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UNIVERSITY OF CALIFORNIA,
IRVINE

Performing Chinese Medicine in the United States: Displacement, Integration, and Embodiment

DISSERTATION

submitted in partial satisfaction of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in Drama and Theatre

by

Chengyuan Huang

Dissertation Committee:
Professor Tara A. Rodman, Chair
Professor Anthony J. Kubiak
Professor Jade Power-Sotomayor
Professor Hentyle Yapp
Professor James Kyung-Jin Lee

2025

DEDICATION

To

Gaia, my daughter,

and Gaia, Mother Earth,

who give form to life's boundless offerings.

May both flourish.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iv
VITA	v
ABSTRACT OF THE DISSERTATION	vi
INTRODUCTION: Chinese Medicine and Integration	1
CHAPTER 1. The Displaced Body: Diaspora and Body Politic in Hung Liu’s Use of Chinese Medicine Body Maps.....	31
CHAPTER 2. Blockage: Rethinking Effectiveness and Integration of Chinese Medicine in Southern California.....	96
CHAPTER 3. Dis-organ-izing the Body with Chinese Medicine Sensibilities: An Autoethnographical Account of Performing Chinese Medicine in Southern California	153
Bibliography.....	238

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ABSTRACT OF THE DISSERTATION

Performing Chinese Medicine in the United States: Displacement, Integration, and Embodiment

by

Chengyuan Huang

Doctor of Philosophy in Drama and Theatre

University of California, Irvine, 2025

Professor Tara A. Rodman, Chair

This dissertation explores the intersections of Chinese medicine, diasporic experience, and performance in contemporary U.S. society. Through a multidisciplinary approach combining drama and theatre studies, medical anthropology, and Asian American studies, Chengyuan Huang examines how Chinese medicine operates as a performative medium of healing, cultural negotiation, and subject formation. The study is organized into three chapters.

Chapter 1 analyzes the work of Chinese American artist Hung Liu, focusing on her use of Chinese medicine body maps to explore themes of displacement and diasporic identity. Liu's artworks are read as embodied contemplations that challenge conventional narratives of immigrant integration and reimagine the body politic through Chinese medical philosophy. Chapter 2 investigates the lived realities of Chinese medicine practitioners in Southern California, using ethnographic methods and a diagnostic framework inspired by Chinese medicine. It identifies patterns of blockage—legibility issues, institutional constraints, social pressures, and personal struggles—that practitioners navigate in their daily work, revealing the dynamic interplay between healing, cultural integration, and professional survival. Chapter 3 offers an autoethnographic account of the author's own engagement with Chinese medicine, presented as a dramatic play. This creative exploration examines the transformative potential of Chinese medicine in disorganizing the body and reshaping personal and cosmological understandings of health, healing, and embodiment.

By integrating theoretical frameworks such as performativity, somaesthetics, and illiberal humanism, the dissertation challenges dominant paradigms of wellness and healing, proposing Chinese medicine as a site of adaptive practices and aesthetic inquiry. It invites readers to rethink health as an ongoing, relational performance shaped by cultural, historical, and embodied contexts.

INTRODUCTION: Chinese Medicine and Integration

Waiting for your herbal prescription to be filled is a time-consuming but richly sensorial experience. I watched my Chinese medicine doctor standing in front of his giant medicine cabinet, which took up the entire wall, pulling out small drawers from the cabinet to weigh different herbs for a desired amount. Shredded leaves, sliced barks, dried fruits, and gnarled roots—each hit the metal pan with a unique sound. The doctor divided each weighed herb into seven portions in individual bags, and right before he turned to another small drawer, he emptied the remaining herbal crumbs from the pan by casually shaking it off the side. He continued on to the next herb without even looking at the pan, and he did not need to, because much of the herbal residue was easily dislodged and scattered. “That explains the smell of this place!!” I thought to myself, recalling my first impression at the entrance of this store-clinic, greeted by a layered earthy scent, which I instantly ascribed to the herbal cabinet. However it was the moment when I saw the herbal dust floating in the air until it reached the floor as I continued to smell the herbs even after they were put away, I realized that the olfactory ambient of the store was directly related to that casual, inattentive gesture.

The dust that gets disposed efficiently though “improperly”—not in accord with hygienic guidelines in conventional clinics—strikes me as an analogy to what I try to grasp with this dissertation project. That slipping moment came to mind when I sought to visualize my thinking around what role Chinese medicine—a particular set of ideas and practices around body and health—plays in diasporic experience. It is not the Chinese medical theory or history—like the idea of herbs or the herbs stored in the cabinet—but the praxis of Chinese medicine in an increasingly globalized context—like the process of preparing herbal prescription—that sustains and sometimes alters the lingering aromatic presence of Chinese medicine. By attending to the dust, the superfluous

minority left behind the sanctioned majority, I look into the minor ways in which Chinese medicine is evoked that sidestep major-China narratives. Here I borrow Hentyle Yapp's terminology to conceptualize what thinking and working through Chinese medicine may bring to the table beyond a symbol of cultural heritage, an Orientalist token, or a technique towards neoliberal wellness.¹ By attending to the dust, ambient, unruly and uncontained, I engage with Chinese medicine not as a fixed body of knowledge, but as a lived atmosphere: something inhaled, sensed, and enacted. In this engagement, the human individual is and is not the subject: they are not my object of study per se, but rather they are a site through which I trace how Chinese medicine lives, breathes, and transforms in diasporic praxis. By attending to the dust, the inconspicuous substance that drifts between the interstices of regulation and practical needs, my project becomes a multi-modal inquiry into the many dimensions of Chinese medicine—cosmological, epistemological, cultural, and technical. Seeing Chinese medicine as this composite of phenomenon, logic, and practice, I am inspired to think about Chinese medicine in relation to integration, through integration, and as integration.

While integration mundanely means to combine parts together, this English word started gaining momentum a century ago, its frequency peaking in the 1970s only to be topped twenty years later, and still climbing as I write.² It seems that the English-speaking world is increasingly interested in the complex process of “making up or composition of a whole by adding together or combining the separate parts or elements,” as the Oxford English Dictionary defines the word.³ Perhaps to highlight its difference from mechanical addition, the OED adds after a semicolon: “combination into an integral whole: a making whole or entire.” The psychological definition of integration

¹ Hentyle Yapp, *Minor China: Method, Materialisms, and the Aesthetic*, Anima: Critical Race Studies Otherwise (Durham: Duke University Press, 2021).

² See the frequency charts in Oxford English Dictionary for the word. “Integration,” in *OED Online* (Oxford University Press), accessed April 24, 2023, <https://www.oed.com/view/Entry/97356>.

³ “Integration.”

weakens the assumption of an original whole and emphasizes the intricate relation between the parts: “The combining of diverse parts into a complex whole; a complex state the parts of which are distinguishable; the harmonious combination of the different elements in a personality.” The last definition the OED lists for integration is the ideal of “bringing into equal membership of a common society those groups or persons previously discriminated against on racial or cultural grounds,” which has become a popular term in sociology, political science, and civil rights discourses. Being integrated sounds like a promising state, but the process of integration is full of painful and challenging adjustment, sometimes even abjection. In my engagement with integration, I focus on the complexity, difficulty, and uncertainty behind the rosy picture that Chinese medicine projects or is projected onto Chinese medicine.

The following sections of this introduction offer three concepts of “integration” to orient the reader within the historical and practical contexts of Chinese medicine—as the dust is not unrelated to the herbs in the cabinet—and to lay the conceptual groundwork for the dissertation as a whole. Believed to have originated several millennia ago,⁴ healing practices in China have become a set of knowledge and technology that is seen as distinct from that of the West, with its cultural roots co-opted into dualistic rhetorics like East versus West or traditionalism versus modernism. Yet what we call Chinese medicine today has transformed through dynastic periods, encounters with imperial powers, and enterprises of modernization. In order to not essentialize Chinese medicine, I propose to use integration first as a lens for understanding Chinese medicine in different historical and regional contexts: (1) “Integration” as medical concept that characterizes Chinese medicine and its resonance in contemporary U.S. healthcare. (2) “Integration” as policy seen in the institutionalizing

⁴ The medical canons *Huang di nei jing* 黄帝内经 and *Shen nong ben cao* 神农本草 are found to date back to late Han (202 BCE-220CE). See Paul U. Unschuld, *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text, with an Appendix, the Doctrine of the Five Periods and Six Qi in the Huang Di Nei Jing Su Wen* (Berkeley: University of California Press, 2003); Stephen Boyanton, “The Canonicity of the Yellow Emperor’s Inner Classic: Han through Song,” in *The Routledge Handbook of Religion, Medicine, and Health* (Routledge, 2021), 120–32.

moves taken up both in China and in the U.S. (3) “Integration” as situated praxis carried out by individual practitioners in the U.S. through their daily performance as healers. Following these examinations of “integration,” I offer a discussion of the primary theoretical frameworks that undergird this dissertation, followed by brief chapter summaries.

Integration as Medical Concept

The term integration as a medical concept does not appear literally in the classics of Chinese medicine, but it arguably resonates with some parts of its philosophy. Chinese medicine revolves around the fundamental Daoist belief that the cosmos thrives on the balance of yin and yang, and thus the therapeutic goal of Chinese medicine is to restore the harmony of the mini cosmos in each person. One can see it as a form of integration in the sense of bringing the disharmonious back into cooperation. Prior to the missionary import of Western medicine, healing in China was more than a medical profession. In the Chinese medical canon *Huang di nei jing su wen* 黄帝内经素问 (The Yellow Emperor’s Inner Classic: Basic Questions), as medical historian and sinologist Paul U. Unschuld identifies, a wealth of social, economic, and political imageries in this foundational text present a significant parallelism between medical healing of human individuals and political governing of collective society.⁵ The Chinese parallelism between the human and the cosmos is not merely a metaphor showing that the two display the same organic configuration; human beings are thought to consist of various forms of the same *qi* 气 that makes up the cosmos, which allows for “resonance and interpenetration” between the human and the cosmos through the fluid shapeshifting of *qi*.⁶ For example, a passage in *Huang di nei jing* describes a perfect state of health to practice towards from all aspects of life:

⁵ Unschuld, *Huang Di Nei Jing Su Wen*, 325–37.

⁶ Ted J. Kaptchuk, *The Web That Has No Weaver: Understanding Chinese Medicine*, [Rev. ed., newly expanded and updated]. (Chicago, Ill: Contemporary Books, 2000), 46.

The depletion evil and the robber wind,
there are [specific] times when to avoid them.
Quiet peacefulness, absolute emptiness
the true qi follows [these states].
When essence and spirit are guarded internally,
where could a disease come from?
Hence, the mind is relaxed and one has few desires.
The heart is at peace and one is not in fear.
The physical appearance is taxed, but is not tired.
The qi follows [its appropriate course] and therefrom results compliance:
everything follows one's wishes;
in every respect one achieves what one longs for.⁷

In another passage on the effects of emotions, the canon writes:

When one is angry, then the qi moves contrary [to its regular course].
In severe cases, [patients] spit blood and there is outflow of undigested food.
Hence the qi rises.

...

When one is frightened, then
the heart has nothing to lean on,
the spirit has nowhere to return, and
one's deliberations have nowhere to settle.
Hence, the qi is in disorder.⁸

Here the use of conjunctions shifts us away from a linear chain of etiological causality. Instead, it places into patterns the various forms that qi takes through emotional, physical, and spiritual expressions. In this vein, psychic and somatic illnesses have mutual influence on each other and are not to be treated under separate categories. *Huang di nei jing* even goes so far as to conclude, “when a person's body and mind have no mutual [relationship], this is to say: death.”⁹ It seems to be arguable that, in Chinese medicine, integration of the body and the mind as well as of yin and yang is the foundation of being alive; and a proper integration that has the qi in its appropriate course leads to ideal health.

It is important to reiterate that integration is not a notion originally used or centered around in Chinese medical theory; to claim Chinese medicine as integrative would be reinforcing a long-time

⁷ Paul U. Unschuld and Hermann Tessenow, *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic – Basic Questions: 2 Volumes* (University of California Press, 2011), 34.

⁸ Unschuld and Tessenow, 594–97.

⁹ Unschuld and Tessenow, 532.

anthropological impetus that looks for political and ethical alternatives in non-Western traditions to address late-capitalist inequalities, which is when the exotic difference overshadows the understanding of the whole. With that being said, it is upon such voluntary strategic adaptation or involuntary theoretical imposition that Chinese medicine was practiced and received in the United States. Historian Tamara Venit-Shelton's book *Herbs and Roots* lays out how Chinese medicine has historically appeared to the American public as a foil to the increasingly dominant biomedicine, occasionally challenging but mostly sustaining the latter.¹⁰ Anthropologists have found that the classical theory of Chinese medicine has been recognized and appropriated in the frame of American Holism, more specifically the New Age movement since 1970s, as a redress for modern reductionism and Cartesian mind-body dichotomy. For many, Chinese medicine evokes an ecological awareness of interconnectedness across boundaries such as the binarism between nature-culture, organic-inorganic, and the compartmentalization of medical knowledge and treatment.¹¹ My task here is to discuss the aspects of Chinese medicine that have enabled its cross-cultural translation into an ideologically resonant form of healing practice.

I argue that another feature of Chinese medicine that produces its theoretical holism is its required integration of the physician's rational and aesthetic faculties. Drawing an analogy between the Chinese doctor and the Chinese landscape painting artist, interdisciplinary medical researcher Ted Kaptchuk suggests that while featuring rigorous deduction from cosmic principles, Chinese medicine is an artistic science that "demands the artistic sensitivity of synthetic logic—always aware that the whole defines the parts and that the pattern may transform the significance of any one

¹⁰ Tamara Venit-Shelton, *Herbs and Roots: A History of Chinese Doctors in the American Medical Marketplace* (New Haven: Yale University Press, 2019).

¹¹ Emily S. Wu, *Traditional Chinese Medicine in the United States: In Search of Spiritual Meaning and Ultimate Health* (Lexington Books, 2013), 147; Linda L. Barnes, "Multiple Meanings of Chinese Healing in the United States," in *Religion and Healing in America*, ed. Linda L. Barnes and Susan S. Sered (Oxford University Press, 2005), 307–32, <https://doi.org/10.1093/acprof:oso/9780195167962.003.0020>.

measurement within it.”¹² Because health appears in different patterns by circumstance and by individual, the doctor needs to be creative with judgment and take in the context of the whole, precisely to rectify the mechanical errors of systematic rationality.

Chinese medicine also relies directly on the human sensorium to understand health, illness, and everything in between. Sensory notions such as color, hotness/warmness/coldness, dampness/dryness, are used to describe patterns of qi in the human body and beyond. Thomas Avery Garran, the author of *Western Herbs According to Traditional Chinese Medicine*, describes his learning process as such:

In my early days as an herb student I spent hours on end tasting herbs, trying to understand how the Chinese came up with the flavors they ascribed to each herb. At first, I was often befuddled, because my mouth could not taste the flavors listed in the texts. I then learned that taste means more than mere flavor in the mouth, and that it has more to do with effects on physiological function than anything else. In other words, in order for a plant to be ascribed a particular taste, it had to perform the action representative of that flavor.¹³

What Garran comes to grasp is the body’s participation in learning about the process of healing, as opposed to relying on external tools and objective indicators such as machines and data. More specifically, not only his sensory experience, but his associative imagination that grows from inner sensations is involved in the generation of this type of herbal knowledge. Linguistic anthropologist Sonya E. Pritzker zooms in on *ganying* (感应 resonance) in her book about the translational work in U.S. Chinese medicine, highlighting the affective epistemology involved in clinical encounters: “To know these chains [of correspondence between different parts of the cosmos] is to *feel* them... This type of knowing is inherently transformative, for all participants. It is a felt engagement that emerges through relationship, an embodied equivalence that is not dependent on words per se but that is disclosed in language.”¹⁴ As such, the human body, not just the mind, is integrated into the work of

¹² Kaptchuk, *The Web That Has No Weaver*, 19.

¹³ Thomas Avery Garran, *Western Herbs According to Traditional Chinese Medicine: A Practitioner’s Guide* (Rochester, Vermont: Healing Arts Press, 2008), 11.

¹⁴ Sonya Pritzker, *Living Translation: Language and the Search for Resonance in U.S. Chinese Medicine* (Berghahn Books, 2014), 8, <https://doi.org/10.1515/9781782383116>.

understanding cosmic principles of healing, and the physician is expected to be wholly engaged in the medical practice. However, not every practitioner can be and is willing to be committed to this level of integration; nor can all practices that claim integrativeness be truly so.

Therefore, one may see Chinese medicine as an alternative cosmology that is coded in the linguistic and cultural languages that get labeled as Chinese. The theoretical use of integration as a medical concept becomes a handle on Chinese medicine for cross-context access. Movements like American Holism find a way to recruit Chinese medicine through the holistic connotation of integration. Limited as it may be, integration in theory does serve to provide a different outlook on sickness, health and care. The limitation, in turn, may illuminate the latent bias in our current use of the term integration. Its implication of ontological divisions, be it nature-culture, soul-mind-body, or reason-aesthetic, is not to be found in classical Chinese medicine, yet frequently embedded in the implementation of Chinese medicine integration. The next section will demonstrate how selective integration can be strategic in modern healthcare enterprises.

Integration as Policy

The integration of Chinese medicine on the institutional programming level politicizes healing as proof for ideological validity. In imperial China it was to uplift Neo-Confucianism; later it became a battleground for national modernization; in Mao's China, it was to show that the path led by the Chinese Communist Party was the right one; and in the U.S., it was to consolidate biomedical dominance and sustain liberal multiculturalism.

The long and uneven history of Chinese medicine exemplifies the discursiveness of medicine as contoured by political and social influences. Traditional Chinese healing practices varied widely by philosophy (eg., Daoism, shamanism, Confucianism), modality (eg. martial arts, herbal prescription, divination), specialty (eg. pox, childbirth, wound), operational style (eg. itinerant healers, official

doctors), location (eg. street, temple, home), etc.¹⁵ It was during the Song dynasty (960-1279) that Chinese medicine was first systematized—classical writings were canonized as the theoretical foundation and the scholarly branch was legitimized, obscuring ritualistic, shamanistic and folk forms of healing.¹⁶ Medicine became increasingly more of an elite profession, while governmental regulation and distribution of classical formularies made medical information more accessible to the general public. As pathology develops in the following dynasties, Chinese physicians theorized sophisticated pattern-based diagnosis that emphasized the dynamic of qi transformation rather than identifying individual pathogenic causes or specific diseases.¹⁷ Scholar-physicians in the Qing dynasty (1644-1911) sought to reexamine the classics, shifting from the theory-laden tradition to an innovated one that emphasized the local environs of physicians.¹⁸ The late scholar-practitioner Charles Chace argued that “Chinese medicine’s perennial return to the classics may be best understood less as the search for an overarching truth than as an ongoing response to the challenge of developing effective therapies in the face of ever-changing circumstances.”¹⁹ In a sense, the dynastic transformations of Chinese medicine revolved around epistemological adjustment.

The nationalist urgency to modernize China motivated a series of transformations in the field of Chinese medicine. Under the colonial backdrop since the late-19th century, the West became both a model to learn from and an enemy to defend sovereignty against. For instance, arguably one of the most crucial moments in the foundation of a modern China—the May Fourth Movement in 1919 was a historical anti-Japanese, anti-imperialist demonstration against the Versailles Peace Conference’s decision to transfer Germany’s control of a Chinese province to Japan.²⁰ Many

¹⁵ Bridie Andrews, *The Making of Modern Chinese Medicine, 1850-1960* (UBC Press, 2014), 25–50.

¹⁶ Charles Chace, “Developments in Chinese Medicine from the Song Through the Qing,” in *The Routledge Handbook of Religion, Medicine, and Health* (Routledge, 2021), 146–59.

¹⁷ Chace, 148.

¹⁸ Chace, 152–53.

¹⁹ Chace, 155.

²⁰ Hung Wu, *Remaking Beijing: Tiananmen Square and the Creation of a Political Space* (London: Reaktion, 2005), 61.

intellectuals and proponents of this movement criticized traditional culture as blamable for the nation's weakness in the face of foreign imperialism, and promoted two modern ideals, namely science and democracy, as the cure.²¹ Recalling the traditional association between individual health and societal health, it is understandable how medicine became a focal point of this modern revolution.

As medical historian Bridie Andrews reminds us, there was no such thing as “Chinese medicine” in China until the need emerged to distinguish native practices from those of the West.²² Besides the meaning of “Chinese medicine,” *zhangyi* at that time also referred to elite Chinese-style doctors—or Chinese-style scholar-physician—to be separated from nonelite healers such as spirit doctors (*shen yi* 神医) and traveling doctors (*jianghu yi* 江湖医).²³ Thus the naming carries a performative function of legitimization, which shows the nationalist desire to acquire a certain respectableness that would match or exceed the Western counterpart by secularizing and gentrifying the trade. Interestingly, a writer in early 20th century, who elevated *zhangyi* in contrast to his distaste for popular but heterodox healers, created another category *dongyi* 东医 (eastern medicine) in reference to practices by those trained in Japanese-style modern medicine.²⁴ The geographical indication is consistent with the long-established Sinocentrism that sees China (*zhangguo* 中国, literally “the middle/central kingdom”) as the center of the world, civilized, honorable, and perfectly moderate. This rhetorical juxtaposition with western medicine²⁵ and eastern medicine reaffirms the centeredness of Chinese medicine by suggesting the connotation of “middle medicine” underlying *zhangyi*, while at the same time maps out a sense of urgency as being caught in a two-way squeeze by

²¹ Andrews, *The Making of Modern Chinese Medicine, 1850-1960*, 20–21.

²² Andrews, 11.

²³ Andrews, 46.

²⁴ Andrews, 41.

²⁵ Of course, the Western medicine referenced hereafter is also an essentialized medical system that is dominated by biomedicine.

modern medicine and underlying imperial powers. It was in this process of negotiating modernization that medicine became an ongoing nationalist project of integration.

The acronym TCM—short for “Traditional Chinese Medicine”—as we know it today refers to the product of the first official institutionalization of Chinese medicine in the People’s Republic of China in the mid-20th century. Under Mao Zedong’s leadership, Chinese medicine was considered backward unless integrated with Western medicine, in an effort to cut off the “oppressive and exploitative” past and move the nation towards a “new democracy.” In his important speech “The United Front in Cultural Work” in 1944, Mao commented on the respective utility of Chinese medicine and biomedicine towards advancing the communist enterprise:

If we only rely on the new medicine [biomedicine], we will not be able to solve our problems. Of course the new medicine is superior to the old medicine, but if they [the doctors of the new medicine] are not concerned about the sufferings of the people, do not train doctors to serve the people, and do not unite with the thousand old doctors of the old school in order to help them improve, then they will actually be helping the practitioners of witchcraft by callously observing the death of a large number of man. Our task is to unite with the old style doctors who can be used, and to help educate and remould them. In order to remould them we must first unite [with them].²⁶

Clearly neither doctors of biomedicine nor doctors of Chinese medicine were enough to solve the problems Mao saw with China at the time. Both medical systems were deemed insufficient but not equally: those trained in biomedicine were urban elites, and thus not ideologically trustworthy in Mao’s view, but they possessed “superior” medical knowledge and technology to treat people. Those trained in Chinese medicine would be extremely valuable for Maoist populism, which foregrounded peasantry, but only for their existing structural roles and profound connections in rural communities in order to build a new healthcare system that would redress rural healthcare inequities.²⁷

²⁶ quoted in Paul Kadetz, “The Declaration of Alma Ata: The Global Adoption of a ‘Maoist’ Model for Universal Healthcare,” in *Routledge Handbook of Chinese Medicine*, ed. Vivienne Lo, Michael Stanley-Baker, and Dolly Yang, 1st ed. (London: Routledge, 2022), 630, <https://doi.org/10.4324/9780203740262>.

²⁷ Kadetz, 629–30.

Perhaps to demonstrate a distinctly Chinese modernization, instead of replacing Chinese medicine completely, the modernizing reform soon took a turn to making Chinese medicine “scientific,” by validating Chinese medical knowledge with bioscience. This top-down integration of Chinese medicine and biomedicine has found its accomplishment mostly in the standardized and secularized textbooks, evidence-based lab research on Chinese *materia medica*, and institutionalized translation into biomedical terms.²⁸ In 1955, China Academy of Chinese Medical Sciences (*zhongguo zhongyi kexueyuan* 中国中医科学院) was founded, followed by hospitals and higher-educational institutions—which were organizationally biomedical²⁹—dedicated to the researching and teaching of Chinese medicine, with the word “Traditional” added to their names when translated to English. Chinese medicine was introduced anew to the world as Traditional Chinese Medicine or TCM, a scientific and cost-efficient medicine, especially to developing countries as part of China’s international effort to serve “the proletariat world.”³⁰ Noteworthy, the qualifier “traditional” was never emphasized in Chinese, because there was no need to differentiate a “traditional Chinese medicine” from a “modern Chinese medicine,” when TCM was itself a modernized, neo-traditional medicine. The addition of “traditional” in its English translation was possibly motivated by the desire to emphasize its inheritance of a long tradition to increase its credibility and increase its appeal to those who lost faith in modern biomedicine.

Henceforth TCM entered the global healthcare market. In 1978, as a move towards universal healthcare coverage the World Health Organization (WHO) announced the Declaration of Alma Ata, in which the WHO adopted TCM as a model of healthcare integration. Public Health scholar Paul Kadetz suggests that, as the Chinese Communist Party’s nation-building project, TCM was

²⁸ Elisabeth Hsu, “Traditional Chinese Medicine: History, Ethnography, and Practice,” in *The Routledge Handbook of Religion, Medicine, and Health* (Routledge, 2021), 128–29.

²⁹ Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Duke University Press, 2009), 14.

³⁰ Zhan, 14; Andrews, *The Making of Modern Chinese Medicine, 1850-1960*, 211.

destined to be a predetermined success rather than an open-ended experiment.³¹ This would mean that the domestic integration of medical practices into TCM is a tautology, because the to-be-integrated practices were already systematized and legitimized. “Integration” here may be no more than picking and choosing suitable candidates. If this is true, TCM’s international integration with biomedicine could also be understood as a tautology since, one might argue, TCM was already assimilated into biomedicine. Scholars have identified this move to be an export of culture,³² due to the nationalist motivation to promote Chinese medicine as a national “treasure house.”³³ From a commodification perspective, TCM is the modernizing pruning of a wide range of practices to participate in the global healthcare market, catering to a Western customer base.³⁴ To a large extent, indeed, the consumption of TCM in the global market shifted from its ability to cure disease into its performance of a distinctive healthcare. Here the idea of integration seems to part ways with assimilation in theory, because the goal is not to get fully dissolved into biomedical practice, but to be recognized as something “universally valid yet also culturally specific.”³⁵ Kadetz argues that top-down institutional integration, as TCM demonstrates, is not a true, complete integration.

This ambivalent integration of TCM into the global scene concurred with the renewed interest in Chinese medicine in the United States. Chinese medicine in America had seen ups and downs since its arrival in the 19th century as self-care practices by early migrant railroad workers, but even at the peak of its popularity Chinese medicine practices were not recognized as legal and practitioners had to endure persecution.³⁶ Led by Chinese herbalists, the lucrative business of

³¹ Kadetz, “The Declaration of Alma Ata: The Global Adoption of a ‘Maoist’ Model for Universal Healthcare,” 630.

³² Andrews, *The Making of Modern Chinese Medicine, 1850-1960*, 211.

³³ Zhan, *Other-Worldly*, 37.

³⁴ Volker Scheid and Hugh MacPherson, “Introduction,” in *Integrating East Asian Medicine into Contemporary Healthcare*, ed. Volker Scheid and Hugh MacPherson (Edinburgh: Churchill Livingstone Elsevier, 2012), 4.

³⁵ Scheid and MacPherson, 4.

³⁶ Haiming Liu, “Chinese Herbalists in the United States,” in *Chinese American Transnationalism: The Flow of People, Resources, and Ideas between China and America during the Exclusion Era*, ed. Sucheng Chan, Asian American History and Culture (Philadelphia, PA: Temple University Press, 2006), 153; William Michael Bowen, “The Five Eras of Chinese Medicine in

Chinese medicine attracted jealous attacks from mainstream medical organizations such as American Medical Association (AMA). For almost a century, whether those who practiced Chinese medicine should be called “doctors” was under debate in the name of public interest to be protected from quacks and charlatans.³⁷ Chinese doctors all around the country were repeatedly harassed, arrested, and fined for practicing medicine. Under such conditions, Chinese herbalism was split by its transactional and therapeutical qualities, and Chinese herbalists were “free to sell herbs, [but] could not *act* as physicians.”³⁸ TCM, on the contrary, was not only a rebrand, but also an already-integrated Chinese medicine, which guaranteed its successful comeback in the US, in the wake of Nixon’s 1972 visit to Beijing and journalist James Reston’s front-page story in the *New York Times* in the same year about his personal experiences with acupuncture in China. Acupuncture spearheaded this comeback to the point that it sometimes became almost the synonym of TCM, and other times became a popular type of complementary and alternative medicine (CAM) itself, taken completely out of the Chinese medicine context. Unlike practitioners of other TCM modalities, acupuncturists even have a stand-alone license which has been used to regulate Chinese medicine practitioners in general.³⁹

The prominence of acupuncture—as a mainstream alternative medicine in the U.S.—instead of other TCM modalities, may corroborate Kadetz’s argument to some extent. Andrews argues that all but the name and basic formality of acupuncture was thoroughly reinvented after being a long-lost tradition due to unclear historical prejudice.⁴⁰ In the 1930s, a Chinese scholar-physician Dan’an Cheng revived the interest in acupuncture and moxibustion by using Western anatomy to redefine acupoints. In Cheng’s move towards a new scientific acupuncture, astrological and divinatory ideas

California,” in *The Chinese in America: A History from Gold Mountain to the New Millennium*, ed. Susie Lan Cassel, Critical Perspectives on Asian Pacific Americans (Altamira Press, 2002), 183.

³⁷ July lyn Vo Phun, “Health Brokers: Chinese Herbal Doctors, Medical Tourism, and Medical Advertisements in Southern California, 1900-1941,” *Amerasia Journal* 43, no. 2 (August 2017): 52, <https://doi.org/10.17953/aj.43.2.47-78>.

³⁸ Phun, 53.

³⁹ Wu, *Traditional Chinese Medicine in the United States*, 5.

⁴⁰ Andrews, *The Making of Modern Chinese Medicine, 1850-1960*, 198.

were eliminated as superstitious dross for acupuncture to be translated straight into nervous stimulation.⁴¹ As technology enabled the mapping of photographic illustrations, the Chinese-medical body had to collapse into the anatomic body. For medical historians like Andrews it was clear that this acupuncture was critically severed from the tradition. Perhaps it was precisely the collapsibility of acupuncture into biomedical parameters that prepared this practice to reemerge as a successful integration project. However, the introduction of acupuncture to the U.S. market at first was also met with anti-communist skepticism and Orientalist contempt. The eventual integration of acupuncture, according to historian Emily Baum, only happened upon the collapse of Maoism when the procedure was sanitized and decontextualized to become a citable technique without the political underpinnings.⁴² As Baum argues, the issue of adopting Chinese medical practices, especially technical inventions developed in mainland China like acupuncture anesthesia, has always been “not strictly a professional one” but involving racial and ideological politics.⁴³

Integration of Chinese medicine with or into biomedicine has been part of official agendas across the Pacific to further political interests. Institutional programming has played an instrumental role in directing how Chinese medicine should enter national narratives. However, this certainly cannot thoroughly explain how Chinese medicine gained currency in the U.S., because public acceptance is never solely dictated by policy. As Kadetz argues, “healthcare integration may be best understood as an outcome of the medical pluralism dynamically practised by the lay public.”⁴⁴ In the market-driven system of healthcare, without practitioners’ individual efforts of integration grounded

⁴¹ Andrews, 202–4.

⁴² Emily Baum, “Acupuncture Anesthesia on American Bodies: Communism, Race, and the Cold War in the Making of ‘Legitimate’ Medical Science,” *Bulletin of the History of Medicine* 95, no. 4 (2021): 527, <https://doi.org/10.1353/bhm.2021.0055>.

⁴³ Baum, 526.

⁴⁴ Kadetz, “The Declaration of Alma Ata: The Global Adoption of a ‘Maoist’ Model for Universal Healthcare,” 627.

in daily needs to negotiate and adapt to specific circumstances, Chinese medicine would not have come farther than an exotic fantasy in the U.S.

Integration as Social Practice

For U.S. Chinese medicine practitioners, integration has been a lived necessity before institutional theorists and policymakers arrive at any formal consensus about what integration ought to mean for Chinese medicine in the 21st century. While integration may now be framed as a desirable objective, it has historically been a provisional strategy for survival, legitimacy, and access. Practitioners often find themselves negotiating between cultural legibility, medical intelligibility, and financial viability—three imperatives that do not always align. U.S. Chinese medicine practice is shaped not just by discourses of authenticity and effectiveness, but also by systems of racialization, regulation, and market demand. Following a chronological order, I intend to provide an overview of how U.S. Chinese medicine practitioners have performed integration as an ongoing, situated social practice.

From the mid-19th century through the Progressive Era, Chinese medicine entered the American public imagination through a contradictory blend of exoticism and nostalgia. As Venit-Shelton shows, practitioners expanded their non-Chinese clientele by touting its association with nature. In an era when biomedicine had not yet fully established its institutional dominance, Chinese medicine appeared simultaneously as a miraculous remedy and a rustic echo of Western herbal remedies. The appeal to the “natural” offered practitioners a niche in a crowded medical marketplace by embracing Orientalism. Historian Haiming Liu argues that Chinese herbal medicine could stand as an example of “reverse assimilation,” noting that it retained its ingredients and modes of preparation rather than conforming to Western tastes.⁴⁵ Wary of reinforcing the Orientalist

⁴⁵ Liu, “Chinese Herbalists in the United States,” 136.

perception of Chinese medicine as static and outdated, Venit-Shelton offers a more nuanced view, arguing that Chinese doctors regularly cultivated their local dispensary and adapted their formularies to meet market demands. This adaptability demonstrates a considerable degree of flexibility and resourcefulness, echoing other immigrant survival strategies across labor sectors.⁴⁶ Moreover, practitioners deliberately exploited Orientalist fantasies to commercialize Chinese remedies.⁴⁷ Here, the integration of Chinese medicine into the American scene depended less on epistemological dialogue than on self-Orientalization, which at once elevated and diminished its perceived legitimacy.

At the same time, Chinese medicine provided its community with essential services and as a strategic refuge from racialized public health surveillance during the Progressive Era. As Nayan Shah details in *Contagious Divides*, anti-Chinese sentiment was biologized through epidemic discourse, casting Chinese bodies as sources of disease and threats to the health of white American society. Public health regulations, Shah argues, functioned as “racially coded languages of hygiene and health” that justified exclusionary practices under the guise of sanitary reform.⁴⁸ In this context, Chinese medicine offered more than defense against epidemic outbreaks⁴⁹ and cultural familiarity—it provided a safer and more discreet alternative to biomedical treatment. Seeking care from Chinese medicine practitioners allowed patients to avoid the risk of being reported, quarantined, and losing critical income or social standing. With their language skills and social network, some practitioners also opened up their practice to serve as a community nexus, providing mailing services, brokering labor contracts, and supporting new immigrants.⁵⁰ In the 1920s, the Chinese medicine community,

⁴⁶ Venit-Shelton, *Herbs and Roots*, 246.

⁴⁷ Venit-Shelton, 35.

⁴⁸ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*, *Contagious Divides* (University of California Press, 2001), 11–12, <https://doi.org/10.1525/9780520935532>.

⁴⁹ Venit-Shelton, *Herbs and Roots*, 82.

⁵⁰ Venit-Shelton, 84–86.

including practitioners and supporters, asserted their autonomy by developing their own professionalization plan with licensing and accreditation, resisting federal control.⁵¹ Thus Chinese medicine merged not only as a health and community resource, but as a tactical response to the biopolitical management of racialized populations.

In the mid-20th century, not only was biomedical ascendance to a dominant institutional position pressing existential pressures on Chinese medicine, practitioners were also adapting to economic challenges posed by the Great Depression and global wars. Biomedical physicians continued to establish their medical authority through debunking Chinese medicine as a backward relic of superstition.⁵² The trade disruption due to the Sino-Japanese War and World War II and continued by the U.S. trade embargo on China between 1949-1971 jeopardized the access to herbal supplies.⁵³ Facing such a dire plight, many practitioners broadened their practice by diversifying their skills and becoming licensed chiropractors or physical therapists.⁵⁴ As more opportunities became available for new Chinese immigrants and Chinese Americans to enter licensed medical professions, traditional therapies became an undesired and abject profession, from which Western-trained Chinese medical professionals strived to distance and differentiate themselves to gain credibility.⁵⁵ However, the declining practice of traditional Chinese medicine was soon upturned by the advent of Traditional Chinese Medicine (TCM).

The year of 1971 turned a significant page for U.S. Chinese medicine, witnessing the beginning of its elevation from a racialized and marginalized practice to a well-recognized Complementary and Alternative Medicine (CAM). California's legalization of acupuncture in 1975

⁵¹ Shah, *Contagious Divides*, 213.

⁵² Venit-Shelton, *Herbs and Roots*, 170–81.

⁵³ Venit-Shelton, 203.

⁵⁴ Venit-Shelton, 205.

⁵⁵ Venit-Shelton, 211–18.

allowed practitioners to perform acupuncture without biomedical diagnosis or referral.⁵⁶ Miriam Lee, a pioneering acupuncturist and teacher who was active in the late-twentieth-century California, was arrested for practicing unlicensed in 1974, one day after Governor Ronald Reagan vetoed the legalization bill for acupuncture.⁵⁷ Dr. Miriam Lee is often credited as the key figure that shifted the historical struggle of acupuncturists towards legislation and dignity. Her story was certainly captivating as it was spiced up with the dramatic timing of her arrest and the impressive turnout at her court hearing by her patients and supporters. On a deeper level, the success of her story also had to do with her personal background as an immigrant who escaped Communist China, worked on an American factory assembly line, and attended church,⁵⁸ her reputation as a caring and efficacious practitioner, as well as her later efforts to popularize acupuncture through private educational services.⁵⁹ Dr. Lee's combination of identities and experiences punctuates the integrative history of acupuncture with a powerful rhetorical image of a diligent, benevolent, and adaptable immigrant.

Meanwhile, efforts to transform and integrate Chinese medicine continued under a predominantly neoliberal and biomedical framework. More professionals with a biomedical background and some literacy in Chinese medicine joined the enterprise of integrating TCM into American healthcare. Whereas some Chinese medicine practitioners started partnerships with biomedical institutions to evaluate the clinical efficacy of acupuncture and herbal remedies, others insisted the incommensurability of their practice.⁶⁰ Practitioners' various attitudes towards biomedicalization contributed to the rise of different operational styles in this profession, which

⁵⁶ Zhan, *Other-Worldly*, 45.

⁵⁷ Wu, *Traditional Chinese Medicine in the United States*, 32; Arthur Yin Fan and Ziyi Fan, "Dr. Miriam Lee: A Heroine for the Start of Acupuncture as a Profession in the State of California," *Journal of Integrative Medicine* 12, no. 3 (2014): 182–86, [https://doi.org/10.1016/S2095-4964\(14\)60016-9](https://doi.org/10.1016/S2095-4964(14)60016-9).

⁵⁸ Miriam Lee, *Insights of a Senior Acupuncturist*, 1st edition (Boulder, CO: Blue Poppy Pr, 1992): ix.

⁵⁹ Fan and Fan, "Dr. Miriam Lee," 184.

⁶⁰ Venit-Shelton, *Herbs and Roots*, 260.

practitioner-researcher Trina Ward calls different “enactments” of Chinese medicine.⁶¹ While more research endeavors are still being devoted to proving Chinese medicine’s efficacy by scientific measurements, Chinese medicine practices have already taken on new lives in different sectors of U.S. society. As Dr. Stuart Kutchins argued at a 1983 congressional hearing on acupuncture, “a system of medicine is never proved. It is merely accepted or not accepted within a society.”⁶²

A wide range of adaptation and adoption of acupuncture, accompanied by the entrance of other ethnic practitioners, has enriched the scene of U.S. Chinese medicine, and facilitated its overall integration into the American healthcare market. Following the 1960s counterculture wave as a critical response to biomedicine, European Americans joined the profession through conversion and appropriation, which I argue are both variants of integration.⁶³ Their active participation and career success in this profession rapidly reduce explicit discrimination against Chinese medicine.⁶⁴ As part of the New Age movement, some practices in California psychologized acupuncture as a method of self-discovery instead of medical treatment, ushering in mainstream clientele who are interested in non-traditional spirituality.⁶⁵ As religionist and ethnographer Emily S. Wu finds in her fieldwork in the Californian Bay Area, Chinese medicine has become a professional haven for practitioners of different ethnicities across the spiritual spectrum to put their psychic abilities to therapeutic use.⁶⁶ Under the influence of marketization, as medical anthropologist Mei Zhan observes, some practitioners have “reinvented” Chinese medicine as a form of preventive healthcare for “hip, middle-class, cosmopolitan lifestyles that emphasize overall well-being and mind-body health.”⁶⁷ On

⁶¹ Trina Ward, “Multiple Enactments of Chinese Medicine,” in *Integrating East Asian Medicine into Contemporary Healthcare*, ed. Volker Scheid and Hugh MacPherson (Edinburgh: Churchill Livingstone Elsevier, 2012), 55–74.

⁶² “Medicare and Acupuncture Hearing before the Select Committee on Aging, House of Representatives, Ninety-Eighth Congress, First Session, November 30, 1983, San Francisco, Calif.” (Washington: U.S. G.P.O., 1984), 12.

⁶³ Barnes, “Multiple Meanings of Chinese Healing in the United States,” 314–20.

⁶⁴ Wu, *Traditional Chinese Medicine in the United States*, 42.

⁶⁵ Linda L. Barnes, “The Psychologizing of Chinese Healing Practices in the United States,” *Culture, Medicine and Psychiatry* 22, no. 4 (December 1, 1998): 413–43, <https://doi.org/10.1023/A:1005403825213>.

⁶⁶ Wu, *Traditional Chinese Medicine in the United States*, 117–31.

⁶⁷ Zhan, *Other-Worldly*, 14.

the other end of the economic spectrum, in a way reminiscent of the proletariat version of TCM that CCP promoted, acupuncture has also been used in community healing programs to provide accessible healthcare.⁶⁸ Beyond California and ethnic enclaves of Chinese American communities, particularly, a significant part of this trend pairs acupuncture with political education to address social justice issues. For example, the Lincoln Detox Program led by Dr. Mutulu Shakur to fight substance abuse in Black and Brown communities in New York gave birth to the widespread NADA protocol, which is a non-verbal group healing method that uses ear acupuncture.⁶⁹ Lincoln Detox has inspired many other marginalized communities to use it for their own redress.⁷⁰ What connected acupuncture with grassroots activism were the ideas of activating the healing power from within, and healing as a holistic process that deals with more than the troubled flesh. These practices of integrating acupuncture respond to and amplify social movements, without needing to evoke its Chinese roots.

As is shown in this condensed history, U.S. Chinese medicine has long intersected with dominant ideological formations including yellow peril discourse, biomedicine, and wellness culture. Entangled with racializing logics, the early trajectory of Chinese medicine in the United States is an intricate embodiment of fear and care. Facing prejudice, early Chinese doctors capitalized on Orientalist myths and adapted their practices to serve and at times expand their clientele. When racial bias and epidemiological advances in biomedicine exacerbated medical discrimination against the Chinese American community, these practitioners offered care that remained attuned to the needs and constraints of their communities. Even during periods of professional decline,

⁶⁸ For example, the free acupuncture sessions in poor underserved communities. “Free Medical, Dental, Vision Screenings for Residents of the Inland Empire,” *El Chicano Weekly*, November 6, 2014; “Fourth Annual ‘Care 4 a Healthy IE’ Event,” *El Chicano Weekly*, July 9, 2015.

⁶⁹ Venit-Shelton, *Herbs and Roots*, 233; “NADA Protocol,” *NADA* (blog), accessed August 23, 2022, <https://acudetox.com/nada-protocol/>.

⁷⁰ See the example of Urban Atabex Organizing and Healing in Community Network, from Katheryn Crawford et al., “Generational and Ancestral Healing in Community: Urban Atabex Herstory,” *Genealogy* 5, no. 2 (June 2021): 47, <https://doi.org/10.3390/genealogy5020047>.

practitioners persisted by broadening their skill set. The increasingly vibrant scene of Chinese medicine and its many variations in the last fifty years has been made possible by practices that are led with creative integration, which reminds us that the history of U.S. Chinese medicines is, as Venit-Shelton concludes, “as much a history of exclusion and resistance as it is a history of integration and adaptation.”⁷¹ The framework of integration as social practice allows us to see this history from a situated perspective, not simply in terms of acceptance or marginalization, but as a dynamic interplay of negotiation, improvisation, and endurance.

Theoretical Frameworks: Performativity, Somaesthetics, Illiberal Humanism

Besides offering a contextual introduction to U.S. Chinese medicine, the discussion above also aims to foreground Chinese medicine as a rich site for challenging conventional narratives of “successful integration” and, more importantly, for complicating the notion of integration itself. I problematize integration as a normative endpoint, and instead approach it as a fraught, negotiated, and performative process, which is at once medical, social, and ideological. This inquisitive impetus finds resonance and support in scholarship across cultural anthropology, performance studies, and Asian American studies. These different yet often overlapping fields converge in their commitment to interrogating how practices, bodies, and identities are shaped within structures of power and circulations of resource. The following section outlines how these theoretical traditions provide the critical scaffolding for my analysis of U.S. Chinese medicine.

Performance studies offer conceptual tools to understand U.S. Chinese medicine as a field of adaptive practices. As reflected in the title of this dissertation project, I use the term “performer” to refer to individuals who enact Chinese medicine in various domains, including artistic creation,

⁷¹ Tamara Venit-Shelton, “Nature’s Own Remedies: Chinese Medicine in Progressive Era America,” *Pacific Historical Review* 88, no. 3 (2019): 384, <https://doi.org/10.1525/phr.2019.88.3.378>.

clinical care, and philosophical reflection. Rather than limiting the term to theatrical actors, I draw on performance studies to frame the embodied, iterative, and situated enactment of Chinese medicine as a mode of performance. Judith Butler's groundbreaking work on gender performativity establishes social identities not as expressions of some preexisting inner essence, but as embodiments constituted through repetitive enactments of socially sanctioned norms, which at the same time sediment and reify such norms.⁷² In this sense, to perform a social identity such as gender is to become intelligible through its reiteration. Similarly, Chinese medicine can be seen not merely as a static system of techniques,⁷³ but as a normative framework that takes shape through embodied repetition. Whether in the clinic, studio, or everyday life, the performance of Chinese medicine entails the ongoing production of wellness as a culturally mediated ideal—to be performed into being and redefined through its enactment. In this sense, a Chinese medicine performer may be a visual artist, a licensed practitioner, or a diasporic subject engaged in a relational process of healing and meaning-making.

The performativity of Chinese medicine practice is strengthened by the notion of body as performance. For Butler, identity is performative only because “[t]he body is not a self-identical or merely factic materiality; it is a materiality that bears meaning, if nothing else, and the manner of this bearing is fundamentally dramatic. By dramatic I mean only that the body is not merely matter but a continual and incessant *materializing* of possibilities” (emphasis in original).⁷⁴ Butler's notion of the nonreferential, dramatic body suggests that the body is not only the object of meaning-making but also a responsive medium of adaptation and a process of ongoing becoming. Though Butler

⁷² Judith Butler, “Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory,” *Theatre Journal* 40, no. 4 (1988): 519–31, <https://doi.org/10.2307/3207893>.

⁷³ A popular misunderstanding I consider to be disproved in my introduction of its history of integration. For a more extensive and nuanced deconstruction of Chinese medicine's overdetermined position as a complementary and alternative medicine and its deeper situating in trans-Pacific networks of knowledge production, see Zhan, *Other-Worldly*.

⁷⁴ Butler, “Performative Acts and Gender Constitution,” 521.

rightfully refrains from drawing an ontological equation between body and performance, so as to not re-essentialize the body, what they articulates is a formal resonance between the two: both come into being through iterative acts, or “restored behavior” as Richard Schechner defines performance.⁷⁵ Exempt from the risk of essentializing the body, Chinese medicine conceives the body as, instead of a fixed anatomical entity, but a dynamic constellation of flows, transformations, and relational tensions that is susceptible to change. On the grounds of Chinese medicine’s tenet of corporeal fluidity, I extrapolate what Butler recognizes as possibilities at the core of the social construction and potential variation of the identity to undercurrents in the body that participate in shaping the human being. Materialization, then, happens when certain patterns of flow are resonated and amplified, not only for social legibility but also for therapeutic and meliorative purposes. Therefore, body as performance allows me to think about the social, physiological, and aesthetic affordances of performing Chinese medicine in the U.S.

If Butler helps to understand body as performance and Chinese medicine enactments as performative, somaesthetics provides a complementary frame for thinking about how the body can be performed and cultivated through conscious embodied practices. Pragmatist philosopher Richard Shusterman develops somaesthetics from his study of Confucian and Daoist somatic practices of self-cultivation, which are predicated on the Chinese medical notion of the human body as “an organic field of energies” to be attuned and reshaped through aesthetic means.⁷⁶ In Shusterman’s examples of artmaking practices such as Chinese calligraphy and ink-wash painting, artists perform brushwork in an immersive way that combines somatic discipline and expressive spontaneity. While the former, done through emulating classical styles, offers a chance to embody the movements

⁷⁵ Richard Schechner, *Between Theater and Anthropology* (University of Pennsylvania Press, 1985), 35–36, <https://www.jstor.org/stable/j.ctt3fhjzs>.

