### THE OTHER AND SELF THROUGH THE MIRROR - EXPLORING HISTORICAL UNDERSTANDINGS OF THE CHINESE MEDICAL CONCEPT OF 气 (QI) THROUGH THE WESTERN VISION

By

### XIAO HE

Submitted in Partial fulfilment of the Requirements

for the degree of Master of Arts

at

Dalhousie University Halifax, Nova Scotia Aug 2021

Dalhousie University is located in Mi'kma'ki, the Ancestral and unceded territory of the Mi'kmaq. We are all Treaty People © Copyright by Xiao He, 2021

#### Dedication

I would like to present this paper to my deeply attached China. I have been fortunate to grow up in a cultural matrix so deep and extensive. This country will be the source of my life and inspiration as always.

### Table of Contents

List of Tables	iv
List of Figures	V
Abstract	vi
Acknowledgements	vii
Chapter 1 Introduction & Literature Review	1
1.1 Introduction	1
1.2 Literature Review: Comparative Studies on Western & Non-Western Medical Paradigms	3
1.3 Literature Review: The Perspectives among Chinese Scholars	11
Chapter 2. Methodology	17
2.1 Descriptions on Data and Samples	17
2.2 Justification of Methodology	20
2.3 Elaboration on Three Steps	
Chapter 3 Hermeneutic & Content Analysis on Boym's Translation of 气 Against the Chinese Concepts of 气	27
3.1 The Character 气 and its Cultural Significance	27
3.2 Hermeneutic and Content Analysis on Boym's Medica Clavis (English version)	
Chapter 4 Content Analysis on Twenty Articles and Two Books in 20th -21st Centuries	44
4.1 Content Analysis of Twenty Articles	44
4.2 Content Analysis of Qi Discourses in The Web That Has No Weaver	49
4.3 Content Analysis of Qi Discourses in Encounters with Qi	
Chapter 5 Hermeneutic Analysis on the Historical Understandings of 气	55
5.1 From 气 to "Spirit(s)/Qi": The Ethnographic Construct Evolved over Time	55
5.2 Spirit(s) as the Plausibly Consubstantial	56
5.3 Qi that Resists Definition	60
5.4 From 气 to Spirit(s) and Qi, Unfinished Project of Modernization?	65
Chapter 6 Conclusion	71
References	73

### List of Tables

Table 3.2a Coded Meanings of "Spirit(s)"	
Table 4.1a Summary of Descriptions on 气 in Twenty Articles	44-47
Table 4.1b Content Analysis of Twenty Articles	47-48
Table 4.2a Content Analysis of Kaptchuk's Definition on 气	50
Table 4.2b List of Vocabularies of Variations & Dynamics of 气	51
Table 4.3a Outline of 气's Meaning Aspects in Encounters with Qi	53

### List of Figures

Figure 3.1a 气(qi) on the oracle bone	.33
Figure 3.1b 气(qi) in Shuo Wen Jie Zi	34
Figure 3.1c 气(qi) on bronze inscriptions	.35
Figure 3.2a "fpiritus" in the Latin copy of Medica Clavis	.37

### Abstract

The Westward spread of Chinese medical knowledge in 17th century was marked by the Polish missionary Michael Boym's extraordinary contribution in transmitting medical knowledge and techniques of Far East through translation and interpretation conditioned by his historical vision. The timespan of four hundred years stands as a witness of how classical Chinese medicine has endured. This study explored how 气- (qi), one of the most fundamental tenets in traditional Chinese medical praxis, has been historically annotated into a

"hermeneutic situation" at different historical periods. Spirit(s) and qi, the two words that were chosen to represent Chinese 气 in 17th and 20th -21st centuries respectively, were products of cross-cultural encounters, collision and negotiation of a shared otherness across centuries. They are ethnographic narrations that are not only inherently pointed to an alien medical tradition for the West, but also consistently evoked onto-epistemological uneasiness that constituted statements about themselves which needed to be read in a broader historical environment. Borrowed from the legacy of hermeneutics and interpretative anthropology, this project has expounded on the two following dimensions: how spirit(s) became of an allegoric epitome of the ideological expansion of Christian power in 17th century; and how qi served to be a mark for a historical consciousness bought about by institutionalized forces from modernization and science.

### Acknowledgements

I owe so many thanks to my superiorvisor Robin Oakley who has dutifully and diligently guided and supported me throughout the project. Encouragements and guidance from Dr. Oakley helped me get through the times when my research hit a bottleneck. Her openness and inclusiveness to different voices and cultural standpoints also gave me me more courage to freely explore the unknown terrain.

Sincere thanks go to Dr. Afua Cooper who provided helpful advice on my Area Exam and part of the stone pillars that made my project possible. I also extend gratitude to Dr. Christpoher Helland who graciously sacrified his time to serve on my committee.

I also wish to express my sincere gratitude to the Department of Sociology and Social Anthropology in Dalhousie University especially Rachelle Fox, Dr. Martin and Dr. Gambold who have been very supportive in assisting me to cope with long distant learning under the critical period constrained by COVID-19.

Sincere appretation is given to the Librarian Kyoo Lee who has been so patient to my ceaseless requests for scholarly items during the project. Without her dedication, my project would not have been possible.

My parents gave me meticulous care during the eight months. Here I wish to send my deep appreciations to my family and Rasel who, near or far, have always been dear company for me.

Finally, I am grateful to all of those ordinary and trivial moments in life which altogether built up my curiosity and leaded to the great opportunity of encountering the miraculous world of Anthropology:

Which road, which river

Are not connected?

Which puff of wind, which flake of cloud,

Are without echoing?

The cities, the montains

Through where we have once trodden

Have all entered into our beings.

- Feng Zhi(冯至), 20th Chinese poet, *The Collection of Sonnets*, translated by Xiao He

### **Chapter 1 Introduction & Literature Review**

### **1.1 Introduction**

My research interest is primarily focused on the study of the social-historical process of how the concept- 气 (gi) in traditional Chinese medicine has been interpreted, discussed, accepted and transformed in the West. Please note, that in this thesis, I will be using the Chinese word 气 to honour the origins of the concept, rather than "qi", a phonetic English translation of the Chinese word. In Chinese medical systems, the idea of 气 not only points to a profound path towards Dao, understood as representing the holism of life and located between human beings and nature (Liu et al, 2019; Wang, 1999; Xing, 2011; Yang, 1993; Sun, 2001; Yoshiro Togawa, 2018: 7-8), but also embodies a significant category of philosophy that epitomizes the onto-epistemological framework about movement, formations and transformations through time and space (Cai et al 2007; Barnes, 2009: Scheid, 2014; Zhang, 1990). Historically, 气 has been related to European physiological understandings of vitalism and "spirits" (Barnes, 2009: 17, 55, 89). Many contemporary Western scholars have recognized the significance of 气 as the profound root of Chinese culture (Barnes 2009; Hsu, 2007; Sivin, 1987a; 2007; Lewis, 1990: 218-219; Farquhar, 2020), and essential to how Chinese medical practitoners see human beings situated in their clinical landscapes (Scheid, 2014). Yet the English translations of 气 seem rarely semantically satisfying and adequate. 气 has more often been identified with the Western concept of vital energy or force that flow throughout human body (Kaptchuk, 1996; Lloyd & Sivin, 2002: 9; Perkins, 2013: 404; Eisenberg & Wright, 1995).

