse on possession in the Western context may, at first, seem unusual when speaking about acupuncture. What becomes critical, especially in the therapeutic encounter, are the possible meanings attached to being possessed. Australian clients do not usually present saying they are possessed by demons and practitioners do not directly invoke the idea of spirit or ghost possession with clients. What can be said is that the client does not feel whole, or at peace in the world. They may describe torment, a sense of alienation, confused emotions, an inability to 'let go', constantly recurring thoughts associated with feeling distressed, recurring pains and aches or erratic behaviours. The client may be 'stuck', unable to see possibilities or to choose a 'correct' path. Their 'possession' is different: possession by pernicious influences. In applying the Chinese medical idea of *hua* 化, practitioners may be accorded a special route to simultaneously understanding the mental and physical when they explore the meaning of possession in the Australian context.

³⁶ Sivin (1987:103) notes that, 'Not only did doctors of the classical tradition tend to abstract the meanings of popular terms as they adapted them, but even when discussing possession as a source of medical pathology they were more concerned with its propagation through the body's functional systems than with the character of the spiritual agencies responsible.'

For Australian acupuncturists, Chinese medicine easily embraces and informs such issues as self abusive behaviour, obsessiveness, feeling agitated, distrust, phobias, or uncontrollable urges. The constellation of issues related to well-being, not openly canvassed in contemporary Chinese texts, constitutes a significant aspect of the Western therapeutic dialogue. This says something about how Westerners think and what they expect from health care practitioners in the therapeutic relationship. Avoiding these dimensions of well being, as expressed by Australian clients, may diminish and jeopardise the potential of transporting the words and symbols of Chinese medicine into the Australian setting. It would make nonsense of the argument that Chinese medicine is holistic in its approach to understanding health and well-being.

By focusing on the notion of possession, practitioners are introduced to other ways of understanding how *qi* can also be an evil influence. The discussion returns practitioners to 'unfamiliar' ways of understanding illness causation and how this informs our understanding of states of being. This chapter has shown how evil *qi* or possession can be understood differently at different times and still have meaning for people. The following chapter focuses on more familiar emblematic structures such as *yinyang*, *qi*, *wu xing* and *liu jing*, giving emphasis to how true *qi* is said to move and change in the body. Comprehension of these and other Chinese medical ideas builds upon the metaphor and symbols which inform and structure discourse on the nature of *qi*.

Chapter 3

大包 Da Bao

The Nei Jing Tradition of Chinese Medicine

As the preceding chapter argued, the evil aspects of *qi* continue to inform Chinese medical practice, in Australia and in China. This chapter explores further the functions of *qi*, emphasising its role as a constructive, *zheng*, force in the body and in the exterior world. In doing so, the idea of ‘cultivating *qi*’, which *Nei Jing* medical scholars identified as critical to becoming a good practitioner, becomes a unifying theme, emphasising the view that the actions of *qi* cannot be separated from understanding the body and mind as changing states of equilibrium. Maintaining balance and harmony in one’s life, is to be understood as a way of cultivating *qi*. Such an interpretation helps practitioners understand well-being and illness in an individual or in a body of people.

The ideas, words and symbols which are held to constitute Chinese medicine, as we have seen in the preceding chapter, are sufficiently flexible to be applied in non-Chinese settings: *yinyang*, *qi*, *wu xing* and *liu jing*. Comprehension of these and other Chinese medical ideas builds upon the metaphors which inform and structure a more universal discourse on understanding the human condition. Addressing universal human concerns, it is argued, provides access to understanding Chinese medicine’s core features. These features draw us away from the demands of bio-physical and technological imperatives, into the domain of medicine as a socio-cultural enterprise dealing with human qualities and the symbolic nature of much of medical reality.

In Chinese medicine and its philosophical tradition, *qi* could be invoked to describe everything on this earth: from the imperceptible and intangible to the hard and solid (Garfield 1979, Schiffler 1976). The presence of *qi* was viewed as a force that created things and the context in which things happened in nature. Creation, as in the birth of a child, is imbued with *qi* and the child is also said to be *qi*. Consequently, in Chinese thinking, *qi* can be spoken about both as a medical term and as a popular idea for apprehending one's sense of self, the other, life and death (Lock 1989, Wu 1982). *Qi* is a fundamental idea and vehicle for any person to reflect on and experience in their quest to understand the idea of being human. The *wu xing* and *liu jing*, two distinct emblematic symbols in Chinese medicine, sometimes referred to as theories on the movement and manifestation of *qi*, are perceived as two different but related routes conferring meaning on *qi*. At the same time, *qi* is considered always to reflect a state of flux, in terms of which order in the whole is defined.

氣 The Breaths

Attempting to define *qi*, Capra proposes that practitioners 'listen in' to a conversation between Galileo, Newton and Lao Tzu on the nature of matter. Capra asks: 'If Galileo and Newton were here and were asked, if you take a material body and leave it by itself, what would it do? They would say that it would remain at rest or that it would move in uniform motion along a straight line. If Lao Tzu were asked the same question he would probably say: "If you leave it, it would fluctuate"' (Capra and Porkert 1983:17).

Qi fluctuates.¹ It is involved with change and what makes change possible. In China, *qi* is often written in two forms, 氣 and 气.² Essentially, the imagery depicted by the graphs is of vapours arising from below, implying the earth, taking form as clouds in the sky. The older

¹Sometimes written as Ch'i.

²气 is the simplified form for *qi*.

character, 氣, includes the grain ideograph, 米, suggesting the mist that emanates from fermenting or cooking grains. More ancient forms depicted the sun 日 and fire 火 creating the vapours or breaths (Wieger 1965, Wilder and Ingram 1974, Karlgren 1957, 1964, Larre 1983a). A clear link is established between the notion of below and above and the key to understanding *qi* is the sense of relationship: between heaven and earth. Implicit also is the notion of cycles, with *qi* symbolising the activity of change. *Qi* has been variously translated as 'energy', a term that is still used in many English texts, vapours, pneuma, breaths or vital energy.

Reluctant to use the word 'energy', Porkert (1984:17) describes *qi* as '... directed expression and a structured expression of movement'. There is no direct translation, largely because *qi* is defined by the context and with the addition of qualifiers. The notion of *qi*, then, is more a heuristic device to describe patterns and how they evolve rather than a substance that can be measured and weighed. Hidden from modern technological instruments, the breaths are a force invigorating life. However, their activity as an energising, ineffable force is always understood in context. The character for *qi* clearly indicates its connection to the creation of shape and form, and may be likened to the geographer's 'water cycle'- a relationship describing the movement of energy and form and its connection with sustaining life.

The essence of the breaths is movement and change (Larre, Schatz and de la Vallée 1986). They sustain and vitalise life. Understanding the natural movement from energy to form and from form to energy, a physician would know not only when to intervene, but the kind of intervention required. For instance, Qi Bo noted:

For things which begin in fall and winter, the yang *qi* is sparse and the yin is plentiful. When yin *qi* is abundant, and the yang *qi* is weak, stalks and leaves wither and dry up. As moisture and rain return below to earth, yin and yang move mutually, so one can disperse or tonify... For one who comprehends ends and beginnings, one sentence is enough. For one who does not understand ends and beginnings, the way of the needle is completely cut off. (Wu 1993:27)

This implies that one does not have to be sick for intervention to occur. Rather, the physician knows how to promote and maintain natural processes of change.

Seen as a vital life force,³ Larre and de la Vallée suggest that *qi* and the universe may be likened to the respiratory process:

Everything is made by the breaths. It is not the quantity of breaths that makes health; it is the harmonious distribution of all the components that must go, by themselves, to the places where they are expected. The circulations and exchanges, the changes from liquid into vapour and from vapour into liquid, the rhythms of movements, and the openings and closings of countless gates and orifices in the body all occur thanks to the breaths. (1995:169)

Breathing and watching people breathe is, in the same instance, the breaths. Like the universe, people may be viewed as continuing, perpetual and evolving breath.

However, natural cycles also contain a tendency to become seriously disturbed. This means *qi* not only presents itself as a sustaining activity, but also as a perverse or heteropathic force referred to earlier. *Qi* is simultaneously true, upright and perverse. Knowing how *qi* changes provides a first step to understanding illness. However, the essence is still the idea of activity and change. Thus, even when one cultivates 'stillness', as in meditation or *qi gong*, *qi* always changes and moves. Therefore all *qi* are important, with perverse *qi* being another aspect of the breaths.

If *qi* can be evil or perverse, it can also exhibit tendencies to become *xu* 虛⁴, or vacuous, and *shi* 實⁵, replete (Ellis, Wiseman and Boss 1991). However, the quality of *xu* or

³ In the *Ling Shu*, Emperor Huang Di asks Qi Po, 'What is the exact meaning of the word "Energy"?'
Chi Po:

The energy can be divided into six different elements: 1) There is, from the very beginning, the energy existing before the formation of the physical body; 2) the energy created by the Stomach and diffused into the body by the Upper Burner; 3) the energy diffused by the sweat which is disengaged from the pores of the skin [it is of Pure energy origin]; 4) the energy of the [synovial] liquids which nourish the bones the brain and the epidermis [it is of Yong energy origin]; 5) the energy diffused by the Middle Burner which transforms the energy of food into blood; 6) the Yong energy which is found in the meridians and in the vessels' (OICSAA (LS) 1979:103).

⁴ Larre, Schatz and de la Vallée refer to *xu* as 'void'. Adding the mouth graph to *xu* gives 呬⁵, also *xu*. The authors suggest that *xu* now means to 'lightly exhale', suggestive of a very light breath circulating in 'empty

shi has not only to do with the normal concentration of *qi*, but also with its expression and movement. It relates to the process in the pattern and not to a way of quantifying a reduction or expansion of breaths. Change of bodily activity is therefore meant to be observed, sensed and touched by a practitioner. Knowing about the coming and going of *qi*, a practitioner's diagnostic expertise informs on states of *qi*, in people, a community and the environment.

The two descriptions *xu* and *shi* contain a double meaning. *Xu* and *shi* can be invoked in describing disharmony: filling the empty or dispersing the excessive. However, the 'full' and 'empty' naturally occur, and need not necessarily be understood as pathology (Larre, Schatz and de la Vallée 1986).⁶ For instance the *zang* are said to be full or solid and the *fu* empty or hollow. *Yinyang*, *xu* and *shi* give a sense of completion. With addition of a qualifier to a context, for example, one's ability to protect oneself from atmospheric influences like wind, *xu* and *shi* are now related to states of being. The pattern becomes more complex since discussion now includes that part of *qi* that acts as a defensive force from within: the *wei* energies. On the other hand, constructive energy, *yong*, which is still *qi*, is characterised as exhibiting a more *yin* quality and is analogous to vapour condensing into water droplets.

The *zangfu*, associated with the *wu xing*, are another form of *qi*. However, each *zang* are assigned with detailed functions and responsible for a more complex and interconnected view of maintaining life. Larre, Schatz and de la Vallée (1986) refer to them as the 'treasure organs'. Also referred to as 'orbs of activity,' the *zang* are 'full' (but not in the sense of overfull) of energies which provide the basis of support for 'storing structuve [sic] potential' (Porkert 1983). The *fu* or 'workshop organs' are meant to receive and evacuate (Larre, Schatz and de la Vallée 1986). They are wont to be empty and become full, but only as part of a process of emptying. Passage of *qi* is through a 'hollow': *fu* fill up, let go, but do not store. The

space'. The void, Larre, Schatz and de la Vallée suggest, 'is the place where the most perfect and silent breaths are, both within the human being, and in the world' (1986:82). See also Chalmers (1882).

⁵ Also written as 实. See Wilder and Ingram (1974), Blakney (1926) and Wieger (1965).

⁶ See Larre, Schatz and de la Vallée (1986) for their discussion of *chong* 冲, *zhong* 中 and *kong* 空 on the idea of 'emptiness' and *man* 满, *sheng* 盛, *chong* 充 and *ying* 盈.

idea of activity is more clearly noticeable, signifying *yang* characteristics about *fu* functions. With the addition of qualifiers, *zangfu* functions are invoked to describe pathology or normal activity and understood in similar terms. Together the *zangfu* resemble the transforming relationship of *yinyang*. Yet the activity still speaks of *qi*.

Qi has many faces. At a global level, *qi* is the force which binds and gives substance to the universe. When spoken of in more specific terms, *qi* could be located, given a different name and said to reside in certain places. Understanding *qi* offers an explanation of creation, the maintenance of life and death. The breaths are another description for the universe and, at the same time, are responsible for producing what *Nei Jing* authors referred to as the myriad of transformations or the ten thousand things, 万物. Being present on Earth offers humanity the opportunity to experience the changing nature of the breaths. In the same instance the breaths have become 'sentient'.

According to classical texts, all living things reflected the cosmos and the cosmos was seen as a conscious harmony of forces. The larger cycles of nature were portrayed as corresponding with the activity of *qi* in the body. Aspects of heaven and earth, therefore, could be perceived in the body. The idea is especially significant since the notion can be evoked in the minds of the Chinese when they read *ren*, *da* and *tian*. The character for heaven, *tian* 天, signifies humanity's universal origins. The heavenly firmament, or *yang* line, sits above the character for a great or a big person, *da* 大,⁷ with feet astride and arms reaching outwardly. Humanity, *ren* 人, and the universe 天⁸, having similar roots, are distinguished by important and symbolic calligraphic brush strokes. The essence of humanity's relationship with the universe is thus sculpted into the imagination by a pictorial representation (Larre, Schatz and

⁷ Sometimes written as 太 and pronounced *tai*, meaning great or supreme. Though *da* 大 is said to represent a person, the sense of greatness is also implied in 大 because it represents the stature of an imposing adult with limbs outstretched. This is seen in acupuncture points such as *da dun* 大敦 and *tai chong* 太衝.

⁸ Lao Tse puts the relationship between humanity and heaven in this way, 'The eternal principle is great, heaven is great, the earth is great, and man is also great. Man conforms to the earth, the earth conforms to heaven, and heaven conforms to the eternal principle' (in Blakney 1926:38).

de la Vallée 1986, Wieger 1965 and Blakney 1926). The *Nei Jing* constantly develops this theme. Understanding that people are 'dependent on the nourishment and fortification of heaven and earth' (Ni 1995:100), the *Su Wen* states:

Man is born on earth, but his destiny depends on heaven. Heaven and Earth blend their chi (and the result) is called man. If man is able to remain responsive to the four seasons, heaven and earth are father and mother to him, as when he who shoulders the burden of dominion over the myriad things is called the Son of Heaven.... He who can visualise the metamorphoses of the winds of the eight directions, and the changes in ascendancies of the Five Phases as they overcome each other, who can master the regularities underlying depletions and repletions, goes in and out alone [i.e., has no peer among mortals, and will survive as an immortal]. No matter how faint the moan [of the patient], nor how subtle the symptom, nothing escapes his eye. (Sivin 1987:58)⁹

Having attained knowledge of the classics a practitioner could meaningfully transport these ideas into the clinical encounter as the basis of being able to discern the continuing connection between humanity and the cosmos. Knowledge of the relationship between heaven and earth helped physicians develop a 'transpiercing vision' (Ni 1995:101) of life on earth, thereby understanding sickness and healing. This transpiercing vision, an attribute able to be developed by individuals, also meant that humanity could move, so to speak, with the whole of moving nature. In such a way an individual can become a witness of nature's laws within.

At the same time, an understanding the functions and relationship of the *zangfu* as *qi* could be applied in a political context (De Bary 1969). Indeed, a harmoniously working kingdom could be explained in *wu xing* terms and taken to mean that the emperor and the people were 'in tune' with the laws of nature (Ni 1995). The principles underlying and giving substance to physiological activity in the body and the social order were said to be applicable in either case. The *Su Wen* offers a clear analogy, stating:

... decision making is the king's job. If the spirit is clear, all the functions of the other organs will be normal. It is in this way that one's life is preserved and perpetuated, just as a country becomes prosperous when all its people are fulfilling their duties. If the spirit is disturbed and unclear, the other organs will not function properly. This creates damage. The pathways and roads along which the *qi* flows will become blocked and

⁹ See Ni (1995:100), Veith (1972:214) and OICSAA (SW) (1979:70).

health will suffer. The citizens of the kingdom will also suffer. These are the relationships of a kingdom. (Ni 1995:34)

As Sivin (1987:59) suggests, 'the aim is to persuade readers that self-cultivation and self-discipline are the foundation of sound governance, no less than of good therapy'. The breaths change and move, within the body and body politic, permitting humanity the opportunity to remain conscious to cosmic forces.

The two fundamental and omnipresent forces of *yinyang* are perceived, in Chinese medicine, as constantly circulating. The meeting and blending of *yinyang* is made visible by *qi* and *xue*, *biao* and *ben*, *zangfu* or any other binary configuration. The complexity of human life always returns discourse to the constant interplay between two primordial forces: *yinyang*. These two forces are not to be understood as opposing forces that remain on one level. Rather, the fluctuation is to be understood as a relationship, often presented as the downward movement of celestial energies to earth and simultaneous ascension from earth to heaven.

Yinyang or any other way of pairing phenomena can now be symbolically represented by the immanent and transcendent Dao¹⁰ said to be a mystery containing the secret of creation and destruction. Thus, in acupuncture:

... as elsewhere, the notion of the Tao expresses the whole of orderly movement of life. It is outside our grasp, but it perpetually reappears to embrace, unify, and connect all the particular aspects of our own mystery that we can see, hear, touch, conceive and imagine.... In order to understand better and to intervene through acupuncture one must not go against the Tao, the Real. One must flow with the Tao when it reveals itself through *yinyang*, the breaths, the seasons and all other manifestations which are themselves rooted in something beyond all knowledge and all experience. (Larre, Schatz and de la Vallée 1986:42)¹¹

And from the *I Jing*,¹² Hsi Tzu writes of the *Dao*:

The successive movement of yin and yang constitutes what is called the Way. What issues from it is good, and that which brings it to completion is the individual nature. The man of humanity recognises it and calls it

¹⁰ Sometimes also written as Tao.

¹¹ See also De Bary (1969) on being a ruler of a state and knowing how to 'take no action' in terms of making the right political decisions.

¹² See Ffarington-Hook (1975) and Wilhelm (1989).

humanity; the wise man recognises it and calls it wisdom. The people use it daily and are not aware of it, for the Way of the gentleman is but rarely recognised. It manifests itself as humanity but conceals its workings. It rouses all things, but is free from the anxieties of the sage. Its glorious power and great reserve are perfect indeed!... That aspect of it which cannot be fathomed in terms of yin and yang is called spirit.... Therefore in the Changes there is the Supreme Ultimate. This generates the two primary forms (the yin and the yang). The two primary forms generate the four modes (major and minor yin and yang) The four modes generate the eight trigrams. The eight trigrams determine good and bad fortune. (De Bary 1961:195)

The experience of apprehending the *Dao* also meant that, at the same time, one was enabled to see the coming and going of *qi*. As *qi* represents a universal force on earth and the cosmos, *yinyang* is said to have given birth to *qi* on earth. However, *qi* of the universe is not the same as earth *qi*. They are both breaths, but the context for deriving meaning has changed. Cosmic forces, still named as *qi* may be spoken about, painted or written as words, but their activity also articulates a mystery which transports the individual into celestial realms of thought.

Essentially, a discourse of this kind focuses attention on the universal tendency for a society to articulate creation myths (Campbell 1988, 1991, Reaney 1992, 1994). Pictorially, *yinyang* 陰陽¹³ is revealed as a circle, or more aptly a sphere, with a line weaving its way through the centre and two dots on either side.¹⁴ Etymologically, *yinyang* share the same radical, that of a hill or mound. In its seal form it probably also represented the contoured terraces on mountain slopes. For *yang* 陽, the sun is represented over the horizon, a

¹³ Most contemporary Chinese medical texts write *yinyang* as *yin yang*. In changing *yin yang* to one word the intention is to portray the sense of two separate but connected ideas about 'one thing' or 'all things'.

¹⁴ Campbell (1988:215) provides us with an amusing yet powerful illustration of the circle as a symbol from Sumerian mythology. 'We've inherited the circle with the four cardinal points and three hundred and sixty degrees. The official Sumerian year was three hundred and sixty days with five holy days that don't count, which are outside of time and in which they had ceremonies relating to their society to the heavens. Now we're losing this sense of the circle in relation to time, because we have digital time, where you just have time buzzing by. Out of the digital you get the sense of the flow of time. At Penn station in New York, there's a clock with the hours, the minutes, the seconds, and the hundredths of seconds. When you see the hundredths of seconds buzzing by, you realise how time is running through you. The circle, on the other hand, represents totality. everything within the circle is one thing, which is encircled, enframed. That would be the spatial aspect. But the temporal aspect of the circle is that you leave, go somewhere and always come back ... The circle suggests immediately a completed totality, whether in time or in space.'

shimmering fluctuating activity. With *yin* 陰, the picture of clouds passing over the contoured terraces is given. Clouds evoke the idea of shade and moisture falling to earth only to return upward as vapours, expressing the sense of *yin* in the vapours on its way to *yang*. Here we have a description of one of the most fundamental human concerns: a creation myth. As myths *yinyang*, the *Dao*, and the forces embedded in *yinyang* integrate an individual in society into a universal field of experience. On earth, exploring the meaning of *qi* is another way making the myth manifest. It unites as well as accommodating difference and diversity.

The one becomes two and the two express through a constantly changing relationship the one (Lau 1972). *Yinyang* is inseparable, contradictory, complementary and transformative. Motion and stillness cannot be created by *yin* or *yang* alone. They interact, allowing individuals to perceive the never-ending cyclical process from energy to form, day to night, spring to summer, sky and earth, heaven to humanity and even in the expression of human emotion. *Yinyang* is never still. *Yinyang* is best apprehended through personally experiencing transformation and, according to the *Nei Jing*, *Yinyang* can be likened to be 'the space between Heaven and Earth/Attentively looking and listening/To what lies outside the 8 confines of the world./They (human beings) prospered,/Protecting and increasing their longevity/To reach the state of authentic human beings' (Larre 1994:97). In apprehending this state, the mystery of the *Dao* is realised.

Articulating how *yin* and *yang* remain in and transform in the human body conveyed practitioners into the world of *qi* and, at the same time, allowed them to comprehend the 'big *Dao*'. Thus, the *Dao* is:

... glorious in its constancy, regularity and unfaltering course. As the Way, it reconciles the road and the progress along the road, the journey and the traveller. It reconciles the boundaries that permit the movement, endings that permit new beginnings.... the transcendence of the Way takes it above and beyond all phenomena, to the place of the "ultimate." The Tao thus perceived is an impalpable reality of open design, like a lacy spiderweb that disappears at the slightest touch ... Yin and yang could be called 'flashes' which allow one to see the Tao more clearly focused in its various and changing settings. This focus facilitates observation and description of the reality. (Larre, Schatz and de la Vallée 1986:43-44)

Even though the ideas of *qi* and *yinyang* in contemporary Chinese medical texts represent 'a naive and spontaneous dialectic and materialism' (Farquhar 1987:1019, cf Zaslawski 1996) they constitute the basic foundations for inquiry into the human condition.

五行 *Wu xing*

Originally translated as 'Five Elements' (now Five Phases), *wu xing*¹⁵ is an attempt to 'classify phenomena in terms of five quintessential processes, represented by the emblems of Wood, Fire, Earth, Metal and Water' (Kaptchuk 1983:343). Compared with the concepts of *yinyang* and *qi*, *wu xing* is a much later addition. Earliest records from about 400 BC speak more of the application of the *wu xing* to morals, theory of history and succession of dynasties (De Bary 1969) than to medical issues. By the second century BC the inclusion of natural phenomena and the *wu xing*'s application to the sciences and medicine is clearly noticeable: the *wu xing* is appropriated and accommodated by medical scholars into medicine.

Various other numbers with numerological significance were used to group phenomena, such as the four radicals (*wei* 衛, *qi* 氣, *ying* 營 and *xue* 血), six channels, the

¹⁵ Earliest reference to the *wu xing* is not medically oriented. Sivin notes that *wu xing* referred, 'not to aspects of the physical world but to five moral qualities' (1988:71). It has also been associated with proper government and also in social relationships. Kaptchuk (1983) in his critique of *wu xing* theory describes it as being somewhat 'rigid' and at times required some 'fudging' by practitioners determined to use it. One inconsistency in *wu xing* theory relates to the concept of fire. Associated with the heart *zang* (*xin*) is the notion of Fire but one can also talk of the 'Fire of Ming Men' which is a different concept. Another example is the idea of cold which corresponds to kidney (*Shen*) and winter, yet cold patterns of disharmony, an exterior attack, first penetrate *Tai Yang* with signs and symptoms reflecting lung (*fei*) disharmony. Which is correct? Perhaps it is not the question that matters, but rather how the presenting manifestations are interpreted is of more concern. The answer is, in any case, it depends. Where apparent theoretical concepts emerge a choice is made and one is simply avoided. We should not judge this as muddled thinking, but a particular style of thought with a strong tendency to reconcile and balance apparently mutually exclusive concepts. Cf. Unschuld (1987:57). See Major (1976) for a discussion on the problem of rendering *wu xing* as 'the five elements'. Cf. Barnes (1985), Hicks (1987), Beinfield and Komgold (1991) and Smith (1995) on a contemporary Western interpretation of the Five Elements. See also Freeland (1991) for his discussion of the *wu shu xue* points said to express *wu xing* qualities in their functions.

fourteen primary channels *shi si jing* 十四經, nine pulses of the regions *san bu jiu hou* 三部九候, (Fraser 1988) and eight extraordinary channels *qi jing ba mai* 奇經八脉 (Jeynes n.d., Maciocia 1979). However, the number five has a clear earthly association (Unschuld 1987b, Wieger 1965, Fraser 1984) and is suggestive of cyclic activities and relationships that may be observed after the formation of *yinyang*, understood as post-heavenly creation, *hou tian zhi jing* 後天之精.

Xing 行 has a range of meanings: to do, set in motion, march, move or activity. *Xing* depicts footsteps, one with the left, *chi* 𠂔, joined to a step with the right foot, *chu* 𠂔, and the other with the right which is the reverse writing of *chi*. The connection to walking a path is clear, implying a link to the character and meaning of *Dao* 道 (Karlgren 1957, 1964, 1990, De Francis 1984, Wilder and Ingram 1974, Blakney 1926, Wieger 1965).¹⁶ Tracing the various meanings of *wu xing*, Sivin (1987) notes the inseparability of the *wu xing* and *qi*. He writes, 'What brings about the activity described by the *wu hsing* [*wu xing*] is also the activity of *qi*' (1987:75). The five activities each displaying particular *qi* qualities could be classified as being more *yin* or more *yang* in nature.

What emerges are two, interrelated ways of thinking about the world, people and illness. The two ways become blended and connected by the concepts of *yinyang* and *qi*. *Qi* can now be also understood as an expression of a cycle of change associated with an innumerable range of observable phenomena. Being an earthly manifestation of the transforming activity of cosmic forces, *wu xing* was understood as a 'blueprint' for maintaining harmony with nature's forces on earth. Following the way of heaven on earth, by adhering to the precepts of the *wu xing*, meant people could protect themselves from harm,¹⁷ meaning:

He who approaches (the laws) of heaven in an orderly fashion shall be blessed with good fortune; he who approaches (the laws) of heaven with

¹⁶ In *dao* 道, the ideograph to the left is derived from *zhi* 止, meaning to go step by step. The graph to the right *shou* 首, depicts a hairy head. Together, *dao* depicts a way for the feet to walk but also for thoughts to move in. Cf. Blakney (1926), Wieger (1965).

¹⁷ See Unschuld (1987) which discusses some of the tensions between Taoist and Confucian thought.

disorder, shall suffer misfortune.... He who in his life time follows the tao without prejudice and without doubts, cannot suffer harm from heaven.... Heaven shall not bless those who turn their backs on the tao and cultivate an improper life.... This person should not be angry with heaven for his fate; the path he himself has chosen is the cause! (Unschuld 1987:64)

For a practitioner, advising a client on how to live in accord with the seasons, like engaging in specific physical exercises, re-arranging dietary habits or expressing their emotions speaks of transformation and change in the *wu xing* and becomes an important aspect of the discourse in the therapeutic encounter. Understanding *wu xing* disharmony also directs the practitioner's attention to selecting the most appropriate points for an individual. Being a depiction of life on earth, *wu xing* also offers insight into how people relate to each other, suggesting that practitioners could shift easily their understanding from the individual to the social domain. If *wu xing* could describe the rise and fall of dynasties, then its underlying principles could also point to understanding and maintaining the social order.

The richness and flexibility of the *wu xing* is demonstrated in the story of a district official Chin Hui who, having to deal with his bothersome, nagging mother-in-law, visits a master of the *wu xing* (Mao Shan) asking him to pronounce a remedy (Blofeld 1986). While acupuncture is not central to the story, it is included here in almost its entirety because it talks not only of the *wu xing* cycles and their relationships, but also of diurnal rhythms of *qi*, 'colour therapy',¹⁸ and the therapist as sage, who understands worldly relationships as well as their application to behaviour change. The story begins:

'My mother-in-law', he [Chin Hui] declared bluntly, 'is a tiresome hag forever interfering in my domestic affairs. My wife, though distressed on my behalf to the point of shedding tears, yields to the old harriidan on every occasion, claiming that the laws of filial piety require her to put a good face on things and do what that wretch requires. As you may well

¹⁸ Research conducted in China (Fei 1984) notes that musical compositions written in the minor mode, such as 'Fragrant Thoroughwort' or 'Stepping on the wave', were played to patients diagnosed as 'sthenic syndrome' types to patients as the treatment of choice. The arrangement, 'Song 1-11', was played for patients diagnosed as stagnant liver *qi*. A 'dark green light composed of green and blue of 540 mμ wavelength as well as yellow light supplemented the music' (p 5). The green/blue [*qing* 青] light is probably meant to represent the colour associated with the Wood phase. Cf. Melas (1992).

imagine, my household is all at sixes and sevens. My own lictors laugh behind their sleeves whenever they hear our voices raised, which is often enough to affright the ghosts of the departed let alone all the living people within the vicinity of my 'yamen' (official residence). If things go on like this, the sacred authority vested in me by the Dragon Throne will be gone like the summer cloud or brought into contempt. Therefore, have I come, and now beseech your Immortality to pronounce a remedy'.

At this, the venerable immortal, who was having some difficulty in preserving his gravity, asked for the fullest possible details concerning his Honour's highly respected mother-in-law. It transpired that the old lady's maiden name was Li, a homonym of the *I Ching* trigram for fire, that Celestial Stems and Terrestrial Branches indicated by her hour and date of birth also pointed to the preponderance of fire, and that she had even managed to be born in a month of which part of her name was another homonym for fire. Naturally, varying proportions of other *hsing* were woven into the whole, but it could not be disputed that the fire *hsing* was the main constituent of her personality and circumstances. Next to this, metal was present to a considerable extent and its proportion had been augmented somewhat by her marriage into the Chin family, since *chin* means gold, the metal of metals. As for Chin Hui's own affinities, earth predominated; metal came not far behind. The immortal, having given thought to the matter proclaimed that, since these two persons both had an affinity with metal, this *hsing* could be discounted. The way to attack the problem was to concentrate upon the interrelationships between fire and earth, not altogether disregarding those between certain *hsing* involved, but allocating to them a relative minor importance.

'Your Honour,' he continued, 'the old saying "where fire's aplenty, earth is scorched" is a telling description of your grave predicament. Since "earth relies on fire for birth", there is nothing surprising in the old lady's running your life for you. Nevertheless, it is also written "where earth's aplenty, fire dies". There should be no difficulty in strengthening your complement of the earth *hsing*.... You could, for example, wear undergarments of yellow and avoid arguments with your respected mother-in-law except during the ox, dragon, sheep and dog hours (namely from 1-3 and 7-9 a.m. and p.m.) at which time earth predominates.' Adding various further instructions for supplementing his store of earth *hsing*, the immortal advised his distinguished client not to hesitate to shout the old lady down ...

Chin Hui carried these instructions to the letter, but with an unlooked for result; for the old lady was cowed by this new treatment only for as long it took her to realise that her son-in-law would never go so far as to use actual violence upon the body of the woman who had given birth and suck to the wife on whom he doted. Coming to this conclusion, she subjected him to even fiercer torrents of invective and more thoroughgoing interference in his domestic arrangements than before. Finally things reached such a pitch that the Magistrate Chin flew into a rage that led to his losing consciousness; and within three days he had yielded up his twin souls to the celestial and nether regions.

On hearing the distressing news of his client's demise, the Master of the Five Activities grew thoughtful. That evening, when treating his disciples to a learned discourse, he remarked: 'When the fire element rages in fury

and the earth element lacks sufficient cohesion, unless one is possessed of unusual wisdom, there is very little to be done....