⁷⁶ Richard Shusterman, “Somaesthetics and Self-Cultivation in Chinese Art,” in *Transformative Aesthetics* (Routledge, 2017), 91.

needed for masterpieces, the latter externalizes their own vitality, mood, and inner character. Ink-wash paintings, in particular, mediate a kind of contemplative, bodily engagement with the cosmos. As such, self-cultivation practices effect improvement of one's embodied self by facilitating self-reflection through expression and simultaneously activating sensory, affective, and relational attunement.⁷⁷ Shusterman reminds us, "the body's most crucial yet neglected role in art is not as an object of representation nor as a mere physical tool for producing art objects but rather as a sensitive, discriminating subjectivity through whose skilled perception we not only appreciate the beauty and art that we encounter but also learn to fashion new aesthetic visions."⁷⁸ Shusterman's leap from theorizing art-making as a mode of life cultivation to suggesting life living as a work of art is unsurprising, given his view that both art and life are somaesthetic performances shaped by aesthetic awareness and embodied practice.

Though Shusterman positions somaesthetics as socially responsive, not individualistic,⁷⁹ its critical potential can be deepened if grounded in questions of structural oppression.⁸⁰ For this reason, I turn to Asian American studies, where the stakes of embodiment are inextricably tied to the politics of racialized subjecthood, migration, and neoliberal governance. Kandace Chuh's critique of liberal humanism in *The Difference Aesthetics Makes* provides the theoretical cornerstone for this project. According to Chuh, liberal humanism has organized discourse and social life along concepts like "universality," "individuality," and "sovereignty," which are the same ideas that at once

⁷⁷ Shusterman uses "embodied self" to translate the Chinese character *shen* 身, which denotes person, self, and body at the same time; see Shusterman, 83.

⁷⁸ Shusterman, 105–6.

⁷⁹ Richard Shusterman and Roberta Dreon, "Pragmatist Aesthetics: Histories, Questions, and Consequences (An Interview with Richard Shusterman)," *European Journal of Pragmatism and American Philosophy* XIII, no. 1 (April 2, 2021): 7–8, <https://doi.org/10.4000/ejpap.2261>.

⁸⁰ I am specifically thinking of the intellectual tradition of care-centered political resistance in the Black community, especially Audre Lorde's concept of radical self-care; see Audre Lorde, *A Burst of Light: Essays* (Ithaca, New York: Firebrand Books, 1988).

empower and subjugate.⁸¹ Sharon Tran pins down an aspect of this liberal humanist paradigm by recognizing the correlation between the Asian American model minority complex and neoliberal wellness culture. Tran argues that the racial stereotype of Asian Americans as a healthy minority is ultimately cognate with the yellow peril discourse that—both in the late-19 century and during the COVID-19 pandemic—pathologizes Asian bodies as carriers of contagious, social and physical illness.⁸² Without problematizing the (neo)liberal pursuit of health, even critiques of the healthy minority myth in advocacy for healthcare access risk perpetuating “an ableist model of personhood that emphasizes independence, self-regulation, and self-entrepreneurship.”⁸³ It is often in this racialized and ableist grammar of wellness that Chinese medicine becomes legible but also constrained in the U.S. context. Following Chuh and Tran, this project takes the first step towards an illiberal humanist approach by asking: What kinds of wellness are conjured up and pursued when Chinese medicine is mobilized in contemporary American life? This project posits and contests normative integration as a synonym for (neo)liberal wellness, which signals the restoration of an independent, productive, and efficient whole that is the idealized modern subject.

Chuh’s advocacy for “illiberal humanism” gives me license to pursue a de-individualized, multi-modal, and aesthetic approach to knowledge production. Moving beyond liberal humanism’s limited onto-epistemologies of the human subject, Chuh encourages alternative ways of knowing and being human. Aesthetic inquiry is what Chuh argues has been overshadowed by political and bioscientific narratives, especially for minoritized humans, thus framed as modern liberal subjects or modern liberal subjects-to-be.⁸⁴ This project intends to contribute to illiberal humanism by staging

⁸¹ Kandice Chuh, *The Difference Aesthetics Makes: On the Humanities “After Man”* (Duke University Press, 2019), <https://doi.org/10.2307/j.ctv11cvzv5>.

⁸² Sharon N. Tran, “Refusing the Will to Health: Neoliberal Wellness Culture and Asian American Literature,” *Contemporary Literature* 61, no. 3 (2021): 305–6.

⁸³ Tran, 304.

⁸⁴ Chuh, *The Difference Aesthetics Makes*, 16–17.

unconventional epistemologies, particularly ones shaped by Chinese medicine and its aesthetic, relational, and affective dimensions. With Shusterman’s philosophy of somaesthetics, I respond to Chuh’s call for aesthetic inquiry with an eye for embodied practice: whereas Chuh attends to conventional senses of the body—sight, smell, sound, taste, and touch—which come from our receptors of external stimulation, somaesthetics supplements with bodily awareness of internal dynamics. Particularly for my last chapter, somaesthetics bridges my more abstract commitments to illiberal humanism with my methodological choice.

These frameworks allow me to explore how Chinese medicine, as variously enacted in the U.S., involves adaptive practices and aesthetic bodies. Under the lenses of performativity, somaesthetics, and illiberal humanism, this project treats integration not as a static object of analysis, but as an embodied process with political, economic, and affective valences. In the following chapters, I examine performances of Chinese medicine across divergent contexts: the visual reworkings of a diasporic artist, the pragmatic strategies of practitioners, and my own autoethnographic reflections. The multimodality of my project echoes what Chuh calls “critical promiscuity,” consciously pushing against the institutional constraints of academic disciplines and actively looking for interstitial resonance.⁸⁵ While each chapter draws on distinct materials and modes of analysis, they are united by a shared inquiry: how does Chinese medicine operate as a performative medium of integration, displacement, and embodied negotiation in the United States? In response to this question, these chapters provide some alternative pathways into illiberal humanist modes of knowing, with the awareness that they are not answers but invitations to further somaesthetic inquiries.

Chapter 1 walks through three of Chinese American painter Hung Liu’s artworks to contemplate how her incorporation of Chinese medicine body maps participates in the shaping of

⁸⁵ Chuh, 129.

her experience with diasporic displacement. Taking visual art as my first case study, I look into both the representational value of an art piece—what it proclaims, and the affective potency, especially in the artist’s own creative process—what it does. These channels of influence allow artworks to become a site of contemplation, where the artist and viewers may reconfigure their sense of self as well as position in the world. Although Liu’s work has often been seen as the quintessential liberal, feminist outcry from someone who fled a communist regime to find home in the Western world of democracy, and sometimes criticized precisely for fitting into the Orientalist craving for this kind of narrative, I argue that Liu’s work is not advocacy art, but an open-ended processing—even integrating, if I may—of her experiences of becoming Chinese American. The evocation of Chinese medicine in Liu’s work functions as an alternative aesthetic inquiry for me: adopting and adapting the body maps as part of the artistic assemblage, Liu seems to somaesthetically contemplate her relation to her native body politic, the notion of wholeness for a displaced body, and the diasporic subject’s relation to the host body politic. In my reading, Julia Kristeva’s concept of the “abject” and Karen Shimakawa’s “national abjection” are borrowed to approximate the ambivalent relationship between the diasporic body and national bodies, and also to problematize the notion of a defensible, sanitary, whole body, which is an individualist construction that undergirds liberal humanism. This chapter grapples with Chinese medicine as a conceptual and symbolic counterpoint to destabilize popular imaginations of immigrant integration.

Chapter 2 compiles my ethnographic findings of the lived realities of diasporic Chinese medicine practitioners in Southern Californian suburbs. As the history of U.S. Chinese medicine shows, this medical profession is deeply involved with integration on multiple levels. By looking into how practitioners perform integration in their daily practice of healing, I revisit notions of wellness and integration, both saturated with neoliberal desirability and instrumentalized in the practical logics of clinical interactions. For my analysis, I adopted a diagnostic methodology inspired by

Chinese medical theory to envision the wellness of the profession as predicated on the unobstructed flow in each individual practice, and to read complications as patterns of blockage in the U.S.

Chinese medicine body politic, with the implication that, as a trade of healing, its ability to produce wellness and integration deteriorates if blockages are left unaddressed. The chapter then becomes a case record of this professional body, on which I identify patterns that debilitate the body based on a triple burner framework. This Chinese medical framework, which understands the human body as multiscale circulations of *qi* 气 (energy, vital force, pneuma), frames the professional body of U.S. Chinese medicine as a practitioner-centered interconnected system, activated by circulations of critical resources such as capital, knowledge, and affect. Rather than arriving at a disease name as a conclusion, my diagnosis sketches a portrait of the body's dynamics. The strength of using Chinese medical epistemology as my analytic approach lies in the fact that it frees me from fixating on the objective accuracy of specific observed blockages. Instead, I use these blockages to assess the broader system's operational state, since, within such a framework, chasing after fixed disease names is as futile as carving a mark on a moving boat to retrieve a lost sword. One thing that blockages illuminate is the struggle to produce wellness as a standardized commodity of healing, as practitioners navigate the integration of their deeply embodied and relational practices into a neoliberal capitalist healthcare market.

My propositions of health as performance and healing as performative are further explored in Chapter 3, which takes the shape of a dramatic play. With this structure, this chapter documents an integration process that I as an autoethnographic researcher perform as my uptake of Chinese (medical) cosmology informs my worldview and reconfigures my self-perception. The play demonstrates how the human I am has been constituted by, and living as, organ-ized body and mind, which is my enactment of the biomedical conception of the human that follows the Cartesian dichotomy and sustains neoliberal biopolitics. In this case, diasporic displacement is part of a

profound and systemic blockage that calls for integration, which is seen in the form of self-cultivation. The dual-plotline storytelling tracks how the organized body and mind engage in disorganizing themselves through a series of Chinese medicine-related practices, while reenacting my personal history through flashbacks to effect what Cheryl Mattingly would call “therapeutic emplotment.”⁸⁶ Dramatization allows me to attend to and operate on the somaesthetic dimension of my experience, weaving together my life experiences and the sensibilities that shape them in the reworking of my ongoing experience of the self and the world. Metatheatrically, my writing of this play becomes simultaneously a documentation and a functional part of the healing process. Meanwhile, I suggest that the aspiration of reinventing oneself is tempting and insidious, which, especially when pursued too hard or abruptly, easily slips into the same mentality that fuels the neoliberal, ableist, biomedical machinery. As the ending of the play shows, a fixed, universal model of wellness may be illusory; instead, wellness perhaps resides in the continual practice of (re-)becoming mindfully embodied. To quote Chuh, “we are the difference aesthetics makes, the difference aesthetics has made; we are the human, the humanities, after Man.”⁸⁷

⁸⁶ Cheryl Mattingly, *Healing Dramas and Clinical Plots: The Narrative Structure of Experience*, Cambridge Studies in Medical Anthropology 7 (Cambridge, UK ; Cambridge University Press, 1998).

⁸⁷ Chuh, *The Difference Aesthetics Makes*, 125.

CHAPTER 1. The Displaced Body: Diaspora and Body Politic in Hung Liu's Use of Chinese Medicine Body Maps

“I am trying to invent a way of allowing myself to practice as a Chinese artist outside of Chinese culture. Perhaps the displaced meaning of that practice – reframed within this culture – are meaningful because they are displaced.”⁸⁸

--Hung Liu, “Artist Statement, 1988”

From Afong Moy's appearance as a centerpiece in a New York exhibition of Chinese goods in early 19th century, to the Body Worlds exhibit's alleged use of Chinese executed prisoners as cadaver specimens in profitable displays to viewers in developed countries around the turn of the 21st century, images of the Chinese body, alive or dead, have been subjected to exploitation in the modern transnational economy, despite growing criticism against Orientalism.⁸⁹ What about Asian bodies in medical illustration, simultaneously alive and dead—an inanimate and generic body figure that is tasked to demonstrate the flow of life force and project a normative state of health? What transpires when the traditional Eastern imagination of—and guidance towards—wholeness travels with the displaced body to the West? To explore this nexus of transnational bodily display, I consider the work of Chinese American artist Hung Liu (1948-2021) who incorporated Chinese medicine iconography into her artwork, opening up the corporeal bounds of the human body and health to deeper questions of her diasporic experience.

⁸⁸ Jim Edwards, *Precarious Links: Emily Jennings, Hung Liu, Celia Muñoz: July 7-August 26, 1990, San Antonio Museum of Art, San Antonio, Texas, Lawndale Art and Performance Center, Houston, Texas, September 8-October 13, 1990* / Curated by Jim Edwards; *Catalogue Essays by Jim Edwards*. (San Antonio, Tex: San Antonio Museum Association, 1990).

⁸⁹ Anne Anlin Cheng, *Ornamentalism* (New York: Oxford University Press, 2019), 5; Rachel C. Lee, *The Exquisite Corpse of Asian America: Biopolitics, Biosociality, and Posthuman Ecologies*, *Sexual Cultures* (New York: University Press, 2014), 5.

This chapter considers three pieces of Hung Liu’s work as embodied contemplations of displacement through Chinese medicine imagery. Among the several of Hung Liu’s artworks that cite various elements of traditional Chinese medicinal culture, this chapter looks specifically at *Trauma* (1989), *Chinese Bonsai* (1992), and *Red Bladder* (1995), all three of which are of a diptych-form, and feature a Chinese medical chart of a human body on one of the panels.⁹⁰ As the namesake of two of Liu’s solo exhibitions held respectively in San Diego, California in 1989 and in Houston, Texas in 1990, *Trauma* was one of Liu’s most well-known pieces as an immediate reaction to the tragic happenings on Tiananmen Square. *Trauma* was also the inspiration behind Ryan Lee Gallery’s recent exhibition *Hung Liu: Pulse, 1989-1996* (April 30-June 22, 2024) in New York. This exhibition took as its core task to present the artist’s complex responses to the notorious historical event, which “reverberate[d] throughout her work in the decade to follow.”⁹¹ Also put on display in the Ryan Lee exhibition were the other two paintings that this chapter engages in a comparative study. The sequence of these three artworks follows a temporal progression with three-year gaps in between and displays a nonlinear range of interventions that Hung Liu performs on Chinese medicine imagery of the human body.

In what follows, I explain how Hung Liu’s diasporic experience informs her exploration into the experience of displacement, why contemplation works as a framework to study her paintings, and what Chinese medicine body maps offer to our understanding of her work. Hung Liu moved to the United States in 1984 to pursue her graduate studies in visual arts at University of California, San Diego, where Liu learned conceptual art making under Allan Kaprow. Previously trained in Chinese socialist realism and purposefully pursuing stylistic mobility, Liu maintained an interest in exploring

⁹⁰ Some other artworks from Hung Liu’s oeuvre featuring Chinese medical elements include: *Pulse* (1990), *Red Flag* (1995), *Heart II* (2012), and *Liver II* (2012).

⁹¹ Ryan Lee Gallery, “Hung Liu: Pulse, 1989–1996” (Press Release, New York), accessed June 19, 2024, <https://ryanleegallery.com/exhibitions/hung-liu-pulse-1989-1996/>.

the limits of realism as she deconstructed historical portraits and photographs and experimented with mixed media.⁹² Prior to living abroad, Liu had a complicated experience in Maoist China. Her father was among the Kuomintang officials whom the rising Communist Party put into labor camps for decades, so Liu was raised by her mother and maternal family. Adequately educated and dutifully motivated, Liu became one of tens of millions of urban youths that were sent to countryside for proletarian re-education during the Cultural Revolution (1966-1976). Liu's experience puts her in a unique relationship with her home country, one not without criticism, love, and grief.⁹³

Never labeling herself as such, Hung Liu nevertheless exemplifies Stuart Hall's definition of diaspora with her life story. Hall de-essentializes diaspora, writing, "The diaspora experience as I intend it here is defined, not by essence or purity, but by the recognition of a necessary heterogeneity and diversity; by a conception of 'identity' which lives with and through, not despite, difference; by *hybridity*" (italics in original).⁹⁴ In *Diasporic Feminist Theology*, Namsoon Kang takes a step further and frames diasporic consciousness as a source of epistemological creativity for critical understanding of the world.⁹⁵ Hall's and Kang's articulations of diaspora complicate the term from its usual association with physical dislocation. Even though, unlike diasporas in the conventional sense, Liu's initial departure from China as a higher-education seeker was to a certain extent voluntary and privileged, and that homeland remained returnable to her, Hung Liu's experience is marked with diasporic hybridity and displacement. Having lived half of her life in China, and the other half in the United States, Liu moves thoughtfully between the geographical regions as well as

⁹² Philip Tinari, "Hung Liu: Passer-By," in *Hung Liu: Portraits of Promised Lands / Dorothy Moss ; with Nancy Lim, Lucy R. Lippard, Elizabeth Partridge, and Philip Tinari*. (Washington, DC: National Portrait Gallery, Smithsonian Institution, 2021), 116.

⁹³ Ryan Lee Gallery, "Hung Liu."

⁹⁴ Stuart Hall, "Cultural Identity and Diaspora," in *Identity: Community, Culture, Difference*, ed. Jonathan Rutherford (London: Lawrence & Wishart, 1990), 235.

⁹⁵ Namsoon Kang, *Diasporic Feminist Theology: Asia and Theopolitical Imagination* (Minneapolis: Fortress Press, 2014), 26.

the cultural, artistic and intellectual traditions, constantly looking to “invent”—to borrow her own words—a way to practice and a way to be a Chinese artist outside of China and its culture. That is, Liu was not only highly aware of her displaced positionality, but quite purposeful with her exploration into displacement as the existential theme of her practice.

The years in which the three paintings were completed saw Hung Liu transition from a Chinese citizen and U.S. Green Card holder to a U.S. citizen of Chinese descent. Her experience of displacement has a complex relation with her becoming Asian American. Asian American studies scholars Wannii Anderson and Robert Lee point out that “as a theoretical construct, displacement shares with diaspora the notions of physical dislocation, banishment, and exile, but emphatically draws attention to the cultural dimension; that is, how one’s ancestral culture or the culture of the birthplace has been dislocated, transformed, rejected, or replaced by a new one.” Citing Angelika Bammer, they add that the replacement is “one of ‘cross-connections, not roots.’”⁹⁶ Present in many Asian American studies discussions is a vocabulary of, and a longing for, some kind of healing. Besides her lived relation with places disrupted, the displaced body also faces a collision of cultural knowledge that jeopardizes its ability to heal. Thus Anderson and Lee urges us to think, “in the creation of the new identity or a new community, what do displaced members maintain, reject, replace, or reinvent to create a new whole?”⁹⁷ In other words, how does the displaced body reconstitute a cosmology that could make her whole in the face of loss of belongingness?

If at the root of diasporic displacement is a disjuncture of place, then perhaps phenomenologies of “place” provide an answer by turning the question on its head. Phenomenologists understand the human being as always being in place, a perception that considers place as involving the temporal and spatial environment as well as human experience within and

⁹⁶ Wannii W. Anderson and Robert G. Lee, “Asian American Displacements,” in *Displacements and Diasporas: Asians in the Americas* (Rutgers University Press, 2005), 11, <https://doi.org/10.36019/9780813537511-003>.

⁹⁷ Anderson and Lee, 12.

through it.⁹⁸ Phenomenologist David Seamon develops this idea into the claim that the “human being is intrinsically emplaced and any understanding of human life is intimately related to the quality of place in which that life takes place.”⁹⁹ Seamon’s argument reminds us that while displacement is a palpable experience among diasporic subjects and characterizes most of diasporic writings, experiences of emplacement may have been overlooked. Anthropologists Jesper Bjarnesen and Henrik Vigh propose to view displacement and emplacement in a dialectical relation and as “mutually constitutive processes of (dis)embeddedness.”¹⁰⁰ Thus displacement can be seen as simultaneously disruption and empowerment, and emplacement as both belongingness and confinement.¹⁰¹ This view posits the diasporic body in a constant dynamic of breaking from previous relations and making new connections, navigating a fluctuating sense of embeddedness.

Hung Liu addresses the issue of displacement not through the more explicitly political means such as protest, but through embodied contemplation. I understand contemplation as a reflective praxis that reconfigures the diasporic body’s sense of embeddedness. That is, contemplation is a witnessing, as well as a participating in the continuous experience of displacement and emplacement, which contests the idea of wholeness. For this tension between contemplation and wholeness, I draw upon religious studies and Asian American studies.

Religious traditions of contemplation have a strong orientation towards transcendental wholeness. According to Daoist scholar-practitioner Louis Komjathy, classical Daoist meditative tradition values contemplation as a practice that harmonizes one’s self, and by extension the

⁹⁸ David Seamon, *Phenomenological Perspectives on Place, Lifeworlds, and Lived Emplacement: The Selected Writings of David Seamon* (London: Routledge, 2023), <https://doi.org/10.4324/9781003328223>; Jeff Malpas, *Place and Experience: A Philosophical Topography*, Second edition. (Abingdon, Oxon: Routledge, 2018); Edward S. Casey, *Getting Back into Place: Toward a Renewed Understanding of the Place-World*, 2nd ed., Studies in Continental Thought (Bloomington: Indiana University Press, 2009).

⁹⁹ David Seamon, “Ways of Understanding Wholeness: Place, Christopher Alexander, and Synergistic Relationality,” *World Futures*, February 17, 2024, 99, <https://www.tandfonline.com/doi/abs/10.1080/02604027.2024.2330288>.

¹⁰⁰ Jesper Bjarnesen and Henrik Vigh, “Introduction: The Dialectics of Displacement and Emplacement,” *Conflict and Society* 2, no. 1 (2016): 14, <https://doi.org/10.3167/arcs.2016.020104>.

¹⁰¹ Bjarnesen and Vigh, 12–14.

“concentric circles of [one’s] embeddedness”—that is, community, society, and world—by uniting with the Dao in clarity and stillness.¹⁰² As can be seen from the technical terms referring to the practice—*shouyi* 守一 (“guarding the One”), *baoyi* 抱一 (“embracing the One”), *xinzhai* 心齋 (“fasting of the heart-mind”) and *zuowang* 坐忘 (“sitting-in-forgetfulness”)¹⁰³—wholeness is at once the innate nature of the body, the objective of contemplation, and the protocol of practicing contemplation. Here the One, which is sufficient and all-encompassing by itself and implies the Dao—the cosmic source and principle of everything—denotes a kind of wholeness. Both having a heart-mind fasting and sitting in forgetfulness are means to relinquish one’s will and senses, which leads to dissolving selfhood and becoming whole with the Dao. In this sense, wholeness is more about disengaging from individuating activities to be in coordination with the cosmic rhythm than about maintaining integrity within the corporeal bounds. Liu’s creative method resembles Daoist contemplation in the way she blurs what separates her from her objects. Once looking through the photographs she used as artistic inspiration and source images, Liu recalled and adapted a Stanley Kunitz’s quote: “I have lived many lives, some of them my own,” as she pointed to figures on each print, “I’ve lived her life—these children’s lives—and his life. A lot of lives, some of them my own.”¹⁰⁴ Liu’s reworking of images engages her whole presence so deeply that the boundaries of time, space and subjecthood dissolve—for Liu, painting these figures becomes, not merely extracting their symbolic meanings but instead, experiencing them and the circumstances that constitute them, which in turn constitutes Liu’s multiply displaced experience.

While the classical Daoist tradition Komjathy describes aspires to attain clarity and stillness through decreasing desires and turning towards emptiness, Liu’s contemplation resists clarity and

¹⁰² Louis Komjathy, “A Daoist Way of Being: Clarity and Stillness as Embodied Practice,” *Asian Philosophy* 29, no. 1 (February 2019): 50, <https://doi.org/10.1080/09552367.2019.1590925>.

¹⁰³ Komjathy, 58.

¹⁰⁴ *KQED Spark - Hung Liu*, 2009, <https://www.youtube.com/watch?v=LV8e43K2zCI>.

stillness by allowing ambiguity and emotional vibration. In his analysis of James Turrell's artwork, theologian Jeffrey L. Kosky offers contemplation as a recovery to the world under the rule of modernity, which promises certainty and security.¹⁰⁵ Turrell's work features no objects but only geometrical shapes of colored light. The absence of signification in Turrell's work renders null Kosky's effort to assert or grasp and leaves him nothing to do but to simply see.¹⁰⁶ Kosky discusses how visual arts accesses cosmic truth—which, in his case, is the vision of God—through the aesthetic: "Vision becomes contemplative not when it sees something solid or distinct in the clarity of light, but when it sees in and through distinct, visible objects the indistinct and invisible origin and end that shines darkly in them."¹⁰⁷ Likewise, Hung Liu's work also suspends viewers' ability to secure a clear message and guides the spectatorial gaze into the depth of human experience without a definite referent but, contrary to Turrell's work, by presenting copious objects and crisscrossing significations. In a short documentary on her work process, Liu mentioned that she liked to surprise herself with the end result after taking time to work through details, such as the relationship between a figure and the background, and suggested that the uncertainty for her was liberation.¹⁰⁸ In fact, during my own research process into Liu's paintings, I have encountered and continue to navigate the sense of anxiety incurred from my rational and narrativization capacities being overloaded. Yet it is not merely a trick to overwhelm the viewers; it is a result of Liu's own contemplative process. The amount of information and affect Liu evokes in her work reflects the historical burden she carries with her. Time and time again, Liu's work reminds me to contemplate what is complicated, ambiguous and sticky, as she did in her creative process.

¹⁰⁵ Jeffrey L. Kosky, "CONTEMPLATIVE RECOVERY: The Artwork of James Turrell," *CrossCurrents* 63, no. 1 (2013): 44–61.

¹⁰⁶ Kosky, 51.

¹⁰⁷ Kosky, 58.

¹⁰⁸ "Hung Liu," *A World of Art: Works in Progress*, October 10, 1997, <https://www.youtube.com/watch?v=SL68AAdnkVM>.

Clarity is perhaps a contested, and increasingly unwanted, luxury in Asian American cultural studies, which contemplation helps to halt by making space for prolonged, embodied rumination that results in delayed arrival or absence of conclusion. Contemplation challenges the representational economy that, according to Sue-Im Lee, imposes a realist narrativity.¹⁰⁹ As Lee argues, realist narrativity portrays Asian American identity formation as a story of successfully distancing oneself from one's cultural heritage. Underlying the linear plotline from displacement to emplacement is an ideology that celebrates "monocultural assimilation and unilateral integration" as a normative paradigm of wholeness.¹¹⁰ Lee then offers Theresa Hak Kyung Cha's *Dictée* as a literary example of counterhegemonic emplotting of Asian American histories. Formally fragmented and linguistically opaque, *Dictée* models a way to disrupt an intelligible sense of wholeness and resist conformity to simplified and stereotypical representations of Asian American identity. At the same time, in the state of fragmentation that denies narrative wholeness, contemplation becomes the only mode of perception that grasps any truths, even if piecemeal, about Asian American experience.

Such an aesthetic of fragmentation has characterized Asian American studies and its reflexive discourses. The title of Rachel C. Lee's 2016 book *The Exquisite Corpse of Asian America*, evokes the imagery of a Surrealist art-making method that assembles a body image by having each collaborator contribute a part of the body without knowing each other's contribution, resulting in a wildly inconsistent composition. In this book, Lee identifies realist narrative as part of a paradigm of "humanistic wholeness," an Enlightenment legacy from which the field has struggled to detach itself. Lee also, more importantly, addresses the ways that the Asian body has already become exploited and estranged in a neoliberal, biotechnical time, precisely because the humanistic segregation of human species (which, by default, refers to whiteness) as a higher form of life from

¹⁰⁹ Sue-Im Lee, "Suspicious Characters: Realism, Asian American Identity, and Theresa Hak Kyung Cha's 'Dictée,'" *Journal of Narrative Theory* 32, no. 2 (2002): 227–58.

¹¹⁰ Lee, 240.

others allows the racial subjugation of Asian and other colored bodies as lesser and extractable.¹¹¹

Compelled to fragment biological personhood across the porous border between human and nonhuman, Lee makes a case for Asian Americanist interventions to radically undo the humanistic framing of the human body.

Albeit with an underlying pursuit of wholeness, Chinese medicine body maps in Liu's paintings present a different approach to a similar end as Lee's intervention by reconceptualizing the human body alternatively. The Daoist cosmology, which is foundational to Chinese medicine, understands everything in the universe, organic or inorganic, as intrinsically just different forms of *qi* 气 (vital force). In this worldview, rather than conceptualizing the human body as a singular, independent, and exceptional form of being, it is understood as a cosmos in miniature that resonates and interpenetrates with external patterns of *qi*.¹¹² Traditionally, Daoist practitioners rely on imagination and visualization of the body to guide attunement within their personal body and their relation to their "concentric circles of embeddedness."¹¹³ Incorporating Chinese medicine body maps enables Liu to contemplate the human body as an interconnected and permeable microcosm of larger bodies of vitality and memory.

How, then, does this body analogy which signals cosmic wholeness position diasporic displacement, the subject matter I perceive as central in Liu's work? In the press release he wrote for the 2024 Ryan Lee exhibition, critic Jeff Kelley (who is also the artist's husband) draws attention to Liu's rarely discussed use of Chinese medicine imageries: "Little seen are Liu's paintings of acupuncture charts and medical diagrams in which the human body is presented as a network of meridians and points-of-contact that, when blocked or injured, lead to illness. The illness, in this

¹¹¹ Lee, *The Exquisite Corpse of Asian America*, 220.

¹¹² Kaptchuk, *The Web That Has No Weaver*, 43–46.

¹¹³ Catherine Despeux, *Taoism and Self Knowledge: The Chart for the Cultivation of Perfection (Xiuzhen Tu) / by Catherine Despeux; Translated by Jonathan Pettit.*, Sinica Leidensia (Leiden ; Brill, 2018), 3; Komjathy, "A Daoist Way of Being," 50.

case, was in the Chinese body politic.”¹¹⁴ Kelley’s diagnosis of the ill Chinese body politic can be read as a reference to the nation’s suffering populace. Framing the particular collection of Hung Liu’s work as her responses to the June Fourth Incident in 1989 (also widely known to the rest of the world as the Tiananmen Square Massacre),¹¹⁵ Kelley suggests that Chinese medicine body maps provide the metaphor of body politic on which Liu builds a bridge between individual corporeality and collective psyche in the face of national trauma.

Body politic refers to the people of a polity as an organized whole like a physical body. The use of this figurative trope can be traced back to ancient cultures across the world to describe the organic constitution and operation of society, where all parts are interconnected. However, under the broad stroke of interconnectedness, variations of the bodily metaphor have different ideological emphasis: The Hindu hymn *Puruṣasūkta* maps the four orders of society onto the divine body, respectively corresponding to the mouth, the arms, the thighs, and the feet, although it is unclear whether it actually ordained the caste system or it was no more than an allegory being extorted to visualize a social hierarchy.¹¹⁶ The Greek fable “The Belly and the Members” likens the patricians to the belly and the plebeians to the limbs, demonstrating and justifying the uneven distribution of resource and labor.¹¹⁷ The Christian metaphor, which conceptualizes the church as a body, Christ as the head and believers forming the rest of the body, reinforces through transubstantiation the theological connection primarily between the head and individual members, and full subservience

¹¹⁴ Ryan Lee Gallery, “Hung Liu.”

¹¹⁵ I decided to refer to the event as “the June Fourth Incident” to differentiate it from other major historical occurrences that also took place in the same space. I also noticed that Hung Liu refrained from using the more politically provocative denominations like “Tiananmen Square Massacre” or “Tiananmen Square Crackdown.” For example, she used “Tiananmen Square, 天安门事件 [tiananmen shijian] (Tiananmen Incident), June 4, 1989” in her slides at a guest talk at the Jordan Schnitzer Museum of Art on March 7, 2015. See *Artist’s Talk: Hung Liu*, 2015, <https://www.youtube.com/watch?v=Rt7ctO9oECA>.

¹¹⁶ Arvind Sharma, “The *Puruṣasūkta*: Its Relation to the Caste System,” *Journal of the Economic and Social History of the Orient* 21, no. 3 (1978): 294–303, <https://doi.org/10.2307/3632200>.

¹¹⁷ Julia Mebane, *The Body Politic in Roman Political Thought* (New York: Cambridge University Press, 2024), 25.

from the latter to the former.¹¹⁸ The mid-17th century illustration on Thomas Hobbes's *Leviathan* has been the best known image of a body politic, with the King's head on top of a body constituted of little citizen figures.¹¹⁹ In these oversimplified descriptions, the notion of body politic gives a vast group of individuals a collective identity and their respective responsibilities by visualizing their shared fate as parts of a single body. Diasporic displacement disrupts the meta-physical boundary of this single body and asks the question: how to think about the body politic when one is no longer part of it?

I call upon Julia Kristeva's theorization around the abject to understand the diasporic body's relation with the national body politic. Kristeva defines the abject as the rejected part of the deject, who, by expelling the abject, constructs its subjecthood.¹²⁰ As "neither subject nor object," the abject jeopardizes the border between self and otherness.¹²¹ The abject elicits horror and disgust in the deject, reminding of the fragility of subjecthood. Cadavers, wounds, vomit and pus are corporeal examples of the abject that Kristeva uses to think about how we humans establish our *corps propre*, a clean and proper symbolic body. The diasporic body could be abject. The diasporic body used to be embedded in the home country until she becomes geographically displaced from the body politic. For some driven into exile, abjection takes place when conditions are created to exclude them from the body politic so as to sustain a particular internal order. Yet the diasporic body cannot completely be severed from the homeland because of the "endless desire to return" that haunts the diaspora,¹²² and also because of the dominant gaze in the host country that coerces her into performing her

¹¹⁸ David George Hale, *The Body Politic: A Political Metaphor in Renaissance English Literature* (Walter de Gruyter GmbH & Co KG, 2021), 72; Hale, 84.

¹¹⁹ A. D. Harvey, *Body Politic: Political Metaphor and Political Violence* (Cambridge Scholars Publishing, 2021), 35.

¹²⁰ Julia Kristeva, *The Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez (New York: Columbia University Press, 1982), 8.

¹²¹ Kristeva, 1.

¹²² Hall, "Cultural Identity and Diaspora," 236.

ethnic identity and treats her as an extension of the home country.¹²³ In turn, the diasporic body may also find the homeland to be abject, when it threatens her subject formation and she strives to define herself as not it. To be sure, the abject describes more than an antagonist relation, because the horror that the abject arouses comes from inevitable identification and the impossibility of thorough separation. In my analysis of Liu's *Trauma*, I will use abject to discuss how a domestic event like the June Fourth Incident redefines the Chinese national body politic and expels the diasporic body, while disturbing the latter's sense of self to the point of expelling the former.

As the displaced body seeks to emplace herself—a motion I have established as constantly happening and entwined with displacement—she is met with what Karen Shimakawa identifies as “national abjection,” a process that defines Americanness by constituting the Asian American as the abject.¹²⁴ Shimakawa extrapolates Kristeva's notion of abjection to the American national body politic which includes the Asian American body only ambivalently: it sees the Asian body as permanently foreign while marking it as exemplary of the melting-pot ideal. Besides providing a philosophical encapsulation of this complex positionality that many Asian American studies scholars have articulated, more importantly, Shimakawa reminds us to conceive of abjection “from the perspective of the one being looked at (or looked past/through), the one inhabiting the body and space of abjection.”¹²⁵ Drawing on Judith Butler's concept of “critical mimesis,” Shimakawa argues that embodied performance, by “imperfectly” enacting the abject, resists simply reproducing the abjection process.¹²⁶ Much like theatrical performance for Shimakawa, Hung Liu's work, which I read as a practice of embodied contemplation, offers a rich site for examining the dynamics of

¹²³ Rey Chow, *The Protestant Ethic and the Spirit of Capitalism* (New York, UNITED STATES: Columbia University Press, 2002), 95–127, <http://ebookcentral.proquest.com/lib/uci/detail.action?docID=909538>.

¹²⁴ Karen Shimakawa, *National Abjection: The Asian American Body Onstage* (Durham: Duke University Press, 2002), <http://site.ebrary.com/id/10198379>.

¹²⁵ Shimakawa, 19.

¹²⁶ Shimakawa, 21.

abjection. In my analysis of *Red Bladder*, I will look into how Hung Liu visualizes the dilemma of the displaced Asian body in the state of being abjected and abjecting, while searching for an alternative sense of wholeness. This time, wholeness is no longer defined by corporeal integrity or clarity and stillness.

The above discussion positions the diaspora in constant relations with a national body politic, but in terms of wholeness, Hung Liu might be thinking about more than belongingness. Putting a spin on “Chinese body politic,” I contend that Hung Liu contemplates in her work a Chinese model of body politic, inspired by the Chinese medical philosophy, as opposed to the specific political structure associated with the nation-state. Across the various models previously mentioned, the body, though symbolic, is usually circumscribed with a firm border that separates the inside from the outside, citizen from alien. For this type of body politic, social illness is often located in external pathogenic others.¹²⁷ Early China historian Michael Nylan points out that in the early Confucian theory of statecraft, geographical boundaries of the state are permeable and expandable, while the health of the state being dependent on smooth circulation.¹²⁸ The state would be considered ill, if communication between the ruler and people or the circulation of wealth becomes stagnant. The corporeal analogy in this body politic model is used to emphasize fluidity as the key to collective wellbeing. Imagining a body politic that is detached from a nation-state opens up a way to rethink how the diasporic condition might manifest not only as political displacement, but also as a reorganization of intra-corporeal and communal relations. In my analysis of *Chinese Bonsai*, I will explore these questions: how is diaspora a different body politic? Specifically, what would a Chinese diasporic body politic be like?

¹²⁷ Jonathan Gil Harris, *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England* (Cambridge University Press, 1998).

¹²⁸ Michael Nylan, “Boundaries of the Body and Body Politic in Early Confucian Thought,” in *Boundaries and Justice*, vol. 4 (Princeton: University Press, 2021), 118, <https://doi.org/10.1515/9780691230931-009>.

Finally, before diving into each painting, it is necessary to understand how my analysis of Hung Liu's work in this project must be insufficient and limited. In her critique of Hung Liu's work, Sinophone studies scholar Shu-mei Shih expresses her concern over the phenomenon of self-Orientalization, or what Rey Chow would call "coercive mimeticism."¹²⁹ What produces the ethnic subject, according to Chow, is the imperative to perform their ethnic difference to become legible to the dominant culture. Shih examines how Liu's resistance on multiple fronts registers as a form of feminist transnationality, which becomes a path to popularity at the cost of capitulating to Western consumption: anticommunist viewers see her as testimony of cruelty under the rule of the Chinese Communist Party, feminist viewers see her problematization of women's suffering under patriarchy, postcolonial viewers and nationalist viewers respectively see her struggle as a minority subject against the Western multiculturalist gaze in very different ways, and all the while, uncritical viewers are indulged with voyeuristic pleasure and Orientalist spectacle. Shih argues that the seemingly liberal feminist appeal of Liu's work is achieved through "hyperfeminized and hypervisualized Chinese womanhood," which reaffirms the powers Liu's work attempts to challenge.¹³⁰ Chow situates ethnicity inside global capitalism to find ethnic resistance an inevitable product human commodity in a world that champions visibility and currency.¹³¹ This suggests that should Liu create in any less ethnic fashion, her work would not have accrued enough attention to enable serious conversations about its resistance. Instead of the idea that ethnic artists fabricate representations of their experience to satiate Western appetite, what Chow's theory and Shih's critique together illuminate for me is the severely limited space available for the ethnic diaspora to articulate their identity or dissent without inadvertently reinforcing structures of oppression, which in this case is coercive

¹²⁹ Shu-mei Shih, *Visuality and Identity: Sinophone Articulations Across the Pacific*, Asia Pacific Modern (Berkeley: University of California Press, 2007); Chow, *The Protestant Ethic and the Spirit of Capitalism*, 107.

¹³⁰ Shih, *Visuality and Identity*, 77.

¹³¹ Chow, *The Protestant Ethic and the Spirit of Capitalism*, 48.

mimeticism. I do not intend to set Hung Liu up as an exception to such a representational dilemma; yet I argue that Liu's work makes space for critical reflection on how various representational mediations impact diasporic subjecthood. In fact, hermeneutic distortion is part of the experience of being displaced as a diasporic artist, thus an object of Liu's contemplation. This is also why I propose to read Liu's work as embodied contemplation rather than a manufactured product of prepacked meanings.

Contemplatively, these three paintings in question are assemblages of displaced bodies, and together they weave an assemblage of a diasporic artist's developing understandings of displacement. Art historian William Chapin Seitz describes the art of assemblage as at the same time realistic and poetic, transmuting "physical materials and their auras...into a new amalgam that both transcends and includes its parts."¹³² Within the scope of multimedia works, Seitz's observation points to the sourcing of objects from dissimilar contexts, which brings their distinctive quality and surrounding relations into the chemical reaction of artistic expression. Hung Liu's three paintings, though not in the form of multimedia, assemble images from disparate, and usually remote, cultural and historical contexts to develop a new amalgam that responds to a unique and immediate state of being. Being in an assemblage means that images are deterritorialized to a certain extent while caught in new relations with other elements in the assemblage, and the meaning of the assemblage lies not in any of the images themselves or their accumulative sum, but in the cluster of relations informed by their auras. Therefore, assemblage can appear indefinite and ambiguous; yet its shifting nature is a promise of immense potentiality than contradiction. As I work towards an interpretation of Hung Liu's work, I am aware of the imminent danger of hermeneutic foreclosure as the nebula of feelings and relations are strung together into a coherent narrative. Although Shih acknowledges the multiplicity of narratives in Liu's work, her reading of it as a fragmentary compilation ultimately

¹³² William Chapin Seitz, *The Art of Assemblage* (New York, N.Y: Museum of Modern Art, 1961), 83.

forecloses that complexity by failing to anchor the work in Liu's personal experience; instead, she identifies only the narratives imposed by dominant discourses onto ethnic expression. I argue that there is a core—as shifting as it may be—inside the assemblage that connect the work to the artist's sensibility and experience, while allowing various viewers to take what they need. This is to say that I think there is much more in Liu's work than the sum of the nameable symbols and existing political narratives. And the part that is “much more than” Shih's interpretation of what Liu's work does is what makes her work remarkably original and meaningful.

In *Minor China*, Hentyle Yapp alerts us to some of the pitfalls of engaging non-Western artwork in ways that subscribe to Western liberalist humanist narratives, and specifically what Yapp calls “major China,” which refers to the way artistic subjects and objects related to China are predominantly discussed as some form of resistance against the state.¹³³ Hesitation is Yapp's suggested method to read for the minor. In my reading, I hesitate to bind Liu's work to some sort of identity, even if fragmented ones; because the artist herself was weary of identity discourse, and her reluctance to deploy political overtones should not be decoupled from her interest in messy corporeality as a protest against political indoctrination—something she experienced intensely in Maoist China.¹³⁴ Therefore, I invoke assemblage for its “three-dimensional properties,” as Shih puts it, which “allow us to conceptualize ... not only the presence of history but also the spatial, geographical contexts of the formation, configuration, and production of identities.”¹³⁵ Assemblage captures the way these three selected paintings form a vaguely shaped sphere of understandings of displacement and wholeness with its own temporal and spatial dimensions. As more artworks of

¹³³ Yapp, *Minor China*.

¹³⁴ Liu once mentioned the expectation she encountered in the Western art world in an interview with Kathleen McManus Zurko, “Whenever you hear an artist from China speak, you assume they are only concerned with political issues. I think that is a burden.” See Kathleen McManus Zurko, “Staging Reality: An Interview with Hung Liu,” in *Hung Liu: A Ten-Year Survey 1988-1998: An Exhibition / Organized by the College of Wooster Art Museum; Curators, Thalia Gouma-Peterson, Kathleen McManus Zurko; Editor, Kathleen McManus Zurko; Essays by Norman Bryson [and Others]*, ed. Kathleen McManus Zurko (Wooster, Ohio: College of Wooster Art Museum, 1998), 35.

¹³⁵ Shih, *Visuality and Identity*, 66.

Liu's come into consideration, the assemblage may shift or expand in multiple directions rather than hammering in the exact same idea. The ambiguity thus incurred comes not from arbitrariness or indecisiveness, but from a place of intuitiveness and openness. The potential of growth in assemblage allows us to see Liu's work as hesitation from major China.

Besides sourcing imagery from disparate worlds, Liu also adopts images that are complicated themselves, and adapts them in a range of ways that speak to her at different moments of her journey, rather than using iconic images and symbols merely to convey clear emotions or function as convenient stand-ins for well-known referents. Art critic and poet Bill Berkson animates an image of Hung Liu as a curious, studious and humble seeker: "She comes upon a detail, and fastens upon and prods it so she will come face-to-face with a history that includes her but she expects never to completely grasp."¹³⁶ The result is always a beautifully bewildering amalgamation that breeds new relations, with which it stops viewers in their tracks. To avoid falling back on the logic of major China, Yapp suggests that we pay attention to affect, which for him, "refers to not only emotion but also the relations across objects, subjects and environment."¹³⁷ Art critic and curator Hung Wu advises that, to appreciate Hung Liu's work, "[w]e should not rush to determine the literary or symbolic meaning of these visual elements. At the most basic level their disharmony shatters the visual illusion created by the realist style. Rather than simply reproducing history or reality. Liu presents the viewer with questions that have no set answers; we must contemplate these pictures and arrive at their own answers."¹³⁸ Not only is Liu's creative process an act of contemplation, her work also invites us viewers to contemplate before cherry-picking desired narratives. Contemplation leads us to rely more on our direct, affective experience of her work. Embracing the ambiguity in Liu's

¹³⁶ "Hung Liu, Action Painter," in *Summoning Ghosts: The Art of Hung Liu / Oakland Museum of California*, by Oakland Museum of California (Berkeley: University Of California Press, 2013), 128.

¹³⁷ Yapp, *Minor China*, 7.

¹³⁸ Hung Wu, "Four Moments in Hung Liu's Art," in *Summoning Ghosts: The Art of Hung Liu / Oakland Museum of California*, by Oakland Museum of California (Berkeley: University Of California Press, 2013).

work and attuning to the fuzzy affects embodied therein, this chapter reaches towards the method Yapp calls “minor China,” and rethinks displacement in relation to wholeness—a seemingly obvious term that merits critical examination.

Trauma

Following Ryan Lee Gallery’s curatorial framing, I contextualize the three paintings in question within Hung Liu’s experience as a Chinese diasporic artist in the late 20th century, having witnessed the occurrence of the June Fourth Incident. To understand how the event triggers a series of displacement, we have to start from the geographical and historical space in which it took “place.” Located at the heart of the country’s capital, Tiananmen Square was a private space of the Forbidden City in front of Tiananmen Gate, the “gate of heavenly peace,” which plebeians were prohibited to enter until the imperial dynasties were overturned. Modernization of the state of China came with the transformations of the Forbidden City into the Imperial Palace, and of Tiananmen Square into the world’s largest urban plaza, meant to be shared and populated by the people. Besides Tiananmen Gate, where Mao Zedong stood and declared the creation of a new state, the large granite-covered square is surrounded by the Chairman Mao Memorial Hall (where Mao is entombed), the Monument to the People’s Heroes, the Great Hall of the People and the Museum of Chinese History—all symbolically hyperpolitical structures erected in 1958 that set the tone for the Communist Party’s absolute leadership of the state. Wu was a contemporary of Liu’s, who shared lots of her memories of the city they both lived in and the political climate at the time. In his book with an autobiographical touch, Wu recalls Tiananmen Square in association with collective pride and celebratory frenzy at annual National Day parades, as well as with the political atrocities mobilized by its ideological connotations.¹³⁹ For people like Wu and Liu, who spent their early years

¹³⁹ Wu, *Remaking Beijing*, 22.

living in Beijing and attending schools not far from the Imperial Palace, Tiananmen Square carries both national and personal memories.

History makes Tiananmen Square not only an embodiment of political ideology but also a space that inspires and facilitates political action and expression. Prior to the June Fourth Incident, the May Fourth movement in 1919 was the most notable of all political protests in the 20th-century China. Taking place before Tiananmen Square became more than the “empty space outside Tianan Gate,” the 1919 movement was arguably the event that made Tiananmen Square into the political public space it is today.¹⁴⁰ The May Fourth movement was sparked by anti-imperialist, nationalist sentiments against the Beiyang government, the then warlord-controlled government of the Republic of China, whose diplomatic failures to retain territories from foreign occupation. Later the May Fourth movement in 1919 became recognized as the beginning of a Chinese democracy. While the 1919 protest models for political challengers a path towards victory over the government, it also alerts the state to advance its repressive measures in similar situations.¹⁴¹ The 1989 event started as a student-led public commemoration of a pro-reform Party official and a protest about social issues, and later became a demonstration against the authoritarian leadership of the Chinese Communist Party, which escalated into a nation-wide movement supported by workers from various occupations. During the protest, some demonstrators erected a makeshift monument called the *Goddess of Democracy*, or the *Goddess of Liberty*, reminiscent of the American landmark, the Statue of Liberty. On June 4, troops were deployed to forcefully remove protestors from Tiananmen Square, reportedly causing hundreds of civilian deaths. With protestors claiming to be the heir and defender of the 1919 movement legacy,¹⁴² the June Fourth Incident has often been compared to the May

¹⁴⁰ Nelson K. Lee, “How Is a Political Public Space Made? – The Birth of Tiananmen Square and the May Fourth Movement,” *Political Geography* 28, no. 1 (January 1, 2009): 32–43, <https://doi.org/10.1016/j.polgeo.2008.05.003>.

¹⁴¹ Mark W. Frazier, “‘Single Sparks’ and Legacies: An Eventful Account of the May Fourth Movement,” *The China Quarterly* 253 (March 2023): 1–18, <https://doi.org/10.1017/S0305741022001242>.

¹⁴² Randolph Kluver, “Rhetorical Trajectories of Tiananmen Square,” *Diplomatic History* 34, no. 1 (2010): 76.

Fourth student protest. It is not without irony that from the May Fourth movement emerged many significant CCP leaders and that the May Fourth is still upheld as a source of the founding values of a modern China and a commemorated event in the official recount of CCP's triumphant history. The June Fourth Incident, on the contrary, following the physical crackdown it culminated in, has been erased from official memory and banned from public discourse in today's China. As if to combat this official forgetting, Tiananmen Square has been the metonym for the June Fourth Incident everywhere outside of China. In a sense, the temporal void left on the square as June Fourth, 1989 was erased from authorized Chinese national history is filled overseas in the remembering of it as the sole referent of this physical space. The critical geographical location and rich cultural meaning of Tiananmen Square lend considerable power to the political performances staged in and around its premise, and at the same time double down on the ephemerality of performance.

