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Worlding Oneness

*Daoism, Heidegger, and Possibilities
for Treating the Human*

Mei Zhan

“What exactly does traditional Chinese medicine treat?” This is a question that Barbara Bernie often encounters in her interactions with a wide spectrum of interlocutors: biomedical doctors and researchers, aspiring students of traditional Chinese medicine, and potential collaborators and donors from the local communities in the San Francisco Bay Area as well as places as far away as India and South Africa. This is not an innocent question born out of curiosity alone. Clinical practices of traditional Chinese medicine revolve around the methodology of “syndrome differentiation” that guides diagnosis and treatment. Skeptics and critics, however, often conflate “syndrome” with “symptom”—homophones both of which are pronounced *zheng* in Chinese—to argue that Chinese medicine fails to recognize the objective fact of “disease” and is therefore protoscientific, unscientific, or pseudoscientific. Even for those who are interested in Chinese medicine, the difference between disease and symptom quickly translates into the uneven divide and seemingly irreconcilable opposition between a singular anatomico-pathological reality on the one hand and its subjective experiences and superficial manifestations on the other. To claim that Chinese medicine treats only symptoms amounts to saying that it is not a legitimate therapeutic practice at all.

One of the first licensed acupuncturists in California and a seasoned campaigner for the legalization and mainstreaming of traditional Chinese medicine since the 1970s, Bernie is too savvy to miss the underlying nuances of this question. Her usual answer is “we treat the body.” Having captured her audience’s attention, she would explain, proudly and

passionately, that Chinese medicine treats the entire human rather than isolated diseases or body parts. The human, she would further elaborate, encompasses changing “environments” both in and outside the body such as the evolution of an illness, stress in work and life, emotions, food and diet, the seasons, and so forth. In this sense, the question whether Chinese medicine treats disease or symptom is irrelevant: it is the human that needs to be rethought.

Bernie’s account vividly illustrates that a full course of diagnosis and treatment in traditional Chinese medicine is—or rather should be—a process that understands and engages the human as a series of changes and events and as a set of diffuse and actualized relations. “Treating the human” requires, first and foremost, a reimagining of the human that unsettles the ontological differences and epistemological boundaries between health and illness, disease and symptom, inside and outside, the essential and the effervescent. It is a process of thinking, doing, and being that rehabilitates the dynamic “oneness” of the human and the world—a disharmonious harmony that animates and transforms itself in the specific, the contingent, and the multiplicitous.

This, simply put, is the idea of *tianrenheyi*: “heaven and human are one.” Practitioners of traditional Chinese medicine argue that the dynamic oneness of the human and the world, first proposed in classic Daoist texts such as *Daodejing* and *Zhuangzi*, is one of their most cherished medical principles. They often point out that *tianrenheyi* is central in formulating the therapeutic thinking in the *Yellow Emperor’s Internal Canon*, a Han dynasty (206 BCE–220 CE) text that many of them consider the “philosophical” or “theoretical foundation” of traditional Chinese medicine—although, as I will discuss in due course in this essay, the very idea of a durable philosophical or theoretical foundation set apart from mundane clinical encounter and sociality is itself a recent invention mediated by practices of bifurcation.¹ In everyday discourses of *tianrenheyi* today, *tian*, which literally translates as “heaven,” “sky,” or “cosmos,” is invoked and reinterpreted to reference not only “nature” (*ziran*) but also “environment” (*huanjing*) broadly construed. At a time when nature and environment in various incarnations have come to occupy a salient place in translocal political and existential imaginations, *tianrenheyi* suggests—though by no means guarantees—the possibility for recuperating and envisioning a worldly future of healing and being oriented to the undividedness of the human and the world. As practitioners and advocates on both sides of the Pacific negotiate uneven encounters with science and biomedicine, navigate shifting health care markets, and, in China especially, “get on track with the world” (*yu shijie jiegou*), they harness *tianrenheyi* to formulate and historicize new health concepts, practices, and products for thinking and living in disharmonious worlds.

Traditional Chinese medicine is thus by no means a culturally bounded alternative to or antidote for biomedicine. Nor is *tianrenheyi* a timeless cultural relic in need of being rendered legible by anthropological or historical analysis. Oneness is itself a shifting and generative “analytic,” by which I mean a way of posing critical questions and enabling new ideas by thinking, doing, and being in the specific and the multiplicitous. Rather than gesturing toward a conceptual totality, structural unity, or analytical transcendence, I think of oneness as an immanent mode of analysis that inhabits and transforms the material-semiotic conditions from which it emerges and that moves sideways and analogously from particular to particular.²

However, even though Other ways of thinking and being are all too familiar subjects of anthropological and broader humanistic inquiries, they remain invisible and practically unthinkable as possible analytical frameworks *for* social analysis. To consider oneness seriously as an analytic would require us to examine our own habitual practice in constructing intellectual genealogies and associations and to interrogate the bifurcation of theory and analysis on the one hand and the phenomenon to be analyzed on the other. Bifurcations do not simply lead to binaries or dualisms. The point at which bifurcation emerges, as Marilyn Strathern puts it, is “the moment at which a distinction between terms could lead analysis down different routes.”³ Bifurcations rely on strategies of distancing and scale-fixing, as well as selective practices of abstraction and specification that create and set in order distinctive epistemological and ontological domains. Far from a universal or structural formation, bifurcation is both a contingent process and a partial outcome of the simultaneous disarticulation and rearticulation of otherwise inseparable ways of thinking, doing, and being. To put it crudely, taking oneness seriously as an analytic necessitates a bit of oneness in our own thinking in the first place.

Oneness needs to be “worlded” —made visible and thinkable rather than concealed and “banished to the earth”⁴—*through* cultural analysis and *as* cultural analysis. This essay is an exercise in just that. It builds on my work on the “worlding” of traditional Chinese medicine: translocal encounters and entanglements that simultaneously produce dynamic forms of Chinese medicine and uneven visions, understandings, and practices of what makes up our worlds and our places in them.⁵ Drawing on my fieldwork in Shanghai and the San Francisco Bay Area, I discuss how, through uneven translocal encounters with science, biomedicine, and modernity, *tianrenheyi* generates new ways of thinking, doing, and being while going through processes of obscuration, bifurcation, reanimation, and refiguration in the ever-shifting discourses and practices of traditional Chinese medicine.