‘Then what’, inquired one of the disciples, ‘is the purpose of our learning the science of *wu hsing*?’

‘Ah well,’ replied the Master, ‘sometimes one can give nature a little push, if one knows the art of it; but it must be a push very nearly in the direction things were going any way. The late magistrate should have closed his ears and let the old lady talk herself to a standstill and then remarked quietly: “Do pray excuse my inattentiveness. Would you kindly go over all of that again.” That is what is called “putting out the fire by exhausting the fuel”’. (Blofeld 1986:193ff)

For practitioners who centre on a *wu xing* approach in the clinical setting, the story opens up possibilities not normally considered when acupuncture intervention is the prime focus. In terms of offering advice with regard to client self-management strategies it may be a useful technique. How this is approached in the therapeutic context will depend on the practitioner and the client’s motivations for seeking help, given that the dynamics of social relationships and behaviour change are important factors concerning one’s sense of well-being. This suggests that *qi* may be apprehended in different circumstances, such as the rise and fall of dynasties, combating perverse *qi*, observing nature or human interaction in a family or other social groups. Understanding how *qi* changes within a *wu xing* context informs the expression of emotions, feelings and sentiments. What a client reveals about their emotions also reflects *zang/fu* relationships, signifying direction and movement of their *qi*.

Rogers (1988) clearly articulates the idea of construing *qi* in behavioural terms, meaning a practitioner may describe the coming and going of *qi* while also suggesting the notion that individual behaviour is a performance of *qi* in action. *Wu xing* offers a context of meaning for understanding human emotions. For instance, grief is said to dissolve or weaken *qi*, *bei ze qi xiao* 悲則氣消, or shock causes *qi* to become chaotic *jing ze qi luan* 驚則氣亂. Concerning shock, Rogers writes:

Shock causes the *Shen* to be disturbed; if it is extremely disturbed it will flee causing unconsciousness. Severe shock may also cause a heart attack; loss of yang *qi* from the body because of the impact on the yang Kidney (Pericardium) which manifest as a severe drop in body temperature and it

may also disturb the Spleen's control of memory which causes various degrees of amnesia. (Rogers 1988:14)

Similarly, when grief is said to be 'excessive', *qi* is forced to dissolve, giving rise to 'deranged' lung (*fei*) *qi*. The lung breaths which are associated with loss and grief are said to lose direction. Said to be also responsible for regulating and distributing the passage of fluids, *fei jin bu bu* 肺津不布, an individual may weep, experience altered urinary flow or even low back pain, suggesting that lung *qi* is being 'lost'. In this instance, low back pain may be a physical manifestation of grief which can eventually become a chronic pain condition. What this means is that Chinese medicine is amenable to understanding psycho-somatic and somato-psychic behaviour. Understanding the ways in which *qi* transforms means that one's state of being also changes, reflecting the view that behaviour, perception and feeling states are affected. It also alludes to the idea that as one begins to change, others are also likely to be influenced. With respect to the story of Chin Hui, the practitioner's therapeutic strategies, based on a *wu xing* interpretation, are directed to changing behaviour to affect emotions and relationships. Interestingly, there is no acupuncture. Nevertheless, a practitioner could have selected a number of acupuncture points said to encourage the lung to find its 'true' direction. An ancient medical emblem, like the *wu xing*, might in this way be said to resemble a contemporary Western systems view of social exchange and power in everyday life (Blau 1964).

At the level of the individual, Resnick (1990) reports on a clinical encounter demonstrating the psycho-somatic link to behaviour, feelings and physical symptoms. Initially the client presented for acupuncture after having a lengthy bout of sneezing with facial paralysis. The facial paralysis seemed to be related to her recent separation. After a series of acupuncture sessions and some improvement, Resnick (1990) noted that the client still remained ambivalent about terminating the relationship and her accompanying sense of loss.

She mentioned they still remain friends and see each other frequently. Yet, there was much self doubt. The practitioner presents the following metaphor to describe her condition:

She is only half facing her situation. Half of her face is frozen in a semi-paralysed position. The muscles seem to refuse to work, obstinately, more than seem damaged or unable to work. Her smile is like the Mona Lisa, a partial expression; it doesn't go all the way. If we forget for a moment the diagnostic label of Bell's Palsy and just look at her face we can observe the metaphor that someone half-facing (themselves and/or the other) speaking to us. (Resnick 1990:11)

In contemporary Chinese medical texts the condition can be given the biomedical name of Bells Palsy.¹⁹ Characterised as a 'wind cold' attack in the channels of the face, the perverse evil is said to obstruct *qi* in the channels and understood as a *Tai Yang* 太陽 condition. The external perverse evil attack is due to weakness or exhaustion. At another level of meaning, the hurting experience leaves the individual in a weakened state. *Qi* is *xu* at the surface, predisposing the individual to attack from the outside. In this instance, the presenting symptoms of external wind cold reflect an inner state of emotional disharmony. Once the wind cold symptoms are relieved, a *wu xing* approach may be more appropriate in dealing with the emotional disharmony. Alternatively, the practitioner may choose to see the *xie qi* as a superficial representation of inner imbalance and treat accordingly. Having considered the view that the client's facial paralysis resembled partial recognition of important personal issues, a practitioner is now confronted with attaching different levels of meaning to acupuncture points, actions and dynamics. Selecting and needling the most appropriate points become an instrument of the metaphor.

Crancher²⁰ (1991) relates the importance of what is generally referred to as basic attending skills, and how empathic listening can enrich the therapeutic encounter in traditional

¹⁹ Typical needling protocols for 'wind cold' presentations include: *He Gu* 合穀 or 合谷 Colon 4, *Feng Chi* 風池, Gall Bladder 20, which are said to disperse external wind. *Nei Ting*, 內庭, Stomach 44, is also included. As with *He Gu*, 合谷, *Nei Ting* 內庭, is said to target the face but located on the foot. 'Local' and *ah shi* 阿是 points are also considered. See O'Connor and Bensky (1983), McWilliams (1978), Anon (1980).

²⁰ See also Brandon (1990) and Johanson and Kurtz (1991).

acupuncture. Restating or paraphrasing a client's words may even help clarify the process in deciding which aspects of the *wu xing* or *zang/fu* appear to be related to a client's 'dis-ease'.

Crancher notes:

'Oh, my back's always hurt. There's nothing you can do about it.'

'So your back's always hurt, right back as far as you can remember?'

'Well, no ... I think it was OK until my mother died'. (Crancher 1991:39)

As Crancher (1991) notes, the transaction raises two issues. The lower back is said to be related to the kidney, but it seems the ache occurred after a loss and the grieving process is said to be more in the domain of the lung. Either way, the condition could be understood in *wu xing sheng* terms as the lung not feeding the kidney, or the grieving forcing the kidney to contract, minimising its ability to receive *qi* from its mother, the lung. Though the lower back is typically associated with the *wu xing* Water phase, clinically practitioners know that back pain is not always a 'kidney problem'. The ability to hear what a client is saying becomes an additional tool, particularly in relating the meaning behind the words to the *wu xing*. In *wu xing* terms, one therapeutic aim would be to re-establish a link between Metal and Water or sadness and fear, and the issue of acupuncture point selection emerges again as an important clinical task.

Normal *qi* flow, *wu xing* cycles of *sheng* and *ke*, maintaining harmony and *yinyang* are being expressed again, but in different ways. Dynasties may rise and fall, ministers may perform their social and political functions, *qi* spreads and fills and the *zangfu* perform their functions: all express *yinyang* and the *Dao*. Nothing escapes *yinyang* and the changing breaths express that which makes the vital functions possible.

六經 **Liu Jing**

Another important concept found specifically in medicine is the Six Channels, *liu jing* 六經, sometimes also referred to as the Six Warps (Sivin 1987) or Six Divisions (Fraser 1984,

Nguyen n.d.). Clinical observations made by early Chinese physicians described what is commonly understood as febrile diseases caused by cold attack: their onset, duration, manifestation and eventual resolution with death being the culmination of disease progression.²¹ From a Western perspective it seems they were also describing infectious and contagious diseases which probably accounted for a large proportion of deaths in China.

Medical application of Six Channel theory posited a sequential pattern of disharmonies caused by an external pathogen such as wind, cold or heat. Though an external pathogen tended to first attack the body's exterior it could strike at any level. The pattern of disharmony observed was indicative of the struggle between the penetration of perverse evil and the body's ability to confront and defend itself.²²

Instead of a fivefold classification, the *zangfu* channels are now paired, displaying relative aspects of *yinyang*: three pairs of *fu* and three pairs of *zang* channels being characterised as either more *yang* or more *yin*, respectively. In the chapter entitled 'The Separation and Reunion of Yinyang' in the *Nei Jing (Su Wen)*, the Yellow Emperor reiterates a *yinyang* relationship between celestial bodies and the earth: heaven is *yang* and the earth *yin*, the sun *yang* and the moon *yin*. The analogy is now transferred to the human body, and Huang Di asks, 'Does one find the same duality in man and that means to say the Three Yang and Three Yin?' Qi Bo responds:

Some Yang-Yin distinctions are able to be found in the hundreds, in the thousands and in the hundreds of thousands, but all are able to come down to the same unity. The Heaven covers and the Earth contains. Together they engender all the universal matter. If the material is not in a period of growth, one says that it is in the Yin stage, this is the Tai Yin, the Supreme Yin. When the matter begins to grow, one says that it is in a stage of Yang in the Yin, because its root is still submerged in the Yin. Similarly, the Spring begins to produce, the Summer is the stage of growth, the Autumn is the period of absorption, the Winter the period of preservation. If there are some disturbances, the Heaven and the Earth will

²¹ Significant sections of the *Nei Jing* are devoted to Six Channels. See *Su Wen* Chapters 29, 30, 31, 35 for a description of the six channels symptoms and the likelihood of death should the condition not be resolved.

²² The normal sequence of perverse cold evil through the six channels is described as beginning at *Tai Yang* 太陽 and moving to *Yang Ming* 陽明, *Shao Yang* 少陽, *Tai Yin* 太陰, *Shao Yin* 少陰 and *Jue Yin* 厥陰.

be disrupted; likewise, in man, the disturbances can be innumerable.
(OICSAA (SW) 1979:19)²³

Whereas the *wu xing* describes a process of transformation and change of *yinyang* on earth, the six channels reflect the apparent movements of heaven in relation to earth. Fraser (1984)²⁴, through his reading of the *Su Wen* and the *I Ching*, offers an interpretation of the six channel theory and its cosmology, emphasising how the natural order of channel circulation perfectly reflects heaven. This particular view of the movement and direction of *qi* is distinct from the *wu xing*. By positing the existence of six channels, medical scholars indicated *qi* followed a particular movement reflecting celestial movements. The number six, unlike the number five, is a heavenly number, indicating

... the modulation of the vital flux, the number of the currents that maintain life. It is the number of the modalities of exchange between Heaven and Earth, forming space-time in which the living are located and supported. 6 combines the alternation of 2 and the harmonized flux of 3. Heaven Earth is the field of the 6 functions of the *qi*. (Larre 1994:14-15)

Energy flow in six channels depicted the movement and direction of normal or true *qi* and linked with diurnal rhythms. The movement began with *Yang Ming* (Sunlight Yang) at sunrise, peaked at noon with *Tai Yang* and waned at sunset with *Shao Yang*.²⁵ With the beginning of the *yin* part of the day *Tai Yin* emerges, peaks with *Shao Yin* at midnight with *Jue Yin* (Shrinking Yin) leading to the dawn. This was the perfect movement of heaven. The following diagrams from Fraser (1984) depict the cosmology of the six channels.

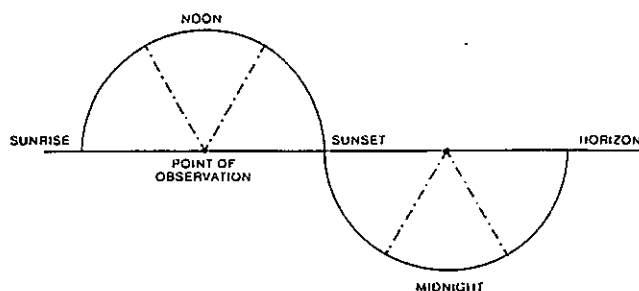


Fig. 1.
Origin of the *Tai Qi* symbol based on the sun.

²³ See Ni (1995:26-28) and Yang and Chace (1994).

²⁴ See Bourke (1990), Davis (1992), (1993a), (1993b) and Lucatini (1990) for a discussion on the idea of heaven, earth and humanity as a reflection of *san jiao*.

²⁵ Compare this with the normal sequence of perverse evil through the six channels.

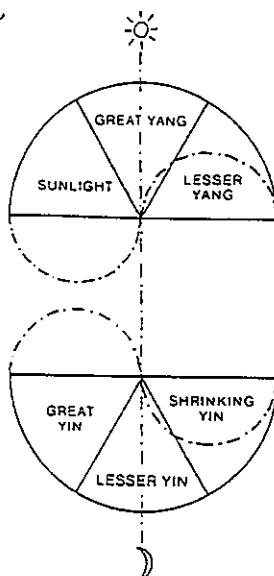


Fig. 2.
Cosmology of Six Divisions.

Earth, however, can only reflect heaven imperfectly, 'since perfection cannot change', and a different ordering of the six channels occurs on earth which does not correspond to the six channels of the cosmos (Fraser 1984:46).²⁶ The cosmic ordering of the six channels becomes transformed when applied on earth, just as heavenly *qi* transforms when it manifests on earth. Understanding celestial movements is a precursor to knowing about transformation and change on earth. In addition, transposing the six channels to earth now includes knowledge of how people become sick.

Both the *wu xing* and the *liu jing* speak of the transformation of *qi*. Six channels however, offers an interpretation of the penetration and progression of external perverse evil into the body and therefore into the *zangfu* but 'processed' differently by the *wu xing*. What is being spoken about now is where and how perverse evil enters, what happens to the body in the process, and through which levels evil normally progresses - from the outside to the inside.²⁷

²⁶ For a more detailed discussion see Fraser (1984:48). Interestingly, he writes, 'If in the mind's eye, the two hemispheres [referring to diagrams 3 and 4 of his paper] of the diagram are folded together, it can be seen that the familiar five element pairs of meridians appear. In the upper half there is fire and metal, and in the lower half wood, water and earth. This, then, is the link between the six divisions pairing of meridians and the five stages of change'.

²⁷ Cf. OICSA (SW) (1979:178), 'In short, in Heaven the energy is only an abstract substance, whereas on Earth it is transformed into a concrete, physical substance. The interaction of these two substances constitutes the living world.... The energies of Heaven and of earth are not constantly in equilibrium: the one or the other can increase or decrease, hence the form is in perpetual change. Besides, it often happens that these energies are

Fraser (1984) offers an interpretation of how the shift occurs and, by referring to the *Su Wen*, provides an explanation for the transposition of the channels. Turning to the six channel description of perverse evil penetration we encounter a changed order. We can now represent this juxtaposition diagrammatically in two ways.

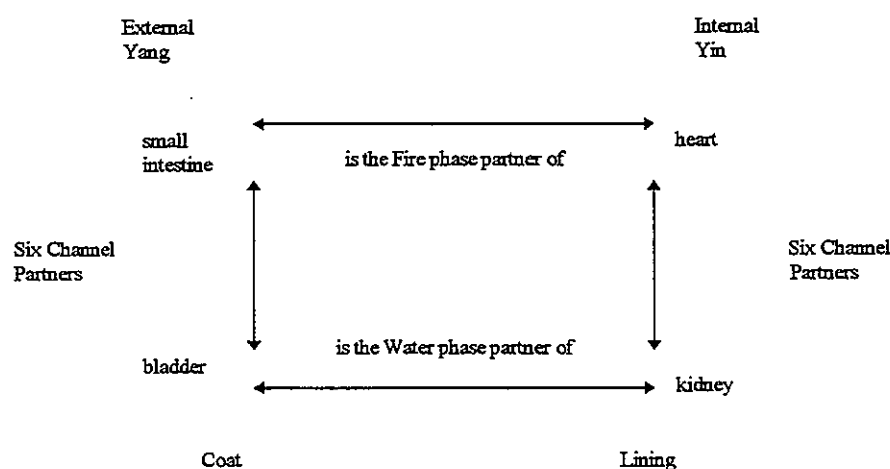


Table 1 Coat and Lining Arrangement of Tai Yang and Shao Yin

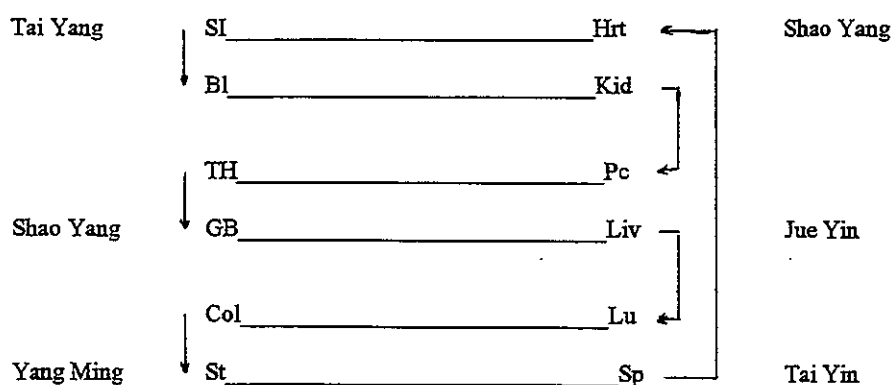


Table 2 The Flow of Zhen Qi through the Channels

attracted or repelled; they are not always in perfect agreement. One is able, thanks to this, to observe the energy (which otherwise would be invisible)'.

The *yin* divisions provide the protective and supportive 'lining' to the external 'coat' and are suggestive of the notion that evil can move between the 'coat and lining' or possibly become lodged and remain in any of the *zangfu*. The coat and lining relationship provides a framework for understanding movement of perverse evil between the six channels. As perverse evil moves in and between the six channels, the pattern of disharmony changes, indicating whether a condition is improving or worsening.

Knowledge of the symptom pictures is a way of understanding how serious an illness is. Having determined the nature and location of perverse evil, an acupuncturist is now in a position to needle the appropriate *root and knot* points so that a client may confront their disease (Wu 1993, OICSAA (LS) 1979:27). The knot points appear to resemble the actions of the Five Transporting Points of the *wu xing* (Fraser 1982, 1984). These root and knot points described in the *Ling Shu* are the beginning and end points of each of the six channels and seem to be places where the 'coat and lining' meet (Cassis 1992).²⁸ Clearly indicating the clinical importance of the coat and lining relationship between the six channels, the *Ling Shu* states:

Certain perverse energies, different from the usual perverse energies, do not penetrate to the meridians, and remain in the secondary vessels, provoking some strange sicknesses. If the acupuncturist does not know how to recognise where the knot and the root of the curious sicknesses are, he punctures at random the meridians of the five organs and the six bowels, that it disturbs. In short, acupuncture consists first of knowing how to recognise where the beginning and the end of all sicknesses are found. It is a true misfortune for the acupuncturist who does not understand this idea. (OICSAA (LS) 1979:24)

²⁸ Qi Bo explains the origins and links of the root and knot points:

Emperor Huang Ti:

'I would like to know how the Three Yang and the Three Yin are combined and dissociated in man'.

Chi Po explains:

'The wise man stands upright, the face turned toward the South. The part situated in front of him is called Kuang Ming [GB-37] (The Great Light); that which is behind him is called Tai Ch'ung [Li-3] (Supreme Assault). On man, the part opposite to the South corresponding to the Tai Ch'ung is called Shao Yin. That which is on the contrary situated in the upper part and in front, corresponding to the Kuang Ming, is called Tai Yang (Supreme Yang). The origin of the Tai Yang is situated at the point Chih Yin, Bl-67 (Arrival of the Yin), and its point of termination is situated at the point [Ching Ming, Bl-1]' (OICSAA (SW) 1979:20). The chapter continues giving an explanation of the root and knot points of the remaining *liu jing* channels.

Looking specifically at Tai Yang and Shao Yin channels, for instance, the coat and lining link can be demonstrated in another way, via their pathways and points, as in the diagram below.

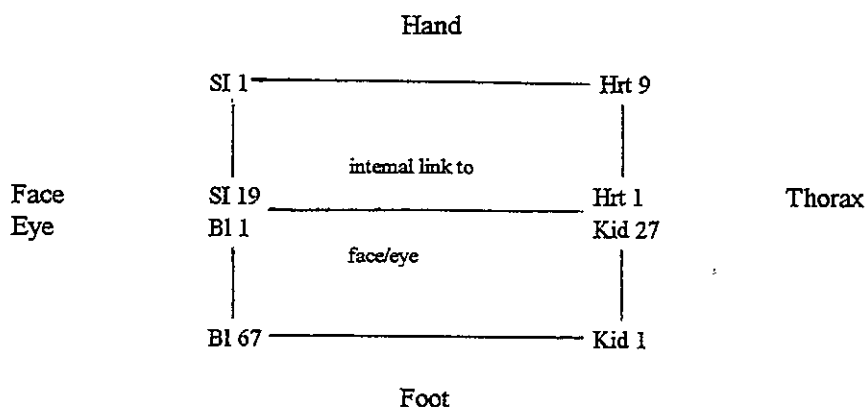


Table 3 Tai Yang and Shao Yin Internal/External Relationship

These areas of convergence are places where significant transformation occurs. Having entered a channel, energy courses its way to the root and knot points (Cassis 1992). The beginning or end points of *shao yin* are located on the thorax, whereas *tai yang* ends or begins with points on the face. There is no direct link to their *yang* (coat) partners, for example Kidney 27, *Shu Fu* 膂府, and Urinary Bladder 1, *Jing Ming* 睛明, have no direct link. It is through internal pathways via the Muscle Tendino and Divergent Channels that the link occurs (Ellis, Wiseman and Boss 1991, O'Connor and Bensky 1983, Shuai 1992, Fraser 1982, 1984).

These meeting areas are critical to understanding the relationship and normal movement of *qi* and *wei* energies (Fraser 1982). It is the *wei* energies specifically which become mobilised when perverse evil enters a channel system. For practitioners, knowledge of the activity of root and knot points is critical. They symbolise places where perverse evil transforms as it enters a channel system.²⁹ Clinically, a symptom complex discerned by a practitioner may also be understood as reflecting whether a perverse evil is moving internally or

²⁹ Fraser (1982, 1983, 1984) refers to these points as having a 'charge' or 'potential' in relation to the activity of energy in the channels whereby one's defensive energies are mobilised against a perverse evil.

on its way out of the body. In other words, whether the condition is likely to worsen or improve.

For a practitioner there are 'risks' involved in needling these points. Incorrect needle manipulation, choosing the wrong points or needling to incorrect depths, means that perverse evil will penetrate to deeper levels in the body. Inappropriate needling can make things worse for a client. It is for this reason that when needling the root or *jing* 井 points, one must determine whether a perverse evil is present and in which channel system the perverse evil resides.

All of this is grist to the acupuncturist's mill. The idea of determining the depth to which a perverse evil is located implies an appropriate needling protocol involving these convergences, which can be used to attack a disease. In the healing struggle stimulated by needling, disease is said to retrace its steps and the client often re-experiences the earlier stages of illness formation. The client is said to get 'sick again'.³⁰ An often-reported pattern of an evil regressing is that of 'catching a cold'. Catching a cold is considered to be the very first stage of penetration of external perverse evil, which means that a long standing internal disease is now seen on the surface and on its way out of the body. To 'get sick again' through acupuncture treatment is construed as part of the recovery process (Juliano 1995). Related to forcing a disease to regress is also the principle of strengthening the individual's protective energies so that the evil will once again confront the body's *wei*. This means a 'new' set of symptoms will emerge. However, they are recognised as healing symptoms and this time the evil will lose the battle. In reality, the situation is more complex and blurred by the effects of various medications, licit and illicit, taken by clients as well as environmental factors such as air pollution, electro-magnetic radiation and lifestyle patterns (Flaws 1991a, Flaws 1991b, Flaws

³⁰ Clinically, practitioners have reported clients describing a similar experience to the onset of their original illness. Sometimes the episode is an acute one, lasting for a very brief period or the client reports feeling 'unwell', but not quite like last time. From a client's point of view this 're-experience' can be disconcerting and sometimes quite scary and needs to be managed sensitively by the acupuncturist.

1991c).³¹ Chinese medical diagnostic approaches, being sensitive to the body, are quite likely observing past and/or recent adverse effects of medication and lifestyle.

From a theoretical perspective, six channels provides a framework to explore a personal narrative, and a means for understanding how perverse evil enters, moves between external and internal barriers or seemingly becomes stuck manifesting as chronic or recurring illness. In terms of this framework, the appropriate combination of points used to address a client's health concerns may activate the individual's ability to re-engage a perverse evil which, in some instances, means that to get better the client 'has to get sick again'.

As suggested in an earlier chapter, people 'carry and house' both true and perverse evil which, in Chinese medical terms, take their origins from pre- and post-heavenly energies that is, from heavenly *qi* and those forces present on earth during one's lifetime. The interaction of these two forces helps to explain why some people experience recurring illness or 'unusual symptom patterns' which are often difficult to explain from a biomedical perspective. Pre-heavenly energy, *xian tian zhi jing* 先天之精, derived from one's parents and the universe resides in all people. At the same time, the idea is suggestive of the view that humanity retains a fundamental energetic array which permits people to experience the world as 'opening to the transcendent'. By cultivating *qi*, people are afforded the opportunity to experience what it means to access cosmic *qi*.

Six channels need not only be a tool to understand infections and fevers caused by a wind cold attack, for instance, but can also be another way of interpreting how we react to our environment, as well as carrying and reflecting the pernicious influences in our world.

From personal clinical experience, probably the most interesting aspect of *liu jing*, ostensibly a description of the way the body deals with infectious disease, is its application to

³¹ Personal communication with a biomedical practitioner. In Chinese medical terms the client was experiencing recurring *qi* stagnation in the channels (especially in the sub-clavicular region and along the antero-lateral portions of the upper limb) subsequent to high levels of exposure to electro-magnetic radiation in the work place.

understanding the movement and transformation of emotions and feeling states (Chiu 1986).³² Alluded to earlier is how *liu jing* theory may be applied with meaning to clients who complain of 'stress' related conditions. In Chinese medical terms, one question would be to explore how individuals guard themselves and respond to evil forces. Conversely, *liu jing* may be understood as a vehicle for exploring humanity's relationship with the energies of heaven. *Liu jing*, in particular, may be construed as a 'theory' or a set of instructions to cultivate *qi*, acknowledging the idea that *liu jing* discourse can also mean learning about greater universal forces.

Connected with the idea of understanding the movement and transformation of 'stress', practitioners confront the task of how to interpret and apprehend the actions and dynamics of acupuncture points. Accepting that acupuncture points are places where *qi* and *xue* converge, and that practitioners are ideally placed to observe and stimulate change and transformation, Australian practitioners are in a position to reinterpret their functions and dynamics in an Australian context, thereby adding new layers of significance and meaning to point actions. Clinically, this means traditional acupuncture point functions become re-interpreted and applied in situations to help a person deal with inappropriate behaviour or with blocked, obstructed emotions. The potential to help a person through acupuncture to let go of pent-up emotions as a consequence of physical or emotional traumas associated with, for instance, loss,

³² With regard to Yang Ming illness the *Nei Jing* notes, 'When the Yang Ming is attacked, the sick person fears the heat - he no longer recognizes his friends, he is sometimes dyspneic; he wishes to undress himself, to run, to go up everywhere, to sing like a fool; he insults his parents: all these symptoms are the indication of excess of Yang'. The translators add an explanatory note saying: 'The sick person dreads fire because, the blood and energy flowing in abundance in the Foot Yang Ming meridian, the attack of the Perverse energy causes overproduction of heat. This is also why he throws off his clothes. It is because the Yang energy is in abundance in the four limbs where it has its origin, that he climbs and runs, beyond what he would normally be capable of. Dyspnea and sadness are caused by the blockage of the Yang Ming energy, which cannot descend. His sadness (the blockage injures the Heart) causes him to be antisocial. The dyspnea can be mortal if the energetical blockage reaches the organs, but if it remains limited to the meridians, the sick person will survive. When the attack is serious, he often goes for several days without eating (due to the excess of Perverse Heat in the Stomach). The sick person fears the sound of wood (instruments), but not the sound of the bell: the Foot Yang Ming corresponds to Earth, which fears the Wood, but not the Metal' (OICSAA (SW) 1979:81). Cf. Ni (1995:118-119).

neglect or unfinished personal business, is a very real proposition. A pernicious influence does not have to be viewed as a form of bacteria, a virus or even damp cold. Rather, an equally valid interpretation of the penetration of perverse evil can be in terms of how we deal with and give meaning to our experiences, how we express them and where we 'put them'. Clinically it is not uncommon to hear clients say, 'I just can't stop thinking this way', 'it's wearing me down', 'this happens to me every few years', 'get off my back', 'the sight was nauseating', 'my plans backfired' or 'I haven't been myself since ...'. Sometimes after acupuncture treatment practitioners hear comments like, 'it released a lot of energy that was blocked'. Or one decides to resume acupuncture treatment because 'I feel ready for change'. In this respect, acupuncture can be approached as a form of psychotherapy, a proposition which is not normally canvassed by contemporary Chinese medical sources. Understood as primary symbols of well-being and illness, Chinese medical ideas provide a critical focus for understanding the role of feeling states and how they impinge on the meaning of self in the Australian context.

If six channels talks about energy movement before and after Heaven, how, then, can the notion of dealing with cosmic forces penetrating through the six channels have meaning for near-death experiences, altered states of consciousness or a sense of the spiritual? (Tart 1971, Ring 1980). Six channel theory has not only to do with whether perverse forces, understood as demons or evil *qi*, exist. Rather, the discussion may also be understood as symbolic of a relationship between ourselves and the external world which, paradoxically can be discovered by learning from within ourselves. Understanding the human condition in this way might be explored as a relationship between the forces pertaining to inner and outer worlds. The *liu jing* is a peculiarly Chinese medical attempt to explore the meaning of *qi*, by classifying it as two opposing and complementary forces: true and evil *qi*.

These ideas return our discussion to one of the central themes in this thesis: the meaning of cultivating *qi*. Good practitioners, who looked after the integrity of their *qi*, were said to be able to wander freely between Heaven and Earth, attentive to the coming and going

of *qi* in all its manifestations. Such a view recognised medical knowledge and practice as more than an intellectual or technical pursuit. It required knowledge and experience of the transpersonal. Attempting to understand and experience *qi* as a 'mystery' is firmly embedded into medicine and healing. This is probably what was meant by the idea that practitioners develop *shen ming*.

As representations of *qi*, *wu xing* and *liu jing* have been presented as two distinct ways of classifying and understanding the nature and functions of *qi*. In the former, which was originally a means of understanding the moral and social order, *qi* is construed as representing a post-heavenly configuration of energy, resembling natural transformation on earth: the rise and fall of dynasties, the changing seasons or diurnal rhythms. These earthly movements, animated by *qi*, resonate with the movement of celestial energies. The *liu jing*, however, begins with acknowledging the presence of cosmic energies which permeate in living beings. However, on earth the heavenly aspects of *liu jing* are considered in a different way. *Liu jing* now offers a means by which practitioners can comprehend the origin and penetration of perverse evil, understood as illness. Together, these two theories unite the practitioner's understanding of pre- and post-heavenly patterns of *qi*. Understanding *qi* as taking its origins from pre- and post heavenly configurations of energy conveys practitioners into the 'mystery' of *qi*. Such knowledge predisposes physicians to understand the human experience.

As this chapter has emphasised, the role and nature of *qi* can be accessed through two distinct emblematic symbols, *wu xing* and *liu jing*, demonstrating that *qi* can have 'many faces'. Even when *qi* was perceived primarily as a constructive force, *zheng*, in the body and in the exterior world, it has been shown how the theme of *xie* or evil is still present in the discourse, emphasising the view that the activity of *qi*, depending on the context, can be both true and evil. Like *qi*, the two theories, *wu xing* and *liu jing*, were considered always to reflect a state of flux, in terms of which order and balance in the whole is defined.

As the following chapter will show, the notion of *shen*, considered by *Nei Jing* authors as central to diagnosis and prognosis, is another way of depicting *qi*. Indeed, assessing *shen* was considered to be a practitioner's prime duty in any acupuncture encounter. As chapter four indicates, in *shen* discourse attention is now focused on the mind, which may be considered as a manifestation of *qi*. Being able to label *qi* as *shen*, *Nei Jing* scholars transformed medical discourse and developed a vocabulary for expressing the complexity of mental life. Considered as a wondrous universal force, said to reside in all humans, *shen* discourse amplified the complexity of understanding the human condition.