In my project, I ask: under what context did the idea of 气 enter the intellectual horizon of Westerners? What kind of inquiries did Western observers propose when confronted with the paradigmatic fundamentals of classical Chinese medicine? What are the frames of reference framing these inquiries posed by Europeans at an early stage West-East communication? How did the intellectual ground of inquiries on Chinese medicines evolve chronically? How did the conceptualizations of 气 in contemporary Western world reflected a contorted "ethnographic construction" subsumed under an ideological mainstream backed up by institutionalized force?

In order to explore these questions, my MA project will first closely examine the content and impact of an influential 17th century European missionary's understanding on the idea of 气; loosely translated as 'spirit(s)' (Daniels, 2018) in Chinese medicine. Michael Boym was the first European to translate multiple Chinese medical cannons into Latin (Kajdanski, 1987; 2013; 2017) including the concept of 气 as "spiritus" in his introductory book on Chinese medicine *Clavis medica ad Chinarum Doctrinam de Pulsibus*.(Boymo 1686). I intend to explore how 气, as an imaginative and constructive device, has been understood, applied, localized and even imagined in the "Western archive of knowledge" (Tuhiwai Smith, 2012) around 20th to 21st centuries. Mainly, the social discourses and controversies about 气 have been deeply shaped by the materialist and reductionist mode of the body under biomedical health-care systems in Western countries.

Boym's project has had lasting implications during an extended period in which two paradoxical tendencies have been confronting one another, at times, with considerable tension (Dudink 2001). Biomedicine, grounded in scientific positivism, possesses a power of determining the fate of other medical modalities, often-known as ethno-medicines, non-Western medicines, complimentary or alternative medicines, on an institutional level (NCCAM, 1997: 1; McGuire, 2002: 410; Hammerschlag, 2003, 34; Baer, 2001). The 1970s initiated a global craze towards these types of systems as alternative and effective paths for interpreting the human body and health (Worsley, 1982: 316; Scheid, 1999: 10). Leslie and Young (1992) reckoned such cultural change resulted from the failure of modernization of grasping the ever-changing transformation of human conditions (p. 3). Tu Wei-min pointed out that the extraordinary challenges to make the notion of 气 intelligible to Western systems of knowledge is an implication of incommensurability of onto-epistemological assumptions between East and Western (Tu, 2004: 87; 2016: 20-21). To some extent, the idea of 气 has also been historically rendered as imagined realm about Chinese healing practices (Barnes, 2009: 1-3; Zhang, 1990), which has continuously evolved into, at times, a fanatic pursuit towards natural therapies and holism in the second half of 20th century.

Thus, overall, I was interested in exploring how tradition and history - those two distinctive but related dimensions unfolded in the changing activities of understanding 气. By probing into how the seemingly alienated medical category of 气 was interpreted by Boym and how his interpretation connected to the semantic contours from a selected sample from the "western" scholarly literature on the very concept, I attempt to tease out a rough temporal frame of the historical process of transmission of medical knowledge from the East to the

West, in which the fluid connotations of 气 has been constantly shaped and negotiated by socially constructed discourses at various levels in scholarly context. As noted above, I will use the Chinese character 气 to refer to this concept, however, at times I will refer back to the above-noted terms (spirit or qi) in the analysis. Since the time of the translation,气 has been a thorn in the side of the onto-epistemological framework of biomedicine for its alternative understandings of the body, mind, illness, nature and society (see Barnes, 2005; Quah, 2003; Hanson, 2010). In the next section, I will explore some of the literature on 气, and the dialogue between Western and non-Western medical systems.

# 1.2 Literature Review: Comparative Studies on Western & Non-Western Medical Paradigms

The dialogue between Western and non-Western medical systems occured, at least on an implicit level, as early as in 19th century when the disciplinary institution of Anthropology was emerging. Narratives on cultural others in Western scholarship at the moment were heavily colored by social Darwinism that proclaimed a sense of Eurocentric superiorities (Lewis, 1998: 717). For example, E. B Taylor and James Frazer studied the magic beliefs and phenomena of "primitive" religious faith in pre-industrial societies in which human conceptions of illness and health were thoughts closely linked to supernatural powers. Demons, deities, ideas of souls and other classifications of spiritual beings were considered as the primary cause as well as the main sources of bodily aliments and unfortunate incidences (Josepheson-Storm, 2017: 139; Lewis, 1998: 725). These supernatural forms of actiology were placed at the bottom of a standard evolutionary continuum of human civilization on which non-Western cultural others were labeled as salvage, primitive and abhorrent because the intuitive perceptions that they presented can only adhere to parameters of very simple social structures, languages and uncultured religious beliefs (Bohaannan, 1969:98-102; Josepheson-Storm, 2017: 141-142). This view sustained a belief of cultural and biological superiority of Anglo-Saxon nations and provided philosophical rationalization for imperialists, colonialists, and the associated racist policies (Tuhiwai Smith, 2012).

In the latter half of 20th century, Medical Anthropologists tended to view those alienated medical beliefs from a relativist perspective and attempted to explain them in their specific cultural contexts rather than a general reference to the unidirectional evolutionary trends (Foster & Anderson, 1992: 307-308). Vogt (1969) described

the Zinacantecos' religious rituals and beliefs in southeastern Mexico where illness or health were ascribed to maintenance and safeguard of pieces of the soul which was made up of depository parts of life forces from previous ancestral beings. Dirks (1997) examined the how Tamils in Southern India perceived public space and the idea of self through hookswining which was seen as inevitable ceremonial practice to propitiate local gods for blessings of health and wellbeing but how the British banned the practice as uncivilized and wanted to extend the Victorian notions on the body onto the public domain. There are numerous such examples of a relativist which turn could be viewed as a reaction towards Western Eurocentrism (Marcus and Fischer, 1986: 1; Stocking, 1968: 264; see also Cook, 1978). Though the turn was arguably only a concern about attitude rather than the paradigmatic elements, Western scholarship started to focus on other medical belief and practice patterns in their own terms and started to acknowledge their roles in embedding in broader sphere of social fabrics beyond the universal parameters of biomedical frame.

While many elements of non-western medicine were drawn upon by Europeans located in the colonies (Arnold 1988), it was not until the 1970s when the paradigmatic aspects of non-Western medical traditions were taken seriously by the Western world. This epistemological turn came not simply as a random curiosity towards exotic otherness, but as a reflection of a more systematic and broader cultural phenomenon in Western world that articulated the failure of scientific positivism of addressing more profound issues of human conditions (see Bernard 2018, 16-17). Theodore Rozak (1969) defined the ideological core of the widespread counter-culture movement in American society in his book The Making of the Technocratic Society and its Youthful Oppositions as a massed movement of resisting a highly industrialized society that amounts to technology and impersonalized strategies. This anti-cultural ideology questioned the value system of mainstream social groups, and embraced a multi-cultural world, which basically ushered in all the protest movements in the United States in 1969 such as : Woman's Liberation, Black civil rights, Anti-War, Peace and Environmental Conservatism, also including Rock&Roll, Hippie Culture, Mysticism and the rejuvenation of Individual Egoism (Roszak, 1969: 69; Edwards, 1999: 243). In 1959 Arthur Meier Schlesinger predicted in his book, New Trends of *Politics*,: "The rising new political epoch is just like a broken dam, those troubles and issues bequeathed from the blind past of callousness, the ignored values, the idled productivities, all these as if roaring flood, swept through the thirsty land just in a twinkling" (cited in Wen, 1988: 119).