While the June Fourth Incident recedes into glaring silence domestically, it has continuously been discussed and remembered internationally, especially in Chinese diasporic cultural production. Even though the use of the word "democracy" in this movement has been questioned,¹⁴³ the imagery surrounding this historical event has been popularly consumed and reproduced as an epitomic icon of dangerous communist authoritarianism versus vulnerable fighters of democracy.¹⁴⁴ In her study of Chinese literary diasporas, Belinda Kong observes that "Tiananmen [Incident] itself has become one of the hallmarks of diasporic literary identity," not only because it drove many of them into exile, but it also gave rise to the politicization of their work.¹⁴⁵ Diasporic intellectuals feel

¹⁴³ Kluver, 78; Belinda Kong, *Tiananmen Fictions Outside the Square: The Chinese Literary Diaspora and the Politics of Global Culture* (Philadelphia, UNITED STATES: Temple University Press, 2011), <http://ebookcentral.proquest.com/lib/uci/detail.action?docID=887890>.

¹⁴⁴ Chin-Chuan Lee, Hongtao Li, and Francis L. F. Lee, "Symbolic Use of Decisive Events: Tiananmen as a News Icon in the Editorials of the Elite U.S. Press," *The International Journal of Press/Politics* 16, no. 3 (July 1, 2011): 335–56, <https://doi.org/10.1177/1940161211403310>.

¹⁴⁵ Kong, *Tiananmen Fictions Outside the Square*, 2–5.

obligated to redefine and reconstruct Chineseness to the point that Kong argues the square itself has been “diasporized.”¹⁴⁶ Hung Liu could be thus understood as one of Kong’s intellectuals. At the time of the June Fourth Incident, Liu had been living in the United States for five years and obtained her permanent residency status for two years. Without firsthand experience of the incident, Liu joined other diasporic intellectuals to shape the representation of this event, the power of which far exceeds the historical facts of the actual occurrence and becomes part of the diasporic imagination of China.

The becoming of Tiananmen Square—as both incident and widely circulated memory—proves it to be a site where national and ethnic memories are artificially curated and ideas of Chineseness are socially constructed. As French historian Pierre Nora points out the difference between memory and history: memory has come to be understood as something lived, “in permanent evolution, open to the dialectic of remembering and forgetting, unconscious of its successive deformations, vulnerable to manipulation and appropriation, susceptible to being long dormant and periodically revived,” whereas history is the “reconstruction, always problematic and incomplete, of what is no longer...an intellectual and secular production...[that] binds itself strictly to temporal continuities.”¹⁴⁷ Historical moments like the May Fourth Movement and the June Fourth Incident are often seen as “single sparks,” when in fact they come from sequences of happenings that lead up to them and continue to produce long-term impacts.¹⁴⁸ Domestically, official sanctioning of these moments into “single sparks” performs selective remembering and forgetting to construct the plotline of a fiction of national memory. Internationally, western media co-opts the Tiananmen Square Massacre as a significant referential counter-point to construct their

¹⁴⁶ Kong, 10.

¹⁴⁷ Pierre Nora, “Between Memory and History: Les Lieux de Mémoire,” *Representations*, no. 26 (1989): 8–9, <https://doi.org/10.2307/2928520>.

¹⁴⁸ Frazier, “‘Single Sparks’ and Legacies.”

own collective memories and reshape their political contours.¹⁴⁹ Diasporic performance of memory participates in the circulation in a particular way. To supplement Pierre Nora's idea that modernity renders "places of memory" (*lieux de mémoire*) replacing "environments of memory" (*milieux de mémoire*), Joseph Roach argues for the tenacity of living memory, which is retained and carried corporeally.¹⁵⁰ The nature of performance, in its broadest sense as human behavior, exempts it from exact reproduction of an original, but, as Roach points out in his illuminating study of circum-Atlantic intercultural performances, bodies stand in for the absent and by reliving the past they reinvent the culture. The process which Roach calls "surrogation" is how diasporic performance embodies and replaces cultural memories. I suggest that *Trauma* hints at diasporic subject formation through remembering what is (made to be) forgotten in the homeland, which involves reliving and even reinventing the culture that displaces her.

Recognized as Hung Liu's most immediate response to the June Fourth Incident, *Trauma* measures 80 by 128 inches, and consists of three topical parts in two juxtaposed panels. Taking up almost four fifths of the entire painting, the line drawing on the left panel captures most of our attention despite its simple palette of red, white and black. Its intricacy is the result of two diagrams overlapping, one in red on top of another in white. Standing out from the dark background, the white chart illustrates selected *xuwei* 穴位 (acupoints) on a male human body, shown front and back. The acupoint chart seems to combine modern and traditional iconographies: a modern ideal of body type with large bone structure, thin waist and lean muscle, surrounded by labels of acupoint names written in an ancient Asian calligraphic script. The red chart displays selected architectures on and around the Tiananmen Square, literally and figuratively at the heart of the country's capital city. Its arrangement of these architectures corresponds to how they are placed on a city map, only

¹⁴⁹ Lee, Li, and Lee, "Symbolic Use of Decisive Events."

¹⁵⁰ Joseph R. Roach, *Cities of the Dead: Circum-Atlantic Performance*, The Social Foundations of Aesthetic Forms. (New York: Columbia University Press, 1996), 26.

without the roads marked, which is mirrored by the lack of meridians in the white chart. The two overlapping charts create a tension that may be read as opposition or resonance between human body and social structure. The right panel portrays a soldier in an oil painting, whom many would recognize as a communist propagandist icon. Striking a heroic stage pose, the soldier is captured in front of an impressionist backdrop of contrasting saturated colors. On the lower right hand side of the left panel is the artist's self-portrait in the style of an ID photo, partially covered by a red official stamp of the Beijing Public Security Bureau. The stamp straddles both panels.

As clear as the reference to the Chinese body politic may be through the overlapping maps, I find Hung Liu's vague message about what happens to this symbolic body to effect a reimagining of the national body politic in various ways. The most widely shared understanding reads the painting's overlapping elements as a metaphor of conflict. For instance, McNay Art Museum describes *Trauma* as a piece of documentary art:

In 1989, while living in San Diego, California, Hung Liu watched news coverage on the attack of unarmed students in Tiananmen Square in Beijing, China. In this painting, also completed in 1989, red outlines of Beijing's Forbidden City are overlaid on acupuncture point diagrams to suggest physical pain imposed on the body. Liu's Chinese passport photo establishes her as the emblem of a history of trauma, while the uniformed soldier from a Cultural Revolution-era propaganda opera, symbolizes the government's history of control.¹⁵¹

Similarly, Wu deems it unambiguous that "the acupuncture points indicate the energy nexuses in the human body; the square is the center of Beijing's political body. Drawing the map over the figure, Liu interprets the June Fourth Incident as a conflict between the natural human order and an external political structure, which ended with the repression of the former by the latter."¹⁵² This is certainly one way to reimagine the Chinese body politic, as being betrayed by the state apparatus.

The national body appears to be under the heel of the power of the state, when just forty years earlier, Mao's declaration "the Chinese people have stood up" heralded the establishment of the new

¹⁵¹ "Trauma," McNay Art Museum, accessed March 5, 2024, <https://collection.mcnayart.org/objects/22543/trauma>.

¹⁵² Wu, "Four Moments in Hung Liu's Art," 26.

nation, free from insult and oppression, foreign or domestic.¹⁵³ As the focal point is expanded from Tiananmen Square to a selection of iconic architectures scattered in central Beijing, the significance of the issue is escalated from an incidental moment of conflict to the general operation of the state of China. Through cartographical overlapping, the violence taking place in the political space of the state capital is seen to be directly placed onto the symbolic body of the nation.

Look more closely, however, and the message gets complicated. For example, the diagram in red should be re-examined before shelving it as a symbol of state violence. Given the political centrality of Tiananmen Square in both the June Fourth Incident and in the scheme of ideological state apparatuses, it is tempting to read the diagram as a representation of state violence. However, Liu's selection of architectures is not a simple reference to the political coercion by Chinese authority. Among them there are traditional-style structures from the Qing dynasty and modern buildings newly constructed. For example, Beijing Train Station on the far right was a key node by which protestors from around the country gathered to the historic scene; and Beijing Hotel, the building on the back of the medical mannequin, was where foreign journalists witnessed and documented the event. The presence of architectures that are not symbolic of state violence disrupts the binary oppressor-victim narrative that pits the two bodies against each other. Even if laying the architectural map over the acupuncture chart signals repression, what does it mean to see the underlaid body through the suppressing constructions? To be accurate, the two maps are more superimposed than overlapped, which is perhaps why by viewing it we don't immediately get a feeling of overpowering suffocation, but something more subtle.

Reading into the diagram's color codes is one way to bypass a hierarchical interpretation: In Chinese medicine, the color white belongs to the lung, and red to the heart. According to the five

¹⁵³ Nancy Hearst and Joseph Fewsmith, eds., *Mao's Road to Power: Revolutionary Writings: Volume X* (New York: Routledge, 2023), 792–95, <https://doi.org/10.4324/9781315719436>.

phase theory, the lung regulates the flow of qi, the heart governs the blood and controls the mind.¹⁵⁴ The heart is supposed to restrain the lung, but only to a proper extent in order to be healthy, and the lung assists the heart to make sure qi and blood circulate around the entire body—a relationship more about collaboration than antagonism. Against the dark background, the white color of the acupoint chart is pale, clear, and calming, the red color of the architecture map is rich, somber, and agitating. At a moment when the fate of the nation is placed under the magnifying lens of Tiananmen Square as a symbol of new revolutionary establishment, the body politic is reimagined in a dynamic relation with state bureaucracy, where the body politic navigates hopeful deference to and disheartening suppression from a leadership that brands itself by modern democracy, and appears tough but is troubled by insecurity itself. The Chinese national body politic, which used to be or at least was supposed to be a revolutionary body led by the pursuit of modern democracy, now becomes a confused and silent body.

The affinities between the two diagrams suggests another possible reading of their relationship as something else besides oppression. Liu makes a deliberate choice to line up the two maps by their internal symmetry and shared traits. They are both almost symmetrical by the same vertical axis; the disjunction on the acupoint chart between the modern body and the ancient script also echoes the mixing of traditional architectures and modern buildings laid over them. Like the roads and streets removed from the architectural map, *jingluo* 经络 (meridians)—invisible pathways that carry qi and blood and connect all the acupoints—are hidden from the body map. Buildings and acupoints—these discrete entities are only entry points tapping into the underflow of an entire interconnected system that is the life of the body (politic). The incompleteness of both maps reminds viewers of the importance what are missing, which somehow converge: the conduits that

¹⁵⁴ Kaptchuk, *The Web That Has No Weaver*, 88–93.

transport the life force of the body (politic) to combat ailments are disappeared. The body politic now is reimagined as a body erased of its life-sustaining conduits.

No matter how bodies on Tiananmen Square are wiped out from China's official history, *Trauma* shows the other way around: Tiananmen Square is unerasable from the body (politic). The geographical distance between her and her homeland gives the diasporic body the opportunity to be—to borrow Roach's notion—a candidate of surrogation. Roach offers a critical insight into the involuted positionality of the cultural surrogate: “candidates for surrogation must be tested at the margins of a culture to bolster the fiction that it has a core. That is why the surrogated double so often appears as alien to the culture that reproduces it and that it reproduces.”¹⁵⁵ Located outside of the national borders of China, Liu stands in the marginal position of Chineseness. The artist leaves out direct portrayal of what factually happened on June 4th, 1989, which was not quite accessible to her anyway as she watched from the other side of the globe; but it is indeed this distance that allows her to voice anything about the event without being censored or persecuted. Without capturing individual bodies of June Fourth demonstrators on the canvas, the artist sketches out the lieux de mémoire that serves as repositories for this segment of history. Here, not only the red-lined architectural map, but the soldier portrait and the white-lined acupoint chart become “places of memory.” In place of the disappeared Tiananmen Square, these architectural structures are pods of power that literally obfuscate the national body and, geographically as well as politically, act as coordinates of Tiananmen Square.

It is both embedded in Chinese cosmology and suggested by Liu's artistic choice that the individual body resonates with the national body. Medical researcher Ted Kaptchuk identifies resonance as the mechanism in Chinese cosmology that “allows the universe (or any of its parts) to

¹⁵⁵ Roach, *Cities of the Dead: Circum-Atlantic Performance*, 6.

influence a human being” by way of qi, the pervasive cosmic element.¹⁵⁶ Liu’s subtle tactics of similitude further enhance her relation with the national body as the artist: the facial features and stern facial expression of the medical mannequin looks like a sketch of Hung Liu’s face in her self-portrait at the lower right corner. In this way, it is not only a metaphorical body of the country, but a corporeal proxy of the artist that is memorializing Tiananmen Square and the June Fourth Incident.

By remembering the forgotten, that is, becoming a surrogate for the forgotten, the diasporic artist becomes abject. Kristeva defines the abject as a part of the subject that threatens its identity and order and thus became the target of expulsion in order to maintain the boundaries.¹⁵⁷ When a state violently suppresses dissidents, it engages in a kind of symbolic purification that acts on both the political and the psychological level. In this case, the Chinese national body politic is vomiting out what it finds destabilizing: those who insist to remember otherwise. Like many other Chinese intellectuals who voiced their concern from overseas, Hung Liu was already geographically displaced, and thus insusceptible to exile, while she was also technically still a Chinese citizen at the time. This liminal position makes the diasporic body potentially abject as it cannot be fully expelled because it is not fully within the boundaries of the body politic.

The insertion of the artist’s self-portrait, which critics often refer to as a copy of her passport photo, is Liu’s returning look back at the moment when the body physically leaves the motherland and crosses the national border. Asian American studies scholar Lily Cho reminds us that “[t]he injunction against emotion in passport photos projects a fantasy of a passive, transparent, and readable national subject.”¹⁵⁸ Before being the device which the custom officer uses to verify the border-crosser’s identity, passport photo is essentially a staging of a citizen subject to herself. To

¹⁵⁶ Kaptchuk, *The Web That Has No Weaver*, 45–46.

¹⁵⁷ Kristeva, *The Powers of Horror: An Essay on Abjection*, 1–7.

¹⁵⁸ Lily Cho, “Citizenship, Diaspora and the Bonds of Affect: The Passport Photograph,” *Photography and Culture* 2, no. 3 (November 1, 2009): 279, <https://doi.org/10.2752/175145109X12532077132310>.

qualify for a passport photo, the citizen subject is instructed to refrain from displaying any emotions, presenting herself as “natural” in an absolutely unnatural way—devoid of any hints of the particular circumstance in which the body lives. However, the act of painting and commemorating the forbidden memory would revoke the validity of this citizen image as well as her desirability at home. If to become a cultural surrogate requires one to be placed at the periphery, then Liu’s staging of the passport photo outside of the body politic at the edge of the panel is a gesture to indicate that the displaced body has not only physically but mentally departed from the homeland. Except this time the domestic atrocity ejects her from the passive, submissive, oblivious body politic which it is intended to sculpt.

I have described in the left panel of *Trauma* the transformation of the national body politic and its expulsion of the diasporic body, and now I move to the right panel, which opens another can of worms, to discuss how the displaced artist begins abjection herself. This soldier portrait embodies Liu’s personal memory of the Great Proletarian Cultural Revolution (1966-1976), notoriously a decade of political fervor and chaos. The soldier figure, Guo Jianguang, is the leading character of *Shajiabang* 沙家浜, one of the eight model revolutionary operas developed during the Cultural Revolution. The original *Shajiabang* story is set during the war against Japanese occupation. In the story, Guo leads a team of sick and wounded soldiers who serve in the Communist Party’s New Fourth Army to secretly recuperate in a town called Shajiabang. With the help of a local teahouse owner, Sister A-Qing, Guo was able to get away from the Japanese invaders and Kuomintang accomplices and eventually defeat them. Liu’s soldier portrait is a reproduction of an illustrative painting, which was based on a production photo of *Shajiabang* and used as posters and picture book covers for the story *Shajiabang*. Posters and picture books, known as *lianbuanhua* 连环画 (serial pictures), helped these model opera stories reach a wider audience, and the illustrations were often loyal to the production photo or symbolically retouched. Most *Shajiabang* picture books use as cover

a painting of Guo standing behind some reed leaves. The reed leaves were a hint of the original title of the play—*Sparks Amid the Reeds* (Ludang huozhong 芦荡火种)—to carry on a metaphor for the resilient Communist hero reigniting the proletarian revolution. Guo in both stage performance and the illustrative painting strikes a dramatic pose that shows an alert fighter ready to confront the enemy. His straight torso suggests integrity and moral high ground as opposed to crouching for better defense, which would be more reasonable for Guo’s recuperating team’s disadvantageous situation. All the energy mustered through the tightened up muscles beams out through the soldier’s indomitable gaze towards the direction from which potential enemy might come. Extracted from the original story and production to increase its reproducibility and accessibility, the posing soldier is usually perceived as less a full person than an embodiment of the spirit of armed class struggle.

Liu’s chromatically enlivened painting of Guo brings out the revolutionary spirit deposited in this particular body, foregrounding its status as a lieux de mémoire. With the historical enemies—the colonial forces and right-winged Nationalist Party—no longer present, stories of Guo-like characters still prevailed. The Cultural Revolution was a sociopolitical movement against decadent or corrupt ideologies, which included traditional Chinese cultures and capitalism, born out of Mao’s intention to keep proletarian revolution as a regular practice to cleanse Chinese society. On the literature and arts front, the model revolutionary operas were the result of official efforts to modernize and proletarianize Chinese theatre, as well as to consolidate the political authority of Mao and the Chinese Communist Party.¹⁵⁹ To a large extent, the wide circulation of Guo’s image documents the morale of an era when people lived by feverish hope for revolutionary victories. Mao was quoted to

¹⁵⁹ Ellen R. Judd, “Dramas of Passion: Heroism in the Cultural Revolution’s Model Operas,” in *New Perspectives on the Cultural Revolution*, ed. William A. Joseph, Christine P. W. Wong, and David Zweig, 8 (Cambridge, Massachusetts: Harvard University Press, 1991), 265–83; Barbara Mittler, “Cultural Revolution Model Works and the Politics of Modernization in China: An Analysis of ‘Taking Tiger Mountain by Strategy,’” *The World of Music* 45, no. 2 (2003): 53–81; Xing Fan, *Staging Revolution: Artistry and Aesthetics in Model Beijing Opera during the Cultural Revolution* (Hong Kong: University Press, 2018).

state, “Revolution is a drama of passion; we did not win the people over by appealing to reason, but by developing hope, trust and fraternity.”¹⁶⁰ The spectator is by design to be educated, to look up to, and emulate this spirit.

Liu’s soldier portrait is a recreation of this classic image that heightens the historical context in which a propagandist product is situated and enflashes it into a fuller person under the impact of a fervent era. In *Trauma*, the soldier strikes the same iconic pose as Guo seen in other popular renditions, but stands in front of an impressionist background: a pinkish red (sky) with dark (clouds) is behind his head, indistinct dark blue delineates his straight torso, and a murky cyan (ground) under his feet highlights the bright red pompom on his dance shoes. These are common palettes on the revolutionary stage when the protagonist defeats dark forces of oppression and corruption, or heralds good news of victory and freedom. But other cultural reproductions of this portrait mostly stage the soldier in front of a deep blue backdrop, let alone the whole color scheme all at once in one shot, so as to avoid overshadowing the character. The hero himself also seems less impeccable and effortless than conventional portrayals. Liu meticulously details the subtle muscular lines on Guo’s face, the effect of which is more than higher resolution, but the uneven skin texture shows shades of intensity, uneasiness, and perhaps struggle. Such toning resurrects a flatly glorious hero to a fleshy figure of complicated insides.

To make sense of Hung Liu’s adaptation of this image with ultra-propagandizing tactics, it takes a deep understanding of the emotional weight that this icon carries for her before dismissing it as an outdated historical phenomenon of top-down propaganda. Liu once disclosed that during the “sent-down” movement (officially called Up to the Mountains and Down to the Countryside Movement) Liu painted a scene from *Shajiang*, the model opera that features this soldier, on an exterior wall upon villagers’ request. Up to the Mountains and Down to the Countryside Movement

¹⁶⁰ Judd, “Dramas of Passion: Heroism in the Cultural Revolution’s Model Operas,” 265.

during the Cultural Revolution was a policy that exiled secondary school graduates from the cities to live with and learn from farmers, which supposedly should cleanse the pro-bourgeois ideologies out of these urban youths. Liu got assigned to a rural area about 35 miles away from the city center of Beijing while many at her same age were relocated across the country. Life in the countryside hurled Liu into the front seat to live through the absurdity and find her own path. The forced reeducation in the countryside mainly involved a considerable amount of farm work and attending meetings, which Liu saw as dumbing and numbing. Liu sought every opportunity to stay in touch with her aesthetic sensibilities. As a consequence, for the only two times when Liu got to paint in public, she painted model opera scenes.¹⁶¹ The choice could be a reasonable consequence of the political high pressure over artmaking at that time, which had to serve the socialist purpose, otherwise it would be deemed solely for personal pleasure and thus alarmingly un-proletarian. It might also come from a deeply personal place. Liu recalled aspiring to revolutionary ideals at the beginning of the Cultural Revolution, starting to have doubts after witnessing contradictory realities, and by reading lots of books actively seeking out answers to the questions that the Cultural Revolution raised in her.¹⁶² Model operas, especially *Shajiabang* and the posing soldier, may very well have been an iconic part in Liu's personal memory of those formative years when she was displaced, which gave her an ambivalent experience of proletarian revolution. In her later career, Liu continued to explore similar images of socialist realism, as part of her critical reflection on this aesthetic apparatus, which she was trained to deploy in China. I use this background story as a counter-memory to speculate that the artist calls upon lived memory as she revisits lieux de mémoire. In other words, propagandist

¹⁶¹ Hung Liu and Hung Wu, "Sixty Years on a Hard Journey for Art / Hung Liu Interviewed by Wu Hung," in *Liu Hong, Tai cang / ce zhan ren, Wu Hong*; [bian ji, Jiefu Kaili] = *Hung Liu, Great Granary / curator, Wu Hung*; [editor, Jeff Kelley], by 刘虹 (Hong Kong: Timezone 8, 2010), 78.

¹⁶² Liu and Wu, 71–78.

imagery like the *Shajiabang* soldier offers Liu a rare opportunity to engage in aesthetic pursuit at a time when it was hardly possible and for decades a space for reflexive criticism.

A deeper sense of trauma surfaces as lived memories are called back and the two historical moments start to overlap. Through news media, Liu witnessed the June Fourth Incident unfolding from afar, watching it happen in the city that she was born and living in for decades before she moved to the United States. “Ironically,” Wu observes the twist, “the June Fourth Incident suddenly reduced the geographical distance separating Hung Liu from China and reconnected her with the country’s past and present.”¹⁶³ Perhaps the lack of spatial immediacy gives rise to a sense of asynchrony, zooming out from the intensity of the event and allowing her to look across historical time. Once again, people like Liu watched in terror as revolutionary fervor eroded human compassion—and as the advocate of armed class struggle, now the target of protest, transformed into the very political oppressor he once vehemently condemned. Thus it is understandable that in her same-title installation Liu framed another version of *Trauma* in the context of *yin* 阴 and *yang* 阳 in mutual transmutation.¹⁶⁴ According to critic Leah Ollman, Liu included in the display a wall text explaining that “these forces [of yin and yang] are not static. Everything is relative, flexible, changing. Both yin and yang ‘contain the germ of their own opposite within themselves,’ and when one pushes the limits of its own definition too far, it ‘transmutes’ into the other. Thus the revolutionaries of one generation become another’s stolid bureaucrats.”¹⁶⁵ The two bodies, one of the acupoint chart and the other of the soldier, are intertextual. The soldier’s body that hails the advent of revolution and bears pain is the same body under the well-pressed uniform that quells the body that hails new revolution and awaits healing. The revolutionary pioneer is not at the opposite

¹⁶³ Wu, “Four Moments in Hung Liu’s Art,” 27.

¹⁶⁴ This version of *Trauma* has the two overlapping charts drawn on a white wall but the city map has roads marked out, next to which is a hand-written note about yinyang.

¹⁶⁵ Leah Ollman, “Paintings, Text Speak of the ‘Trauma’ in China’s Body Politic,” *Los Angeles Times*, September 15, 1989, sec. Entertainment & Arts, <https://www.latimes.com/archives/la-xpm-1989-09-15-ca-94-story.html>.

polar from the conservative repressor. The artist presents this irony without ridicule but with deep compassion. Thus the fluidity of yin-yang suggests that “trauma” refers not merely to the consequence of a single event, but a lasting distress inflicted by the failure of revolutionary isms. With emotional reservation that diverts from a rallying cry, the artist invites us to take a moment to stay with that distress and contemplate a type of trauma that emerges from the crevice of cyclical history.

Profoundly shaken, the diasporic body struggles to abject her affiliation with the Chinese national body politic—the part of her that was convinced and inspired by the revolutionary ideal of Chinese communism. Wu offers an insider view on Liu’s later drawings of Mao: “like many high-school students in the 1960s and 1970s, Liu belonged to a generation of Chinese youth who first trusted Mao but later rebelled against him. Her rebellion against Mao thus has a strong personal implication. She has tried to use it to remove Mao not only from Chinese politics but also *from her own system*” (My emphasis).¹⁶⁶ I read Liu’s reproduction of the red Security Bureau stamp as a gesture of abjection. The stamp overrides both panels, binding the two historical moments. This type of stamping is a common practice to assure the integrity of a legal document that contains multiple pages. Here the stamp seems to make sure the soldier panel does not get lost—on the one hand, literally from the artwork or, on the other, figuratively from the artist’s identity. Read as the former case, the juxtaposition of what is remembered as a repressed movement and what was publicized as a celebrated revolution pierces into the hypocrisy of the national narrative of political righteousness, rendering it repulsive. Read as the latter case, the composition of an emotionally contrasting pair between a nonchalant citizen and a bristled fighter seems to suggest the paradox underlying the subjecthood of Chinese citizens. In both cases, the seal reveals forgotten discrepancies between political promises and historical realities. Leveraging its original bureaucratic function of pruning

¹⁶⁶ Wu, “Four Moments in Hung Liu’s Art,” 27.

dissent and maintaining stability, Liu repurposes the official stamp to abject a part of her history that no longer feels compatible with whom she considers herself to be—which appears to be a new sense of subjecthood in the making for the displaced, diasporic body. While it is one thing to reject the abject, it is another to put it in complete oblivion, because the abject clings on as what defines subjecthood for the deject by its rejection. Identifying as “a Chinese artist outside of Chinese culture,” Liu can be no more outside than she is inside Chineseness, which she explores across her work. In other words, before she becomes American, or just as she is becoming American, Hung Liu has to become Chinese.

I argue that *Trauma* is an example of Liu’s embodied contemplation of her disturbed sense of self in relation to what it means to be Chinese. What *is* it like to be Chinese? *Trauma* seems to capture some of the ups and downs, the traditional and the modern, the hope and the hurt about being Chinese. Here Chineseness is not presented as an essentialist notion of nationality or ethnicity, but a discursive one entangled in transnational and transhistorical circulations of knowledge and practice. As Kristeva poetically puts it, as a “tireless builder” and “stray” who ceaselessly devises the “fluid confines” of its universe, the deject is more concerned with its situatedness than a solid essence.¹⁶⁷ For a discursive sense of Chineseness, let me return to the acupoint chart, which I coincidentally found to be a duplication of German physician Engelbert Kaempfer’s drawing from early 18th century.¹⁶⁸ Kaempfer’s chart represents a Western understanding of Japanese medicine—a Japanese branch of Chinese medicine, recording selectively some acupoints and omitting meridians, which were unsubstantiated by the materialist Western medicine at that time even though they are fundamental and functional concepts in Chinese medicine. Kaempfer bluntly voiced his personal

¹⁶⁷ Kristeva, *The Powers of Horror: An Essay on Abjection*, 8.

¹⁶⁸ Engelbert Kaempfer, *The History of Japan, Together with a Description of the Kingdom of Siam, 1690-92, by Engelbert Kaempfer ... and Tr. by J.G. Scheuchzer, F. R. S. ... Glasgow, ... V.3.*, vol. 3, 287, accessed August 22, 2024, <https://hdl.handle.net/2027/mdp.39015011879908?urlappend=%3Bseq=9>.

skepticism of this Oriental medicine as he commented: “The results do not allow us to accuse them all of deception, yet sound reasoning does not permit us to testify in defence [*sic*] of all of them.”¹⁶⁹ The very words of this reverse cultural ambassador himself show that Westernized charts like this one lack theoretical rationale of the healing efficacy, and provide little more than a sight of novelty. Not only does the chart fail to indicate meridians, but the acupoints are labeled in a peculiar calligraphy that combines ancient scripts and Japanese notation. Appearing Chinese-like and citing knowledge from Chinese culture, Kaempfer’s chart is hardly legible to contemporary Chinese viewers and barely functional for practitioners. Seen as the proxy for the Chinese body politic in *Trauma*, it prods, is this multiply-removed representation of a hypothetical body still Chinese? What the chart illustrates most successfully is perhaps the ethnic difference that separates East Asian medicine from anatomical medicine to European eyes. Similarly, Chinese diasporas are often emblemized as a frozen image of Chineseness. Thus Liu’s adoption of Kaempfer’s chart is inherently compounded with an Orientalist gaze, and for this reason is reflective of a kind of Chineseness in suspension and displacement. Under such a gaze, the diasporic body’s haunting entanglement with her homeland—be it the desire to return or the struggle to abject—becomes indistinct from the imperative to perform her ethnic identity. For Liu to incorporate images as such is to reclaim displaced subjecthood. With this, I consider the double play of “Chinese” in *Chinese Bonsai* as an intentional conflation of nationality and ethnicity under the Orientalist gaze, to contemplate a moment of resonance and discrepancy between diasporic body and native body politic.

¹⁶⁹ Roberta Bivins, “Imagining Acupuncture: Images and the Early Westernization of Asian Medical Expertise,” *Asian Medicine (Leiden, Netherlands)* 7, no. 2 (2014): 310, <https://doi.org/10.1163/15734218-12341255>.

Chinese Bonsai

In this section I will first discuss how *Chinese Bonsai* demonstrates the Orientalist conflation of two racialized subjects—the diasporic body and native body politic, by presenting the Orient as, on the one hand, a land of barbarous practices of cruelty—to which the racialized other falls victim, and on the other, a source of mystical practices of wellness—for which she is an extractable resource. As hinted in the previous section, I acknowledge the workings of self-Orientalization in Liu’s work, but move my focus from common criticism against it, such as Shih’s, to its relation with what Yapp terms “major and proper China,” which is both a concrete nation-state born out of a definite historical development, and a stable antonym in theory to the liberal West.¹⁷⁰ This allows me to understand it as a structural, and even affective, result of value alignment with the West liberalist narrative, which likely is what displaces the diasporic body in the first place, rather than as a strategic move towards assimilation. Then I apply a “minor China” reading to access what lies beyond coercive mimeticism in this painting. This includes a reformulation of wholeness, with which I then propose to read *Chinese Bonsai* as contemplating, not just the individual displaced body, but a different collective, a diasporic body politic.

The two-part composition of this artwork visualizes how the racialized subject is always under the Orientalist gaze. *Chinese Bonsai* shows side by side a sepia-toned photography that features a Chinese woman exposing her bound feet to the camera, and what appears to be a photocopied page of a hand-drawn Daoist body map, illustrating an anatomical sideview of a torso, flanked by horizontally written texts about the roles of each organ. The bound-feet woman photograph, one of Liu’s most frequently recreated source images, is said to be printed in a book called *The Face of China*, among other images that foreign tourist photographers took in China during 1860-1912.¹⁷¹ The body

¹⁷⁰ Yapp, *Minor China*, 2.

¹⁷¹ Thalia Gouma-Peterson, “Hung Liu: Stories Identities, and Borders,” in *Hung Liu: A Ten-Year Survey 1988-1998 : An Exhibition* / Organized by the College of Wooster Art Museum ; Curators, Thalia Gouma-Peterson, Kathleen McManus Zurko ; Editor,

map comes from a classic Daoist text, *Principles of the Tablets on the Innate Nature and the Vital Force* (Xing ming gui zhi 性命圭旨),¹⁷² which was first published in the 17th century and teaches physiological alchemy through self-cultivation.¹⁷³ Roughly squinted at, the two images hold together two bodies of similar height and size, making their differences ever more protrusive. Both are portrayals of calm, Chinese bodies, but one is a frontal view of a concrete but anonymous body, whereas the other is a lateral view of a general and attributable body; one embodies a physical and mental trauma associated with a Chinese cultural practice, whereas the other points to a Daoist vision of harmony and wellness. Despite their contrast in genre, tone, context, both images fall into existing Orientalist stereotypes, consumed not only for a show of barbarousness and inferiority, but also for exotic fantasies of abstruse wisdom.

Meta-theatrically, *Chinese Bonsai* implicates its viewers' gaze into its depiction of the dilemma of diasporic wholeness. The photograph of the bound-feet woman is incorporated into many of Hung Liu's artworks, including one of her most well-known pieces, *Goddess of Love, Goddess of Liberty* (1989), and since then has been associated with Liu as her personal label. In an interview with Wu, Liu reveals the creation story behind *Goddess of Love, Goddess of Liberty*:

When the '89 student movement was happening in China, I was in the middle of making a painting of a Chinese woman with bound feet, taken from a photograph from 1900. In modern times, the Spirit of Liberty had always been depicted as an impressive woman; all powerful and solemn and sacred, a true goddess. But, because of the violence in Tiananmen Square that June, what I wanted to say was that freedom and democracy in China were actually like a woman with bound feet.¹⁷⁴

The metaphor here mainly operates on the irony of the footbinding practice: like a bound-feet woman, China's freedom and democracy may look presentable but in actuality is crippled. The tonal

Kathleen McManus Zurko ; *Essays by Norman Bryson [and Others]*, ed. Kathleen McManus Zurko (Wooster, Ohio: College of Wooster Art Museum, 1998), 11.

¹⁷² Translation from Despeux, *Taoism and Self Knowledge*, 118.

¹⁷³ Yinzhenren, *Xing Ming Gui Zhi 性命圭旨* [Principles of the Tablets on the Innate Nature and the Vital Force], 4 vols. (S.l.: Ju yi shan fang, 1670), <http://mdz-nbn-resolving.de/urn:nbn:de:bvb:12-bsb00093232-9>.

¹⁷⁴ Liu and Wu, "Sixty Years on a Hard Journey for Art / Hung Liu Interviewed by Wu Hung," 97.

turn is familiar in Liu's framing of this woman figure as an unfortunate contrast from the "true goddess," foregrounding her frustration in a mistreatment done to the female body. An implicit parallel between the crippling bodily practice and the oppressive political event doubles down on major China narratives, which reify China as uncivilized and authoritarian. As purposefully as she deploys a vibrant palette with the soldier portrait in *Trauma*, Liu repaints the bound feet woman's photo in black and white in *Goddess* to flatten this woman's story into a fraught symbol, which perfectly matches with Liu's critique of the frail condition of China's freedom and democracy. A clear condemnation is made of the objectifying practice that turns women into playthings by beautifying gory mutilation for visual delights. The visual impact of the bound-feet woman image benefits from the voyeuristic spectacle of bodily deformity, and feeds into the Orientalist bias that cast the racialized other as insensible to pain and in need of salvation.

By looking at this image as a representation of Chinese body, the viewer participates in a kind of consumption of diasporic trauma that binds the diasporic body with ontological deficiency. Nothing is more exemplary of the Orientalist gaze upon Liu's work around this image than an interview Donald Kuspit did with Hung Liu in 1992 with the title "Beyond the Passport Photograph: Hung Liu in Search of Her Identity" and the subtitle "And how could she drive a car with bound feet?"¹⁷⁵ Though Liu herself didn't have her feet bound, the Chinese immigrant artist was applauded for her ability to do the same thing—identity searching—just as modern subjects do or have already done, but with a maimed self, because the understanding was that she came out of an existentially impossible and all-around incapacitating society. Meanwhile, the Daoist diagram in *Chinese Bonsai*, which encapsulates the mysterious pursuit of immortality and romanticized landscapes

¹⁷⁵ Donald Kuspit, "Beyond the Passport Photograph: Hung Liu in Search of Her Identity (And How Could She Drive a Car with Bound Feet)," in *Hung Liu: November 11-December 11, 1993*, accessed December 18, 2024, https://uci.primo.exlibrisgroup.com/discovery/fulldisplay?docid=alma9912547234606531&context=L&vid=01CDL_IRV_INST:UCI&lang=en&search_scope=DN_Filtered&adaptor=Local%20Search%20Engine&tab=Everything&query=any,contains,Hung%20Liu%20:%20November%2011-December%2011,%201993.&offset=0.

inside the body, heightens the exoticness of Eastern thoughts and practices around the body. Therefore, to a certain extent, the two images are synonymous in conveying the racialization of the diasporic body: like a Chinese bonsai, the diasporic body, in pain or in fantasy, is a delectable plaything on the Western display table.

Thus it comes as no surprise that the discourse around *Chinese Bonsai* also reinforces a major China perspective. “A woman with feet mutilated from being bound. A metaphor of beauty, sacrifice, or perhaps a byproduct of liberty,” wrote the Hung Liu Estate on Instagram on July 13, 2024 to introduce the content of *Chinese Bonsai* (1990).¹⁷⁶ The Ryan Lee Gallery highlighted a later version of this piece in its press release, “The print *Chinese Bonsai* (1992) depicts a woman with mutilated bound feet. She is a reference to Liu’s landmark *Goddess of Love, Goddess of Liberty* (1989),..., which she considered as a metaphor for the ‘true condition of liberty’ of China.”¹⁷⁷ While the 1992 version clearly accentuates the black-and-white body map with colors, the difference is left unaddressed. That official expositions intentionally or helplessly neglect Liu’s investment in the body map and persistently focus on the spectacle of suffering, limits the discussion to Western liberalist narratives.

I suggest that we read Liu’s tacit consent to major China narratives as a symptom of deeper displacements, rather than a calculated performance of self-Orientalization. Briefly returning to my discussion on *Trauma*, what distresses Liu is not only the atrocity of the June Fourth Incident itself, but also the failing promises of communist revolution, which exhibit an ideological parallelism with the modern West’s championing of democracy and freedom. Arguably, Liu’s engagement with Western liberal humanism, manifested in her seemingly self-Orientalizing critique, provides the very

¹⁷⁶ Hung Liu Estate (@hungliuestate), “A woman with feet mutilated from being bound. A metaphor of beauty, sacrifice, or perhaps a byproduct of liberty...,” Instagram, July 13, 2024.

¹⁷⁷ Ryan Lee Gallery, “Hung Liu.”

means by which she can express some of her core concerns, ones that share common ground with Western values and render some part of her Chineseness abject.

For Hung Liu, footbinding may be something she never experiences herself, the Maoist Cultural Revolution may be a bygone era, and the Daoist musing something of both, but these memories have to be called upon to reinvent a diasporic memory of a historical event for which she was absent, so as to understand where she was placed in the first place and how she became displaced. According to Liu's account, she had started exploring this image before the June Fourth Incident, so its connection she saw with the political event was probably not the entire picture of her interest in this image. In other pieces where she reworks photographs of bound-feet prostitutes and village women, Liu challenges the power relation underlying the medium of photography, while she also works to restore memories dismissed by history. "I want to both preserve and destroy the image," Liu has been repeatedly quoted.¹⁷⁸ Across Liu's renditions, the bound feet woman photograph acts like a *lieux de mémoire* with multiple portals that she could use to enter worlds of memory. As Art historian Griselda Pollock remarks, "Painting is a returned gaze upon an absence, a loss that is summoned back to meet us at the surface where the painter has worked and history has been invoked."¹⁷⁹ Whether displacement is a forced result or an active choice, the diasporic body seeks to retain an explanation or a sense of belongingness by holding on to, while negotiating with, nationalist or cultural images.

As mentioned earlier, the diasporic body struggles with racialized images from within and beyond oneself. The bound-feet woman photo performs diasporic self-revelation and evokes a postcolonial experience of shame. Though footbinding was a completely indigenous practice, its perversion was only illuminated in a photorealist way by Western technology and civilization. The

¹⁷⁸ "The Life and Work of Hung Liu," Hung Liu Estate, accessed April 18, 2025, <https://www.hungliu.com/work>.

¹⁷⁹ Griselda Pollock, "HUNG LIU: Odalisque," in *Fresh Talk/Daring Gazes*, 1st ed. (University of California Press, 2003), 119.

woman is subjected to an external gaze from the front, which manages to steal a partial view of her back through the reflection of the mirror behind her. The woman is not caught off guard, and she might have received a satisfying promise of return in monetary or mental form,¹⁸⁰ but she also has no control of the interpretation that the photo engenders thereafter. Her immobility due to footbinding is exacerbated by the posture designed to showcase her vulnerability. She is cornered and encased by frames of patriarchal and colonial gazes, and with the help of the mirror appears seen-through, as if no more than the exposed trauma for which she becomes known globally. Similarly, the diasporic body has on her back a notorious history, which displaces her and thereby defines her in the eyes of those receive her. Even worse, as the keeper of counter-memory, the diasporic body goes nowhere but deeper into this association.

I have discussed why and how the artist may be involuntarily complicit in reproducing dominant narratives, but the painting moves beyond coercive mimeticism when viewers read between the two images in juxtaposition. For example, here is one reading of the artwork that presents the two forms of “Chinese bonsai” as two ways of viewing the body from different eras and genres. One image is a hand-drawn diagram of a body prototype, and the other is a photorealist documentation of a body that actually had been lived. The Daoist drawing is part of an effort to establish a bodily practice of wellness by integrating the three major religious systems in China, which understands the body as malleable. The photo comes from a historical moment when revolutionaries called for the abolition of traditional (read: feudal) practices including footbinding as part of the nation-building project towards a modern China. The modern technology of photography confronts the traditional view of the female body as shapeable but unexposable. In an intriguing temporal cross-over, the 20th-century photo projects backward, while the 17th-century drawing projects forward. A diasporic subject has two ancestors: one represents where she comes

¹⁸⁰ Gouma-Peterson, “Hung Liu: Stories Identities, and Borders,” 11.

from, and the other represents where she goes towards. The ancestor in the homeland gives life to the diasporic subject, whereas the ancestor in the host state paves the way for her to live. Likewise, the bound-feet woman photo embodies the past that the diasporic subject leaves behind; the inner illumination diagram projects the possibilities that she can become. For one moment, body in imagination and body in documentation seem to compete for a truer representation; for another, their cross-over seems to suggest the dislocation between philosophical ideals and historical realities is where the diasporic subject lives.

Another reading of the juxtaposition can be derived from the woman's returned gaze and the absence of gaze in the Daoist diagram. The organographic diagram has the body turning to the side, rejecting engagement with the reader. Its title, "Inner Illumination Diagram," bespeaks the self-sufficiency of the body: without the assistance of any photographic or anatomical technology, one may know and work with the internal abundance of the body. Indeed, the Daoist internal alchemical process is supposed to take place in "a closed circuit" mostly in the head and the torso like an athanor, "while the limbs are accessories" and thus omitted in many alchemist illustrations.¹⁸¹ With a nonrealistic contour and Liu's added colors, this limbless body is fluid and vibrant. Viewers would find themselves shifting the focus of their sight across the bodily landscape in multiple directions, as if following the motion of qi through potential pathways around the body. By contrast, the photographed woman wears white or plain-colored attire that renders the majority of her body chromatically silent—void of personal information about this individual's emotions, aesthetic preference, or socio-economic status. The spectatorial gaze feels trapped in an economic route between her feet and her eyes, as if hearing this woman's inquiry: what do you think? and responding to this century-long wait by completing the cycle of gaze. A diasporic body being subjected to Orientalist gaze probably relies on the gaze to see herself and become completed. Read

¹⁸¹ Despeux, *Taoism and Self Knowledge*, 108.

intertextually between the two images, *Chinese Bonsai* raises a question that recycles a premodern vision of wellness: would it be possible for the displaced diasporic subject, as broken as she is deemed, to be self-illuminating and self-sufficient?

With this question, I return to scrutinize Liu's recreated image of the bound feet woman for traces of her contemplation, with the understanding that her continuous experimentation with the image leaves nothing taken for granted. Whereas *Goddess* reproduces the bound-feet woman image with paint, *Chinese Bonsai* reprints this image via photolithography, a method that retains as much visual detail as possible of the world of reality that the camera captures in the moment. The only subjective adjustment seems to be the sepia tone that Liu applies to the original photo. The sepia tone could be said to imitate the effect of being tinged by blood, similar to the color of flesh. Sepia brings to its audience a more compassionate and nostalgic wash of affect, compared to the usual black-and-white tone of old photos. Under this affective tone, viewers are drawn to the corporeal experience that the photographed subject may have. Immediately after taking daring glances at the monstrously disfigured feet, modern viewers would be perplexedly drawn to the woman's serenity, projected from her calm facial expression with a barely noticeable smile, as well as her balanced posture in the chair even with her feet uncomfortably rested on the stool. Instead of being held upright, the woman's head is slightly tilted, her gaze slightly off to the right—likely towards the photographer—not evasive, but suggesting a quiet, perhaps restrained, curiosity about who or what is observing her. According to historian Dorothy Ko, the turn of the twentieth century, when this photo was allegedly taken, witnessed anti-footbinding movements complicating social perceptions on this practice.¹⁸² Baring bound feet was considered a taboo then, so by doing this act the woman who exposed her bound feet to the camera would be already taking a step against social regulations

¹⁸² Dorothy Ko, *Cinderella's Sisters: A Revisionist History of Footbinding* / Dorothy Ko., ACLS Fellows' Publications. (Berkeley: University of California Press, 2005), 41.

of the private body. She might also be curious and probing the observer's reaction. What might she have going through her mind? What kind of an experience did she have growing up having to simultaneously deform and take care of her feet?

Inviting viewers to attend to the minor, Liu might have cracked open the dominant narrative that works from the premise of the displaced body—deformed or diasporic—being un-whole. To nuance the popular belief that footbinding is a form of gender violence and patriarchal oppression of women, Ko stresses that women themselves were often active agents who practiced on themselves and transmitted this tradition to their daughters.¹⁸³ If this woman's composure is to be read as tolerance of her disfigured feet, we should consider two reasons: first, the numbing impact of structural violence behind this practice; and second, her internalized desire for upward social mobility, shaped by a social order in which small bound feet signified feminine beauty and elite status. Willingly or not, the woman herself is the one who endures the everyday reality of maintaining and caring for her feet.¹⁸⁴ Without justifying the footbinding practice, Ko's approach returns to the subjecthood of women who engaged in footbinding, which is the only way to gauge the idea of wholeness regarding the victimized. To reframe the footbinding practice for such an intellectual pursuit, Ko explains that the notion of *shen* 身 (body-self) denotes "a phenomenology of 'being a body'" while the modern notion of body is a material property to be had.¹⁸⁵ The perspective on one's relation with the body is thus changed, and deeds of corporeal transformation seen under a different light. The modern body is concerned with being natural and pure, and should be free from manipulation. Yet the Chinese *shen*, or body-self, considers the body always in change, which is "open to, or even requires, various degrees of manipulation."¹⁸⁶ Drawing on a study of Tang Daoist

¹⁸³ Ko, *Cinderella's Sisters*.

¹⁸⁴ Ko, 1.

¹⁸⁵ Ko, 205.

¹⁸⁶ Ko, 206.

women's practice, Ko infers that "To transform the body one must begin by disciplining the body with seemingly destructive measures. Synonymous with the self, the body is at once a hindrance to and a means of deliverance."¹⁸⁷ In this view, the body is not an object in the binary of body and mind to be enslaved or liberated; instead, the body (*ti* 体) is inseparable from the nondualist construct of body-self, and can be understood as an ongoing corporeal performance of body-self.

The idea of body-self is central to the Daoist body map on the right, and facilitates a contemplation over wellness for bodies that are deemed or rendered un-whole. The body map comes from the first of four volumes of the Daoist treatise, *Principles of the Tablets on the Innate Nature and the Vital Force*. Hung Liu likely made a photocopy of the page from one of the original copies in traditional woodcut binding, and colored the diagram in the 1992 rendition. The text printed to the right side of this body map, as duplicated in *Chinese Bonsai*, is originally a passage from the Chinese medicine canon, *Huangdi neijing*. The text introduces internal organs as assuming official posts and performing their respective functions in the body to maintain and improve the in-body ecology. The organographic diagram at the center, consistent with the overall theme of the treatise, envisions the interior of human body as a natural landscape. In addition to patterns of natural elements like leaves and clouds into which the original drawing fashions some of the organs, Liu uses a spectrum of mostly pastel colors to partition organs by their different functions yet still inseparably connected (by the flow of qi), demonstrating the body as a dynamic ecology. Because of its complexity, impermanence, and resonance with cosmic principles, this perception of the body is the basis for the teachings of self-cultivation towards longevity and truth in the rest of the treatise. This bodily cosmology unsettles the biological definition of a body, which lies at the foundation of the symbolic

¹⁸⁷ Ko, 205.

rhetoric that marks the diasporic subject as fragmented. By invoking this body view, Liu reveals the fraught nature of wholeness as a marker of corporeal integrity.

Taking up Liu's engagement with various whole-body images surrounding themes of history, nation, and collective memory as a cue, I continue to rethink wholeness through body politic, linking the individual to the collective. Understanding the population of a society as organically constitutive of a functional whole of humanity, the acupuncture chart mannequin in *Trauma* becomes a stand-in for a malfunctioning Chinese body politic with an excessive bureaucratic state, while the soldier becomes a stand-in for a moment when the Chinese body politic enters quasi-synchrony in revolutionary morale. The two images in *Chinese Bonsai* can potentially be read as metaphors of body politic as well. If *Trauma* embodies Liu's departure from the Chinese national body politic, *Chinese Bonsai* might be her search for a diasporic body politic, one that is repotted like a bonsai tree, and not mechanically outlined by the force of man-made law.