My task here is twofold. First, I examine the Daoist idea of oneness

through its congruities with Western academic discourses and especially the German philosopher Martin Heidegger's ontology. I show that it is precisely its exclusion from European intellectual genealogy that has turned Daoist thinking into an object of analysis rather than analysis in its own right. However, a reconsideration of translocal intellectual associations that unconceals the rhizomic traces of Daoist thinking would allow us to contest the divide between the analytical and the analyzed, and in so doing to imagine other conceptual and ethnographic possibilities—including possibilities of understanding and being human. Second, taking oneness as a Daoist analytic, I discuss the ways in which translocal discourses of *tianrenheyi* animate innovative medical thinking and treating of the human that privilege enmeshment, process, and creativity over divide, opposition, and hierarchy. Rather than conceiving of the human and the world in an already existing harmonious whole, or wholeheartedly embracing the modern(ist) anatomico-pathological view of the body, practitioners of traditional Chinese medicine often think and work through *tianrenheyi* from within vexed entanglements with modernity, science, and biomedicine. In due process, *tianrenheyi* is invoked for understanding the human and the world through constant ambiguity, unpredictability, and disharmony. Taking all of this together, I suggest that, when worlded as an analytic in and of the immanent, oneness challenges us social scientists and cultural critics to reimagine analytical hierarchy and enables us to engage rather than explain and to co-imagine rather than circumscribe specific and creative—though by no means innocent—ways of making and being human.

Reworlding Oneness

Relationality, multiplicity, contingency, and creativity are central to Daoist thinking and especially its conceptualization of the oneness of all things. The “Dao” in Daoism, often translated as “the way,” “the path,” or “the method,” is the ineffable and unknowable nonbeing from which all beings are engendered.⁶ *Daodejing* famously states that “Dao begets one; one begets two; two begets three; three begets all things. All things are backed by *yin* and faced by *yang*, and unified by *qi*.”⁷ Oneness characterizes the Daoist approach to the human and the world and is central to the writings in *Zhuangzi*: “Heaven, Earth, and I were produced together, and all things and I are one.”⁸ Oneness is not a matter of mechanical unity or structural singularity but rather, to borrow a page from philosopher François Jullien, an immanent process of constitution, actualization, and animation.⁹ In his query into whether there is such a thing as the Daoist “body” that is comparable to the Cartesian body, Jullien argues that the ancient Chinese had “several interrelated terms for denoting what we in the West simply call ‘body’ (*soma*, *corpus*).”¹⁰ More importantly,

these terms—*xing*, *shen*, and *ti* in Jullien’s example—are not reducible or subordinate to one another, nor do they add up to a totality:

Each implies a particular perspective, and these perspectives exist side by side. None is subordinate to any of the others, and no term subsumes them all: *xing* refers primarily to the actualized form; *shen* to the personal entity, the individual self; and *ti* to the constitutive being. None of these terms coincides completely with the Western notion, because each echoes certain other words, and certain pairings of the three terms help to clarify their meanings.¹¹

The Daoist notion of oneness, then, is oriented toward process, creativity, and animation. It embraces relations and elements of irreducible multiplicity, incongruence, and contingency. Interestingly, Daoism itself is a set of protean ideas and practices that perhaps best illustrate the immanent and transformative nature of oneness. Working through analogy and correlation rather than induction or deduction, Daoism provides the methods for articulating and investigating specific questions of thinking and being. Irreducible to either occult teaching or canonical texts, Daoism, in the words of the translator D. C. Lau, is rather mundane and down to earth.¹² Approachable only in the specific, Daoism is animated and transfigured in particular forms of political philosophy, statesmanship, prose, ritual, divination, personal philosophy, alchemy, health and healing, life cultivation, and so forth. The Daoist inclinations are deeply suspicious of all divides, hierarchies, and knowledges—“knowing,” after all, does not automatically count as “thinking.” Thus they enable and encourage living in and living with ambiguity.¹³ In this sense, the Daoist concept of oneness seems a very good candidate for what Donna Haraway calls a “theory”—or rather, a way of thinking, doing, and being—that “travels well”: traversing epistemological and ontological boundaries and generating new ways of thinking and politics, all the while retaining its own material-semiotic specificity without transcending into the abstract or succumbing to the “God trick” of seeing from nowhere and everywhere.¹⁴

However, in Western academia (as well as academic discourses in China) Daoism has remained a familiar if uneasy subject of humanistic disciplines, religious studies and comparative philosophy in particular. Much of the debate over Daoism revolves around the question of whether it is an “indigenous religion” or qualifies as “philosophy.” Some point to the ritualistic worship of Laozi, the putative author of *Daodejing*, and other Daoist “deities” as an indication of the religiosity of Daoism. Others cite the repertoire of Daoist texts to argue that it is or at least resembles philosophy. Recent scholarship on Daoism, in contrast, has challenged the treatment of it as the subject of either religious studies or comparative philosophy. Arguing that such fragmentation and objectification of Daoism is deeply

Eurocentric, this body of scholarship points out that the disciplinarity of religion and philosophy, as well as the universalization of this disciplinarity, is deeply Eurocentric.¹⁵

With Daoism mired in the debates over its religious and/or philosophical identity, “oneness” as an analytical framework in anthropological and other critical cultural analyses has become most often associated with Heidegger. Expressed through his ontology of worlding, oneness signals that knowing the world is at once being in the world.¹⁶ For Heidegger, worlding brings being out of nonbeing. It is a set of events and processes through which certain ideas, people, things, and actions come into being in particular worldly forms and are brought into the folds of history; or they are concealed, unthinkable, and consigned to nonbeing—becoming “unworlded,” so to speak.¹⁷ Rather than opposing each other, worlding implies unworlding and unfolds through the latter.

Heidegger’s ontology, with its emphasis on relationality, process, and event, poses some significant departures from the key arguments in Western thought¹⁸ and especially from what Bruno Latour calls the “Modern Constitution,” which is premised on divides and hybridizations that give rise to the invention of humanism, the emergence of the sciences, the secularization of society, and the mechanization of the world.¹⁹ In *What Is Called Thinking?*, the first series of lectures Heidegger delivered after going through the postwar de-Nazification process and the last before his retirement from the University of Freiburg, he repeatedly cried out that “most thought-provoking in our thought-provoking time is that we are still not thinking.”²⁰ Interestingly, he singled out the sciences (especially natural sciences and engineering) as an example of knowledge without thinking: “Science does not think.”²¹ Science does not think, he argues, because it has separated itself from myth, memory, poesy, Heaven, and Earth.²² The sciences have disavowed their own conditions of being and gone so far down the path of bifurcations that they can no longer “make the leap back into the source from whence they have sprung.”²³ Heidegger’s solution and remedy for bifurcations—the problem of “not thinking”—was to reimmerse in pure philosophy, or rather, philosophy that would reestablish a Greek genealogy reaching back deep into a time of undividedness. He defined oneness as a quintessential “Aristotelian question” and located his own thinking firmly within the continuous genealogy of Judeo-Christian tradition.²⁴