In the field of medicine, this ideological movement mostly targeted mainstream biomedicine that dominated the orthodox and monopolized official health care modality. Since the discovery of antibiotics made possible to

broadly eradicate most acute diseases: cholera, small-box or diphtheria – those fatal diseases in the past by the time only meant a temporary withdraw from regular life activities (Kirchhelle, 2020: 7; Landecker, 2016: 19; Demain, 2009: 822). The formidable triumph of modern biomedicine called into a specialization of medical system that isolated patients from the controlling power over their immediate environment, while providing clinicians with rapid and privileged access to highly specialized emergency technologies (Sivin, 2015: 40-41; Pickersgill, 2019: 1; Newell, 2015: 76). Chronic disorders such as arthritis, hypertension, diabetes and cardiovascular and cerebrovascular diseases took up a large part of modern disease spectrum, and rather than calling for any quick responses from therapies, they demanded aspects of health care that help them to cope with the lost capabilities and to resume some approximation back to a regular life. The techniques adapted by modern biomedicine – this novel complex of institutionalized practices and attitudes failed to address a definition of multi-dimensional well-being extending from physical body to social adaption and rendered human body mechanic and dissectible instead of wholesome being (Barret et al, 2003: 938; Mehta, 2011: 202).

By the end of 1970s, the holistic health care movement started to emerge in America as a counter narrative to the domination of mainstream biomedicine (Kopelman, 1981: 209; Cmich, 1984: 31; Patterson, 1998: 188). Academic institutions such as universities and colleges started to introduce Asian philosophies such as Oriental mysticism (Straus & Clausen, 1963: 4). Those foreign medical ideas and traditional health care systems were widely accepted especially among health care helpers because their holistic philosophy on body and mind as well as their tendency of unifying social and mental dimensions echoes with the spiritual demands of the younger generations who revolutionized the old view of health focusing on the discrete physical body to pursue a wholesome well-being.

Coming along for the ride, in the area of Medical Anthropology, Charles Leslie in 1976 complied *Asian Medical Systems: A Comparative Study*, which signaled an intellectual turn in Western world that examine nonbiomedical traditions by acknowledging their diversified rationalities. Then followed was the publishing of another paper collection – *Paths to Asian Medical Knowledge* (1992) co-edited by Charles Leslie and Allan Young more a decade later. In the introduction of the latter, Leslie and Young (1992: 1) attacked a venerable arrogance of Western intellectual tradition that conceived all non-Western medical forms as "a potentially exploitable source of efficacious substances and procedures that might be added to the Western medical armamentarium". They advocated multiple perspectives that not only see medical beliefs and practices in Asia as underpinned by interconnected logics that formulated a coherent network of premises to explain human body, illness and health (Leslie and Young, 1992: 4), but also emphasized the salience of their social and historical processes (1992: 5). Echoing with this, Anthropologist Mark Nitcher stressed the significance of comparative studies on concepts of diseases, therapeutic systems, ethnic frameworks and social orders among multiple modes of civilizations based on extensive descriptive studies of non-biomedical folk therapies to (Nitcher, 1992: 1-12).

Likewise, Anthropologist Obeyesekere proposed a broader definition of "paradigm" by offering instead a "demonopolized" view of rationality exclusively sticking to science. He argues that paradigm is a type of rationalization that systematically builds upon abstract conceptual models that operate effectively in nonscientifically characterized medical traditions (Obeyesekere, 1992: 162). From this perspective, Ayurveda, classical Chinese medicine and Greco-Islamic medicine all possess fairly abstract theoretical systems that provide explanatory models for health, etiology and therapeutic rationale of a treatment. For example, Trawick (1992) contended that, even under a social condition of medical pluralism, the four indigenous healing traditions in India - Ayurveda, Tamil Savia, Siddha medicine and Maruamman trance healing are underpinned by a single theme in which body and soul is unified (Trawick, 1992: 132). Ayurveda has its own set of principles and rules that can be clinically applicable to determinate efficacy for prescribed medications and regimen (Obeyesekere, 1992: 169). Also, Good and Good (1992) have argued how Greco-Islamic medicine achieved a cultural authority through a source of explanatory model of therapeutic effectiveness based on its symbolic organization of Islamic medical cosmology and epistemology. Fruitful studies on non-biomedical systems (see Weller, Ruebush, & Klein, 1992; Taylor, 1992; Laderman, 1992; Glass-Coffin, 1992, etc) indicated that illness phenomena, bodily perceptions and efficacy evaluations are deeply embedded in local cultural premises and, rather than squeezing them into the universal biomedical categories, they can only be legitimated by probing inside into their own cultural frames.

A range of scholars pointed out that traditional Chinese medical theories are rooted in a sharply dissimilar epistemological mode (eg. Hsu, 2007; 2005; 2010; Farquhar, 1994; 2009; Topley, 1992; Kuriyama, 2003; 1992). For example, one of the clinical phenomena, the pulse dynamics, might exemplify a confrontation between East-West medical epistemology. Kuriyama (2003) indicated that, in the time of Greek sphygmology, pulse rhythms stood out as a distinguishable phenomenon of human physiology that spoke of vitality of arteries and heart in ways of dilating and contracting, also recognized as diastole and systole (p. 33). In Galen's analysis, a single movement of pulse was decomposed into four successive phases: the diastole, the rest

following diastole and preceding systole, the systole, and the rest following systole and preceding diastole, which were measured against visible dimensions of sizes and distances, and were illustrated by using adjectives like "long, broad, high" or "short, narrow, low" (p. 36).

Likewise, at the elementary stage in the development of Chinese medicine, pulse-taking was reckoned as one of the most valuable diagnostic devices with potential of delivering unspeakable messages of lives (Hus, 2005: 13; Kuriyama, 2003: 38-43). These adjectives used to depict the sensory traits of pulse are "pressure, weak versus strong and heavy, unsmooth and slippery ..." (Kuriyama, 2003: 48-49), pointing to a rich of body of medical experiences on tactility as a cultural elaboration of a concrete mode of perception (Hsu, 2010: 7-8; 2005: 13-19). This is in contrast to the visual presentations of pulse dynamics in Galen's analysis in which pulse is arterial, and physical (Boylan, 2007). With 气, "pulse" is multiple and complex, and integral to diagnosis in relation to (Hajar, 2007 Ren, Li & Chen, 2016: 9; Hsu, 2005: 22; Yao, 2010: 11). Both Greek physiology and classical Chinese medicine were dealing with the same issue: how the movements and changes of pulse relate states of our lives, yet their perspectives and linguistic devices in describing it seemed fairly alienated to one another.

Of course, medical paradigms in any cultural tradition will not simply serve as explanatory models for disease pathology and healing episode at a theoretical level. Their rationales are profoundly grounded in social realities and are organized into various practical processes such as knowledge production and transmission. For example, as the general practice of biomedicine developed into specialization at an increasingly higher level, physicians have to undergo forms of training and licensing processes that more isolated from clinics and knowledge on basic health care become more attached to technical research from organizations other than hospitals (Kirmayer, 1988; Murphy, 1991; Finkler, 2004). In biomedicine, the system that produces medical knowledge is a discrete social agency separated from clinical practices where more complicated interactive patterns between patients and doctors emerged.