Hence I look for an alternative way of envisioning a body politic for the displaced, as informed by Chinese medicine, which is steeped in (and perhaps cross-fertilized with) Confucian theory and Daoist cosmology. The corporeal figuration of a state in the West has a long history of a humoral model, which understands the human body in terms of balance, order, and cosmic correspondence—similar to Chinese medicine, before the pathological advancement that attributed disease to invasive organism lent legitimacy to another model in the late Elizabethan era. Historian Jonathan Gil Harris notices that the growing anxiety and vigilance among English citizens were related to a potent image of Queen Elizabeth's body as the "virginal, unbreached microcosm of the English body politic."¹⁸⁸ With a strong sexual implication involved, the maintenance of the body politic's health becomes a patriarchal and xenophobic resistance against exogenous infiltration by "foreign bodies," such as Catholics, Jews, and witches. The pathological body politic, as Harris

¹⁸⁸ Harris, *Foreign Bodies and the Body Politic*, 45.

poignantly points out, is “inextricably linked to the growth of global capitalism” and continues to undergird political discourses of immigration and national security.¹⁸⁹ Bodily and political wholeness in this model is a sovereign necessity procured by intactness of boundaries and threatened by otherness, while making femininity its vulnerability. In this regard, a model of body politic grounded in Chinese medical theory might offer a radically different conception. In discussing the Confucian ideal of a society, Nylan describes a body politic, whose

geographical boundaries are emphatically (a) permeable and (b) expandable, because the health of the body and body politic is thought to depend always on flow and change, rather than on fixedness. In addition, (c) neither the body nor the state is ever seen as the “possession of one man.” Instead, both are conceived as entities held in trust, in effect “works in progress” extending over space and time. To the Confucian, these obvious “facts” attesting to the blurry boundaries of the body and body politic by no means precluded order, for (d) order in the Confucian tradition emanates from a stable—precisely because it is not rigidly placed—center attuned to social and cosmic patterns. In the body the center was defined as the heart/mind, locus of the proper motivations for social interaction; in the body politic, as the ruler or, in the absence of a good and wise ruler, the sage.¹⁹⁰

Because of the soft and porous borders this model ascribes to the human body and the body politic, illness is a matter of blockage in the flow of qi, which for the body politic takes the forms of goods, virtue, and information. To be whole in this nondualist medical paradigm is not a prioritized project, or at least not in the conventional Western sense of being securely bounded. This opens up possibilities for imagining a diasporic formation, which, otherwise, struggles with displacement and ontological deficiency.

The bonsai metaphor offers insight into this body politic. A plant doesn’t turn into a bonsai overnight, but it keeps growing and becoming a bonsai through continuous negotiation with the grower’s idea. Nor is the grower an immutable and autocratic arbitrator of her idea. Bonsai practitioners testify to this relational art taking place between the plant and the grower, which takes

¹⁸⁹ Harris, 141–46.

¹⁹⁰ Nylan, “Boundaries of the Body and Body Politic in Early Confucian Thought,” 115.

bonsai art out of the subject-object dualism.¹⁹¹ As the plant becomes a bonsai, the grower enters a symbiotic relationship with the plant and becomes a carer who learns to be attentive and responsive, a process of mutual shaping. Bonsai artist and scholar Jayson Jimenez uses Gilles Deleuze and Félix Guattari's concept of "rhizome" to understand bonsai as a process of "perpetual construction and collapsing."¹⁹² Specifically, Jimenez explains that "pruning branches and leaves deter disproportionate growths to the bonsai aesthetics and improve leaves' vigor. By cutting leading and sucker shoots, the bonsai creates more offshoots. It organizes more paths for sap flow. It creates a network of flows. Hence, in this vein, the pruning democratizes bonsai's vegetal energies to stimulate new growth."¹⁹³ Sap flow in vegetal body corresponds to the flow of qi in human body. Tallying with the bonsai metaphor, the Daoist term for the self-cultivation practice, *xin* 修, literally meaning "to prune; to fix; to build." Substituting the plant with one's body, we may come closer to understanding how the self-cultivation practice works to effect continuous change of one's body-self. The body-self practices self-cultivation to morph the body-life, which performs the body-self in corporeal terms. Here agency would be an oversimplification of what comes out of a dynamic iterative evolution. For the diasporic body politic, this model stands for an enduring process of transformation grounded in everyday mindful survival without much need or regard for grand narratives.

The heterogeneity of Chinese diaspora is not lost in *Chinese Bonsai*. Stories of emigration from China vary by time, resource, cause. Some emerge directly from the closet of national history like the extending feet of the woman; some are more remote to the trauma and get to keep their cool like the woman's calm face. While they appear distant and contradictory, those on opposite

¹⁹¹ Jayson Jimenez, "Becoming-Bonsai, Becoming-Carer," *Environmental Philosophy* 20, no. 1 (2023): 1–24, <https://doi.org/10.5840/envirophil202351128>.

¹⁹² Jimenez, 21.

¹⁹³ Jimenez, 22–23.

ends of the diasporic spectrum might be intricately related. It is possible that the head was culprit in deforming the feet, and is now competing against the feet for attention, or they might be fellow sufferers. What stays true is that in their past the displaced bodies were pruned branches of the same nation even if at different historical moments and that in their future they are co-passengers of overlapping, if not the same, transnational routes of economy and politics. Diasporic subjects may personally choose to assimilate and abject, but in the othering gaze, they cannot help but be bound to the same body politic. The Daoist diagram illuminates the internal diversity of the diasporic body politic in a way that makes the correlation between its parts even clearer. In Liu's rendition of this diagram, especially the 1992 version, each organ has their own shape, texture, and color reflective of functional role in facilitating the circulation of qi, and most importantly each has its own "place" not defined by biological demarcation but stabilized in its relation with other organs. The wavy contour of the body can be seen as a resulting formation of this constellation of organs, rather than regulatory confinement of the organs that puts them in "place," which a body that conforms to an external standard does. Likewise, the diasporic body politic is not confined by theoretical terms, legal obligations or geographical spaces, but instead it is a growing community whose presence is largely shaped by the very local experience of each member and whose wellness depends on their interrelationship.

Harkening back to Ko's differentiation between the modern body-property and traditional Chinese body-life, *Chinese Bonsai* provides a nuanced outlook on diasporic body politic and its relation to wholeness. The bonsai-like body, within the modern body framework, is an objectified victim, pitiful like the woman with bound feet, marked by profound pain and grief as well as an unreturnable home; but within the body-self framework, the bonsai-like body is a life lived and to be lived. Unlike the modern idea of body-property, which mourns the impossibility of restoration to a "whole" state of being untampered, the body-life is committed to a kind of becoming that aligns

“wholeness” with vitality. The body-life never loses contact with “the whole” as long as it is lived because it is composed of the whole and the body-life is itself a continuum of vitality. The indistinctness of wholeness in this framework gives rise to a forward-looking mindset with process-oriented awareness. It seems that, when it is internally illuminated, the diasporic body politic can be something else other than permanently a wounded storyteller, who makes sense of their suffering by telling illness stories.¹⁹⁴ In fact, subjects of Liu’s work range from prostitutes, eunuchs, villagers and condemned criminals, all of whom are treated with compassion. Illuminating the anonymous bodies excluded from a major China, like her myriad adaptations of the bound-foot woman’s photo, Liu’s practice of self-cultivation on her own body-self is a sentient part of this minor body politic.

By juxtaposing two images of body politic with contrasting affect—one moves viewers to look back, to mourn and to dignify, the other to look in, to care and to let be—Hung Liu depicts the space for vacillation when “wholeness” is concerned for diasporic subject—person or body politic. The old photo of a bound-feet woman embodies a view of long-lost wholeness. The medium of photography makes the loss clear and undeniable, as well as permanent and unredeemable. It is emblematic of the multi-faceted trauma the diasporic subject bears and abjects. Yet the feet, rendered abject in the bound feet woman’s photo, is not a concern at all in the Daoist body map, which bypasses the obsession with an immaculate body in the notion of wholeness. More importantly, the traditional Daoist chart of inner alchemy articulates a construction of the body as simultaneously the space, subject, and object of transformation. Let me make it clear that Hung Liu doesn’t go so far as to endorse Daoist inner alchemy as the solution to diasporic displacement, since of all the illustrations in *Principles*, Liu chooses this image, one that is more about setting the stage for cultivation through knowing the body than about the practical procedures towards achieving

¹⁹⁴ See Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics*, Second edition. (Chicago: The University of Chicago Press, 2013).

transcendental immortality. This Daoist body (politic) allows Liu to imagine wholeness as a given—instead of a precarious ideal—that sets off an open-ended journey of growth. Even if *Chinese Bonsai* seems like an escape too easily taken from conflict or even an excuse to downplay trauma, it paves the way for contemplating the body of the diasporic subject in its own right.

Red Bladder

Red Bladder (1995) reopens the self-sufficient body in Hung Liu's continued cultivation of her diasporic being. Whereas the organographic diagram presents the body as a microcosm that operates by nature's law, *Red Bladder* challenges this convenient harmony by inverting displacement and peeling off a piece of skin from the body to reveal the subject of the title: a red bladder. Created after Liu's naturalization to American citizenship, *Red Bladder* embodies the artist's contemplation as a Chinese American subject. In this section I analyze how Liu uses a Chinese medicine body map to visualize diasporic abjectness, and contemplates a post-wholeness way of being. To this end, I invoke Karen Shimakawa's notion of national abjection, which describes the ambivalent relationship between Asian Americanness and U.S. Americanness. I argue that *Red Bladder* represents the Chinese American body-as-abject on the one hand, and on the other, stages a subtle resistance by means of what I call "inverted abject mimicry," adapted from Shimakawa's "abject mimicry." Then I bring back the idea that the diasporic body also performs abjection to nuance Liu's representation of the Chinese American body-as-abject, which continues the inquiry into diasporic ontology.

Dated the latest among the three pieces of artwork, *Red Bladder* confronts its viewers as another huge painting measuring 96 by 82 inches. This painting is also composed of two panels, like the other two, but this time the left panel is the only part that presents a body, and the right panel is a narrow band fully painted in green with a dark brownish rectangle in the center. Dominating the canvas is a traditional-style acupoint chart, with one of the fourteen bodily meridians marked out on

a gender-ambiguous body.¹⁹⁵ With a reserved smile, this body in *Red Bladder* has its back turned to the viewers, arms folded to the front, so as to display the Bladder meridian running from the eyebrow around the crown of the head, and all the way down to the tip of the pinkie toe along one side of the spine. Aligned almost like a double helix around the body are annotations of acupoints in traditional Chinese characters along the Bladder meridian. However the central focus of the painting has to be the bloody flesh around the lower abdomen on the mannequin, due to the direction given by the title of the artwork, and the visual cue of red paint. The color red destabilizes the otherwise monochrome chart, highlighting mainly the biological bladder, the space in front of the cut-open abdomen, as well as, much less conspicuously, an ornament at the tip of their hair bun, three acupoints and one of the labels. The open wound and blood-like streaks render the calm presence of the body uncanny. As if that is not enough, red, black, and cream-colored drips streaming down the canvas all over the left panel, as if washed away or melting away, are reminiscent of the important abstract expressionist artist Jackson Pollock's drip technique.

In visualizing the Chinese body in illustration as fractured, exotic, and archaic, the painting calls to mind Shimakawa's concept of national abjection. "Asian Americanness in relation to and as a product of U.S. Americanness," Shimakawa points out, "occup[ies] the seemingly contradictory, yet functionally essential, position of constituent element and radical other."¹⁹⁶ National abjection defines Americanness by the exclusion of Asian Americans as foreign bodies while at the same time demands that Asian Americans be cast as exemplary objects of assimilation. In the realm of Asian American performance, this ambivalent position takes the form of being hypervisible yet repulsive. Shimakawa identifies resistant efforts in the Asian American theatre scene against the continuing

¹⁹⁵ A typical Chinese medical illustration would use a middle-aged male body; but here this body has facial features that are characteristic of traditional notions of femininity and elegance, as compared to the more overtly male figure in Liu's another acupoint chart-featured piece, *Red Flag* (1995).

¹⁹⁶ Shimakawa, *National Abjection: The Asian American Body Onstage*, 3.

abjection, among which mimetic abjection/abject mimicry is one of the most effective strategies her case studies offer. Based on Judith Butler's critical mimesis, abject mimicry is used to describe the way Asian American performers embody stereotypes but "perform the abject imperfectly" as a way to "redeploy the threatening force of abjection."¹⁹⁷ This method reflects the constant embeddedness of Asian American bodies in racializing discourses, and the fact that one "can only negotiate [abject constructions of Asian Americanness] from within."¹⁹⁸ Mimesis, fortunately, lends us the power to blur the distinction between an organism and its environment, inside and outside, self and other.¹⁹⁹ Therefore through her case study of Ping Chong's *East-West Quartet*, Shimakawa moves towards a kind of inverted mimicry that calls into question Asian American national abjection by revisioning it in triangulated relations to other racial abjections that sustain the national identity of Americanness. I call it "inverted mimicry" because rather than having Asian American bodies embody stereotypical Asian American roles, as abject mimicry does, this method lets bodies of other identities and histories inhabit Asian American roles to implode them as essentializing stereotypes. Chong's work demonstrates for Shimakawa how "Asian Americanness emerges as an embodied site of contestation and possibility rather than bodied essentialization."²⁰⁰ In a way similar to Chong's rendering of a "neither abject nor antiabject" Asian Americanness,²⁰¹ I find Hung Liu's *Red Bladder* to embody a kind of diasporic abjection that involves both being abjected and abjecting, while holding a space for contemplating the meaningfulness or the lack thereof of being diasporic.

The formal design of *Red Bladder* itself easily constructs a position of being abjected on the level of representational intelligibility. The dominance of the Chinese body on the left panel, naturally capturing most, if not all, attention paid to the painting, stands as a metaphor for the

¹⁹⁷ Shimakawa, 21.

¹⁹⁸ Shimakawa, 101.

¹⁹⁹ Shimakawa, 102.

²⁰⁰ Shimakawa, 133.

²⁰¹ Shimakawa, 133.

hypervisibility of the Asian American body, which is also remarkably foreign. Despite its obvious nature as a body map, neither the Chinese characters used to label the acupoints nor the Chinese medical system that would decode the map makes sense to the Western audience in an era of modern medicine, and the blurring drips make sure even those who do have certain knowledge of the Chinese medical culture would find the map illegible, other than knowing it is supposed to illustrate the Bladder Meridian of the body. The right panel creates a contrast with the left panel by its green color against the red of the left, its modern minimalism against the Oriental ornamentalism of the left. However the right panel seems to have no relevance to what the title of the artwork promises, which is only fulfilled by the Chinese body who carries the red bladder. Therefore, structurally the Chinese body exemplifies Shimakawa's Asian American national abjection by taking a "seemingly contradictory, yet functionally essential, position of constituent element and radical other."²⁰²

Reading deeper into the content of the painting gives us another embodiment of national abjection, this time by casting the body metaphorically as representing the U.S. Americanness. To show the bladder as the title demands, the body has to split open the skin and let out the blood. In psychoanalytical terms, Kristeva describes how abjection—through ejecting bodily fluids—marks the breakdown of the boundaries that hold the identity of the body together:

The body's inside...shows up in order to compensate for the collapse of the border between inside and outside. It is as if the skin, a fragile container, no longer guaranteed the integrity of one's "own and clean self" but, scraped or transparent, invisible or taut, gave way before the dejection of its contents. Urine, blood, sperm, excrement then show up in order to reassure a subject that is lacking its "own and clean self."²⁰³

Quite literally, thanks to the shared bodily metaphor here, Kristeva's words walk us through a process of abjection in *Red Bladder*. The identity that gives a sense of "own and clean self" to the Americanness-representing mannequin would be an "illustrative body on a Chinese medicine chart,"

²⁰² Shimakawa, 3.

²⁰³ Kristeva, *The Powers of Horror: An Essay on Abjection*, 53.

always neat and composed, as it is conventionally. Even though the mannequin has the Bladder Meridian shown, in the world of biomedicine, it does not fulfill its illustrative identity unless the anatomical bladder is revealed, as per the title. Since in Chinese medicine, acupoints are access points on meridians through which external qi can affect the flow of qi in viscera and all around the body, there is no hard borders between inside and outside of the body.²⁰⁴ This is why Chinese medicine charts rarely present blood or bloody organs anatomically. Therefore, as the flesh of this body is opened up, a border between inside and outside is constructed to be collapsed. As the skin is scraped, the blood gushes out and taints the edge of the canvas with crude streaks of crimson red, echoing and augmenting the shape and color of the exposed bladder—this is Asian Americanness being abjected to reassure the American subject that it is still illustrative, and still a body. The blood is a functionally essential, radical other that simultaneously supplies life force to the body and, visually and figuratively, unsettles the peace of a Chinese medicine illustrative body.

This reading allows me to observe a subtle resistance against Asian American national abjection that I call “inverted abject mimicry,” a combination of abject mimicry and inverted mimicry. This embodiment restages abjection on the body, like abject mimicry, but only to invert the mimicry, by making the body (politic) of Americanness embody a Chinese idea of the body, rather than having a particular Chinese body take on an American (stereotypical) idea of the (Asian) body. This reading puts the fragility of American subjecthood on display. At the same time, this inversion displaces Americanness from the normalized dominant worldview, which frames the body as individually bounded and mechanistic, to a Chinese medical cosmology that understands the body differently. The supposedly dominant Americanness is now trapped in an illegible ethnic body, struggling to retrieve its “own and clean self.” The key of flipping this mimicry lies in the right panel, the minimalist green rectangle with a short dark bar. This panel is easy to neglect but could be

²⁰⁴ Kaptchuk, *The Web That Has No Weaver*, 107–8.

determinant if we see it as a framing tool.²⁰⁵ Due to its clean contours and bold colors, this panel evokes a modernist aesthetic, one that is deeply rooted in Western artistic traditions and sits comfortably within the lexicon of contemporary Americanness. Thus this panel frames the painting in a visual language that codes and cues its subject as American.

The inverted abject mimicry that this painting conducts is so subtle that its inaccessibility becomes itself an embodiment of national abjection. In an episode of the 1997 video series “A World of Art: Works in Progress,” Liu is approached by a curious visitor who asks about *Red Bladder*.²⁰⁶ It was probably during the run of the *Hung Liu: Unfolding Memory—Embodying History* exhibition (March 16-April 13, 1997) at Bard College in New York. This American visitor expresses fascination about all other pieces, which are mainly portraits of historical figures of the Chinese imperial family from the Qing dynasty. When it comes to *Red Bladder*, which as I can tell from the camerawork is placed next to the gallery entrance,²⁰⁷ the visitor is perplexed: “[Those other paintings] are stunning and captivating. And then you threw these in. Were you trying to say something? What’re you trying to say?”²⁰⁸ Without having a particular historical body as the subject like other pieces do, *Red Bladder* constructs a vacancy of spectatorial object for those visitors who expect to see critique of the ethnic body and that only. The possibility of this Chinese medical body representing anything other than an ethnic subject is lost for the American viewership that is part and parcel of the U.S. culture’s national abjection of Asian Americanness. Hung Liu’s response comes close to a hint at the inverted abject mimicry:

It’s about something we [aren’t] normally aware of. You know, your body problem and what’s really inside you. When we cover it up with makeup, with clothes, with a pose, we really create an image of ourselves--it’s like a country. I think it could be a metaphor for a country. We want

²⁰⁵ My inclination to read the right panel as a framing tool is enhanced by the way it is positioned in relation to the left panel—vertically along the right edge, much like a title section in traditionally bound Chinese books.

²⁰⁶ “Hung Liu.”

²⁰⁷ “Hung Liu” at 00:20:33.

²⁰⁸ “Hung Liu” at 00:22:49-00:22:55.

to put a show in the window to show people we are doing great. But behind the curtain, you know, probably a lot of problems.²⁰⁹ Liu refrains from mentioning which country—imperial China, the U.S. or others, and she uses second-person pronouns to posit the visitor’s American subjecthood within this depicted body. In this sense, the placement of *Red Bladder* at the entrance of the exhibition could itself be a framing that is supposed to disrupt the all-too-comfortable consumption of exquisite Chinese bodies. If the inverted abject mimicry were successful, the painting would make the entire exhibition rich with reflexivity, poking at the cheerful façade of American multiculturalism and liberalism as well as the national abjection at its core.

Reminded that Liu is always less about resistance and more about contemplation, I return to the more direct reading that casts a Chinese subject in this mannequin, to think about abjection as done onto the diasporic body. I recall the June Fourth Incident as the general context in which Liu created this piece, and from my analysis of *Trauma*, recollect how the Chinese diasporic body performs abjection in the face of trauma. Liu’s aforementioned response to the visitor prompts us to read the exposed red bladder as similar to the bound-feet woman revealing her disfigured feet—a symbol of China’s democracy issue. The blood, as the abject, is the painful memories that come through the open wound. As much as the diasporic body tries to put these memories behind to reclaim humanity, remembering them through abjecting is also what constitutes her identity of diasporic Chinese. I have established this in my discussion of *Trauma*, but what is it like to carry the abjecting body, especially as the diasporic subject becomes more embedded in Americanness?

Red Bladder skillfully translates ontological precarity into a breach of medical culture taking place on the Chinese medicine illustrative body. Acupuncture, like many other Chinese medical modalities, only intervenes in the body by channeling the flow of qi through acupoints, which is accessible on the surface of the body. As the longest meridian of the body, the Bladder meridian

²⁰⁹ “Hung Liu” at 00:22:56-00:23:30.

consists of the greatest number of acupoints and is the core pathway for distributing bodily water as it communicates with “all water ways,” internally connected to the urinary bladder and externally to a river named Qing.²¹⁰ It cannot be stressed enough that the Bladder meridian is not in charge of a single function or addresses a specific disease because it is part of the conduit system that channels continuous flow of qi around the ecology within and beyond the body. Modern western medicine, with its advance in anatomical science, develops iconographic conventions that provide substantial detail with extreme precision about the body under the skin. What we see in *Red Bladder* around the woman’s lower abdomen is Liu’s application of the 17th-century convention to show the biological bladder beneath dissected skin. Flaps of skin with jagged edges drape down almost like a male genital. One can find similar expressions in anatomical charts from European anatomical illustrations like John Browne’s *A Compleat Treatise of the Muscles* (1681), where uncanny naturalism has a lively smiling mannequin holding his dissected skin up to reveal what is under. Again, Hung Liu adds color to this centuries-old way of drawing, highlighting the muscular tissue of a sinewy bladder with the color of crimson red, instead of blue, which is how the bladder is depicted in *Chinese Bonsai*. Blue signifies the function of bladder (body fluid collection) and its attribute in Chinese medicine (water); red is reminiscent of blood, by which the organ is shrouded and supplied with oxygen and nutrient. The dissection lays bare a bladder that is truthful on the biological level; the blue bladder and the Bladder meridian present the role of bladder on the physiological level. *Red Bladder* integrates both forms of bladder onto one body.

The painting crystallizes heightened tension of a fractured cosmology mapped onto the displaced body. With the help of western technology (photography and media; anatomical iconography) and civilization (ideas of democracy and freedom; allopathy), the Chinese diaspora

²¹⁰ Paul U. Unschuld, *Huang Di Nei Jing Ling Shu: The Ancient Classic on Needle Therapy* (University of California Press, 2016), 187, 218, <https://doi.org/10.1525/9780520965829>.

witnesses the bloodshed on June 4th, 1989, just like seeing the photograph of the bound-feet woman, which pains them, shapes their diasporic identity, and renders an even more unreturnable homeland. Now it is more unlikely to put it aside like an old photo because it is the gory reality that constitutes the diasporic body politic—flocks of Chinese nationals fled China and many remained in exile because of it. Even though Hung Liu was able to briefly return to China afterwards,²¹¹ her relationship with the homeland and what it meant to be Chinese to her were forever changed. The straightforward revelation of this bloody truth disturbs and complicates the otherwise contained and indifferent body illustration. Then also, what to do after the body is opened and truth of sickness is found? The woman's elegantly moderate smile seems oddly out of place in the face of a robust outpouring of visceral energy. Adding to the discord are drips across this entire panel, almost washing some of the acupuncture labels into illegibility. As the viewer feels the impossibility to make out neither the labels nor the meaning of this work, the realization dawns on her that it is precisely Liu's point about a body in displacement that cultural teachings fade into history and the path forward has no scripture of guidance.

At the same time, rather than a pessimistic sufferer of displacement, Liu seeks to create a path as she processes the cosmological fracture in this very painting. The drips of linseed oil became Liu's signature technique, dubbed as "weeping realism."²¹² The development of this style acts as a prime example of how, as a diasporic artist, Liu activates multiple lines of affect at the intersection of different aesthetic traditions across cultural borders. Berkson provides insights into the artistic lineages of Liu's drips:

[A]side from her own feelings of solidarity with the gestural landscape style of the [old-time Chinese artist-literati], as well as with such American predecessors as Willem de Kooning and

²¹¹ Hung Liu took a trip to China in 1991 for the first time since she set foot on the United States. It was on this trip that the artist acquired copies of old photographs of prostitutes and other marginalized subjects, which became source images for many of her later works.

²¹² Mark Jenkins, "A Master of 'Weeping Realism' Made Heroes of Workers and Migrants," *The Washington Post* (Washington, D.C. 1974. Online), 2025, <https://www.proquest.com/docview/3171531735?pq-origsite=primo>.

Joan Mitchell—what may appear as an ornamental thinning of tube colors with a surfeit of linseed oil signifies in at least three directions at once. The drips are applied, Liu says, ‘to cut loose the surface’; in place of the Beijing Central Academy’s cosmetically smooth resolution she puts forth ‘an ambiguous surface—unstable. I like to see how gravity does its work, to be surprised by how the flow moves, the colors it makes.’ Then, too, she adds, in Chinese to make photo prints is to ‘wash,’ so, by implication, the memories [the source photos of Liu’s paintings] claim to embody have washed away, or faded.²¹³

Liu performs multiple gestures of homage and resistance when she compellingly blends traditional Chinese painting and abstract expressionism, so much so that it is almost nonsensical to draw a conclusive narrative from her work. However, such ambiguity is a perceptive portrayal of the displaced body experimenting with cosmological fracture; only the experimentation comes through their lived experience of displacement.

The right panel of *Red Bladder* makes another excellent example for Liu’s experimentation. Chromatically and formally contrasting to the organic and symbolically rich left panel, the right panel consists of a clean, geometric green slab and at its center an equally minimalist brown bar, as if to balance off the red strokes on the left edge of the painting as well as the intricacy of the left panel. This section is reminiscent of abstract expressionist painter Barnett Newman’s zip paintings, which place vertical stripes on painted canvases such that the latter is divided by the former. Critics and scholars have pointed out Newman’s gesture to Jewish themes of Genesis and Creation with the simple but powerful shape of a vertical stripe.²¹⁴ The towering stripes, usually gigantic by scale to viewers, symbolize the originating act of separation (i.e., heaven from earth, light from darkness) that creates the universe, and at the same time, Jacob’s divine ladder leading towards heaven, which connects human and God. The biblical cosmology has been a profound influence to Western civilizations. Liu’s bar can be seen as a Newman stripe shortened on both ends, creating passageways between what would have been two separate sections, and allowing circular flows around the panel.

²¹³ “Hung Liu, Action Painter,” 131.

²¹⁴ Larry Silver, “Barnett Newman: Jewish Place and Moment,” *Ars Judaica: The Bar-Ilan Journal of Jewish Art* 15 (January 2019): 71–94, <https://doi.org/10.3828/aj.2019.15.6>.

This is consistent with the Chinese cosmology that understands the world by the principles of *taiji* 太极, which essentially comes down to the belief in the constant interaction between yin and yang. The modified zip mirrors the convergence of two notions of bladder on the left panel, this time fracturing the biblical cosmology. Instead of erasure or replacement, Liu presents fractured cosmologies in the form of synthesis, or mutual transformation.

Only by allowing semiotic and affective reading across temporal and cosmological boundaries can one begin to reckon with Liu's navigation of both processes of becoming Chinese and becoming American—a minor space in between identity categories. Critic Rosetta Marantz Cohen describes Liu as “at once a very Chinese painter and a very American one,” the duality of which she believes is exemplified by *Red Bladder*, a work “antique and modern, [where] messy corporeality meets antiseptic Minimalism.”²¹⁵ Cohen's use of the modifier “very” bespeaks the shifting nature of what it means to be Chinese/American, let alone both. Blanketed under static duality are the restless motions of becoming, undergoing integration, and transformation. Liu once spoke of her identity shift as a life-long process, “I'm comfortable dealing on a daily basis with an American multi-cultural, multi-racial, or multi-layered high-speed reality. I feel I am not just a simple noun, ‘Chinese-American.’ I think it's more of a verb, like ‘Chinese-becoming-American.’ It's probably a long process throughout the rest of my life, and there won't be an end.”²¹⁶ What Liu doesn't explicitly say but demonstrates through many of her work is the experience of “becoming Chinese-becoming-American.”

In contemplating the abjecting body, Liu stages what Jacques Derrida calls “différance.” The term initially functions in a linguistic context to throw off the determinacy between the signifier and the signified. What does “Red Bladder” refer to—the anatomical bladder in the bloody red color, or

²¹⁵ Rosetta Marantz Cohen, “Hung Liu's Timeless Twentieth Century,” *Two Coats of Paint* (blog), June 8, 2024, <https://twocoatsofpaint.com/2024/06/hung-lius-timeless-twentieth-century.html>.

²¹⁶ Zurko, “Staging Reality: An Interview with Hung Liu,” 41.

the functional bladder in the traditional culture from the Red (Communist) China? They don't contradict each other to the point of mutual erasure and in fact they share enough sameness to appear on the same body, but if the title of the painting means one of them, then where does it leave the other one? The meaning of "bladder" is deferred, when the Western humanist liberal exposes the bloody reality by dissecting a moment of sickness and the Chinese cosmology contextualizes it in a cyclical system of change in keeping with the premise of bodily wholeness (read: vitality or the potential to grow). By uniting on the same body both the anatomical iconography of the bladder organ and the Chinese medical iconography of the Bladder meridian, the idea of bladder becomes an example of juggling cosmologies towards a sense of diasporic ontology. For the diasporic body today, bladder is not quite either of them, obviously because these are outdated iconographies but also because both have entered and shaped her experience of the body. The piece as a whole continues to shake any feelings of thorough understanding. If the left panel presents a breach of Chinese cosmology and the right panel an erosion of biblical cosmology, they too become a deconstructive pair in a relationship of "différance," where the two expressions echo each other incompletely but extensively, and in order to truly understand either of them, though practically impossible, one feels the need to follow up and down the endless chain of signification of the other expression and trace their formation and projection.

In some ways *différance* characterizes Hung Liu's diasporic contemplation. Created in 1995, six years after the June Fourth Incident and four years after Liu obtained U.S. citizenship, *Red Bladder* moves further away from being fixated on the historical event and more towards how a diasporic body situates herself in light of her relations with the event itself and narratives around it. The meaning of being displaced keeps being deferred by the unclear meaning of being home; the meaning of being diasporic Chinese keeps being deferred by the changing meaning of being Chinese

or American. The unattainability of a diasporic ontology is what avails Liu to embrace cosmological fracture and continue following the transport of affect across borders.

Conclusion

This discussion of Hung Liu's selected works attempts to gauge how the artist performs the displaced body—here I use “perform” not in the sense of “pretending to be” someone, or “conducting” a behavior or task, but “living through” a concept, a perspective, a situation, or an experience, which involves allowing the performance to in turn shape one's existence. This type of performance is staged not as declaration, but contemplation and experimentation, open for interpretation. In reaction to the appalling removal of bodies around Tiananmen Square, Liu performs the displaced body of her diasporic self, and the displaced body politic of a national population. In subsequent artworks, Liu continues to explore displacement as it is inscribed upon and enacted through the diasporic body. In the three artworks considered here, Chinese medical imagination of the body stands out as a pertinent and revolving theme for navigating trauma and wholeness as an emigrant from China and immigrant to the U.S.

Chinese medicine imagery in Hung Liu's work is more than a product of coercive mimeticism for ethnic intelligibility. In fact, often times, Liu's incorporation of Chinese medicine body maps forges layered connections and invites expansive readings at the risk of inaccessibility. Looking back, Liu had incorporated many religious elements from Chinese Buddhism and Daoist philosophy before she came to the United States. Yet Chinese medicine only started to appear in her creative work after she migrated and most frequently in the few years following 1989. With Liu's passing in 2021 and little archival material on this theme, we have no way to know whether the artist was trying to figure a connection to ancestry and homeland, to revisit a tradition as a way to restore a culture than a nation, or to rethink one's relation to doctrines of health and ethics through Chinese

medicine; but it surely seems that her interest in bodily conceptions peaked in these years, converging with a moment in her life when a shocking happening in her remote homeland brought back memories of trauma. Liu probably doesn't have a solution to heal the national and personal traumas she grapples with in her work. What we do see is Hung Liu working through a mixture of culture, history, nation, and her intricate affects as a diasporic artist with tools that Chinese medicine as a discursive field of knowledge offers.

The Chinese medical construction of the human body takes different forms in Hung Liu's work and provides myriad points of resonance for the artist to channel meanings and affects. In *Trauma*, the most immediate piece from the June Fourth Incident, the transnational history of the acupoint chart echoes the artist's distance to the event's ground zero. From this geographical remoteness grows a sense of helplessness in acquiring historical truths or achieving any sort of healing, as well as a high-angle view of the historical pattern that reveals a deeper trauma of the Chinese body politic. The diasporic subject acts as a witness and memory keeper of what is made to be forgotten in the homeland. *Chinese Bonsai* presents two competing views of the Chinese body that connect to the metaphor of bonsai in opposite ways. The Daoist illustration of the human body as an assemblage of viscera suggests an alternative notion of wholeness for the diasporic subject. In *Red Bladder*, Liu displaces a western anatomical dissection onto a traditional acupoint chart, visualizing cosmological fracture as a displacement onto the diasporic body. With the help of Chinese medicine body maps, Liu contemplates the diasporic body and the body politic as something that is displaced, gazed upon and fractured, but also as something that can remember, reinvent, and cultivate itself. From *Trauma*, *Chinese Bonsai*, to *Red Bladder*, Liu shifts from realism to abstraction in her work, de-essentializing Chineseness. Working stroke by stroke to excavate meanings beneath every detail,²¹⁷

²¹⁷ *KQED Spark - Hung Liu* at 00:06:33.

Liu weaves her contemplative self into the work and lets images resonate and generate new meanings, creating art pieces that speak simultaneously to different audiences.

Despite my effort to string together a coherent narrative across these three selected artworks, embodied contemplation by definition remains irreducible to words. Liu's work as assemblage opens up a wealth of interpretive possibilities. As Hung Wu remarks,

Liu's basic approach is deconstruction and reconstruction, although her goal is not to refute or replace the old system of images by creating a new one but rather to continue to unearth interactions between the new and the old, the present and past, history and memory. This is why the temporality of these paintings is not one-way or single-layer - it is neither an uncovering and reinterpretation of some past mode of art nor is it a complete rejection of those modes; rather, it is a kind of complex "inter-temporality." In my view, this is a key to understanding Hung Liu's artistic language.²¹⁸

Liu's "inter-temporality" allows her to escape the constraints of progressionist narrative and cultural essentialism, because history is no longer solely read linearly as consequence, but rhizomatically as resonance. In the last years of her life, Hung Liu focused on adapting Dorothea Lange's phenomenal photographs, bringing into life ghosts and spirits from the era of Dust Bowl and Great Depression, with which she resonated because of her lived experience through the Cultural Revolution. From Chinese bound-feet woman to American migrant mother, the assemblage of Liu's work has its core set in exploring what national bodies cast off as abject and how the abject persists between subjecthood and objecthood.

²¹⁸ Hung Wu, "Tai Cang: Recomposing History and Remembrance," in *Liu Hong, Tai cang / ce zhan ren, Wu Hong; [bian ji, Jiefu Kaili] = Hung Liu, Great Granary / curator, Wu Hung; [editor, Jeff Kelley].*, by Hung Liu and 刘虹, ed. Jeff Kelley (Hong Kong: Timezone 8, 2010), 26.

CHAPTER 2. Blockage: Rethinking Effectiveness and Integration of Chinese Medicine in Southern California

“A sage treats not the ill, but the not-yet-ill; does not rectify disorder, but governs before disorder begins.”

--My translation, based on *Huang di nei jing su wen*, chapter 2 (“Si qi tiao shen lun”).²¹⁹

“I’d like a refund.”

The arrival of a Caucasian woman in her 50s interrupts the busy peace of a compacted herbal store. She presents an opened box and a small zipper bag, alleging that she became more ill after consuming what she bought from Dr. Sun: a box of herbal sleep aid.²²⁰ She kept trying the packaged tea for a week hoping to improve her sleep, but she ended up having worse sleep, and felt drained of energy. Dr. Sun is not sure what these particular products contain, so she asks me to look them up. After knowing that their ingredients generally tend to *bu xue* 补血 (to tonify the blood), Dr. Sun checks the customer’s tongue and finds that this woman has some blockage in her body, thus these products are not suitable for her.

I translate Dr. Sun’s diagnosis of the situation to the customer implying that there is nothing wrong with the quality of the products, and had she had Dr. Sun check on her when buying, she would not have such problems. In a naïvely educational tone, I try to clear some misunderstandings about Chinese medicine. Her rage explodes, “Why didn’t you tell me when I bought it? I asked you what should I take for my sleep issues. Why didn’t you tell me this was not suitable for me THEN?”

²¹⁹ Shandong zhongyi xueyuan (山东中医学院) and Hebei yi xue yuan (河北医学院), *Huang di nei jing su wen jiaoshi* 黄帝内经素问校释 [Annotated and Collated Edition of Huang di nei jing su wen], 2nd ed., vol. 1 (Beijing: Ren min wei sheng chu ban she, 2024), 22.

²²⁰ All names of research participants mentioned in this chapter are pseudonyms for protection of privacy.

Dr. Sun is busy checking up a returning patient. Under the pressure to respond, I explain to her that unfortunately hers was not a prescribed purchase without the doctor's examination. She protests, "Why didn't she give me an examination?" To which I respond that there are two major services of the store, one is the sale of herbal products and the other involves consultation and treatment.

The explanation obviously makes no sense to this woman, who threatens to report the store if the refund is not issued. Dr. Sun's citation of the no-refund policy of the store doesn't work either. Seeing the customer's persistence, Dr. Sun agrees to refund the part she brings back, explaining that the opened box is not resaleable. "Your medicine made me sick!" The customer refuses a partial fund, "I could sue you, you know? My son told me to sue you. But I didn't do that. If I want to do that, I don't even need to come here. So I'm giving you a chance. Give me my money back, or I'll report you. I'll tell them you sell stuff that makes people sick!" Dr. Sun has moved to the table in front of the store to take the pulse of another returning patient. I squat next to her asking for her response. Dr. Sun doesn't want to deal with it anymore; with reluctance and annoyance, she says, "Whatever, just give it to her."

After the woman leaves, a Latina customer who has been patiently waiting for her turn speaks to me, "I'm sorry that you had to deal with that." I feel immediately relieved knowing the incident has not smeared the business or Chinese medicine at large, and I realize that there is so much packed into that exchange. Her head lowered, still working on her task, Dr. Sun whispers between her teeth in Chinese, "so troublesome." The bitterness of the moment is so thick that no one says much of anything further about it. The cramped little store goes back to quiet restlessness.

This encounter took place during my fieldwork in Southern California's Riverside County in the late summer of 2024. The brief interruption of the daily flow at the store becomes a lump in my memory that keeps tugging at the rosy picture of Chinese medicine as a hope-giving alternative to the troubled medical system in the United States. Instead of trying to clarify the legal truth of the

conflict, I identify its complex *mise-en-scène* as a fleeting yet illustrative moment in the ecology of U.S. Chinese medicine, and particularly in the wide margin where diasporic East Asian practitioners reside. For example, here in the interaction at the herbal store, multiple sites of disorder beget this medical dispute: Dr. Sun's misleading double role as merchant-doctor and the misuse of Chinese medical products, among others, created the dissatisfactory consumer experience, while the customer's misaligned expectations push it beyond the point of return. A villain-victim narrative would feel deeply insufficient for such a complex situation, because this unpleasant fallout manifests the effect of some structural issues trickling down from the social level and personal history, such as medical neoliberalism and Dr. Sun's diasporic experience. I treat a dissonant moment like this as an instance of "blockage," similar to what Dr. Sun identified in this woman, which kept her up at night and worsened her condition when tonics were taken. It is reasonable to speculate that this confrontational exchange would undermine the customer's acceptance of Chinese medicine as a health management option, and, likewise, would discourage Dr. Sun from making recommendations of more effective medical products than more neutral, placebo-like supplements. Viewing this type of incident and its causes as bringing a pause to the practice, I feel compelled to use blockage as a metaphor to understand the complications of practicing Chinese medicine in Southern California and what they mean to the wellness of the profession.

Blockage is an English term that Chinese medicine scholars and practitioners have been using to translate multiple pathological phenomena. Literally, blockage means the obstruction of flow. Since Chinese medicine understands the body as constituted and animated by flows of *qi* 气 (energy, vital force, pneuma), blockage emerges when a passage is blocked and *qi* starts to accumulate irregularly. Paul Unschuld, a prominent scholar of Chinese medical history, identifies block/blockage as both a causal agent of the disease and the name by which the disease is

recognized.²²¹ According to Unschuld, meanings of block and blockage have come to be integrated into the concept of *bi* 痹, which he quotes from a modern Chinese medical dictionary:

Bi, disease name. (1) refers to numerous diseases caused by evil qi blocking the limbs, the conduits and network vessels, and the depots and palaces. Depending on which qi dominates and where the pathological changes take place, as well as on the characteristics of the symptoms, one distinguishes wind block, cold block, dampness block, heat block, joint running [wind or pain], painful wind, encircling block, blood block, qi depletion block, blood depletion block, heart block, liver block, spleen block, lung block, kidney block, intestinal block, and bladder block. (2) refers to pain and/or numbness of the joints, and to an inability to freely bend and stretch them, caused by an intrusion of wind, cold, and dampness evil. (3) a term in pathology. It means blocked, not passable.²²²

The nuance between block and blockage in the English language suggests that the second and third definitions lean closer to blockage while the first to block. Therefore, I propose to use blockage in the sense of an ailment or underlying pattern that could develop into a disease. A few attributes of blockage are also suggested in this dictionary entry: that it can take place anywhere in the body; that it can have a range of causes from mechanical closure of passage to the intrusion of various qi; and that it can be expressed as pain, numbness, or constriction. Blockage as metaphor allows me to frame different forms of felt difficulty and minor interruption in U.S. Chinese medicine practice as indicators of larger issues that have not yet created serious disruptions to the professional body politic.

The entanglement of U.S. Chinese medicine in multiple overlapping forms of integration elevates the stakes behind this healthcare profession, which not only concerns the effectiveness of a body of healing modalities, but also contributes to an inclusive society for both practitioners and the broader community. Medical integration asks Chinese medicine to become compatible with the predominantly biomedical and aggressively capitalist healthcare system in the U.S., positioning itself as a paradigmatic Complementary and Alternative Medicine. Cultural integration encompasses the

²²¹ Unschuld, *Huang Di Nei Jing Su Wen*, 218.

²²² quoted in Unschuld, 222, quoting *Jian ming zhong yi ci dian* 简明中医辞典 (Beijing: Ren min wei sheng chu ban she, 1982), 935.

ways the profession translates its practice and value to resonate with American sensibilities about health and healing. Social integration involves the negotiation of belonging, identity and economic viability, particularly for diasporic East Asian practitioners whose cultural heritage is inseparable from their clinical work. These processes are not merely institutional or technical; they are embodied and enacted through practitioners themselves, who serve as the connective tissue, bridging paradigmatic, cultural, and structural gaps. Practitioners' lived experiences, professional labor, and strategic mobilizations of critical resources—such as capital, knowledge, and energy—shape how Chinese medicine is woven into contemporary American society. Therefore I conceptualize the wellness of the Chinese medicine profession in Southern California as a contested and dynamic terrain, shaped by simultaneous processes of medical, cultural, and social integration, which practitioners navigate on a daily basis. In this chapter, I approach the U.S. Chinese medicine profession as a metaphorical body, whose condition I assess through a diagnostic methodology grounded in ethnographic findings, paying close attention to moments of blockage.

While diagnosis is a common tool in clinical contexts, this study creatively adapts diagnostic reasoning from Chinese medical theory to an ethnographic methodology. Particularly I borrow from Xin Li, who is a practitioner and educator of classical Chinese medicine. Li advocates for revisiting classical principles of assessment, which focuses on the whole person and the overall operation on energetic and psychic levels, shifting away from the modern pathological fixation on matching symptoms with distinct diseases.²²³ Rather than collecting stories as quantitative data to derive a statistical fact, I treat my fieldwork findings as clinical signs that form patterns of blockage to be interpreted within the context of the whole. Although the goal of this study is not to “treat,” a Chinese medical diagnostic reading would provide valuable insights into the flow of U.S. Chinese

²²³ Xin (李辛) Li, *Huidao benyuan: jingdian zhongyi qimeng dui hua lu* 回到本源：经典中医启蒙对话录 [Traditional Chinese medicine: Back to the Sources for a Modern Approach], trans. Xin (李辛) Li (Beijing: Beijing lianhe chu ban she, 2022), 20.

medicine as a professional field organically constituted by circulations of critical resources. Li further clarifies that the body's homeostatic qi dynamic can be considered as the "primary doctor," who reflects disorder when the balance is tipped and has the potential to restore balance. Only when the Chinese medicine practitioner, acting as a "secondary doctor," has a thorough grasp of the qi dynamic, which is the primary doctor's "diagnosis," can she use good judgement to better facilitate the healing.²²⁴ Likewise, I see myself as a Chinese medicine apprentice who learns to practice diagnosis by reading my ethnographic material for the primary doctor's hints. Following this line of thought, this chapter offers an inexhaustive constellation of observed blockages in practicing Chinese medicine in Southern California, and proposes a way to understand their interrelations, rather than trying to name a specific "disease" that supposedly is the culprit of the status quo.

In keeping with the logic of classical Chinese diagnosis, I adopt Li's triple burner framework to structure my findings and develop a spatial understanding of the condition of this metaphorical body beyond a linear well-unwell spectrum.²²⁵ The triple burner (*Sanjiao* 三焦) is the most contested organ in Chinese medical theory, which Unschuld considers as a "purely theoretical concept" that has no biological counterpart.²²⁶ The theoretical triple burner divides the human body to three dimensions of qi circulation, namely *shangjiao* 上焦 (upper burner), *zhongjiao* 中焦 (middle burner), and *xiajiao* 下焦 (lower burner). Because these three sections of the triple burner are understood to be covering the body from top to bottom and surface to center, they become indexes for the progress of illness or the depth of healing.²²⁷ Respectively, the upper burner represents the function to disperse qi like fog to moisten the entire body, the middle burner to process food and transport

²²⁴ Li, 4–5.

²²⁵ The triple burner model has been most often attributed to the Qing-dynasty scholar Xue Xue 薛雪 (1681-1770), according to Chace, "Traditional Chinese Medicine," 154.

²²⁶ Unschuld, *Huang Di Nei Jing Su Wen*, 140.

²²⁷ Li, *Traditional Chinese medicine*, 18–30.

nourishing qi, and the lower burner to discharge liquids and dregs from the body.²²⁸ Because Chinese medicine understands the lower burner as harboring the kidneys, which constitute “a person’s root and foundation,” the lower burner is also associated with the intrinsic, essential source of vitality of a body, which also has to do with ancestral influences that one carries through birth.²²⁹ Analogously, the triple burner framework helps to map out patterns I will identify in different dimensions of Chinese medicine practice: I compile issues of legibility and institutional constraints under the upper burner, for they have the most pervasive impact that reaches every corner of the profession; social and economic pressures are directly related to resources that sustain the practice and vary for different strata of the profession, so they go under the middle burner; and for the lower burner I discuss the affective and relational factors in the practice, considering practitioners and their lived experiences as embedded and embodied in their healing. The triple burner framework acts as an invitation to think about fluidity and interruption in social-professional life.

Medical anthropologists like Elisabeth Hsu and Mei Zhan have insightfully challenged essentialist or ethnic framings of Chinese medicine by mapping the heterogeneity and complexity of the practice in a spatial sense. In *Chinese medicine in East Africa: An Intimacy with Strangers*, Hsu explores how healing is not just a corporeal transformation but a social and spatial one, through what she calls “empotment” within an intersubjective and intercorporeal world.²³⁰ In *Other-Worldly: Making Chinese Medicine through Transnational Frames*, Zhan proposes “translocality” as a way to capture the circulation of Chinese medicine across sites of practice, arguing that both disruptive and connective

²²⁸ quoted in Unschuld, *Huang Di Nei Jing Ling Shu*, 263-267, quoting Hebei yi xue yuan (河北医学院), *Ling shu jing jiao shi 灵枢经校释* [Annotated and Collated Edition of Ling shu jin], 1st ed. (Beijing: Ren min wei sheng chu ban she, 1982).

²²⁹ Paul U. Unschuld, “Nan-Ching: The Classic of Difficult Issues,” in *Nan-Ching* (University of California Press, 2023), 130–39, <https://www.degruyterbrill.com/document/doi/10.1525/9780520338760/html>.