Chapter 4

本神 Ben Shen

The Nei Jing Treatment of the Mind

In the previous chapter, attention focused on an array of Chinese medicine's emblematic structures of thought, with the nature of *qi* being a central and unifying theme in the discussion. What is of particular interest in this chapter is the way in which the mind can be viewed as a manifestation of *qi*. Identifying a special kind of *qi* for mental activity introduces additional vocabulary for expressing the complexity of life. In particular, Chinese medical scholars have introduced Western practitioners to a name and a location of *qi* that speaks of mental life: *shen*. *Nei Jing* scholars constantly referred to what Westerners conceive as activities of the mind, particularly when the concept of *shen* - thinking, experiencing emotions or one's spiritual attributes - is discussed. The ideas expressed in the *Ling Shu* chapter, *Ben Shen* 本神,¹ may be considered as containing the most significant and complete statement of mental life, clearly indicating a fluidity of thought about the nature of *qi*, and how *qi* may be differentially spoken about depending on the context.

This thesis maintains that to explore Chinese medical ideas through classical sources or the clinical discourse is to **experience** Chinese medical knowledge. The experience of reading the words of sage medical scholars inspired by their attention to *qi*, or of being present to the evolution of *qi* in the clinical dialogue, is construed as an 'organic growth' of ideas (Ryckmans 1996:39). This chapter draws attention to the meaning of *shen* and related medical

¹ *Ben Shen* has been rendered as 'Rooted In Spirit' (Larre and de la Vallée 1995) and 'Giving Primacy to Shen' (Chiu 1986).

ideas such as *yi*, *si*, *lu*, *zhi* and *shen ming*. The ‘likes, dislikes, joys and angers, sorrows and pleasures of human nature’ (Hsun Tzu, in Chiu 1986:112)² understood as the range of human emotions and *wu zhi* 五志, which also form part of the *Ben Shen* statement in the *Ling Shu*, are explored in the following chapter. Together these notions can be spoken about as *qi* and *shen*, at the same time. By differentiating *qi* in such a way, medical scholars demonstrated how these ideas became connected with diagnosis, prognosis and acupuncture point selection. These ideas, it is argued, have special relevance in the Australian clinical dialogue. As this chapter argues, as Australian practitioners explore the layers of meaning in Chinese medical ideas, the power of words provides a special passage to apprehending states of being.

Words such as psyche, heart, mind, consciousness, vitality, soul or spirit mean different things to different people; and how people give meaning to descriptions about activities of the mind differs across cultures and time. Yet, as Campbell (1988, 1990a, 1990b) and others suggest, going past the words brings us into a territory common to all people: the human condition (Eliade 1974, Elliot 1990). At the most basic level we all know that people feel, think and dream, and know that they are engaged in such activities.³ The challenge for modern practitioners is to understand and transmit Chinese medical ideas in the context of the therapeutic encounter with Australian clients, while simultaneously honouring an ancient medical tradition (Kaptchuk 1987).

Focusing on those ideas identified in classical and contemporary Chinese texts as speaking of the mind transports the practitioner and client into other layers and contexts of

² Some contemporary sources also speak of the ‘Five Extreme Emotions’, *wu zhi guo ji*. See Sung (1981).

³ Humphrey (1993:7) recounts a story where he brought two things in a box into a class. He ‘drummed on them with a ruler, ... and asked the students to guess what was in the box’. They guessed and then he showed them they were human skulls of different size, possibly that of a man and woman. Removing the skulls he explained ‘that these were skulls of American Indians, stolen from a grave. ‘Put them back’. I explained that they were probably man and wife, a young couple who had died together and buried together; I gave them names and I placed the faces cheeks to cheek, Hiawatha and Minnehaha. ‘That’s horrible ...’ Humphrey concludes, ‘that what was a couple of hollow objects made chiefly of lime can also at another level of description be relics of two lovers; moreover, what someone does with them can either be a casual entertainment or a gross insult. Different levels of description need have nothing much in common.’

meaning. The relationship of mind and body, said to be fluctuating *qi*, is a central feature of the Australian clinical dialogue. An exploration such as is undertaken during the therapeutic encounter raises questions about the mind's connection with the body, which, for some three hundred and fifty years have been viewed in the West⁴ as separate entities and, with particular reference to biomedicine, characterised by 'an epistemological dualism that emphasised two different ways of knowing - subjective awareness and direct observation' (Kirmayer 1988:59). If and when the distinct entities of mind and body interacted, which they did with real people, it involved, in the words of Humphrey (1993:4), 'a handshake across a metaphysical divide'. Yet, people know that body fluid, veins and arteries, bits of tissue and cells, somehow become transformed into 'the wine of consciousness' (McGinn 1989:98). The occupation of many thinkers in understanding everyday life is with the 'how' of this transformation. The mind-body problem is the problem of how the miracle⁵ is wrought.

From a Chinese medical perspective mind and body are seen as unified, together informing the human condition.⁶ According to this viewpoint, discourse on *qi* becomes a description and means of knowing 'bodymind' as a pattern (Marrone 1990). By understanding the nature of *qi*, Chinese medicine proposes a passage to comprehending bodymind. In Chinese medicine, the coming and going of *qi* is taken to mean different things: aches and pains, *shen*, mental activity, feeling states or one's sense of the spiritual. On the other hand, when practitioners speak of the activity of *shen* connecting it with, for instance, the middle *jiao*, it

⁴ Descartes is often identified as the one responsible for separating mind and body. To be fair to Descartes he expressed his sense of helplessness about the mind body conundrum: 'So serious are the doubts into which I have been thrown ... that I can neither put them out of my mind nor see any way of resolving them. It feels as if I have fallen unexpectedly into a deep whirlpool which tumbles me around so that I can neither stand on the bottom nor swim up to the top' (in Humphrey 1993:4). See also Brown (1989:325) who explores the assertion that the bodymind dualism attributed to Descartes has exercised an overwhelmingly negative influence on modern medicine. He claims that, 'The mythic image of a villainous Descartes, who in a stroke destroyed holistic medical theory, clearly disintegrates in the light of historical enquiry'.

⁵ Indeed, one can take the view, therefore, that miracles occur naturally and if miracles do not occur then something has gone wrong.

⁶ This is not to say that Chinese medical thinking never separated mind and body. Chinese medical discourse does contain elements indicating similar patterns of thinking with the West. See Chiu (1986), Unschuld (1987).

immediately raises the issue of understanding, for instance, the *wu xing* concept of earth, or the spleen's role in transforming 'the five grains' and water (Larre and de la Vallée 1990a).⁷ Relating *shen* to food and eating habits draws attention to how one's mind and spirit is connected with nourishing the self. Understanding *qi* escorts a practitioner into the discourse of *shen* and at the same time transforms the discourse.

For acupuncturists, a significant part of the clinical transaction is invoking a language and developing the senses to take individuals beyond the kind of scientific 'clarity' that characterises, for instance, biomedicine. Rather, to read and listen to the words of others from a Chinese medical perspective is said to transform practitioners in such a way that *qi* finds them. This idea reminds practitioners of the Daoist view that one needs to be completely 'forgetful' to 'receive' *qi*. The paradox contained in this statement is that words, or more particularly their resonating imagery and symbolism, transport an individual into other frames of reference. The invention and exploration of metaphors within Chinese medicine take practitioners to other levels of meaning, whilst facilitating the ability to shift and experience transformations of bodymind. What may be perceived as inherent weaknesses of language can be seen from another perspective to contain other layers of meaning eminently suited to seeing and knowing bodymind. Limited as language may be, the stories heard within the clinical discourse understood through a Chinese medical 'imagination' not only informs about the client's 'medical condition', but asserts humanity's principal route to understanding what Campbell (1988, 1990a) refers to as a 'penultimate truth', helping people access the unknown.

For Westerners, Chinese medicine offers insights into issues of bodymind since lost by Western biomedicine (Zola 1991). Speaking about *yinyang* and how *qi* and *xue* transform and manifest in the body proposes another point of entry into the meaning and significance of illness and health.

⁷ Together, the stomach and spleen are said to 'provide the material basis of the acquired constitution', *pi wei wei hou tian zhi ben* 脾胃為後天之本, that is, stomach and spleen are the principal source of post-heavenly *qi* (Anon [1980]:23).

The following case study (from Seem 1989) serves to illustrate how Chinese medical ideas assist practitioners to 'listen' to bodymind and not feel trapped by the issue of separating mind and body as two distinct entities. During a consultation, a female flight attendant complains of lethargy, lack of appetite and abdominal distention. Later on and somewhat reluctantly, she also describes an unusual and disconcerting feeling, as if things inside her are 'sagging or falling'. In Chinese medical terms the description probably speaks of a depleted earth (*piwei*) and, in particular, the spleen's (*pi*) inability to 'hold things in their proper place', *pi zhu sheng qing* 脾主升清. Quite likely, any biomedical investigation would not reveal any pathology connected with the sensation of sagging. Continued visits to a Western physician could see the flight attendant being referred to a psychiatrist. Unable to be measured by objective investigations, the sagging sensations may now become a problem 'of the head'.

But the flight attendant's problem is in and of the head. Chinese medicine recognises the connection between the *wu xing* notions of Earth and Heaven or, in *san jiao* terms, the upper and middle burning spaces. A principal function of *pi qi* (spleen *qi*) is to 'hold up the organs', allowing a person to stand and reach outwardly, preventing a person from falling, collapsing or sinking.⁸ Exploring the connection and transformation of *qi* between Heaven and Earth from a *san jiao* perspective may be relevant to the energetic pattern. It may be, for instance, that there is a relationship between someone who rapidly moves between earth and the spaces above. Continuing movement between above and below and attending to other people's needs at altitude may deplete one's spleen *qi* and *xue*.⁹ In broader terms, the pattern may not only be specific to flight attendants, but to other aircrew and frequent fliers. What may have been originally perceived as specifically a problem of the mind, now becomes a bodymind pattern in Chinese medicine and quite possibly relevant for a particular group of

⁸ The character *da*, 大, epitomises the sense of earth energy ascending to heaven.

⁹ In a recent radio news report (July 1996), Japanese researchers documented a clear relationship between the incidence of amenorrhoea and premature births with women living in high rise apartments. In Chinese medical terms, the Spleen's 'holding' function and its relationship to *xue* production and the connection with living 'too high' above ground seems obvious.

people. The point here is that Chinese medicine listens and lends credence to a client's bodily felt sensations as a way of understanding states of being, however awkwardly described. In this sense Seem suggests that acupuncture '... helps foster a recollection of being that is always a *recollection experienced* in the body and via the psyche' (1989:7).¹⁰

Nei Jing medical scholars described more than one way of thinking about bodymind¹¹ and this has been alluded to in earlier chapters with ideas such as the *zangfu*, four substances, or *shen*. Simultaneously, the same ideas reveal a passage into activities of the mind, emotions and even dreams (Chiu 1986). Put another way, similar ideas inform about different things and different things reflect the whole. Chinese medicine offers itself as a means of explaining everything, even when it speaks about the particular.

All living things, as a consequence of the cosmic union of *yinyang*, were said to reflect the universe within. Knowing about the cycles of heaven or the 'round way' meant that heaven on earth and in the human body could also be known. *Qi* and *xue* flow unceasingly and, like the sky and earth, unites everything. The human body happened to be and was considered as a very special manifestation of unity.

Being organised to receive and make sense of a client's illness experience, what Chinese medicine offers to clients is the opportunity to have their bodily felt sensations included, not excluded. Chinese medicine is able to accommodate and attach meaning to personal descriptions of states of being, unlike biomedicine. That the separation of body and

¹⁰ Clinically speaking a bodymind approach attempts to place the person into an energetic field of transformation. Cf. Seem and Kaplan (1989). One extension of this view is to locate the idea in a more global setting. For instance in what ways do patterns of behaviour and attitudes to, 'working out at the gym', government funding for IVF programs, the issue of recycling wastes or the continuing focus on eating habits and health foods say about bodymind in the Australian context?

¹¹ Reanne (1994:62) arrives at similar conclusion about thinking and connects his view with the notion of the quantum wave. He wrote, 'It (the quantum wave) does not exist in the time and space of ordinary experience. It encodes information. If you focus on one aspect of it (say position), other aspects (momentum) become fuzzy. It only becomes 'real' when you look at it. Does this tug at your memory? Could you not say just the same things about a thought? A thought does not occupy time or space in the usual sense. It encodes information. If you focus on one thought, other thoughts blur. Thoughts only take on 'shape' when you concentrate on them, which is another way of saying that a thought becomes "real" when you "see" it in your mind'.

mind become blurred or ambiguous is not a weakness but reflects what people know and experience.

本神 Shen¹²

As the *Ben Shen* statement in the *Ling Shu* unfolds, a detailed picture about mental life is revealed.¹³ Essentially, the reader is introduced to an evolving pattern of ideas connected to thinking thoughts and their expression and behaviour, which offer a view on mental life. The discussion, however, is never separated from the notion of *shen* spirits, which are said to concentrate in the heart *zang*. Understanding this relationship meant that one's mental life could transport an individual to experience special states of being, understood as wisdom or *zhi* 智 (Taranto 1989).¹⁴ Having *zhi* is never far from the idea of cultivating life. Indeed, displaying *zhi* meant a deep understanding of the coming and going of *qi*.

Understanding *shen* in the *Nei Jing* tradition also touches on an examination of a fundamental human concern: being able to see and know beyond the ordinary things of this world. Discussion concerning mental activity in medical life is situated within a context of what might be called mystical things in a wondrous universe. The unceasing activity of *qi*, also

¹² The graph to the left in 神 is said to take its origins from *shi* 示. Deriving its origins from 三 (three) turned vertically, which is the number for heaven, earth and humanity, Wieger (1965:29) notes that 'the two horizontal lines — [two] are the old form of the character 上, high, superior, meaning heaven. *Shi* 示, denotes the charge of heavenly energy which is providential to humans. Cf. Wilder and Ingram (1974). The vertical lines are said to indicate 'that which streams down from heaven, meaning the stars and moon, the mutation of which reveals to humans the transcendental things' (Wieger 1965:29). Thus, *shi* 示 is 'what we see for good or evil in the way celestial objects are suspended in the heavens' (Blakney 1926:74). The phonetic *shen* 申 is a modern representation of two hands clasping, giving or taking from above and seen in the character 申, meaning to wash one's hands over a vessel. In 申 the idea of holding on to a rope emanating from heaven suggests one is in the process of stretching, extending and explaining celestial matters (Blakney 1926, Wieger 1965). The combination, 神 *shen*, is understood as humanity's comprehension of things spiritual or mystical. The image of a Christian person praying or meditating with clasped hands seems indeed close.

¹³ Interestingly, the *Jia Yi Jing* (Yang and Chace 1994), a compendium and analysis of the *Nei Jing* and *Ming Tang*, begins with a re-statement of *Ben Shen*. The *Ming Tang* is another classic in the *Nei Jing* tradition.

¹⁴ Taranto (1989:1) notes, 'Throughout history, wisdom remains one of the most cherished of human values, elevated even to the level of virtue ... Wisdom as a concept appears about as ethereal as rarified air and although it is deemed so positive that we are inspired by it, it is a notion that is obviously difficult to grasp let alone hold on to.'

understood as *shen*, in all its manifestations, becomes a window into understanding not only the mind but also those energies that express the creation of *qi* and *shen* or the creation and maintenance of life.

In the opening line of *Ben Shen*¹⁵ Huang Di begins by stating, 'All acupuncture laws first must be rooted in the Shen' (Wu 1993:39).¹⁶ Though the statement could have ended with the word *qi*, *Nei Jing* medical scholars are clearly suggesting that understanding *shen* confers passage to knowing *qi*. *Qi*, in this instance, is named as *shen* and is, at the same time, another presentation of *qi*: the breaths. Attention is directed to how *qi*, now perceived as *shen*, illuminates what can generally be described as activities of the mind. Scholars agree that no one particular English word quite captures the meaning of *shen*. Notions such as mind (Maciocia 1993), mental vitality, spirit (Larre and de la Vallée 1991), psyche (Chiu 1986, Maciocia 1993), and even consciousness (Sivin 1987, cf. Watson 1996) are often invoked.

In the Su Wen chapter titled '*Acupuncture In Accordance With Cosmic Cycles*', the emperor's physician, Qi Bo, gives the following response to Huang Di when he asks what is meant by the *shen*:

The spirits, oh, the spirits! The ear cannot hear them, ... which only clear-sighted intelligence can understand. The mouth cannot express them in words, only the eye can see them. It is like chaotic confusion, where only the luminous brilliance can bring about the radiance, like the wind which blows away the clouds. This is what is called the spirits. (Larre and de la Vallée 1993:8)¹⁷

¹⁵ This refers to chapter 8 of the *Ling Shu* in the *Nei Jing*.

¹⁶ See OICSAA (LS) (1979:35). The line reads 'Before beginning to puncture, it is necessary to know well the role of the Mental.' However, this translation has Qi Bo making the statement. Larre (1991:89) attributes the statement to Huang Di, who states, 'In all needling, the method is above all/Not to miss the rooting in the Spirits.' Either way we get the impression that Huang Di is a bright student.

¹⁷ By way of comparison Ni (1995:105) renders the same text as 'Shen is something that you will recognize when you see it. The shen can be observed through the patient's eyes. But the true vision is through your own eyes. What you receive as messages, your heart will understand. You can then visualize the patient's condition in your mind. You can intuitively know what the problem is. You do not have to depend on language. This is similar to the nighttime, when no one sees anything; but you can see, as if the wind has blown away the fog and mist. This is the shen I refer to. You can confirm the shen by detecting the nine pulses of the three areas. But you do not have to depend on that. If you are developed, you can pierce beyond the physical and know the truth.'

The OICSAA renders the text as,

'Huang Ti: What are the laws which rule the art of Acupuncture?

According to Larre, Schatz and de la Vallée:

The *shen* spirits descend into an individual in order to structure that being as he or she will be. The *shen* spirits dwell in the heart, which is the ruler of the other *zang*. The *shen* are able to be present in other *zang* only by coming from the heart (as the ruler is present in his ministers). The relation of the individual to Heaven is a way of binding oneself to the core of one's existence. (1986:169)

This particular view of *shen*, influenced by an intensive literary and linguistic analysis of early source materials, offers practitioners an additional level of meaning about *shen*. The authors' approach illustrates differing ways of accessing and reproducing Chinese medical ideas not usually seen in contemporary Chinese medical texts. Said to reside in the 'void' or spaces of the heart, *shen* could be observed as a sparkle in the eye, an ability to be attentive, keenness in conversation and clear speech (Larre, Schatz and de la Vallée 1986).¹⁸ However, one is still speaking of *qi*. In this instance, the idea of *shen* directs practitioners to attend to what may be understood as states of mind and consciousness by observing how people behave and present themselves in everyday life¹⁹. Even though *shen* is used as a medical term, the idea is simple enough for any person to comprehend. This suggests that knowing *shen* is to penetrate the essence of *qi* and is available to all people, not just physicians. However, what *Nei Jing* scholars also seemed to be suggesting was that physicians were especially well placed to observe and apprehend *shen* in people and the universe.

Shen has other levels of meaning. In early philosophical texts like the Chou Li and Hsun Tzu, *shen* was another way of describing the wonder and awe of the universe; the

Chi Po: It is necessary to follow the law of Heaven and Earth. When one punctures, it is necessary to observe the sun, the moon, the stars, the Four Seasons and all the energies of nature [the eight principal astronomical rhythms]. It is necessary to puncture when the energy of nature is in equilibrium.... The great worker knows to observe all these phenomena of nature; he knows to see the invisible. When the Perverse energy attacks the body of Man, one does not see it, but the great worker knows to treat before it is transformed into sickness, by examining the pulses. The small worker only knows to treat in the presence of sickness, because he does not know how to discern the disturbances through the examination of the pulses and symptoms ...' (SW) (1979:71).

¹⁸ These are fairly typical statements found in basic texts. See Maciocia (1993), Ross (1985), Anon (1980).

¹⁹ Kaptchuk (1987) takes the view that *shen* may be also taken to refer to a person's capacity to understand the world and others, independent of space and time.

'multiplicity of spirits populating the landscape and any unusual or mysterious natural phenomena' (Chiu 1986:134). This suggests that, by articulating the mysteries of the universe, people could be guided and 'given instruction' about developing an ability to catch glimpses of the meaning of *shen*. Chiu (1986) describes this as mystical intuition: the ability to know, experience and see what others do not. One description that attempts to portray this ability is the idea of *shen ming*²⁰ 神明, which are:

... manifested in the individual by a special brightness that transfigures him or her... manifested by the optimal functioning of all the other organs which by virtue of the close relationship of the *shen* with the heart, are fuelled by the heart. (Larre, Schatz and de la Vallée 1986:165)

Shen ming, understood as an ability to penetrate divine intelligence,²¹ permitted an individual to discern 'the light and shadows of the sun and moon' (Chiu 1986:110). *Shen* discourse was never separated from understanding the meaning of living out one's life span, of coming into the world as dependent child, arriving at maturity and of ultimately yielding. *Shen* discourse is a way of understanding life and death. Things mystical are accorded importance equal to somatic concerns. The *Ling Shu*, however, states it differently, saying, 'At 100 years of age, the energy of the organs has disappeared, the spirit vanishes, there remains only the physical body' (OICSAA (LS) 1979:139). *Shen* is more than a sparkle in the eye; it is meant to be nourished, and should be allowed to unfold so that individuals can see and experience the mysteries of life.

In medical terms, a physician's ability to perceive the radiance of the *shen* spirits provided a special knowledge about life and death and, by implication, prognosis of an illness. As expressed in the Chinese medical axiom, *de shen zhe chang* 得神者昌, *shi shen zhe wang* 失神者亡 - having *shen* one flourishes, without *shen* one perishes. In clinical terms, if signs

²⁰ Sometimes described as *tong shen ming* and translated as 'penetrating divine intelligence' (Chiu 1986). See n 51.

²¹ This definition is proposed by Chiu (1986). Ni (1995) renders *shen ming* as a 'transpiercing vision'.

and symptoms appeared critical, a good *shen* pointed the way to recovery. On the other hand, observing a scattering *shen* when a condition was not so critical indicated poor prognosis.²²

De shen zhe chang, shi shen zhe wang was sufficiently straight-forward for any person to understand. This view comes close to Western statements like ‘having the will to live’, ‘the pluck to go on’, or ‘a vital spark’. Remarks such as ‘he has lost his spirit’, ‘waiting for the final siren to sound’, ‘they’re on their way out’ or ‘chucking in the towel’, are Australian expressions of saying *shen* is scattering.

Being sick, exceedingly concerned, pre-occupied and overwhelmed by thoughts and feelings consume the space *shen* occupies. Paradoxically, for *shen* to radiate its luminescent spirit it must flow unceasingly, unencumbered by worldly matters. The void of the heart (Larre and de la Vallée 1991) must be ‘empty’ to allow *shen* to unfold, so that one ‘feels free from one’s own identification with human limitation’ (Flaws 1992c:13).²³ The activity of *shen* harmonises the mind and body, enabling individuals to live life in accord with a universal and mystical force.

The idea and discussion of bodymind occupy a central place in the Western therapeutic encounter suggesting that, in Chinese medical terms, the therapeutic discourse might be perceived as a bodymind transaction (Dienstfrey 1991, Dolowich 1984, 1991, Dychtwald, 1986, Johanson and Kurtz 1991). Within this framework, inserting acupuncture needles can be seen as a particular way of energising *qi*. The transformative qualities of *qi* generated by the therapeutic encounter become a way of experiencing and accessing *shen*. Importantly, both practitioner and client are embedded within the therapeutic experience which, in Chinese medical terms, may be viewed as movement and transformation of *qi*. Implied also is the possibility of catching a glimpse of the wonders of *shen*, of penetrating divine intelligence - *tong shen ming*.

²² This view about recovering from illness is not unfamiliar to health care workers working in hospital settings.

²³ Flaws (1992:13) is quoting Einstein.

Understanding *shen* has implications for practitioners, both for diagnosis and proposing treatment. A practitioner is able to perceive a client's *shen* by observing the complexion, since *shen* was said to manifest itself in the face and eyes (Kaptchuk 1983, Maciocia 1993, 1994). Seen as a technical or skillful attribute, such an ability also suggests that the physician possesses *ming*. According to the *Ling Shu* chapter titled '*The Art of Puncturing*':

The superior acupuncturist knows to discern the fullness or emptiness of the energy and of the blood.... At any rate, he knows above all to attract energy without wasting it.... He knows that when the energy arrives with a formidable burst, it is necessary not to puncture, that it is necessary not to pursue it when it goes away. In short, he knows the moment when it is necessary to puncture. (OICSAA (LS) 1979:10)²⁴

Having an ordered *shen*, a practitioner was ideally placed to move beyond straightforward and technical diagnostic approaches.²⁵ *Shen ming* allowed for a different kind of perception, a kind of enlightenment that comes after mental concentration, enabling the 'superior' physician to know what to ignore whilst keeping the mind clear. Being an astute observer of the human condition, a master physician quite simply could get to the heart of the matter. Practitioners often talk about acupuncturists or other health care workers who, after observing and listening to a client, respond with such clarity and power that it all seems so simple, yet baffling (Connelly 1993, May 1995). In Chinese medical terms this means the practitioner has skillfully apprehended the coming and going of *shen* and knows precisely what to say or do next.

²⁴ See Ni (1995:15-16) for a comparison. 'The accomplished doctor is able to follow illnesses both on the surface and internally, and see the direction and progression of a disease.... This is the Tao. The Tao is precious and is not to be passed on unless a student is sincere and compassionate toward human suffering. Only in this way can the great tradition remain pure and virtuous'. Transmitting medical wisdom of the ancient sages was an important duty for all physicians. In order to commence a physician's path, one not only had to be motivated but also mentally, physically and spiritually prepared for the task. In a time when Chinese medical knowledge was not formally transmitted in institutional settings, potential physicians were 'selected' probably because they demonstrated necessary attributes to begin learning medicine. In this way medicine was considered a '*big Dao*.'

²⁵ The practice of martial arts, especially *Tai Qi* or breathing techniques like *Qi Gong*, were seen as an integral part of maintaining health. The practice regulated one's *qi* and provided another path to *shen ming*. It is worth noting that many people taking up the study of acupuncture have done so after having learned the martial arts.

Understanding the coming and going of *shen* is precisely what *Nei Jing* medical scholars exhorted practitioners to know and experience. The practitioner's first duty is to assess *shen*, always in connection with the breaths, channels, *zangfu*, spiritual attributes and emotions. Knowing that when people become sick the breaths go into disarray, the emperor Huang Di asks Qi Bo for a more detailed response on knowing *shen*. He ends his opening statement by asking Qi Bo:

Where does this state come from? Should one accuse Heaven? Is it the fault of man? And what does one call Virtue, Breaths, Essences, *shen*, *hun*, *po*, Heart, Purpose, Will, Thought, Know-How, Reflection? (Larre and de la Vallée 1991:88-89).²⁶

Qi Bo responds:

Heaven in me is virtue. / Earth in me is breaths. / Virtue flows down, the Breaths expand, and there is life. / The coming forth of living beings indicates the Essences. / The embrace of the two Essences indicates the Spirits. / That which follows the Spirits faithfully in their going and coming indicates the *Hun*. / That which associates with the / Essences in their exiting and entering indicates the *Po*. / When something takes charge of the beings, / we speak of the Heart. / When the Heart applies itself, we speak of Intent. / When Intent becomes permanent, we speak of Will. / When the preserving Will changes, we speak of Thought. / When Thought extends itself powerfully and far, / we speak of Reflection. / When Reflection can have all things at its disposal, we speak of Knowing-How. / Thus, Knowing-How is the maintenance of life. / Do not fail to observe the Four seasons / And to adapt to heat and cold, / To Harmonize elation and anger / And to be calm in activity as in rest, / To regulate the *yin/yang* / And to balance the hard and the soft. / In this way, having deflected the perverse energies, / There will be long life and everlasting vision. (Larre and de la Vallée 1995:16 and 64)²⁷

In other words, the heart of *shen* is rendered into the clinical discourse. In this context, and having established the importance of knowing *shen*, *Ben Shen* draws attention to the process of thinking thoughts.

²⁶ See also Wu (1993:39-41) and OICSA (LS) 1979:35-36.

²⁷ See also Larre and de la Vallée (1995:3, 16-17), Wu (1993:39) and OICSA (1979:35) for differing renditions of the chapter. Though I adhere primarily to the Larre and de la Vallée rendition reference to variations by other authors is made.

意 Thinking

Practitioners generally accept that *yi* 意²⁸ is special to the attributes of Earth, the stomach and spleen. More contemporary texts characterise *yi* and its manifestations as a spiritual resource often spoken together with *hun*, *po* and *zhi* (Maciocia 1993, Ross 1985, Anon (1980)).

Qi Bo begins his response, ‘When the Heart applies itself, we speak of Intent’ (Larre and de la Vallée 1995:16). The statement seems to refer to an idea of some kind when it first enters the mind. What is not clear is whether an idea is an image recalled by memory or, perhaps, an inchoate impression. However, de la Vallée suggests that *yi* ‘exists before things come into words’, before an idea takes shape and form (Larre and de la Vallée 1991:84). Perhaps *yi* may be considered as a state ‘pre-thought’.

Yi 意 is formed by two characters. The lower graph contains the heart radical, 心 *xin* and placed above is *yin* 音, a sound. According to Larre and de la Vallée (1995:52), *yin* is a ‘celestial vibration that Heaven bestows on a breath’. *Yi* suggests that the heart or mind is known by the sound one utters and, by extension, means the thought the one obtains from listening to others. Blakney (1926:212) offers the view that *yi* ‘must be admired for the ingenious method of depicting such an intangible quantity as thought ...’ Critical to the commencement of forming intent, the void of the heart invigorates the process. *Yi* is a consequence of having engaged one’s heart. The heart, it is said, concentrates in the upper *san jiao*, the part of the body that reflects heavenly forces. But the heart cannot properly function unless supported from below. For *yi* to emerge, meaning that the heart applies itself, *yi* must be rooted from below. *Yi* is anchored by *zhi* 志 which, interestingly, is the same character

²⁸ See Larre and de la Vallée (1991), where they translate *yi* as purpose.

depicting the kidney's spiritual resource. *Zhi* supports *yi*, allowing thought to develop and endure. In this instance, what happens above cannot occur unless the depths are stable and firm. The construction of thoughts and ideas is firmly rooted by the *zang* associated with possessing the foundation of *yinyang*, the kidney. Connected with the lower *san jiao*, *zhi* is said to propel energy upwardly, giving movement and direction to the thrust. Pre-thought cannot occur unless it is rooted by the kidney, but seen as the heart applying itself. The creation of *yi* or pre-thought appears and exists as a resonating activity between the heart and kidney which is associated with the notion of *zhi* 志. Yet, *yi* is more usually associated with the earth phase of *wu xing* and is placed between 'above' and 'below', heaven and humanity respectively. The creation of *yi* speaks of the *san jiao* working harmoniously but specific to the activities of one's earth.

We need say something about the character *zhi* 志.²⁹ It contains two ideographs. Like *yi*, the lower part of *zhi* contains the heart radical 心 and the ideograph above is composed of *shi* 十, ten, which looks like a cross, representing 'a symbol of extension in two dimensions', and *i* 一, a horizontal line indicating the heavenly firmament or sky (Wilder and Ingram 1974:23). The number ten is considered a perfect number (Wieger 1965). On the other hand, Larre and de la Vallée (1991) suggest that the character *shi* 十 contains the sense of something surging upwardly, and liken it to a phallus, 'something that stands up very straight, very firmly, giving the idea of power behind it'. The surge is supported with a basis of 'firmity' from the line below (Wieger 1965). There is some dispute as to whether the character is another version for earth, *tu* 土, or a germinating seedling (Lindquist 1991:166). However, whatever interpretation is employed, the sense of something impelling upwardly is implied. In one sense we are talking about 'clear *yang* energies', derived from kidney *qi*, rising upwardly, supporting and allowing the individual to stand and reach outwardly, promoting thinking. The outward

²⁹ In this instance *zhi* 志 has the same Pin Yin Romanisation as *zhi* 智 in *Ben Shen*. The latter refers to wisdom or know how.

extension of spleen *yang qi* seems to be associated with framing *yi*. From a *san jiao* perspective, energetic movement begins from below, represented by the kidney, continues through earth, reflecting spleen *yang* properties and eventually manifests as *yi*, but taken charge of by the heart: ‘when something takes charge of the beings, we speak of the heart’ (Larre and de la Vallée 1995:16). Kidney *qi* and spleen *yang* are intimately associated with the framing of *yi*.