Oneness in Daoism and oneness in Heidegger’s philosophy, then, appear to belong to two different intellectual genealogies in spite of their conceptual congruence. Yet, in refuting bifurcations, Heidegger might have resorted to his own trick of bifurcation: genealogies, after all, only tell a story of partial associations. As has been argued by a good number of anthropologists, genealogy naturalizes and neutralizes relations of

power—relations that make the genealogical practice possible in the first place.²⁵ In its non-Foucauldian treelike form, a conventional intellectual genealogy produces a vertical hierarchy of knowledge that privileges the dominant and the powerful and obscures and even excludes contingent, messy, and—in the fashion of Gilles Deleuze and Félix Guattari—rhizomelike associations.²⁶ Recent studies in philosophy show just such a sideways association between Daoist ideas and Heidegger’s thinking, especially in his later years. This body of scholarship notes that some of Heidegger’s most original concepts resonate more with Daoism than with works in the Judeo-Christian tradition—in particular, his eventual rejection of “theory” and “metaphysics” in favor of “method” and “principles of thinking.”²⁷

Juxtaposing passages from Heidegger’s writings and German translations of *Daodejing* and *Zhuangzi*, Reinhard May, a philosopher and doctor of law, argues that in particular instances Heidegger appropriated “wholesale and almost verbatim” major ideas from these classics.²⁸ Heidegger’s congruence with Daoism, then, does not come out of universal truth about being human or deep structural unity in how we think. Rather, it emerges through concealed, sideways associations and out of specific personal and sociohistorical conditions: it is noteworthy that although Heidegger’s interest in Daoism began before World War II, it did not become significant for him until the postwar de-Nazification process.²⁹ Daoist ideas mediated and were in turn part of Heidegger’s rehabilitation even though explicit reference to Daoism in his work was almost nonexistent.³⁰ Although it is beyond the scope of the current essay to investigate the reason for Heidegger’s silence, this silence speaks volumes about the fact that Heidegger’s own reimmersion into a changed world—a reworlding, so to speak—unfolded through the unworlding of Daoism. Even though certain Daoist ideas are congruent with—if not in fact constitutive of—Heidegger’s philosophy, they themselves remain invisible and unimaginable as analytical frameworks.³¹

Through the practice of intellectual genealogy, Daoism is at once unworlded as a potential translocal cultural analysis and reformulated as a culturally circumscribed object under humanistic inquiry. Conversely, a move away from intellectual genealogy and toward an account of the transformative associations of thoughts allows us to, in the words of David L. Eng, consider what remains “unassimilable, unrecognizable, and untold” in the making of modernity.³² This is the task that I take up in this essay. In challenging the genealogical form and analytical divide, I explore how oneness can travel as an immanent analytic that helps us imagine new conceptual and ethnographic possibilities. My intention here is not to superimpose a totalizing meta-analysis. Rather, I strive to co-imagine—to think alongside—thought-making and world-making projects and pro-

cesses in which the reworlding of oneness is already in motion, sometimes in novel and unexpected ways.

As eloquently argued by Ed Cohen in his explication of the biopolitics of the rise of the immune system as a natural fact of the body and a mode of self-understanding, the discourse of opposition and defense that has produced the modern body-self cannot “exhaust how humans have thought, and do think, about either their vitality or their relations.”³³ Indeed. Contemporary discourses and practices of *tianrenheyi* in the trans-local refiguration of traditional Chinese medicine is a case in point. In what follows I discuss, first, how *tianrenheyi* went through a process of bifurcation—taking on the form of a “scientific theory” and fragmented in due process—during its professionalization and institutionalization in China from the 1950s to the 1970s. Second, it was precisely the scientization of traditional Chinese medicine that enabled it to move across the Pacific, where it was reinvented as a holistic and naturalistic medicine both critical of and alternative to biomedicine. Third, as China strives to get on track with the world, *tianrenheyi* is reworlded for relocating Chinese medicine at the cutting edge of a changing health care landscape and for understanding and actualizing a preventive medicine for China’s aspiring urban middle class. Throughout all this, the insistence on relationality and change has not only allowed the creative and critical reinterpretation of elements such as *tian* and *ren* but has also engendered new health concepts that serve both as social critiques of disharmonies of various sorts and as aspiration—however inchoate—to better ways of thinking and being in the world.

Chinese Medicine through Bifurcations

Although family-run clinics and small-scale private schools had existed prior to the founding of the People’s Republic of China, traditional Chinese medicine as we know it did not acquire a clear-cut professional profile until the 1950s when it became scientized by adopting the institutional and conceptual form and standard of biomedicine.³⁴ This entailed the expulsion of “superstitious” and “unscientific” ideas and practices, the founding of large, state-run hospitals and colleges of traditional Chinese medicine, and a state-initiated campaign to develop a body of Chinese medical “theory.”³⁵ With bifurcations set in motion, traditional Chinese medicine was caught up in a dialectical dance of experience and theory. According to a *People’s Daily* editorial in 1954, the most urgent task was to develop a body of basic theory, which could then be rectified by scientific methods, especially through experiments.³⁶

As part of this campaign, the compilation of the first standardized introductory textbook of traditional Chinese medicine began in 1956. First,

in keeping with the fashion at the time, the compilers of the first textbooks in traditional Chinese medicine explicitly drew on Mao Zedong's writings in articulating the relation between empiricism and knowledge production. Quoting from Mao's essay "On Practice" (*shijianlun*) that "all genuine knowledge originates in direct experience,"³⁷ these textbooks asserted that Chinese medicine was the product of the struggles of the working people of China against illnesses that they experienced in everyday production (*shengchan*) and life.³⁸ The language of Marxist materialism and class struggle in the definition of "experience" (*jingyan*) was none too subtle. The empirical knowledge of Chinese medicine was not the product of just any kind of everyday experience. Rather, it arose from the experience of struggles of the working people against obstacles and enemies of both natural and political kinds—in other words, particular kinds of humans *against* a particular human-inhabited world. Thus, through the mediation of experience, these standardized textbooks defined the relation between the human and the world as fundamentally dialectical. As argued by Latour, rather than a remedy for the division—or bifurcation rather—of things-in-themselves and the human subject, Hegelian dialectics brings their separation even more fully to life by raising it to the level of contradiction and, as such, the driving force behind history.³⁹

Second, as Chinese medicine was invented as an experiential and empirical medical knowledge and practice, the campaign also insisted that only through scientific theorization and experimentation could Chinese medicine be raised from an "experiential medicine" (*jingyan yixue*) to a "theoretical medicine" (*lilun yixue*) on par with Western medicine. Such theory building was by no means straightforward. As noted by Volker Scheid, the newly standardized textbooks only included classical sources in excerpts, and as a result traditional Chinese medicine was "pressed" into a somewhat coherent system of knowledge.⁴⁰ Not only were classical texts such as the *Yellow Emperor's Internal Canon* fragmented and integrated into standard curricula, but certain key concepts in these classic texts were also identified, stripped of their "superstitious" connotations, and reorganized into introductory textbooks on the basic theory of traditional Chinese medicine. Yet these key concepts did not always succumb easily to processes of bifurcation. The meaning and status of *tianrenheyi* as a key theoretical concept, for example, was rather uncertain. With *tian* translated into "nature" and "material world," *tianrenheyi* was severed from its more suspicious superstitious or spiritual dimensions. Textbooks were emphatic that the traditional Chinese medical view of the relation between *tian* and *ren* was the objective and correct recognition of the dialectic between natural environments and humans. It was a form of rudimentary materialism, perfectly consistent with Marxist materialism and in need of being raised to the level of scientific theory. What remained

obscured—unworlded—was an immanent analytic of the oneness of the human and the world, which would embrace relations and events of rupture, contingency, and multiplicity without resorting to strategies of bifurcation.