²³⁰ Elisabeth Hsu, *Chinese Medicine in East Africa: An Intimacy with Strangers* (Berghahn Books, 2022), <https://doi.org/10.1515/9781800735576>.

encounters shape its global forms as a discursive system.²³¹ Both scholars attend closely to the lived experiences of practitioners, and how their experiences shape and are shaped by the practice. My study draws on both of their insights, but also moves into a different direction. By employing the concepts of blockage and the triple burner as structuring metaphors, I trace how U.S. Chinese medicine practitioners experience and negotiate disruptions at multiple levels—institutional, sociocultural, emotional, and bodily. Rather than applying an external framework to interpret the data, I turn to a diagnostic sensibility drawn from Chinese medicine itself—one that emphasizes coordination, flow, and stagnation across an interconnected system. This approach does not assume an essential view of Chinese medicine or a unified worldview among practitioners; instead it offers a way to think alongside the diverse logics they engage with in their daily work, implicitly or explicitly. In this way, I propose a form of analysis that is at once embodied and patterned, attentive to both embodiment and translocality, and grounded in the conceptual resources of the tradition itself.

I look to performance studies scholar D. Soyini Madison for methodological guidance. In her important work *Critical Ethnography: Method, Ethics, and Performance*, Madison outlines a framework for critical, ethical, and embodied engagement with a body of knowledge and experience that may be unfamiliar to the researcher. Drawing on her suggestions, I treat moments of blockage in my fieldwork as performative acts, which are situated within a network of institutional, sociocultural, and affective relations, and in turn shaping how practitioners navigate and inhabit their practice. Echoing Hsu's conceptualization of wholeness as a new reconfiguration—rather than restoration—through healing,²³² my pattern-based analysis approaches blockage as a generative site that keeps shaping the bodily landscape of the whole, however subtly. Moreover, as I emphasize the involvement of personal factors in practitioners' healing practice, I remain mindful of my own

²³¹ Zhan, *Other-Worldly*.

²³² Hsu, *Chinese Medicine in East Africa*, 371–72.

positionality. I am a beginning learner of Chinese medicine, a U.S. resident alien for more than a decade, and a graduate student trained in a generally progressive academic environment. These positionalities orient me towards advocacy for the marginalized and give me a lexicon through which to relate to those straddling cultures and national borders. At the same time, they remind me that my interpretations are shaped by shifting affiliations, partial knowledges, and embedded biases. Acknowledging this does not negate my insights; rather it underscores the relational and reflexive nature of critical ethnographic work.

As part of my fieldwork for this ethnographical pursuit, I conducted semi-structured interviews with seven Chinese medicine practitioners, all of whom based in suburbs of the Southern California region, to hear their life stories and clinical experiences. I personally received treatments from three of the practitioners, talked to two of them in virtual meetings, and worked as a volunteer at one of the practices for a month. Coming from a wide range of backgrounds,²³³ their stories demonstrated a considerable diversity in this profession, while still sharing some commonalities. According to a 2021 occupational report on Californian acupuncturists, 53.6% of practitioners' native language is English, followed by 22.7% of Chinese and 16% of Korean, while the rest adds up to around 8%. Though I reached out to over fifty practitioners across the ethnic spectrum, coincidentally or not, all of the people who ended up accepting my interview request were of East Asian descent, and they were all first-generation immigrants except for one who was born American. My limited pool of informants is not reflective of the demographic composition of the profession, but demonstrates a critical desire for the stories of a certain sector of the profession to be heard. Granted, my observations are nowhere near—and do not intend to be—conclusive of Chinese medicine practice in the region of Southern California, let alone the U.S. Chinese medicine

²³³ My interlocutors had various training backgrounds, national and religious identities, across an age span from the 30s to the 70s, and served different communities.

profession at large, yet they have enough potential to capture certain patterns that should not be dismissed as arbitrary.

Acknowledging the futility of offering an essentializing diagnosis on the status quo of U.S. Chinese medicine, this chapter sketches a constellation of blockages that practitioners encounter and navigate. Blockage simultaneously animates and complicates Chinese medicine practice as practitioners strive to support the wellness of both their patients and themselves. My analysis moves from a macroscopic focus on legibility and institutional constraints, to the social and economic conditions that shape practitioners' choices, and finally to the affective and embodied dimensions of healing. In tracing these layers, I organize my analysis through the metaphor of the triple burner, treating the profession as a living organism in which institutional, social, and personal domains function like interconnected body systems. Most examples of blockage span multiple categories, complicating a tidy sectional division, but this complexity underscores the value of the triple burner metaphor itself. By mapping nodes of blockage—experienced in multiple practicing bodies—onto one metaphorical living body, I argue that moments of stagnation are neither signs of failure nor standalone incidents of misfortune, but manifestations of disjunctive flows and openings for reconfiguration.

Upper Burner: Legibility and Institutional Constraints

As the most exterior layer of the body, the upper burner corresponds to the lungs and the heart, managing the intake of clear, airy qi from the external environment and disseminating *qixue* (气, 血 *qi* and Blood) to the entire body. The Chinese medicine canon *Huang di nei jing* describes the upper burner as fog,²³⁴ extrinsic to a practice yet pervasive in all its interface with the public, which is where blockage from legibility and institutional constraints takes place. Chinese medicine's marginal

²³⁴ Unschuld, *Huang Di Nei Jing Ling Shu*, 267.

position in a predominantly biomedical landscape produces some overarching themes that practitioners deal with across the board. Behind the opening scene of this chapter, blockage has emerged and prevented Chinese medicine from being understood in its own terms and continuing to precipitate frictional encounters.

My dilemma as the mediator in the opening scene demonstrates a legibility blockage in action that seeds the ineffective treatment preceding the confrontational exchange. It may seem that I successfully delivered a literal translation of what both parties said, which enabled the flow of the dispute. The truth is that I struggled with word choices and even if my explanation formed a logical closed loop, its landing on the furious customer's cognition was faced with a blockage on a deeper level of translation—the cultural (il)legibility of Chinese medicine. In other words, how American customers make sense of Chinese medicine is more than a linguistic issue. In the following analysis, I focus on the confluence of discourses of natural medicine, biomedicine, and energy medicine, on the reception of Chinese medicine, and the ways practitioners respond to them.

Integrating itself into the discourse of natural medicine is a well-trod route that U.S. Chinese medicine has taken historically to find its place in the American healthcare market. Historian Tamara Shelton tracks how, since its earliest days on the American continents, practitioners of Chinese medicine have deployed the association of Chinese medicine with nature to intrigue and instill trust in non-Chinese patients.²³⁵ Although it is a core belief of Chinese medicine to view the human body as a microcosm of nature under the pervasive governance of natural law, this notion of nature does not carry the same anti-modern, anti-pharmaceutical connotation as it does in the American context. To evoke the natural medicine discourse is more about echoing and igniting existing sentiments rather than about introducing a new system. According to Shelton, associating Chinese medicine with nature signaled several things in the Progressive Era (1890s-1920s), an opposition to

²³⁵ Venit-Shelton, "Nature's Own Remedies," 380.

artificiality, an antagonism towards modern science, and a racialized contrast to Euro-American sophistication.²³⁶ In other words, the language of natural medicine leaves a legacy of counterculture, pharmaceutical skepticism, and lingering racial stereotypes. This uninformed customer might have been driven by the belief that medicine sourced from natural herbs is benign and harmless if ineffective at worst. Her impulse to ask for a refund could come from a sense of betrayal when this belief was overturned, leading her to question the fundamental validity of the product. My educational speech on a disparate medical philosophy failed to clarify that question and backfired on the legitimacy of the practice.

Also at play here in the customer's consumption of the product is one of the common misunderstandings that biomedical dominance breeds—the “magic bullet” belief in a linear causality between symptom and cure, where each symptom is assumed to indicate a specific disease that can be precisely treated by a corresponding product.²³⁷ If her trust in natural medicine encouraged this woman to give an unfamiliar product a try, then it was perhaps the label of “sleep aid” that made her keep taking the herbal tea for a week, despite increasing feelings of discomfort. Though unspoken, what directed her consumption of this product of Chinese medicine was a biomedical habituation that inclines to let the executive branch—one's decision to take medical actions—subordinate the judiciary branch—one's bodily knowledge and judgment based on such, while pretending the legislative branch is nonexistent. However, the pattern-based diagnosis and treatment of Chinese medicine require individualized assessment of the pattern beneath the expressed symptoms to determine whether a medicine works for a specific patient and for how long. Moreover, rather than relying on instrument measurement, Chinese medicine epistemology considers the patient's experience as a key indicator of how well the healing goes; therefore ignoring bodily feedback led

²³⁶ Venit-Shelton, 380.

²³⁷ Judith Farquhar, *A Way of Life: Things, Thought, and Action in Chinese Medicine* / *Judith Farquhar*, The Terry Lectures Ser. (New Haven, CT: Yale University Press, 2020), 78, <https://doi.org/10.12987/9780300252675>.

this customer to remove herself from the partnership in healing and count on effectiveness being intrinsic in the medicine.

The discourse of energy medicine has also contributed to the American public reception of Chinese medicine. Coined in the late 1980s, energy medicine became one of five subdivisions of complementary and alternative medicine by the National Institutes of Health in the late 1990s.²³⁸ The “energy” in energy medicine is what activates living beings.²³⁹ While some energies in energy medicine are physical, others are subtle and generally resistant to direct measurement, which renders medical modalities that channel them controversial.²⁴⁰ In transnational knowledge production, integration often takes place via boundary objects—concepts or phenomena shared by different worlds but having a different genealogy within each local context.²⁴¹ The common translation of qi as “energy” functions as such a boundary object. In medical discourses, Chinese medicine and energy medicine are sometimes discussed as distinct and parallel subjects, while at other times, many consider Chinese medicine, especially acupuncture, as one that taps into energy, thus counting it as a type of energy medicine. Energy medicine has lent Chinese medicine considerable currency in the healthcare economy. Indeed, ethnographer Emily Wu found that a small percentage of practitioners in California’s Bay Area were able to put their special psychic abilities to use under the framework of Chinese medicine.²⁴² In corners of the world where the predominance of bioscience is called into question, appearing as energy work helps to facilitate the acceptance of Chinese medicine as it hitchhikes with the movement of New Age healing. Along the spectrum of healing practices, many

²³⁸ TM Srinivasan, “Energy Medicine,” *International Journal of Yoga* 3, no. 1 (2010): 1, <https://doi.org/10.4103/0973-6131.66770>.

²³⁹ David F. Mayor and Marc S. Micozzi, *Energy Medicine East and West: A Natural History of Qi* (Elsevier Health Sciences, 2011), 2.

²⁴⁰ James L. Oschman, *Energy Medicine: The Scientific Basis* (Elsevier Health Sciences, 2015).

²⁴¹ Susan Leigh Star and James R. Griesemer, “Institutional Ecology, ‘Translations’ and Boundary Objects: Amateurs and Professionals in Berkeley’s Museum of Vertebrate Zoology, 1907-39,” *Social Studies of Science* 19, no. 3 (August 1989): 387–420, <https://doi.org/10.1177/030631289019003001>.

²⁴² Wu, *Traditional Chinese Medicine in the United States*, 117–31.

Chinese medicine practitioners have felt compelled to rearticulate their position within the tight space between the polarized realms of spiritual work and medical science.

The conflation of Chinese medicine with energy medicine troubles professionals who believe energy medicine to be a popular misnomer that simultaneously mystifies and simplifies Chinese medicine. Chinese medical theory is based on concepts like *qi* 气 and *yinyang* 阴阳. As much as it becomes a common practice to adopt metaphysical languages such as “healing energy” and “cosmic connection” to convey to modern patients Chinese medicine’s fundamental belief in the harmony between human and nature/cosmos, translation only enhances the foreignness of these ideas by appearing mystical and unscientific, which is a major disqualification in an era of scientific materialism. “For you and me, concepts of qi and yin and yang are not foreign,” Dr. Park spoke in my Zoom interview with him. A readily communicative man in his late early forties with a robust and sturdy build, Dr. Park was generous and candid in conversation, which I fathomed as a personality fostered by his teaching experience at an oriental medicine school and his training background in both biochemistry and Chinese medicine—he had seen both worlds, and integrated them into a worldview that embraces both rather than pitting them against each other. At this brief moment of connection, Dr. Park gestured to the mundane basicness of these concepts being lost in translation, which was only legible in a cultural language that the two of us shared. Sharing a cultural language means that each term lights up a world of past experiences and familiar contexts which weave together something close enough to the intended meaning of the speaker; without it, boundary objects could intensify blockage. Dr. Sun, for instance, frequently used “energy boost” as a blanket response for how Chinese medicine worked, because increased qi or better qi circulation could effect good feelings similar to having an energy boost, which is well understood in American public knowledge. Unfortunately, convenient citations like this cannot withstand probing. When a concerned customer pressed Dr. Sun to explain how a product would help with her father’s

autoimmune disease, she looked skeptical about energy boost as an answer: “Well, energy and immunity are two separate things—help me understand how this works.” It was an impossible task to be accomplished on the spot, because apparently they were already speaking of energy in different cultural languages.

To convince their American clientele of the trustworthiness of Chinese medicine, some practitioners choose to perform translational work between Chinese medicine and biomedicine. Dr. Park disclosed that he always translated Chinese medical language into modern medical terminology in his brain before opening his mouth in a clinical setting. He used biomedical terms when communicating to his patients what was going on with their body, not because patients were more fluent in biomedical language, but because they felt more relieved hearing the Chinese medicine doctor speaking the same language as their “regular doctors.” This shows that credibility is built through familiarity—it is the fact that people are exposed to the language of biomedicine more constantly and ubiquitously, not whether it makes more logical sense, that establishes the credibility of biomedical diagnosis and Chinese medicine diagnosis in biomedical language.

The translational challenge is intertwined with the issue of legitimacy. Despite science historians’ effort to legitimize Chinese knowledge systems as science, as early as the multiple-volume series *Science and Civilisation in China* initiated by Joseph Needham in 1954,²⁴³ the need was still felt in the Western world to bring Chinese medicine to bioscientific examination.²⁴⁴ Many, even including contributors to the *Science and Civilisation* project, have lamented the impossibility of translating Chinese medicine properly.²⁴⁵ Farquhar points out that the translation difficulty comes from an implicit superiority placed on modern science, the target language into which traditional practices are

²⁴³ Farquhar, *A Way of Life*, 4–12.

²⁴⁴ As we can see from the exponentially growing list of research done that strives to prove Chinese medicine in bioscientific terms.

²⁴⁵ Farquhar, *A Way of Life*, 6.

translated.²⁴⁶ This explains why those who have a bioscientific background consider the association between Chinese medicine and energy work as a stigma and refuse to be seen as energy workers. Dr. Park believed that Chinese medicine was “very scientific” with “a lot of observed data and records” to the point that he had to reemphasize that “the actual medicine [of Chinese medicine] is not a belief system” because it works whether or not one believes in it. “I think the magic [of Chinese medicine] as I study more is,” Dr. Park continued to debunk the mystery, “that actually modern physiology and traditional Chinese medicine are not contradictory. They’re very much complementary.” Later he supplemented, “how did these people three-four thousand years ago come up with this? That’s the magic.” Dr. Park’s invocation of “magic” here implicitly suggests historical progressivism by emphasizing the incredibility of ancient wisdom matching up with modern scientific findings. Dr. Park’s pushing for Chinese medicine to be translated and recognized as a different science both reinforces scientificism and challenges the unchecked hegemony of modern science *within* the scientific community.

Institutional blockage arises from biomedical hegemony and the demand for Chinese medicine to conform to external frameworks. As a major complementary and alternative medicine, Chinese medicine is relatively familiar to the American public while remaining on a shaky ground in terms of scientific legitimacy and legal protection. As discussed above, the blockage that undergirds the opening scene takes much more to resolve than my spur-of-the-moment education on the spot, because it is related to Chinese medicine’s structural position in the U.S. healthcare landscape. For instance, the discontent customer’s threat to report Dr. Sun must be empowered by the biomedical framework that underpins legal standards in medical practice. Even if she had a proper consultation session with Dr. Sun prior to the purchase, this customer might still get agitated for not achieving the effect she thought she would get. Chinese medicine treatments may at times not solve the main

²⁴⁶ Farquhar, 7–10.

complaint brought into the clinical encounter, but first addressing other issues, sometimes the more fundamental or urgent problems that the practitioner observes in the patient. To avoid legal liability of failing to produce desired effects, practitioners use non-absolute languages like “optimal wellness.” Optimal wellness frames health as a relative concept, suggesting that the way towards wellness is an individualized journey that could take a short or long time with the practitioner playing a facilitating role rather than full responsibility.

Standing in one of the modest, semi-private cubicles that served as treatment rooms in his store-clinic in Orange County, Dr. Qian spoke most regretfully about the licensing limitation in the U.S., which he considered as a far larger challenge than material constraints of his practice. Having migrated to the U.S. from China almost three decades ago, Dr. Qian observed the discrepancy in legal protection of his profession. A usually calm and reserved man he was, Dr. Qian nevertheless complained that whereas biomedical doctors are protected for prescribing drugs with clinically proven severe side-effects, Chinese medicine practitioners, who are denied the formal title of doctor, are not allowed to prescribe any medical substances that have been deemed as toxic in labs. Even though in the system of Chinese herbal medicine, there are combination protocols that serve to reduce the toxicity of certain substances and boost their beneficial properties, biomedical lab results are the only criteria on which the law depends. Due to the difficulty of measuring the effectiveness of herbs in the biomedical sense, the Food and Drug Administration never approves herbal medicine, again undermining its credibility. Furthermore, Dr. Qian took issue with the legal assertion that Chinese medicine does not “cure” any disease, but instead, only “helps” to restore health. Fearing a law suit, Dr. Qian backed down from a position of being the professional person-in-charge with the authority to use anything available to him to treat the patient, to an auxiliary position, such as to alleviate side effects of chemotherapy. As a result and response to the regulation,

Dr. Qian's new patient form includes a clause, which emulates the kind of structural protection that biomedical doctors receive:

You have been advised of the possible benefits of receiving Acupuncture & Oriental Medicine including, but not limited to acupuncture, electrical stimulation (including electroacupuncture), Tui-Na, to pain management, reduced severity of certain symptoms, and treatment of certain conditions. You have also been advised of the possible risks associated with Acupuncture & Oriental Medicine including, but not limited to, bruising, numbness or tingling near the needling sites which may last a few days, infection, dizziness, fainting, spontaneous miscarriage, nerve damage and organ puncture, burns, scarring, and pneumothorax.

...

You are participating in the treatment of your own volition, and you accept and assume any and all risks associated with, or consequences relating to, the selected treatment. You waive any claims you may have against [Dr. Qian's practice], its employees, practitioners, relating in any way to the treatment.

Just above the signature line, the form adds another disclaimer in a different font yet recapitulating the previous text, "I further understand that individual reactions to treatment cannot be predicted. I acknowledge that no guarantees or assurances have been given to the results that may be obtained." Imaginably, this effort to defend an alternative medicine might be read as a lack of confidence to those who are not familiar with it.

In Dr. Park's new patient form, a similar disclaimer captures the difficulty of communication in a Chinese medicine clinical encounter: "I do not expect the treating Acupuncturist to be able to anticipate and explain to me all the potential risks and possible complications of the treatment(s) I receive, but I wish to rely on the clinic staff to exercise prudent judgment during the course of treatment which the treating Acupuncturist feels at that time, based on the facts then known, to be in my best interest." This is not to say that the effects of acupuncture cannot be explained, but that the explanation would not be satisfactory in the language, as well as under the prevailing logic, of the biomedical culture. To balance off the uncertainty thereof, the latter half of the statement assures the patient that the practitioner will carry out optimal performance of healing, to the extent possible as a human professional, not an error-free machine or omnipotent savior. The particular language used here intentionally tries to shake off the shackles of the healthcare-as-commodity framework

upheld in the wellness industry. These attempts of self-protection reveal more about the institutional blockage that Chinese medicine practice faces than they remedy it.

Independent practitioners who run their own private clinics are not the only ones subjected to institutional constraints. Integrative medicine, a field founded as a way to overcome the reductionism in biomedicine by embracing other medical conventions,²⁴⁷ can still perpetuate the systematic blockage. At the Susan Samueli Integrative Health Institute at University of California, Irvine, I observed that Chinese medicine treatments had to work within a biomedical temporality. The architectural arrangement and the tempo of things happening in that space were identifiably biomedical—blunt, minimalist, efficient, but not without a tint of futurist aesthetics. More importantly, the delivery mechanism of integrative health there was also unmistakably biomedicine-centered and hierarchical. My informant Dr. Zhao, a licensed acupuncturist at the Institute, told me that all treatments had to be based on biomedical diagnosis, and acupuncture almost always came in last to provide pain relief and that only. Her own research projects, respectively on how electroacupuncture treats hypertension and how to treat cancer survivors with American ginseng, had to depend on biomedical methods and evaluations so as to align with the evidence-based requirement. Only the choosing of acupoints would Dr. Zhao attribute to Chinese medicine. In fact, Chinese medicine practices across California have been put to use primarily in pain management rather than dealing with other types of sickness.²⁴⁸ “It’s better for promoting Chinese medicine,” Dr. Zhao conceded. “The diagnostic approach of Chinese medicine is too difficult for general [biomedical] physicians to master.” She emphasized the rigor of Chinese medicine in turn, “one shall be versed in Chinese medicine in order to diagnose.” Surely, the Susan Samueli Integrative Health

²⁴⁷ David Rakel and Andrew Weil, “Philosophy of Integrative Medicine,” in *Integrative Medicine*, ed. David Rakel, Fourth (Philadelphia, PA: Elsevier, 2018), <https://doi.org/10.1016/B978-0-323-35868-2.00001-3>.

²⁴⁸ Heidi Lincer and Sanja Durman-Perez, “Occupational Analysis of the Acupuncturist Profession” (Office of Examination Resources, Department of Consumer Affairs, State of California, n.d.), 17.

Institute has its own battle to fight against charges of “pseudoscience,” already appearing too unscientific to the diehard “science-based medicine” community.²⁴⁹ How it integrates disparate medical apparatuses is far from practicing alternative medical philosophies, or what the “science-based medicine” community accuses as dishonoring biomedicine. The fact that biomedicine is the host system to absorb healing methods from other medical traditions mirrors the ongoing medical integration on a systemic scale, and sustains the institutional blockage that prevents Chinese medicine from being perceived on its own terms.

While integrative medicine’s multiculturalist approach celebrates its integration of “the best possible treatments” from medical traditions across the board,²⁵⁰ Chinese medicine itself is nothing short of an integrative project already entangled in its dynamic relationship with biomedicine. Contemporary Chinese medicine—and especially the school of Traditional Chinese Medicine—is already an integrated praxis as it is modernized as a national-cultural legacy, or recruited as a complementary and alternative medicine.²⁵¹ Among my interlocuters, most of their training was already characterized by an integration of traditional medicine and biomedicine like Dr. Park’s. Their positions as providers of complementary and alternative medicine also embody different levels of integration. Thus integrativeness is increasingly recognized as an inherent attribute in the practice of Chinese medicine in contemporary U.S., as opposed to a purposeful tactic of survival and development. In what follows, I discuss how the imperative to integrate takes different forms in practitioners’ experiences as they find their place in the biomedical hegemony.

“[We have] a multifaceted relationship [with biomedicine], sometimes supportive, sometimes collaborative.” With an expertise in Chinese medicine gynecology and a doctoral degree in Western

²⁴⁹ See the blog post by Jann Bellamy, “Quackademic Medicine Update: UC Irvine Reneges on Promise of Scientific Rigor | Science-Based Medicine,” February 27, 2020, <https://sciencebasedmedicine.org/quackademic-medicine-update-uc-irvine-reneges-on-promise-of-scientific-rigor/>.

²⁵⁰ Rakel and Weil, “Philosophy of Integrative Medicine,” 9.

²⁵¹ Kadetz, “The Declaration of Alma Ata: The Global Adoption of a ‘Maoist’ Model for Universal Healthcare.”

obstetrics and gynecology from a Japanese institution, Dr. Zheng found himself in a liminal position in the U.S., without the authority of a conventional OB/GYN, while treating patients independently on women's health and infertility issues among other whole-body problems. Despite his hybrid background, Dr. Zheng was not allowed to prescribe any biomedical substance as a licensed acupuncturist, but this aligned with his purpose of exploring the potential of Chinese *materia medica* in his practice. A seasoned practitioner and prolific scholar, Dr. Zheng shared an anecdote with me, while wearing his signature smile, which, as always, suggested effortlessness and reassurance:

Many patients [that biomedical doctors] couldn't treat were referred to me. I had a patient who bled for months, found no cure in biomedicine, and eventually recovered by taking Chinese medicine. When she's back to biomedical doctors, [they astonishedly asked] 'How was it done? What medicine was used?' After they saw the prescription, they were puzzled. They'd like to know what the composition was, what the protocol was. With a dozen or more herbs in one prescription, they couldn't figure out what was what.

Many of these vividly comparative and subtly competitive moments can be found in Chinese medicine practitioners' relationship with biomedicine, built and mediated through their patients. Of course, returning customers are a biased pool of informants who already find Chinese medicine helpful. This type of information exchange positions Chinese medicine on a higher informational ground—it is not that Chinese medicine needs validation from biomedicine, but rather that it possesses valuable knowledge unknown to and sought by biomedicine. However, Chinese medicine was not given its stage to share that knowledge. According to Dr. Zheng, Chinese medicine schools in America were all private institutions, and no degrees of any Chinese medical modalities was ever offered at any American public universities. He imagined the day that this reality changes as a signal that Chinese medicine finally enters mainstream American society. Besides running his Orange County clinic doubled as an herbal shop like Dr. Sun's, Dr. Zheng had also been publishing papers in top academic journals of both biomedicine and traditional medicine, hoping to contribute to the development of U.S. Chinese medicine towards becoming a mainstream system of healing.

Grudges held against the biomedical framework do not hold Dr. Qian back from integration either. Whereas Dr. Park observes this phenomenon with a touch of regret, Dr. Qian views the practice of using biomedical language as a necessary step for the development of U.S. Chinese medicine:

Let's not segregate ourselves. You know what I mean? The whole world is a melting pot now. When you distinguish yourself too much, you're isolating yourself. You've gotta base on modern conditions, accept modern knowledge, equip yourself and enrich yourself with this knowledge. You can't say that I'm a Chinese medical doctor so I must exclude anything Western medicine from my practice. Why exclude? There's advantage to that type of understanding [of the body], why don't you learn about it? If using modern medicine to explain Chinese medicine to your patients can help them understand better and deeper, why don't you use it? Why do you have to go into the esoteric and confuse them, and make them wonder what on earth you're doing? There's no need to do that. So, actually [in this sense] Chinese medicine is not under restriction here. Whether migrating from mainland China long time ago or learning Chinese medicine here, people are all working hard to develop [U.S. Chinese medicine].²⁵²

By "the esoteric," Dr. Qian could mean the traditional terminology of Chinese medicine, or more profoundly the cosmology of Chinese medicine. Dr. Qian appeared to be very optimistic about Chinese medicine's involvement in the complementary and alternative Medicine movement. Even though he understood that "alternative medicine" was by definition set up as an opposite to biomedicine, for him, integration was the only way to develop, and being incorporated into the brand of alternative medicine should not be translated into existential antagonism with biomedicine.

When I met Dr. Kim in his clinic located at the edge of a small town's tranquil center in Riverside County, instead of the white coat or scrubs with which other practitioners adorn themselves for a biomedical sense of authority, he was wearing a blue and green plaid shirt and neatly combed-back white hair, looking just like a friendly neighborhood grandpa. Dr. Kim demonstrated his being up-to-date with biomedical news by quoting biomedical doctors to corroborate his own opinions. When explaining the self-healing ability of the body, Dr. Kim offered a piece of insight from his oncologist friend, "Chemotherapy too strong; they will kill good cell,

²⁵² Personal interview

cancer cell altogether. A long-time oncologist told me that you have to befriend the cancer cell. Don't try to get rid of it all the time, [otherwise] you're gonna die." For Dr. Kim, the oncologist's warning proves the idea that the logic of elimination undergirding chemotherapy ultimately harms the self-healing ability of the cancer-growing body. As much as biomedicine may provide occasionally helpful translation for Chinese medicine knowledge, practitioners like Dr. Kim still reject biomedical infiltration in their clinical practice of diagnosis and treatment. "My patients tried to bring all the record of what [biomedicine] does. [I said] 'Oh, don't bring it. That's okay.' I just do this," Dr. Kim gestured to pouches of herbal decoction scattered on his wooden coffee table, "And then [their bodies] fix it." Dr. Kim spoke with effortless ease about Chinese medicine functioning as an independent medical regimen. Then he added that he would prepare a whole year's supply and send to his children and grandchildren as preventive care so that they never needed to take aspirin or Tylenol.

It is one thing to refute the logic of the biomedicine-backed healthcare system and another to resist it. Although Dr. Park argued that there is really not a terminal place of being fully healed, he deemed the modern medical system to be, ironically, not meant to heal in the first place:

A lot of people blame the medical. The modern medical system is doing exactly what it was designed to do. I don't want to get too political, but it was never really designed to heal people. It was designed [to be as] I like to call it a 'sick care system' as opposed to a 'healthcare system.' It's—you come in for pain. We give you this. The pain's gone, right? It comes back every week. Do this. Does it go away? Yeah. What are you doing then? What are we talking about? Keep taking it. ... It doesn't fix anything.

What Dr. Park described adds to the discourse around the medical-industrial complex that, on top of oppressing marginalized communities, the medical system is indiscriminately weaving a web of sickness maintenance at its core. This is not healing, in Dr. Park's opinion.

All my interlocutors agreed that Chinese medicine shines as a preventive medicine, addressing illness before it manifests itself as problematic data on the medical report. "But that's how [the modern medical system] was designed. So I don't actually blame them. I think it's a flawed

system, obviously. And this is where it does create the space and the platform for practitioners, not just Chinese medicine, but you know a lot of other kinds of fields of medicine that fill in the gap of [what I call] the subclinical medicine.” The position Dr. Park found for himself in the biomedical system was complementary to biomedicine in terms of the timing and scope of intervention. In other words, one can say the validity of his career is contingent upon the failure of the modern medical system.

At one point, Dr. Park shared that it was mostly the freedom of this profession that attracted him. Whereas careers in biotech tend to center around specific hubs with abundant resources like San Diego, San Francisco, and Boston, Chinese medicine practitioners can practice practically anywhere, precisely because of the lack of support for the profession everywhere as well as the portability of Chinese medicine.²⁵³ For many practitioners like Dr. Park, the search for one’s place in the American healthcare market often elicits the Daoist way of thinking that undergirds Chinese medicine: the universe goes in cycles of yin and yang in which yin gives rise to yang and yang to yin. Therefore, one may find positivity even in the worst predicament, and in marginality, a sense of agency and value.

By inspecting the translational and institutional constraints in Chinese medicine practice, I tentatively conclude that the upper burner of this metaphorical body shows some blockage that could be limiting to the image of Chinese medicine in the American healthcare market as capable, integral, but at the same time discursive, as it appears to the practitioners. According to Li, a general principle of addressing sickness on the exterior—in this case the upper burner—includes “*biao jie li zi he*” (表解里自和 Resolve the exterior and the interior naturally harmonizes) and “*li he biao zi jie*”

²⁵³ By “portability” I mean that Chinese medicine practitioners need no external machines or expensive equipment to practice, but their own body would be suffice.

(里和表自解 Harmonize the interior and the exterior naturally resolves).²⁵⁴ The former rule applies when there is sufficient qi in the interior, and instructs the practitioner to help with releasing the pathogenic qi through sweating; and the latter works when the sickness has entered the interior, which requires a deeper healing to resolve the exterior disorder. Therefore, I shall move on to the middle burner and the lower burner to assess the extent of the disorder as well as the sufficiency of resource that this metaphorical body can leverage.

Middle Burner: Social and Economic Pressures

Associated with the stomach and the spleen, the middle burner controls the processing and transforming of resources. It offers a fitting analogy for how practitioners metabolize financial and cultural pressures in order to sustain their practice. Insurance policies and medical neoliberalism shape their economic viability, and cultural perceptions of Chinese medicine become strategic assets or liabilities they must negotiate. I begin with the case of Dr. Sun's clinic, where the dual imperative to heal and to sell creates operational blockages that result in unprofitable transactions or compromised care. Under this persistent tension between care and commerce, particularly visible in how medical insurance functions, practitioners develop individualized strategies for adaptation, working to preserve their core beliefs about healing while maintaining a viable business. I then juxtapose the tropes of "clinical miracle" and "quick fix," two divergent yet overlapping logics that practitioners confront as they wrestle with social expectations and enact epistemological alternatives within a biomedical-dominant society. Finally, I examine how some practitioners reframe Chinese medicine to maintain a sense of personal integrity and professional coherence.

The boundaries between care and commerce are blurred as Dr. Sun performed the double role of merchant-doctor. Going back to the event of purchase, this ambiguity was particularly critical

²⁵⁴ Li, *Traditional Chinese medicine*, 61.

when she recommended the herbal products without any clarification. The setup of the storefront was not shy about its clinical nature: there was a massage chair in front of the glass cabinet where expensive supplements were displayed; one step across from the massage chair was a diagnosis table where some unlabeled herbal packs sat and every once in a while Dr. Sun would be reading pulse and talking to patients. Adding to the clinical performance was a stand-up sign with Dr. Sun's headshot, and her occupational biography in both Chinese and English, which highlighted her professional credentials in China. As someone without the cultural or medical knowledge, any customer who decides to try an unfamiliar product would unsurprisingly rely on the professional who wears a white coat just like conventional doctors. Though they might have suspicions of Western medicine, which is probably why many of them turn to alternative medicine, the strong ethos of doctor as a social authority is deeply ingrained. Dr. Sun's appearance as a trustworthy advisor elevates the customer's expectation for the herbal tea to work or at least do no harm. Therefore, when the tea brought negative effects, it is unacceptable and comparable to a medical malpractice.

At the same time, the commercial nature of Dr. Sun's practice was not ambiguous either. Located within an Asian grocery market, it was a quite packed store with shelves of herbal products and cosmetic products taking up almost all of the space, leaving barely a storefront display but flanks of the shelves. When many potential customers called Dr. Sun to schedule appointments and learned about the location of Dr. Sun's clinic, they immediately hang up, despite its high ratings online. Along with a stereotypical association between Asian market and low quality, there was also a sense of distrust of the infusion of commerciality in medical services, even just by the physical spatiality of the practice. Their concern was fair, though. Physical treatments were to happen on the two beds in the back of the store, the privacy of which was only provided by sliding dark curtains.

Meanwhile, Dr. Sun's profit-making resorts were on full display, as she managed to sell miscellaneous products and provide transnational shipping services between appointments.

But why didn't Dr. Sun clarify at the moment of purchase that the herbal tea might not work for this customer? First of all, for a struggling business owner and salesperson, it would be counterintuitive to discredit her own recommendation. One truth about health tea is that, like Chinese patent medicine (CPM), Chinese-medicine-based health products come with a standardized guide explaining their functions, the clinical reliability of which has to be compromised. The way the guide is generated is through overgeneralizing observed effects, so statistically many people would find them effective while others wouldn't. Secondly, consultation in Chinese medicine, involving tongue checkup and pulse reading, is a special service for which Chinese medicine practitioners in the U.S. charge in addition to treatment. For a small herbal store that serves lower-income communities, it is not a business-savvy practice to enforce adding consultation to every purchase. To provide meaningful consultation to every customer, who usually does not speak the language of Chinese medicine, it is painfully inconvenient, especially when it has to be done in a second language with which the doctor struggles herself. Thirdly, as the package of the herbal tea indicates, this type of product is merely a dietary supplement, not even over-the-counter medicine, which means it technically should not be used or expected to function as medicine, and the transaction involving it is purely mercantile. Buyers of this type of product are expected to consume at their own discretion and the seller is usually not expected to carry the moral responsibility of misuse. Combining these three reasons, it is most cost-efficient for Dr. Sun to offer quick recommendations by matching patient's brief description of sickness with claimed functions of health products, which will convert the most passing customers to returning customers with the least time and labor spent. When this commercial logic is met with a medical expectation, it creates obstruction of the effectiveness of the

wellness product only to lead to another interruption in the flow of the operation, as shown in the opening scene.

The rapid escalation of the dispute in the opening scene reveals fundamentally mismatched understandings of the transaction and significant discrepancies in transactional cultures. As mentioned earlier, at the moment of purchase, Dr. Sun followed a commercial logic and performed according to an impersonal deal-centric transactional culture, while the customer expected a medical service of care. Contrarily, during the confrontational exchange, they switched sides. Dr. Sun adopted a rather relationship-based transactional culture, one that hesitates to break respect and rapport and lacks transparency or clarity. Unless I chased after her for responses, Dr. Sun completely avoided arguments with the customer and tried to resume business as usual. Even when Dr. Sun cited the no-refund policy, which she already had displayed at the cash register, she pushed the argument softly and relinquished easily. Neither did Dr. Sun ask for proof of purchase nor a doctor's note before processing the refund, while she could have dismissed the request more easily with rigidity. On the other side of the counter, the customer initially acquiesced to the lack of clarity based on trust, but once the foundation of trust—effectiveness—was challenged, she switched right back to a purely transactional manner that demanded directness and efficiency. Even after the reason was explained as to why she had side effects from the particular products, the customer discontinued business with Dr. Sun and threatened to file formal grievance, translating the doctor's poor business management skills into a stain on her professional integrity, if not unreliability of Chinese medicine as a whole. The mismatching scripts of transactional behavior became disjointed flows of communication, and ultimately formed a blockage, hindering both the customer's experience of Chinese medicine, and Dr. Sun's practice.

More profoundly impacting and widely shared among practitioners is the fact that even within the clinical space, practitioners have to play by the capitalist game. "Often times I don't think

I'm a doctor here," Dr. Sun inspected her role in the U.S., "just a service provider. When a patient comes in with a need, I try to solve it." Consideration of what to do with a patient or customer is circumscribed by financial limitations. "There's a lot of constraints when you treat patients. You can't treat people by their conditions; you treat with what is paid for—I mean, you are not working according to your patient's needs, but according to what the insurance requires." When practicing in a hospital in China, Dr. Sun performed all that might be helpful to the patient without worrying about the incurred fees because the nearly-universal healthcare insurance would have them covered, or about time efficiency because she got paid a regular salary regardless of how many patients she saw. Dr. Sun described her relationship with her patients in China as "friend-like." Now in her American practice, Dr. Sun had to be protective of her time and energy when her livelihood depended on it. Dr. Sun usually offers a quick cupping treatment to get some of the desired healing effect so that the patient wouldn't be too disappointed to return to her business, but not so much to let it be taken for granted.

Practitioners often find themselves caught in between the capitalist promise of the U.S. healthcare market and a moral stance toward profit embedded in the philosophy of Chinese medicine. Disability justice writer and organizer Mia Mingus has mapped the medical-industrial complex (MIC) as a matrix in which alternative medicine and non-Western healing practices are not exempt, but deeply implicated.²⁵⁵ Similarly, scholars like Farquhar, Hsu, and Zhan have shown how privatization and entrepreneurship shape the field of Chinese medicine through processes of commodification.²⁵⁶ Most of the practitioners I spoke with wore both hats of private business owner and independent clinician, while navigating an industry shaped by both neoliberal logic and personal ethics. It was mentioned across interviews that the Chinese medicine business was never meant to

²⁵⁵ Mia Mingus, "Medical Industrial Complex Visual," *Leaving Evidence* (blog), February 6, 2015, <https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/>.

²⁵⁶ Zhan, *Other-Worldly*, 73.

be lucrative. The kind of entrepreneurship that these practitioners enact walks a very fine line between two kinds of health—commercial health, shaped by market sustainability, and personal health, rooted in care, integrity, and cultural philosophy. As this section shows, both are foundational channels of metabolism in the profession: one governs the intake and circulation of resources while the other transforms values and ethics into daily practice. When either is obstructed, the entire system struggles.

Dr. Wang was an American trained Chinese medicine practitioner in her mid-30s. A retired athlete who was always energetic and upbeat, Dr. Wang proposed for our interview to take place on the meandering trails in Chino Hills State Park. Taking steady and leisurely strides along the ridge where we beheld the expansive vista of rolling greenness, Dr. Wang spoke enthusiastically about how her career choice was inspired by an acupuncturist she met in America, who only worked as many hours as needed to earn a moderate income. Dr. Wang crafted a new standard for her work-life balance that cut back on financial ambition and prioritized personal wellbeing—a rare pursuit in the finance industry where she previously worked—meanwhile, her work passion drove up her workload to her maximum capacity. Strategic selection helped Dr. Wang save her resources from being spread thin. Dr. Wang relocated her practice from an ethnoburb in Los Angeles County to a more affluent suburb in Orange County in recognition that lower-income patients often struggle to prioritize their health amid financial and logistical constraints, making it difficult for her to sustain a practice that aligned with her intended model of care. Yet not every practice can operate with such high metabolism as Dr. Wang's.

A major blockage with the commodification of U.S. Chinese medicine lies in how inflexible insurance policies are for Chinese medicine practices. Due to their marginality in the U.S. healthcare market and the expensive cost of advertisement, many Chinese medicine practitioners like Dr. Sun rely heavily on becoming an in-network provider to receive a steady number of incoming new

patients. However insurance coverage for Chinese medicine is inconsistent and limited across the board. The legislative sector of the U.S. has been discussing the incorporation of acupuncture into Medicare since as early as 1983. Acupuncture was proposed as an affordable resource of healthcare for the poor and the elderly.²⁵⁷ Yet only in 2020 did Medicare decide to reimburse acupuncture for chronic lower back pain.²⁵⁸ The coverage came with several restrictions: no more than 12 sessions in 90 days; additional eight sessions can only be reimbursed if improvements are demonstrated; and the ultimate maximum is 20 sessions in a 12-month period for any patient.²⁵⁹ Certain private insurance companies, such as Aetna, Kaiser Permanente, and United Healthcare also offer limited coverage for acupuncture by 15-minute increments, and even more rarely for other Chinese medicine modalities. This means that even if the practitioner decides that moxibustion or cupping works better for a patient's condition, she cannot do it unless the patient agrees to pay out of pocket.

Insurance poses a huge burden on independent practitioners who take on administrative tasks on their own shoulders, especially for first-generation immigrants who struggle with language barriers. Dr. Sun, for instance, found working with insurance to be a huge headache. For each insured case, Dr. Sun needed to spend considerably more time and energy to file detailed reports to insurance companies, getting only one third of the pay compared to uninsured cases. Services that Chinese medicine practitioners provide have to be reported in the rigid manner that insurance companies require to get paid, and sometimes proper filing may still be denied, which was how the doctor often found herself end up working for free. Emily Wu reminds us that producing medical reports for insurance purposes itself is volunteer work for acupuncturists, while their biomedical

²⁵⁷ "Medicare and Acupuncture Hearing before the Select Committee on Aging, House of Representatives, Ninety-Eighth Congress, First Session, November 30, 1983, San Francisco, Calif."

²⁵⁸ Molly Candon, Arya Nielsen, and Jeffery A. Dusek, "Trends in Insurance Coverage for Acupuncture, 2010-2019," *JAMA Network Open* 5, no. 1 (January 12, 2022): e2142509, <https://doi.org/10.1001/jamanetworkopen.2021.42509>.

²⁵⁹ "Acupuncture Coverage," accessed January 17, 2025, <https://www.medicare.gov/coverage/acupuncture>.

counterparts usually get paid for similar tasks.²⁶⁰ Therefore, understandably, most of my volunteer time in Dr. Sun's store-clinic was spent refiling claims, contacting insurance companies and refiling corrected claims. When billing insurers, any clerical mistake could result in a denial of reimbursement. More frustrating was when insurance authorized fewer sessions than what was actually needed for the patient's particular condition. Authorization was quite arbitrary. Even though the reviewer on the other side was usually a licensed acupuncture, they had no knowledge of the actual person that the Chinese medical doctor looks at as a whole to arrive at a medical decision. Sometimes when authorized sessions were valid for too short a period of time to fit in the patient's schedule, Dr. Sun had to go through the process again to ask for more authorized sessions, and even that request might still be denied for unspecified reasons.

Understandably, as a result, many practitioners decide to only accept customers who pay out of pocket after balancing the benefit and cost of working with insurance companies. A 2021 occupational analysis substantiates this observation, reporting that 81.8% Californian patients pay out-of-pocket for Chinese medicine services.²⁶¹ Recently Dr. Wang told me that she also stopped accepting insurance to focus on providing services to out-of-pocket clients. In an educational video she published on social media, Dr. Wang revealed that one reason for this decision was the incredibly low insurance reimbursement rates for Chinese medicine, leading to her insured patients paying copays comparable to her out-of-pocket fees. Though Dr. Sun regretted not having friend-like patients in the United States, her business managed to operate with a relationship orientation, much stronger than her fellow practitioners' practice, as she persistently accepted insured patients. For mixed reasons including aversion to the nuisance and maintenance of relationship with patients,

²⁶⁰ Wu, *Traditional Chinese Medicine in the United States*, 112–13.

²⁶¹ Lincer and Durman-Perez, "Occupational Analysis of the Acupuncturist Profession," 15.

Dr. Sun often let go of unreimbursed payments, which could accumulate to several hundreds of dollars per month, if not more.

Dr. Sun's neighborhood-style store-clinic and the relationship-based culture on which it was operated are simultaneously a constitutive factor of her financial dilemma and a sustaining factor of her practice. One day, a Filipino elderly couple came in for acupuncture. Technically practitioners are expected to call insurance companies to confirm each patient's coverage and deductible before taking them in. If the fees generated from a service is determined, after the fact, as within the patient's deductible, then the practitioner has to bill the patient, who has left the scene. Yet it was not the case that day. After the treatment, Dr. Sun checked their insurance coverage, which was unavailable online because Dr. Sun was not yet enrolled to become an in-network provider in that insurance network, so she charged them the copay that applied to their usual doctor appointments. In theory, Dr. Sun should have checked to see if they had insurance coverage before providing services, but it would have taken one week or two before they could get treated. In conventional hospitals and more "standardized" Chinese medicine clinics, patients would be told to wait until the due process is finished to ensure no future trouble occurs with payment. However, such a practice would seem foolishly rigid at clinics like Dr. Sun's. This couple came from another town 25 miles away and would probably not have returned if turned away. Such an improper practice is a quite central part of trust that patients have in Dr. Sun. Commercially speaking it is to retain customers, while from the patient's perspective it would read as a prioritization of patient needs over profit.

From digesting the financial pressures of working within a neoliberal healthcare system, practitioners also consume and contend with social expectations, particularly those surrounding efficacy, which become internalized blockages in their own right. The expectation for clinical miracle, for one, is constantly cast onto Chinese medicine practitioners. Zhan mentions in her book a renowned practitioner in San Francisco who proactively sought out the trickiest cancer cases and

explicitly embraced clinical miracle as a way to earn respect from a marginal position.²⁶² Some of the practitioners I talked to, such as Dr. Kim, Dr. Wang and Dr. Zheng, also echoed this pride in treating patients whose illness were deemed incurable by biomedical doctors. Zhan reminds us, however, that like doubts of scientific legitimacy, expectations for clinical miracles, come precisely from the exoticization and marginalization of Chinese medicine.²⁶³ Dr. Zheng and Dr. Sun confirmed Zhan's observation that clinical success has already been essential in making a living in California.²⁶⁴ Miracle discourse is an expectational inflation that is detrimental to the survival of Chinese medicine practice. Failing to produce clinical miracles may not stop at restoring Chinese medicine to the image of a viable but limited medical science, but can lead to total negation. Interestingly though, Dr. Park articulated a nuanced way of embracing the Orientalist fetishization when he called the complementarity between Chinese medicine and modern physiology and the ancient wisdom "magic." By doing so, Dr. Park flips the inquisition to challenge the narrow definition of science, dethroning modern science and suggesting the reckoning with Chinese medicine as a potent science. To Zhan's call for a re-worlding of science enabled by the translocal processes of knowledge production that constitute Chinese medicine,²⁶⁵ I argue that Chinese medicine practitioners are already doing this work in their daily practice and extending the same call in their clinical encounters with the trope of miracle.

Along the same line, Chinese medicine practitioners were weary of patients' illusions of "quick fixes." A convenient minor intervention such as a pill taken or a needle stuck is expected to deliver a definite result while keeping everything else intact to prove the efficacy of the medicine or the prowess of the practitioner. Dr. Sun used surgical prognosis as an example to argue that people

²⁶² Zhan, *Other-Worldly*, 92.

²⁶³ Zhan, 93.

²⁶⁴ Zhan, 109.

²⁶⁵ Zhan, 116–17.

overlook the collateral damage that a quick mechanical removal of disease brings without attending to the rest of the body. Dr. Park concludes that the quick-fix mentality comes from an addiction to suffering, which consolidates the sickening lifestyle people previously possess. In other words, quick fix means minimal alteration to the preceding way of life. The neoliberal desire for shortcut solutions to accumulated chronic problems is not only a matter of temporal exploitation of health, but a dire reduction of what health entails.

The quick fix mentality is not about exoticizing Chinese medicine, but flattening it into a product. Let me return to the furious customer at Dr. Sun's: because she anticipated a cure, her frustration with the purchase aligns with the biomedical culture's promotion of predictable relief. Yet healing is not always instantaneous in Chinese medicine clinics. Dr. Sun explained to me that nothing can be guaranteed in a single treatment session, because it might take a few rounds of treatment and feedback to get a full picture of the unique performance in the patient's body: how much healing motion is there in the body? Which is the body's favored direction to exorcise the sickening *qi* this time? Dr. Qian and Dr. Park agreed by saying that their practices were essentially to "walk together with the patient," framing healing as an indeterminate journey. From my interlocutors, I learned that the effectiveness of clinical healing especially for chronic illness depends on many things: which mode of treatment the patient is more willing to take,²⁶⁶ what is the treatment objective for the patient and the practitioner, how much trust is in their relationship,²⁶⁷ how effectively they communicate, and how well the medical advice is carried out at home, etc. Each condition involves complicated personal and socio-cultural factors. An ideal clinical relationship would allow the practitioner to fully grasp the conditions of the patient and refine the customized

²⁶⁶ According to Dr. Sun, this also has to do with whether or how much the insurance company covers the treatment.