Yi, associated with earth, is crystallised by the heart³⁰ and anchored by *zhi*. When this relationship is said to endure, the transformation generates *si* 𠄎³¹. Chiu renders the creation of *ssu* [*si*] as ‘When concentrating on processes of change in accord with *chih* [*zhi*] is called *ssu*’ (1986:105).³² In an earlier text, Larre renders thought as ‘when the will that remains changes at the same time ...’ (1990:52).³³

Si, like *yi* and *zhi*, also contains the heart graph, *xin*. What changes is the addition of a skull, *xin* 𠄎, above the heart. The cross in 𠄎 is meant to represent the fontanelles (Wilder and Ingram 1974).³⁴ Activities of the brain are symbolised by the skull ideograph, which appears to be an alteration of the character *tian* 田, a ploughed rice field (Blakney 1926, Wilder and Ingram 1974, Wieger 1965, Fazzioli 1986).

Exploring the symbolic relationship between the activities of the brain and working arable land offers an understanding the transformation of *yi* to *si*. The energy required to construct thoughts may be likened to working the soil and cultivating the ‘five grains’.³⁵ The sense of collaborative work is depicted. Working the land to sustain and nurture the people is

³⁰ Or, perhaps the heart manifested by one’s *qi*.

³¹ See Larre and de la Vallée (1995:56) where they also refer to *si* as ‘rare prudence’.

³² *Chih* and *ssu* are Wade-Giles Romanisation of the terms. Pin Yin spelling is utilised throughout this thesis.

³³ See Wu (1993:39). ‘From will and that which is kept and changed is spoken of as consideration’.

Sivin (1987:287) translates the passage as ‘Change of what is retained, in accord with intent, is called *ssu*.’

³⁴ 𠄎 appears as part of the character for *gui* 𪚩, evil demon.

³⁵ See Li Dong (1993:13), ‘Heaven feeds humanity with five *qi*, while the earth feeds humanity with five flavours. The five *qi* enter through the nose and are stored in the heart and the lungs, making (vision of) the five colors bright and clear and the voice resonant.... When harmonious, *qi* engenders. (Thus) fluids and humors are developed together and spirit engenders itself.’ (This statement is acknowledged as originating from the *Su Wen*.)

also connected with the idea of producing *qi* and *xue* from water and grains for a community or an individual. Cultivating the five grains may be construed as another way of describing the production of *hou tian zhi qi* 后天之精³⁶, or post heavenly *qi*. Cultivating staple cereals and the production of *qi* are inseparable. This is clearly represented in the character for *qi*, which contains the rice radical, *mi* 米, sitting below the rising vapours. Water and grains, Huang Di remarks:

... enter the mouth, where they are transported to the intestines and stomach.... The stomach is the sea of water and grains and the great source of the six bowels. (Yang and Chace 1994:13)

Food and water enter an individual's field of energetic activity, understood to be the earth *zangfu*. Here the five grains and water is 'rotted and fermented' by the stomach and spleen whose activities may be likened to a bio-dynamic composting of organic matter on Earth.³⁷ Thus the axiom *pi zhu zhong tu* 脾主中土 may be rendered as 'the spleen functions like the earth'. One's earth is responsible for the creation of post heavenly *qi* and *xue*. The activities of earth are then understood as a necessary process in the development of *yi* and *si*. *Xin* 心 is now also understood as a field of activity in the brain, similar to working a paddy field. The interior of a skull, like paddy fields, suggest the idea of 'strict, rigorous construction, and thought, *si*, is the way in which the Heart and the brain freely communicate to turn an idea over in the mind' (Larre and de la Vallée 1991:65).

Turning soil and water over in a paddy field may be likened to activities of *qi* and *xue* being distributed in the brain. Considering a commentary from the *Shuo Wen*, Wilder and Ingram (1974:18) suggest that 'when one thinks, the vital fluid of the heart acts on the brain', and *si* develops. A farmer's field, like the heart in Chinese medicine, contains vital fluids. The

³⁶ Sung (1981:111) renders *hou tian zhi jing* as 'the primordial matter, derived from food, to maintain the vital activities and metabolism of the body. It is also called "Essence of Water and Grain."'

³⁷ See Sung (1981:22). *Tu sheng wan wu* 土生万物 means '... everything in nature grows out of the earth. Earth represents the spleen, which is the source of nutrition for building up the body, providing the material basis for vital function, just as the earth is the source of everything in nature.' Cf. pp. 167-168.

heart is said to control the circulation of heart fluid, *xin zhu xue* 心主血 (Sung 1981:51). Sweating is one way of recognising heart fluid. What this suggests is, as in irrigating a paddy field, proper circulation and transportation of heart fluids to the brain is necessary so that thought may be developed and nourished. For instance, disordered or disrupted thinking may be assessed by observing the complexion. A pale face may suggest that heart *xue* is not nourishing 'above'. Overworking the heart produces unnecessary loss of heart fluid, depriving the brain and body of *xue* which, in turn, may become reckless movement of heart *xue*. Such unrestrained activity is indicative of a disturbed *shen*. This particular pattern, not uncommonly encountered in clinical situations, seems paradoxical. Heart *xue* is said to be *xu*, yet the pattern reflects an overactive, disturbed *shen*, indicated by disordered thought patterns, restless sleep, lack of concentration or poor memory. Working the brain, or a field, firstly demands intent or purpose, to be organised in such a way to produce the necessary energy to generate 'food for thought'.³⁸

Noisily ruminating, turning things over in one's mind or deciding to sleep on some ideas may be understood as preparing oneself to produce clear thoughts.³⁹ This transformation may also be understood through the activities of the *zangfu*. The notion of thought presupposes the configuring activities of Fire (heart/*shen*) and Water (kidney/*zhi*) bound by the transformative actions of the Earth phase. Earth energises the transformation and transportation of initial energies developed through the interchange of Fire and Water. Earth governs transformations and its activities are given passage through and within the three burning spaces, *san jiao*. An individual's thought now finds an earthly expression. One can sit

³⁸ Ni (1995:9) notes, 'When one is overworked and overstressed, the yang will overheat, eventually depleting the yin and jing/essence. If this continues into the summer, the body fluids and yin will be dehydrated'.

³⁹ In another character *pi*, the navel, the ideograph for ducts or tracts is added to skull implying communication with the head in which the vital energies communicate and circulate. The acupuncture point found at the navel is Conception Vessel 8 (Cv. 8) and named as *Shen Que* 神闕 Spirit Gate. It has alternate names such as *Ming Di* 命蒂 Life Stem, and *Qi He* 氣合 Qi Union. Ellis, Wiseman and Boss (1989:311) in describing *Shen Que* 神闕 state that the character 'is a symbol for an empty space that serves as a gate; ... The spirit enters and leaves through Cv. 8, the Spirit Gate.'

with an idea and develop connections. Sustained by *zhi*, Zhang Jiebin suggests, ‘properly constructed thought is the noblest function of human beings’ (in Larre and de la Vallée 1995:55).

‘When thought extends itself powerfully and far, we speak of Reflection’ (Larre and de la Vallée 1995:16)⁴⁰. The creation of *lu* 慮 conveys an individual to a new awareness, developed and nurtured within the body’s earth *zangfu*. As Larre and de la Vallée suggest, *lu* is a profound meditative activity: not ‘a repetition of an old idea, it is the highest aspect of thought’ (1991:69). The shift in meaning from *si* to *lu* now contains the notion that one entertains concerns from a distance or thought directed from the present toward the future engendering preoccupation and cares (Chiu 1986). What seems to be suggested is that the process now includes consideration for others. Interpersonal relationships now becomes a critical element in understanding mental life. A sense of feeling and connection with others becomes part of thinking.

In the character *lu* 慮, 思 (*si*) is embraced and secured by the stripes of the tiger, *hu* 虎. Early ideographs (Lindqvist 1991) depict the tiger in profile: crouched, ears back, tail whipping and ready to pounce (Wieger 1965). The tiger to the Chinese is the king of beasts and occupies an important place in story telling, as evident in the Wu Song story (Lindqvist 1991). Though the tiger was seen as a dangerous animal, the animal was also perceived as possessing a close connection with Earth and one’s ancestors. Its other face was to provide protection and safety.⁴¹ In addition, the tiger is a female symbol who, in a number of stories, saved people from evil and suckled abandoned infants (Bierdermann 1994).⁴²

⁴⁰ The OICSAA (LS) (1979:35) states, ‘... the thought, directed from the present toward the future, engenders the preoccupations and cares, proofs of the intelligence ...’

⁴¹ For little children in China one of the most common soft toys is the tiger with the character for king, *wang* 王, often imprinted on the head of the toy, denoting not only strength but also security.

⁴² This idea is not dissimilar to Romulus and Remus being suckled by a wolf.

Another quality ascribed to the tiger is that of being a messenger, permitting the vital link between individuals and the supreme being of heaven. The tiger's leap may be understood as the manifestation of an exact thought whilst protecting and shaping the individual for new developments. The tiger's quality of being a powerful and efficient hunter symbolises the notion of completion. Alert, the tiger's intent is clear and its actions seen as purposive. Prepared and ready to act swiftly, *lu* also implies the notion of contemplative, concentrated meditation. In order to actualise *lu*, the task:

... has to be possible or realisable, and it has to be in a good direction for life, so it is a thought that goes a long way, but which has not lost any of its roots. It is always rooted in the Heart. (Larre and de la Vallée 1991:69)

And:

Deep meditation prepares, in absolute silence, the springing forth of plans, calculated to the finest detail, ready to be fulfilled immediately.... Tigers and men - men often being seated on a tiger skin to meditate - have the power of earth proportionately to their nature. But men leap further than tigers when they allow themselves to be guided by the Virtue of Heaven. (Larre and de la Vallée 1991:57)

When a thought is formed and presents itself outwardly, attaching itself to something, the sense of planning and determining outcomes emerges. Though *si* and *lu* are connected with spleen function, *lu* is said to be more closely related to the liver's role of promoting the flow of *qi* - *gan zhu sheng fa* 肝主升發⁴³: the creation of plans and their implementation. The notion of planning, and therefore making decisions, is now the new element in *lu*. Thought becomes part of what can be, for self and others. The transformation of *si* to *lu* involves the *wu xing xiang ke* 五行相克 cycle relationship of spleen and liver. Liver promotes thought to wander purposefully and the spleen complements the process by 'feeding the four directions' or four limbs, *pi zhu si zhi* 脾主四肢, meaning that *yang* energy of the spleen manifests an outward appearance, the extremities being another way of depicting *yang* qualities (Seifert 1988). *Lu*

⁴³ Sometimes referred to as maintaining the 'patency of flow' (Maciocia 1994). 'If the liver functions normally, it will grow flourishingly and develop with full vitality like tress growing in the spring' (Sung 1981:56).

requires the transforming abilities of Earth to sustain the reaching out of thought, suggestive of the rising clear *yang* energy of the spleen. Rising spleen *qi* reaches out to the hands and feet. Rising up and out, the clear breaths of the spleen move to the upper *jiao*, Heaven or the heart; Earth, being the centre, is said to link and feed the outside. If, however, spleen *yin* is weakened one's ability to maintain or recall ideas or store memories becomes impaired (Larre 1991, Rogers 1991). Reflecting excessively on the past suggests an inward activity of spleen. Thus a spleen *yang xu* pattern of disharmony suggests that a spleen *yin* pathology predominates. Long and short term memory may become confused. The notion of spleen *yin* disharmony is not accorded much significance in contemporary or classical texts, probably suggesting that this *zang* has more *yang* functions. Perhaps this is why some authors (cf. Rogers 1988) suggest that spleen activity is more related to long term memory and being nostalgic.⁴⁴ Being nostalgic means that one's earth energies are becoming depleted, often recognised as characterising old age.

The ability to range far and powerfully is partially earthbound as the liver promotes purposeful wandering, but the heart remains central to all activities of thinking, contemplating, reflecting and meditating. *Lu* happens on Earth: people think, reflect, meditate and plan on Earth, using their earth. What is above and below is part of the process. The *Ben Shen* statement on thinking may be construed as metaphor for describing consciousness, who people are and what they can be.⁴⁵

Unable to range freely and with intent, meditative thought injures Earth, the spleen. Implied in the nature of *lu* is the notion that, if one thinks too deeply and goes too far into the

⁴⁴ In Chinese medical terms, children are seen as more *yang* in nature overall. They learn and remember quickly, get sick easily and recover rapidly. This is balanced by the view that, as we get older, memory fades or we lose our faculties. People become more *yin* as they age. We speak of learning things rote or by 'heart' or when we have difficulty remembering but feel close to the memory we commonly hear, 'it's on the tip of the tongue'. Earth begins to lose touch with the heart.

⁴⁵ I use the word consciousness as it derives from the Latin verb '*conscire*', literally meaning, 'to share knowledge with others', and in contrast to the idea that consciousness is something one experiences that is not shared with others.

distance, then one is likely to become anxious and crippling thoughts will occur. Thinking becomes convoluted, leading to worries, concerns and obsessions.⁴⁶ Feeling states and emotions now become part of the process. Becoming trapped by thought, sunk in concern and worried about self and others is suggestive of someone who repeats patterns of behaviour, perhaps even intellectualising concerns of life and their relationships.⁴⁷ The liver breaths will also be implicated, meaning that its role in maintaining *gan zhu sheng fa* becomes disordered. For instance, 'one shoots off at the mouth' before considering the consequences. From a clinical perspective, a *wu xing* liver-spleen imbalance is not an uncommon symptom pattern. Practitioners often hear clients clearly describe their dilemmas yet feel they cannot proceed. Often what may be described as obstructed thinking processes, or being overly concerned about things, may be reflected as recurring somatic symptoms like tiredness, muscular aches, headache, altered eating or bowel habits, all of which can suggest disrupted spleen *qi*. Clinically, a weakening of spleen vitality is often associated with other *zangfu* disharmonies and commonly linked with unrestrained aggression by the *wu xing* wood phase: *si* and *lu* are said to require reconciliation, *tiao he gan pi* 調和肝脾.⁴⁸ This means a *ke* cycle attack by liver/gall bladder on stomach/spleen and is commonly seen as recurring headache, irritability, lack of direction in life, 'shooting off at the mouth', indecisiveness, lack of courage, pre-menstrual syndrome or menopausal symptoms.

From a *wu xing* perspective, liver *qi* is often associated with militaristic attributes. Seen as the general of the army who knows how to maintain peace, the liver acts as a counter balancing influence on excessive thinking (Maciocia 1993, OICSAA 1979). Like a general, the liver first plans a strategy and its *yang* partner, gall bladder, supplies the courage to implement

⁴⁶ In some early texts too much meditation can lead to the 'Buddhist's disease'. There are benefits to meditation, but doing it incorrectly may lead to energetic pathology. See also Chiu (1986).

⁴⁷ See Chiu (1986:108) in her reference to Chang Ching-yueh, 'deep in thought and yearning for something distant, this must produce general distress and doubt'.

⁴⁸ In *wu xing* terms this means a *ke* cycle attack by liver/gall bladder on stomach/spleen, commonly seen as recurring headache, irritability, lack of direction in life, 'one who shoots off at the mouth', indecisiveness, lack of courage, pre-menstrual syndrome or menopausal symptoms.

it. The good general who is able to win without fail has 'unfathomable wisdom and a modus operandi that leaves no tracks' (Cleary 1988:6). This means that thinking processes, especially those aspects which engender their implementation, occur as if liver *qi* is not present. Conversely liver *qi* activity becomes noticeable when energetic disharmony is part of the pattern. From clinical experience, that part of the client narrative that expresses *lu* seems to occupy a significant portion of the therapeutic dialogue. Clients often seek direction concerning lifestyle issues, eating patterns or discovering other ways of enhancing and maintaining their sense of well being. In a world where people are persuaded to feel convinced that making choices or articulating preference is indicative of sound reasoning processes, *lu* is lost. The point being made here is that clients often express the sense of having lost a connection between thinking and doing. Paradoxically, the task of assessing options seems too readily available and often perceived as an answer to a problem not yet fully formulated. A perceived excess of availability of choice consumes and disrupts *qi*, especially liver *qi*. Engaging a series of thoughts, constructing a plan and implementing a plan requires harmonious movement and activity of spleen and liver *zang*.

In *wu xing* terms expressing anger, *nu* 怒, would dissolve excessive, convoluted thinking. Whether this means that one should become angry is not clear. However, given that anger, the emotion of the liver, has a spreading and releasing function, the liver's counterbalancing role (*ke*) on the spleen could liberate obstructed thoughts. But it can also mean becoming involved in activities other than being 'angry'. Expressions such as 'to go out for a walk', 'loosen up by doing stretching exercises', 'go run it out', 'stop pussy-footing around', 'include spicy food in the diet' or, as in the Chin Hui story, changing the colour of one's clothes, reflect a sense of promoting and maintaining the smooth flow of liver *qi*, *gan zhu sheng fa*.⁴⁹ Specifically, any of the examples cited could have an impact on liver *qi*. *Nu* therefore need not necessarily mean being angry. Rather, it implies 'the same tension that you

⁴⁹ See Blofeld (1976). See also McKenzie (1996) for a description of the Wood phase and the season of spring.

get when you draw a bow. In your mind, your willpower corresponds to anger. It is just tension' (Larre and de la Vallée 1994:41). The meaning, however, is to recapture the liver's natural tension, encouraging it to move in the right direction. Doing so would allow the breaths to wander freely and with purpose, dispelling twisted and excessive meditative thought.

The final statement on mental activity in *Ben Shen* notes, 'When reflection can know all things at its disposal, we speak of knowing-how' [*zhi* 智]. Thus 'knowing-how is the maintenance of life' (Larre and de la Vallée 1995:58).⁵⁰ The idea that the attainment of knowing-how allowed one to prosper and have everlasting vision is suggestive of living in harmony with the seasons, the emotions and *yin* and *yang* (Larre and de la Vallée 1995).

What bound the entire process is the breaths of the heart and will, emanating from kidney *zhi* 志. From the simplest idea, not yet quite formed but sustained by the energy of the heart and kidney, one could now give shape and form to the first thoughts. The vocabulary attached to the evolution of thought naturally led people to a special state of being, enabling individuals to catch glimpses of a wondrous *shen*. *Shen ming*, one's capacity to experience and know *shen*, could be observed in all aspects of the human condition and the natural world, preserving the will for life.

Unlike *yi*, *si* and *lu*, *zhi* 智 does not contain the heart radical. Knowledge, *zhi* 知, is composed of an arrow, *shi* 矢, and mouth, *kou* 口, indicating an action has come to its natural end. Linking mouth and words to an arrow shot from a bow, signifies that words flow with precision. Wilder and Ingram (1974:89) suggest that 'we have the knowledge possessed by one who can give his word, opinion, with the precision and speed of an arrow. Knowledge is an

⁵⁰ Wu (1993:39) renders the statement as 'From planning, to the managing of the myriad of things, is that which is spoken of as wisdom. Thus the wise nourish life by flowing with the four seasons ...'

arrow mouth.’ An arrow mouth, 知, becomes wisdom, 智, when the sun graph, *ri* 日 is added below. Words and arrows are illuminated by the most *yang* of celestial bodies, the sun.⁵¹

One possible reason why the heart radical not present in *zhi* is the presence of *ri*, signifying the sense of fire and brilliance emanating from beyond our earthly limitations. In the *I Jing* (Book of Changes), *ri* is represented by the third trigram, *li* (Willhelm 1989). The thirtieth hexagram, also *li*, known as ‘flaming beauty,’ is depicted as ‘... fire rising in two tongues of brilliant flame’ (Blofeld 1976:145). It suggests that the ‘superior man’ is able to authenticate the brilliance of the ancient sages vitalising the earth. Animated by the heart, the combined activity of *yi*, *si* and *lu* eventually transports the individual to another dimension, symbolised by the sun, where one can see the whole world with one eye,⁵² a place replete with pure *yang* energy.

Since *zhi* 智 was one way of characterising an important stage of mental life in Chinese medicine, *zhi* also proclaims a special state of mind, cultivated by maintaining harmony with the natural rhythms of life. In Chinese medicine cultivating life offers humanity the opportunity and capacity to access and apprehend the ‘impenetrable’. Meditating and reflecting offers one proper discernment, permitting an experience understood as wisdom. One could then penetrate divine intelligence: *tong shen ming*.⁵³ But *zhi*, another manifestation of *shen*, could be experienced and reflected in all aspects of life. A literary work like the *Nei Jing*, compiled by sage physicians, offered a way into knowing *zhi*. Engaged in reading and reflecting

⁵¹ *Ming* 明, is composed of *ri* 日 sun, and *yue* 月 moon, meaning brilliant. Adding *shen* 神 to *ming* 明 now becomes, ‘divine intelligence’ (Chiu 1986) or the radiance of the spirits. Adding *tong* 通 to *shen ming* 神明, now describes a person who is able to penetrate the limitless universe.

⁵² Interestingly, *kan* 看, to see or regard carefully, is composed of a hand, *shou* 手, covering the eye, *mu* 目. Wilder and Ingram (1974:39) note, ‘one shades the eyes in order to see better, cutting off the rays of the sun, and gathering the light ...’ (Cf. Wieger 1965). But, according to a Chinese proverb, you cannot cut off the sun’s rays with one hand. The connection between eye 目 and sun 日 is indeed close. The difference between the two characters is the addition of an extra stroke.

⁵³ The acupuncture point *Tong Li* 通里, Heart 5 translates as ‘Penetrating the Interior’ (Rogers and Rogers 1989) or ‘Connecting Grain’ (Ellis, Wiseman and Boss 1989). Interestingly, the character *li* is composed of a rice field, *tian* 田, with *tu* 土, earth, added below. Note the *tian* character in connection to *si* 思 and *tu* in *zhi* 志.

on the words contained in the *Nei Jing* can then be understood as an especially important route to understanding mental life. Seen as an instrument for knowing the mind, preparing oneself to access classical texts pre-supposed the physician was, in a sense, physically and mentally primed to receive an ancient medical knowledge.

Apart from reading literary works, *zhi* could be experienced and observed at any time; preparing and eating food, exercising by doing *qi gong* or *tai qi*, sitting, being a calligrapher, a marksman, poet or artist. Performing the simple tasks of life were indeed understood as a measure of 'know-how'. And so:

Without stirring abroad / One can know the whole world; / Without looking out the window / One can see the way of heaven. / The further one goes / The less one knows. / Therefore the sage knows without having to stir, / Identifies without having to see, / Accomplishes without having to act. (Lau 1972:108)⁵⁴

Being a wise person can only occur if one acknowledges the presence of and cultivates *qi*. This means that to **know** *qi* one has to **experience** *qi*. *Qi* is the force that engenders life, and to understand its connection to being human means that one had the potential to understand the human condition. Consistent with Chinese medicine's Daoist origins, this also means that one recognises and values the importance of both 'useful' and 'useless' things because *qi* could be experienced anywhere and at anytime (Merton 1992). Cultivating *qi* also implies a sense of the mystical. Displaying *zhi* is said to be an embodiment of a special state of being, having exceptional abilities, even genius.

For practitioners, the clinical experience is not only an occasion to assess a client's condition and pronounce a diagnosis. The clinical setting is also an opportunity to discover the relationship between how diagnosis and *zhi* form part of an interweaving discourse about *shen* and the human experience. In a deeper sense, understanding the experience of illness means that a physician can apprehend and be rooted in the spirits. One's spiritual attributes of *shen*, *yi*, *zhi*, *hun* and *po*, therefore, cannot be separated from the more particular terms relating to the

⁵⁴ See also Ryckmans (1996) and Heidegger (1975). For other translations of the Tao Te Ching see Wu (1961).

creation of thought, that is, *yi*, *si* and *lu*. Having attained *zhi*, one's *qi* and *xue* are seen as balanced: a necessary pre-condition for following a path of wisdom. The creation and implementation of thought characterises the essence of *shen*.

As suggested earlier, in traditional texts *shen* discourse was not separated from things mystical. *Shen* was simultaneously a particular form of *qi* and a universally wondrous force. Attaining *zhi* and *tong shen ming* not only meant that one could think clearly, remember well and spread one's thoughts far and wide, but it also suggested that one could be symbolically transported into other dimensions. Accessing and experiencing the 'pre-heavenly' configuration of the breaths one had the opportunity, as Eliade has noted in another context:

... to recollect the beginning, or more exactly one who has become contemporaneous with the birth of the world, when existence and Time first became manifest. The radical 'cure' of the suffering of existence is attained by retracing one's footsteps in the sands of memory right back to the initial *illud tempus* - which implies the abolition of profane Time. (Eliade 1972:49)

Experiencing knowing-how in the present re-collects the thoughts of China's ancient medical sages. In following the way of the superior physician, practitioners learn:

There are no fixed limits / Time does not stand still.... He who is wise sees near and far / ... He takes in past and present, without sorrow for the past / Or impatience for the present. / All is in movement. / He has experience.... Birth and death are even / The terms are not final. (Merton 1992:129)

The Australian clinical encounter situated in a secular setting becomes the locus for observing patterns of *qi* and thus seeing and knowing *shen*. Whatever diagnosis a practitioner determines also becomes a statement about a client's state of being. *Qi*, for instance, may be experienced rebelling upwardly as wind causing the head to shake, *gan feng nei dong tou yao* 肝風內動頭搖, sensed as feverish sensation in the bones, *gu zheng* 骨蒸, or understood as kidney not communicating with the heart, *jiao tong xin shen* 交通心腎 or kidney fire needing to be guided to the original place, *yin huo gui yuan* 引火歸原. These may all be construed as symbolic statements of a client's *shen*. Puncturing the acupuncture caves engages

the breaths, giving impetus to the process of transformation and change. The breaths of the stomach, liver or small intestine are 'nudged', in order to re-assert the proper flow and direction; appetite returns, one awakes rested from a peaceful sleep, or urine becomes less turbid. It can also mean a return to self-nourishment - starting to eat more wholesome food or not being revulsed by one's dreams. The transformation may initiate the first steps to lifestyle changes. For some clients this kind of transformation changes their perception of physical discomforts and even long-standing hurts. Acupuncture can in this way be seen as an enlightening experience.

For practitioners, the prime purpose of acupuncture is to penetrate the rooting of the Spirits.⁵⁵ However, this penetration cannot occur unless the physician recognises and cultivates their *shen*. This is why the superior acupuncturist is said to know 'the moment when it is necessary to puncture' (OICSAA (LS) 1979:10). For this reason, accessing Chinese medical knowledge through ancient texts like the *Nei Jing* was a special endeavour. It offered a way into knowing the human condition and how to diagnose and treat people in the context of the human condition. Having special medical knowledge meant that a physician, like the ruler of a state, ministered to the people before they became sick and when they were sick. The former was the sign of the good physician. Medical ideas in ancient texts which reflected *zhi* therefore needed to be committed to paper, so that Chinese medical knowledge could be 'transmitted to future generations to prevent calamity... without this, man would be without these words' (Wu 1993:234). For these reasons, the *Nei Jing* and other medical texts are considered classics, *jing* 經. The ideas of ancient medical scholars are said to be woven like precious silk threads in a loom. The thoughts of sage physicians have been woven into timeless classics, the threads of which can still be seen and understood as wisdom.

⁵⁵ In describing acupuncture points Larre (1983:53) writes, 'What a renewal it would be for acupuncture if we could ... let spirits and valleys - without magic - resume their right place! For the acupuncture points are no more than the entrance to the cavities, the holes, where life is crouching like an animal in its burrow.' Cf. Wu (1993:35 ff).

Central to this wisdom, as discussed in this chapter, is the concept of *shen*, which offers a flexible and accommodating definition of activities of the mind. Though *shen* discourse directs attention to the complexities of mental life, *Nei Jing* scholars insisted that it formed part of a unified discourse about the human condition. The importance of *shen*, identified as a form of *qi*, cannot be underestimated, because medical scholars attached a quality to *shen* indicating that deep knowledge of it transformed and transported people into other dimensions of being, ‘into the original plenitude’ (Eliade 1972:49). It is for this reason that *Ben Shen* begins with the injunction that all ‘... acupuncture laws first must be rooted in the spirit’ (Wu 1993:39).

Ben Shen provides practitioners with a point of entry into two other ways of conceiving the mind: the mental and spiritual. The following chapter will consider how *qi*, now labeled as *wu zhi* 五志, a term denoting the spiritual attributes is woven into mental life. An integral component of mental life, also to be explored in the following chapter, are ‘the likes, dislikes, joys and angers, sorrows and pleasures of human nature’ and usually understood as the seven emotions (Hsun Tzu, in Chiu 1986:112).⁵⁶ As the following chapter indicates, both *wu zhi* 五志 and the seven emotions reflect how *Nei Jing* scholars could differentiate more clearly the vital energies that gave impetus to mental life.

⁵⁶ Some contemporary sources also speak of the ‘Five Extreme Emotions’ *wu zhi guo ji*. See Sung (1981).

Chapter 5

本神 五志 Ben Shen Wu Zhi

The Nei Jing Treatment of the Emotions and Spiritual Attributes

There can be no knowledge without emotion.
 We may be aware of a truth,
 yet until we have felt its force, it is not ours.
 To the cognition of the brain must be added
 the experience of the soul.
 Arnold Bennett (1867–1931)

In the previous chapter the realisation of *zhi* 智, described in *Ben Shen*, was seen as epitomising a preferred state of being indicating that a physician or, indeed, any person was ‘in touch’ with *qi*. Drawing attention to mental life illustrates the varying ways *Nei Jing* medical scholars expounded on the nature of *qi*. As chapter four outlined, discourse on mental activity in *Ben Shen* contained a dual meaning: it offered practitioners a medical knowledge base supporting medicine as a technique and, more especially, a set of guiding principles for all people to understand and cultivate life. The *Nei Jing* was both a medical textbook and a classic work containing ideas which went to the heart of understanding the human condition.

The previous chapter focused on a Chinese medical conception of what is generally considered as ‘mental life’, or thinking processes. Core to understanding thought processes was the idea that practitioners had to apprehend the meaning of *shen*. At the same time, *shen* was another way of speaking about *qi*. However, as the chapter outlined, the qualities ascribed to *shen* varied: as something that animated human beings, as something wondrous, or as

something alluding to things mystical. At times *shen* was accorded the status of being beyond *yinyang*, because it was considered to be always pure and free (Larre and de la Vallée 1991, 1994). Because people are considered to be changing manifestations of *yinyang*, the possibility of recognising and penetrating the wonders of *shen* was available to all, but only if they followed a path 'with heart'.

In this chapter the relationship between *qi* and *shen* is explored through the five emotions¹ and spiritual attributes. Immediately after the *Ben Shen* statement on mental processes the *Nei Jing* provides a detailed discussion about human emotions. The implication is that medical writers of the time knew that thinking and emotions could not be separated. For instance, when *si* transforms to *lu*, we get a clear sense that thinking processes become enmeshed with emotions, enriching the discourse about how the breaths manifest. Although the general label of emotions and specific feeling states are discussed as separate entities in the *Nei Jing*, they are, like *shen*, always seen as part of an interweaving discourse on *qi* (Larre and de la Vallée 1987, 1992a, 1992b, Larre 1994, Chiu 1986).

Reference to emotions is scattered throughout the early texts. Contained also within these writings is a certain ambivalence to the expression and experience of emotions. Experiencing emotion in Chinese thinking at times takes on a negative connotation. The *Li Chi*, for instance, states:

Now there is no end to the things by which man is affected; and, when his likes and dislikes are not regulated, he is changed into the nature of the things he encounters. Someone who becomes like the things he encounters destroys the heavenly principle [within] and gives utmost indulgence to his human desires. (Chiu 1986:112)

Encouraged to live in accord with the Dao and maintain a harmonious, balanced existence, *Nei Jing* authors were aware that, as a consequence of the fusing of *yinyang*, people had to experience:

¹ Sometimes known as the seven emotions, *qi qing* 七情, being: anger, joy, anxiety, worry, apprehension, grief and fright. Most contemporary Chinese medical texts speak of the five extreme emotions, *wu zhi guo ji* 五志過極: anger, joy, anxiety, worry and apprehension as internal pathogenic factors.