As a contrast, Farquhar (1992; 1994) and Hsu (1999) documented ethnographically how traditional Chinese medicine merged the productive process of medical knowledge and the scenarios of clinical encounters under its unique rationale. The employment of the medical archives in Chinese medical tradition is certainly not a enslavement to a dead tradition. Rather, it is a critical gesture that allows the past to meet the present. To compare, the past of biomedicine is less referred as inspiration for clinical practices than reserved as dusty

antiquity objects for discrete scholarly curiosity. Why Chinese medical tradition necessarily stressed a skillful grasp of the classic principles and experiential knowledge from the past? Farquhar (1994:10) noted that for this inquiry we need to reflect on the fundamental tenets of Chinese philosophy – a long-standing speculative tradition that had never ever isolated category of man out of universe or nature. Echoing with many local voices (Pi, 2019; Liu, 2016; Li, 2018, etc), Farquhar spotted on a sharply distinctive epistemological tradition more adept of dealing with relative value that always situated itself among the flux of time and space, instead of deriving absolute and universal truth through reference to a nature both ahistorical and disembodied from our direct sense faculties. Thus in Chinese medical tradition, to record individual illness cases is essential because it forged a link between the concrete illness moments to the relevant options of treatment strategies reconsidered at the present.

It is necessary to bring up some more details of Farquhar's analysis here. Two medical cases involving the foetus dying inside the mother's bodies were examined (Farquhar 1992). By showing a patterned progression of clinical practices in a movement of approaching the best appropriate interventions and the desired effectiveness to the ever-changing state of gynecological conditions, the author demonstrated how the clinician build up an intimate feedback circle between the changing syndromes and the therapeutic strategies. It was a trial-and-error approach in which medical decisions shifted from focusing on recovery depleted 气 and blood to establishing and stimulating the body's inherent ability to expel hetero-pathic 气 within it (Farquhar, 1992: 70). The language of 气 is essential here. Throughout the progression, the paradigmatic sets of 气 served as a rationale framework under which the diagnosis and decision-making process accumulated syndromes and signs of an increasingly accurate form that assist physician to refine his knowledge on delicately nuanced pathological responses at times and in all facets (Liu, 2016: 55; Li, 2018: 26; Farquhar, 1992), which is possible only after the previous treatments have worked for a while. In other words, the 气 paradigm allows attentions of diagnosis and treatment decision to focus on shifting clinical states which is also the central concern of the whole world of traditional Chinese medicine.

Apart from analyzing particular aspects of other medical traditions, another peculiarity worthy of attention in Western scholarship is tendency of dichotomizing cultural phenomena (see Tuhiwai Smith 2012). Ideological constructions such as curing versus healing (Foster & Anderson, 1992; Harwood, 1977), disease versus illness (Eisenberg, 1977), as well as somatization versus psychologization (Kleinman, 1980; Kohrt, Kunz, Baldwin, Koirala, Sharma and Nepal, 2005; Spuhler, 1959), became of the overshadowing initiators in the academic world in broadening the epistemological differences between biomedicine and non-biomedical traditions, despite their operational convenience and intellectual applicability. For example, Nitcher (1992) stated that the curative efficacy can be generally defined as the degree to which a specific therapy produces quantitatively identifiable results that a range of pathological parameters are decreased or reversed under clinical context (1992: 226; see also Sivin, 2015: 10-11; Waldram, 2001; Anderson, 1991). This definition might well direct our attention towards biomedical approach. Yet any person who had experiences with non-biomedical treatments will not deny that traditional therapies such as acupuncture can have extraordinary performance in inducing curative efficacy (Lee & Balick, 2001; Fabrega, 1997). The measurement in evaluating effectiveness will possibly conflict with biomedicine, and so will their idiosyncratic understanding on human body and its relationships with environment. Thus, it would be naïve to arbitrarily frame traditional medicines as unconcerned with eliminating physiological disorders.

Healing, as a specific realm of medical practices, refers to more subjective qualities in relation to changes in the affective, social and spiritual aspects of health and illness (Waldram, 2001: 604; Nitcher, 1992: 226). Apart from alleviating physical suffering, the healing process places sickness episodes withina wider social, economic and cultural context(Crandon-Malamud, 1991: xi; Finkler, 2004). For example, community healing in some non-Western societies is simply incommensurate with the singular physician-patient model typical of biomedicine (see Katz, 1982; Marshall, 1965; Read, 1955; Devisch, 1985; Fortes, 1959; Harris, 1978). The healing activities grounded in actual practice presume a patient role that is embedded in the reality of people associal beings who cannot be reduced to mere biology (Moerman, 2002: 21; Crandon-Malamud, 1991: 33) that cannot be reduced to a simplistic mind/body dichotomy.

Scheper-Hughes & Lock (1987:8) and Singer & Baer (1995: 22-23) questioned the validity of dichotomizing biology and psychology/body and mind as nothing more than dogmatic assertions that merely replicate Catersian dualism (Scheper-Hughes & Lock, 1987:8). As Quah (2003; 1993; 2001) and Kleinman (2011) argue, people go engage in activities that work for them when facing thorny health problems and this includes a range of socially embedded strategies. The epistemological distinction based on the reminiscent categories of body-mind actually validate a dilemma that points to the conceptual incompetence of "Western Archive" of principles and rules in sufficiently comprehending and representing the world view other than themselves.

Waldram (2001: 607) and Tuhiwai (2012: 95-116) implied a cofounding fact behind such dilemma – the employment of the assumedly value-free language of science onto the complex indigenous thoughts and

cultural phenomena that are deeply embedded in native model of representations. For example, in Morocco, the word "Nisba", originally as a way of addressing relatives or family, designates an intricate local framework that orients social identity which itself denotes a social process that mingles morphology and semantics in order to define or create social connection with another Moroccan under concrete context (Geertz, 2014: 104-110). The word is truly idiosyncratic to the local Moroccans that there is not literal counterpart in English. Another example can be found in Adelson (1998) in which the natives in Cree of James Bay Canada use "miyupimaatisiium" to approximate "being alive well" in a way that does not make reference to biomedical or dualistic sense of individual health (Adelson, 1998: 10). Particularly, Zhang Yanhua (2007) phenomenologically explored how indigenous Chinese medical concepts and the interactive dimensions of mundane life vested meaningful forms of emotional sufferings for Chinese patient that theorized the fundamental Western mind-body dualism into obscurity.

Here lies the predicament of the use of conceptual models framing the world is conditioned by the use of specific language. As Scheper-Hughes & Lock put it,

"[W]we lack a precise vocabulary with which to deal with mind-body-society interactions and so are left suspended in hyphens, testifying to the disconnectedness of our thoughts. We are forced to resort to such fragmented concepts as the bio-social, the psycho-somatic, the somato-social as altogether feeble ways of expressing the myriad ways in which the mind speaks through the body, and the ways in which the society is inscribed on the expectant canavas of human flesh." (Scheper-Hughes & Lock, 1987: 10)

European languages and their habits of expression have been used to occupying a position of eminence for centuries, and as a result, people are inclined to apply conventional grammatical terms such as verbs, nouns, passivity or tenses to categorize conceptual representations to non-Indo-European traditions. The domination of European categories was not due to their intellectual advantages in representing the world more exquisitely or rationally than others, but mainly due to the global political-economic factors in histories (Tuhiwai Smith 2012). In fact, Scheper-Hughes & Lock quote above touched upon the principle of "linguistic relativity" proposed by Benjamin Lee Wolf, the American linguist. According to this principle, people who speak different languages will see through the world through diversified cosmological lens and will value what they see, more or less, distinctively; the way of thinking will depend on the way their languages connect to the reality and there are no such things like "primitive" or "backward" languages (Whorf, 2018[1956]: 127).

Without an intention to elaborate on this principle, I am raising Wolf's statement as a springboard into my current project. Although for centuries the communication between China and Western world has been increasingly intense, the Western world has gained certain impressions about "Chineseness", although mostly imagined. Thus, my intention is to start from there, and to contemplate the gap between the Western representation of the Chinese medical concept of 气 and the concept presented through Chinese character itself. However, before doing so, let me bring up some perspectives from native Chinese scholars in the next section.