²⁶⁷ Dr. Sun shared one instance where because the patient trusted her, her treatment worked so well even though she herself didn't have much confidence, versus another instance where a simple treatment didn't effect because the patient was skeptical. Dr. Qian had a similar observation.

treatment plan. However, when healing fails to meet the tempo of late-capitalist wellness culture, its legitimacy is questioned.

Besides the overlapping demands of these social expectations, which pressure practitioners to perform within the commercial and epistemological frameworks of American culture, some practitioners also feel compelled or motivated to reframe their practice in ways that distance them from Orientalist stereotypes and lean into new associations. For example, when asked to define Chinese medicine, Dr. Qian offered a pluralist answer:

If you say [Chinese medicine] is the medical system from China, it's content changes from one historical period to another. My background is the 'academic-school'—we studied Chinese medicine in college, so our knowledge base was crammed with a lot of Western medicine. Sure, that's inevitable, since the social trend is as such. The goal of our training was to work in [modern] hospitals. You can't just be handed a lab report and not know what to say, right? So Chinese medical doctors nowadays are quite different from those trained through traditional apprenticeship.

Dr. Qian de-essentialized the Chineseness of Chinese medicine by pointing out its fluidity amidst historical evolution. Then he discerned the shift of its connotations in the American context as a foreign system of knowledge and practice within the current regulatory framework:

Now that I'm moved into this new environment [in the U.S.], the meaning of Chinese medicine is yet again changed—it's not only a medical concept, but also a cultural one. You have to help people understand, as a foreign system, how much help does Chinese medicine do to the body? In addition to that, Chinese medicine has much to do with our diet, food, which expands its terrain. But under restricted circumstances, as Chinese medical doctors, I can't aggressively tell people that I can cure your disease, or that I can take care of this or that for you. So we have to say that we are adjusting [your health conditions] in terms of nutrition, etc.

Dr. Qian's lament extends what I have discussed in the legibility section from a legal restraint to a cultural accessibility issue. Dr. Qian made it a task of the practitioner to educate the American public, and by gesturing to food and nutrition, tried to position his practice in a market niche that highlights the non-pharmacological aspect of Chinese medicine. By doing so, Dr. Qian transforms what he perceived to be the cultural advantage of Chinese medicine into an operational strategy that not only bypasses the institutional constraint mentioned previously, but increases the legibility of his practice.

The ethnocultural front of Chinese medicine seems to be implicitly present, in Dr. Qian's self-defining acknowledgement of the layered meaning of Chinese medicine, as it is in my heartfelt relief hearing that Latina customer's words of consolation, and in Dr. Wang's motivation to practice in the U.S. When I asked her what kept her here in the U.S., Dr. Wang mentioned a sense of calling to be the bridge across the Pacific and promote the Chinese culture. Having lived in the U.S. for almost ten years, Dr. Wang felt that she could neither stand an entirely Chinese social circle, nor could she forfeit her cultural heritage and blend into American society. Practicing Chinese medicine in the U.S. allowed her to keep in touch with both sides of her experience. Planning for her first clinic then in construction, she expressed distaste for interior decorations that amplify exotic Oriental aesthetics. A couple of months later, I visited her new clinic and found it in a minimalist chic vibe in a harmonious accord with a few frames of Chinese calligraphical art and some creatively animated acupoint charts on the wall. For Dr. Wang, this subtle, integrated version of Chineseness is less desired as a commercial identifier for attracting potential customers, but part of the therapeutic package that her practice hopes to deliver to her customers.

While cultural displacement of Chinese medicine reduces its legibility as a medical science, it allows practitioners to shelve its religious implications of Daoism or recontextualize their practice in a way that increases its compatibility with other belief systems. Dr. Kim, for example, seemed to appeal to a clearly demarcated clientele base of those who are Christian conservatives. Entering the lobby of Dr. Kim's clinic, one would feel as if mistakenly trespassing on someone's private office, as greeted by framed calligraphy and a soft warm air. Melodious instrumental music was played in the background, with some being popular Christian worship songs. The clinical space was simple but not minimalist. Besides a pentagonal diagram taped to the desk so that he could easily demonstrate to the patient how to understand what is going on with the body by the five phases theory, Dr. Kim also had a bible conveniently placed on the table on his left hand side, to which he gestured

frequently and enthusiastically. Dr. Kim's Christian belief (not without some critiques of dogmatic believers) stood out as a prominent component that organized his way of life as well as his way of practice. For him, Chinese medicine did not conflict with Christianity because the medical system itself was a design by God; and the Christian belief that as humans we are bound to be insufficient and imperfect tallies with the Chinese medicine notion that we all have some sort of imbalance. Naturally, practicing Chinese medicine to re-balance the body, for Dr. Kim, would be a step towards resembling the image of God.

At the same time, Dr. Kim's practice engaged with another subculture present in inland California. "You have to know what's going on with Western medicine, in fact. That's why I read about all the time every month, Dr. Blaylock," Dr. Kim pulled out a folder next to rows of medical classics from ancient China and Korea from his bookshelf, with which he later tried to convince me that Chinese characters were originally invented in Korea. Inside the folder was a stack of printed journal articles by Russell Blaylock, a controversial public intellectual, "He discussed with me—Dr. Blaylock—he's sending me all the problem of [Western medicine], you know, like for example, vaccine problem." A former neurosurgeon, Russell Blaylock has written extensively about health risks that diverge from widely accepted scientific consensus, and his critiques of the biomedical infrastructure have led some to associate his work with conspiracy theory. Dr. Kim not only subscribed to Blaylock's medical opinions, but recognized Blaylock as a whistleblower and fellow fighter against the dregs of the biomedical industry. "He talks about a lot of problems with Western medicine all the time. He has 35 years of experience [as] surgeon and cardiologist. You know, this communication, [across the] medical field, all of them together—we have to work together." Although I disagreed with many of Dr. Kim's assertions, it was undeniable that, to the extent of his knowledge, joining forces with a biomedicine criticizer fulfilled the role that he wanted his medical practice to play in the improvement of societal wellness.

To a similar end of maintaining personal integrity and professional coherence, some practitioners distance themselves from other alternative healing modalities—especially those associated with mysticism or spiritualism—which aligns their practice with values of scientific rigor and discipline. Dr. Park, for instance, pointed out that one only needed a few months to get a certificate in energy medicines such as Reiki, considerably shorter than the 3-4 years required to become a licensed acupuncturist. Dismissing energy work as “woo woo stuff,” Dr. Park framed Chinese medicine as a more legitimate and serious endeavor. Similarly, Dr. Wang, who likened acupuncture theory to neurology, expressed discomfort with the occasional praise “*shenyi*” (神医 magical healer). While she acknowledged that some healers might possess special gifts, Dr. Wang rejected the blind pursuit of this type of healing, warning that it is not the ultimate solution to change fate, and could easily fall into fraudulent superstition. “Chinese medicine is not as mysterious as you probably imagine—it’s very *pusu* (朴素, simple and un-abstruse),” she clarified, “but it requires intuition and passion. And you need to have good hand-eye coordination, as well as good memory.” Rather than presenting Chinese medicine as an esoteric art accessible only to the gifted, both Dr. Park and Dr. Wang framed the practice as a discipline grounded in skill, dedication, and systematic training. This framing aligns with American values of professionalism, work ethic, and individualist meritocracy, positioning the practitioner not as a mystical figure, but as a trained expert who earns legitimacy through effort and self-discipline.

This section examines blockages in the middle burner that interfere with the transformation of resources as needed for sustaining the metaphorical body of Chinese medicine practice. The analysis depicts not a unified pathology, but a range of metabolic disturbances: in some cases, rigid institutional frameworks, like a stiffened channel, a slow depletion of energy and morale in the healing-as-commodity culture, like qi deficiency, and in other cases, overwhelming expectations resembling excessive heat. The point here, though, is not to draw accurate analogy but to

demonstrate how the Chinese medicine profession is afflicted by multifaceted difficulty in digesting, transforming, or distributing resources. Amidst this discussion of the middle burner issues, I observe issues from the upper burner trickling down and effecting serious blockages that pressure practitioners to adapt, while at the same time, implicit but effective reframing starts to form a flow of qi in the middle burner to propel the sickening dynamic in an outward motion. How much this can persist is a question that calls for an assessment of the lower burner. According to Li, if the qi in the middle burner, like cash flow, cannot be maintained at an adequate volume to ensure the daily supply, then the essence qi in the lower burner will be extracted to support daily operation.²⁶⁸

Though I have been scanning this metaphorical body from the top to the bottom and the exterior to the interior, Li's diagnosis protocol asks practitioners to start with an inventory check in the lower burner and then the middle burner, because the primary healing dynamic inherent in the body moves outward and expels sickness through bodily excretions.²⁶⁹ Turning to practitioners' cultivation of their body towards personal wellness as the foundation of their practice, I center embodiment in Chinese medicine practice, and highlight the intersubjectivity of healing at large.

Lower Burner: Affective, Embodied, and Relational Healing

Revolving around the kidneys, the lower burner is understood in Chinese medicine to store and preserve the body's *essence*—the foundational vitality that distinguishes the living from the lifeless.²⁷⁰ By analogy, the lower burner of Chinese medicine practice holds the deeply personal, often unspoken dimensions of the practitioner's own bodymind. It is here that accumulated life experiences, emotional habits, and existential conditions settle and circulate, shaping not only the practitioner's wellness but also their capacity to heal others. This section explores what I see as the

²⁶⁸ Li, *Traditional Chinese medicine*, 8.

²⁶⁹ Li, 19.

²⁷⁰ Kaptchuk, *The Web That Has No Weaver*, 55.

most intimate and perhaps most difficult forms of blockage, since they implicate the practitioner's own psychic and somatic self. Rather than treating these blockages as obstructions to be cleared, I approach them as formative conditions that configures each individual's practice. I begin with the premise that embodied subjectivity is central to clinical efficacy. Through the example of Dr. Sun's situation, I examine how personal disruption, such as emotional strain and diasporic displacement, can turn the practitioner into a major site of blockage. Yet rather than pathologizing individuals, I see the unsettled practitioner as a node within a broader wellness ecology, who is already performing integration of internal and relational healing. I use additional cases to discuss the various intra- and inter-corporeal processes practitioners engage themselves in to cultivate their healing practice. I close by turning to Elisabeth Hsu's concept of empotment to reflect on how the corporeal presence of the practitioner and the spatial-temporal texture of the clinic shape the therapeutic encounter, which opens up the ways the body participates in healing.

In Chinese medicine, the practitioner is not just a technician but a vital conduit of healing, whose state of being matters to the effectiveness of treatment. As a mentor, Dr. Park always told his students, "One of the exciting things about this field is that ten years down the line, if we are all sitting in a room together again, talking about [our practices], not one of you will have the same practice. So, in other words, we can create a practice in such a way that it reflects our personality and values." He also warned them that "becoming a practitioner is a spiritual journey, because you are faced with all your internal demons." Addressing the common anxiety among early-career practitioners, Dr. Park warned his students, "if [patients] do well and you have a tendency to tap yourself on the shoulder, saying I'm a great doctor, then when they say this didn't work, what's going to happen is that fear is going to take over, and you're no longer able to problem-solve at that point because you're worried about what they're going to say, what they're going to do. So you're doing damage control and no longer have the proper mindset to [think]: Okay, what's plan B, what's

plan C, what's plan D?" This reminder highlights the nature of healing in Chinese medicine as a continuous process that implicates the inner wellbeing of the practitioner, which if judged by momentary success or failure would lead to unsatisfactory performance. The psychic stability Dr. Park recommended in this teaching is echoed in the traditional reliance on corporeal stability in Chinese medicine practice. To give an example: filling Chinese herbal prescriptions is called *zhuayao* 抓药 (grasp the medicine), and the traditional way of doing that is to use one's hand to literally grasp the needed amount of herbs. Some experienced practitioners can casually grasp herbs without measuring and it would be about the exact amount needed. Unlike in biomedicine, accuracy in Chinese medicine is replaced by constancy based on the practitioner's corporeal stability.

The incident in the beginning of this chapter might not happen in many other Chinese medicine clinics (or it might), because it embodies not only the broader social environment of the U.S. medical system, but also the practitioner's personal situation at the moment. Farquhar defines a good doctor as "magically lively, an embodiment of effective vitality."²⁷¹ In her evocation of magic, Farquhar does not shy away from the parallel between clinical practice to a transcendent or ritualistic experience when performed brilliantly. More to my point here is her intriguing qualification of vitality as "effective," which frames vitality not merely as one of the resources that sustain a practice as it does to any other forms of human activity, but as a functional part of what constitutes effective treatment. Similarly, Scheid differentiates "productive medicine that [is] truly alive and therefore effective" from "lifeless methods."²⁷² Following Scheid to see medical practice as possible to be imbued with life, blockage in Chinese medicine treatment can obstruct the delivery of effectiveness. Not only does Scheid suggest that it is similar to what takes place in a human body, but he clearly

²⁷¹ Farquhar, *A Way of Life*, 106.

²⁷² Volker Scheid, "Convergent Lines of Descent: Symptoms, Patterns, Constellations, and the Emergent Interface of Systems Biology and Chinese Medicine," *East Asian Science, Technology and Society* 8, no. 1 (March 1, 2014): 107–39, <https://doi.org/10.1215/18752160-2407180>.

points out that since as early as the first century, effective Chinese medicine practice has been considered as directly related to the “embodied subjectivity of the practicing physician.”²⁷³ Thus the question of what kinds of blockage prevent Chinese medicine treatment from being more effective can also be asked as what obstructs the embodied subjectivity of Chinese medicine practitioners?

One form of embodied subjectivity manifests in Chinese medicine’s reliance on a diagnostic logic that requires the practitioner’s interpretive judgment, especially under the five phases theory, which emphasizes pattern recognition over fixed causality. The five phases theory classifies things and propensities into five categories: wood, fire, water, metal, and earth, which have interlacing relations of production and restraint among each other. Therefore, the five phases theory forecloses any singular truth of causality and opens up the possibility of intervention.²⁷⁴ Practitioners choose their approach to adjust the imbalanced pattern within minutes after diagnosing what the pattern is in a clinical encounter. Same with treatment design. Dr. Sun used the metaphor of a traditional weighing scale to visualize the nonexistence of a standard solution in Chinese medicine: one can lift the lower arm or press on the upper arm of the scale to even their height, and one may tip at any location of either arm with correspondingly adjusted strength to achieve the same balance. This metaphor, of course, oversimplifies the complexity of designing a Chinese medicine treatment. Unless the problem is a simple injury on the surface level, more often the issues patients come to U.S. Chinese medicine clinics with require consideration of the whole-person pattern in order to be thoroughly addressed.

Dr. Sun reportedly experienced the obstruction of embodied subjectivity in the form of losing professional intuition. Effectiveness fluctuated from case to case in Dr. Sun’s practice as she switched between medical modalities and her own wellness fluctuated. She admitted to being more

²⁷³ Scheid, 19.

²⁷⁴ Farquhar, *A Way of Life*, 100.

confident in performing acupuncture than prescribing herbal medicine, because the former can be used in a rather reductive manner, while the latter has to take the whole person into consideration. “I’m not really in the right state myself. My mind is unsettled, and I’m not feeling in good form,” Dr. Sun remarked on her general condition over the span of several years. In her experience, Chinese medicine is not a profession that relies on logical thinking. “Intuition,” Dr. Sun said. “[A good practice of] Chinese medicine actually requires intuition.” When Dr. Sun was practicing in China, she was more often in that state of intuition where she could feel the patient as a whole person and place needles where needed without thinking about what she should do, and the cure rate according to her was 90% or even 99%. In that state, she would be able to receive immediate real-time response from the patient’s body through what the inserted needle transpires, which determines whether she should tonify (add) or drain qi from the needled point. Even the whole treatment plan would emerge in her mind without having to think or deduce. What Dr. Sun practiced now, however, was more of a mechanical and technical operation of book knowledge, and she constantly felt unconfident when prescribing herbal medicine. I asked her what blocked her from entering that intuitive state, “is it because it’s so noisy out there?” since the store-clinic was located in an Asian market. Instead of seizing the opportunity to lay the blame on the external environment, Dr. Sun talked about her emotional struggles, and concerns about her family members—her young daughter’s behavior and education, her adult son’s career, and her troubled relationship with her husband. With all kinds of blockage in her personal life, Dr. Sun felt more comfortable practicing acupuncture which can be effective with only a small bandwidth taken up.

Dr. Sun’s situation serves as a powerful example of when a practitioner’s medical output becomes blocked not by a lack of training but by emotional depletion, displacement, and disorientation. Ten years ago, she migrated to the United States at the prime time of her career practicing as a chief Chinese medicine physician in China. Busy and respected, Dr. Sun used to see

over thirty patients on a daily average. Working in a hospital provided Dr. Sun considerable stability but the disadvantage of a salaried job was that she could not reap the monetary gain that her hard work deserved. The flip side was that Dr. Sun cherished the sense of achievement that arose when recovered patients returned to express gratitude. Because the doctor was on a standard payroll, and patients in China rarely found Chinese medicine treatments unaffordable due to the wide coverage of national health insurance, Dr. Sun had more liberty to use whatever tools and techniques that she considered beneficial for the patient, and she had all the bandwidth to do that. However, her second child came at a time before China's One Child Policy was lifted. Having had multiple abortions, she decided to keep this baby, which left her no choice other than leaving the country. Under this condition, Dr. Sun quit the stable job she excelled in and came to the U.S., a country where people said every effort would be rewarded.

As a new immigrant, Dr. Sun found support from local church communities who got her through her pregnancy in the absence of her husband, and started by helping out at someone else's clinic in Irvine to opening a joint business in Hollywood with a so-called friend. Everything went "well," as Dr. Sun described it, until the clinic began to turn a profit and conflicts emerged. Dr. Sun decided that it was not worth spending her energy on sustaining such a partnership, so she left the business and started her own business in Riverside County, throughout which some of her earliest clients followed her wherever she moved. With the rising rental costs, Dr. Sun felt that she would not be moving any time soon; plus, she had developed a local clientele in the four years of her independent practice. Settling down in a city with a conspicuously smaller Chinese-speaking population than Irvine, Dr. Sun had to endure more legibility blockage than she did in Irvine. Her level of English speaking skills allowed her to engage in simple conversations with her non-Chinese speaking customers, but prevented in-depth communication, let alone building the kind of friend-like relationship as she had in China. Now she spent five full days and two half days a week in this

windowless store-clinic, reading web novels on her phone when no service was requested. I asked why she did not carve out more non-work time for family or herself, Dr. Sun replied with a shrug, “I’d just be scrolling through the phone [reading novels] at home. Why not doing it here?”

Entrepreneurship delivered to Dr. Sun part of what the American Dream promised with some undesired downsides. With limited support from insurance and legislation, practicing Chinese medicine in America is financially challenging. Running a store-clinic was the way Dr. Sun kept the business afloat. If you were to ask the price for a random cosmetic product on sale in Dr. Sun’s store, you would need to wait for about half an hour after she is finished with needling one patient, checking another out, and putting away the large packages someone just dropped off. Her store-clinic as a compounded practice gives us a glimpse into the overwhelming life Dr. Sun lived as a Chinese medicine practitioner in Southern California. The store shelves compressed her clinical space, where her treatment rooms were composed of two treatment beds surrounded by a couple of thin curtains behind the shelves. Having worked as a chief physician in a Chinese hospital, Dr. Sun was not satisfied with the space herself. “Actually it’s substandard as a clinic,” Dr. Sun admitted, “[Chinese medicine] clinics need to be quiet. Because with the needles in—[according to the saying] ‘wait in calmness for qi’ (静以候气)—the effect would be better in a quiet environment. So the noisy environment really isn’t suitable [for practicing Chinese medicine].” All these conditions deprived Dr. Sun of a support system, and disoriented her from a familiar route to achieve a sense of stability and accomplishment.

If it is not obvious enough, what practitioners carry in their bodies is never solely personal. Dr. Sun took active measures to keep herself as healthy as possible: outdoor running in the morning, nutritious breakfast, needling herself once in a while; yet they were not enough. The ability to practice intuitively or to maintain a steady therapeutic presence is shaped not only by emotional or spiritual stability, but also by how well the practitioner is attuned to the world around them. For

Chinese medicine—rooted in seasonal rhythms, environmental conditions, and locally situated diagnostics—the unfamiliarity of a new climate, landscape, or cultural terrain can unsettle the embodied knowing that anchors the healing practice. For many migrant practitioners, including Dr. Sun, blockage comes not just from internal fatigue or emotional burden, but from a broader ecological displacement: a sense of being misaligned with the very soil, language, and tempo of the place where they are expected to heal. The following analysis discusses how some practitioners navigate this type of blockage.

Because Chinese medicine considers the human body as part of larger dynamics, local climates—both natural and social—are significant contexts in which practitioners make diagnoses and treatment plans.²⁷⁵ Practitioners who personally have a transnational background pay additional attention to the dry and warm climate of Southern California as a way to refine and localize their practice. “[Being observant] like a farmer,” describes the exercise that familiarized Dr. Wang with how the natural environment shifts through the seasons. Dr. Wang studied local vegetation to get a grasp on what kind of life forms are grown and nurtured in Southern California to inform her understanding of the human bodies she was treating in the same natural environment. Treatments of the same issue may also vary to a certain extent by season because the body is a living organism that responds to the changing climate. Perhaps following a similar instinct, Dr. Sun turned her spacious backyard into a vegetable garden. Dr. Qian contrasted the humid and damp climate of Guangdong, a southern province in China with Southern California’s to differentiate the common skin diseases that break out in these two regions. Apparently an effective prescription cannot be applied to a seemingly similar illness in a different region. Dr. Wang observed that prescriptions used in northern

²⁷⁵ Shandong zhongyi xueyuan (山东中医学院) and Hebei yi xue yuan (河北医学院), *Huang di nei jing su wen jiaoshi* 黄帝内经素问校释 [Annotated and Collated Edition of Huang di nei jing su wen], 1:12–49.

regions of China were generally stronger than in southern regions, and her southern friend's intensely palpating reaction to a commonly used herb in the north served as a concrete example.

The practitioner needs to get acclimatized in a new place, by learning about the natural as well as the social environment, such as common sources of stress, dietary customs, living conditions, etc. Dr. Sun observed that when attributing diseases to family history what we often overlook is the factor of shared lifestyles, such as eating habits. Unfortunately this information was rarely available to Dr. Sun as her limited language skills prevented her from having more in-depth communication with patients. What she was able to utilize was a sense of general patterns that prevailed in American society. Dr. Qian gave another example of acclimation in practicing Chinese medicine that he thought was the most obvious: "in terms of Chinese herbal medicine, [Americans] are accustomed to eat sweet things or things that don't taste terrible. If you make them a very traditional decoction, ingestion of the medicine would be a problem for them. This is when you should make adjustments; we would recommend capsules and tablets to our patients. Even if we stick with herbal decoction, you have to adjust the flavor. It's pointless to say 'my decoction is very effective,' when the patient can't ingest it at all." Dr. Qian's prescription predicted a patient's post-appointment behavior to maximize clinical effectiveness. When I asked him if ready-made pills would be less effective than shredded herbs for decoction, Dr. Qian first confirmed with a nod but quickly revised his point: "medicine for long-term treatment is different from that for acute sickness. For acute sickness, you want the effect to come strong and quick. For long-term issues, if I prescribe you a bunch of shredded herbs to boil every single day for weeks, you're probably gonna stop doing that very soon. But with pills it's convenient, and thus good for continuity." To arrive at this type of adjustment,

practitioners need to profile groups in ways that risk casting stereotypes, and continue to revise their approach according to the feedback they receive along the way.²⁷⁶

Besides acclimatization, rejection emerged as another response to blockage—by proactively creating blockage. Dr. Park emphasized on how the patient must be a partner to the practitioner, who go through a journey together, but with a caveat, “I don’t go on this journey with everybody.” In order to do what he needed to do, Dr. Park was not afraid to turn people away, like when people only looked for quick fixes and were not willing to take an active part in healing themselves through inspecting and adjusting their lifestyle. Simply being on the same stage does not warrant a good performance. Therefore, Dr. Park decided to respond with rejection to the patient’s rejection to commit. One case about rejection Dr. Park shared with me illuminates the contingent nature of the healing performance and its inconsistency with the commodification phenomenon in the health industry. In this story, a husband and wife walked into Dr. Park’s clinic, and while the wife consulted the doctor about her complicated illness, the husband interrupted, “Listen. I don’t believe in any of this stuff you do. But my wife wanted to try it, and she’s desperate. So I need you to prove to me, explain to me how it works, or convince me that this is worth doing.” To which Dr. Park replied “I understand your concerns. But I’m in the business of helping people, I’m not in the business of convincing people of doing things they don’t want to.” Perhaps the obvious overbearingness that this family member displayed convinced Dr. Park that this interruptive element would continue to disturb the healing performance even if the husband was given the best proof. As he noticed the husband crossing his arms, Dr. Park continued, “I don’t think this is a good fit. I won’t charge you

²⁷⁶ An anecdote of my own at Dr. Qian’s practice reifies this theory: After I had finished two courses of herbal decoction, Dr. Qian checked with me each time, to ask whether it was sour. It turned out that one of the herbs Dr. Qian prescribed was something called magnolia berry or five-flavor fruit, which is characterized by a sour flavor, but he never explained why he had to confirm with me. A puzzled year later, I realized that it was his way of obtaining feedback, both to add to the database for his practice in Southern California in general and to assess my health condition. It is said that in some cases the patient’s sensitivity to the unpleasant flavor of prescribed herbs can be an index for evaluating how well one’s condition that these herbs target has recovered. I learned this evaluative strategy from an online Chinese medicine course taught by Xin Li, who co-authored *Traditional Chinese medicine: back to the sources for a modern approach*.

for today. I'll give you three referrals to other practitioners and you can try them out. But I'm not in the business of doing this." Dr. Park explained to me that this mostly happened with clients who were cynical rather than skeptical. While skepticism leaves the door open for discovery, cynicism usually holds on to prejudice and bars people from commitment. Even though Dr. Park believed that the logic of Chinese medicine would work on a patient no matter whether this person believes in it or not, it seems that the effectiveness of practicing Chinese medicine is deeply related to the intersubjective relationship between the patient and the practitioner. A cynical patient and a self-justifying practitioner cannot enter that relationship; they remain in an intellectual battle, which shuts down "somatic modes of attention"—what anthropologist Thomas J. Csordas argues to be the necessary path to intersubjectivity.²⁷⁷ Therefore, practitioners like Dr. Park who believe Chinese medicine is scientific and logical are not necessarily committed to the explanatory work in the clinical setting, because intellectual persuasion may impede the cultivation of an intersubjective patient-practitioner relationship, thus impairing the clinical efficacy. This is perhaps why Dr. Sun never marketed her services or intentionally turned customers into patients. There were patients who came in so ill that Dr. Sun had no confidence in treating, but with good faith, they responded exceptionally well to the treatment; whereas distrustful patients could not see recovery for minor ailments that Dr. Sun could usually fix with one or two needles. Trust as a key ingredient to effective healing, which several of my interlocutors echoed through the traditional adage "the physician does not knock on the door (*yi bu kou men* 医不叩门)," contributes to their detached attitude that refrains from persuasion or aggressive outreach.

Besides reflecting a worldview of relational healing, I argue that this attitude itself performs relational healing. I noticed that when customers arrived in her store, Dr. Sun always kept on doing

²⁷⁷ quoted in Hsu, *Chinese Medicine in East Africa*, 257, quoting Thomas J. Csordas, "Somatic Modes of Attention," *Cultural Anthropology* 8, no. 2 (1993): 135–56.

her own thing until requests were made. The image of her resting one arm on the display counter, gazing at the customer with a faint, almost imperceptible smile, stuck with me. Little did many customers know that in those silent uneventful moments the practitioner collected most of the information she needed. Actually I felt the same gaze when I was talking to Dr. Sun: her gaze upon me was observational—not the intense, searching kind of focus, but a steady yet gentle, holistic kind of grasp. It was as if her gaze was penetrating through me, looking beyond to what was behind my material presence. Consistent with this lack of fixation was Dr. Sun’s faith in the cosmic order of things—a belief upheld by Chinese medical philosophy, which anchored her with a unique sense of stability. Contrasting with Dr. Sun’s lukewarm expression, many patients of hers appeared to be very enthusiastic and quite onboard with what this nondescript little store-clinic had to offer, which reflects the effectiveness of her practice. Her calm, quiet, and neighborly presence, in a way, appeared to be a medicine in itself.

Before closing, I would like to situate Dr. Sun’s personal style in the temporal and spatial texture of her clinic, to again diffuse the individuated agency and map healing ecologically. As Elisabeth Hsu argues, agency is “not to be located solely in the person (free will and free choice) or solely in the (natural/social) environment (requiring ‘adaptation’ to given structures). Rather, it is the situational constellation, with its inherent tensions and tonus that give it momentum.”²⁷⁸ In her investigation into the materiality of medical encounters, Hsu defines “pot” as “intersubjectively perceived materials, things, atmospheres or beings that have become part of a triadic intercorporeal relationship that they form with patients and practitioners,” and she coins the term “empotment” for the development of such an intercorporeal interdependence between the place and place-making inhabitants.²⁷⁹ Hsu’s theorization leads me to think of Dr. Sun’s state of being as mutually

²⁷⁸ Hsu, *Chinese Medicine in East Africa*, 187.

²⁷⁹ Hsu, 128.

constitutive with the perceived materiality of her practice, which attracts participation from patients who, whether consciously or affectively, find resonance and relief in the particular rhythms and atmospheres of her practice.

The diasporic displacement Dr. Sun experienced was reflected in her daily management of her practice, manifested in a modest, casually unkempt and budget-conscious store-clinic that stood in stark contrast to the more polished and spa-like Chinese medicine practices popular in Southern California, such as Dr. Park's and Dr. Wang's. Appearing asynchronous with the fast-paced world, Dr. Sun's store-clinic operated at a tenaciously slow rhythm. Opposite to my anxieties about wasting others' time, not only was Dr. Sun unapologetically taking her time, those who came here for treatment also seemed to feel at ease with the unhurried pace. Dr. Sun often had to turn away to attend to other tasks simultaneously going on in the store, and even customers who just wanted to settle their bills simply waited patiently. In my conversation with two patients who were waiting to pay their bills, I found that despite implying they were busy (one lived a 30-minute drive away, and the other had a husband who was amputated and recently suffered a new fracture, along with a mother-in-law over 90 years old to care for), they still took generous time to chat with us before leaving. In fact, Dr. Sun's store-clinic had no seating area but only a narrow aisle where one could only turn sideways to squeeze by each other while watching out for a stack of cardboard boxes. One would think it was not exactly a place to relax and linger, yet people in this space became unusually accommodating in terms of time.

The compactness of Dr. Sun's practice also compromises privacy and tranquility but renders the clinic extra capacious for expressions of pain. The thin curtains blocked the view but could not block the painful wailing of a patient with paralysis, who also had a hard time articulating. I observed some customers being slightly taken aback but quickly regaining composure because the rest of the clinic, especially Dr. Sun, seemed unfazed by the piercing sound of suffering. The patient was in

such great pain that between her uncontrollable screams she was also expressing frustration about her unlivable life. Noises from the market dulled the guttural eruption, which would otherwise appear out of place in an era that pursues wellness as a lifestyle aesthetic of composure and elegance. Dr. Sun entered the curtained compartment and while checking her, soothed her as with a baby, in a manner intended not to actually stop her from disturbing others, but to comfort her. I recalled watching Dr. Sun greet family members of this patient by asking about how much the patient had been crying lately. The patient's cry was one of the external indices from which the practitioner gleaned information about her current conditions. Though Dr. Sun had patients fill out an evaluation form prior to and after each session to measure their pain retrospectively, that data were mainly for insurance paperwork. Instant bodily feedback from the patient plays a much more important role in clinical encounters. In another case, a new immigrant practitioner who temporarily practiced at Dr. Sun's clinic asked a patient to vocalize her pain if she felt any, "Let it out, otherwise others won't know." This instruction most obviously referred to the clinical communication between the old lady and the practitioner, but it was also a reminder to express and release her emotions in life. The patient was diagnosed with blockage mainly related to her liver, which in Chinese medicine is an organ that regulates emotions. The cry was again not seen as annoyance, but as something conducive to treatment. In one way, it can be said that expressions of pain of all kinds are allowed and encouraged in this clinical space; in another, patients' visceral expressions invite practitioners to diagnose and treat on a deeper psycho-somatic level beyond what verbal complaints enable.

In this section's attention to the lower burner, blockages become no longer merely communicative or metabolic, but seep into or emerge from the very foundation of Chinese medicine practice: the practitioner's own body, vitality, and existential orientation. If the upper burner is a site of public legibility, and the middle burner a site of transformation, the lower burner reveals what

happens when those pressures are absorbed into the body of the practitioners and the metaphorical body of the profession. The signs are still varied: for some, blockage takes the form of a loss of intercorporeal sensitivity that muffles clinical responsiveness that used to come with ease; for others, it is a felt displacement to be amended by refreshing one's sense of purpose or relationship with the natural and social environment. In the language of Chinese medicine, such blockages suggest damage not just to qi flow, but to the body's reserves of essence, which is the deep well practitioners draw upon to sustain both life and care. Blockage in the lower burner signals foundational instability, which presents challenges to Chinese medicine's effectiveness and accessibility in the American healthcare market. At the same time, blockage on this level becomes part of the essence of the practice, which contours a particular type of care that achieves therapeutic effects in each intercorporeal and intersubjective encounter.

Final Thoughts

As Chinese medicine historian and practitioner Nancy Holroyde-Downing discovers, case records “inform us about the social and cultural milieu in which they were written, reference the theoretical underpinnings of a physician's reasoning and argue for particular methods of practice.”²⁸⁰ Charlotte Furth adds, “they are invitations to wonder, not raw material for problem solving.”²⁸¹ This chapter serves as a case record of the U.S. Chinese medicine body politic as it struggles and navigates institutional, economic, cultural, and personal blockages. Though limited in comprehensiveness and practicality—due to the lack of treatment suggestion, this case record is a

²⁸⁰ Nancy Holroyde-Downing, “Case Records Yi'an 醫案,” in *Routledge Handbook of Chinese Medicine*, ed. Vivienne Lo, Michael Stanley-Baker, and Dolly Yang, 1st ed. (London: Routledge, 2022), 181, <https://doi.org/10.4324/9780203740262>.

²⁸¹ Charlotte Furth, “Producing Medical Knowledge through Cases: History, Evidence, and Action,” in *Thinking with Cases: Specialist Knowledge in Chinese Cultural History*, ed. Charlotte Furth, Judith T. Zeitlin, and Ping-chen Hsiung (University of Hawaii Press, 2007), 129.

first step into understanding this profession as a rugged terrain where the contingencies of healing are intertwined with its effectiveness.

One implicit argument I have made with this compilation of interviews and observations is that wholeness is not a guarantee of holistic medicine, which I mean in two ways: on the one hand, Chinese medicine has its own blockage in its attempt to achieve optimal effectiveness, and especially if practiced in a mechanical manner it too performs reductively; and on the other hand, the commodified notion of wholeness as a product that can be delivered through paid services is in the first place misleading, in that health is a matter of performance, and Chinese medicine helps to see this more clearly. At the heart of Chinese medical philosophy is the recognition of change, driven by the constant flow of qi; therefore, as Li points out, health is an ongoing process of interacting qi and changing patterns.²⁸² Hsu defines healing as “part of a long-term retexturing dynamics, aimed at ‘making whole’ through a material and spatial ‘empotment’.”²⁸³ Health, I deduce, is this retexturing dynamic, for which I find performance to be a useful metaphor. Medical interventions, including clinical encounters, participate in the performance of health just in the same way as other forces that have joined before and created the patterns that demand medical attention. The health of a body can be brought into balance in many different ways, but here balance does not mean returning to an original state. As in drama, the plot moves forward, however meanderingly, until a new coherence emerges. Healing, too, does not restore what was, but creates something newly livable from what unfolds.

Similarly, I see performance as a potent metaphor for clinical encounter because it is the time and space in which the story of health is spotlighted and potentially reaches a turning point. Just as a theatrical performance is the culmination of rehearsals, clinical performance builds upon

²⁸² Li, *Traditional Chinese medicine*, 8–9.

²⁸³ Hsu, *Chinese Medicine in East Africa*, 239.

past experience and, in Hsu's terms, "empots" the healing bodies—both the one seeking care and the one that facilitates it—into specific relational and environmental contexts. Viewing patient and practitioner as both actors brings into focus the intersubjectivity of healing, aligning with the idea of "encounter" as an open-ended happening when one subject meets another. A shared thread among the practitioners in this study—which subtly gathers them in distinction to biomedical logic, even if only momentarily—is their recognition of the body's intrinsic healing ability and tendency. Here the practitioner is a facilitator or co-performer in a process that unfolds across time, relationship, and place. This framing leads me to my understanding of health not as an individual achievement or endpoint, but as a collective performance that involves the body as simultaneously a performing subject, an object, and the performing space of care.

Meanwhile, performance also has another meaning in the medical world, one that has become increasingly technocratic and central to U.S. Chinese medicine practitioners' struggle. The medical term "clinical performance" refers to the measurable effectiveness of services and substances deployed in a medical treatment or the overall effectiveness of a clinical encounter. Jon McKenzie's *Perform or Else* identifies a pervasive paradigm of performance underlying cultural, organizational, and technical domains in contemporary society. What links these domains, as McKenzie argues, is a coercive mandate to deliver results or face exclusion.²⁸⁴ The dominant logic lying at the common ground of these usages is a pursuit of maximum return. As we can see in the experiences of my interlocutors, Chinese medicine is demanded at point-blank to perform, or else be sued, expelled, or ignored. My relief at the Latina customer's words revealed an anxiety I held as a Chinese medicine learner in the U.S. about being dismissed, othered, and wronged. As I became defensively concerned about how Chinese medicine as a profession would be viewed, I lost sight of the real struggles Chinese medicine practitioners face. Though they would love it if Chinese

²⁸⁴ Jon McKenzie, *Perform or Else: From Discipline to Performance* (London New York: Routledge, 2001).

medicine was more popular in American society, practitioners cared less about appeasing dissatisfied customers than making things work, to the extent they were capable, for those who reached out for help. The grand narrative of Chinese medicine's fate weighs no more than the day-to-day commitment to optimal health, a performance that involves patients, practitioners, and everything in between.

CHAPTER 3. Dis-organ-izing the Body with Chinese Medicine Sensibilities: An Autoethnographical Account of Performing Chinese Medicine in Southern California

“When you will have made him a body without organs, then you will have delivered him from all his automatic reactions and restored him to his true freedom,” cried Antonin Artaud as a protest against viewing the human body as a sum of functional organs.²⁸⁵ Propelled by modern anatomy, the organ-ized body is a pertinent imagery in biomedicine and contemporary politics. From the sensational rumor about the United States reserving children’s sperm to prepare for artificial insemination in case of soldier shortages, which starts Artaud’s radio play *To Have Done With the Judgement of God*, to the recent NPR news story about a scientific experiment on using an artificial womb to help an extremely premature fetus,²⁸⁶ the mechanization and commodification of the body is couched in an intention to preserve life. The organ-ized body thus becomes a tool to organize the body in a way that denies the complex dynamics within, beyond, and across corporeal confines. Conversely, organs in Chinese medicine are “bundles or intersecting matrixes of resonating human activity” that take place in the landscape of the body, and the body is understood to be in constant exchange and resonance with the cosmos.²⁸⁷ This contrast prompts me to imagine the potential of Chinese medicine in dis-organ-izing the body, which culminates at least partially in a dramatic play that constitutes this chapter. Indeed, this autoethnographical account will take the form of playwriting, but first of all let me explain why.

Whereas the rest of this dissertation analyzes U.S. Chinese medicine from the outside, as emergent imageries and phenomena, this chapter explores another epistemological pathway in order

²⁸⁵ “Artaud: To Have Done With the Judgement of God,” accessed April 11, 2024, <https://surrealism-plays.com/Artaud.html>.

²⁸⁶ Rob Stein, “An Artificial Womb Could Build a Bridge to Health for Premature Babies,” *NPR*, April 12, 2024, sec. Treatments, <https://www.npr.org/sections/health-shots/2024/04/12/1241895501/artificial-womb-premature-birth>.

²⁸⁷ Kaptchuk, *The Web That Has No Weaver*.

to understand from within its cosmology. “These things—qi, circulation tracks, powerful flavors, functional organs like the triple burner or the life gate—have been controversial in global health discourses, but [...] they are just as real, or unreal, as a thyroid gland, immunity, metabolism, or pathogenic stress.”²⁸⁸ Drawing on sociologist John Law’s critique of the “one-world world,”²⁸⁹ medical anthropologist Judith Farquhar suggests that Chinese medicine and bioscience are both world-making cultural formations, though the former often gets dismissed as exotic fantasy and the latter upheld as absolute truth. In previous chapters, I focused on professional performances of Chinese medicine, on canvas and in clinic, where it is most susceptible to Orientalist reduction. In this chapter, I turn to the mundane performance of Chinese medicine and invite it to dis-organ-ize the body—my body—in response to the question: How to perform Chinese medicine in everyday life and adopt its cosmology in the U.S. today? Or in other words, what does it mean to let the cosmology of Chinese medicine inform one’s experience of living? In the form of a dramatic play, I offer this chapter as a case study of my own learning and practicing Chinese medicine in Southern California to look into the imperceptible but transformative power of cosmological shifts.

Theatre studies provides theoretical paradigms for this chapter in several ways, among which performance is the first concept with which I can start to grapple with the vastly encompassing “experience of living,” and the quotidian repetition of everyday life. Echoing the introduction chapter, the framing of my practice as performance is built upon the founding claim of performance studies that all human activity can be studied as performance, which owes much to sociologist Erving Goffman’s dramaturgical theory.²⁹⁰ Goffman theorizes social behaviors as people performing certain roles in corresponding situations in their daily life. Riding with the metaphor of theatre, the dramaturgical theory posits a split between frontstage, where people perform social roles, and

²⁸⁸ Farquhar, *A Way of Life*, 17.

²⁸⁹ Farquhar, 5.

²⁹⁰ Schechner, *Between Theater and Anthropology*, 4–5.

backstage, where people get to be themselves and prepare for frontstage performance.²⁹¹ While the this may be true in social interactions, the frontstage-backstage split hardly applies to routine activities. In her book *The Racial Mundane*, Asian American studies and performance scholar Ju Yon Kim argues that Asian American racial formation is sustained not necessarily through extraordinary acts, but through ordinary and habitual behaviors. Kim defines the mundane as “a fusion of the corporeal and the quotidian,” which “manifests a bodily training that makes modification seem both plausible and difficult.”²⁹² This ambivalence sets up the mundane to be a key site of marking racial minorities as different yet assimilable, and assimilable yet always different. Where Kim concerns the misalignment between the behavior and the body as production of racial difference through the eyes of others,²⁹³ I find opportunities—though limited—of relief through self-modification, with the awareness that, even though the modification I focus on in this chapter is intentionally unassimilative, it is helplessly entangled in the power structures that promote the “ascendancy of whiteness in the modern world,” to borrow Rey Chow’s language.²⁹⁴

If the cosmological is often thought of as abstract or lofty, cosmological integration is one such modification that is performed through the mundane. The human body is a site where cosmological principles play out, which gives us a chance to deconstruct imposed orders like reviewing a theatrical production. For me, an interested layperson, the cosmology of Chinese medicine is something that has seeds planted in me through quotidian parlance but not ingrained within me as core beliefs, which would shape my perspectives. To understand what it means to see the world and life through Chinese medicine creates a critical distance from my current worldview, which is under hardened influences—despite my consciousness of them—of Cartesian dualism,

²⁹¹ Erving Goffman, *The Presentation of Self in Everyday Life* (Knopf Doubleday Publishing Group, 2021).

²⁹² Ju Yon Kim, *The Racial Mundane: Asian American Performance and the Embodied Everyday* (New York: University Press, 2015), 3–4.

²⁹³ Kim, 7.

²⁹⁴ Chow, *The Protestant Ethic and the Spirit of Capitalism*, 3.

capitalist neoliberalism, and historical materialism among others. Impossible to switch like a light, what I find myself performing is a process of cosmological integration that permeates every aspect of my life in tiny details. I learn and practice Chinese medicine through completing coursework, consulting medical experts, undergoing treatments, adjusting daily routines, to clothing, parenting, and literally, breathing. By observing and studying my own process, I obtain insights into moments of inconsistency and points of remote resonance that would otherwise evade the conscious mind. At the same time, mindful repetition gives space to self-cultivation, an ameliorative kind of modification that finds roots in the cultural heritage of Chinese medicine.

Chinese self-cultivation traditions draw attention to the role of aesthetics, and especially somaesthetics, in the performance of the mundane. In his article “Somaesthetics and Self-Cultivation in Chinese Art,” Richard Shusterman explains that the reliance on embodied intelligence, is what distinguishes Chinese self-cultivation from its Western counterpart.²⁹⁵ Shusterman breaks down the phenomenological experience of performing Chinese calligraphy and ink-wash painting to show how the brushwork involves self-improvement through kinesthetic emulation of exemplary styles and self-examination through expressive manifestation of the artist’s own bodily instincts and emotional state in the moment. There are nuances and overlaps in purpose across different traditions: for example, whereas the Confucian tradition links individual wellness with social harmony and emphasizes moral integrity,²⁹⁶ the Daoist tradition focuses on longevity and a slightly different kind of wellness that harmonizes with nature.²⁹⁷ In both cases, somaesthetic cultivation shapes moral, intellectual, and physical being based on the belief that the body—or should I say

²⁹⁵ Shusterman, “Somaesthetics and Self-Cultivation in Chinese Art,” 94–96.

²⁹⁶ Shusterman and Dreon, “Pragmatist Aesthetics,” 7–8.

²⁹⁷ In some interpretations, nature in Daoism is an umbrella term that includes the nonhuman world, community, society, and the cosmos; for more information about the Daoist tradition, see Komjathy, “A Daoist Way of Being.”

bodymind,²⁹⁸ or bodymindspirit²⁹⁹—is performative, which invokes simultaneously the body’s plasticity and subjectivity in the cultivation of itself.

An online Chinese medicine course I took situates my learning of Chinese medicine in the lineage of self-cultivation practice. The course was led by Xin Li, a China-based practitioner and educator of classical Chinese medicine. Li has been teaching this course for six years, on the basics of clinical practice to Chinese medicine professionals and enthusiasts at all stages and from all walks of life. Having authored books on classical Chinese medicine that gesture a departure from TCM,³⁰⁰ Li made it a mainstay of his pedagogical approach to emphasize mindful embodied practice as the first and foremost step in learning Chinese medicine, whether students aimed to improve care at home or in clinic. In fact, Li urges students to unlearn textbook theories and learn from self-observation and somatic training. Li’s teachings like “Don’t observe the leopard through the pipe; become the leopard” and the allegory of Dr. Elephant and Dr. Mole both being valid healers³⁰¹ encouraged me to trust the living body more than recorded intellectual knowledge. My experience with this course motivated me to shift to a corporeal epistemology, and inspired this autoethnographical effort to turn my body into a research site, object, and subject.

Theatre studies also contributes to this chapter’s methodological choice of playwriting. Using creative writing as a formal innovation and epistemological method in scholarly work is certainly not my invention. Pathbreaking scholars like Saidiya Hartman and Gloria Anzaldúa have explored the affective experience of living in a deeply racialized world through theory-informed creative writing,

²⁹⁸ Samantha Dawn Schalk, *Bodyminds Reimagined: (Dis)Ability, Race, and Gender in Black Women’s Speculative Fiction* / Sami Schalk. (Durham: Duke University Press, 2018).

²⁹⁹ JuPong Lin, “Unsettling the Colonial Shadows of Contemplative Practice,” in *Contemplative Practices and Acts of Resistance in Higher Education*, ed. Michelle C. Chatman, LeeRay Costa, and David W. Robinson-Morris (Routledge, 2024), 36–46.

³⁰⁰ Xin Li, *Traditional Chinese Medicine: Back to the Sources for a Modern Approach* (Geneva: Arbre d’Or, 2013).

³⁰¹ Li told a story in class, in which the two animal doctors in the forest, who differ significantly by body size and habits, perform healing with similar effectiveness but in disparate ways that are congruous with their individual particularity.

which reaches readers in ways that transcend logical explication.³⁰² An example of playwriting scholarship can be found in Dorinne Kondo’s book *Worldmaking: Race, Performance, and the Work of Creativity*, which ends with an original play she wrote as part of her ethnographic research.³⁰³ Kondo fuses practice and theory, believing that corporeal epistemologies are powerful and conscientious tools for knowledge production. Through writing a dramatic play, Kondo uses what she calls “reparative creativity” to remake worlds that counter the minoritarian trauma that is enabled by—and sustains—this world.³⁰⁴ When domination is already a mode of world-making too vast to confront head-on, scholars often stage healing through creative reworlding, a move especially meaningful within the academic framework. Interdisciplinary decolonial artist JuPong Lin reflects on how contemplative practice carves out a deconstructive space for academic intellectuals: “I awaken to the complexity of the space between belonging and not belonging, between oppression and liberation, alienation and kinship. Contemplative practice awakens me to the nonduality of living, breathing, walking the ground underneath, which lies a minefield of rigidified patterns of thinking and being that academia trains us to follow.”³⁰⁵ In a similar vein, my playwriting aims to dis-organize the body and disorganize the dominant orders that have organ-ized the body, amidst carrying out the intellectual task of writing this dissertation.

I have made some dramaturgical choices that serve both the purposes of orienting the reading experience and facilitating the creative reparation for myself as I practiced self-cultivation through writing this play. For instance, this play consists of eight acts including a prelude, each act corresponding to one of eight sets of movement in *Ba bu jin gang gong* (Eight-Step Vajra Exercise), a

³⁰² Examples by Hartman and Anzaldúa include Saidiya Hartman, *Wayward Lives, Beautiful Experiments: Intimate Histories of Riotous Black Girls, Troublesome Women, and Queer Radicals* (New York: W. W. Norton & Company, 2019), and Gloria Anzaldúa, *Borderlands / La frontera: La nueva mestiza* (Capitán Swing Libros, 2021).