... production, death and change.... because these energies can sometimes be in equilibrium, sometimes in disequilibrium.... Without change, there is neither life, nor youth, nor old age, nor death. Without change there is neither production, nor disappearance. All beings who have a body (a physical form) are ruled by this universal law. (OICSAA (SW) 1979:193)

Not only was the world replete with external evil influences; people also had to suffer the burden of experiencing a range of destabilising emotions, while the experience of emotions was perceived as an impediment to the ideal human experience, implying that *zhi* and *shen* are often compromised. *Nei Jing* authors accepted that emotional life was an inevitable part of human existence (Chiu 1986). For this reason, proper regulation of emotional life was considered an important personal attribute. Even the ancient sages, it was said, experienced emotion. The issue was how to be attentive, whilst not being overwhelmed or controlling to the point of suppressing feelings.

The expression of feeling states, understood as manifestations of *qi* and linked to *wu xing* cycles, were likened to nature's rhythms.² Accepting that the range of human emotions were part of a post-heavenly configuration, if people behaved in a manner consistent with the qualities of each season 'dis-ease' was minimised. A harmonious movement and expression of emotion meant that *shen* was calm and tranquil, depicting how the heart had taken charge of the being.³ At the same time this also means that individuals know how to behave and live in accord with the energy of the four seasons. Human behaviour could be viewed as 'pathological' when, for instance, an individual felt compelled to stop birds singing in the early morning time (Larre and de la Vallée 1991). An ordered *shen* permitted a proper expression of emotion and know-how. Placed within the context of comprehending seasonal change, feeling states were

² Ni (1995:19) writes, 'Overindulgence in the five emotions, happiness, anger, sadness, worry or fear, and fright, can create imbalance. Emotions can injure the qi, while seasonal elements can attack the body. Sudden anger damages the yin qi; becoming easily excited or overjoyed will damage yang qi.'

³ Larre and de la Vallée translate the *Ben Shen* line 所以任物者謂之心 as 'suo yi ren wu zhe wei zhi xin' meaning 'when something takes of the beings, we speak of the Heart' (1995:17). Compare with Wu, who renders the statement as, 'Those which are in accord with control of myriad things are the heart and mind (1993:39) and 'The Heart is the reflection of the phenomena of nature. The idea comes from the Heart.' (OICSAA (LS) 1979:35)

now understood as another natural transformation of *qi*. Experiencing *qi* could be likened to being aware of the commencement of seasonal change or the passage from night to dawn, with anger, joy and other emotions placed within the same natural rhythms.⁴ Feeling states became pathological when they appeared:

... sufficiently strongly to actually take root in your being, that means it is not in balance with all the other movements, and therefore it is pathological. In the balanced harmony of life ... what pushes you upward must be moderated by what pushes you downward. What pushes outwards must be balanced by what pushes you inwards ... One movement stays at the expense of all the others. (Larre and de la Vallée 1991:81)

For instance, exuberant liver *qi* construed as anger disrupts one's intentions, ideas and plans. Simultaneously, a *shi*, *xu* or mixed *shi/xu* pattern could be attributed to not having behaved in accord with the seasonal changes or even weather patterns. Thus, 'failing to regulate one's emotions can be likened to summer and winter failing to regulate each other, threatening life itself' (Ni 1995:19).

Learning how to regulate one's *qi* provided humanity with an opportunity to learn what gave direction, substance and vitality in life. At the same time, one became transformed by the experience, leading to a recognition of pre-heavenly forces - in other words, catching a glimpse of *yinyang* and especially the nature of the cosmos before *yinyang*. As beings also have shape and form, the expression of emotions in a person would necessarily display disharmony. Human life, then, was interpreted as a constant mixture of things pathological and true and upright. *Qi* always remains and changes, and pathology is a constant reminder of transforming *qi*.⁵ It is no accident that *Nei Jing* authors included references to counseling physicians to free children from general distress (Chiu 1986). At the same time, *Nei Jing* authors put forward the view that there are people who are not subject to 'human weaknesses' because they 'are the

⁴ With regard to heart *qi* the OICSAA (SW) notes, 'In the Heavens, it [the heart] is the Heat of Summer ... In the psyche, it can provoke anguish, but the sentiment which is natural to it is joy. Nevertheless, the excess of joy can injure the Heart, likewise the excess of Heat can injure its energy' (1979:14). Cf. above n. 2.

⁵ See Larre and de la Vallée (1991:78) who write, 'Everything is pathological in life because there is no perfect man. It is a deep pathology. There is no normality here among us. But some are really in a sad condition, some seem to be in rather a good condition. How do I know that? Through their faces'. Cf. Kaptchuk in Hext [1989].

Wise Men who are united with the Tao' (OICSAA(SW) 1979:194). In other words, they also considered that all humans had the potential of becoming a 'being without a body', in order not to suffer.⁶ Demonstrating that one could regulate their emotions, through exercise or eating the correct foods, was seen as confirmation of having cultivated life. The human condition was both a problem and a source for knowing the Dao. Even so, apprehending the nature of *yinyang*, heaven and earth and *qi* and *xue*, the capacity to know and to experience the world beyond the confines of a limited body, was available to all people.

Two emotions identified by early writers, and seen as probably the most important causes of illness, were *nu* 怒 and *xi* 喜, anger and joy. The character for anger (also rage, fury, or passion) is an evocative one. It contains a warning to people about being angry and what anger does to people. The character contains woman 女 and the (right) hand 手 placed over the heart 心. *Nu* 怒 represents a woman under the hand and is a powerful description of the place of women in Chinese society⁷. Women were oppressed by the hand which created suppressed anger (Larre and de la Vallée 1994).⁸ In medical terms, what is portrayed by *nu* is an enslaved heart or, in *wu xing* terms, a constrained emperor. It is suggestive of the Western idea that one cannot be a slave to two masters. Interestingly, another description for 'furious anger' is *nu* and *qi*. The character for *qi* is the same as the one used to signify the breaths. The overwhelmed heart is characterised by the quality of excessive, explosive *qi*.⁹ The breaths now emanate with

⁶ See Eliade (1972:49), 'According to the Buddha, as indeed in Indian thought as a whole, man's life is doomed to suffering by the very fact that it is lived in Time.' See also Cassel (1982).

⁷ Blakney notes, 'It will be an interesting study of the Chinese estimate of women to go through the lists of characters containing 女, and note how many of them have unpleasant meanings' (1926:154).

⁸ For instance, when asked about the number of children they had, fathers would often respond by naming their sons, not daughters. Daughters are seen as burdens. This sense of value placed on the sex of a child is depicted in early oracle inscriptions. Cf. Lindqvist (1991). Yet the idea of 'goodness', *hao* 好, is represented by the character for woman and child, or 'peace, tranquillity'. *An* 安, happiness, is composed of woman under a roof. See also Larre and de la Vallée (1994:44), 'Slaves are not educated people, they are taken prisoner after victorious war with the barbarians. They do not know Chinese mind or culture, and their behaviour is always violent and impolite. Like French people compared to English people! If you have this feeling it ends in unrepressed conduct. You just do what you want, you express yourself with harsh words, you have no self control, you are violent, and this violence is present in the spring and in anger.'

⁹ *Nu chong chong* 怒衝衝 means a double surge, 衝, of anger.

force and direction; upwardly and outwardly - demonstrating the expansive nature of liver *qi* movement and known as *gan xi tiao da* 肝喜條達. *Nu* also suggests that heart *qi* is restrained, and if normal heart *yang* actions are impeded then *qi* will turn to anger and rage. It can also mean not becoming bound to the dictates of the heart (Chiu 1986, Larre 1994, Larre, and de la Vallée 1991).

Anger was considered the most disruptive¹⁰ of all pathogenic factors, socially and medically.¹¹ References to it are scattered throughout the *Su Wen* and *Ling Shu*. Perhaps the reason for devoting so much attention to anger could have been that many Chinese patients presenting for treatment in China portrayed a pattern of liver *qi* obstruction, with angry feelings, chest distress, frustration, irritability and flank pain being common. Or, possibly, because practitioners read classical texts they looked for liver *qi* obstruction and found it. As Chiu has noted, 'the emphasis placed on anger probably reflects the practical priorities of medical scholars who wanted to focus first on the most disruptive of all emotions' (Chiu 1986:114). In Chinese culture, expressing strong emotion, and more particularly anger, is seen as weakness. Indeed, little children are scolded by their mother for aggressive behaviour (Bond and Huang 1986).¹² That so much attention is given to anger may be related to its ascribed *yang* qualities and the importance of keeping *yang* in control. Contemporary medical terms such as *wo sheng qi le*, *pi qi bu huo* or *huo qi da* offer clues to understanding liver anger correspondences. For instance, *wo sheng qi he* means 'I got angry' where the anger is felt inside and not expressed for others to know or hear. In contrast, *pi qi bu huo* means anger is locked in the spleen, where the spleen is identified as the troubled *zang* and the individual is understood to be a bad tempered, grumbling person who often flies into fits of rage. In both

¹⁰ This view is not limited to Chinese thinking. Berne (1968:160ff) provides a Western view on how emotions, anger in particular, may be related to physical symptoms.

¹¹ 風, *feng*, wind, is also associated with liver activity. In this instance wind manifestations are seen as internal in origin with *yang* characteristics.

¹² See also Lock (1989) for comparison with Japanese people and, for instance, the relationship between *hara* and the incidence of abdominal conditions such as stomach and colon cancer.

instances anger is held inside. In the latter description, anger eventually surfaces after a long period of suppression. In *pi qi bu huo* anger has contaminated the spleen, meaning the liver has attacked the spleen on the *wu xing ke* cycle.¹³

In contemporary Western practice, a commonly diagnosed energetic disharmony is *gan yu* or 'liver *qi* obstruction', which parallels what early medical scholars also recognised and found (Sung 1981:216). Expressed as irritability, frustration, anger, dizziness, chest oppression, indecision or the desire to make a lifestyle change, this pattern of disharmony has much to do with the wood function of planning and making decisions, *gan zhu sheng fa*, so that Wood energy 'will grow flourishingly and develop with full vitality like trees in the spring' (Sung 1981:56). In Australian clinical encounters clients often speak of being unable to 'move on' or of 'having lost a sense of direction in life', yet body functions and activities seem frenetic. In Western terms, the disharmony is often named as stress.¹⁴

The symptom pattern may be understood as stress in a Western context, but the issues and concerns which characterise energetic imbalance are expressed similarly in classical texts. Qi Bo's response to Emperor Huang Di's first question in the *Su Wen*, for instance, indicated how:

In the antique age, man used to live according to the 'Tao', the 'Principle'. They observed the Law of Yin and of Yang, to be sober, to live a regulated and simple life.... they used to live up to one hundred years. In our age man drinks alcoholic drinks like one drinks water, looking for all the pleasures and addicting themselves to intemperance, so they do not live beyond fifty years.... The wise man must protect himself from desires, thus his heart will be at peace, his body can be tired, but not his spirit. (OICSAA (SW) 1979:1)¹⁵

¹³ In Australian colloquialism *wo sheng qi he* may correspond to having 'shit on the liver' and *pi qi bu huo* as 'venting one's spleen'.

¹⁴ Living in the modern world, '... driven by modern institutions that ceaselessly plan to improve our lives', stress becomes used as a 'metaphor to mask and adapt to the pervasive sense of meaninglessness in the contemporary world (Kugelman 1991:26). See also Sommer (1994).

¹⁵ Compare with Ni, 'I've heard that in the days of old everyone lived one hundred years without showing the usual signs of ageing. In our time, however, people age prematurely, living only fifty years. Is this due to a change in the environment, or is it because people have lost the correct way of life?' Later on we read, 'These days, people have changed their way of life. They drink wine as though it were water, indulge excessively in destructive activities, drain their jing-the body's essence that is stored in the kidney's-and deplete their qi. They do not know the secret of conserving their energy and vitality' (1995:1).

Intemperate habits and living in a world replete with stressors impedes the individual from leading a simple life in accord with nature. Liver energy, particularly the vocabulary and meaning pertaining to *nu*, was seen not only as a principal cause of disharmony; it described the condition. Wise people therefore protected themselves from over-exuberant liver *qi*. In this case, *nu* does not exclusively mean explosive outbursts, screaming, yelling, or frenzied states. *Nu*, understood as agitated liver energy, is apprehended in relation to its physiological activities. Being responsible for the smooth flow of *qi* liver allows one to pace the courtyard with great strides, exerting the will for life (Larre and de la Vallée).¹⁶ *Nu* is another way of saying that liver *qi* has altered direction and is now pathological. The individual now reflects a state of *qi* imbalance. Hearing clients say they seem to be ‘tripping over their own feet’ or ‘getting things wrong’ or losing their sense of co-ordination may be understood as disordered paces in the courtyard, and seen as pathology of the liver. An individual need not look or be angry. They may, however, be frustrated with what is happening to them and display an inability to take action. Two terms which give meaning to the idea of liver tension are *jing hai* 驚駭 and *dong yao* 動搖.¹⁷ *Dong yao* describes the idea of feeling shaky inside, experiencing muscular spasms and contractions, nervous ticks or twitching muscle bundles and *jing hai* refers to feeling startled and trembling from being surprised.¹⁸ Liver pathology causes one to be edgy and agitated. Constraining the liver’s ability for quick, fluent movement results in energy

¹⁶ Compare with OICSA (SW) (1979:3), ‘Spring is the season of rising of the sap: the Earth and Heaven recapture life. All is in fecundation. It is the season during which man must rest his body in order that new energy can grow. It is the moment of giving and not of suppressing; it is the hour of reward and not of punishment. In order to comply with the energy of Spring, it is necessary to nourish this new vitality’.

¹⁷ *Jing* literally means a startled horse: ‘The terror 駭 which a horse 馬 experiences in the presence of that which he regards as being more powerful than himself’ (Wilder and Ingram 1974:256).

¹⁸ Ambiguity does persist as to whether great surprise constitutes a cause of disease (Chiu 1986).

that easily gets stuck, leading to fright or a feeling of shakiness inside the body (Larre and de la Vallée 1994:20).¹⁹

Living in situations that restrain normal liver *qi* flow leads to more serious liver disharmony. Surrounded by and being susceptible to factors which constrain liver *qi* means a disharmonious expression of liver activity. When *nu* is sufficiently strong to take over a being, *qi* is carried upwardly: *qi* scatters and one is said to lose control. Because liver is said to store *xue*, the intense activity may force *xue* to move recklessly and lead to haemorrhage. The reckless movement of *xue* is said to be stirred by internal liver wind, *gan feng nei dong* 風內動肝. Clinically, this can mean such symptoms as a blood nose, red eyes, poor vision, dizziness or *zhong feng* 中風²⁰, which comes indeed close to describing a cerebro-vascular attack (Anon 1980, Kaptchuk 1983, O'Connor and Bensky 1983, Shuai 1992).

All this suggests that liver energy, especially when linked with *nu*, may be understood in a number of ways: as obstructive behaviour, tense or abrupt movement, irritability, being easily startled, feeling jumpy, shouting at others, recurrent headaches or indecisiveness. These states of being reflect how *nu* is shaped and expressed by people. For Australian practitioners one important task is how to recognise *nu* in the therapeutic discourse. Because *nu*, understood as errant liver *qi*, is shaped and expressed by clients in different ways, it need not only be simply understood as outward anger, fury or rage.

Extreme joy, *xi* 喜,²¹ often associated with the Fire (heart) phase of the *wu xing*, is the other emotion most frequently spoken about in terms of illness causation by *Nei Jing* authors.

¹⁹ Wilder and Ingram (1974:145) note, *ma* 馬 contains horse and net. Trapping a horse that easily frightens means is as if one intends to insult another. Insofar as Wood energy is concerned, one major treatment principle is to conciliate and harmonise the *zangfu*.

²⁰ Commonly understood as wind strike or stroke.

²¹ This character is often seen displayed in many Chinese restaurants in Australia. The connection between joy and sharing a meal is a significant one. *Xi* contains the ideographs for music and mouth signifying singing. The ideograph representing music is a combination of a hand beating a drum.

Thus, 'If one is not master of the Joy ... the vitality will feel it deeply' (OICSAA 1979:13).²² Excessive laughter or 'laughter without stopping' (Wu 1993:41) was associated with heart *qi*. Uncontrollable laughter was seen as a pathological manifestation of joy, since the void or spaces of the heart were filled with an expansive and 'unnecessary' energy (Larre and de la Vallée 1991).²³ In some instances exuberant joy led to *qi* slowing down or descending, which may have been a reference to what happens to people after experiencing intense joy. However, when heart *qi* is said to be *xu*, implying one is unable to laugh, sadness would prevail (Larre and de la Vallée 1995, Ni 1995).²⁴ The important point to note with *shi* or *xu shen* conditions is that *qi* scatters with the result that one loses *shen*. Though *xu shen* was understood as sadness, excess joy could also turn to tears. This apparent contradiction, an experience common to many people, serves to demonstrate how *qi* is always in a state of transformation and how opposites are merely different representations of a fundamental life force: *yin* and *yang* are always on the verge of becoming the other.

In *wu xing* terms, the heart imposes a *ke* cycle effect on lung energy, 'squeezing it' and forcing out fluids. It is not uncommon to hear people express the view that after a sustained bout of laughter they cannot maintain the elation or they will cry: 'I laughed till I cried', 'to weep for joy', or 'moved to tears' are common phrases. Sometimes people wet themselves after laughing a lot. In this instance, energy descends and emerges as fluid from the lower *jiao*.²⁵

Though weeping speaks of lung energy, tears also reflect liver *qi* or, more particularly, liver *xue*. Forced to release tears, lung fluids are seen emerging from around the eyes, reflecting the *wu xing* Wood/Metal relationship. If a person wets themselves from laughter fluids follow

²² Excessive joy will disperse the *shen* from where it is stored or too much joy and happiness can cause the spirit to shrink and scatter and not stay stored.

²³ Cf. Loy (1992) on the Buddhist notion of apprehending the 'void'. See also Larsen (1995).

²⁴ The OICSAA (1979) translates '*sadness*' as '*groans*'. Ni (1995:216) renders the statement similarly, 'When *shen* is excessive, one laughs hysterically. When *shen* is deficient, one is sad or crying. This occurs only when a pathogen disrupts *qi* and blood, causing a disturbance in the *zang*. Before a pathogen disrupts the *qi* and blood, however, one experiences an eerie chill'. Rogers (1988:12) provides another view saying, 'Joy causes *qi* to slow down and scatter'.

²⁵ An Australian colloquialism is 'I pissed myself laughing'. See Wilkes (1993).

the descending action of lung *qi* which connects to kidney and bladder. What this suggests is that the consequences of excessive joy are multi-directional. The heart itself loses *qi* and, in the examples cited, other *zang* activities become implicated. The direction in which excessive heart *qi* transforms is essentially a function of the individual's energetic configuration. For practitioners a key issue is to understand how people 'process' emotional expression, understood as *shen* taking different shapes and forms.

The two emotions, joy and anger, as a pair, occupy another special significance which has been alluded to earlier: joy and anger reflected the notion of *yinyang* and the idea of opposites transforming into each other (Wieger 1965, Chiu 1986, Larre and de la Vallée 1991, 1994). *Nei Jing* authors conceived of joy and anger as two fundamental feeling states from which all other emotions issued. Being two extreme emotions, most agreeable and most disagreeable, we derive a continuum depicting how one becomes the other. All other feeling states become more specific instances with increasing levels of complexity within the continuum (Chiu 1986, Larre and de la Vallée 1995).

At the same time, when anger and joy were spoken of in a *wu xing* context they were considered as expressions of *yang*; anger as *yin* in *yang* and joy as *yang* in *yang*, being representative of the Wood and Fire phase respectively. All other emotions are then seen as *yin*. Because anger and joy were primarily associated with *yang* characteristics, such emotions could easily take charge of a being and be observed.

Nei Jing authors added another layer of meaning by suggesting that people with predominantly *yang* features commonly expressed *yang* qualities. Thus:

The heavily yang type of man, his spirit is easily moved. His qi goes forward easily.... The heavily yang type of man is hot and high. His speech and words are often fast. He often raises his feet high. The viscera qi of his heart and lungs is in excess. His yang is slippery, abundant, and spreads, which causes the spirit to move when the qi begins to act....

However, where there is much *yin* there is anger, and when one is angry numerous times:

... it is easily released, consequently, this is said to be inclination towards the yin. So when yin and yang are separated and difficult to join, it causes the spirit to be unable to move at the beginning. (Wu 1993:220)²⁶

Brutal anger was said to harm *yin* and brutal joy to injure *yang* (Ni 1995, OICSAA 1979). Though anger and joy were said to be *yang*, their effects were seen in two completely different ways. Expressing anger consumes kidney energy on the *wu xing sheng* cycle. If such a pattern persists over time, kidney *qi* is likely to be depleted and understood as *zi dao mu qi* 子盜母氣, the son stealing from the mother causing harm to *yin*. Symptoms could be low back pain, feeling fearful, or an inability to receive *qi* from the lung because the kidney has lost its grabbing force, *shen zhu na qi* 腎主納氣.

Discourse on emotional expression formed part of the larger philosophical issue of understanding the coming and going of *qi* and always keeping *qi* balanced and harmonious. Joy and anger had to be regulated for they were seen as the most important causes of illness. Such knowledge needed to be transmitted to future generations so that 'little children could be without grief' (Wu 1993:123). Physicians were also exhorted to speak to others on how a cure would begin, placing the discussion within the context of following the way of the Dao:

Man's desire is neither for sickness nor for death, but for joy and life.
Announce the uses of these adversities. Speak about what is in accord
with virtue. Instruct on what is in accord with that which is advantageous.
Open that which is in accord with that which is suffering, for even though
the person is not on the way of the Dao, how can one not listen? (Wu
1993:124)

Qi vitalised life but it seemed that emotions, another form of *qi*, were often seen as an impediment to cultivating a balanced life.

Apart from joy and anger, other emotions are also spoken about in the *Nei Jing*: *bei* or *bei ai* 悲哀 as sadness, *you chou* 憂愁 as oppression and sorrow, *kong* or *kong ju* 恐懼²⁷ as

²⁶ See OICSAA (1979) for a different rendition.

²⁷ *Shen zhu kong* means the kidney is concerned with fear (Sung 1981:75).

fear, *jing* 驚²⁸ as fright, and *yu* 憂 representing the idea of general distress, *yu* 憂. These emotions, though significant, were secondary in importance with the social distress, *yu* 憂, for which anger and joy were responsible.²⁹

Extreme grief, *chou yu* 憂愁, is said to be injurious to the lungs, causing the heart to become tight, *ji* 急, dispersing *qi*. Regarding the idea of *you chou* 憂愁, Larre and de la Vallée write:

If there is the emotion of grief or oppression, *you*, one no longer feels full of joy and liveliness. One is turned in on oneself without the possibility of opening up. The character shows the heart in the middle being squeezed in a vice between the top and bottom parts.... For this reason, little by little the person would no longer have any desire to eat or drink, and there could be swellings in the sides and thoracic region. (Larre and de la Vallée 1994:77)³⁰

Lung *qi* is meant to descend, escorting the *po* spirit. If lung *qi* rises, especially when related to sadness and grief, it is said to be rebelling or going in the 'wrong' direction.

Extreme fear is injurious to the kidney, making *qi* descend (Larre and de la Vallée 1988). Forcing *qi* to descend, energy contracts and coagulates causing stagnation, impeding the kidney's role of promoting strength and skill, *shen zhe zuo qiang zhi guan ji qiao chu yan* 腎者作強之官伎巧出焉 (Sung 1981, Larre and de la Vallée 1985). Losing its motive force (*zhi*) to produce *yang* energies, the contracting *qi* is understood as fear, immobilising an individual's sense of courage, leading to the individual becoming weak kneed or experiencing involuntary urination. This also suggests that the creation of *yi* is compromised.

Though *jing* 驚 was not specific to a particular *zang* it was considered as an event that would affect *qi*. The meaning given to *jing* was of great surprise, as in a startled horse, and

²⁸ See note 18.

²⁹ See Chiu (1986:117) for a discussion about *yu*. Chiu indicates that when *yu* is used in the *Nei Jing* it refers to 'general emotional distress'.

³⁰ With regard to crying '... the Lung rises upwards and the eyes overflow with liquid, tears. If the bodily liquids can only circulate with the movement of the Breaths, and if because of the grief these Breaths are moving in a countercurrent way, then the Breaths rise to the upper parts of the body ... and carry the liquids outside the body' (Larre and de la Vallée 1992:53).

perhaps, similar to Western notions of the fight or flight response. Indeed, whenever ‘you see a horse walking around in a medical text you can be sure that it is something to do with fear and surprise’ (Larre and de la Vallée 1994:21).

With later developments in Chinese medicine’s system of correspondences, five emotions are specifically selected and associated with each of the five *zang*: joy with the heart, anger with the liver, sadness with the lung, fear with the kidney and spleen with incessant thinking. Together, the interweaving relationship of the five *zang* offered a deeper understanding of emotional life which spoke of *shen qi*. For the Chinese, however, the boundary between the normal expression of emotion and pathology is especially ambiguous, particularly when feeling states were often seen as undesirable destabilising forces. One answer was to link emotional expression with the idea of maintaining balance and harmony.

Behaving ‘emotionally’ could be considered as displaying unregulated *qi*, indicative of pathology and a sign of personal weakness. Weakening one’s *qi* in this way would also increase the possibility of attack from external evil. In reality, it often meant that Chinese people ‘hid’ their feelings from others. It seems that an unintended consequence of the desire to keep one’s emotions in check has led the Chinese to suppressing two of the most important human feeling states – anger and joy.³¹

Intimately connected with the range of emotions identified by early scholars, and considered to be another aspect of how one configures and gives direction to *qi*, are the Five Spiritual Attributes. As a group their specific functions represented different aspects of *shen*. Being a kind of *qi*, the spiritual attributes could be named, given a home and differentiated according to the activities of their respective *zang*. The spiritual attributes were stored in and expressed by the five *zang*, specifically *shen* 神, *hun* 魂, *po* 魄, *yi* 意 and *zhi* 志.³²

³¹ When a number of Australian acupuncture students returned from an internship in Beijing one interesting comment that many of them made was that the ‘Chinese don’t know how to party’. It also meant they had incurred the displeasure of Chinese authorities by having late night reveries.

³² *Yi* and *zhi* have already been referred to in the previous chapter.

Incorporating *shen* as one of the spiritual attributes illustrates how medical scholars were able to accommodate ideas in different contexts of meaning. At one level *shen* was considered to be the root of life (Chiu 1986), and at another level of meaning *shen* was specific to the activities of the heart. *Shen*, like *qi*, is everywhere, but the heart emperor had a special place for *shen*. *Po*, *hun*, *yi* and *zhi* stored by lung, liver, spleen and kidney respectively, united the life of a person. Together they spoke of a person's *shen*.

As indicated in the preceding chapter (cf. pp. 110ff) *yi* and *zhi* are attributes specific to the development and expression of thought. The *hun* and *po*, which this chapter discusses, occupy a special place in the expression of the breaths, reflecting sensory activities, thought processes, dreaming and one's connection with the 'after-life'. Before Qi Bo begins the discourse on thought processes in *Ben Shen*, the emperor opens with a statement about the spiritual energies stored by the five *zang* and what is likely to happen should these energies go into disarray. Having established a context for the discussion Huang Di, receives this response from Qi Bo:

Heaven in me is virtue. Earth in me is breaths. Virtue flows, Breaths spread out, and there is Life. That living beings arise denotes the Essences. That the Essences embrace denotes the Spirits. That which faithfully follows the Spirits in their coming and going denotes the *hun*. That which associates with the Essences in their exits and entries denotes the *po*. (Larre and de la Vallée 1991:89)

The spiritual attributes become another way of illuminating about our place in the world and humanity's relationship to pre- and post- celestial energies. Differentiating *qi* was a way of permitting entry into discourse on mental activity, suggesting that early medical scholars were clear about the complexity of person's inner life. Entering into this domain of Chinese medical discourse clearly points to the supernatural aspects of spiritual attributes, informing about routes to attaining *zhi* or *shen ming*. Discourse about the meaning of existence and consciousness is rendered into medical discourse.

The ideograph for *hun*, 魂, represents a human beginning to disappear. Rising upwardly this being is part human and part cloud-like. Because of the cloud-like nature in the ideograph 𣎵 (雲), the *hun* spirit was not considered to be evil (Maciocia 1993). The character depicts a sense of lightness and rising movement which is able to accompany the *shen*'s freedom, also implying not only the liver's role in promoting the smooth flow of *qi* but also how this movement speaks of things mystical. The *hun*, said to be *shen*'s escort, has a tendency to move away and out of the body. In a physiological sense *hun* grants people the ability to be active and animated. Being *yang* in nature the kind of energy being referred to is usually rendered as 'clear *yang*' or *qing* 清. *Qing* of the liver breaths is meant to rise, flowing to the head and eyes. And when one closes their eyes to sleep, *shen* finds a home in liver *xue* and one is able to dream. But it can also mean the role of the human imagination to 'travel to and see far off places'. It also means that *hun* offers an individual the capacity to 'see' *hun* escorting *shen*, within and without the body.

The association of liver breaths and vision is an important quality, implying what and how we see the world is intimately connected with liver *qi* function. The normal movement of *shen* is accompanied by *hun* and is another way of speaking of the coming and going of the *shen*. *Hun* promotes and at the same time is understood to be the movement. The combined activity of *shen* and *hun* predisposes a person to have proper vision. This is what is probably meant by the coming and going of *hun* or, as Maciocia (1993) suggests, when the ethereal soul swims to the eyes one is able to see. However, this can also mean the ability to experience *shen ming*. Quite likely it is for this reason that the eyes are associated with both *shen* and *hun*. One way of recognising the relationship between *hun* and *shen* is through understanding the activity of *qi* at the acupuncture point *Bai Hui* 百會: *The One Hundred Meetings*.³³ This point is said

³³ 'One Hundred Meetings' or 'One Hundred Convergences' is also known as Governing Vessel 20 or 百會 *Bai Hui* and is located at the top of the head. Pure *yang* (*qing* 清) is said to collect here, and this is what the character *hui* seems to be referring to. Whenever the phrase 'one hundred', 'one thousand' or 'ten thousand' is used, the sense conveyed is of many things or, as Wieger (1965) suggests, 'One hundred is the - unity of

to collect and convey pure *yang* energy to the upper reaches of the body. *Bai Hui* is located at the vertex of the head.

Shen, having the mind of the heart, corresponds to *yang* within *yang* and gathers the *hun*. *Hun* is said to correspond to young *yang* displaying free movement. From a *wu xing* perspective, *shen* and *hun* as a pair, like joy and anger, are characterised as displaying *yang* qualities and resemble summer and spring respectively. With respect to understanding the Wood phase, Firebrace offers the following description, and by implication describes the activities of the *hun*:

They (Liver/Gall Bladder) act as a dynamic couple pivoting between yin and yang, between Fire and Water, between kidneys and heart, acting with vision, appropriate to the time and situation, models of communication, exchange and freeflow, their purpose growth, development, fulfillment, achievement - evolution in action. (1990:4)

How are *shen* and *hun* differentiated? Firstly, they are different representations of *qi*. The *hun* are said to behave more like a shadow, meaning they reflect a much more significant movement (Larre and de la Vallée 1991). Compared to *hun*, *shen* are free to come and go, 'to come into myself or to quit this place and fly away ... they want to go back to Heaven, then in myself, a part of my animation which is called *hun* is on the verge of leaving my body ...' (Larre and de la Vallée 1991:43)..And if *qi* is insubstantial, and one feels weak, there is no voice 'strong enough to call back your *hun*. Then you die' (Larre and de la Vallée 1991:43). However, if one behaves in accord with the qualities of the Wood phase, one is able to go to sleep easily, rise at

hundreds'. The sense of unity is said to expressed by *yi* 一, the heavenly firmament, meaning the number one. Surrounding *Bai Hui* are four other non-channel points arranged as a four pointed star and known as *Si Shen Cong* 四神聰 or the Four Intelligences, sometimes known as, 四中 *si zhong*, or 'Four at the Middle'. Interestingly, Gall Bladder 42, 地五會 *Di Wu Hui*, is known as the *Five Meetings on Earth*. The Wood point of the *yang* channel which belongs to the *wu xing* Wood phase is said to retain a connection with the transforming quality of Earth. Needling these two points may enhance the actions of the rising clear *qing*, 清, of liver.

When Qi Bo asks Huang Di the question, 'What is it like when the *qi* and the needle meet together?', Huang Di responds saying, 'Yin and yang are harmonized and in tune, so the blood and *qi* profit from being soft, glossy, and slippery. Thus the needle enters and the *qi* comes out, and quickly there is a meeting together' (Wu 1993:220).

dawn, move freely in the morning with 'Hair loose, Body relaxed, Exerting the will for life' (Larre and de la Vallée 1990b:6).³⁴

The *hun* tells of the experience of being able to wander in a relaxed manner on earth and in the spaces above, reflecting the expansiveness of *shen*. The heart, seat of the *shen*, commands the spirits, allowing them to act appropriately, according to the time of day, season³⁵ and social context. However, *hun* is gathered to be returned by the breaths which go in and down to *zhi* only to return again. *Hun* mediates humanity's access to understanding the expansiveness of *shen*.