In spite of its conceptual and political ambiguities, the new basic theory of traditional Chinese medicine was to be tested by laboratory and clinical experimentation. Beginning in the early 1950s, the Ministry of Health ordered a small number of biomedical practitioners and researchers to train with traditional Chinese doctors so that the former could then be brought in to help run large hospitals or conduct scientific experiments. Dr. Shen Ziyin of the then Shanghai No. 1 Medical College and Huashan Hospital was one of them. His research on *shen benzhi*—translated as “the material essence of kidney”—remains touted as one of the most successful experiments in finding the scientific explanation for traditional Chinese medical concepts.⁴¹ Among communities of traditional Chinese medicine, however, Shen Ziyin’s project was highly controversial when its results were first published in the 1970s and is debated to this day. On the one hand, many practitioners cite the *Internal Canon* to argue that *shen* (腎) is not only a visceral, functional, and metaphorical system that regulates urinary, sexual, and reproductive functions but also part of a dynamic process of animation and actualization through which *qi*—commonly translated as life energy or life breath—circulates and takes on various embodied forms and properties. In other words, *shen* is irreducible to either material or force, descriptive or metaphorical. Furthermore, *shen* is notoriously susceptible to emotions, stress, excess in lifestyle, and environmental changes, and it is treated as such by experienced practitioners in everyday clinical practice. On the other hand, the Chinese character 腎 (*shen*) was used around the turn of the twentieth century as a translation of the term *kidney* in biomedicine, and the new *kidney/shen* was in turn used to translate *shen*/腎 into English.⁴² In everyday medical and lay discourses today, *shen* is often conflated with the anatomical kidney, and this conflation is used by opponents as well as some young students of traditional Chinese medicine as evidence that Chinese medicine is vague, unscientific, or downright ignorant about human anatomy. As a response, some senior practitioners and their students argue that there is simply no correspondence between the Chinese medical view of the body in flux and the anatomical body of Western medicine, and any attempt at translation is futile.

Shen Ziyin deals with the two sides of the argument in an ingenious way: by conducting laboratory research on the syndrome of kidney *yang* deficiency (*shenyangxuzheng*)—or simply “KYD,” a common syndrome of *shen*. He argues that the syndrome is in fact a malfunction of the hypothalamus.⁴³ Shen Ziyin refutes the argument that *shen* is just an imprecise version of the kidneys; the problem is rather that biomedicine

cal practitioners and researchers misunderstood the location of *shen*. In doing so, Shen Ziyin partially unsettles the unequal translational practice that makes *shen* the conceptually and empirically inferior counterpart of *kidney*. However, instead of restoring the multiplicity of *shen*, Shen Ziyin's research substitutes one anatomico-pathological explanation for another: it is not that Chinese medicine is confused about what or where the kidney is, but rather that the objective materiality of Chinese medicine needs to be examined more carefully and thought about more creatively through existing scientific methods and conceptual repertoire. Thus, even though Shen Ziyin's research helps scientize and thereby legitimize the conceptual underpinning of Chinese medicine, it does so by considering Chinese medicine only in its strict materiality and, more critically, through the modernist understanding of the body and how it functions. In other words, the immanence in Chinese medical understandings of *shen* is replaced by the anatomico-pathological understanding of body and disease.

Bifurcations of Chinese medicine, moreover, not only meant the creation and interpretation of Chinese medical theory in bioscientific terms but also the invention of new medical technologies. Acupuncture anesthesia, which was widely experimented and researched in both traditional Chinese medical and biomedical hospitals in urban China in the 1970s, was arguably the most well-known invention of the campaign to "combine traditional Chinese medicine and Western medicine" (*zhongxiyi jiehe*). Bringing acupuncture for the first time onto the surgical table, acupuncture anesthesia was also routinely staged in front of American visitors, who swarmed major hospitals in Beijing and Shanghai after James Reston's *New York Times* report of his encounter with acupuncture and moxibustion (the burning of the herb *ai*, or mugwort leaf), which he accepted as a treatment for postsurgical pain after his emergency appendectomy in Beijing in 1971.⁴⁴ Acupuncture anesthesia was presented both in and beyond China as a stunning accomplishment of traditional Chinese medicine and attracted the attention of American scientists and biomedical doctors as well as the general public.⁴⁵

Perhaps ironically, it was the spectacle of partially bifurcated oneness that enabled the worlding of traditional Chinese medicine as a "holistic medicine" across the Pacific in the 1970s, which gave a timely boost to the movement to legalize acupuncture that was already underway in California and other US states. Notably, although Daoist concepts and symbols were downplayed in official discourses of Chinese medicine in China, they became popular in the United States especially through the counterculture movement. The Daoist ideal of oneness, reinterpreted as a call for living in harmony with nature and abandoning oneself to the cosmic flow, formed the spiritual core of the counterculture movement and its campaigns against the biomedical establishment. In the Bay Area, some of

the first generation of licensed acupuncturists who obtained their licenses to practice soon after the legalization of acupuncture in 1975 proudly admitted to me that they were (or still are) “hippies” and that it was Daoism and other “Eastern philosophies” that led them to Chinese medicine.⁴⁶ After decades of grassroots campaigning by practitioners, advocates, patients, politicians—and, more recently, promotions by health insurance companies, medical schools, and occasionally biomedical hospitals—traditional Chinese medicine has become “mainstream” in California—that is, embraced by the cosmopolitan-minded urban and suburban middle class. In everyday clinical practice in the Bay Area and across California, acupuncture and herbal medicine have emerged as a new kind of naturalistic and holistic “preventive medicine,” primarily used for conditions that are associated with urban lifestyles and for which biomedicine is less effective or ineffective. These conditions include, for example, allergies and asthma, insomnia, certain pain syndromes, stress and depression, certain types of cancers that are resistant to biomedical therapies, and other chronic illnesses.⁴⁷ However, as suggested by François Jullien, the appeal to spirituality and medical holism—and the subsequent proliferation of spiritual and holistic practices and products—already assumes a kind of separation between body and soul that runs against the spirit of undividedness. Oneness has been reharnessed for a refigured human world.