³⁰³ Dorinne K. Kondo, *Worldmaking: Race, Performance, and the Work of Creativity* (Durham: Duke University Press, 2018).

³⁰⁴ Kondo, 5.

³⁰⁵ Lin, “Unsettling the Colonial Shadows of Contemplative Practice,” 37.

Daoist qigong exercise that people practice to maintain health. Since the beginning of this project, I have myself been practicing qigong exercises including Ba bu jin gang gong and established it as a morning routine. While Lin finds qigong practice to be “a somatic revitalization of ancestral knowledge,” which addresses her diasporic displacement,³⁰⁶ I mainly use it to start my day by reconnecting with my soma and to become more versed in corporeal epistemology. Therefore, functionally, naming each act after a set of movements in Ba bu jin gang gong is intended to remind readers of the somaesthetic orientation of this work, and at the same time, act as indexes to the embodied knowledge of healing that I revisit and refresh on a daily basis. It is my hope that this play simultaneously tells a story of healing and becomes itself a process of self-cultivation.

I have also evoked elements of traditional Chinese theatre in this modern-style play as sites of cosmological integration. Let me give an example: readers will find the main characters to be the “body” and the “mind,” respectively referred to as Dan and Sheng, the leading young female role and the young male role in traditional Chinese theatre, who become reunited at the end of many classic stories. This setup may seem to reinforce dualist notions of body and mind and double down on dualist gender stereotypes. However, I am only using the gendered roles in accordance with the duality of yin-yang, which forms a dynamic system that values balance: there is no yin without yang and no yang without yin; yin engenders yang and vice versa. My initial designation of Dan and Sheng as body and mind is primarily because that captures the way many of us today have been taught to experience our existence. Later in the play, one would realize that the division between the “body” and the “mind” is blurred, when Dan and Sheng find themselves inseparable from each other. The entanglement of the two, perhaps most evident in Act Four and by the end of the play, is an effort to cross over the conceptual gap between the material and the immaterial parts of one’s living experience, even if it cites their separation. It is my intention to replace the customary happy ending

³⁰⁶ Lin, 45.

of traditional Chinese theatre with a less climactic quasi-closure. By challenging the conventional dramaturgical instinct to neatly conclude a well-made play, I resist the structural demand for formal closure that would package this experience as a wellness product. Instead, I offer it as a fragment of an ongoing journey—one I am still traveling even as you read these words.

Ultimately, this creative expedition will be one of my performances of Chinese medicine practice to integrate my intellectual, spiritual, and somatic pursuits of wellness. In the hope that it remains valuable to the public as a piece of intellectual work, I propose “navel-feeling” as a constructive variation of “navel-gazing.” The inspiration comes from an exercise that Li taught in class: to cover our belly button with the palm of our hand and feel what happens to the body as a way to improve our inner awareness of the body and deepen our comprehension of Chinese medicine. Via navel-feeling, one would receive the tactile experience from both the abdominal region and the hand (and increasingly their extension to the whole body as one practices more). Based on my classmates’ feedback, it is not rare for learners to observe the motion and exchange of qi across material boundaries, intra- and inter-personally, as well as between the body and the environment. Whereas navel-gazing is considered unproductive, self-indulgent and excessively self-concerning, navel-feeling disorganizes our conventional way of gauging our body, and grants us an opportunity to perceive the ecology within us and those in which our body participates. Once the body remakes itself, it does seem that structures of living experience start to shift.

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THE EIGHTFOLD VAJRA:ⁱ A HEALING ODYSSEY

CHARACTERS

DAN (the “Body”)ⁱⁱ
SHENG (the “Mind”)
MO (the Writer)
WAI (Mother and Motherly Figures)
LAO (Reason and Rational Beings)
CHOU (Miscellaneous)

SETTINGS

Multiple times over a span of 15 years and multiple locations in unspecified spaces.

NOTE

This annotated play is designed to be read in a two-page view, with one page presenting the script and the facing page providing annotations and analyses. For digital readers: please enlarge the Acrobat Reader window of this PDF document and enable the two-page view function under View > Page Display. For print readers: to preserve the side-by-side format, please print the document using the double-side printing option.

Annotations

- i. The “eightfold vajra” refers to *Ba bu jin gang gong* 八部金刚功 (The Eight-Step Vajra Exercise), a qigong exercise accredited to the late Daoist master Zhishun Zhang 张至顺. This exercise was alleged only passed down from masters to disciples through nonverbal transmission within the Daoist Quanzhen sect as a therapeutic practice that strengthens the body and expels sickness. Master Zhang started making public demonstrations of the exercise later in his life. Other than a book the master authored, annotated videos have been circulated on the Sinophone internet of a white-haired Zhang demonstrating this exercise in different settings. Despite of a lack of authoritative endorsement, the exercise seems to gain much traction among enthusiasts of *yangsheng* 养生 (life-preservation). Xin Li, my online Chinese medicine teacher, also studied under Master Zhang and practiced *Ba bu jin gang gong* as one of his routine exercises. My self-cultivation practice started in August 2023 with another similar exercise, *Ba duan jin* 八段锦 (Eight-Fold Brocade), which the General Administration of Sport of China officially recognized as a medical qigong. I switched to practicing *Ba bu jin gang gong* in April 2024 and began taking Li’s Chinese medicine class in the following August.
- ii. The designation of characters follows traditional Chinese theatre conventions, which refers to characters by their role categories in the play script.³⁰⁷ Beijing opera, for example, has four main role categories—*sheng* (male), *dan* (female), *jing* (painted face), *chou* (comic)—each indicating an archetypal impression of sex, age, and social status. Performers are trained to perform one of the roles their entire life because each role acts upon their own set of values and behavioral styles. By using traditional role categories in this play, I make suggestions of each character’s manner and physicality, while retaining flexibility for characters to switch between personas. I characterize my body and my mind as the main characters DAN and SHENG because I have experienced these parts of my being with similar distinctions that these two role types impress conventional theatregoers: feminine versus masculine, yin versus yang. The caveat of reading under this arrangement is to not let the designations delimit the characters by sexual differences. Like in traditional conventions, these roles can be cross-cast. Later in the play, the clear distinction between the two is blurred as my view of my being is challenged, which is why I added the quotation marks. Though many of the dialogues in this play are sourced from real-life happenings, the designation by role category allows me to capture on the abstract level transmissive patterns of information and energy.

³⁰⁷ A. C. Scott, “The Performance of Classical Theater,” in *Chinese Theater: From Its Origins to the Present Day*, ed. Colin Mackerras (University of Hawaii Press, 1988), 119.

PRELUDE “Thrusting Upward to Benefit the Triple Burner”

(Lights up. A bare stage. Enters MO riding on a stick horse, singing.)

MO

(Sings)

All things carry Yin and embrace Yang
Through the flow of Qi they are harmonized³⁰⁸
Yin is literally the shady side of a hill
Yang is literally the sunny side of a hill

Internally there are Yin and Yang
Liver, Heart, Spleen, Lung, Kidney—
The Yin organs manufacture and store
Stomach, Bladder, Large Intestine
Gallbladder, Small Intestine—
The Yang organs transmit and digest

Externally there are Yin and Yang
The Sun is Yang and the Moon is Yin
Morning is Yang of Yang
Afternoon is Yin of Yang
While night goes deeper into Yin
It’s also getting closer to Yang

Mountain is Yang for its ascension and hardness
Water is Yin for its descension and softness
Mountain is Yin for its calm stillness
Water is Yang for its endless momentum
Dynamic balance directs eyes to the pattern
You miss the point if you try to pinpointⁱⁱⁱ

(Speaks to the audience.)

Time writes its own histories. Words imprison their own meanings. Scholars attempt to rein in wonders of the world, but pitifully they find themselves pulling on the bamboo stick. Pens aside, glasses rested, look up and read on, here comes a message clothed in dramatic rags. My Chinese medicine teacher said: Don’t observe the leopard through the pipe; become the leopard. This chapter dramatizes a journey into which I happen to have an insider’s view. It traces the indefinite transformation from an organ-ized view of the living body to a dis-organ-ized view.ⁱⁱⁱ Where do we begin? Let’s go back in time:

(Dismounts and sings.)

Born to a family with steady incomes and relationships
Her life had been smooth and safe
Not much to complain indeed
Except when she hated predictability
So she aspired to live a different life
In a foreign land at seventeen

(Speaks)

³⁰⁸ Laozi, *The Daodejing of Laozi* (Hackett Publishing, 2003).

Annotations

- i. MO is my writing voice, by definition speaking with the benefit of hindsight. According to Li Yu 李漁, the 17th-century Chinese dramatist who wrote the first dramatic treatise for traditional Chinese theatre, the opening scene features a narrator, usually *mo* 末 (middle-aged male), who states the overall meaning of the play.³⁰⁹ In this play, MO assumes an almost omniscient role while evolving on her own terms as a writer. Horse taming is a Daoist analogy for contemplative practices.³¹⁰ Here by riding on a stick horse MO is not only foreshadowing the transnational travel at the outset of the story, but also suggesting that the act of playwriting is primarily an effort of taming the wild horse that is a combination of my sensory, emotional, and intellectual engagements.
- ii. I wrote this opening aria to establish a Chinese medicine cosmology that centers on the dialectical relation between Yin and Yang. It is based on this cosmology that the following storytelling seeks to recount my personal journey. The stage aesthetic is designed to accord with the melancholic tone of the play, bathing in a wash of Yin with sporadic Yang. However, it is not to cast Yin as negative energy; the crux of the Yin-displaying illness is the isolation between Yin and Yang. This is why I find what Los Angeles-based acupuncturist Russel Brown diagnoses as the plague of modern time compatible with the smaller-scale pattern of imbalance embodied in this play. An Instagram influencer by the handle @pokeacupuncture, Brown takes the pulse of modern life and argues that it is off-balance under the dominance of an American culture that prefers Yang.³¹¹ The cultural prevalence of Yang is implicit in this play but present through the anxiety of SHENG, which fuels the separation between SHENG and DAN.
- iii. Here I invoke Antonin Artaud's outcry against the mechanically extractable modern body.³¹² The modern body is understood through an "organ-ized" view, turning the body into a sum of its functional parts. Each organ is accredited with specific functions that keeps the body alive. Becoming healthy can be understood as a matter of subtracting or adding at a local site of the organism. To dis-organ-ize is to unsubscribe from the biomedical verdict of how the living body becomes ill and how to fix it. To dis-organ-ize also involves allowing embodied experience to disorganize existing rulebooks on healing, including those of alternative medicine. The "dis-organ-ized" view conceptualizes the body as a dynamic performance, like a web, where elements of the body, such as organs, are enmeshed in relationships.

³⁰⁹ Li Yu, *Xian qing ou ji* 闲情偶寄 [Casual Expressions for Idle Feelings], trans. Shuying Du, vol. 1 (Beijing: Zhonghua shu ju, 2020), 166.

³¹⁰ Louis Komjathy, *Taming the Wild Horse: An Annotated Translation and Study of the Daoist Horse Taming Pictures* (Columbia University Press, 2017), <https://doi.org/10.7312/komj18126>.

³¹¹ Brown poetically writes: "The endless virtues of capitalism—speed, volume, expansion, accumulation—are Yang, the American medical complex is Yang. Corporate politics—pay inequality, exclusion of body literacy, working hours—is Yang. Certainty, and information addiction, are Yang. Colonialism is Yang. White supremacy and patriarchy are by definition Yang. Your Frappuccino is Yang and your Sweetgreen Chopped Salad is absolutely Yang. When we talk about 'anxiety,' we are talking about all the ways the culture of Yang creates suffering, and then shames you for it. This is the plague of our time."³¹¹ @pokeacupuncture, "I Wrote These," accessed March 19, 2025, <https://www.instagram.com/stories/highlights/17912131438397256/>.

³¹² "Artaud: To Have Done With the Judgement of God."

Not knowing the price, the young mind innocently changed from time to time. Once her mother advised her to consider going abroad, to which she replied, “is it really worth it to separate our family?” A year later, she requested, “send me abroad. I can’t stand it here.” This town, known for growing enterprising diasporas around the globe, happily granted this type of wish.

(Sings)

You are going half-the-globe away
Apart from your family and friends
Will you be safe? Will you be alone?
Will you be diligent? Will you be strong?

(Speaks)

This girl took some martial arts classes before embarking on her adventure, believing that would shield her from potential harm. Little did she know what would harm her could never be defeated by a high kick or counter-grappling techniques. Her heart started racing as she bade goodbye to teary families at customs, her Body embarrassedly stiff, but her Mind chirping with thrill.

(Mounts, travels and sings)

They are going half-the-globe away
Apart from disciplines and expectations
Will they be free? Will they be hermits?
Will they be lost? Will they be enemies?ⁱ

(Speaks)

Moving from a busy coastal city in southeast China to a tranquil town in mid-West US cut her a lot of slack on culture shock and climate shock. The fall air of Indiana was so crisp dry, she applied body lotion for the first time in her life. That peaceful little town was empty; her Body and Mind wandered into uncharted territories. Semester one, her Body expanded - going over “freshman fifteen” and gaining fifteen jin.³¹³ Her Mind shrank - wrapped up in the newly minted feeling of freedom. As time went by, the two grew further and further apart without knowing. But together they moved into--Yin.

(A drape of dark blue colors drops down, unfolds, and rolls onto the stage until it reaches maximum coverage.)

MO

What has happened since then now comes together for you to see, what becomes of her and what she makes of it.

(Points upstage)

Look, there they are, her Body and Mind. They just started a new project of self-cultivation.ⁱⁱ Let’s quietly watch—well, unless you’re inspired to stand up and move with them.

(Lights shift)

³¹³ “jin,” a Chinese measurement. One jin equals to half a kilogram, which is about 1.1 pounds.

Annotations

- i. The intentional shift of pronouns from “you” to “they” grants agency to DAN and SHENG as individual characters while the collective reference restates their role as parts of one whole.
- ii. Self-cultivation is a popular translation for two types of practice in Chinese: *yangsheng* 養生 (nourishing life) and *xiushen* 修身 (cultivating the body). Contrary to what the literal translations suggest, the former has a stronger emphasis on longevity and health preservation while the latter on moral cultivation. Both terms, covering a wide range of practices, not without overlapping, are prevalent concepts in early China and East Asia.³¹⁴ Chinese cosmology believes the body, like everything else, is made of a primary substance called *qi*. Translating the Chinese term *shen* into “body” is actually a major reduction of the Chinese notion of self, because as Daoist scholar-practitioner Louis Komjathy 康思奇 explains, this classical term most frequently refers to “one’s entire psychosomatic process.”³¹⁵ Thus self—the object of cultivation—involves the physical body, human nature, and the mind, which are interconnected across the conceptual boundaries. The objectives of self-cultivation may include health, beauty and virtue, encompassing both personal and social dimensions. Another important foundation of self-cultivation is the conceptualization of the self as a living matter, for which the transformation is expected to be discursive. Here in this chapter, I use self-cultivation as a method of healing.

³¹⁴ Paul Fischer, *Self-Cultivation in Early China* (Albany, UNITED STATES: State University of New York Press, 2022), <http://ebookcentral.proquest.com/lib/uci/detail.action?docID=7017952>; Xiufen (陳秀芬) Chen, *Yang sheng yu xiu shen: wan Ming wen ren de shen ti shu xie yu she sheng ji shu = Nourishing life and cultivating the body : writing the literati’s body and techniques for preserving health in the late Ming / Chen Xiufen zhu.*, 1st ed., Shi xue cong shu xi lie 76 (Taipei Xian Banqiao Shi: Dao xiang chu ban she, 2009).

³¹⁵ Louis (康思奇) Komjathy, “Further Explorations of/in Daoist Embodiment,” in *The Routledge Handbook of Religion and the Body*, by Yudit Kornberg Greenberg and George Pati, 1st ed. (London: Routledge, 2023), 377, <https://doi.org/10.4324/9781003058502-31>.

ACT ONE “Front and Back to Strengthen the Kidney”

(Present time. Lights up. DAN is practicing the first set of movements from *Ba bu jin gang gong*. Wearing a Daoist robe, SHENG gives instructions every now and then, sculpting her like a piece of clay.)

DAN

Can we do this in the kitchen? It’s freezing.

SHENG

We’ll make it short.

DAN

Did you hear that—the oranges were frozen.ⁱⁱ

SHENG

I heard the lemons were the other day.

DAN

The temperature dipped to twenty eight degrees last night. Lemons began to freeze at thirty already. The oranges were the last hope of the growers.

SHENG

(Checks on the phone)

Negative two point two two two... Ah, no wonder. That’s below zero degrees Celsius. Even if it was above, they wouldn’t taste good anymore.

(Pause. Pretends to ask casually)

How did you know about it?

DAN

I smelled something smokey this morning. Turned out they had to light up more smudge pots in the nearby grove to keep off the cold.

SHENG

(Scrolls down on the phone)

No kidding. It says twenty-percent percent of Southern California’s citrus crop has been ruined this past two days. Guess those fruits will rot on trees.

DAN

What a pity. You know what’s crazy? Starting tomorrow it will jump into the sixties.

(Refers to the exercise)

Meanwhile this is astonishingly uneventful. I thought it would be peculiar but it’s not that different from what I used to do when we were little. I’m not even sweating.

SHENG

Sure, cuz it’s cold. But I agree; doesn’t look difficult either.

DAN

But the rhythm is quite interesting, with this thrusting and hand flipping, and then the slow motion in between. Like a weird dance.

SHENG

Hey, I have a discovery.

DAN

I’m listening.

SHENG

Movements for this routine tends to be circular, or arc-like. Unlike other exercise routines—those feel more upright and square. You’d have to go all the way up there, and down here. Look, what you do here is supposed to be a Taiji symbol. That circle, you know? It’s a union of all balancing elements. It’s the ultimate harmony.ⁱⁱⁱ

Annotations

- i. It is important to practice *Ba bu jin gang gong* repetitively for one to figure out for oneself the best way of performing these movements. Through mindful repetitions, the body would adjust to breathe naturally and smooth out the movements, the result of which will be beneficial to the health of the body. However, too much conscious manipulation would interrupt the flow and render the movements mechanical. SHENG's costume choice also reflects his deliberate approximation to what he imagines as Chinese medicine.
- ii. January 1949, Southern California endured a rare freeze.³¹⁶ Citrus growers in Corona suffered as fruits froze despite their efforts to warm up the grove with burning oil. The citrus industry in this region not only predated the establishment of Corona city, but became the backbone of its economy. It was documented that in early 20th century, many Chinese pioneers labored in the citrus industry, bringing their expertise in fruit growing, picking and packing.³¹⁷
- iii. I started off my journey with a clearly demarcated Chinese medical definition of what health means and looks like, and I let this theoretical understand guide my bodily exploration. However, this method brought more confusion than clarity. This is why SHENG appears arrogant and confident, relying on willpower and rational deduction more than anything else to approach the goal of healing.

³¹⁶ "History of Corona | City of Corona," accessed March 18, 2025, <https://www.coronaca.gov/government/departments-divisions/library-recreation-services/library/heritage-room/history-of-corona>.

³¹⁷ Douglas C. Sackman, "Nature's Workshop: The Work Environment and Workers' Bodies in California's Citrus Industry, 1900-1940," *Environmental History* 5, no. 1 (2000): 27–53, <https://doi.org/10.2307/3985534>; Paul Wormser, "Chinese Agricultural Labor in the Citrus Belt of Inland Southern California," in *Wong Ho Leun: An American Chinatown* (San Diego: Great Basin Foundation, 1987), 179.

DAN
 Hmm, I didn't notice that. You're quite perceptive!

SHENG
 Of course. That's what I do for a living. Seriously, this note is going to make it into the actual dissertation.

DAN
 Which chapter?

SHENG
 (Impatiently)
 That's none of your business. Do your thing.

DAN
 Why am I doing this again?

SHENG
 To be stronger, remember?

DAN
 You sure?

SHENG
 Well, of course. Also to improve my understanding of the research topic.

DAN
 I like this research topic.

SHENG
 Me too, although I worry about how much value I can derive from it. I mean, a doctoral research is not a personal journal—people invest time and money into it, it's expected to deliver some valuable stuff.

DAN
 It ~~iiii~~ is valuable. Look, you're starting to spend time with me—ⁱ

SHENG
 You're not listening. I can do this with you at any point of life. But doing this now? It's gotta be for something better, or bigger. You know, like, to heal the world!

(Awkward silence)

Or, or, to revolutionize Theatre and Performance Studies?

(Still silence)

At least, to help with popularizing Chinese medicine?

(With even less confidence)

Localizing it?

(Receives no response, quickly)

And I need to graduate without feeling like these six years are for nothing.

DAN
 Okay, okay. How can I help? What else shall I do? Just keep repeating this? For how long?

SHENG
 I don't know. Just do it. I guess.

(Bites his nails and something comes up.)

Oh, oh, maybe try to dance with gravity for a little bit.

DAN
 (Confusedly)

What does that mean?

SHENG
 Like not too intentional, but with a little control.

Annotations

- i. Looking back on the research process, I found many humanizing moments when tasks designed to gather data for this project also helped to ground me. These included physical and meditative exercises for reactivating my bodily awareness, and conversations with practitioners that enriched rigid ideas with a human touch. Therefore, here DAN embodies my corporeal body and a Yin quality that is inclusive and receptive.

DAN

(Hesitantly tries)

Um...like this?

SHENG

Don't look at me. Listen to the instructions.

(Reads)

Arms must be leveled. Thrusts must be forceful. Flips must be fast. And as if holding a ball your hands come down.

(DAN moves even more clumsily.)

Remember to breathe! Inhale...Exhale...Inhale to expand your diaphragm, and exhale to tighten it. Inhale when you do upward motions, and exhale for downward motions. Isn't this the general rule of thumb for all exercises?

DAN

I don't understand. This looks so simple and smooth when the master does it, but I'm forgetting how to breathe over here!ⁱ

(Lights dimmed. Spotlight on. MO enters the spotlight.)

MO

(To the audience)

Have you ever made yourself do things that you didn't want to do? Whose idea was it that you should do it; and whose is it that you shouldn't? Could you tell? No I'm not talking about your boss, teacher, parent, or partner. Because when you have a debate with yourself, those outside players must have convinced some part of you. That's why sayings like "listen to yourself" and "follow your heart" sound so redundant to me—which self? Which part of my heart? If only they would speak in one voice! You have to seek out the little voices in you that sound the clarion calls. No they don't always speak in words, but they do demand attention. Now, if you can recall, who did you listen to eventually?

(Lights up again on DAN practicing the second set of movements from *Ba bu jin gang gong*. It is obvious that she feels sore in some parts of her body. SHENG looks her up and down.)

SHENG

How do you feel?

DAN

I don't know. What am I supposed to feel?

SHENG

More relaxed? Something cleared up? Slept better?

DAN

Um...none of that.

SHENG

Well, of course.

(Under the breath)

You're too weak to feel anything.

(Pause)

Did you look into yourself instead of looking outward?

DAN

Don't know how to do that.

SHENG

No wonder you're not feeling anything. Come on now, focus! You're supposed to be the one telling me what this is all about.ⁱⁱ

Annotations

- i. This scene embodies the opposite of the Daoist notion *wu wei* 无为 (effortless action) by showing SHENG struggling to make DAN do the movements correctly. Daoist teachings discourage exertion of mindpower to alter the natural course of happening, while paradoxically *wu wei* is a learned state of being where one needs to try not to try to be good or do good. Edward Slingerland (2007) divides early Chinese philosophers into two types by their attitudes to the paradox of *wu wei*: one emphasizes the “not trying” while the other emphasizes the training one needs to go through to not try.³¹⁸ While theoretically these are discussed as two schools of thoughts, in practice there is a mixture of both methods as well as hesitant moments during the push-and-pulls between the two.
- ii. The urge to do things right by external standards and at the same time to feel right in the body became the first blockage and the core in many blockages that troubled me in this journey as well as other projects in my life. The lasting effect—and simultaneously the cause—of this blockage is an increasingly dismissive SHENG and an increasingly confused DAN.

³¹⁸ Edward Slingerland, *Effortless Action: Wu-Wei As Conceptual Metaphor and Spiritual Ideal in Early China* (Oxford University Press, 2007), 12.

DAN

Whoa, wait. You initiated all this and now you want me to explain everything?

SHENG

Don't look at me as if I'm the villain. We live in a system where I'm made to be counted upon for everything. You have no idea how much pressure is put on me.

DAN

You have no idea how much I know.ⁱ

(A moment.)

SHENG

I bet you're feeling better than yesterday.

DAN

...Am I? My lower back is actually quite sore. And the back of my knees, overstretched?

SHENG

Hmm...but you must be feeling better in some way.

(DAN twists and feels her body. Hesitantly she shakes her head.)

Alright, maybe not "better." Any improvement in terms of perfecting your movements?

DAN

That demonstration video you showed me was helpful. I corrected a couple of details.

SHENG

Good...good. That's important. By the way, I did a test for you this morning: it said your constitution was the Yang Deficient type.ⁱⁱ

DAN

What does that mean?

SHENG

Easy to understand. Yang is associated with everything warm and energetic. You lack that, that's why you always feel cold and tired. It also explains your menstrual pain and allergies.ⁱⁱⁱ

(DAN nods in acquiescence, while forgetting about the exercise.)

Just another proof that this is the right thing to do. Don't stop what you're doing, move! Remember we are doing this for you! To make you stronger!

DAN

I thought it was for the research.

SHENG

Well, that too!

DAN

(Restarts her movement hastily)

But we've been doing this for quite some time, and my allergy is not seeing any change. If anything, it got worse at times. The herbal regimens, sometimes they work wonders, but the last batch didn't. The allergy came back strong—sneezing, runny nose, and itchy rash—I'm back to misery.

SHENG

I bet you forgot to wash your hands after playing with our dog. Also I believe that's what they call the process of...um...discharging the illness.

DAN

That means we should keep on going?

SHENG

Correct.

MO

(To the audience)

Annotations

- i. The rhythm of contemporary life—and especially for the intellectual community—relies on the mind to produce swift and rational responses. As much as the body is excluded from consideration, it is deeply impacted by the lopsided engagement and the separation between the mind and the body thus incurred. As some Chinese medicine practitioners told me, often times physical ailments are psychosomatic disorders at the root.
- ii. This big data-based self-diagnosis program collects self-reported symptoms to find matching body types in Chinese medicine theories. To a certain extent, it is a standardized diagnosis that recognizes no more individual particularities of the body than the eight predefined categories. The medical efficacy of this type of testing is beyond the scope of this project. The larger issue here is how much the mind relies on external assessment to get to know the body. Meanwhile, the body becomes less sensitive and aware of how it is doing, which further justifies the need for external assessment.
- iii. At this point, ailments are only attributed to physical weakness and inactivity, while a strong willpower is counted upon for healing. In her monograph *Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction*, Sami Schalk interprets disability as relational and political, a condition that is not just medical or psychological, but derivative of a matrix of physical, mental and social factors.³¹⁹ Chinese medicine pathology allows me to extrapolate Schalk's interpretation to illness, due to the interconnectedness between the material and immaterial dimensions of the body via the movement of the pervasive qi.

³¹⁹ Schalk, *Bodyminds Reimagined*, 27–28.

She enjoyed the crisp clean rural air so much that it seemed easy to blame her nose for being spoiled in the American countryside, when nasal allergies paid her a surprise visit on her first summer trip back to China. Throughout the years, she has bought many humidifiers and paid nearly a thousand dollars for desensitization drugs, but the symptoms persist nevertheless. Her eyes become watery and irritated, nose congested and dripping; wherever cute furballs lick her it's a combination of sweetness and itchiness.

DAN

Nothing has worked. So I'm worried that this Chinese medicine experiment won't go any further.

SHENG

We have to have faith in it for it to work. All the prerequisites for real changes to happen, we have them this time: clean air, warm climate, a medical system that doesn't treat allergies as incurable. We got this.

MO

(To the audience)

Through blaming her spoiled nose, she was actually blaming the polluted air at home. Dust, tail gas, construction sites, mixed scents in wet markets, all came together to embellish the purgatory for allergy sufferers. The inconspicuous parts of the same things that she had missed in those reversed days and nights.

(Recites³²⁰)

The markings of hometown
have long been buried in your
 every word
 every move
 every choice
 a certain muscle
 a certain vertebrate
 a certain chromosome

So the hometown you run away from
is part of yourself

I want to embrace my hometown
It has the temperature of *chunghao*ⁱ
The quietness of listening to the rain under low eaves
The embarrassment of narrow congested roads
The colors of local accents
The smell of fireworks and firecrackers
The tackiness between toasts and cup exchangesⁱⁱ
The roughness of tombstones
The stirred-up dust at New Year Eve cleanup

In the dust reside the earliest emotions of my lifeⁱⁱⁱ

SHENG

(Finally acknowledges MO)^{iv}

I don't think this nostalgic spiel is conducive to what we're trying to achieve here.

MO

(Still to the audience)

³²⁰ (Personal social media journal, February 19, 2018)

Annotations

- i. *Chuigao* 炊糕, a type of steamed rice cake, a local specialty pastry in Wenzhou, China.
- ii. The social drinking culture in China involves lots of back-and-forth toasting and urging each other to drink more as a gesture of respect or hospitality, but often experienced as pressure especially by those who don't drink.
- iii. This monologue draws up an image of the body as a repository of memory, especially during the formative years. Pairing secondary or peripheral sensory perceptions with hometown features (eg. temperature with pastry, color with accent, and smell with firework) increases the dimensionality of diasporic memory of home.
- iv. The emerging and submerging presence of MO crosses the temporal boundaries. At the same time, the spotlight, shifting focus from the dynamic between DAN and SHENG to MO and back, turns them into audience for each other. The simple divide between frontstage and backstage is thus complicated. Read as performance, my practice of re-plotment is a site that delivers more than a result or function, but allows new processes and resonances to unfold. I'm the audience for my performance, not only in the sense that I'm the subject of a reflexive research, but that each performance becomes a rehearsal for my next performance. In a similar vein as Judith Butler brilliantly challenges static gender identity with gender performativity,³²¹ I suggest that performance is—more than to pretend—a path to becoming.

³²¹ Butler, "Performative Acts and Gender Constitution."

Little did I realize, the allergy was merely a side effect of a whole-system issue.

SHENG

What are you? A fortuneteller? Do you know our destiny?

MO

(Responds to SHENG)

Like you, I'm just a traveler.ⁱ

(Gestures to the audience)

Your destiny is watching you.ⁱⁱ

(Lights out.)

Annotations

- i. I continue to travel in this endless journey, going back in time to reinterpret and rewrite my personal history, each time slightly different from how each incident was previously linked together, as informed by my ongoing experience.
- ii. Sinologist Paul Fischer makes a distinction between fate, which is inevitable, and destiny, which has potentialities.³²² Like destiny, the audience is in the position of watching the story unfold, and may or may not be changed by what it sees—who knows?

³²² Fischer, *Self-Cultivation in Early China*, 271.

ACT TWO “Single Arm Raise to Nurse the Spleen”

(Flashback.ⁱ Festive sounds of TV programs mixed with unintelligible spoken conversation in mandarin Chinese in the background. Lights up. On one side of the stage, DAN sits sloppily in a dorm chair, but somehow manages to fit herself on the chair like a polar bear on a small shrinking ice floe. DAN tears open a bag of onion rings, and pops one into her mouth. On the other side of the stage, SHENG stands straight, waving enthusiastically to the audience as he speaks loudly.)

SHENG

Hey Uncle J! Haven't seen you for a while! Happy new year!

(Pause)

Hi Auntie Q, happy new year! Oh crabs!! I'm so jealous.

(Mouth-wateringly)

I miss drunken crab.ⁱⁱ

(Pause)

Sis M! Happy new year! Yeah, we're in the middle of the wint—Mom, turn the camera to the right a little bit, I can't see her—we're in the middle of the winter semester so, don't really have a break until March.

(Pause)

Hi Grandma!! Happy new year! Yes, next summer. I'll be back next summer.

(Pause)

Uncle D! Happy new year! I saw your singing contest video. Congrats!

(DAN sneezes. She reaches over the back of the chair, grabs a blanket and wraps herself up. SHENG casts a quick glance at her but quickly returns to speaking to the audience.)

SHENG

I said, CONGRATULATIONS!

(Shows a quick, wide smile)

Little Bao!! Hey, look here! Oh my goodness, you've grown so much! Like a big boy!

(Pause)

It's okay Auntie Q; I'm sure he'll speak perfect English when he goes to school.

(Pause)

Hey, hey, didn't you promise that you'd cut back on junk food?

(DAN pauses her motion and discreetly puts the bag away.)

SHENG

(Laughs)

Okay, New Year exception. But if you keep your promise, I'll send you tons of chips—apparently that's the staple of the American diet.

(Amusedly)

Mom, it's okay. Let him watch the TV. No, just put you guys' faces on the camera. I can watch the gala on YouTube at the same time; it's just two minutes delayed, that's all. The only thing I ask is: no spoilers please!

(Laugh fades out. Pause)

What did you say? I couldn't hear you for a second. Gosh, they're lighting the fireworks so early this year.

(Pause)

Nothing, I just said, no spoilers please!

Annotations

- i. Flashbacks in Act Two, Four, and Six are enacted recollections of past events to “emplot” personal history. In her influential book *Healing Dramas and Clinical Plots*, medical anthropologist Cheryl Mattingly borrows the notion of plot from the Aristotelian model of drama to understand how healing happens in occupational therapy.³²³ Following the anthropological uptake of narrative theory in the understanding of human experience, Mattingly bases her study on the assumption that human experience of the past, the present, and the future is organized by narrative structure. By placing clinical interactions under the lens of story, Mattingly examines how occupational therapists “emplot” their treatment sessions as separate from the biomedical narrative. For Mattingly, emplotting means turning a sequence of events into a story that links events with a particular order of causality as well as coherence. As biomedical narrative announces the social paralysis of patients who are rendered disabled, what occupational therapists do is essentially helping their patients to develop stories that would initiate and motivate action towards change against the grain of the normative discourse. Writing these flashbacks provides a more radical emplotment than narrativizing what happened in prose, because it makes me pay attention to the affective textures of lived experience.
- ii. I did not just become nostalgic about food from home. I missed those foods that I did not like when I was back home. Those were peculiar foods that characterize the custom and climate of my hometown. For example, “drunken crab” is a traditional dish that marinates fresh uncooked sea crabs in traditional liquor and salt before serving. I used to hate this dish because of its fishy smell and mushy texture, but due to my mom’s insistence had tasted a little bit occasionally. For decades, medical advice of avoiding consuming raw crabs has accompanied news stories that reported on someone falling critically ill after having “drunken crab.” Eating drunken crab became a foolishly unscientific thing to do; in a similar vein, the hometown became a cultural backcountry. However, soon after I settled down in my college life—when the novelty wore out—I realized that drunken crab started to sound mouth-watering for me. It was a somatic response that surprised me.

³²³ Mattingly, *Healing Dramas and Clinical Plots*, 15.

(Speaks quietly knowing no one on the other side will be able to hear him anyhow)

Don't take away my front-row watching experience.

(DAN somehow has secretly taken a fifth onion ring from the hidden bag; she suddenly feels a wave of nausea. She takes a good look at the bag front and back confusedly, and then throws it on the ground.)

DAN

Blechhh, it's no good any more.

SHENG

Some of it is still fun.

DAN

I'm hungry but not that desperate.

SHENG

I'm not consuming it for the quality.¹

DAN

(Picks up a milk jug)

Fine.

SHENG

It's five AM. Do you really think the Spring Festival Gala itself is worth getting up in the dark? I'm here for the reunion dinner. For doing all this with my family!

DAN

You're just WATCHING them having the reunion dinner.

SHENG

No difference! I'm there with them. I have—

(Watches DAN chugging from the jug)

milk, and

(Looks around only to find the snack bag on the ground)

onion rings.

DAN

Packaged onion rings. Dry and not even warm.

SHENG

Not important. I'm celebrating with them. At the same time. That's what matters.

(Sings)

Growing up in a family with solid traditions

My life had been punctuated by festivity

Not much to complain indeed

Until I traveled far away to a different time zone

DAN

Do you remember what our lunar new year traditions used to be?

SHENG

Of course. We would sneak out of the reunion dinner with our extended family, and get in Mom and Dad's big bed, fitting snugly in between them and talking nonsense as we watch the Gala.

DAN

And lay out a bunch of snacks and treats all over their comforter like a huge feast of comfort food. My all-time favorites. I could eat'em all.

(Sings)

Firecrackers cackling from afar

Toes and ankles warming up

Annotations

- i. Not only are they in opposite moods, DAN and SHENG are also not even talking about the same thing. The false cohesion of their responses to each other creates productive misunderstanding that moves the conversation along and further conceals their separation.

A blessed night with beloved company
The best delights fill up a joyful tummy
(Enters MO in the spotlight.)

MO

(To the audience)

She was immersed so deeply in the festivity on the other side of the screen that self-pity only rose after they hung up at the end of the call, leaving her looking around at her littered desk and silent room.

(Light shifts. We see the stage is empty, void of festivity.)

MO

(To DAN and SHENG)

Wasn't there a cooking party among other first-year Chinese students? I believe it was taking place in a nearby dorm building.

SHENG

That's right. I excused myself from the first part of it to be able to celebrate the "actual" moment of Chinese New Year with my family, even if remotely.

MO

(To the audience)

Now that the actual celebration was over, she went ahead to join her peers to burn the remaining festive energy. However, mingling with fellow students was too much effort to reorient herself on a major holiday that, according to her family tradition, was all about homeyness.

(DAN moves upstage to pick up the dark blue drape and curls up in it.)

MO

She retreated into her room and slept for the rest of the day. Just like that, her days as a college student were slow and reserved.

(Enter WAI and LAO.ⁱⁱ They thrust SHENG towards DAN. Jolted, SHENG rushes to DAN and tries to pull away the drape from DAN, but only to find himself wrapped into it too.)

SHENG

Come on, now. Something's not working.

DAN

You think?

SHENG

We need help.

DAN

Since when?

SHENG

The nasal allergy was a sign. It started to happen in the absence of allergens.

DAN

So what's your diagnosis, Doc?

SHENG

You ate too much. Stuffing too much of those cold and greasy makes you congested.

DAN

One serving is too much here in America! My upbringing—

SHENG

Your upbringing mandates you to finish everything on your plate. Sure, but you were lazy—

DAN

Annotations

- i. The dark blue drape signifies a state of Yin, which in this case is what some of my field informants called subhealth. The role Chinese medicine performs as subclinical medicine, according to Dr. Park, is to detect these conditions that emerge as imbalance but are not registered as illness by biomedical standards. DAN's physical move into a fetal position and the act of being covered in the fabric suggest that DAN is arrested in the state of Yin.
- ii. WAI and LAO are elder characters. Here in this Act they represent voices of Care and Reason.

Okay that I admit. The gym was my least favorite place, and Nature Park was too far away from our dorm. But was it all my fault?

SHENG

I tried everything I could to turn things around.

DAN

Did you really?

(A moment. SHENG is not confident.)

DAN

You coward. Weren't you ambitious when you boarded that flight? Where's your dream of a vibrant future full of possibilities?ⁱ

SHENG

You should've got out more!

DAN

Not if you keep zoning out!

WAI

What happened? My dear, you were such a sweet, carefree little girl when you left.

LAO

What happened? Don't waste time complaining. Find out why and seek solutions.

MO

College life for many is a long-awaited gift box; hers opens up and shows another box inside, only smaller, then another even smaller one inside, and another, and another till she's too tired to open another more. Secretly happy, she was, for escaping the initial fright, but the excitement wore off as well. The tiniest box enveloped her, grew with her, and grew into her, like her skin.

WAI & LAO

(To MO)

Speak no riddles.

MO

Her first roommate in college was a Latina girl, also an introvert like her; they talked for no more than five minutes throughout their time together. Soon the roommate moved out, so was her first chance to experience culture shock and acclimation, gone.ⁱⁱ

DAN

We never had any roommates that lasted long those years.

SHENG

Ouch.

MO

So she had absolute autonomy in the entire two-bed bedroom, which became a cocoon where nights and days saw no difference.

(Sings)

The door meant to open up a new world
Leads to a hollow basement
Comfort begets more discomfort
Freedom becomes a trap

The rotation of the Sun and the Moon
Seems no more relevant
Just an Oreo-fueled machine
Just a lump on the carpet

DAN

Annotations

- i. The neoliberal ethos is at work here. Under the neoliberal paradigm, self-worth is tethered to continuous self-development. This is not about the Asian American model minority complex, but connected on a deeper level. Though my family always framed my studying abroad as life enrichment, the general expectations for overseas students at that time had always been high achievement and upward social mobility. I remember when I was very young reading books from my mom's bookshelf about raising graduates of prestigious American institutions. China was opening up and the public looked up to the Western world, especially the United States, as the desirable model for education and quality of life. It was the beginning of a massive trend of studying abroad. Yet for self-financing international students, who were the majority of the group, going to college in America was extremely costly, because international students were a major source of revenue for American institutions.³²⁴ To support my educational expedition, my father sold his share of the ancestral home, for which my grandma held a grudge against him for years. Therefore, in the intergenerational and transnational context, the model minority complex can be inherently redemptive. In their unconscious shame of stagnation in personal growth, SHENG and DAN fail to take into account the structural blockage that participates in the Yin-turning of their life.
- ii. I did not realize how the quiet little college town in the American Midwest passively marginalized Asian students like me until I moved to the West coast. I still vividly remember with deep gratitude those who extended their hands to me during those years, without recognizing what made them stand out so much and me so touched by simple gestures of inclusion. I thought it was all personal; I blamed myself for it.

³²⁴ Rahul Choudaha, "Are International Students 'Cash Cows'?" *International Higher Education*, no. 90 (June 6, 2017): 5–6, <https://doi.org/10.6017/ihe.2017.90.9993>.

(Sings)
I was practically
a neglected Chinese bonsai
No water, crazy branches
Roots melting into the soil
SHENG

(Sings)
I found myself
a secret base behind the gym
Zero view, pointless afternoons
Thoughts straining my throat
DAN
Void? Stagnant? I don't know how to feel about it.
SHENG

Aren't those words kind of like, opposites?
LAO
Not really. If you learn some Chinese medicine.ⁱ
SHENG
I don't have time for it.
WAI
You do. If it's helpful.
SHENG

Alright then. Where shall we start?
(SHENG detangles himself from the drape and starts to head offstage. WAI and LAO stop him and gesture towards DAN. Dubiously, SHENG returns to try to pull DAN up but fails. SHENG gives up and turns to leave again.)
WAI

You should take care of her.
SHENG
She's fine just like that.
(Pause)

I tried.
WAI
Childbirth consumes a lot of a woman.
SHENG
She's still young.
WAI
Not getting any younger.
(Exit WAI. SHENG hesitates.)
LAO

Do you think you can get where you want to be without her?
SHENG
Excuse me? That's some old-school social control tactic.
LAO

Unfortunately, you two are bound tighter than any legally sanctioned marriage. The Cartesian body-mind dichotomy tricks people to believe that you are different matters and wellness can be realized separately.
SHENG

Annotations

- i. In Chinese medicine, stagnation can come from many causes besides clogging. If qi is significantly deficient—which would feel like void, it can also lead to stagnation of the flow.

I'm familiar with this rhetoric—how body and mind are connected, how I affect her and she me, yada yada yada. That's why I'm gonna get myself fixed first, and then I can help lift her up. I'm gonna get fully geared up with theories and Chicken Soup for the Soul.ⁱ

LAO

You've tried that. Look where that got you.

SHENG

(Looks at DAN; sarcastically)

She takes good advantage of gravity.

(Turns back to LAO)

I know what you mean, we have to walk together.

LAO

Not just synchronously. That's not what I'm saying. You need to listen to her more.

SHENG

I thought you, as Reason, were on my side?

LAO

(Laughs)

My presence will be stronger when the two of you are on the same side.ⁱⁱ By the way, I'm serious about Chinese medicine. Why don't you give it a try?

(SHENG goes towards DAN and sits down right next to her. A moment. DAN turns around and meets his eyes.

Lights out.)

Annotations

- i. “Chicken Soup for the Soul” is an American book series known for its collection of motivational stories and quotes. This phrase in Chinese has become a slightly satirical metonym for feel-good, inspirational contents.
- ii. This is a reference to Kandace Chuh’s notion of “aesthetic rationality,” which she defines as “the historically grounded, embodied knowledge subordinated within the liberal regime.”³²⁵

³²⁵ Chuh, *The Difference Aesthetics Makes*, 24–25.

ACT THREE “Left Liver, Right Lung, Like Shooting an Eagle”

(Present time. Dance music is blasting. Lights up. CHOU and DAN are seen dancing together. CHOU makes a goofy move that makes DAN laugh out loud.)ⁱ

DAN

IIII AAAAAM SOOOO HAAAAPPY—

(CHOU pauses and gestures if they should continue.)

Don’t be a killjoy! It feels so gooooooooood without him—

(They dance more. Enter SHENG.)

SHENG

It’s about midnight.

(Pause. SHENG bites his nails.)

We made a promise to go to bed at 10pm.

DAN

(Continues to dance)

YOU made a promise.

SHENG

Well, we agreed on it. Did you forget?

DAN

You don’t need to remind me every ten seconds!

SHENG

I gave you twen/ty minutes--

DAN

I’m having so much fun here.

SHENG

I know, but it’s time to go.

DAN

Oh I’m pretty sure you don’t know. You’re always so tense—

(CHOU spins DAN into a swirl. DAN lets out a happy scream.)

SHENG

And this is why.

DAN

You said you’re going to listen to me more.

SHENG

I did.

DAN

So listen up: off you go. Give both of us a break.

SHENG

Okay okay. One last thing, can you at least tell me how you’re feeling now?

DAN

Exhilarated!

SHENG

No no no. Stop moving. Catch your breath, scan your body, and then tell me: what do you feel?

DAN

I feel uneven.

SHENG

I know, life can be unfair—

Annotations

- i. Here CHOU represents all kinds of guilty pleasure. And this scene depicts a recurring reality throughout my healing journey.

DAN

I feel uneven.

SHENG

Uneven. Uneven how?

DAN

Like a patched-up handkerchief. Like a cup of affogato that doesn't melt. Like the Los Angeles city landscape with thrusting skyscrapers, rugged mountains, and the Pacific Ocean.

SHENG

Isn't this a direct evidence that you're letting too much garbage into your system? It's creating blockages along the route of Qi and—Gosh that's disappointing. How could I let this happen to you?

DAN

Don't act all innocent.ⁱ You're the reason the brain is overheated and stuffy, the eyes bulging and dry, the limbs stiff and cold. You worked up all the energy for your Manifest Destiny.ⁱⁱ And now you want me to look rosy?

(DAN gets ready to leave but SHENG grabs her by the arm.)

SHENG

Whoa hold on, I'm not doing this just for me. It's the common good. You know this, we had a thorough plan to revamp our life. And I can't do this without you. We are a team. Think about it, if there's a big car race tomorrow, would the driver ignore her car's fuel gauge and leave it running on fumes all night? No way. She'd make sure it's topped up, tuned and ready to go. I need you well.

(Pause)

Please think about tomorrow. You already had all that junk food today. And that unevenness, I don't know...it surely doesn't sound right. And now you're delaying the sleep. You know how terrible we'll feel tomorrow. Dark circles, thick tongue coating, and worst of all, feeling like a failure, again. You really have to step up the game or we are back to square one.

(Pause)

Don't make us sorry for what you do tonight.

DAN

(Suddenly turns around, glaring at SHENG, and shakes off his hand.)

Get. Lost.

(Exit CHOU and DAN dancing their way out)

SHENG

(To DAN)

You're in that autopilot mode again. The old logic that structures everything around us is pulling us back into the widening gap between our way and their way.

(Bitterly amused)

Remember that time when I asked for a cup of hot water on a flight? That flight attendant had to break his professional tempo and double check with me twice: "Hot water?...Hot water??" Ha. The level of discretion was probably higher than a salesperson at a gun shop somewhere in Texas.

(A moment)

I'm exhausted. It's all a mess. A slump. I try to rein life back into a new logic, but life is tumbling down the same old trench. I try to hold on to traces of positivity from my own practice of self-cultivation, so that I have enough to go on, continue the practice. But this is not a laboratory project, no controlled experiments. There are too many variants getting in the way to prove to ourselves and our support system that this is the right path and we should keep going down this road. I wanna go down this road. I hope we're going down the right road.ⁱⁱⁱ

(Enter LAO and WAI.)

Annotations

- i. DAN perceptively captures the passive aggressiveness in SHENG's self-blame.
- ii. Manifest Destiny is the 19th-century doctrine that justifies the Westward nationalist expansion across the North American continent. By evoking this colonialist trope, DAN points out SHENG's invasive takeover of the life of the body, which heroizes SHENG and infantilizes DAN. This reveals that DAN's self-indulgence may be a deliberate tactic of non-cooperation.
- iii. SHENG is not to be seen as the villain, which is why the blame on weak willpower is off the point and even detrimental to the cause of healing.

But when you leave, I'm all by myself. I get tired. This engine is not a perpetual motion machine. It gets depleted.

LAO

While I agree with you on that part, I think you're working yourself too hard. You're working her too hard.

SHENG

Pardon me? I let her walk away from me! Just like that. Oh, right! It was your brilliant advice that I should listen to her more. Look what's happening now—she's not listening to me at all! She wants to do whatever she desires for-ever! How can I let her? It's apparently harmful to our cause. Remember? We wanted to get healthier, not transcendental ecstasy! I can't watch her go over the cliff driving in autopilot mode.

LAO

Ever thought about why?

SHENG

Does it matter? I'm tired--

LAO

--That's exactly why. The willpower is overused.ⁱ

(A moment. SHENG suspiciously points to himself, and LAO nods.
Another moment.)