In *wu xing* terms, the activities of the liver and *hun* are associated with the qualities pertaining to the season of spring. Observing and experiencing how nature unfolds in springtime becomes a guide to understanding *hun*:

Spring is the season of the rising of the sap: The Earth and Heaven recapture life. All is in fecundation.... It is the moment of giving and not of suppressing; it is the hour of reward and not of punishment. In order to comply with the energy of Spring, it is necessary to nourish this new vitality. (OICSAA (SW) 1979:3)³⁶

The *hun*, having the quality of spring, reflect that which Heaven and Earth produce, the invigoration of the 'ten thousand things', *wan wu* 万物 (Ni 1995, Larre and de la Vallée 1994). Like the regenerating actions of spring, the *hun* reflect a most important change, a transformation from the culmination of *yin*, winter, to the rising of young *yang*, spring and eventually to *yang* in *yang*, summer. Put another way, from Water to Fire through Wood; kidney to heart through liver, or fear to joy through anger and courage. The Water and Fire

³⁴ Compare with Ni (1995:8) and OICSAA (SW) (1979:3) for a different rendition.

³⁵ See Wu (1993:156), 'Spring gives birth. Summer grows. Autumn harvests. Winter stores. This is the constant of qi. Man also corresponds to this so that one day can be divided into four seasons.' Further on we read, 'Flow smoothly with heaven's seasons and disease will be limited. Smooth flowing is the good doctor's technique. Unruly and counterflowing is the coarse doctor's practice.'

³⁶ 'When one overwhelms the spirits, they leave; when one leaves them in peace, they stay permanently' (Zhang Jie Bing in Larre and de la Vallée 1995).

coupling, invigorated by the actions of the liver and *hun*, is necessary for the evolution of *lu*: a thought that goes far and deep, indicative of planning projects and contemplative thought.

The *hun* represented one aspect of the coming and going of the mind, suggestive of the idea that there is a part of every being that knows where the *hun* has its beginnings and that on Earth people are endowed with the capacity to glimpse their connection³⁷ with the cosmos. For this reason the *hun*, sometimes described as the 'ethereal soul' (Maciocia 1993), is said to enter the body at birth and leave the body at death, to return to the *yang* expanses of the cosmos.

While *Nei Jing* authors underscored the role of spirits or ghosts as illness causing factors there is, nevertheless, an ambiguity of thought. Though *Nei Jing* medical scholars avoided the idea of spirits inhabiting the space around human beings, they did, nevertheless, identify and acknowledge a spirit presence in living beings (Dolowich 1984, 1991). Yet the *Nei Jing* does speak about what happens to, for instance, *shen* and *hun* when one dies. At death the *hun* is said to depart the body and returns to the *yang* expanses of the universe, while *po* return to earth, suggesting a more *yin* association (Larre and de la Vallée 1994, Maciocia 1993). Any imbalance in the movement and direction of these spirits implied the possibility of a *qi* disruption to the self and, especially, to family members left behind.

De la Vallée refers to a ceremony, *zhao hun* 招魂, rendered as the calling of the *hun*, which offers an insight into the relationship between *hun* and *po* activity (Larre and de la Vallée 1994). When a family member dies, mourners:

... go to the roof of the house and call to their *hun* begging them to return to the body of the deceased. If they do not come back then the *po*, which have a movement of concentration and moving downwards, descend into the earth. The relatives and mourners try to make sure that the *po* stay in the body when it is in the tomb so that they don't come out and annoy the living. To do this they seal up all the exits of the body to trap the *po* inside. In funeral rites when you are sure the *hun* are not going to come back you plug all the orifices of the body with rice or jade, depending on how rich you are. Then you put the body inside the coffin, and put that coffin inside another coffin, and repeat that several times. You then put all the coffins inside a tomb and seal it up. (Larre and de la Vallée 1994:51)

³⁷ Whether this also speaks of suicidal tendencies is an interesting question.

The funeral rites might be viewed as an attempt at securing a proper return of the two energies to the cosmos. Understanding that the *hun*'s natural resting place is in the sky, the *po* is likely to leak out from the body. Plugging up body orifices ensures the *po*'s resting place. Chinese medicine represents a fundamental dialogue in interpreting ideas about life on Earth and the idea of an 'after-life. In addition, it may have important implications for intra-psychic and transpersonal issues encountered in the Australian clinical dialogue (cf. above pp. 50-72).

Just as *zhi* and *yi* balance activities with reference to the notion of intent, desire and volition, the *po* 魄, provide the balance to the 'paces in the courtyard ... and the will for life.³⁸

The Lungs are the essence of energy, it is in them that are found the souls...the Lungs rule the souls ... they are expressed in the epidermis. This is the Tai Yin of Yang. They correspond to the energy of Autumn, to the West. (OICSAA (SW) 1979:25)³⁹

The lung is meant to be the natural resting place of *po* or corporeal soul (Maciocia 1993). Being *yin* in nature, *po* is often paired with *hun*, the *yang* aspect of one's spirits. Similar to *hun*, the notion of ghostliness, *gui*, is present in *po*'s attributes. But *po* differs significantly in that it is said to return to the earth when one dies, the opposite direction of *hun* movement. The *po*, like the lung breaths, descend and disperse to the place where essence is stored, to the foundation of life, the kidneys⁴⁰. The counter balancing role of *po* breaths implies a link to the external world, but its natural tendency is to 'pull the breaths in and down' into the body. Having an immediate contact with the external world, by receiving *da qi* 大氣, the experience

³⁸ Wu notes, 'When the will and thought are in harmony, then the seminal essence and spirit can focus and be true, the animal spirit and human soul do not scatter, regrets and anger do not begin. The five viscera do not receive evil....These men are constantly peaceful' (1993:163).

³⁹ See Larre and de la Vallée (1992:38) who write, 'The Lung, is the trunk in which the Breaths are rooted. The place of the Po. It's flourishing aspect is in the body hair. The power of its fullness is in the skin. It is the tai yin within yang. It is in free communication with the breaths of Autumn.'

⁴⁰ De la Vallée notes, 'The Lung makes the Breaths come out and the Kidneys make them come in. The Lung is the one who has mastery over the Breaths, and the Kidneys are the roots of the Breaths' (in Larre and de la Vallée 1992:68).

is said to occur at the level of the skin, which is another way of saying the lung activities begin at the outside in order to go inside.⁴¹

The inward movement is closely connected with pure essence, *jing* 精. Providing another interpretation, Larre & de la Vallée (1992) write:

... why are they [the Lungs] also linked with the Essences and downward movement? And why are the *hun* which are exactly like Breaths in their expanding and rising up etc linked with the liver which thesaurizes⁴² blood. The answer is always the same, if you want to have compenetrations you have to make that compenetrations between two complimentary [sic] things not two similar things. So if the Lung thesaurizes and masters Breaths it's necessary that the *Po* be linked with them because they form a couple. The *Po*, linked with the Essences, can grasp and be grasped by the Breaths. (1992:40)⁴³

Jing 精 essence is especially connected with the descending *yin* quality of *po* energy (Chiu 1986, Larre and de la Vallée 1991, 1994). As the *po* move down, the transforming quality of the Earth *wu xing* phase is implied. Probably for this reason, the *po* are said to become extinguished when death occurs.⁴⁴ Moving through Earth, the *po*'s nature becomes 'thicker', more constrained and slower moving. The breaths of the lung are grabbed by kidney *zang*.⁴⁵

⁴¹ The *hun* and *po* pairing is critical to understanding how acupuncture points mobilise and transform *qi*. A Metal and Wood combination like *He Gu* Colon 4 and *Tai Chong* Liver 3 or *Tai Yuan* Lung 9 and *Tai Chong* Liver 3 seem to be attempting to redress a *ke* cycle relationship. *He Gu* is said to relieve the exterior by mobilising *wei qi*, which is stored and released by liver and gall bladder. This suggests that through the *ke* relationship the Wood phase is being encouraged to release the body's protective energies. Representing *yang* terrain, the skin is an important place to rally defensive energies because this is where external perverse evil first gains access. *Tai Chong*, prompted by *He Gu*, is being reminded to perform a *yang* action; to secure a graceful, steady flow to the entire process. Clinically, these two points have a sedating, relaxing quality. Clients often leave feeling euphoric. Not long ago a client returned for their second treatment and said, 'I still get headaches. They don't bother me as much any more, but I want more of the same as last week!'

⁴² Larre and de la Vallée do not elaborate on their meaning of 'thesaurize'. However, the sense of 'cradling' or being an 'authority' connected with *xue* is implied.

⁴³ Cf. Ni (1995:40).

⁴⁴ *Chu* and *ru*, the characters for entry and exit, can also be a metaphor for life and death. See Larre (1991).

⁴⁵ Whereas the movement of imagination can 'go a million miles a second' (Larre 1991:48), the '*po* take charge of all that is instinctive in life' (Larre 1991:49). The instinctiveness (intuition?) is that part within, that allows connection with the outside. Clinically, clients often speak of being able to feel 'situations at the skin' or 'in the bones'.

The dispersing lung breaths contain a double meaning. The earth itself receives the many *po* while the earth phase of the body receives and transforms the *po* specific to the individual.

Just as the pores of the skin may be considered a place of entry and exit for the lung, the anus is also another door for the *po* (*po men* 魄門), this time for its *yang* partner the large intestine (*da chang*). Said to be the minister in charge of honour, telling and doing what is right (Kauffman 1983), *po* passes 'through that door [*da chang*] in the form of waste ... and the Po return to Earth' (Larre and de la Vallée 1992a:41).⁴⁶ The notion of receiving, retaining what Earth needs and letting go is a quality associated with the *yang* Metal phase in the *wu xing*. Clinically speaking it is worth noting that skin conditions in Chinese and Western medicine are often seen as difficult to treat. Though the symptoms are to be seen and experienced on the surface, the impaired downward movement of the *po* is implied. Clinically, altered bowel habits and respiratory problems are often associated (Anon 1980, Kaptchuk 1983, Ross 1985, Cheng 1987, Shuai 1992).

Knowledge of the movement and transformation of *po* has important clinical implications. Should a practitioner decide to act upon lung *qi*, there are particular points promoting the circulation and direction of *po*. Needling acupuncture points commences a transformation at a *yang* level, the skin.⁴⁷ Transported inwardly, transformation occurs inside the body, at the *yin* level of being. Initial activity commences through *yang*, and the *yin* complement gives substance to the change. Discovering the universe occurs, in this way, inside the body.

⁴⁶ The ideograph for 'waste' is made of 'white' and 'rice'. See also Kauffman (1983) for an interpretation of the activities of the Colon (Large Intestine). One aspect of the breaths of the *po* are received by the kidney. Faecal matter returns to Earth so that Earth may return clear *yang* energies to Heaven.

⁴⁷ With respect to the expression of feelings and emotions and how people connect them somatically, the *po* provides for some particularly telling insights. Referring to Zhang Jie Bing, Maciocia (1992) notes that when *po* is active and moves pain and itching can be felt. Indeed, Maciocia (1992) states that needling an acupuncture point engages *po*, suggesting that the skin is a natural resting place for *po*. Perhaps the *de qi* sensation, in part, reflects contact with *po*.

The *po* and its activities at the surface are connected primarily with the entry of *da qi*. However, *xie qi* can gain access through the same ‘doors’. The body’s defensive energy, the most *yang* of the breaths, *wei*, also circulates at the surface, especially during the *yang* aspects of diurnal rhythms. As many texts point out, *wei* is stored and released by the wood phase and its distribution is activated in conjunction with activities of the lung (Player 1980, Anon 1980, Kaptchuk 1983, Ross 1985, Cheng 1987, Shuai 1992). Part of the lung’s role in protecting the surface is to permit the circulation of *wei qi*. The lung is often one of the first *zang* to feel the effects of exogenous evils, usually understood as ‘wind cold’ and ‘wind heat’ disturbances, often manifesting as ‘catching a cold’. Understanding *po* and its connection to the skin gives clues to the body’s relationship to experiencing cosmic *qi*.

The view that perverse evil could be construed as understanding personal strengths and limitations was developed in chapter two. *Wei* energies are usually spoken of in relation to defending an individual from external perverse evils. The *wu xing* Wood Metal relationship may be instrumental to understanding how individuals develop a ‘character armour’ (Becker 1975a, 1975b): how people present themselves to others, or even how they perceive the spiritual world.⁴⁸ At one level of meaning, *wei* energies are required to protect individuals from exogenous influences such as wind, cold or heat. At a psychic level, it could also mean having to deal with energy of experiences not quite fully grasped, or that a sudden realisation of the wonders of *da qi* may be just ‘too much to handle’. This view conveys discourse into what Maslow (1964, 1968) refers to as ecstasy or ‘peak experiences’. Perhaps this is what is meant by the idea of conversion, where in order to experience reality one must die and be reborn.

All that which is on the outside is not necessarily evil. It is for this reason that lung energy has often been related to everything that is ‘... instinctive in life, everything that is in combination, everything that is entering and exiting, everything that is concerned with the

⁴⁸ With respect to understanding the neurosis of being human one’s character armour is interpreted by Becker a vital lie (Becker 1974).

permanent building of life' (Larre and de la Vallée 1991:49). When lung fluids are lost, which may be understood as cosmic energy having been transformed to fluids, one can no longer

... command this instinctive functioning which means that there are things that come in and things go out; that you eat, digest, eliminate; that you breathe through the mouth and nose as well as the pores of the skin. And you can see the Lung as the master of all this field, with the Large Intestine evacuating the bottom. (Larre and de la Vallée 1991:49)

Po may be considered a *yin* aspect of the spirits, similar to the lung's connection with moving and regulating body fluids. Because *qi* is governed by the lung, its actions urge the lung to maintain circulation (Shuai 1992).

The boundary between external and internal, where our protective energies mobilise, is also the place where body fluids leak. Fluids lost via the skin, particularly at night, are also understood as losing *jing* essence which manifests as sweat. Said to be the fluid of the heart (Kaptchuk 1983, Sung 1981), night sweating is seen as a serious sign, because night-time is a period of *yin* activity. What is being suggested is that fluid loss during night-time indicates losing *shen*. Body fluids are a manifestation of *xue*, the substance in which *shen* finds peace at night. Symbolically, *shen* is said to be scattering when one sweats at night. Nightmares and restive sleep are often part of the clinical picture; implied is the role of liver, lung and heart. *Shen* is being lost via the many gates of the skin, the residence of the *po*. Being injured on the inside, *yin* is unable to cradle body fluids, and they float upwardly to escape via the body's most important portal - the skin.⁴⁹ Essence is being wasted, and understood as a counter-current to the normal activity of the breaths of the lung.

Again, Qi Bo's reply to emperor Huang Di's question about mental life and the physician's duty to apprehend *ben shen* is instructive. Classical texts outlined the origins and nature of *qi*, and how individuals configured their *qi*, expressing who and what they are. It was the physician's duty to understand these ideas well in order to 'attain perfection in his art'

⁴⁹ Larre (1992a:36) suggests that more recent classical texts speak about the lung having 'twenty four holes', *kong* 孔, and writes, 'If the Lung is able to master and regulate all the relays of animation in space and time it must therefore have twenty-four holes or voids in its structure to show that.'

(OICSAA (LS) 1979:42).⁵⁰ Sources such as the *Nei Jing* were not only medical textbooks; they were said to contain a wisdom that practitioners should acquire. One important message in the *Nei Jing* is that any self-respecting physician needed to understand the relationship between humanity and the universe, which was a necessary pre-requisite to be a 'good practitioner'. *Ben shen* epitomises this perspective with its suggestion that physicians must know how to apprehend *shen*. According to this view, a physician's state of mind was critical to establishing a therapeutic relationship, so that the 'hun and po do not scatter, the yi is singular, the shen is unified and the jing *qi* is not divided' (Chiu 1986). In other words, a physician should be able to 'see' and 'touch' the breaths in action during any clinical encounter, in any situation at any time. In the opening paragraph of Chapter 9 of the *Ling Shu*, we read:

The totality of acupuncture includes in its way a completeness of beginning to end. To understand intelligently the beginning to end, one must know about the five viscera's principles and the primal yin and yang....This should be transmitted to future generations with contracts of blood. With respect, it will be prosperous; with neglect, it will wane. Without the way of the Dao, actions will be selfish and necessitate death and calamities. (Wu 1995:42)

Further on we read, 'One must be in unity with the spirit. This is the will of the needle', meaning practitioners transfer their medical knowledge and skill through an acupuncture needle (Wu 1993:42). The act and art of needling can therefore be understood as a way of encouraging a client to give primacy to their *shen*. Observing the cycles of nature offered physicians the opportunity to learn about the nature of *qi*. Living in accord with nature's rhythms was a human imperative. People had many opportunities to cultivate and demonstrate *zhi* and *shen ming* in different ways: cultivating the five grains, being a cook, a butcher or government official. This special affinity with nature and the cosmos was available to all humans and, ideally, a pre-requisite for all physicians. Being a reflection of the

⁵⁰ Further on we read of how practitioners should prepare themselves before needling, 'When the acupuncturist is in the act of doing acupuncture, he must concentrate all his attention on the end of his needle. Even if he punctures very little, if he succeeds in catching the Spirit of the sick person, he will be able to attract his energy or to make it leave. At any rate, it is necessary that the energy reach the needle, then one will be able to say that one has affected the energy' (OICSAA (LS) 1979:42). Cf. Wu (1993:47).

transformative actions of *qi*, the physician's needling becomes an instrument for promoting natural change. The task of gathering a client's symptoms was seen as reflecting how one would engage in and understanding nature's rhythms. One's symptom patterns are construed as depicting disharmonies in and of nature. Scholarly pursuit and practice of Chinese medicine become a part of the same path to knowing the world and self. *Jing*, *qi* and *shen*, considered as humanity's 'three treasures', *san bao*, would be seen as unified. This being so, a practitioner was ideally placed to make a correct diagnosis and prognosis. Said to be an embodiment of the Dao, the superior physician was also a wise teacher.

What gives vitality to being alive is *qi*, and the most general term used is *shen*. Named as a kind of *qi*, *shen* takes its residence in the heart but can be seen or expressed in other places as *hun*, *po*, *yi* and *zhi*. When the void of the heart is disturbed, *shen* disperses. This means the natural movement and expression of *shen* floats away, leaving the individual. That *shen* is dispersing implies a pathological state of being. The void is filled with energies that disturb the mind and body. When *shen* fills the spaces a person is said to be peaceful and *shen* is not 'seen'. Rather, when pathology is noted, *shen* is said to be noticeably absent and seen as part of a deranged illness pattern. The spirits that comprise and reflect *shen* move and take shape as behaviour, attitude, values, language and somatic concerns. It also means that *shen* contains things mysterious and mystical, comprehensible to many people, but difficult to verbalise. However, what Chinese medical scholars attempted to articulate in the *Nei Jing* is that there exists a constellation of symptoms and signs, in the body and in the world, whose meaning is able to be apprehended by shaping *qi* with words and symbols.

The foregoing discussion about *Nei Jing* views of mental life, particularly the ideas described in *Ben Shen*, provides an essential knowledge base for contemporary practitioners. *Ben Shen* embraces the heart of Chinese medicine. Importantly, as the *Nei Jing* tradition becomes inscribed into a modern context the application of Chinese medical ideas also become re-interpreted. The interpretation and re-formulation of Chinese medical ideas, together with the

insights derived from their symbolic meaning, are an important step in accessing Chinese medical knowledge and have implications for the therapeutic encounter. Having explored the ways in which *Nei Jing* authors conceived of *qi* and *shen*, the following chapter will consider how the Australian therapeutic discourse can bring practitioners closer to the pre-occupations and concerns of early Chinese medical scholars.

Chapter 6

百會 Bai Hui

Ben Shen in the Therapeutic Encounter

In chapters four and five the *Ben Shen* statement in the *Ling Shu* was acknowledged as a particularly significant account of apprehending *shen*. Having explored how *Nei Jing* writers conceived of activities of the mind, thinking thoughts, feeling feelings and expressing one's spiritual attributes, a number of important questions are raised for contemporary practitioners. The view of *Nei Jing* scholars was that the principal route for knowing *shen* in the clinical encounter was through observation. As this chapter will argue, the clinical dialogue might be viewed as a contemporary re-enactment and re-production of the *Nei Jing*, furnishing practitioners with a viable route for knowing *shen*. What is of special interest in this chapter is how the Australian therapeutic dialogue provides access to *shen*. As this chapter suggests, the Australian therapeutic dialogue, in giving prominence to and valuing the idea of self-disclosure through talking, equips practitioners with a unique route to seeing, hearing and touching *qi* when they work with *qi*.

In Chinese medical practice, the clinic room is a special place for practitioners to work with *qi*. However, since all things are said to be *qi*, practitioners are meant to be keen observers of not only the human condition but the entire universe. For this reason, and in order to understand illness and human behaviour, practitioners were meant to be attentive to and experience nature's rhythms: the changing seasons, diurnal patterns, birth and death and even animal behaviour. Such an encompassing view of the activities of *qi* meant that Chinese medical knowledge could not be separated from broader philosophical and social discourse.

This view was so prevalent that it was considered that if someone had a deep knowledge of Chinese philosophical principles they would find it 'easy' to learn and practice medicine. Such an interpretation also means that practitioners are afforded the opportunity to understand everyday life or collective human behaviour as an enactment of *qi*. The underlying principle is that *qi* speaks for itself and one needs to be awake to the way *qi* manifests in the world.

It was suggested earlier (cf. pp. 3-24) that much of any body of medical knowledge retains significant social and cultural layers of meaning and that Chinese medical ideas are thickly packed with symbol and metaphor concerning an array of notions that speak of maintaining life, well being and illness (Geertz 1975). This thesis has put the view that the coming and going of *qi*, as a metaphor of the changing states of being, provides practitioners with an opportunity to renew their understanding of: palaces 宮 *gong*, wastelands 墟 *xu*, gates 關 *guan*, pools 池 *chi*, dormant evil influences 伏邪 *fu xie*, the intermingling of heat and cold heat 寒熱錯雜 *han re cuo za*, upward flow of water 水逆 *shui ni*, or hepatic *qi* affecting stomach 肝氣犯胃 *gan qi fan wei*. Descriptions such as those mentioned above, and others, are found throughout Chinese medical sources and are a constant reminder that *qi* can be apprehended in different ways. From a practitioner's perspective, characterising energetic conditions in this way gives meaning to the language invoked by clients, affording an unusual means of entry for understanding the human condition. Such symbolic portrayals of the reality of bodily-felt sensation provide practitioners with differing levels of meaning attached to the transforming and transporting actions of *qi* (Frankenburg 1986). In this way, Chinese medical discourse of everyday life may be considered a modern re-enactment of classical ideas. This re-enactment has been described by Larre as 'a forest of symbols, inhabited by nature, of which the resonant ideograms are the expression' (1994:11), becoming a powerful way 'of tapping directly into the non-algorithmic depth of knowing' (Reanney 1994:11). At the same time, contemporary Chinese medical interpretations of patterns of disharmony offer Australian practitioners additional levels of meaning surrounding Chinese medical ideas. Contemporary

Chinese accounts of *qi* patterns, while representing a modern Chinese description, may still have meaning for Westerners, though in different ways. Australian and other Western practitioners are indeed in a unique position: they are simultaneously accessing and reproducing classical and contemporary Chinese medical knowledge in a Western setting mediated by prevailing Western values and ideas concerning health and well being. The (re)construction of Chinese medical ideas can be understood as reflecting the coming and going of *qi* in different times and places. *Qi* then is held to be a constant, always changing regardless of the context (Chinese or Western) in which it is explored.

A key aspect of Western (including Australian) therapeutic encounters is the significant role of talking. Through attaching meaning to ideas expressed, practitioners are conveyed into the client's world of experience. Talking occupies a central place in the Australian client-practitioner relationship and, as this thesis argues, becomes an occasion for re-discovering and re-creating Chinese medical ideas, providing practitioners entry - via client narrative - into a field of discourse about states of being as described by early medical writers.

An overwhelming majority of clients who present for acupuncture do not know of Huang Di or Qi Bo nor, for that matter, what to expect of the traditional acupuncture encounter - other than knowing that needles will be inserted. Listening to clients offer personal descriptions and stories about their health status, practitioners begin to discover and understand *qi* not only as symptom patterns but as symbolic descriptions of states of being. As in the *Nei Jing* discourse, the everyday language of Australians may be viewed as the dwelling place of the coming and going of *qi*.

Therefore, concepts such as *yi*, *si*, *lu*, *zhi* and other medical ideas are often expressed in ways that ask practitioners to experience these ideas as *qi* in addition to developing a technical understanding of these terms. To understand *qi*, practitioners are required to be awake to activities beyond the physical realm, which demands that one cultivate an attitude of mind in addition to being a technically skilful practitioner. The notions of *zhi* and *shen ming* may be

considered as exemplifying the state of mind practitioners are meant to achieve. What is being suggested is that, for Westerners, knowing *shen* can be witnessed through talk. It is, as it were, the Western way of giving primacy to *shen*. Chinese medicine knowledge, expressed through the power of symbols and imagery, permits practitioner and client to understand body and mind. Understanding *shen* as *qi* is an exceptionally important route to apprehending states of being.

Exploring narrative from differing historical, cultural and linguistic contexts provides an important path for the acquisition of Chinese medical knowledge (Shopes 1987). Some of the narratives presented in this chapter are not specifically medical in orientation; nor are these encounters immediately identifiable as representing a 'traditional Chinese medical case study' (Chace 1992, Jirui and Wang 1988). The purpose in selecting the following examples is to demonstrate a number of important recurring themes in this thesis: the idea of cultivating *qi* as a way of understanding the human condition, interpreting classical medical ideas from a Western perspective, the physician being an astute observer of people, and that, even though acupuncture needling is a usually expected outcome of a clinical encounter, 'treatment' can occur in other ways.

At the same time, understanding client narrative as a symbolic expression of states of being offers practitioners the opportunity to apprehend the dynamics of point actions in a similar manner. This means practitioners are prepared and enabled to recognise point actions in ways not explored in contemporary texts. Understanding the imagery and symbolism associated with acupuncture point function becomes an additional layer of knowledge extraordinarily rich in meaning for practitioners. These additional meanings may trigger different responses and interpretations by practitioners in the clinical dialogue.

The first story, a contemporary Western acupuncture encounter, is offered as a point of entry to knowing Chinese medical ideas through symbol and metaphor, with the imagery of Chinese medical ideas sculpted with Western meaning:

A man came in for his first treatment. Without offering great detail, I will explain that he has been wandering in confusion in nearly all realms of his life, unable even to choose his path of treatment. He declared his willingness to have a single treatment and then see how he felt about continuing. In this case, I doubted that I would be able to see him even this once if I insisted upon a longer commitment since this man was unable to commit to *anything*. He is clearly a wood CF,¹ with the indications above being only the edge. His first treatment consisted of Point V11 40² tonified³ bilaterally. He returned three days later (arriving nearly an hour early and *very* eager to continue!) and when I asked what he had noticed, he responded. 'Have you ever been back-packing in the woods, and you lose your trail, and wander about really lost for a while, really unsure which way to go? There you find a hill or a rock outcropping and climb to the top to where you can really see the terrain. From there it's really easy to see all the trails and stream beds and herd paths and what the best natural route is. Well, that night after I was here it was just as though I was on that hill. It was obvious where I had been making the wrong turns and going around in circles and where I need to go now.' I had not told him that his treatment had brought him to the 'Wilderness Mound'. (Anon 1981:59)⁴

Located on the lateral aspect of the lower leg near the malleolus,⁵ in contemporary Chinese medical texts energetic qualities such as 'spreading the liver *qi*, benefiting the gall bladder and clearing the channels' (O'Connor and Bensky 1983:278), and 'courses inversion *qi*, dispels midstage pathogens' (Ellis, Wiseman and Boss 1991:324) are ascribed to the point

¹ The 'Causative Factor'. A term used by the 'Five Element School' denoting which of the *wu xing* phases to be the most important zang having an impact on a client's energetic configuration. See Hicks (1987), Anon (1987).

² Point V11 40 is also known as gall bladder 40 or *qiu xu* 丘墟. The gall bladder is considered to be the Official of decisions and judgment: the true and upright official who excels in making decisions and judgment. The liver, it's *yin* partner, is the Official of planning: the military leader who excels in strategic planning. For a comparison see Anon [1980] where it writes of the gall bladder function as, 'The gall bladder has something to do with one's courage in making decisions, i.e., the gall bladder also has some function in connection with the nervous system' [1980:21]. See Sum (1988) and World Health Organisation (1991).

³ A specific needle technique said to augment or invigorate *qi*.

⁴ Offering a reflective comment on the experience the practitioner stated, 'There are many miracles occurring daily in the practice of this gracious art, and yet when I sit down to relate some of the clarifying ones, I can recall almost nothing!' (Anon 1981:59).

⁵ The malleolus is sometimes considered as the body's representation of a hillock. Near the medial malleolus is the point, *Tai Xi* 太溪, Kidney 3, which is the *yuan* and earth point of the kidney channel.

qiu xu 丘墟.⁶ *Qiu xu* is also said to contain the source energy (*yuan* 元) of the gall bladder channel, meaning that it derives benefit from the Water phase or kidney.⁷

The client's state of mind is symbolic of the meaning of the point⁸ selected: *qiu xu*, rendered as Wilderness Mound⁹ or Gall Bladder 40. *Qiu* 丘 represents a hillock where two men stand back to back 北, enabling them to see towards the four directions. On the hilly outcrop these people see a high upland or wilderness region, 墟, giving the idea of a barren terrain (Larre, Schatz and de la Vallée 1986, Wieger 1965). However, this desolate landscape is not completely empty because, as the character suggests, it contains the potential for change.

Xu 墟 is composed of three graphs: the earth *tu* 土, the stripes of the tiger, *hu* 虎, and blades of grass 艹 - which is a variation of *chu* 出. Two variations to *xu* 墟 offer valuable insight into the meaning of *qiu xu*. The Chinese medical term *xu* 虛, means emptiness or vacuity of *qi*. However, it does not contain the earth 土 ideograph. Replacing 土 with 口 changes the meaning to lightly exhaling, suggesting that in the wilderness *qi* is still active, however imperceptible it may seem. In the emptiness there exists a readiness for growth and change. In this sense, the acupuncture point *qiu xu* 丘墟 speaks of a potential to understand transformation even when there appears to be little or no chance of change: this 'void is the place where the most perfect and silent breaths are, both within the human being and the world' (Larre, Schatz and de la Vallée 1986:82).

⁶ Karlgren suggests that *qiu* also means an abandoned city or ruins (1957:39). Wieger also refers to *qiu* as a wasteland or cemetery. Wieger notes that an older form of the character *xu* 墟 contains *qiu* 丘 instead of the pictograph for blades of grass. The character *tu* 土 is also omitted. Including the earth pictograph in *xu* Gall Bladder 40 adds to the idea of connecting a barren terrain with the sustaining qualities of earth, also indicating the idea of a mound located in wasteland where two people are able to see the horizons from all four sides (1965:80).

⁷ In Chinese thinking mounds and hills are said to contain water below. This idea is often depicted in Chinese paintings.

⁸ Larre and de la Vallée (1983:53) refer to acupuncture points as, 'Let the spirits of the valleys resume their place. For the acupuncture points are no more than the entrance to the cavities, the holes, where life is crouching like an animal in its burrow'.

⁹ Other renditions include, 'Hill Ruins' (Ellis, Wiseman and Boss (1991:323), 'Hill Market' (So 1985:164) or 'Region of the Eminence' (Rogers 1989:114).

The idea of *xu* 墟 returns practitioners to the *Ben Shen* concept of *lu* 慮. In this instance the stripes of the tiger, *hu*, enclose the heart and brain (cf. pp. 114ff): both characters contain the tiger graph 虎. Unlike *lu* 慮, the heart and brain are not included in *xu* 墟. However, the power and vitality of the king of beasts, the tiger, *yin* in quality, is present in *xu* 墟, suggesting that within emptiness and inactivity there is always the potential for movement and change, which returns us to the idea of contradiction in *yinyang* theory.

When associated with a clinical picture describing indecisiveness, constantly thinking about making plans, discomfort in the chest and flanks, irritability and sense of frustration, proper judgment is hampered and the person feels as if, 'they are stuck and going nowhere fast'. Yet, at the level of thought there is an overactivity about what to do: a sense of being abandoned, feeling empty of courage and facing obstruction.