This new preventive medicine quickly caught on in China. Since the early 1990s, as part of China’s effort to get on track with the world—or rather, affluent nation-states in North America, Europe, and parts of East Asia—health care has become quickly and drastically transformed from public goods funded by the state to a set of practices, institutions, and products for the consumption of the emerging “middle-income” citizens.⁴⁸ The marketization of health care, coupled with the state’s renewed interest in science and especially in new technology, means that the position of traditional Chinese medicine in the health care system is as fraught as ever. When recalling past and present battles with biomedicine, even the most avid supporters of traditional Chinese medicine lament that “traditional Chinese medicine is like a frail old man trying to make his way through wind and rain: each step is precarious and any misstep could be fatal.”⁴⁹

In search of a new niche in China’s marketized health care system, where competition with biomedicine is perhaps fiercer than ever, enterprising practitioners have come to reworld the new preventive medicine for China’s own aspiring urban middle class. To do so, they not only relocate traditional Chinese medicine at the cutting edge of health care concepts and practices but also place *tianrenheyi* front and center in the new preventive medicine. The result is not a naive return to nature, a resurrection of the ancients, or simply copying the United States. As I will show in what follows, the rearticulation of *tianrenheyi* both serves as a critique

of disharmonies of various sorts and is constitutive of new and vexed enmeshments of the human and the world— aspiring to harmony through disharmony.

In Perfect Disharmony

It was the week before winter solstice in 1998. Dr. He Liren, a senior practitioner and educator of traditional Chinese medicine, invited me to go with him to the Expert Clinic of Yueyang Hospital of Traditional Chinese Medicine. In addition to his teaching and administrative duties at the Shanghai University of Traditional Chinese Medicine, Dr. He worked at several different expert clinics on different days of the week. Expert clinics began appearing in the early 1990s when the Chinese state introduced experimentation in privatization and marketization of health care. Set up by hospitals and sometimes by herbal stores, these clinics charged patients higher fees for the opportunity to see the senior doctor of their own choosing. Dr. He had quite a following of patients.

Today's session, however, was beyond his usual clinical hours at Yueyang Hospital. It was added for Dr. He to prescribe *gaofang* exclusively. *Gaofang*, or “prescription of rich paste,” is a special herbal prescription that typically consists of thirty to forty tonifying herbs rather than the usual prescription of about sixteen different loose herbs.⁵⁰ The herbs are to be cooked into a thick paste, stored in a sealed jar, and consumed daily, within forty to fifty days, beginning on winter solstice. Winter, according to the principle of *tianrenheyi*, is considered the season of storage (*dongcang*), when “the air is cold, plants store their essences in the roots nourishing the body, animals go into hibernation, and humans stay indoors— closure and storage are manifested all over between heaven and earth (*tiandi*).”⁵¹ Winter, especially around the time of winter solstice, is thus the optimal time to tone and nourish the body. As a popular saying goes, “Take nourishments in depth of winter, and you can fight a tiger in spring.” For the elderly especially, taking the thick medicinal paste prescribed by an experienced practitioner is an important practice of *yangsheng*— “life cultivation” or “vital nourishment.”⁵²

Because of its unusual complexity, *gaofang* is prescribed exclusively by experienced herbal doctors. For Dr. He, the two to three weeks before winter solstice were among the busiest times of the year. When we arrived at one o'clock in the afternoon, there was already a line of visitors outside his office. As expected, they were mostly elderly people, and some were regular patients of Dr. He. However, I spotted an unlikely visitor in the line: a young male “white collar” (*bailing*). Neatly dressed and carrying a laptop computer, he stood out among the older visitors.

Dr. He and I went into his office and sat down behind his desk.

Taking out a pen and a stack of special prescription forms, he instructed the nurse to let in the first patient. It was not long before it was the young man's turn. During the diagnosis process, the man revealed himself to be a recent college graduate. He did not suffer from any particular kind of illness. However, he was working in the sales department of a foreign-owned company and was feeling stressed, exhausted, and low in energy. He wanted to try *gaofang* in order to build up a stronger “body” (*shenti*) to deal with a highly competitive work environment and to enjoy life a little more. Dr. He recommended, in his typical nonchalant and humorous manner, that the young man start by stopping carrying his laptop around. After feeling his pulse, checking his tongue, and asking a few questions about his daily life and bodily functions, Dr. He wrote him a *gaofang* prescription and gave him detailed instructions on how to prepare, store, and take the medicinal paste.

Another male white collar with similar complaints and concerns came in later in the afternoon. After he left, Dr. He turned to me and said, “We might see more and more of these young people. Life is not easy for them. It is good that they are coming to us [traditional Chinese medicine] and not Western medicine. Western medicine would not know what to do because they do not have any disease [*jibing*]. At least we can hope to restore some balance into their health, and maybe even their life.”

What I witnessed that day, insignificant as it might have seemed at the time, was an emergent, translocal movement of a new kind of preventive medicine for the urban lifestyle—especially the aspiring cosmopolitan middle class—and a reemergence of oneness, expressed through *tianrenheyi*, as an important analytic for approaching health and life. At the same time as it is being carried out through clinical practices such as the resurgence of *gaofang*, *tianrenheyi* is also noted explicitly and elaborated in detail in textbooks of traditional Chinese medicine and in writings on health care more broadly. To do so not only entails the recentering of relationality and change in *tianrenheyi* but also a reconsideration of a multiplicitous definition of *tian* as “natureculture” and of a new kind of *ren* that refers specifically to the urban middle class.⁵³ In a new version of the textbook *Basic Theories in Chinese Medicine*, a required read for all incoming students at the Shanghai University of Traditional Chinese Medicine written by a group of local practitioners and educators, there is the following passage:

Humans and society are intimately connected: humans are components of a society and can influence society, but changes in society also affect humans. In particular, social progress, order and chaos, and changes in social status affect the human body most strongly.

First, there is no doubt that the progress of society brings benefits to people. . . . However, as society progresses it brings some unhealthy

elements. For example, automobiles bring noises; industrial development causes the pollution of water, soil, and air; the stressful pace of life causes mental anxiety, headaches, dizziness and other symptoms.

Yet the progress of society also pushes traditional Chinese medicine to progress. For example, too much noise can lead to hearing impairment. However, research shows that those people whose *shenqi* [the energy of *shen*] is flourishing are much less likely to suffer from hearing impairment. If we tonify *shen*, we can improve the human's resistance to noises.⁵⁴

This set of comments is part of an explication of *tianrenheyi* as a most cherished principle in traditional Chinese medicine. These comments are preceded by a discussion of the dynamic unity of humans and nature, manifested in bodily changes in tandem with seasonal changes, rhythms of night and day, and geographical differences. In this particular section, however, the authors include “society” and “social environment” within *tian* and in so doing construct a narrative of a particular kind of natureculture. The natureculture here is a not only a modernist invention and a product of *progress*, but is also distinctively urban—automobiles, industrial development, pollution, stress, and so forth. At the same time, by couching their argument for the oneness of the human and the world within the discourse of urban progress—and invoking the name of “research” in due process—the authors level a critique at progress and the disharmonies that it has brought upon the humans, especially those who have to live within urban environments. In doing so, they promote traditional Chinese medicine as a medicine *of* and *for* disharmony: not a cure-all that would lead to the harmony of the human and the world but a way of living and even thriving in perfect disharmony.