SHENG

But I can't afford a break, seeing her like this. I'm in charge of self-discipline.

LAO

Until she feels good about it, your self-discipline won't go far.

SHENG

Well that leaves me hopeless. Cuz she can't be happier than now.

LAO

Is that what she told you?

SHENG

She said she was having fun. If that's not feeling good, I don't know what is.

LAO

True. At least it's better than her lying around doing nothing and feeling depleted. Give her a moment to check in with herself. I never lie.

(Pause)

Now, what's bugging YOU?

SHENG

I feel like I lost to the world. This dangerously enticing, stress engendering, disease maintaining world.ⁱⁱ

LAO

How so?

SHENG

I'm documenting my own—our own—Chinese medicine practice as a case study. The original plan was to cure her allergy and my anxiety, while conveniently conducting the research and earning a degree. Now apparently I have failed, ergo this case and my research project. How am I supposed to end a play without a closure?

WAI

I'm sure this is not the end of the world—or the play. Far from it. A play always has some complications, doesn't it?

Annotations

- i. Under the autopiloting mode, the will is put in a place of chasing after the instinct, freaking out about the body not following orders. Yet this mode puts too much responsibility on willpower and separates the will from its support system. Ted Kaptchuk discusses two levels of will: the Yang Will and the Yin Will, which correspond with SHENG and DAN respectively. In what follows Kaptchuk describes a situation similar to this scene here: “A weak Yang Will means profound passivity and being devoid of assertiveness. A deficiency of the Yin Will may produce such signs as the absence of tranquility or deep restlessness. A diminished Yin Will may also cause the Yang Will to become reckless and unrestrained. In this situation a person tries to will what cannot be willed. Signs can include being incongruent with the life cycle.... Inordinate existential fear can result from Will disturbances.”³²⁶
- ii. This is consistent with SHENG’s feeling of DAN being uncontrollable and captured by the world. The irresistibility of such a force is echoed in Dr. Park’s dubbing of the current healthcare system as a “disease manage system” and Russell Brown’s indictment of the Yang-dominated American culture.³²⁷

³²⁶ Kaptchuk, *The Web That Has No Weaver*, 63.

³²⁷ @pokeacupuncture, “I Wrote These.”

SHENG

But a play also doesn't stay in a loop, does it? Because I'm not seeing any progress here. We've been back and forth so many times. We make a promise, every time, however solemnly, and we break it, one way or another. I hate repetition. It's a waste of time.ⁱ

LAO

Except that no repetition is an exact duplicate of what came before. You might not notice the change, but it's underway. Theatre rehearsals are repetitions with nuances so that all kinds of conditions and choices can be experimented. Theoretically everything leaves a mark, big or small. You can't help it even if you want no change. Well-rehearsed performances run differently each night, because the weather is different, the audience and the vibe are different, the performance speaks to a new context in the unique historical time and space it occupies. How do you know for sure the time is wasted?

SHENG

Ideally yes you make a valid point. But we have a fast-approaching deadline and if inconspicuous nuance is all we get from this work because we can't get to work, there's no show going on at all!

WAI

You're not just writing the play, you're in it. So forget about the storyline for a moment and let yourselves live. The puzzles will come together at some point, maybe much later down the road, but they won't if you don't unbox them.

(Pause)

Now pay attention to yourself. What are you feeling?

SHENG

Stressed. Worried. Conflicted.

WAI

Good. And that's okay. This is just one night out of a million. The moon turns full and wanes; the waves come and go. When you feel stuck, unplug yourself first so that you're ready for the cycle to move through you.

(Exit WAI and LAO. SHENG sits down and tries to meditate. A moment.)

SHENG

People keep telling us that we should prioritize wellbeing. But it's never that easy and neat.

(Spotlight on upstage center, revealing DAN sitting quietly behind SHENG, eyes closed, breathing with SHENG.)

June gloom is here. Temperature has dropped. No sunshine. The SoCal way of starting the summer. Everything is so congested: It's been three weeks since we stopped practicing *Ba bu jin gang gong*; all kinds of errands put my research on halt; the school and the union pushed completely different narratives about the strike—that makes it a headache for me to figure out what to do with the last couple of classes; our daughter has a stuffy nose for days; our kitchen drain is clogged and it smells awful; there's food expired for two years still sitting in our fridge; our dog threw up this morning, well, even before he licked what's spewed out from our sewage outlet.ⁱⁱ

(SHENG closes his eyes, trying to do breathing meditation, without noticing DAN who stands up and silently starts practicing the fourth set of movements of *Ba bu jin gang gong*.)

Inhale...Exhale...Inhale...Exhale...The objective is not to get everything all sorted out—maybe the ultimate goal should be—but don't hold that as your expectation. Because we never can be so thorough. That's the joke of life.

(Pause)

Or the truth of life.

(Pause)

Annotations

- i. I have been trying to account for my detestation of “repetition” since childhood. I resisted sharing with my dad about what happened at school at the dinner table, because I had already told my mom once before dinner. I never checked my exam paper before submitting. I rarely watch any film twice (but theatre is a different ball game). I take an excruciatingly long time to mull over each word I type because I hate coming back for revision. Maybe it is part of the legacy of late capitalism that holds efficiency as a moral imperative. Maybe it is my low energy level trying to save up.
- ii. This segment comes straight from a journal entry of mine. I have noticed many moments like this when my somatic condition matches with various external situations, or maybe they vibrate through me. Daily journaling was encouraged by the instructors and teaching assistants of the online Chinese medicine class on a daily basis, because it allows students to observe closely how their body responds to and resonates with the environs.

Or the charm of life. It is to live every day to the optimal comfort—which is perhaps a balance between a right amount of stress and a right amount of leisure. In Chinese medicine terms, it's a balance between opening and closing, outward going and inward gathering.

(Pause)

Inhale...Exhale...Inhale...Exhale... Something's changed. Although many things are still waiting to be resolved, it feels like there's more hope to tackle them.

(SHENG gets up and makes his way offstage.)

DAN

(Speaks to the audience as she demonstrates putting her hair up.)

I like using hairsticks. They work miracles, way better than hair ties. I just learned a new way that steadies my bun through any activities. My bun stays there no matter how many times I jump up or bend down. And most importantly, it doesn't pull on the hair on the top of my head! You might wonder how this is possible with just a stick. Let me tell you, I part my hair into two strands, and weave them around the hairstick like an infinity sign, so the hair strands leverage each other and strike a balance. An infinite balance that keeps the bun from unraveling. The hairstick? It's just there as a fulcrum; it doesn't exert any force to the dynamic, just positioning the bun. How that's different from a hair tie? Well, the hair tie treats the dangling hair as something to be rectified and suppressed, merely binding it without understanding how to leverage its own strength. So the hair tie ends up going into a tug of war against the scalp. It's an unstable state of being, leading to baldness at a young age. If I had known this method earlier, I'd be having a jungle-like hair that makes me proud and looks vibrant now.¹

(DAN gets up and makes her exits to the opposite direction from SHENG.)

Lights out.)

Annotations

- i. This is an observation initiated and made quite literally via felt experience, as one cannot see what happens when one puts up a bun, but instead, can only feel it. Although the truth is that when my hair was cut shorter the hairstick hardly stayed put like a hair tie would, I see this as an important sign of DAN becoming proactive about decision making, as she pays critical attention to how she feels from within and arriving at conclusions based on embodied knowledge.

ACT FOUR “Looking Toward the Feet to Dispel Heart Ailments”

(Present time.¹ Lights up. DAN is seen practicing the fifth set of movements from *Ba bu jin gang gong*. Not far from her, SHENG practices meditation in a seated position.)

DAN

How is me getting stronger helpful to the research?

SHENG

(Opens his eyes)

I need insights from you. This Chinese medicine thing, I’ve known it for all my life, but superficially and only that. It’s meaningless if I just reproduce what’s already abundantly been written about the philosophical and technological difference between Chinese medicine and western medicine. The truth is, nobody really gets it because everything falls into the abyss of linguistic-cultural incommensurability. I’d like to know what’s actually different in practice. It’s medicine, not just culture—by which I’m not trying to debase culture, but I have to use that expression to make my point. And my point is, the effects of medicine are not supposed to be merely imaginable; they have to be felt and realized, corporeally.

DAN

That’s why, after all these years, you—the always eloquent one, start to ask me—the dumb one, to articulate for you.

SHENG

Um...if you say so...

DAN

But you, my dear friend, the spiritual/the immaterial/the intangible/the immortal, you have never stopped straining me to speak what you want to hear.

SHENG

I’ve long forgotten how not to do that.

DAN

You always have to be right. Yet you’re so afraid of conflict. Instead of fighting for a place out there, you shove it down my throat. Am I really so powerless, incompetent, and meaningless in your eyes?

SHENG

Truly sorry, I really am. I ensure you, though, I always see you as a formidable fellow.

DAN

How so?

SHENG

(Sings)

You contain me, nurture me
so that I can direct you, activate you
When you run amok
I’m fish without water

DAN

I thought you were the water. Running and refreshing, so clear and free.

SHENG

(Sings)

In that case
you’re my vase
Give me shape
Stop my escape

Annotations

- i. The general structure of this play is designed to feel like a forward-moving spiral, by weaving flashbacks in between present-time acts. This is to simulate the nonlinear therapeutic temporality. Here, having a present-time segment precede the flashback in Act Four means a breach in the temporal structure of the play. The cross-temporal transition without the help of the formal structure signals a deeper level of integration, although perhaps through disintegration...

(Speaks)

I don't know if you remember that time, when I was almost spilt.

(Lights shift.)

(Enter MO, WAI and LAO in the spotlight.)

MO

Sometimes the night was rough for her. Awoke at three a.m. Could be stagnation in the Wood element: questions of where am I going and how am I gonna get there, or stagnation in the Metal element: questions of what should I let go of and what's right or wrong.ⁱ Yet on the surface, she was never the kind of person people would associate with extreme thoughts. Extreme thoughts, yes, the kind that concerns mortality or morality. Because traditional Chinese culture values moderation: don't stray too far to the left or to the right, just take the middle way.

WAI

That's why I told my grandchildren: Don't be outstanding. Must be in the middle. Don't do too hard, okay? Relax and easy. It puts you in a healthy mind. If you push yourself too much, you'll have Lung Excess. Now so many people--

(Mimicks)

--Oh, make money, make money. I have to do my best. Oh, this and that. Everything must be perfect. Perfect. Absolutely no mistake.

(Restores)

They're gonna get brain cancer, they're gonna get Alzheimer's, they're gonna get dementia, or other brain issues, like Parkinson's. So, don't always "do my best." Don't try to do your best. You hold on to that.³²⁸

LAO

That's what I tell my students: Spend some time with your family. Do exercise. Don't always be studying, you know. Don't be so emotionally invested in the craft so much that it upsets you.³²⁹

MO

When wellness tips turn into cautious warnings, the most treaded road becomes virtue and the side road a taboo. She was well-fed and educated enough not to resort to extreme thoughts, and she prided herself on the ability to remain collected and composed, normal and neutral. She understood that the fast-spinning pressure-cooking world needed to vent, so people developed extreme thoughts in response to long-time repression and trauma. What a pity, she often thought, heaven have mercy, please save them. But she never saw herself being one of them. Until she did.

(Sings)

Growing up in a family on close watch
Her life had been on the right track
Not much to complain indeed
Except when she feared for her life
Sincerely and constantly

(Speaks)

Somehow the worst outburst of her weakness always happened when she was home.

(Flashback. Lights shift. Sounds of heavy rain and wind. DAN and SHENG are seen driving, together, fighting over one imaginary steering wheel.)ⁱⁱ

SHENG

Give it to me!

³²⁸ This monologue is adapted from my interview with Dr. Kim in summer 2023.

³²⁹ This line is adapted from my second interview with Dr. Park in winter 2024.

Annotations

- i. From one to three a.m., qi circulation passes through the pathway of the liver meridian, and then the lung meridian from three to five a.m. As Dr. Sun told me, this is when people would wake themselves up coughing if they have lung deficiency. The lung corresponds to the metal element metal and both represent discipline and judgment. The liver corresponds to the wood element, representing growth and becoming.³³⁰
- ii. The 17th-century Chinese dramatist Li Yu theorized that a play should have a *zhubunao* 主腦 (central brain) at the heart of the plot—and this scene is that for this play. According to Li Yu, the central brain should be a wondrously unusual and memorable person or event that anchors the story.³³¹ The experience that inspired this scene is something I have continuously returned to with apprehension and marvel but never shared with anyone before. It has remained my most (sur)real and confusing encounter with mind-body separation. Though I am still uncertain about what happened, I decided to include it in this play (since the incipient stage of this playwriting project) because it epitomizes the disorders that have troubled me.

³³⁰ @pokeacupuncture, “5 ELEMENTS,” accessed March 19, 2025, <https://www.instagram.com/stories/highlights/17912131438397256/>.

³³¹ Li, *Xian qing ou ji*, 1:47–48.

DAN
I'm steering! We're going home.

SHENG
No you're too weak to drive!

DAN
You're too dangerous!

SHENG
You don't know what you're talking about. Give it to me!

DAN
Are you out of your mind?!ⁱ

SHENG
I'm trying to help you. You've been carrying all this burden for too long.

DAN
What burden?

SHENG
Boredom. You're getting numbed by being safe and good.

DAN
I'm not.

SHENG
(Sings)
Look your eyelids are so heavy
Your creases are disappearing

DAN
(Sings)
That's just my eco-efficient mode
I'm wide awake like a night owl

SHENG
(Sings)
You move slow, attention dispersed
You can't dodge, what comes your way

DAN
(Sings)
Don't panic, just need to hold steady
And make sure I'm on the right track

SHENG
(Sings)
Memory loss, hardly any interest.
It's stormy, don't you see--/

DAN
Don't ask me if I see. I can feel it. This car is practically floating. So stop playing.

SHENG
You think I'm being playful?

DAN
Ever since we learned to drive, I've always been the one driving. Where have you been? Oh, wandering off to your research project, a news story on the radio, the conversation that could've gone differently from a week ago...The moment when we almost bumped into another car? Me! I was the one saving your ass!

SHENG

Annotations

- i. Pun intended.

That's ridiculous. You don't seem to remember that time when you were tired as heck, I tuned into that election result reporting and sobered you up throughout that trip!

(Overpowers DAN with a sudden twist of her arms to turn the steering wheel.)

I'm your commander in chief. You were able to dodge a disaster only because I told you so. I delegated to you the driving task because it's too simple to my liking. I find new excitement for us. The challenging ones.

DAN

(Obviously startled)

No...that's not true.

SHENG

Wanna see how much power I have over you? I can make you do anything.

DAN

(Almost begs)

Please, don't. We need to get home.

SHENG

Where did your courage go? Come on. Just a little twist. How often do we get to be our own masters? It's always some other authorities—legal systems, academic standards, the social clock...But now it's just us.

(Sounds of storm intensify)

Yeah. Look, a tiny motion with your wrists, a little tilt to the left. It's gonna make a huge difference. Isn't that amazing?

DAN

A tiny motion...a huge difference...

SHENG

(Hypnotizes)

You're bored. You want to get out of numbness. Right there, the railings. They are just there lining up, waiting for us.

DAN

I'm bored. I want to get out of numbness.

SHENG

No one will blame you—nobody can tell. The storm is blinding. We're so close to a change.

DAN

So close...change...so close to a change.

(Mesmerized, DAN's eyes widen. With one hand gripping the steering wheel, DAN pulls out her hairstick and clenched it in another hand near her neck like a dagger. Her hair falls down her back. Light flashes—a lightning. The imminent danger awakens SHENG.)ⁱ

DAN

Hold tight.

SHENG

Wait! What about mom and dad. We can't do this.

(Pause. Sounds of a thunder and heavier storm with hail hitting the top of the car.)

I can't do it to mom and dad. They'd be devastated.

DAN

(Emotionlessly)

They'll find their way out. But we won't if we don't do it. You were right. We need change.

Annotations

- i. I consider this as a tipping point where the power dynamic between DAN and SHENG seems to be reversed. Yet in some senses, it is still the same: the tension between a callous thrill-seeker with a self-destructive impetus and a fearful implorer with a survival instinct. The almost symmetric swap of position and personality suggests that, maybe, they are never different functional “organs” of a person. Or to put it differently, to see them as separate and separable has always been illusory.

SHENG

It will happen—just take it slowly. This is not the answer.

DAN

I'm tired of slow change. And your promises never cashed out: you thought college in another country would open doors to adventures, yet you crawled into that pathetic hole called comfort zone; you said grad school would be a new start and you drowned yourself in petty failures, getting panic attacks for just attending classes. You were so sad and unmotivated. Nothing could excite you. Are you who you thought you'd be when you left home?

(A moment)

Am I not speaking your mind? Are you content with who you are? The life you're living? Cuz I don't think you feel it any more. You need to feel alive and you apparently can't. Let me help you.

SHENG

(Starts to shake involuntarily)

I am numb. But I'm scared too. I'm scared of what might happen. No, what will definitely happen.

DAN

Destiny is in our hands. It feels so good. Gotta flex my fingers. These fingers...they haven't been moving the way they like for so long. Oh this will be such a treat.

SHENG

No no no nonono—think! Think about it!

DAN

Thought's been done.

SHENG

Not enough! Think again!

DAN

Too much time wasted thinking.

SHENG

Hold on, please. You'll regret it.

DAN

Did fear ever get you anywhere?

SHENG

There'll be nothing left of you!

DAN

(As if to herself)

You have been nothing anyways.

SHENG

(Closes his eyes)

Lord...please...help us. Lest we forget our insignificance.

DAN

(Violently shakes the debilitated SHENG off of her back)

Ready for a change?

(SHENG falls to the ground, where he touches the blue drape and feels it. Music of "Still," a gospel song, plays in the background, meanwhile actions on stage unfold in slow motion.¹ With his two hands holding the drape like a rein, SHENG lunges and throws the drape towards DAN from behind, simultaneously as if to constrain her and to rescue her. DAN clutches the drape and her hairstick pierces through the fabric, tearing holes in it while getting more entangled in it. SHENG holds on to the drape, wrapping it around his wrists. Yet as much as the drape unravels, thread by thread, it

Annotations

- i. In my early (internal) recounts of this experience, my religious convictions made this moment the central brain of the story because what followed suit felt miraculous to me. Now that I think about it in Chinese medical terms—in a premature manner due to my limited knowledge—it seems that the thrill-seeking self-destructive impetus is an extreme manifestation of excessive yang and suppressed yin, and the gentleness and groundedness of the music (and its lyrics) supplies some energy of *taiyin* 太阴 (greater yin), which gives the feeling of an earthly embrace and breeds *shaoyang* 少阳 (lesser yang), moving the tension towards a more balanced dynamic.

doesn't break apart completely, only tethering the two in a more intricate bind. At some point, DAN wipes something off her face with the fabric, trying to see the road ahead through streaming tears or the pouring rain.)

(Lights shift. It starts to rain blue fragments in the House. Sounds of storm and music fade out. MO picks up a piece of blue fabric.)ⁱ

MO

It's hard to say who saved whom. For a moment, they were most separate from each other, and at the same time, inseparable. Till this day, she still experiences them as different agencies, sometimes oceans apart, sometimes creating a hellish whirlwind in her. But she knew enough to not treat either as the culprit, because they are maneuvering in the same storm.

(Lights out.)

Annotations

- i. Yin and yang never disappear; they are in perpetual transformation. I also intend for this to be a suggestion that though the story has never been spoken of before, I have carried it around within me and in some ways sent its energy into circulations beyond me.

ACT FIVE “Turning Back to Heal the Five Strains and Seven Injuries”ⁱ

(Lights up on a lineup of chairs. WAI is seen cleaning the chairs and tying blue strings around them—which, if possible, come from Act Four. Sitting in one of the chairs, LAO is grinding herbs fished out from his pockets with a mortar and pestle. Before adding the substances to the mix, LAO feels each item by observing, sniffing, touching or tasting, and provides spontaneous feedback to the audience. When WAI speaks and ushers the ancestors to the chairs, LAO grinds to the rhythm of her speech.)ⁱⁱ

LAO

(Puts two seeds in the mortar and pounds)

1850s: Chinese doctors arrive in the United States.³³² 1877: Chinese herbs are first touted to American clientele as natural remedy.³³³

WAI

It’s always the men. You get to go to places. You go be the hero. The master. The pioneer. The ancestor. We keep the house. You go to the fields, onto the tracks, locked up in jail. We raise the little. They grow up and follow your steps. You leave. Make us proud.

(Pause)

America! Treat them well.

LAO

(Adds two dried leaves)

1871: Dr. Gene Tong murdered in the Los Angeles Chinese Massacre. 1882: Chinese Exclusion Act.

WAI

You’re the most learned among us all. From head to toe, inside out, mountains to seas, trees to winds, sands to the stars. You know them like the back of your hand. Indeed, you find everything you need from reading a palm, a tongue, or a shadow. But do you know your fate venturing across the ocean?

(Pause)

You’re always so calm, watching people and things passing by. You do things effortlessly, making us look stupid. What better way to detect anomalies other than through the constant, you asked. Composure is your signature. But do you fight for your existence when it’s threatened? Do you pull your hair out? Throw your fists? Cry out loud?

LAO

(Adds a dried berry)

1922: Chinese literary giant Lu Xun writes—“Chinese medicine is nothing but a deliberate or unintentional fraud.”

WAI

It was an iron-clad windowless house that you felt trapped in with your entire nation. They were deep in sleep. Not knowing their fate. You yelled and screamed, to the top of your lungs, to wake them up—Get out of the blinding ease and see how close you’re approaching your doom!—A few of them light sleepers awoke to devastated distress. Some complained; they’d rather die in sleep, than dying consciously. What’s the point? Hope, you said. As long as there’s conscious minds, there’s hope to undo the iron house. You snatched away their sleeping pills. It’s a fraud, you claimed. Comfort is poisonous in a moment of crisis. Surely, how can a medicine of harmony provide a destructive cure? But when a nest is overturned, no egg remains intact. The country was

³³² Venit-Shelton, “Nature’s Own Remedies,” 379.

³³³ Venit-Shelton, 391.

Annotations

- i. As part of my critical intervention, I borrow the idea of the eternal presence of ancestors that many indigenous cosmologies hold across the continents of Africa, Asia and Americas. This act in particular reflects the way historical forerunners remain influential to beings today. By evoking ancestors from across the Pacific, I recall what I wrote in Chapter 1, “A diasporic subject has two ancestors: one represents where she comes from, and the other represents where she goes towards. The ancestor in the homeland gives life to the diasporic subject, whereas the ancestor in the host state paves the way for her to live.”
- ii. The time setting is unspecified, because this Act happens in a symbolic place.

sick and medicine was not enough, you believed, so you picked up the pen instead.

(Pause)

Soon the iron house implodes, thanks to you. The country catches up with the fast-spinning world. The people start to lose sleep. Some still believe the sleeping pills are poisonous. What would you say to them? Right across the Pacific, some others fear the same thing, but for a whole different reason.

LAO

(Adds a twig)

1948: Police raids an herbal shop in Los Angeles and arrests herbalist Arthur Chin's father.³³⁴

(WAI wipes the chair that LAO is sitting in, letting LAO know he is in her way.)

WAI

You father paid great expense for you to go study Chinese medicine in China. You were his only son, his hope, the one to bring back honor to the family. He saved up to open a store for your practice. How disappointed he might be when you were made into a suspect of dealing opium. He lost face through and through, but no he didn't give up on you. He insisted on going to jail for you. The store didn't survive the blow. A proud scholar, poet, herbalist, you sold tea door to door. You got hooked on alcohol and gambling. And you lost everything, including your little sister's money. You weren't even invited to her wedding. At the age of 70, you roam on streets, picking through garbage, living off party leftovers.ⁱ What crushed you—is it alcohol or gambling? Sibling rivalry? Self-loathing? Capitalism? Or racism? Where's that elegant white-haired Asian doctor? Does he come to your dreams anymore?ⁱⁱ

LAO

(Adds two bark slices)

1974: Governor Ronald Regan vetoes a bill to legalize acupuncture. The morning after, Miriam Lee is arrested for practicing acupuncture without a license in Palo Alto, California.³³⁵

WAI

You opened up your home to seekers in pain. Of course that's because no one would rent you space. Only the creased carpet in your doorway remembers how many you took into your healing hands—because the staircase on which people awaited broke under unbearable weight.³³⁶ Some said you baited the cops to come get you. What was it like, to anticipate armed men rushing in and humiliating you with criminal charges? The same hands that caress wailing bodies twisted to the back and feeling the weight of the cold shackles. What was it like?

(Pause)

Your case caused a huge stir. People who used to find peace on your treatment bed came to protest against your arrest. The court was shaken. They call you "Mother of Acupuncture in California." But you're so much more than that.

LAO

(Adds a root)

1975: Acupuncture is legalized in the state of California. Chinese medicine practitioners can be certified as licensed acupuncturists and practice independently.

³³⁴ Cheryl Lee, *Arthur and Leila*, 1993, 58 pages, 1993,

https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cbibliographic_details%7C3383677#page/2/mode/1/chapter/bibliographic_entity%7Cdocument%7C3816655.

³³⁵ Fan and Fan, "Dr. Miriam Lee: A Heroine for the Start of Acupuncture as a Profession in the State of California."

³³⁶ Lee, *Insights of a Senior Acupuncturist*, x.

Annotations

- i. This monologue draws on the story of *Arthur and Leila*, a 1993 play written by the late Chinese American actor and playwright Cherylene Lee (1953-2016).
- ii. These two questions are inspired by Dr. Park, who told me that part what attracted him to the profession was the idea of himself practicing as an old Asian doctor. It certainly has to do with the stability and durability of the profession, but as he admitted, the aesthetic of that image was a small but clear factor.

WAI

(To LAO)

That's only half a century ago. How many more have you got? We don't have spare chairs.

LAO

Hmm...let's see...

(Adds a blade of grass)

Late 1970s: Lincoln Detox in New York becomes the center of acupuncture activism under the leadership of Mutulu Shakur.³³⁷

(Adds a dried flower)

1984: Chinese artist Hung Liu immigrates to the US on a student visa.

(Adds some liquid from a vial)

1989: Tiananmen Square Massacre.

(Adds some dirt from the ground)

1992: Los Angeles Riots.

(Pulls a hair from his head and adds to the mortar)

2020: The return of the Yellow Peril peaks when the president of United States calls COVID-19 "Chinese virus."

WAI

Wait. Are you serious?

LAO

Xueyutan, charred human hair, is a substance of Chinese herbal medicine, often used to stop all kinds of bleeding. What's wrong?

WAI

Well, for one, it's not charred. You just plucked it!

LAO

The fire's already started. We're just catching up to its smoke.

(Pause)

These should do for now.

(LAO mixes what's in the mortar and pours it into a bowl. Throughout this Act, WAI has lined up the chairs in a queue or arranged them into a downstage facing arc. LAO solemnly places the bowl on the third chair at the center. Now what's on stage looks like an altar. Spotlight on MO, who has been observing in the dark.)

MO

Are you waiting for a last Act? One that heals the diasporic trauma, the generational wound, or the personal suffering? One that provides some kind of an answer, a catharsis, a closure? I'd love that too but I can't.

(Picks up the bowl and smells it. It's strong. MO puts it back.)

How nice would it be if calling on ancestors is the remedy? But there's no quick fix. We can and can only cultivate ourselves, like a bonsai.ⁱ The social institutions and historical circumstances in which we exist make up the pot.ⁱⁱ

(Refers to the chairs on stage)

³³⁷ Mutulu Shakur and Urayoana and Trinidad, "The Seed: History of the Original Acupuncture Detoxification Program at Lincoln Hospital," *Souls* 23, no. 1–2 (April 1, 2022): 36–48, <https://doi.org/10.1080/10999949.2022.2104593>; Olga Khazan, "How Racism Gave Rise to Acupuncture for Addiction Treatment," *The Atlantic* (blog), August 3, 2018, <https://www.theatlantic.com/health/archive/2018/08/acupuncture-heroin-addiction/566393/>.

Annotations

- i. This is a reference to Hung Liu's artwork *Chinese Bonsai* and her embodied contemplation of diasporic wellness through adapting a Daoist body map, as discussed in Chapter 1.
- ii. This is a pun that refers both to the container for the bonsai, and to Elisabeth Hsu's notion of "pot," which she uses to theorize the materiality and intercorporeality of medical encounters that "have a texturing effect" on human and nonhuman participants of the encounter.³³⁸

³³⁸ Hsu, *Chinese Medicine in East Africa*, 50.

And all that history, those untold stories, and latent affects touch us and become part of us like soil, water, and light. Our growth will be the manifestation of them. Yet there's no definite telling of what will become of us. But guess what, I'm part of you now. No, not in a virus-kind of way. By being here with me, you also gave me some of you that came through you from something else—the wind that cooled you down just now, the cream cheese bagel you had as breakfast, the poem that reminded you of your childhood dog, your best friend's first nightmare at three, a prayer your mom said when you were sick, the metal whistle that summoned your grandparents to their work shifts, the eagle-shaped stone arrowheads from the family collection by the oldest household in town—I don't know. And you most probably don't know either.ⁱ

(Speaks while collecting the residue of blue fabric)

Does that make me an agnostic? Maybe. Though I do know one thing: that knowing the unknowability of life isn't the be-all and end-all of life. It's only the beginning. We write, we clean, we care—not to finish, but because it must be done. And done again. And again.

(Lights out.)

Annotations

- i. This monologue contains references to an exhibition I encountered in the Heritage Room at the Corona Public Library on March 13, 2025. The exhibition was mainly composed of artifacts from 1886 to the present day, including posters of annual road races and an industrial steam whistle, memorializing white capitalist investment after colonial acquisition. The arrowheads were the only recognizably Indigenous objects (besides a little folded sheet printed with a Catholic prayer inserted in the corner of the same frame). This list of things progresses temporally from the most immediate to the most remote, affectively from the lightest to the heaviest, and if looking at the city body politic in the triple burner framework I used in Chapter 2, from the upper burner to the lower burner.

ACT SIX “Phoenix Spreads Its Wings with Whole-Body Strength”

(Projection of a moon throughout the Act, growing from a thin fingernail into a bulging belly and subsiding back to a slender crescent. The back-and-forth transformation simulates the circular time of our life, especially for menstruating and reproductive bodies. The following scenes take place on different parts of the stage, using chairs from the previous Act.)ⁱ

Scene One

(Lights up. DAN is half-sitting half-lying on the first chair, looking uneasy. SHENG stands next to her, scrolling on the phone. WAI is holding a bowl of soup.)

WAI

(To DAN and SHENG, but mostly DAN.)

I told you, you need to stay in bed longer. All women back home have a month of bedrest after giving birth.

SHENG

That I agree. Western medicine also defines the first six to eight weeks as the postpartum period.

WAI

That includes no walking, no bath, no Cold, no Wind. Done wrong, it'll leave you with a lasting ailment. You'll suffer when you grow older. Why are you trying to cheat like a schoolkid?

DAN

I'm already wearing this dumb hat, and it's getting greasy and itchy as hell in there. If I stay in bed longer I'm gonna grow mold!

SHENG

And the tailbone is protesting.

WAI

Oh that tailbone problem. Have you called your doctor?

SHENG

The OB/GYN said Western medicine couldn't do anything about it. She recommended checking out traditional medicine.

WAI

Well the traditional way I know is to take plenty of rest. Oh and eat this.

(Presents the bowl carefully)

I cooked it for two hours. With some Codonopsis and Astragalus. This is very nutritious—improves your energy. You're gonna have a bowl of this type of stew twice a day. I can switch between pig feet, hen, and pigeon for a change of flavor.

DAN

(Covers her nose)

Did you put cooking wine in there?

WAI

Only a little bit. Darn, you have a good nose. I know you don't want it so it's way less than what I usually add.

SHENG

No! Do you know how dangerous alcohol is to infants? We can't have even a drop of alcohol in there during breastfeeding.

WAI

You're being ridiculous. This is not alcohol. It's cooking wine, not the drinking type. People use it especially for women after childbirth. It's tonifying.

Annotations

- i. If it is not obvious enough, bestowed on Act Five and Act Six is the task to bridge the gaps that separate the individual from the historical, the communal, and the systemic.

SHENG

Outdated practice. It's not scientific.

(Scrolling on the phone)

Oh actually, it says if you wait two or three hours after consuming to breastfeed, the alcohol would have exited your system.

WAI

Book smart. All that knowledge only makes you stupid.

DAN

(Takes the bowl and starts sipping)

No more nagging, please.

WAI

I just don't understand it. Why are you fighting me on this? I've raised you perfectly alright in my way. Aren't you yourself a proof of my theory? Will I ever harm you?

SHENG

That's totally beside the point. We are trying to figure out a way that's best for us now—in the world we are in today not thirty years ago, with advanced scientific discoveries not just age-old experience.¹

WAI

Well then what am I here for? Flying all the way across the Pacific Ocean to deliver useless stuff?

DAN

We're thankful, Mom, for all you do.

WAI

Tell me, how can I watch my baby wither away? I can only give you what's best!

(Lights shift, revealing the second chair, which seats LAO in a white coat.)

Scene Two

LAO

(On a video call)

Slow down. I got you. You said your daughter's been having a high fever for two days? What's the temperature?

(A moment)

We don't use Celsius here.

(A moment)

I can convert it. But you gotta learn to use Fahrenheit—This is America.

(A moment)

A hundred...and two...point six? Okay. How much milk are you giving her?

(A moment)

Breastfeeding counts. Do you have an estimate?

(A moment)

Two hundred and fifty milliliters? I don't know how much that is in ounces. I mean, I know those units personally, but look, you've come to America and your kid's gonna live here, right? Better get used to it sooner.

(A moment)

Sure, I can convert. Now is she with you? Let me see her.

(A moment)

Good gracious! Why are you putting her under so many layers! Take it off take it off takeitoff. You don't wanna overheat her.

(A moment)

Now that's better. I know some cultural traditions like to make kids wear a lot. No, don't do that.

(A moment)

Annotations

- i. It is often unrealized how cosmologies are already interweaved, though of course with disjunctions, for both my generation and the previous one. My mother was very suspicious of Chinese medicine because of her upbringing in the historical era when Cultural Revolution just demolished traditions like Chinese medicine and modern science was upheld as the only way to truth. However, her daily vernacular and practical knowledge staunchly held on to traces of Chinese medicine. Before I started this dissertation project, I was a firm follower of biomedicine, fascinated by Chinese medical culture, which was little more than Orientalist curiosity. Here, cosmological integration takes the form of finding the best care that nurtures the new mom, protects the newborn, and harmonizes the intergenerational relations.

Okay, good. Don't worry. Just keep her cool. Offer milk more frequently. She should be fine soon. If her temperature goes up higher, give her Tylenol. If the symptoms persist, reach out to your local urgent care.

(Pause)

You're very welcome. And again, remember, learn the measurements.

(LAO hangs up. Lights shift, revealing WAI, who is also wearing a white coat, but loosely over her casual attire, CHOU, who sits in the third chair close to WAI, and DAN, who is standing behind CHOU.)

Scene Three

WAI

Let me see your tongue.

(CHOU sticks out their tongue.)

DAN

I thought it was a Wind-Cold fever, so I gave her Cold-Clearing Granules. The next day her tongue turned red, and coughed like there was phlegm, which seemed like a Wind-Heat cold. Gave her Children's Heat-Clearing Granules. Didn't work. And her hands turned really warm while her feet still cold. I touched her belly, it was warm and solid. Adding on to the fact that she's been constipated, I thought I found the root problem—her digestive system was blocked. So I made her some Three-Peel Water, thinking that'd mobilize her Middle Burner. Also made sure to apply lanolin on her lips to prevent dehydration. But this morning she woke up burning, her lips chapped, and most concerningly, she was very drowsy. I'm so confused. I had to come to you for help. Was it the wrong pear peel? —I got some random pears from the grocery store, cuz we couldn't find Chinese snow pear—ⁱ

WAI

That's not the problem. Native species work better. Each place nurtures its own people.

(Pause)

What she's showing is an external impact of Wind Cold that led to internal Heat. Three-Peel Water expels Dampness, so it—

DAN

(Places her hand on her forehead, struck by frustration and realization)

Expels Dampness! No wonder she got dehydrated! Oh I'm so stupid. Sorry I interrupted you, you were saying?

WAI

I was gonna say Three-Peel Water actually sank the sick Qi deeper into her body.

DAN

That sounds like I did the worst thing possible.

WAI

I'll prescribe her some herbal medicine. But for her condition, a little needling can help reduce the fever immediately. Are you up for that?

DAN

(Hesitates as CHOU looks up to her.)

Um...okay. Let's try that.

(DAN turns CHOU around to face upstage, holds CHOU tightly while CHOU struggles. WAI takes out a needle.)

WAI

I'll be quick. Just ten drops of blood will do.

(CHOU struggles vehemently under DAN's restraint. WAI grabs CHOU's thumb, stabs it and tries to squeeze out some blood. It was too cruel to

Annotations

- i. The remedies and rationalizations DAN provides here seem to be of a Chinese medical kind, but the underlying logic is still rather reductionist. By assuming a correspondence between symptoms, diseases, and solutions, DAN misses the bigger picture of the bodily dynamic. I recall an argument from Dr. Qian that Chinese herbs are not Chinese medicine unless they are used by the logic of Chinese medicine.

watch. DAN turns her head away.)

WAI

Besides the herbal decoction, you can give her some massage on the back of her head.

(Demonstrates on CHOU, who has not yet recovered from shock.)

And on her hand, like this.

(Before WAI touches CHOU's hand, CHOU immediately eschews from any contact like a frightened little animal. WAI shakes her head bitterly.)

The herbal decoction—it might be too bitter for her. But bitter makes good medicine. Good luck.

(WAI hands DAN the bowl that LAO left from the previous Act and exits. DAN kneels before CHOU who remains facing upstage. Despite CHOU's strong resistance, DAN pinches CHOU's nose to force the liquid down CHOU's mouth.)

DAN

This is good for you, my dear. I'm only giving you what's best.ⁱ

(DAN quietly wipes away her tears. Lights shift, revealing LAO in scrubs sitting in the fourth chair.)

Scene Four

LAO

(Answers a work call)

In that case, I'd recommend you get her checked up as soon as possible.

(Checks the watch)

At this hour, unfortunately, only the ERs would be open.

(A moment)

Based on the information you provided—that your daughter fell on the back of her head and had multiple episodes of vomiting—I highly recommend that you take her to the nearest ER for a thorough assessment. Vomiting after a head injury can be a sign of more serious conditions. We need to make sure it's not something like brain hemorrhage, or meningitis.

(Pause)

I'm not saying it's likely but you wanna rule out the possibilities.

(LAO Hangs up. LAO puts on a white coat and a mustache. Enter DAN and CHOU.)

LAO

Alright, so she hit her head and started throwing up?

DAN

Yes.

LAO

Okay, can she walk?

DAN

Yes.

(DAN guides CHOU to five steps away, and calls CHOU. CHOU makes their way to DAN, unsurely but steadily.)

LAO

Good. She's fine.

DAN

Wait. Do you need to check if it's—

(Tries to remember)

Meno...mening...meningitis?

LAO

Annotations

- i. I invite a re-examination of the cross-generational repetition of the same rhetoric. The bitterness embedded in such an utterance comes from an awareness that the well-meaning yet coercive offering is unappreciated by the receiver and underappreciated in mainstream society. The fact that WAI and DAN feel the need in their respective scenarios to provide this uneasy assurance suggests to me that they are both situated in socially marginalized positions.

No. She's not afraid of light. So that's cleared.

DAN

That's it?

LAO

Yes. You can take her home now.

DAN

No X ray or MRI?...I'm sorry. But three hours of waiting in the middle of the night just for this? I mean, what about her vomiting?

LAO

I can get her some Zofran, an anti-emetic drug to reduce the vomiting. I wouldn't give her an injection though. It's too traumatizing for her age.

DAN

Thank you so much.

LAO

Please wait in the lobby. Someone will check you out.

(Exits LAO into the darkness. DAN turns to face upstage, watching the shapeshifting moon. A moment later, which feels like forever, LAO returns with a clipboard but without the white coat and the mustache.)

LAO

Hi, how are you doing?

DAN

Oh, hi. Could be worse. Just wishing we could catch an hour of sleep before the sun goes up.

LAO

(Tries to be empathetic)

I know. It's so hard, huh?

(Pause)

Your balance is—two thousand and five hundred dollars sixty three cents. Card or cash?

DAN

Excuse me?!

(Lights shift, revealing SHENG on the last chair, fists clenched and placed on his knees. WAI stands, facing upstage, and remains silent throughout the next Scene.)ⁱ

Scene Five

SHENG

(To WAI)

But...but...I'm still trying! It's too soon to give her Tylenol again. Even if her temperature reaches the one-hundred-and-two degrees mark—which is so random. See, she had a couple of fresh hours. That tells me her body is fighting the fight; it just takes time. Sometimes high fever isn't a bad thing. And fever reducers are just gonna repress everything—good Qi and sick Qi altogether.

(Pause)

I know you're worried. Me too. But seizure? Not a doctor, can't argue with you on that. But it's so unlikely. You don't trust me now, do you? You think I'm crazy?ⁱⁱ

(Pause)

I know. I made mistakes. The Three-Peel Water was my misjudgment. That's why I didn't do much this time. I'm not sure. I'm afraid I'm gonna make it worse for her.ⁱⁱⁱ

(Enters DAN carrying CHOU, who looks pale. SHENG gets up from the chair. They help CHOU sit down on the chair. DAN, standing on the right, extends her right hand, while SHENG on the left, extends his left hand, and

Annotations

- i. Here WAI stands in for family members who are too worried to continue supporting the Chinese medicine-style trials.
- ii. It is extremely difficult to argue against concerns about bad possibilities, even if they are statistically unlikely. When biomedical eyes do not see the patterns that Chinese medical eyes draw diagnosis from, the fear is real.
- iii. One of the things I learned through this experience was that the caregiver cannot provide effective care if she is unstable, insecure, or unwell herself.

together they place their palms on CHOU's abdomen.)ⁱ

SHENG

She was so small, so delicate. I looked everywhere on the internet for the safest and quickest way to stop her fever.

DAN

I wrapped her little body in blankets to warm her up, and soon I felt her burning skin through the fabric, so I hurried to unwrap her.

SHENG

I sat in the rocking chair all night like that. Watching her. Had to stay awake to adjust her layers.

DAN

I held her close. Pressed my forehead on hers. Her breath—hot against my nose. Even the cooling pads turned warm.

SHENG

Then I tried to give her a massage. Two fingers, rubbing from the inside of her elbow to the wrist.

DAN

One, two, three, four...twelve...thirty four...sixty eight...A hundred times, two hundred times, three hundred times. Again, one hundred, two hundred, three hundred.

SHENG

Took her temperature. Did it work? I wasn't sure. If so, it's still not working fast enough.

DAN

One hundred, two hundred, three hundred. My right wrist started to hurt. Gotta switch her into this arm and use the other hand. And then—

SHENG

--then I hummed. An old tune my mother used to sing to me. Was it the song that comforted her?

DAN

No. It was the feeling of being held.

(Pause)

We just started learning. We're still feeling our way through it, with her. She needs us.

SHENG

Well then, let's try something else.

(To himself)

Okay, one step at a time. Her body is fighting a war at the frontline. Sometimes she wins the battle, but it gets swept over again. Think. What does she need.

(A light bulb)

Porridge with foxtail millet. We'll just use the thick starchy oil that forms on the surface of the porridge. It's best for nourishing the weak Spleen and Stomach. That way, we replenish her supplies, so she could press on with the victory. Meanwhile, we'll do I-shaped rubbing on her back to help stimulate the circulation of Qi and loosen the blockages between the Upper Burner and the Lower Burner. Hopefully, a decisive victory can be secured.ⁱⁱ

(To WAI)

Give us another day, please?

DAN & SHENG

(Stand up, with their hands gently yet determinedly placed on CHOU)

Just twelve more hours. We promise.

(Lights out.)

Annotations

- i. Navel-feeling works not only for self-care, but also when caring for others. In Chinese medicine, the navel is a key acupoint called *shenque* 神阙 (spirit gate), which provides a pathway to the body's prenatal essence. To a certain extent, this is compatible with human biology that recognizes the navel as the node between the fetus and the placenta/mother, which transmits the earliest provision to the fetus.
- ii. I am speeding through this much faster than it realistically takes for a learner like me to devise a treatment plan and articulate the rationale. Sometimes it goes through trials and errors before a suitable remedy is found (not to forget the sickness is also changing as the healing goes); other times much of the rationale would come later because some measures are taken spontaneously by instinct, under the guidance of bodily intelligence.

POSTLUDE “Stomping to Quench Cravings and Eliminate Excesses”

(DAN and SHENG practices the eighth set of movements from *Ba bu jin gang gong*. Enters MO, speaking to the audience while scribbling on a notepad.)ⁱ

MO

That was a segment of her history, but one that weaved in many sectors of her life—her physiological discomfort, her academic struggle, her settling down as a Chinese immigrant, and her hobbling into motherhood. Sometimes these sectors cross over, sometimes they share similar patterns—that it is not merely coincident is one of the main points this play wants to make—ⁱⁱ

(Tears off this page, crumples it and tosses it away.)

One thing at a time.

(Restarts writing on a new page.)

It may seem that things are getting better for her. The Body and the Mind getting back on good terms, and collaborating on balancing Yin and Yang. In the form of caretaking, the virtue of being healthy starting to send out ripples of healing to the world.

(Pause)

If we think that, we are back to Act Three. The fact is, the healing doesn't happen in a vacuum or a still water—it is quite literally a performance, presented to our eyes as a natural result of all the encountering forces and energies. If you ever observed a painfully chaotic yet beautifully truthful moment like that in this play, then I consider my work done—

(Discards this page.)

Absolutely not. The work is unfinished.

(Starts on a new page. DAN and SHENG begin contact improvisation, taking MO's description as prompts. This would probably look more estranged than contact improv usually does.)

By the end of this historiography, my brain is fried, toes cold. And I know these are not topical ailments—nothing wrong with my head or feet, but something in between and across my whole being. I'm aware that to some extent I'm defaulting to the body-mind division again as a response to a fast-approaching deadline to defend and a whirlwind of disturbing news coming from the second Trump presidency. My Qixue rushes to the upper body as I try to grasp the shifting political moment and squeeze out words to put on paper. But that sudden flood of Qixue forms blockage where it is habitually stagnant—

(The dance between DAN and SHENG becomes more intimate.)

There's a bubble in my left knee, which sometimes becomes a stone, and makes walking an occasional torture. Something in my lower back feels jammed and hollow at the same time. I couldn't twist my body without feeling like snapping it. That tells me either there's not enough grain and fodder in the warehouse to supply the frontline, or the transportation routes are obstructed, or both. My left shoulder becomes stiff and swelling. Pimples break out between my neck and right shoulder. All kinds of thoughts rush and dash between my temples. I had to press fingers on them to curb the throbbing pain and fleeting consciousness. Nothing comes as a surprise to me any more: my resurgent allergies, or the sudden rosy complexion of my cheeks. They are both expressions of this pattern I'm in, a pattern that is not totally unrelated to how the world is now.ⁱⁱⁱ

(Pause)

So, you see, I'm not that different from where I began. I don't necessarily have a healthier body. I don't have more control over my body. I still procrastinate and cut corners. But I'm also fundamentally different—

DAN

Annotations

- i. It was through writing this postlude that it became most clear to me: Writing is caretaking work. It grows from within us. It feeds on our intellectual ability as well as our physical stamina. It demands attention from us, and half-hearted engagement is worse than none.
- ii. MO sticks to the third-person point of view, as a neutral and disengaged researcher until it does not sit well with her any more. Similarly, for me, writing this play about myself from a multiple-removed position gives me a certain critical distance, but at some point the writer needs to reintegrate.
- iii. The bright side of this intense experience happening during this writing process is that I have been able to better trace the changing patterns in my body in relation to what surrounds me.

Hold on, a gasp of wind incoming.

SHENG

Good catch. Everyone, brace!

(DAN, SHENG and MO close their eyes, and sink into a pose of full preparation. They hold for a moment.)

DAN

(Opens her eyes.)

I think we made it. Unharmed. Um...I have an interesting observation.

SHENG

We're all ears.

DAN

The side where the wind touches me feels chilly, and the other side on the back doesn't.

SHENG

Naturally.

DAN

Whatever in between feels like a gradation of chilliness.

SHENG

That's new.

DAN

It feels like no boundary separates the wind and me; more like the wind goes through me. I mean, my wind-facing side becomes part of Wind—

SHENG

Like the wind is not gone, but its presence exists through what it does onto you? And you are not you, but a segment of the effect of Wind?

DAN

Very close. But that still sounds like a redefined me; but it was more like there's no "me"—

SHENG

There's no me—

MO

There's no me—

DAN

Just a collection of effects—

MO

--of all elements—

SHENG

--passing through.

MO

(To the audience, while resumes scribbling on the notepad.)

We decided to write this chapter in the form of a dramatic play, rather than a conventional research paper. Because, like life, theatrical experience can be messy and visceral, and there's no shortcut for it. The body has to be present to participate in the economy of Qi. Though I'm on the other side of the page, my writing posits me on this stage millions of times before I meet your eyes. Since I'm practicing Chinese medicine on my way of living, there is no dividing line between where the practice ends and the writing starts. The writing is part of the practice.

(MO joins DAN and SHENG doing concluding movements of *Ba bu jin gang gong* to send gathered energy down throughout the body. Lights out.)

CURTAIN

Annotationsⁱ

- i. This last superscript marked on the “Annotations” section title is my way of breaking the fourth wall on paper. Again, what you just saw or read was a draft, a shakeup, a rehearsal. There are many ways we can reenact a history for different purposes. This particular historiography lives in an academic framework, and ends with my Body and Mind barely started to get on good terms and collaborate. The time is 3:57 a.m. on a Monday morning, before I submit this dissertation and resume the healing project I have been compromising in order to reach this milestone as scheduled. Yet as I have also realized through this process, the healing never came to a full stop even if I wanted it to.
- ii. ...

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