#### 1.3 Literature Review: The Perspectives among Chinese Scholars

Contemporarily, the native scholars and physicians within the communities of traditional Chinese medicine are quite alarmed with the scientific erosion from biomedicine that has resulted in loss of cultural identity in last two centuries. The biomedicine originating from the West completely became a dominant 'other' against which Chinese medical communities have to strive to define themselves on an equal footing, and 气 was catulpulted into the core of this debate. Here I situated my own project at the historical point where nationalist sentiments, scientific enlightenment and spirits of rationality all intertwined together making the discussion on Chinese medicine a matter beyond medical area.

With regard to the Chinese medical history, the Nineteenth Century was a time of the eastward transmission of western knowledge, and also a time when Western scienticism stride forward triumphantly. In the first half of nineteenth century when classical Chinese medicine was not feeling the pinch of massive ideological and political impact, the medical technologies brought in by Western missionaries were seen as exotic novelties exotic and were widely accepted by public with the promotion imperial court (Andrews, 2013: 70-87). The popularization of vaccination techniques was one example (Li, 1998: 271-272; Qu, 2018: 57-58; Ma Boying, 2010: 822). As for local Chinese physicians, the book *Correction of the Errors of Medical Works*, published by Wang qingren (1768-1831) in 1830, was a typical instance where native Chinese doctors positively absorb fresh knowledge from the West.

As Kuriyama (1992: 24) pointed out, for a long time in the history of Chinese medicine, the mode of seeing was clouded by ancient belief patterns rooted in ying-yang, and a speculative tradition which ignored the practical anatomical human structures right before the eyes. Wang Qingren was the first Chinese physician who claimed to 'correct' the theoretical premise of classical Chinese medicine, and consciously abandoned the old

way of seeing. He instead adopted a vision in which anatomical interests began to foster. In his book *Correction of the Errors of Medical Works*, there were thirty-five diagrams that illustrated how old representation of visceral systems should be revised (Qu, 2018: 59; Wen, Liu& Wen, 2002: 4-5). Wang was quite equipped with empirical spirit as is evidenced by his illustrations created through his personal observations either on the dead bodies of a sick child from a poor family on the executed prisoners on the execution ground (Li, 1998: 262; Ma, 2010: 852). More than that, Wang discovered there were optic nerves running from eyeballs to the head, which lead him to conclude our five sense faculties connected to the brain functions (Wang Qingren, 1976). Theoretically speaking, his discovery revolted the traditional hypothesis that heart governs spirits and mental activities from the authoritive text *The Inner Cannon of Huangdi* (Chen, 2002: 353; Li, 1998: 263; Zhen, 2008: 56).

In 1851, the British missionary physician Benjamin Hobson (1816-1873) published a work on Western anatomy *New Ideas for the Whole* (Unschuld, 1985: 236; Zhao, 2019: 41; Cao, 1999:106). Together with Wang's *Correction of the Errors of Medical Works*, biomedicine consciously challenged the organ-viscera and organ-meridian theories in Chinese tradition. Until then, the academic circles of traditional Chinese medicine started to feel threatened from outside world. In 1887, the physician Luo Dingchang from Si-Chuan (South-West China) wrote *The Illustrated Book of Organ-Viscera between Chinese and Western Doctors* in which Luo contra-posed Hobson's work: in China, there can never be mistakes in our The Inner Canon of Huangdi; if there were indeed disputes between the *Inner Canon<sup>1</sup>* and the Western medicine, it can only because the latter was from a place where natural conditions and social customs immeasurably contrast to ours (Li, 1990: 74; Zhao, 2019: 56). Luo's comments were simply based on common sense, and at the moment they are not very persuasive.

After thoroughly and intensively studying Hobson's works, another Si-Chuan physician, Tang Zonghai (1862-1918), responded to the East-Western collision by composing his own book *The Essential Ideas of Medical Classics*, in which Tang suggested that Western medicine was far less profound than *The Inner Canon* as a discipline and that what Chinese medicine needed to do was to incorporate the serviceable aspects of Western medicine and assimilate into existing Chinesemedical repertoires (Qu, 2018: 64; Zhao, 2019: 56). In the same year, Zhu Peiwen, the physician from Guangdong (Southern China) put forward in his book *The Negotiation of* 

<sup>&</sup>lt;sup>1</sup> Inner Canon is the short of The Inner Canon of Huangdi.

*Visceral Manifestations between Chinese and Foreigners*. He argued that in the area of medicine, the Westerners were apt at investigating the physical and the material sphere; whereas in terms of the metaphysical realm, priority to the theories of Chinese medicine ought to be acknowleged (Li, 1990; 75-76; 85; Zhao, 2019: 57). Tang Zonghai and Zhu Peiwen were categorized by later scholars as "the early school of integrating" (Shi, 1992: 310; Zhao, 2019: 69). Yet Li Jingwei deemed that there were hardly any degrees of "integrating" between Chinese and the Western medicine before 1920, because the responses from local Chinese scholars were simply at a very initial stage in which the priorities were given to Chinese medical paradigms with meager admixtures with Western medicine and quite a few aspects actually resonated with the arguments forefended by Chinese medicine advocators in my time later on. However, in nineteenth century when Chinese medicine suffered from the loss of national confidence, their voices were soon submerged into historical currents of sovereign scienticism.

In 1894, the Qing Imperial court suffered from a crushing defeat by Japan in the Sino-Japanese War. This was a staggering shock to Chinese intellectual communities. The radical revolutionists urgently sought a way to save the nation from subjugation. The influential intellectuals such as Yan Fu, Zheng Guanyin, Liang Qichao and many others all started to comprehensively reflect traditional academics and the previous political systems accompanied by clamorously advocating the superiority of "westernization" and "modernization" (Wei, 1992: 642; Shu, 1962: 519-632; Wang, 2003: 79-87). The source of such a disruptive shock lies in the historical fact that China at that time was routed by our neighborhood Japan, an Asian country also oppressed by the global politic order manipulated by the West. There was tactile consensus among Chinese intellectual communities that it is because the Japanese court fully embraced the Western civilization through Meiji Restoration that this country rapidly raised up and beat down China (Wang, 2003: 89).

This alarm, relevant to "survival or extinction" of a nation, also deeply influenced the field of Chinese medicine. In 1916, Yu Yunzhou, the scholar and physician who studied in Japan and returned to China, published *Discussion and Reconsideration on Lingshu & Suwen* in which he comprehensively attacked Chinese medical theories on yin-yang, five phases and meridians as illusioned speculative systems and called for a methodology based on empiricism (Zhang, 2019: 207; Pi, 2019: 2). The Chinese national character was criticized as obsessed with pursuing delusive metaphysics: "our medicine was imprisoned by fallacious talking between Huangdi and Hippo, was hollowed out into emptiness, and the factual evidence was ignored; we were poisoned for such a long time that without exterminating The Inner Canon we cannot eliminate the source of the curse" (Yu, 1933: 34; see also Qu, 2018: 73). As a response to Yu's announcement on a policy level, in 1929, the Chinese Kuomintang government issued a proposal of abolishing traditional Chinese medicine on the account of it interfering with national medical services and health practices, which aroused strong opposition among the professional and intellectual communities of Chinese medicine (Pi, 2019: 2; Zhao, 2019: 91).