In practice, enterprising practitioners reconstruct a genealogy—or rather, a historical association—of *tianrenheyi* to promote new health care concepts, products, and practices in reinventing traditional Chinese medicine as a preventive medicine that helps address the disharmonies and imbalances brought about by increasingly demanding urban lifestyles. *Yajiankang*, or “subhealth,” is one of these concepts.⁵⁵ Proponents insist that it comes from “foreign experts” but at the same time makes perfect sense within the framework of *tianrenheyi*. Although there is no standardized definition of subhealth, advocates of the concept think of it as a liminal state between being healthy and being ill. In practice, subhealth applies when, in the absence of any diagnosed or diagnosable disease, a person suffers from low energy, fatigue, headaches, insomnia, heart palpitation, loss of memory, or a general sense of being unwell. While sounding the warning against subhealth, practitioners and entrepreneurs of traditional Chinese medicine link it with urban living, especially pollution and stressful working and living conditions. Some point out that subhealth typifies the health state of urban life (some even argue that 70

percent of residents in Shanghai live in a state of subhealth),⁵⁶ especially among the aspiring young urban middle class and children. They further argue that middle-class urban dwellers living in a state of subhealth would be more likely to suffer from chronic illnesses and even premature death. As subhealth—both a health concept and condition of living—catches on in the everyday life of urban China, it provides a unique niche for Chinese medicine as a preventive medicine the practice of which focuses on treating the human and adjusting the body through its relations with environments of the natural-social kinds.

The oneness of the human and the world implies that, first, rather than simply medicalizing and thereby neutralizing a social problem, subhealth is a perfect example of living in disharmony. The unbalanced and degenerating body in chaos is also a poignant reminder of the troublesome state of the world that has produced such bodies in the first place and of the worlds that particular kinds of humans continue to inhabit. Treating the human, then, begins from, and ultimately requires rethinking and readjusting, the human and its worldly entanglements. Second, subhealth pitches traditional Chinese medicine as an embedded critique of biomedicine. It highlights the powerlessness of biomedicine in the face of health conditions that cannot be easily objectified as well as revealing the impotence of biomedicine as a social critique. At stake in the conception of and practice surrounding subhealth is not just the survival of middle-class urban bodies or of traditional Chinese medicine, for that matter, but the politics and possibilities of becoming and being human through a critical reengagement with a changing world.

Possibilities for Oneness

In a beautiful account of the Chinese medical notion *feng*, or “wind” coming from both within and outside the body and considered since the Han dynasty chief among all illnesses, the historian Shigehisa Kuriyama argues that irregularity and change are the norm, whereas harmony remains an aspiration for bodily practices and therapeutic interventions in traditional Chinese medicine.⁵⁷ Kuriyama suggests that rather than a description of the natural, the Han dynasty wind exists only in the specific, whether cosmic, local, or personal; is reimagined as the guardian of spatiotemporal order; and is itself “alteration and force of change.”⁵⁸ In Kuriyama’s words, the character of all winds is that “they always [retain] some chaotic contingency, the possibility of suddenly blowing in new and unexpected directions.”⁵⁹ In this sense, “wind” embodies the ever-shifting and immanent oneness of the human and the world, which requires that the human and the world also be imagined, analyzed, and treated in these terms.

Oneness in disharmony. Transformation and invention through oneness. Oneness, articulated through specific translocal discourses and practices of traditional Chinese medicine, is not simply a matter of cultural inheritance, a case study, or part of an unbroken and unidirectional genealogy of thought. It refuses to compartmentalize or be compartmentalized. It moves, works, and thinks translocally and diffusively, and in so doing makes it possible to suspend strategies and consequences of bifurcation even as it becomes entangled in and transformed through them. Oneness comes to life, sometimes in surprising forms, through entanglements with modernity, science, and biomedicine rather than in spite of them.

I think of oneness, then, as both an engagement with and an intervention in the universalistic discourse of the human as the product of progress and the readily identifiable locus of selfhood and individuality—the kind of human that appears to exist distinctly from, if not in opposition to, the myriad relations that make up the world. The concept of oneness does not describe, explain, or totalize. It calls into question strategies of bifurcation and disrupts analytical and ontological distinctions. It thus enables us to imagine—and animate and actualize—new and specific ways of thinking, doing, and being. Oneness is an immanent analytic of the human and the world, and a way of inhabiting their relationality and specificity. In recounting the rhizomic associations and unruly movements of oneness that traverse and unsettle the order of the analytical and the analyzed, thinking and being, the enduring and the effervescent, it is my hope that we might rehabilitate and reinvent an undivided approach to the human and the world that retains a sense of ambiguity and contingency and that embraces disjunction, disharmony, and unpredictability within oneness.

As poignantly argued by Dipesh Chakrabarty, a recently fabricated European intellectual tradition has become a global inheritance both indispensable and inadequate for understanding human life-worlds outside Western capitalist democracies.⁶⁰ This makes it all the more urgent to make visible and thinkable ways of thinking, doing, and being that are entangled with, constitutive of, and yet cannot be completely subsumed under Western thought. In spite of efforts to subsume the Daoist idea of oneness under Western thought or to turn it into no more than an object of study, it remains a critical analytic that does not succumb to the universalistic narrative of modern humanism. In oneness there is a possibility for us to think and live *with* rather than *within* the legacy of European intellectual tradition. Imagine that.

Notes

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1. Paul Unschuld and Nathan Sivin, two of the leading historians of traditional Chinese medicine, argue that in spite of their obvious congruence, there is no intrinsic affinity or explicit reference between Daoism and early texts in traditional Chinese medicine. See Sivin, “Raising Questions,” *Isis* 81 (1990): 722–31; Unschuld, *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985). In this essay I do not trace the history of Daoism in traditional Chinese medicine back in time. Rather, to borrow a page from Michel Foucault, I am interested in exploring a “history of the present.” Contemporary practitioners and teachers of traditional Chinese medicine readily point out that references to *tianrenheyi* occur throughout both volumes of the *Yellow Emperor’s Internal Canon: Suwen*, which deals mostly with herbal medicine, and *Lingshu*, for topics in acupuncture. My focus here, accordingly, is on the ways in which connections of Daoism and traditional Chinese medicine are forged and accentuated by contemporary discourses and practitioners of traditional Chinese medicine, especially when articulating the relation of the human and the world.

2. See Giorgio Agamben, *The Signature of All Things: On Method*, trans. Luca D’Isanto, with Kevin Attell (New York: Zone, 2009). In analyzing Foucault’s writings, Agamben argues that Foucault deals with specific historical phenomena: prison, clinic, sexuality, asylum, and so forth. Yet his writings should not be—and indeed have not been—read as historiographies or mere case studies: the material or phenomenon *is* itself theory, and the relation between phenomenon and theory is one that moves from particular to particular rather than from particular to general (30).