Practitioners need not necessarily adhere to ascribed traditional acupuncture point functions found in contemporary point action manuals. What a client reveals about their sense of being and bodily felt sensations may direct practitioners to the most appropriate point(s) to select, albeit from other frames of reference. The actions of points are re-discovered and re-known through client narrative. Acupuncture points may be considered as symbolic expressions of states of being. What is also being hinted at is the view that the potential for transformation and change is located in the condition.

It is also possible that had the practitioner decided to explore his clinical 'hunch' he need not have needled *qiu xu* at all. Rather, the practitioner could have suggested to the client to go and find *qiu xu* himself and begin his process of re-discovery and recovery - in other words, to recapture the essence of a point's quality without being needled. In this way, one would actively participate in a personal discovery of *zheng qi* and *hun* spirit. Such participation will also change feelings, thoughts and perception by re-establishing a proper path, *xing* 行 (Freeland 1990). Point actions become embodied and witnessed in the client's doing. At the same time, how one behaves and thinks may be taken to be an additional route to

selecting and apprehending the actions of acupuncture points. The notion of transformation and contradiction remain inherent to the encounter, as practitioners seemingly 'shift their presence' in their understanding of Chinese medical ideas.

The following story, not from a Chinese medical encounter, develops the idea of the search for meaning and spiritual transcendence as one moves between and through symbols. In this case, there is no identified physician. The narrative, however, serves to illustrate the symbols contained in the experiences of everyday life that one finds in Chinese medical ideas.

The story recounts what may be understood as an 'authentic experience', stimulated by the symbolic meanings associated with three main figures represented in Rembrandt's painting, *'The Return of The Prodigal Son'*.¹⁰ The narrator is Nouwen (1992), who locates himself in the meaning of returning home as the prodigal son. Indeed, Nouwen likens himself not only to the two sons and the father, but also to aspects of Rembrandt's life, adding another layer of meaning to the narrative. He notes that at the time of painting, Rembrandt was close to death, suggestive of Rembrandt's final approach to home and to the father. Nouwen happened to be on his personal journey back 'home' and, in the process, his transformation is located in and moves between the meaning of the narrative in the painting and the painter. Nouwen wrote:

Moving my eyes from the repentant son to the compassionate father, I see that the glittering light reflecting from golden chains, helmets, candles, and hidden lamps has died out and been replaced by the inner light of old age. It is the movement from the glory that seduces one into an ever greater search for wealth and popularity to the glory that is hidden in the human soul and surpasses death. (Nouwen 1992:33)

Eventually, Nouwen states:

... both sons in me can gradually be transformed into the compassionate father. This transformation leads me to the fulfilment of the deepest desire of my restless heart. Because what greater joy can there be for me than to stretch out my tired arms and let my hands rest in a blessing on the shoulders of my home-coming children? (1992:133)

¹⁰ Wilber (1994:295) writes, 'What all great art has in common ... is its ability to pull the sensitive viewer out of him- or herself and into the art, so completely that the separate-self sense disappears entirely, and for at least a brief moment one is ushered into nondual and timeless awareness. great art, in other words, is mystical, no-matter what its actual content.'

This is a story of symbolic death and rebirth. A cure to the very 'bootstraps' of the human condition (Becker 1975a & 1975b, Needleman 1994, Branscomb 1993, Connelly 1993, May 1995). Nouwen finds his homecoming by becoming and understanding what it means to the compassionate father.

Connelly (1993) addresses the same issues, in Chinese medical terms, when she writes on homing, taking the view that symptoms are 'messengers' pointing the way home to recovery (Brenner 1991). In Chinese medicine, the notion of 'home' can be represented by the *wu xing* Earth phase. It is on Earth and the individual's sense of earth where one's recovery is said to happen. In doing so, recovery is also understood as a re-connection with Heaven. The symbols for Heaven, *tian* 天, and Earth, *tu* 土, are said to represent the totality of the cosmos, and the experience of suffering, associated with being on Earth, is placed in a relationship with the mysteries of Heaven. Cure, attaining *shen ming* (cf. pp. 99ff) and experiencing the way of Heaven are, in much the same way, seen as the prodigal son's return home.

Similarly, Qi Bo's and Huang Di's dialogue on understanding the way of the Dao, reminds the reader that the idea of cure is multi-dimensional - symptom relief and the potential for transcendence. In Chinese medicine, that means having *zhi* to supply the foundations to penetrate *shen ming*. The *Nei Jing* discourse can also be understood as a story pointing the way to returning to the source, the Dao, or, as Eliade suggests, to a place where the purpose '... is not to conserve the memory ... but to transport the patient to where that event is in process of accomplishment - namely, to the dawn of Time ...' (1972:48).¹¹

But true to the nature of story telling, the way to recovery is not a singular path. Rather, it is pointed to through the discourse and the symbols invoked to describe and understand the process. Chinese medicine, like poetry, remakes reality, offering itself in an

¹¹ Like the physically wounded Greek sailor, Philoctetes, in Sophocles' the *Wounded Healer*, the triumph of compassion and conversion comes through illness and suffering - we are speaking of healing the wounded and of the wounded healer.

effort to re-create language and meaning. The realm of metaphor links the client's narrative and bodily felt experiences, giving meaning to Chinese medical ideas (Kirmayer 1993). In this sense the traditional Chinese acupuncture encounter is not only an occasion for recovery, but also one of discovery. Meaning is revealed, understood and communicated between client and practitioner - between story-teller and willing listener.

Prince Wen Hui employed a special cook, who chopped and dressed a thousand oxen. He rarely had to sharpen or even replace his cleaver in his nineteen years as the prince's cook. Such was his skill that if one were to watch him work one would grasp the idea that here was a person who apparently works without a plan. The cook's chopping and dressing '... follows its own instinct guided by a natural line. By the secret opening, the hidden space, my cleaver finds its own way. I cut through no joint, chop no bone' (Merton 1992:65).¹² Prince Wen Hui, no doubt pleased and fortunate at having such a good cook and butcher exclaimed, 'This is it ! My cook has shown me/How I ought to live my own life!' (Merton 1992:67). The cook does what a cook does, and his doing provides others with glimpses of the Daoist meaning of *Wu Wei* - the notion of 'perfect action'. The Chinese medical therapeutic encounter, or reading classical texts, may be understood in similar terms. It is an activity in harmony with the whole. The cook's cutting actions seem effortless, yet the hardest tasks are performed skilfully and with no apparent waste of energy. Listening to Huang Di and Qi Bo's discourse, or another's narrative, speaks about *qi* and *xue* and their relationship with the Way of Heaven on Earth (Larre 1994).

At one level of meaning the cook's doing, the actions which seem effortless, offers a glimpse on the meaning of living and being in a world of *qi*. Cultivating *qi* not only speaks of being healthy, but depicts a state of mind necessary for one to experience and 'be' *qi*. In the same way, practitioners are meant to work with other people's *qi* to promote harmony and balance in the whole. The symbolic meaning of the cook's or the sage physician's actions are

¹² Compare this to a Canadian Waswanipi Cree caribou hunter's description, 'When I hunt caribou, I feel as if they are standing still, Even if they are running away from me, I feel as if they are standing still. How easy it is when I go to kill caribou' (Knudtson and Suzuki 1992:88).

seen as '... exemplary and consequently repeatable for it serves as a model ... for all human actions' (Eliade 1972:23). The cook's actions may be likened to the acts of a wise person who knows how to preside over and be with *qi* - *bing qi* 秉氣. Similarly, in the clinical encounter, the physician is meant to understand this through the *te qi* sensation.

The following story is a Chinese medical case study, articulated in a way dissimilar to usual presentations. A practitioner is present but there is no acupuncture treatment. The discourse, however, is understood as a means of conveying the reader into an understanding of the emotion of fear 怒 and joy 喜. The case study is suggestive of the notion that Chinese medical knowledge can incorporate 'talk' as part of the therapeutic process. Wu (1982) relates a story which speaks of the metaphor of balancing one's emotions.¹³

A low ranking court official had just passed the highest civil examination with the highest mark and received the title *chuang yuan*. He took leave to visit his home. When he was near the place *Huai* he became ill. He consulted a well-known physician and was told that his illness was beyond cure and he would die in seven days. However, if he hurried, he could still reach home. The official was depressed and hurried on the road again. After seven days he reached home, but he appeared to be in good health. A servant presented him with a letter written by the doctor who had asked him not to show it to the official until he had reached home. The official opened the letter, which said: 'Since you passed the examination and acquired the highest scholarly esteem, your over happiness has damaged your heart. The damage is beyond the remedy of medicine. I therefore dared to frighten you with death in order to cure your illness. By now you should have recovered.' The official was satisfied with the explanation and had nothing but admiration for the doctor's effective treatment. (1982:291)¹⁴

¹³ Wu (1982) offers a range of stories with a psychological theme which contains approaches similar to what is usually understood as Western psychotherapy. See also Watts 1961, 1972, 1975.

¹⁴ Shen (in Minton 1982:12) tells of the same story as part of his discussion of what he refers to as the 'inside causes of disease'. The interpretation offered, from a *wu xing* perspective, speaks of the relationship between Fire and Water. He offers his medical assessment as, '...your happiness made your heart too large so that maybe it cannot close and you die early. So I told him to come quickly home so that your fear could make your heart small Too much happiness can affect the heart.' Compare with the Australian fairy tale, 'Come Live With Me' in Anon (1925). See Hammer (1990) which explores in depth the idea of applying Chinese medical ideas to intra-psychic difficulties. See also Rogers 1989a, 1989b. Cf. Hsu (1971) which explores the concept of *ren* and the meaning of self in a Chinese context.

The civil servant's narrative reveals a number of important notions relevant to Chinese medical ideas. Firstly, practitioners can make use of Chinese medical ideas to understand what Westerners would describe as psychological concerns. Secondly, 'traditional' methods of intervention such as acupuncture need not be part of Chinese medical therapeutic strategies: what seems to be of more importance is the physician's ability to first understand and diagnose *shen*, and then determine the most appropriate treatment protocol. The civil servant's story is not dissimilar to Chin Hui's problem with his nagging mother-in-law (cf. pp. 84) or to assisting a client to arrive at and inhabit their *Wilderness Mound* (cf. pp. 155).

In another story from the Orient, Peseschakian presents the tale of '*The Healing of the Caliph*' by Rasi the physician (1982:74-77, cf. Shamasundar 1993). The caliph was struck by an illness that left him completely immobile. Having assessed the king's condition Rasi manages to have the caliph taken to a famous nearby spa where the cure would take place. Quite judiciously Rasi demands that the caliph's servants-cum-bodyguards be removed and has his horses placed just outside the entrance of the spa - just in case the prescription fails. The caliph is immersed into a hot spa followed by having to take a concoction that raised his body temperature. Then comes a bold manoeuvre:

Rasi stood in front of the king and suddenly began to curse and insult him in the most horrible way. The king was shocked and became terribly upset over this rudeness ... especially because he was so helpless. (1982:76)

As Rasi sees the king begin to move he draws out his knife and threatens him. So fearful does the king become that he stands up and runs away. Having seen this (and we must keep in mind the king stood naked in front of his royal household), Rasi knows it is time for him quickly to leave. To continue to be in the company of an angry king who could now move would not be safe, especially for Rasi.¹⁵ Rasi's life is at stake now. He gathers the horses outside the spa and rides off. The king recovered, but he remained quite angry because of his great humiliation.

¹⁵ Peseschakian (1982) notes that doctors not only had to be concerned with the health of others but also their own since mistaken treatments could cost them dearly.

Here was a despotic ruler having to endure insults and threats in front of his subjects. Thankfully, on his arrival at the palace the people cheered when they saw him move. A week later the king received a letter from Rasi.¹⁶ It began:

I did everything I had learned as a doctor. When it produced no results, I artificially raised your temperature and by kindling your anger I gave you the strength to move your limbs. When I saw that your cure had begun, I left the city in order to escape your punishment. I ask you not to have me brought in, for I am aware of the unjust and vulgar insults I hurled at you in your helplessness and I am deeply ashamed of them. (Peseschakian 1982:76)

Rasi's therapeutic strategy now made sense to the Caliph who now wanted to offer Rasi his gratitude.

From a Chinese medical perspective, the caliph displayed no *yang* energy; he could not move. He was too full of *yin* energies, suggesting a severe *yinyang* imbalance. The condition called for an injection and activation of *yang qi* - having a hot spa and taking a brew to stir his *yang* energies which we witness as an elevation of body temperature. Hotness now prevailed. But this was only the beginning and not nearly sufficient. Stirring his anger, and making liver *yang* rise, as well as including a measure of fear to feed the Liver, re-acquainted the caliph with forces he apparently lacked. His inactivity is shifted, causing *yang* forces to manifest. Immersed into a hot spa, naked and having to hear insults from a subject roused the king's inactive state of being - the exact opposite of his initial presentation. In Chinese medical terms, liver *qi* appears because of the transforming nature of fear which is associated with kidney *zang*. The fright prodded the king's Wood energy to take its rightful place so that he could be what he was not.

For some time before Rasi's visit the king's court and servants were also immobilised. His immediate subjects were unable to help and nor was any other physician. The social context surrounding the king also embodied a *yin* state of being. What the king could not do

¹⁶ Rasi's letter of explanation arrived *after* the king had been cured. Admittedly Rasi did this in order to protect himself. However, no explanation is offered during the treatment and this is also similar to the civil servant's story.

others could not undo. Clients are also located in a social context surrounded by allies, friends and family, who might 'sabotage' a treatment which threatens their position. As Peseschakian (1982) comments, this is a not an altogether uncommon occurrence in family therapy. A symptomatic member of a family can represent 'balance within an imbalance' which could account for the bodyguards being dismissed. Perhaps the court also needed to be cured of their immobility and inaction after they saw the king recover.

In both case studies - the civil servant and the immobilised caliph - a famous doctor is called on to treat a sick person. With their knowledge, experience and cunning, the doctors had mastered the art of curing the sick.¹⁷ The patients were treated by activating emotional participation to achieve the desired effect. The practitioner hears what is said, which usually contains only a small amount of detail. The important 'message' is that the ability to see the 'root' of a client's state of being predisposes a practitioner to decide upon the best therapeutic strategy. Knowing how the breaths transform and become expressed in people is what Chinese medical ideas offer practitioners. It is an initiation into ways of hearing a client's symptoms and, also, seeing beyond the words. What is also similar in both narratives is that neither used an insight-oriented method characteristic of Western psychotherapy. Indeed, in the civil servant's story minimal talking occurs. Insight and explanation seem to come after the cure is effected.¹⁸ The explanation is important, but the result 'proves' the explanation.

Though a treatment strategy may sometimes seem unusual, it is the sheer simplicity of ideas that underpins the intervention that seems striking to practitioners.¹⁹ To observe and listen is a principal task for practitioners and, in Chinese medicine the best way to do this is to maintain simple authenticity - Prince Wen Hui's cook was offered as an example of simple authenticity. Being 'simple' is premised on a sensitive awareness, of self and the environment,

¹⁷ See Qiu (1988:294) for a discussion on the art of practising 'humaneness' in medicine (cf. Fabrega 1990).

¹⁸ Wu (1982:294) writes, 'In contrast ... the doctor reveals the "hidden cause" only after the patient is cured, proving correct his diagnosis'.

¹⁹ An often quoted saying of Shen (1982) when describing the learning of Chinese medicine is, 'Chinese medicine easy to learn, hard to practice, Western medicine hard to learn, easy to practice.'

and the contribution that Chinese medicine makes, together with its links with Chinese philosophy, especially Daoism, is an emphasis on knowing how to be present in any situation (Rahilly 1993, Taranto 1989, Toombs 1987). Learning to be present in the world means that one must cultivate *qi* and observe the way of heaven on earth, and 'Such people belonged to '... high antiquity/Observed the Way,/Modelled themselves on yin yang/Attained harmony/Through practice and number' (Larre 1994).²⁰

Being sensitive to the coming and going of *qi*, a practitioner's remedies are said to activate *qi*, invigorating and encouraging the natural movement of *qi* in a person. Returning to a state of balance and harmony suggests that human beings contain an 'in built template' that constantly seeks out balance. In Chinese medicine, humanity is said to display a tendency to search for balance and, at the same time, has the potential to discover how to redress imbalance. This is why acupuncture point selection or other therapeutic strategies may sometimes appear unusual.

The story of the Prodigal Son contained a message - finding the way 'home' when one is not well. To return home, in this sense, means recovery. Implicit also is the idea that the mind and body may be viewed as containing a 'bundle of instructions' which are 'transmitted' and known through symptom. Symptom, then, may be considered to contain a symbolic essence for rediscovering the meaning of wellness.

Understanding symptom, in these terms, can be linked to *wu xing* theory and, in particular, to the concept of Earth. *Tu sheng wan wu* 土生万物 is a Chinese medical axiom meaning 'the myriad of things emerge from earth' (Kaptchuk 1987, Beinfield and Korngold 1991, Requena 1989). *Tu sheng wan wu* directs practitioner attention to understanding post-heavenly energies as a means of apprehending pre-heavenly energies. In this sense, to find one's

²⁰ Robert Gray, a contemporary Australian poet wrote, 'My life, I imagined, must be a hymn/ to the optic nerve ... Things as they are are what is mystical. Those who search deepest are rewarded to life,/to ferns in a jug on the window-ledge, to a burned-off hill slope/in the dusk that is like an opal' (Gray 1993:20).

way home means the individual's 'journey' occurs within the body, while also speaking of a re-connection to heavenly forces - the other message contained in the Prodigal Son narrative.

One of the themes of this thesis is to understand how *qi* remains and changes in an individual and how practitioners can apprehend the transforming nature of *qi* in global terms. Even though *wu xing* theory is more usually applied in medical contexts, its ideas are also applicable in the social domain (cf. pp. 11-18). Transferring the idea away from individual health concerns and into social contexts, serves to demonstrate how Chinese medical ideas may be applied to and give meaning to other aspects of everyday life. The point being made here is that, if an individual can regain wellness by returning home, the principle can also apply to a community.

In Chinese medicine, *tu sheng wan wu* 土生万物²¹ may provide practitioners with additional layers of meaning about the functions of spleen and stomach - the *zangfu* that speak of earth - and what it means to experience post-heavenly forces, *qi hou tian zhi jing* 後天之精. This thesis suggests that *tu sheng wan wu* may be applied and have meaning to Australians' sense of being 'at home' in Australia and on this planet. Understanding the harmonious interdependence of stomach and spleen offers an insight into one of the recurring themes in Chinese medicine: the resonant cycles of the cosmic order being continuously reflected in every aspect of life on earth. Understanding the external world assists people to comprehend the relationship between humanity and the environment, in this case with the Earth.

The notion of land and identity is currently an issue for white Australians. The reframing of an Australian identity is now being associated with a changing perception of what landscape means for Australians (Brown 1992, Fox 1989, Stockton 1995, Tacey 1995). Restoring the Australian landscape in the minds of Australians as a place that renews a sense of the sacred which, in Chinese medical terms, may be construed as the Way of Heaven,

²¹ Note also that *Pi wei hou tian zhi ben* 脾為後天之本 means, 'The spleen is the foundation of life'.

acknowledges the view that a meaningful relationship can exist between the sacred and the profane rational in the contemporary world. This changing view is also seen by some observers as forming the basis for potential reconciliation between white Australians and Australia's Aborigines (Stockton 1995).

In Chinese medical terms the relationship between the land, sense of self and the 'divine' represent the Heaven, Earth and Humanity triad. One important aspect of the discussion relates to the sense and meaning of earth. By invoking the Chinese medical idea of Earth, those qualities and functions pertaining to stomach and spleen *zangfu*, allows entry into a dialogue about the meaning of identity, sense of place, of being at home and nourishment. The view that land and nature offer the potential to regain an ancient but dormant sense of selfhood lends new meaning to the notion of separation anxiety. Indeed, if the notion of self is expanded to incorporate an affinity with nature and the Australian landscape, environmental damage to land may be construed as self-destructive behaviour. On the other hand, it also gives new meaning to two hundred years of oppression in Australia of a people who espouse a sacred relationship with the landscape.

In Chinese medicine, Earth is invigorated by the descending breaths of Heaven, mobilising '... the energetic forces from the interior of the body to the exterior, from yin to yang' (Larre, Schatz and de la Vallée 1986:58). In turn, earth energy is said to return to heaven, also meaning the heart: in other words, one cannot understand the meaning of home unless one also understands the relationship to heaven. Recapturing *yin* from within, humanity has an opportunity to understand their connection to earth as it relates to heaven. This particular view speaks about establishing and maintaining nourishing relationships with others, caring for the self and one's homeland (Moore 1994, Tacey 1995, Galipeau 1990).

In recent times, the presentation of self has been intimately connected and associated with eating patterns and body shape, and can also be linked to practitioner understanding of earth *zangfu* function. Australians in the 1990's, it is said, are on the verge of becoming obese.

In the past fifteen years Australians have put on about one gram per day, 'about the equivalent of two container ships full of fat floating in through Sydney Harbour every week' (Cadzow 1996:26). As well as eating more food, Australians are also moving less. The so-called health conscious 90's - working out at the gym, not smoking, jogging, power walking, buying a gut buster through TV ads or signing up in commercially available weight loss programs - have not decreased Australians' overall weight. Indeed the proportion of Australians engaged in aerobic activity has remained the same over the past fifteen years. Rather, sections of the Australian population have been identified as weight losers and weight gainers. Australian adults are nevertheless fatter and, until recently, our children were also getting fatter and less fit.²² Being overweight in childhood and adolescence is associated with long term morbidity and mortality 30 to 55 years later. What we do with food, defining what is nutritious, how we eat food and what we do about exercise may be understood in terms of Chinese medical ideas.

In Chinese medical terms, being overweight predisposes one to damp, *shi* 濕 accumulation. Though damp can occur anywhere in the body, it is usually associated with the middle *jiao* - the stomach and spleen symbolising one's personal earth. Dampness is also a way of saying that the transporting and transforming functions of earth, *yun hua* 運化, are imbalanced. Long term damp accumulation, often associated with eating fatty, rich or raw food, eventually leads to damp becoming a serious *yin* pathogen - *yin xie* 陰邪. Recognised as 'untransported' and 'untransformed' fluids, dampness coagulates and becomes heavy. Its tendency is to descend, becoming turbid and viscous, *shi zuo* 濕濁.²³ Collecting in the lower *jiao* the turbid damp is often recognised as effecting the urogenital system. Common symptoms are urinary dysfunction: polyuria, anuria, oliguria, non specific urethritis and a condition that biomedicine expects to dramatically rise, late onset diabetes (Kaptchuk 1983, 1987, O'Connor

²² Cf. Elkind (1988, 1993). Children are not only fatter and less fit, children are being 'hurried' to grow up and seen as miniature adults in a hurrying Western world. What was once a minor ailment is now an epidemic.

²³ Dampness can be external, *wai* 外 or internal, *nei* 內. It can collect as water 水氣, become filthy and turbid 穢濁 or damage of the clear factors 濁邪害清 (Sung 1981:152).

and Bensky 1983, Shuai 1992, Davis 1992, 1993b). If the damp coalesces and hardens, sites of severe obstruction occur. In this instance calculi form: in the gall bladder, bladder or kidney. Though damp normally descends, turbidity can also ascend. In this instance damp usually combines with heat and symptoms are now situated in the upper *jiao*. Turbid mucus with heat is another way of saying coronary heart disease, stroke or arteriosclerosis, conditions normally understood as sequelae of obesity.

Another pattern of disharmony, mentioned earlier, is cold and damp accumulation. Commonly this is understood to accumulate in the joints and muscles. Cold as a pathogen is *yin* in nature: slow moving, contracting, retarding movement and activity. It is likely to block circulation in the channels. Once this happens in combination with damp, pain syndromes develop: the rheumatism's and arthritis.

This sketch is not meant to be an exhaustive analysis of Chinese medical damp patterns. Rather, the purpose is to demonstrate how collective patterns of behaviour and lifestyle can not only speak of energetic disharmony, but also offer a Chinese medical perspective on health issues understood in a social context. It also suggests that biomedicine and Chinese medicine can 'talk' to each other about patterns of illness in Australia's population. However, Chinese medicine is not specifically concerned with biomedically-named conditions such as late onset diabetes. Rather, it looks at the energetic pattern and proceeds from that pattern. This means two people with late onset diabetes could be treated quite differently by Chinese medicine. We are returned to the axiom mentioned in a previous chapter: *tong bing yi zhi- yi bing tong zhi*, different treatment for the same disease and same treatment for different diseases (cf. pp. 26ff).

In terms of the previous discussion of the nature and quality of earth, it could be argued that Australians are now portraying a significant earth disposition. A new interest in the land as a sustaining resource, the importance of body shape as an indicator of well being, recognising the Australian landscape as a source for acquiring a new identity, and the desire for

reconciliation with Australia's Aborigines may all be understood as a way of 'returning home'. These developments offer Australian practitioners additional contexts for comprehending *wei* and *pi* in global and clinical terms.

In the eighteenth century, Hsu Ta-ch'un, author of the *I-hsüeh Yü Liu Lun*, applied a similar reasoning pattern commenting on collective behaviour, applying it to social habits such as smoking and dress sense, by attributing a *wu xing* quality to the larger community (cf. Eco 1987). In turn, he offers a view of why certain illness patterns existed in his time. His comments may be equally applicable to contemporary Australia:

The era of our current dynasty is a time of extreme prosperity. Sage after Sage follow each other. A strong central authority exists. The morality of the imperial court is upright and deserves respect, and favor flows everywhere. This is clear evidence that the upper echelons are full of yang. Also, one wears red tassels to decorate one's cap, and in their mouths (people) smoke tobacco. Of all the five phases, only fire prospers. Hence all illnesses (people develop) are accompanied by patho-conditions from the ascent of exuberant yang. (Unschuld 1990:240)²⁴

To understand exuberant *yang* one must know about *yin* function. The nature of *yin* is to support and nourish. A depleted *yin* may be observed as exuberance or over-activity elsewhere in the body, or as collective *yang* behaviour and expression. Excessive *yang* above may reflect insubstantial *yin* support below. It is another way of saying that one's activity or the actions of a group have little 'substance'. If a dynasty or political party in government is characterised as reflecting *yang* exuberance due to *yin* insufficiency, one could conclude the decline of political dominance and, quite possibly, political change. Hsu Ta-ch'un's statement may even have relevance to Australians' dress sense and the fashion industry. The implication is that what we do with our time on earth, how we dress ourselves or our society, reflects an attitude of mind and behaviour. Accordingly, *yinyang*, *qi* and the *wu xing* may be understood by reflecting on the way Australians live.

²⁴ The nature of this comment may be transportable to Australia. Practitioners often comment that many of their clients exhibit excessive *yang* characteristics.

Eco (1987), in *Travels in Hyperreality*, reflected on what happens to bodymind when someone begins wearing blue jeans in middle age. Having lost some weight the person decides to commence wearing jeans, something he had not done for a long time. In the process of re-familiarising himself with the feeling of wearing jeans, Eco noted, he assumes a new disposition. The change is so marked that he feels compelled to live towards the exterior world, which may be construed in Chinese medical terms as shifting his awareness to the level of the skin. If, as Eco experienced, blue jeans force one to 'live in the exterior', the wearing of jeans impedes one from experiencing an 'interior life'. He concludes:

A garment that squeezes the testicles makes a man think differently. Women during menstruation, victims of hemorrhoids, urethritis, prostate and similar ailments ... influence one's mood and mental agility. (Eco 1987:193)

A garment like jeans symbolises informality, 'anti-etiquette' and moreover, are connected with the sense of freedom of movement minimising the sense of social restriction. Wearing blue jeans can be construed as a metaphor for being free, reinforcing one's sense of individuality as well as telling others similarly. From a Chinese medical perspective the message emphasises *yang* characteristics.

The cut of the new jeans, Eco noticed, seemed to squeeze and hold up the pelvic region. In Chinese medicine this area is referred to as the lower *jiao* and is especially related to the bladder and kidney *zangfu*. At one level of understanding, wearing jeans could be taken to mean that the kidney is being supported and 'held together'. The idea resonates with Chinese medicine, since kidney is a *yin* in nature and has a tendency to *xu* states. It is suggestive of an existing *xu* state. Paradoxically, the support that jeans are meant to offer seems to force *yang* energy to overflow. Attention is shifted to *yang* levels of the body, in this case the skin. Being forced to move outwardly, the normal movement of *qi* is restricted from going in and down. The cut of the jeans, as Eco states, seems to offer 'lumbar support', yet it affects other levels of being. It seems that wearing tight jeans eliminates the opportunity to engage in contemplative

activities. Indeed, one of the commonly accepted pre-requisites for achieving a meditative or relaxed mood is to wear loose fitting clothing. In Eco's experience, wearing tight fitting jeans shifted his demeanour, from experiencing the 'interior life' to forcing him to live in the 'exterior world'. Eco notes that contemplation and cogitation are now impeded. Rather, he 'achieved heteroconsciousness, that is to say, an epidermic self-awareness' (Eco 1987:194). In Chinese medical terms, the skin represents a *yang* level of experience. At one level, energetic imbalance can be observed as physical symptoms. However, by changing one's perspective, the imbalance can be reflected in other ways. In this case the disharmony becomes a bodymind concern.

Clinically, hyperactivity of *yang* at the surface due to *xu* kidney can be observed as unusual skin sensations, feeling hot in the head and face, dizziness, sweating or low back pain. A clinician does not necessarily need to look for or find these symptoms, which are the most commonly documented signs of the disharmony, to determine a diagnosis. What clients say about their disposition, even when different to what is usually stated in contemporary Chinese medical texts, may be understood as another way of portraying a similar syndrome pattern.

What is also implied, in Chinese medical terms, is the view that the earth *wu xing* phase is 'damaged': the earth's rising *yang* forces, meant to feed the mind to promote thinking, is 'lost'. Instead, the energy is re-directed and felt at the skin and not 'in the mind'. Conversely, one's mindfulness is felt at the skin. Excessive *yang* activity at the level of the skin, which also represents *yang*, may be another way of saying that the finest part of the metabolism of the earth rising energy is experienced elsewhere. *Yang* energy is expended and 'lost' through the pores of the skin. There appears to be an accumulation of *yang qi* in the 'wrong' place. In this sense one can suggest that the qualities of earth mediate our connection with *yang*, the cosmos, the mind and the heart. It is the human connection with the world and the entire universe. The energetic relationship between heaven and earth helps us think clearly. What this further suggests is that to understand Chinese medicine one does not have to be in a clinical setting.

Chinese medical discourse can occur anywhere and at anytime, because of its universal themes pertaining to the human condition.

Chinese medicine, in Shen's words, do 'not follow, germ follow life' (sic, in Minton 1982:1). So too do tales, parables, client narratives or collective human behaviour (Jacobs 1984, Jacoby, Kast and Reidel 1992, Zipes 1992). Chinese medical knowledge, understood as a framework for cultivating life, directs attention to ways of living with and experiencing *qi*. Reading myth or listening in to the metaphor and symbol invoked by people speak of the human condition. Personal struggles of knowing self, and what it means for an individual to feel sick, are all lessons in *qi* and *xue* for practitioners. The process is a way of acquiring knowledge of *yinyang*, suggesting that practitioners and their clients are on the way to attaining *zhi*. Like *qi* and *xue*, ideas are always transforming. In the process, symbol and metaphor enable people to understand transformation - theirs and others'. Humanity's creation and application of metaphor and symbol are a way of replying to every instance that affects the human experience.

The foregoing stories, taken from disparate sources, were selected because they appear to offer practitioners a different passage into Chinese medical ideas. The stories themselves need not be from a Chinese medical case history, from China's ancient past, or from a contemporary Australian setting. Indeed, any narrative that focuses on states of being and their connection to well-being, though seemingly unrelated and unconnected to Chinese medicine, can offer contemporary Western acupuncture practitioners a unique way of accessing and comprehending the essence of Chinese medical ideas. A particularly Western flavour becomes an additional layer of meaning which coexists with other layers in contemporary Chinese medical texts.

The contemporary Australian clinical encounter, construed as reflecting the *Nei Jing* discourse, often alludes to other dimensions of awareness and thought. Understanding the cosmos and one's connection with external forces allows people to become embedded into

universal ideas that impact on the sense of well being and health. Therapeutic strategies become instruments for promoting and generating balance and change. Access to Chinese medical ideas through the therapeutic encounter conveys practitioners into ways of exploring fundamental human concerns, recognised as an intimate and fluctuating relationship between mind and body. *Yi* and *si* as *qi*, for instance are passages to understanding an inner world of being amplifying the domain of the 'spirit'. From a Chinese medical perspective the process becomes a way of apprehending *yinyang*, its creation and manifestation in the world. Chinese medicine may be construed both as a way of affirming life and at the same time as stimulating change and the potential to understand humanity's place in the universe.