Although the proposal was eventually withdrawn, yet owing to a general lack of understanding to Western medicine, the refutation and contradiction appeared feeble and pale at that time. In 1922, Hui, Tieqiao powerfully responded to Yu's attack by bringing forward a possible academic path that integrates Chinese and Western medicine through dialectically absorbing Western anatomy. Especially in his book *Records of Extracted Wisdoms from Collected Classics*, Hui insightfully pointed out that the five internal visceral organs illustrated in *The Inner Canon of Huangdi* cannot directly equalize to the flesh organs in the anatomical sense (Qu, 2018: 86; Zhang, 2019: 208; Pi, 2019: 194). Hui's statement to some extent rehabilitated the intellectual legitimacy of Chinese medicine as a discipline that views human body differently from biomedical anatomy, rather than mistakenly.

However, since 1930s, advocating for integrating Chinese and Western medicines gradually evolved into an ideological tendency of "scientificizing Chinese medicine. After 1949 when the People's Republic of China was founded by the Communist Party of China, scientificizing Chinese medicine became a trend of its time and was publically sanctioned through governmental policies (Hsu, 2009: 465; Ma, 2010:618; Zhang, 2019: 207). Yet, Chinese and Western medicine are two completely different medical systems and the disparities reflected on their mutually incommensurable theoretical tenets in ontology and epistemology rooted in their own cultures. To evaluate Chinese medical practices and theories only based on the methodological criteria inherent in biomedicine runs the risk of leading to a regretful consequence that overturned its fundamentals and wiped out the reasonableness of its type of rationality.

Entering into 21st century, a range of Chinese scholars realized the necessities of stepping out of the shadow of superior scienticism as well as recognized the pressing demand of rediscovering the humanity traditions of classical Chinese medicine. The contemporary Guangxi (Southern China) physician Liu Lihong was one of the pioneers who actively defend for Chinese medicine especially with respect to the criticism such as "lack of positivist empiricism" in Chinese medical tradition. Liu pinpointed that although traditional Chinese medicine did not pertain to the experimental research in the sense of modern biology, yet there has been very

14

comprehensive and profound epistemological tradition towards "interior experimentation" in Chinese medical system (Liu, 2016: 14-15). Interior experimentation is an ability of inwardly perceiving and even visualizing the existence of meridians, acupoints and the flowing of qi throughout the body and based on those subtle perceptions, the physiological and pathological processes of the living body can be rationalized and also the efficacy of medical intervention can be verified (Liu &Zhang, 2020: 5356; Zhang, 2020: 13; Liu et al., 2019: 204). The "inward vision" is not only the exclusive mode of perception in traditional Chinese culture, but also particular cognitive path in Indian medical culture (Sharma, 2015; 2016; Mishra, Singh & Dagenais, 2001; Hardiman, 2009). People in these cultures acquire this capability of inward mindfulness by consciously directing and cultivating breathing as in Qigong and Yoga. Liu Lihong argued that the longstanding repertoire of Chinese medicine indeed resulted from a powerful combination of interior experiment and rational reflection, rather than semplice metaphysical speculation or stacks of randomly collected experiences (Liu, 2016: 11-18).

Not only is the methodological approach of Chinese medicine divergent from biomedicine, some other scholars also demonstrated the study object of the former is radically despaired or even far deeper and wider than the latter. Another contemporary scholar, Li Zhizhong, who has long engaged in comparison of West-Chinese medicines, noted that in *The Inner Canon of Huangdi*, what captured the impetus of its medical rationale was a holistic world that can be perceived through all of the human sensual faculties: a phenomenal world always transforming (Li, 2018: 134-138). The Chinese character  $\Re$ (xiang), roughly denoting "phenomena" in English, is the native jargon word that summarized the enriched meanings entailed by Chinese philosophy and can possibly be tied up with the core concern of contemporary Western phenomenology – phenomena – those concrete idiographic life experiences, being felt and perceived, pointing to all its abundance (Moran, 2018: 4). Thus, the study object as articulated in *The Inner Canon of Huangdi* was a human being alive, a rational person with power of thinking and perceiving, in contrast to the physical body under the vision of biomedical anatomy – the static human body structures with discrete functions of its components (Liu, 2016; Li, 2018).

More than that, the Chinese native pioneer of Cultural Anthropology on medicine, Qiu Mingzhong, directly raised up the subject of a life view originated from and maintained through qi. He argued that qi exists before the form and material forms such as blood, saliva, semen and other bodily fluids are the metamorphosis of qi (2004). Thus the dynamics of  $\neg$  – movement of ascending, descending, entering and exiting, are the primary characteristic of all life processes and the greatest reality of life which constitute the ultimate framework that explained the most basic life phenomena of the human body on birth, senility, illness and death (Qiu, 2004:

300-304). Experienced scholarly physicians Li En, Li Zhaoguo and Li Zhenjiang responded enthusiastically to Qiu's postulation and agreed that traditional Chinese medicine, differing from biomedicine whose focus rests on human structures and functions, is a discipline closely attending to phenomena and lively state through a highly sophisticated and delicate mode of perceiving and cognition. (Li, Li & Li, 2016: 44). Moreover, the phenomenological state of life that situated an organism was rationalized through a set of technical concepts and discourses that concentrated on observations, identifications, and classifications of physiological and pathological manifestation of 气. In other words, to some extent, the rational network revolving around the idea of 气 is where the onto-epistemological gap located.

Chinese medicine is an ancient scholarship. It is a set of living medical forms that not only remain active in contemporary clinics, but its fundamental philosophies such as "unity of human and nature" and regimen principles like "homology of medicine and food" are also deeply embedded into the daily lives of the Chinese mass publics. When classical Chinese medicine, along with other traditional medical systems, were disparaged by domineering scienticism, colonial forces, modernization advocators in the nineteen and throughout the twentieth centuries, indignant proponents of these medical systems responded with strenuous endeavors and to revolutionize the obsolete past in order to survive under the pressure of modernization. Chinese scholars called such a process the modernization of traditional Chinese classics that has been characterized by prosperities of local scholarship leaning towards Western studies (Hong, 2018: 2; Li, 2018: 29). Yet in contrast to the standpoint of post-colonialist social sciences that emphasized the lack of subjects in national cultures such the postcolonial state in African and American indigenous societies, such process of modernization served as a coping strategy through which native Chinese intellectuals energetically sought for a revolution of academic discourse under the superior posture of new technology and culture from Western imperialism (Hong, 2018: 3). What is underlined here is that Chinese medical systems, whether as a discipline or as practical agency, has been actively confronted with a propound transformation of academic purports and functions under new historical contexts. The rising defenses for classical Chinese medicine were not only purely driven by disciplinary interests; they were also mingled with the competitive mentality as well as a contest for the right of interpretations (Zhou, 2011: 13). Therefore, I see my own project as a continuing part coming forward to take succession of those who have pushed ahead to call for a new structure in the academic discourse power which grounds the arena of 气 concept in the vision framed by their own language and cultural significance.

### **Chapter 2. Methodology**

### 2.1 Descriptions on Data and Samples

The focus of my analysis will be to assess how 气 has been articulated in one of Michal Boym's 17<sup>th</sup> century texts on Chinese medicine and compare it to the articulations of the concept in the Western archive from 20<sup>th</sup> to 21<sup>st</sup> century. Using a purposive sample (Bernard 2018), I will compare articulations of 气 made by Boym, in 20 scholarly articles and two classic books. I will discern the patterns and points of possible divergence of the interpretations between Byom's interpretations of 气 against the way authors from 20<sup>th</sup> to 21<sup>st</sup> century have understood 气. Details about these items and their relevance to this project in regard to each item are put in order separately as follows:.