3. Marilyn Strathern, “Binary License,” *Common Knowledge* 17 (2011): 87–103, 90.

4. Ranjana Khanna, *Dark Continents: Psychoanalysis and Colonialism* (Durham, NC: Duke University Press, 2003).

5. Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Durham, NC: Duke University Press, 2009).

6. *Daodejing*, chap. 1. The English translations throughout this essay are adapted from D. C. Lau, trans., *Tao Te Ching* (Hong Kong: Chinese University Press, 1982).

7. *Daodejing*, chap. 42.

8. James Legge, *The Sacred Books of China: The Texts of Taoism*, part 2, *The Writings of Kwang-Sze* (Oxford: Clarendon, 1981), 188.

9. François Jullien, *Vital Nourishment: Departing from Happiness*, trans. Arthur Goldhammer (New York: Zone, 2007).

10. *Ibid.*, 67.

11. *Ibid.*

12. Lau, *Tao Te Ching*.

13. See Charlotte Furth, *The Flourishing Yin: Gender in China's Medical History, 960–1665* (Berkeley: University of California Press, 1999); Franklin J. Woo, review of *Reconstructing Christianity in China: K. H. Ting and the Chinese Church*, *China Review International* 15 (2008): 46–58.

14. Donna Haraway, *Simians, Cyborgs, and Women: The Reinvention of Nature* (New York: Routledge, 1991).

15. See C. Defoort, “Is There Such a Thing as Chinese Philosophy? Arguments of an Implicit Debate,” *Philosophy East and West* 51 (2001): 393–413; Wiebke Denecke, “Disciplines in Translation: From Chinese Philosophy to Chinese What?” *Culture, Theory, and Critique* 47 (2006): 23–38; Jana S. Rosker, “Traditional Chinese Thought: Philosophy or Religion?” *Asian Philosophy* 19 (2009): 225–37. Denecke, for example, argues that the Jesuits, when confronted with classic Chinese texts, were among the pioneers in inventing a Chinese “philosophical” tradition, which was then taken up and appropriated by progressive Chinese Enlightenment thinkers around the turn of the twentieth century. However, the production of partial comparability has rendered Chinese philosophies inferior to their Western counterparts in form and content.

16. Martin Heidegger, *Being and Time: A Translation of Sien und Zeit*, trans. Joan Stambaugh (Albany: SUNY Press, 1996), 61.

17. See David L. Eng, “The End(s) of Race,” *PMLA* 123 (2008): 1479–93, esp. 1491; Khanna, *Dark Continents*.

18. Reinhard May, for instance, notes the daring and strangeness of Heidegger's later works. May, *Heidegger's Hidden Sources: East Asian Influences on His Work*, trans. Graham Parkes (London: Routledge, 1996), xvii.

19. Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (Cambridge, MA: Harvard University Press, 1993), 34. In this self-described nonmodernist manifesto, Latour explains the paradox of the Modern Constitution in the following terms. The Moderns (i.e., the modernist Europeans) lay claim to the invention of humanism, the emergence of the sciences, the secularization of society, and the mechanization of the world; yet it is precisely the ostensible division of nature and culture, human and society that has enabled the assemblage and proliferation of hybrids by rendering the processes of hybridization invisible, unthinkable, unrepresentable.

20. Martin Heidegger, *What Is Called Thinking?* trans. J. Glenn Gray (New York: HarperPerennial, 1976).

21. *Ibid.*, 8.

22. *Ibid.*, 10–11.

23. *Ibid.*, 18.

24. Martin Heidegger, *Aristotle's Metaphysics Θ 1–3: On the Essence and Actuality of Force*, trans. Walter Brogan and Peter Walnek (Bloomington: Indiana University Press, 1995).

25. See, for example, Sylvia Yanagisako and Carol Delaney, introduction to *Naturalizing Power: Essays in Feminist Cultural Analysis*, ed. Sylvia Yanagisako and Carol Delaney (New York: Routledge, 1994).

26. Gilles Deleuze and Félix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. Brian Massumi (Minneapolis: University of Minnesota Press, 1987). Also see Stefan Helmreich, “Species of Biocapital,” *Science as Culture* 17 (2008): 463–78. Helmreich argues that intellectual genealogies are “full of repetitions, mistakes, omissions, and surprises” (470).

27. This group of scholars includes, but is not limited to, Heidegger's own students and his Chinese and Japanese interlocutors. See, for example, Lin Ma,

Heidegger on East-West Dialogue: Anticipating the Event (New York: Routledge, 2008); May, *Heidegger's Hidden Sources*; Graham Parkes, ed., *Heidegger and Asian Thought* (Honolulu: University of Hawaii Press, 1987).

28. May, *Heidegger's Hidden Sources*, xviii.

29. Paul Shi-yi Hsiao, a Chinese philosopher trained in Milan, recounts his collaboration with Heidegger in 1946 in translating *Daodejing*, one of the earliest Daoist texts produced in the fourth or third century BC and often attributed to Laozi. Hsiao recalls that Heidegger's queries about ideas in *Daodejing* far exceed what is required for the purpose of translation. Hsiao, "Heidegger and Our Translation of the Tao Te Ching," in Parkes, *Heidegger and Asian Thought*, 93–103.

30. For example, Heidegger's idea of "nonbeing" in its prewar version is often seen as a nihilistic statement. In his account of Heidegger's encounter with *Daodejing*, however, the philosopher Lin Ma argues that Heidegger's understanding of nonbeing in his later years is akin to the Daoist idea of *wu*, or nothingness, which does not indicate the negation of or opposition to being but simply its absence. Lin Ma, *Heidegger on East-West Dialogue*, chap. 6. Daoism and Laozi were mentioned only twice by Heidegger, once in a lecture and once in a journal article in 1958. See Graham Parkes, translator's preface to May, *Heidegger's Hidden Sources*, vii.

31. A similar case can be seen in Susan Buck-Morss's account of the ways in which G. W. F. Hegel approached the Haitian Revolution and revolutionaries in his dialectics. Although the Haitian Revolution provided the historical condition and a distinctive discourse of the human for Hegel's formulation of the "struggle to death" between the master and the slave, Hegel failed to acknowledge its impact on his thinking while remaining silent on the humanity of the slaves. The historical and conceptual specificity of the Haitian Revolution became further obscured as the Hegelian struggle to death became translated into class struggles in Marx's work. Buck-Morss, *Hegel, Haiti, and Universal History* (Pittsburgh: University of Pittsburgh Press, 2009).

32. David L. Eng, *The Feeling of Kinship: Queer Liberalism and the Racialization of Intimacy* (Durham, NC: Duke University Press, 2010).

33. Ed Cohen, *A Body Worth Defending: Immunity, Biopolitics, and the Apotheosis of the Modern Body* (Durham, NC: Duke University Press, 2009).