In this chapter accounts of *qi* were presented as 'case studies'. However, the notion of the case study was enlarged to mean not only the usual *qi* patterns as described in contemporary Chinese medical texts but also everyday life experiences. Listening to *qi* can occur anywhere and anytime, because *qi* speaks for itself, and any person prepared to work with *qi* will experience *qi*. Chinese medicine proposes that to experience and amplify the meanings surrounding *qi* is also available to anybody. Thus, reading a book or a few lines of poetry, or gazing at works of art or walking through the Australian bush landscape can all transform one's sense of being. Chinese medicine suggests that somehow, deep down, people know *qi*. At the same time, being in life distracts people from apprehending *qi*. Thus, medical scholars traditionally were exhorted to develop an attitude of mind enabling them to 'see' *qi* in all aspects of life. Contemporary Australian acupuncture practice happens to be one particular way of seeing *qi*.

Conclusion

地五會 Di Wu Hui

Chinese Medicine: The Journey from China to Australia.

This thesis began with the idea of discovering the ways in which Chinese medicine is ‘adapted’ for Australia. It sought to establish what Australian practitioners know, and how they know what they know, about Chinese medical knowledge. The focus of the thesis was principally on how practitioners engage in apprehending a body of knowledge from which they are culturally and linguistically removed, recognising that Chinese medicine is informed and structured by modes of logic different from those to which we in the West are accustomed. At the same time, the study established that Western reasoning patterns in their ability to accommodate divergent elements expressed through such contingent connections as ‘whereas’, ‘nevertheless’, ‘on the other hand’, and ‘as if’ are capable of comprehending the element of contradiction which lies at the heart of Chinese philosophy and epistemology. The assumption has been that patterning ideas in this way are sufficiently inclusive to enable Western practitioners to apprehend Chinese medicine’s different logic and meaning. The study has also suggested that Western interpretations can serve to supply additional levels of significance and meaning to Chinese medical discourse even in China.

As developed in this thesis, the concept of *qi* is acknowledged as the core idea underpinning Chinese medical discourse. Naturally, it is most fully contextualised within Chinese linguistic and cultural traditions, according to which it is variously rendered as: *da qi* 大氣, *yuan qi* 元氣, *gu qi* 穀氣, *he wei li qi* 和胃理氣, *tiao he gan pi* 調和肝脾, *huo qi* 火氣大, *bu qi zhi xue* 補氣止血, *qu yu zhi xue* 去瘀止血 or *dao qi* 導氣. Within

Chinese medical discourse, *da qi* refers to the great *qi* of the cosmos: *yuan qi* to the primordial principle giving force to the activity of life and *gu qi* to food and water. *He wei li qi*, a therapeutic principle, means to regulate or militate the flow of *qi* of the stomach. *Tiao he gan pi*, another therapeutic principle, means to harmonise the liver and spleen, while *huo qi da*, literally meaning 'big fire *qi*', is a diagnostic term expressing the notion of liver fire, meaning rage. *Bu qi zhi xue* is a therapeutic principle concerned with stopping bleeding by tonifying *qi*; in contrast, *qu yu zhi xue* aims to stop bleeding by removing *xue* stasis. *Dao qi* refers to a way of inducing *qi* in acupuncture to arrive at a point or transmitting *qi* along the conduits. Even for people who have been socialised within different linguistic and cultural traditions (such as Australian-born practitioners of Chinese medicine), it is possible to derive from the concept of *qi*, variously translated as 'energy', 'force', 'spirit' or 'the breaths', both meaning and diagnostic value. Even in translation, the concept provides an otherwise unobtainable insight into the ways in which the Chinese medical tradition has apprehended the human condition. In turn, as this study has argued, through translation the merging of a tradition originating in Chinese linguistic and cultural contexts with the Australian context has served to enlarge the meaning and value of the concept of *qi*.

This concluding chapter concentrates on the power of *qi* to transform knowledge and people within both the Australian and Chinese contexts. Recognition of this transforming quality is a pre-condition for understanding that acupuncture is more than a 'medical technique' (as this is generally understood within Western medical discourse). *Qi* is central to the practice of acupuncture; it is also central to Chinese philosophy and social theory. Understanding its meaning in the latter context provides clues to understanding its significance in the former. Given that our own understanding of Chinese philosophical traditions will be located within different Western traditions, the 'meaning' of the Chinese tradition will necessarily reflect a degree of 'hybridity' which, it is argued, adds to the significance of Chinese philosophy and, in turn, Chinese medical discourse and practice.

To enable this hybridity to add to, rather than detract from, Chinese medical discourse and practice, it is important not to view acupuncture as simply a technique. Even though acupuncture may be characterised as a surgical procedure, whereby the body is invaded by inserting needles under the skin, the practice also maps out, as it were, an interconnecting world of ideas, words and symbols. From this perspective, acupuncture offers practitioners and clients the opportunity to experience what has been referred to as other worlds of being. In this respect, acupuncture practice and the language of Chinese medicine may be understood as a code and a method conveying practitioners into situations where they learn how to recognise *qi*. From a Chinese medical perspective, to recognise *qi* means more than a technical appraisal of the state of *qi* in the body. Chinese medicine requires that practitioners also learn how to cultivate and be present to *qi*, because *qi* is understood as a formative and self-organising principle crucial to understanding life.

Apprehending and cultivating *qi* in Chinese medicine offers practitioner and client a unique 'new' view of the body, radically different from the modern Western construction. For instance, biomedicine does not make a connection between the kidney, hair and knees, or connect the lips and limbs to earth, or explore the relationship between co-ordination and the gall bladder, or relate voice quality to particular body functions. To a practitioner, listening to someone cough, feeling the pulse or observing the tongue is richly packed with information which biomedicine is either oblivious to or tends to ignore. Indeed, an astute practitioner could construct a diagnosis from any one of these three methods. In other words, 'listening in to one symptom' can give a diagnostic picture of the whole being. It is not the only route. After having collected a set of diagnostic data during a clinical dialogue, another Chinese medical physician can still arrive at the same diagnosis, even though little attention had been paid to the cough, pulse¹ or tongue (Lu 1980, Song 1986). Physicians can arrive at a diagnosis by taking any

¹ In Chinese medicine taking the pulse is meant to be the last diagnostic act, to confirm the practitioner's tentative diagnosis. See also Farquhar (1994) where she mentions that in China there is the view that the 'good' physician needs only to look at a patient and then take the pulse to arrive at a diagnosis.

route, provided they remain consistent with Chinese medical thinking, the purpose of which is to apprehend *qi*. To an outsider looking in, it may appear that the practitioners did significantly different things. However, what may appear as two different interactions can still express commonality of thought between the two physicians, because Chinese medicine allows practitioners to approach diagnosis in the therapeutic dialogue in different ways.

In this respect, Chinese medical thinking may be considered a code for comprehending reality. Learning the language of *qi* helps practitioners to understand the transforming nature of *qi* and, in turn, transforms knowledge. To learn acupuncture, Chinese medicine requires that practitioners engage in an interactive relationship between knowledge and practice - an engagement which reflects the fluctuating characteristics of *qi*.

Symbolically, *qi* is represented by the *yinyang* motif. Discourse on *yinyang* is, at the same time, discourse on *qi*. *Yinyang* is often depicted as a circle divided into two parts. However, *yinyang* is better understood when thought of as a sphere of indeterminate size which surrounds and envelops all living things. Anyone, located at any point or moment in time, is considered to have the opportunity to access understanding of *qi*. The suggestion is that, inside the sphere, one is surrounded but not trapped by a flux of activity and movement. Whatever happens in this 'living' flux - thinking thoughts, feeling feelings, painting a house or feeling sick - is understood as *qi* in action. Importantly, the sense of distance and time loses meaning because at any given point or moment one possesses the ability to know what is 'on the other side'. In other words, thoughts and ideas can transport an individual to another 'place', because they are already in that other place. People, it is assumed, are naturally capable of knowing the whole and the self. Apprehending *qi* is, then, a method for embracing life in this unified sense.

It is also a means of embracing death. According to *Nei Jing* scholars, people were formed after the union of two primordial forces, *yin* and *yang*, (cf pp 150-154) and when a person dies *qi* is said to separate and depart the body, returning to different places in the universe. When *Nei Jing* authors, for instance, spoke of the *hun* spirit returning to the outer

reaches of the cosmos and the *po* spirit descending to earth, they seemed to be hinting that the separation was a return to the original primordial forces: back to *yin* and *yang*. The *hun* as *yang* returned to heaven and *po* as *yin* returned to earth. Rather than disaggregation of *qi* in the human body, meaning that *qi* is lost forever, it is held that *qi* returns to its original source.

Western thinking has its own ways of understanding how *qi* simultaneously remains and changes. For instance, in terms of atomic particles, we can suggest that the atoms of air we breathe in or exhale or the atoms of water we swallow or excrete once passed through or ‘lived’ in Charlotte Brontë, Confucius, Jesus Christ, Joan of Arc or Jack the Ripper. The winds that encircled Uluru yesterday may have been in President Kennedy’s lungs when he drew his last gasps of air. Similarly, *qi* is always returning to earth and to the cosmos in a different form, in terms of which humanity may be considered as being on temporary loan, as it were, from the universe. *Qi* flows unceasingly, is everywhere and in anything, even after we die.

The chapters *Gui Xie* and *Da Bao*, which focused on the emblematic symbols of *xie qi* 邪氣, *wu xing* 五行 and the *liu jing* 六經, illustrated how *qi* could be understood through other means. Discourse on *xie qi* and the language of possession was given prominence and invoked as an exemplar of a medical tradition now lost or avoided in contemporary Chinese medical discourse, in China or Australia. Having noted that *xie qi* and the language of possession was once part of Chinese medical discourse but was subsequently referred to only indirectly in the *Nei Jing* and contemporary texts, the purpose was to demonstrate how *qi*, expressed as *xie*, could be understood in the Australian context.

Since *xie qi* may be considered as another ‘face’ of *qi*, the purpose in chapter two was to demonstrate how the language of possession can have meaning for Australians in terms of states of being. Evil *qi*, like true *qi* 正氣, is said to reside everywhere. In medical terms it can be understood as unresolved or recurring illness such as sinusitis, hayfever, seasonal asthmatic attacks or cycles of depressive states, in much the same way as people tend to unfinished personal matters within them.

In contemporary Chinese medical thinking, *xie* evil is commonly construed as a wind cold or wind heat attack causing body fever. However, this thesis also suggested that evil *qi* may be understood in other ways. Evil *qi* can remain dormant in the body, *fu xie* 伏邪, appearing in different ways throughout one's life, often stimulated by an acute attack of a 'new' illness. The presence of 'evil pathogens', it was suggested, could also be understood as being overwhelmed by particular feeling states, like 'excessive' joy or anger to self or to others, recurring self abusive behaviour or somatic concerns. Indeed, the five extreme emotions, *wu zhi guo ji* 五志過極, are considered as pathogenic factors of internal origin.

In the Australian clinical dialogue, clients readily speak about and expect practitioners to deal with such issues as indecision, difficulties in grieving, obsessiveness, anxiety, phobias, dreams or sexual problems. In China, focusing on psychological or existential matters, such as the realms of the imagination, visions or mystical experiences, is avoided. In China, treatment for these 'conditions' occurs in the temples by supernatural healers, not in hospitals by traditional Chinese medical practitioners. Sometimes Australian clients are prepared to speak about their experiences with what is usually referred to as 'altered states of consciousness' during acupuncture treatment or on other occasions. Understanding such states of being as an interplay of evil and true *qi* has implications for how the therapeutic encounter evolves and for acupuncture point selection.

What this thesis suggested was that the notion of *xie* evil and its association with other Chinese emblematic symbols allows practitioners to access and understand other people's states of being. While contemporary Chinese medical theory posits a connection between, for instance, the liver and one's fingernails or toenails, any further discussion on the nature of *hun* spirit as a way of exploring transpersonal concerns is not openly canvassed (McClennon 1990, Kleinman and Lin 1981, McGuire 1993). Issues relating to understanding and exploring one's boundaries in personal life also seem part of liver activity. Similarly, the spleen, often being associated with the muscles, flesh, digestion and the four limbs, is given prominence in major

texts. However, its relationship to being at home on earth, of giving and receiving, being nurtured or nourishing others, is given scant attention in China. Understanding *qi* as an 'evil' force, manifesting as recurring somatic concerns or intra-psychic issues, this thesis suggests, may revitalise Chinese medical discourse in the Australian context in ways which are impossible in China (Marsella and White 1989, Kleinman 1980).

Two important emblematic symbols were explored in detail in the chapter, *Da Bao*: *wu xing* and *liu jing* theory. *Wu xing* was not initially a medical notion. Its ideas were originally formulated as a way of understanding the social and moral order, while at the same time offering guidance to a benevolent and wise sovereign. However, *Nei Jing* scholars were able to accommodate *wu xing* theory, applying it to understanding the body. The human body and the body politic resembled each other. Indeed, the good physician was meant to be skillful and knowledgeable in advising and commenting on social matters. Significantly, the *Nei Jing* text is presented as a discourse between a learned doctor and his emperor, who was as intent on curing the sick as on governing the state in accord with natural principles.

Wu xing theory, as presented by *Nei Jing* medical scholars, seemed to focus attention on an array of natural forces which revealed a cyclical pattern of changing energies people were exposed to on earth. The construction of a system of correspondences is a central feature in *wu xing*. The system of correspondences, understood as a never-ending accretion of signs and symptoms and intimately associated with the *zangfu* 'officials' (Hicks 1987) or 'orbs of activity' (Porkert 1984), portrayed the earth's natural rhythms in people. *Wu xing* was a naturally existing blueprint for all people to understand and emulate.

The flexibility of *wu xing* thought allows one to comprehend the relationship between private troubles and public issues, meaning that the same ideas could be applied at any level of experience. This idea was explored throughout the present study and presented as 'case studies', as in the Chin Hui story, the flight attendant's 'sagging' sensations, the meaning of wearing blue jeans, or the eating patterns of Australians. Australians' sense of being 'at home',

discovering the meaning of reconciliation with the land and belonging to the earth, were also offered as ways of accessing Chinese medical ideas, of emulating the *wu xing*. At the same time, *wu xing* hinted at the presence of and connection with cosmic forces, which is more fully developed in *liu jing*.

As a medical theory, *liu jing* attempts to explain the presence and movement of celestial forces resonating in a healthy environment and able to be apprehended by any person. When *liu jing* was applied as a medical theory it offered an explanation of illness causation and cure: how to understand *qi* as an evil and as a true and upright force, *zheng*, in human beings. In order to experience the celestial arrangement of energy, *liu jing* clearly points to the view that one has to understand the notion that *qi* can be evil and true at the same time.

The thesis demonstrated how the presentation and meaning of *qi* in *wu xing* and *liu jing* could be juxtaposed, depicting an intimate relationship of the larger cosmic forces at work in the body on earth, representing a continuous transformation and accommodation of fundamental ideas on the nature of health and illness. Accessing medical knowledge, it was argued, could not be set apart from questions of humanity's inner connection to a universal force. Evil *qi* need not always be understood as an enemy to be destroyed. Instead, evil *qi* may also be viewed as an inability or insensitivity to forces at work within us which impedes passage beyond the limiting fields of experience. *Qi* is our enemy when we fail to see *qi* working naturally within the individual. The body is understood as a setting in relation to the world, and if we wish to understand people embodying *qi*, practitioners are asked to relearn ways of knowing. To be able to understand and work with *qi*, practitioners are required to cultivate *qi*: both theirs and the *qi* of others.

Together, *wu xing* and *liu jing* may be construed as a way of saying the earth is populated by little universes of *qi*, constantly displaying an interdependent dynamism of a universal force. People, as little universes of *qi*, are in constant flux, self organising and self regulating, having a natural tendency to seek balance and harmony. All living things could be

understood as conscious manifestations of the universe, as the universe experiencing itself from any vantage point.

Exploring Chinese medical knowledge in this way suggests that we no longer look at the body as an object or thing requiring analysis. Instead, Chinese medical discourse recognises people as subjects in a wider discourse. Medical discourse becomes a way of understanding what it means to be human in order to understand the world of the other. In this way, being with clients, witnessing their pain and suffering, influences the practitioner's awareness of the body - their own and their client's. Chinese medicine teaches practitioners how to become sensually aware of the other and the self. This means that any human interaction can be understood as an occasion for knowing *qi* while, at the same time, considering the exchange to be *qi* in action. The therapeutic encounter could be construed in similar terms. As a human endeavour, Chinese medicine is a dual enterprise: relieving physical aches and pains and, simultaneously to experiencing *qi*, understanding that one is not unconnected to or alienated from universal forces in the cosmos.

In the *Nei Jing* tradition, medical scholars' interpretation of *qi* as an awesome and wondrous force giving substance to life was identified as *shen*. Indeed, understanding *shen* was critical to assessing an individual's energetic condition, making a diagnosis and prognosis. The ideas explored in *Ben Shen*, a chapter in the *Ling Shu*, were highlighted in this thesis as *Nei Jing* medical scholars' attempt to understand *shen* as a means of apprehending activities of the mind. *Shen* discourse clearly directed attention to a range of activities associated with mental life: thinking, human emotions and a range of spiritual attributes.

By focusing attention directly on mental life, *Nei Jing* medical scholars treated activities of the mind as a distinctive characteristic of human life. However, discourse on *shen* also served to demonstrate how scholars can shift their attention, but still continue speaking of the same phenomena. At times *Nei Jing* medical scholars considered *shen* to be a global force similar to *qi*. On other occasions, *shen* is specific to the activities of the heart *zang*, or

identified as the spiritual attribute associated with the remaining *zang*. The language of *shen* happens to be a unique attempt to understand mental life while simultaneously suggesting that *shen* is a special form of *qi* conveying practitioners into a state of mind whereby they could develop a transpiercing vision of universal forces. By cultivating *qi*, according to *Nei Jing* scholars, practitioners had the means to ‘penetrate divine intelligence’, *tong shen ming* 通神明.

While *shen* discourse was placed in the context of medical practice, its understanding had implications for other spheres of human life. Discourse on *shen* focused attention on another way of understanding the universe as wondrous and mysterious. Apprehending the philosophical ideas which underpinned Chinese medical knowledge was considered critical to becoming a good physician. However, one did not need be a physician to understand *Ben Shen*. Being a physician meant that one was in a fortunate position to discover and understand universal laws.

The appropriation and re-production of Chinese medical ideas in the Australian context, fundamentally removed from China’s cultural and linguistic traditions would, on the face of it, suggest that Chinese medicine is being ‘Westernised’ and changed. At the same time, various scholars have indicated how Chinese medicine in China has also undergone continuous change, demonstrating an ability to accommodate new ideas into its body of medical knowledge.

Since the creation of the People’s Republic in 1949 Western medical influences have been integrated into the creation of a ‘new traditional medicine’. To Westerners learning acupuncture, the attempt to understand *Nei Jing* medical ideas has proved problematic, particularly when contemporary Chinese medical texts include biomedical considerations in their discourse. For instance, as discussed in an earlier chapter, the notion of *xue* 血, a particularly important body fluid, is now not separated from biomedicine’s ‘blood’. Indeed, biomedical ways of understanding the structure and function of blood are now part of

understanding *xue*. Similarly, with the exception of *san jiao*, the *zangfu* have been identified with biomedicine's organ structures such as the spleen, heart, liver or small intestine. *Zangfu* functions are sometimes conflated with biomedical interpretations of structure, suggesting that Western structures are similar to Chinese medicine's visceral functions or orbs of activity. Contemporary Chinese medical texts have added another complicating element which, to some Western practitioners, is another indication that biomedicine is undermining 'traditional' ways of knowing. The biomedical concept of 'disease' is now entrenched within Chinese medical diagnostic approaches. Large sections of contemporary Chinese medical texts direct practitioner attention to attaching '*zangfu* syndrome' labels to Western disease states such as asthma, gastritis, migraine, cholecystitis, essential hypertension, gastroenteritis or arthritis (Anon 1980, Maciocia 1994, McWilliams n.d., O'Connor and Bensky 1983, Shuai 1992). As an approach, it demonstrates the adaptability of Chinese medical ways of knowing. However, a dilemma for practitioners is that classical ways of understanding the illness experience are being replaced by diseases that the *Nei Jing* never recognised. This has led a number of scholars to conclude that the philosophical underpinnings which support acupuncture practice will be lost and that acupuncture is likely to become a mere grab bag of disparate therapeutic techniques. The danger is that the *Nei Jing* and other texts of the tradition will be retained as historical documents of a disappearing and increasingly irrelevant medical practice.

However, this study has indicated that recent Chinese medical discourse in China seems to be reviving classical ways of approaching medical practice. Even though Australian and other Western practitioners may be taking a different path to interpreting Chinese medical knowledge compared to Chinese practitioners, the goal is still to re-discover and apply medical ideas of the *Nei Jing* tradition in contemporary fields of experience.

Biomedical influences do exist and will continue to shape contemporary Chinese medical discourse. However, as a number of scholars have suggested, new ideas in Western science are pointing to an awareness of the totality of being, and

by moving toward a view of human health and illness that is both analytic and synthetic, the West may be able to create a more exact paradigm of biological reality and, by quantum leaps, move the methods of Chinese medicine to new heights of precision and accuracy. (Kaptchuk 1983:264)

While this may happen, this thesis has suggested that collaborative medical discourse between Chinese and Western practitioners is likely to revive ancient and traditional ways of understanding the world and the human condition. In Chinese medical terms, such a discourse resembles the transforming activities of *qi*, returning practitioners to the universal human themes identified by *Nei Jing* medical scholars.

Chinese medicine is being Westernised but, as this thesis concludes, in an unexpected way. The thesis set out to explore whether traditional modes of understanding the world can really be effective in a world that is severing its ties with ancient ways of knowing and experience. One critical issue for practitioners was whether we can talk about unusual and different medical ideas amongst ourselves and with our Chinese counterparts.

At the start, it seemed that Australian practitioners may be hampered by language, particularly when rendering Chinese medical ideas into English. Accepting that Chinese medicine, as a body of knowledge, displays a remarkable resemblance to forms of symbolic healing, it was argued that its language, meaning and medical rituals share features with Western approaches that understand illness as a lived experience. In particular, Chinese medicine possesses structural similarities to Western 'talking cures', such as psychotherapy. This does not suggest that we consider Chinese medicine principally as a 'talking cure'. Rather, the thesis has argued that the symbolic reality expressed in talk informed practitioners of the 'coming and going of *qi*' and, in turn, supplied practitioners with knowledge of how to engage *qi*, stimulating bodily activity to restore harmony and health.

It is inevitable in this context that metaphor and symbol are used to understand illness, pain and suffering. What was argued to be important is how certain metaphors and symbols are used to help practitioners to understand illness, with the suggestion that some metaphors are

better than others. Chinese medical knowledge is thickly packed with useful metaphors and symbols, such as the quest to seek balance and harmony understood as *yinyang tiao he* 陰陽調和, *he gan* 和肝, reconciliating the liver, *tiao qi* 調氣, promoting the flow of *qi*, *yang sheng ge yin* 陽盛格陰, excessive *yang* hinders *yin*, *wu zhi hua huo* 五志化火, the five emotions producing fire, *zei feng* 賊風, struggling with evil wind, *pei tu* 鎔土, invigorating and replenishing the earth, or *yang xin an shen* 養心安神, calming the mind and heart. In Chinese medicine such metaphors enlarge upon the meaning and activity of *qi*, providing the practitioner with a repertoire of symbols with which to recognise illness as a lived experience.

Because the Chinese language script consists of nonalphabetic graphs or symbols, meaning is said to hit the eye rather than the ear. As we saw in a previous chapter - when discussing the notion of *ming* 明 - it is as if meaning can be discovered by juxtaposing pictures portraying ideas about medical knowledge.

Discovering meaning is seen as relational, and not to be discovered by reducing bodily felt sensations into separate abstract elements. Instead, the opposite occurs in Chinese medical thinking. Chinese medical metaphors enlarge on the process of attaching meaning to activities of the mind or the body. Chinese medical metaphors and symbols continually speak of the activity of *qi* as a transforming force, remaining and changing at the same time. This thesis suggested that interpreting states of being through Chinese medical ways of knowing is simultaneously a way of accessing, coding and communicating meaning. In addition, the therapeutic dialogue might be construed as a performance, whereby meaning is uncovered by enactment. Chinese medical knowledge may be considered as the form, code and channel in which ideas about health and illness are understood. For this reason, the clinical dialogue was identified, in this thesis, as a particular occasion for genuine discourse, whereby Chinese medical knowledge could not only be accessed but given meaning through the exchange.

The thesis also suggested that Chinese medical metaphors conferred meaning at the social level. The individual or a body of people could be understood in similar ways, suggesting that Chinese medicine offers a way to understanding everyday life, even when one is not sick. Thus, patterns of movement in society, how people structure their time, depict life in art, film or literature, as much as identifying commonly experienced medical conditions, can be commented on in Chinese medical discourse. Such discourse conveys meaning in relation to the health of an individual or a community. This thesis proposed that Chinese medicine is a medical practice to relieve pain and suffering and simultaneously a philosophical discourse on states of being, guiding people to discover the relationship between inner and outer conditions of human life.

Going ‘behind the word’ and speaking about ideas and human events in terms of another idea, it was suggested, provided access to knowing how *qi* remained and changed in the body or in the world. Through symbol and metaphor, the many ‘faces of *qi*’, for instance, might be understood as having different functions, names and specific locations in the body, but always understood as if *qi* was speaking of itself. To Chinese medical practitioners, *qi* is also understood as ‘real’. Practitioners are trained to see, feel and move *qi*. For practitioners this means that the philosophical foundations for understanding *qi* and practising ‘*qi*’, as one does in *dao yin* 導引 or *qi gong* 氣功 exercises, can never be separated. Humanity, considered as *qi* with form, is understood as a conscious manifestation of the universe, as the universe experiencing itself.

Connected with the therapeutic discourse was the practitioner’s task of finding and manipulating *qi* with acupuncture needles. One of the most important places where practitioners find *qi* is in the multitude of ‘hot spots’ of activity on the body, described as *xue* or vapour pits (Harper 1982). Here the ‘whoosh’ of movement eddies as if to suggest something important happens. Not only does *qi* collect and ‘live’ in the vapour pits, but is ‘shunted’ to other places, changing along the way. For instance, practitioners recognise that a

group of points located in the vicinity of the elbow and knee are collectively known as *he* points. Here *qi* is said to collect as an expansive ‘sea of energy’, *he xue* 合穴, checking counter *qi* flow. Their energetic actions signal a message to practitioners about states of being and, at the same time, serve as entry points for needles to conduct *qi*, redressing disharmony.

Acupuncture points are said to be very small holes where *qi* ‘bubbles’. While some points are never more than millimeters or centimeters apart, their actions can be clearly differentiated, which means that practitioners have to know how to discriminate between points. For instance, on the medial aspect of the lower arm near the wrist, three channels are said to course this region. About nine points are located within this small area. The body can be understood as *qi*, and *qi* ‘lives’ and concentrates in the body in the vapour pits. Understanding how *qi* transforms in these small places speaks of the body as a whole. Entering these pits with acupuncture needles is said to ‘disturb’ *qi* at a ‘microscopic’ level, yet its effects are felt elsewhere in the body and in the body as a whole. In human terms, *qi* may be considered as being engendered by needling and construed as a message moving along body conduits, speaking to *qi*, telling a person what to do to redress disharmony. People are said to be the system, while at the same time can see themselves acting in it. The body is a setting for *qi*, and as *qi* moves and changes it speaks of itself, transforming the body. Understanding the body, and therefore the human condition, as part of a fluctuating universe of *qi*, the *Nei Jing* suggests, is to understand that people are never separated from the mysteries of the universe, which is also *qi*.

Attempting to understand *Nei Jing* medical ideas was said to be an experience **with** *qi* while also suggesting that, at the same time, the experience **is** *qi*. Chinese medical knowledge offers practitioners a ‘method’ with which to understand the experience and the context. Method does not equate to technique. Chinese medicine, as method, demands self-conscious participation in the world of *qi* guiding both the practitioner and client as they confront personal issues of well being and illness (Schon 1983, 1987). It is for this reason that *Nei Jing*

medical scholars exhorted practitioners to cultivate *qi* and penetrate the meaning of *shen*. In doing this a practitioner was able to experience and project *zhi* 智 or know-how. Any event, human or natural, was in this way an occasion for understanding *qi*.

In Chinese medicine the good practitioner is meant to 'see' and 'touch' *qi*. Experiencing *qi* is only possible if one is *in* and *with* *qi*. This means that to apprehend a body of medical knowledge, like Chinese medicine, requires self-conscious participation which is tension-filled, contradictory and, at the same time, comprehensible - even if practitioners sometimes find it difficult to verbalise their thoughts. For instance, it is not uncommon to hear practitioners say they that 'knew' their point selection was correct for a particular treatment, or that while the client did get better they find it difficult to articulate reasons justifying what they did. Sometimes the practitioner's clinical 'doing' is explained as intuition, suggesting that there exist some things which people experience that ought to remain in the world of experience and not be explained. As the Daoist view expressed it, those who know do not speak. This thesis suggested that Chinese medicine teaches practitioners to judge correctly how and when to do the right thing at the right time. This is because a practitioner knows how to recognise and cultivate *qi* and has no need to put it to words. The paradox is, however, that Chinese medicine does possess a code to put clear-sighted acts into words and, like the civil servant's story or Rasi's treatment of the caliph, the explanation comes after the cure. One can conclude that an astute practitioner knows how to cultivate and use intuition. In Chinese medical terms this view is not dissimilar to the notion of having attained *zhi* or wisdom.

Understanding the nature of one's involvement in the therapeutic encounter leads to the conclusion that learning Chinese medicine is an act of observation and intimate participation in the fluctuating activities of *qi*. Identifying the therapeutic encounter as an occasion to experience the world of Chinese medical ideas resembles *qi*. To practise Chinese medicine requires practitioners to explore patterns of *qi* as a way of offering meaning for states of being. Apprehending states of being in Chinese medicine reveals *qi* in action, and to study *qi* may be

considered as *qi* watching itself evolve. Chinese medicine, as a method of discourse, might be considered a way of 'listening' to the universe in everyday life. The view also suggests that to understand events and relationships in everyday life is, at the same time, the universe seeing itself as 'conscious'.

The thesis presented the view that learning Chinese medicine appeals to the 'insides' of the individual, to the forces that accumulate and manifest in human beings. Chinese medicine cannot 'see' and is not concerned with biochemical activity in the body, the growth of tumours, culturing bacteria or removing organs. The questions it asks presupposes that people are *qi* with shape and form, and that we can know *qi* or *shen* by observing and listening to people doing simple life tasks. Observing and understanding the simple things of life is fundamental to Chinese medical practice. In an earlier chapter, we saw how Prince Wen Hui's cook emulated *qi* in action, which was also taken to symbolise how one should live one's life. Observing everyday situations or understanding the *wu xing xiang sheng* 五行相生 cycle - understood as a mother feeding a child - is what Chinese medicine demands of practitioners. This thesis has argued that acupuncture, as a method of Chinese medicine, is to this extent a practice of 'common sense' and that common sense can heal.

As a foreign, authentic, ancient medical tradition now situated in Australia, Chinese medicine may be understood as a means of transmitting a method of knowledge and a way of living. Chinese medical knowledge guides practitioners through an ineffable force, piercing *shen ming*, and bringing them to the realisation that medicine is more than preserving the body. Chinese medicine has a language for understanding illness - like wellness - as a lived experience, and thus presents people with the potential for inner evolution. Chinese medicine has been described as easy to learn and hard to practise, in contrast with biomedicine, which is considered hard to learn and easy to practise. Chinese medicine is 'easy' to learn because it deals with the simple things of life. Simple questions are often difficult to answer. To apprehend Chinese medical knowledge requires that the practitioner absorb and experience *qi*,

which is central to everyday life. In this way, this thesis suggested, one learns to cultivate life, returning people to an inward vision and to achieving a deeper sense of reality. A fundamental tenet of Chinese medical thinking is that if people focus their attention on the cosmos 'living' within the body, and keep the mind 'tuned', they discover another 'natural' home. The sense and meaning of self becomes transformed in the process. The process is not limited to one cultural and linguistic tradition. Australian practitioners are in a position to 'translate' Chinese medical ideas into a non-Chinese context. In this translation lies the potential, as it were, for practitioners to transform and re-vitalise an ancient medical tradition capable of addressing on-going universal human concerns.

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