## A. *Medical Key to the Doctrine of the Chinese on Pulses*, by Michal Boym and translated by Shawn Daniels and edited by Mark Linden O'Meara, 2018.

This book was directly translated from the Latin version *Clavis medica ad Chinarum Doctrinam de Pulsibus Auctore*, a collection of medical writings with particular emphasis on bodily structure of meridians and theoretical framework of pulse diagnosis (Zhang, 2013: 45). The Latin version was published in 1686 after Boym's death and was heavily influenced by the ideological trends in the late 17<sup>th</sup> century. *Clavis Medica* was not the only publication on Chinese medicine written by Boym, yet as noted by the translator Daniels (2018: vii), the *Clavis Medica* is the only published text that attributed the copyright to Boym himself. There are numerous other manuscripts on Chinese medicine, herbology and local customs written by Boym which were copied, reprinted, scattered and travelled around through various competing European powers and institutions out of a public interest in foreign knowledge in 17th century (see Kajdanski, 2017; 1987; 2013).

The European historian Kraft believed that *Clavis Medica* was a direct translation from Chinese medical classics (Kajdanski, 2017: 466). However, Zhang (2005: 93-100; 2013: 46-51) implied that it is in fact a synthesized interpretation of a range of identifiable Chinese medical canons - namely *The Inner Canons of Yellow Emperor*, *Nanjing* and *Maijing*, in which the first one is the most fundamental and comprehensive

illustration on the whole framework of Chinese medical theories whereas the latter two are the special writings on pulse diagnosis and difficult illness cases.

I accessed a digital copy of the Latin version of *Clavis Medica* as a complimentary reference to the English edition. Meanwhile, in China, there was a publication on Boym's works entitled *The Collected Works of Boym* – *The Cultural Exchange between China and the West as well as the Transmission of Chinese Medical Knowledge to the West,* which was based on document collation results by Edward Kajdanski and was translated into Chinese from Polish by Zhang Xi-ping (张西平) and Zhang Zhen-hui (张振辉) in 2013. This volume also contains a Chinese version of *Clavis Medica* (see *The Collected Works of Boym,* p. 486-605). The main focus of my project is the English translation of *Clavis Medica,* namely the book *Medical Key to the Doctrine of the Chinese on Pulses* published in 2018. In collaboration with the English version, I will also cross check the relevant discourses on 气 with Chinese version with reference to the original Latin copy.

In total, the Latin and Chinese versions of *Clavis Medica* consists of eighteen chapters and twenty-nine body illustrations in the style peculiar to Chinese medicine, which provide detailed information on visceral organs, functional pathways of meridians as well as pulse diagnosis. As one of the plagiarizers of Boym's work, Cleyer observed, they include strange pictures with deformed anatomical bodies (*The Collected Works of Boym*, 2013: 581). However, in the English version, there were only six pictures on pulse diagnosis whose contents and styles were completely different from Latin and Chinese versions. Providing that pulse diagnosis techniques and the detailed delineations of visceral systems in Chinese medicine were not the focus of this project, the inconformity in regard to illustrations between English and other versions will not be a concern. In addition, apart from the eighteen chapters that constitute the main body of *Clavis Medica*, the English version contains a long forward that introduces the personal life and others sinological works of Michal Boym, controversies on authorship on Boym's books, and associated scholars and researches on Boym. There are also five parts of preface written by either Boym himself or the editor who published this book. Based on tone of these writings it is highly possible that Boym composed these writing in order to clarify his intention and purpose of introducing a foreign medical tradition, yet still the actual authorships remain to be confirmed. This information, together with the Chinese and Latin versions of Clavis Medica will serve as auxiliary source on contextual information that help us to make sense of Boym's perspective in his time.

## B. *The Web That Has No Weaver*, by O. M. D Ted J. K Kaptchuk, 2000 & *Encounters with Qi*, by David Eisenberg, 1995

The book *The Web That Has No Weaver* and *Encounters with Qi* were both scholarly writings that aimed at introducing traditional Chinese medicine more broadly to the Western audiences. Both books first appeared in 1980s<sup>2</sup> in United States. Earlier in 1970s, the therapeutic technique from the Chinese medical tradition, acupuncture, accidently received some discrete attention from the Western media. The ancient technique of acupuncture was coincidently discovered by James Reston who published his personal experiences in acupuncture anesthesia on *New York Times* in 1971 when he was travelling in Beijing as a representative of American journalists who was invited by Chinese government before Nixon's visit to China (Li, 2011: 3; Gao, 2000: 60). On July 26, the front page of the *New York Times* carried Reston's article, "Now Let Me Tell You About My Appendicitis Operation in Beijing," which chronicled the subject of acupuncture anesthesia and caused a stir in the United States (National Administration of Traditional Chinese Medicine, 2019). In quick succession, a number of cases on using acupuncture during surgeries to replace the use of anesthesia were reported to Western audiences (Wei et al, 2019: 6; Li, 2011: 4). Soon, traditional Chinese medicine briefly enjoyed a rush of enthusiasm in the United States and Westerners started to ponder about the distinctive rationale based on qi behind the miraculous effect induced by acupuncture.

The book *The Web That Has No Weaver* first appeared in a time when the most Americans had meager knowledge with this ancient medical tradition and when there were almost none of texts on traditional Chinese medicine available or readily comprehensible in English (Caudill, 2000: xiii-xiv). They provided a comprehensive introduction on the origins, philosophical and theoretical principles of a longstanding medical practice and served as one of the most representative sources of information on Chinese medicine to Western readers in its time (Caudill, 2000; Weil, 2000). After almost two decades, practices of traditional Chinese medicine were so widely available in United States that it successively became of an important aspect of legislation in many states (Wei et al, 2019). Although acupuncture and other traditional Chinese medical treatments such as herbal formulas came under resistance from the biomedical domain, the research and development aimed at integrating ancient techniques and theories for a shared goal towards human wellbeing has been moving forward and continuing. The available version for this project is the second edition of a

<sup>&</sup>lt;sup>2</sup> The Web That Has No Weaver was firstly published in 1982; Encounters with Qi was firstly published in 1985.

revised edition published in 2000.. The new edition was further enriched by experiences, studies and contemplations of the author over twenty years more. It contains ten chapters, with extensive space devoted to the appendix that elaborated on theory..

The book *Encounters with Qi: Exploring Chinese Medicine* shared the historical background with *The Web That Has No Weaver*. However, they do differ in terms of their contents. Rather than simply displaying theoretical tenets of traditional Chinese medicine that appeared foreign and distant for Western readers, Eisenberg provided a detailed account on inquiries, doubts and ruminations the author had during the process of the 4cross-cultural encounter. More interestingly, different from *The Web That Has No Weaver* whose copyright belonged to a scholarly publisher, *Encounters with Qi* was first published by an independent publisher in 1985, which might imply a more openly situated perspective. *Encounters with Qi* progressed through various lively scenes and scenarios that leaded the author to experience traditional Chinese medical practices personally (see Eisenberg & Wright, 1995). It contains a series of curious inquiries from a scientifically trained doctor from United States who had no previous experience in this medical tradition.. The available version for this project is the second edition published in 1995.

#### C. Selection of 20 Articles

Using a purposive sample (Bernard 2018), the 20 articles were selected using the criterion of items containing the English word qi or dealt with it in the text. Based on their journal name and the presumed theoretical stance, I preliminarily categorized them as biomedical perspectives, perspectives of social science and history, perspectives from alternative medicines, as well as others, like popular media as in magazines. All 20 articles were dated after 1985 until the present time.