34. See Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder, CO: Westview, 1994); Kimberly Taylor, *Chinese Medicine in Early Communist China, 1945–1963: A Medicine of Revolution* (New York: Routledge Curzon, 2005); Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Durham, NC: Duke University Press, 2002); Mei Zhan, *Other-Worldly*, n5.

35. This process is not unique to traditional Chinese medicine. Isabelle Stengers and Tobie Nathan note that "charlatans," "quacks," and imagination were purged during the emergence of scientific medicine in the late eighteenth century. Nathan and Stengers, *Médecins et sorciers (Doctors and Sorcerers)* (Paris: Le Plessis-Robinson, Synthélabo, 1995).

36. Editorial, "Guanche duidai zhongyi de zhengque zhengce" ("Carry out the Correct Policy on Chinese Medicine"), *People's Daily*, 20 October 1954.

37. Mao Zedong, "On Practice: On the Relation between Knowledge and Practice, between Knowing and Doing" (July 1937), in *Selected Works of Mao Tse-tung*, vol. 1 (Beijing: Foreign Languages Press, 1967). The original article was cited in *The Basics of Chinese Medicine*, compiled by the Shanghai College of Traditional Chinese Medicine, 1974, 1.

38. The cross-fertilization of Hegelian-Marxist thoughts and Chinese

“humanism” was by no means unidirectional. See essays by Petrus Liu, Camille Robcis, and Shu-mei Shih in this *Social Text* special issue (part 2) for discussions of the ways in which Chinese political and social events and discourses in the 1960s and 1970s were both inspired by Marxism and its articulation of dialectics and shaped structuralist and poststructuralist revisions of Marxism and various incarnations of liberal humanism. Robcis, for example, points out that imaginaries of China represented for Louis Althusser “a case study” and “a practical platform” to refine the theory of ideology and, in so doing, allowed for Althusser’s structuralist analysis of social and subjective formations. See these articles in the forthcoming part II of “China and the Human,” ed. David L. Eng, Teemu Ruskola, and Shuang Shen, special issue, parts I and II, *Social Text* 109–10 (2011). Furthermore, as argued by Lisa Rofel, structured disavowals and strategic revisions of Marxist-Maoist humanisms have played pivotal roles in the emergence of a cosmopolitan humanism in post-socialist China that both rearticulates and unsettles the universal and transcendental discourses of “human nature.” Rofel, *Desiring China: Experiments in Neoliberalism, Sexuality, and Public Culture* (Durham, NC: Duke University Press, 2007).

39. Latour, *We Have Never Been Modern*, 56–57.

40. Scheid, *Chinese Medicine in Contemporary China*, 74.

41. Shen Ziyin, “Dui zuguo yixue ‘shen’ benzhi de tantao” (“An Investigation of the Essence of Kidney in the Motherland’s Medicine”), *Chinese Journal of Internal Medicine* (1976): 80–85.

42. See Bridie Andrews, “The Making of Modern Chinese Medicine, 1895–1937” (PhD diss., University of Cambridge, 1996).

43. Shen Ziyin, “Dui zuguo yixue ‘shen.’” Also see Shen Ziyin, “The Location of Deficiency Syndrome of Kidney Yang,” *Chinese Medical Journal* 112 (1999): 973–75.

44. James Reston, “Now, about My Operation in Peking,” *New York Times*, 26 July 1971.

45. In his discussion of Chinese experiences of body and pain, Eric Hayot examines photographs taken by American visitors of Chinese patients under acupuncture anesthesia. Hayot notes that the photographs, though taken within surgical settings consistent with Western medicine and employing the conventional gaze of the camera, emphasize that the patients remain conscious under acupuncture anesthesia (or rather, analgesia)—smiling and eating watermelons. He argues that, more than offering a Chinese alternative to Western medical techniques and procedures, the body under acupuncture anesthesia remains a subject and as such could “undo the ‘objectifying’ effects of Western modernity.” Hayot, *Hypothetical Mandarin: Sympathy, Modernity, and Chinese Pain* (Oxford: Oxford University Press, 2009).

46. Jullien, *Vital Nourishment*, 21.

47. David Eisenberg, Roger Davis, Susan Ettner, Scott Appel, Sonja Wilkey, Maria Van Rompay, and Ronald Kessler, “Trends in Alternative Medicine Use in the United States, 1990–1997,” *Journal of the American Medical Association* 280 (1998): 1569–75; National Institutes of Health, *Consensus Development Statement: Acupuncture*, Washington, DC: NIH, 1997.

48. See Mei Zhan, “Civet Cats, Fried Grasshoppers, and David Beckham’s Pajamas: Unruly Bodies after SARS,” *American Anthropologist* 107 (2005): 31–42; Wang Shaoguang, “China’s Health System: From Crisis to Opportunity,” *Yale-China Health Journal* 3 (2004): 5–49.

49. *Shengming Shibao* (*Life Times*), “Jindai bainian zhongyi sanci lunzheng” (“Three Debates over Chinese Medicine in the Last One Hundred Years”), *Sina.com*, 2006, news.sina.com.cn (in Chinese). Translation is mine.

50. “Herbs,” or “herbal medicine,” is rather a misnomer, as it actually includes not only plants but also animal products and minerals. *Gaofang* in particular contains more rich animal products than other kinds of prescriptions. For an account of *gaofang*, see Zhan, *Other-Worldly*, ix–x.

51. Wu Dunxu, ed., *Zhongyi Jichu Lilun (Basic Theories in Chinese Medicine)* (Shanghai: Shanghai Science and Technology Press, 1995), 5.

52. See Judith Farquhar and Q. Zhang, “Biopolitical Beijing: Pleasure, Sovereignty, and Self-Cultivation in China’s Capital,” *Cultural Anthropology* 20 (2005): 303–27. Also see Jullien, *Vital Nourishment*, in which he translates *yangsheng* as “vital nourishment.”

53. For discussions of the modernist invention of naturecultures, see Haraway, *Simians, Cyborgs, and Women*; and Latour, *We Have Never Been Modern*.

54. Wu, *Zhongyi Jichu Lilun*, 6. Translation is mine.

55. See Zhan, *Other-Worldly*, for a discussion of *yajiankang*.

56. Luo Jing, “Qichengduo shimin yajiankang” (“Over Seventy Percent of City Dwellers Are in Subhealth”), *Shanghai Online*, 2006, ala.online.sh.cn (in Chinese).

57. Shigehisa Kuriyama, “The Imagination of Winds and the Development of the Chinese Conception of the Body,” in *Body, Subject, and Power in China*, ed. Angela Zito and Tani E. Barlow (Chicago: University of Chicago Press, 1994), 36.

58. *Ibid.*

59. *Ibid.*, 38.

60. Dipesh Chakrabarty, *Provincializing Europe* (Princeton, NJ: Princeton University Press, 2000), 5–6.