### 2.2 Justification of Methodology

The dominant methodology will be hermeneutics, as developed by Wilhelm Dilthey (2010), Heidegger (2010) and Hans-Georg Gadamer (1993; 2007; 2017) and then strategically imported into Anthropology by Geertz Clifford (2014; see also Agar, 1980; Malighetti, 2020; Putentes, 2015). Hermeneutic methodology will be completed and cross-checked with method of content analysis (Bengtson, 2016: 8; Downe-Wambolt, 1992: 313). According to Bernard (2011: 415; see also Bernard, 2018), in the simplest sense, hermeneutic interpretive analysis is "searching for meanings and their interconnection in the expression of culture". Based on this

approach, the literal equivalent of 气 in Latin – spiritus/spirit, will serve as the analytical focus of the first step from such standpoint in this project. In invoking the idea of 'spirit', Boym was attempting to use a concept that could be understood within "humoral" forms of medicine (Hsu and Horden 2013) as well as for European audiences who had little access to classical medical texts from China in 17th century and who had never been to China either.

This methodological approach is favored due to the inherent nature of my research standpoint – to explore how Boym's representation of Chinese medical 气(qi) is connected with and differentiated from contemporary interpretation of 气 in a global context of biomedical dominance. I will also consider how we can possibly relate ourselves to the historical entangling of tradition and science to ceaselessly transformative world through the unfinished project of modernization (Scheid, 2016: 67; see also Fitzgerald & Callard, 2016: 35-36; 44-45). Hans-Georg Gadamer's conception of hermeneutics holds that the activity of interpretation is a universally existent human experience that essentially manifests as bi-directional dialogues ceaselessly moving forward with flux of history (Zhang, 2018: 89-95; Palmer, 1969: 11). Different from the positivists' spirit of pursuing the universal law, philosophical hermeneutics tends to see the act of interpretation as a creative process being inevitably situated among the web of historic spatio-temporal relationships (Schleiermacher, 1998: 55-56; Zhang, 2018: 113). Such historic spatio-temporal distance, explained as a gap between the familiarized world in which we are situated and the unfamiliar world entailed through the text we are going to interpret (Peng, 2017: 65), is the core of understanding. Any understanding is carried out within the course of history, any author and any reader in their own ways, live through the current of history. The analysis will progress hermeneutically through three steps by which a more holistic picture of Boym's depiction and interpretation of 气 will gradually unfold as follows:

#### The Steps:

Step One: Hermeneutic Analysis of Boym's interpretations of 气 against the cultural meanings of 气 in Chinese culture

Step Two: Content Analysis of a purposive sample of (20 articles and two books) scholarly articles that write about 气 since the 1970s resurgence of the concept in the west;

Step Three: Hermeneutic Analysis on the "Historical Distance" between "spirit" and the Contemporary Western Representations of "气".

### 2.3 Elaboration on Three Steps

# Step One: Hermeneutic Analysis of Hermeneutic Analysis of Boym's interpretations of 气 against the cultural meanings of 气 in Chinese culture

In step one, I will firstly explore the semantic network of 气 in classical Chinese medicine as well as its profound ontological significance in past and present Chinese culture. The Chinese character 气, which was naturally embedded in social communication and embodied through common sense knowledge in Chinese social world, contains important cultural meanings which was yet largely erased in the western archive.

Followed by that, I will trace the etymological root of "spirits/spiritus" and explore the medical intellectual framework entailed by it in 17th century Europe and Boym's translations. At the same time, Malcolm Crick in particular emphasized the significance of semantic powers conveyed by language as the inherent faculty that makes human beings a self-defining species (1976: 26). Put another way, we can also say that the Latin word "spiritus", translated and articulated through the mind of Michael Boym from the one of the most widely used academic language among European cultural elites in 17th century, would certainly reflect meaningful aspects of the intellectual tradition in his own culture which was passed over to the present. This tradition could perhaps be considered part of the "western archive" of knowledge argued by Linda Tuhiwai Smith to dominate epistemological and ontological understandings of "western" research agendas (2012).

Missionary writing before the disciplinary institution of scientific field ethnology had taken shape in the 19th century (see Malinowski, 2010 [1921]: 7; 13-34;), was reckoned as the first generation of ethnography that was spontaneous, random and amateurish, rather than subject to the rigorous disciplinary training (Weber, 2020: 11; Oswalt, 1972: 41). In this sense, Boym's cross-cultural translation of 气 can also be considered as an action of ethnographic understanding to some extent. What this means is that his encounter with 气 had some elements of rigorous cultural understanding characteristic of Jesuits as a way of adapting Christianity to specific cultural contexts (Vishnevskaya, 2020), but also in many ways was simplistic.

Geertz (2000) described confrontation between and among cultural otherness as a constantly dialectical game between two poles – that is, a process of confronting the idiosyncrasies among the characteristic local details with the universality in cosmopolitan conceptual structure and integrating them into a more synthesized configuration that included both (Geertz, 2000: 111; see also Putentes, 2015: 7; Malighetti, 2020). We can then, imagine that Boym's attempt in comprehending  $\underline{\forall}(qi)$  was transformed into an intellectual effort to resolve the tension between what he already knew and what he does not. As a result, Boym selected or even coined the word "spiritus" as the closest linguistic symbol that matched what the Chinese character  $\underline{\forall}(qi)$  encapsulated in its native cultural environment.

The product was inevitably something new. An ethnographer does not simply collect data and describe it; rather, they interpret them through their own cultural frame of reference – to, at times, screen out locally manifested cultural facts and add onto them an exogenous representation grounded in his own ontoepistemological frame (Putentes, 2015: 7). As James Clifford had profoundly pointed out in one of his essays in Writing Culture,

"[E]thnography actively situated itself among powerful systems of semantics; it raises questions on the border of civilization, culture, class, race and gender; ethnography repeatedly decode and encode, illustrating collective order and diversities, as well as the motivation behind inclusions and exclusions; it envisions the process of creation and structuralization, yet itself is a part of them" (Clifford, 2017: 31).

It is necessary to recognize that the translated word "spiritus/spirits", is inevitably a compromised and distorted version that was made intellectually available and relevant to its European readers. Thus, the first step of analysis is to see the word "spiritus/spirits" as a cultural code and independently explore its etymological origins as well as the intellectual frame of European philosophy and scientific tradition in the 17th century behind the code. By juxtaposing the meaning structure of "spiritus/spirits" with that of 气, I deliberately question of incommensurability and incommunicability between cultures and their underlying logics of cognitive paradigms. The Chinese idea of qi thereupon had entered the visions of Europeans in the contour of "spiritus" in 17th century along with all its cultural baggage.

#### Step 2: Content Analysis of a sample of scholarly articles and two books

The second step involves content analysis of the contemporary interpretation of 气 (qi). Qualitative content analysis is considered to be an approach of systematically describing the meaning of qualitative data such as pictures, textual materials or verbal utterances (Schreier, 2014: 170; Elos & Kyngas, 2009: 107; Bernard, 2018). At the heart of the method lies a process of assigning successive parts of the materials to the categories of a coding frame (Vieira & Queiroz, 2017: 12). For this project, the frame of coding will be generated through considering the elaboration and definition of qi in 20 scholarly articles and two landmark books, well within the range of a desired sample of under 50 for qualitative projects (Bernard 2018).

In terms of coding, the categories will be generated revolving around a variety of aspect of 气, which in turn will be summarized and organized from the relevant excerpts on 气/qi in the selected articles and book chapters. "The relevant discourses on 气/qi" are defined as any discourses contained in the samples that name, define, describe, elaborate and explain the concept of 气/qi in regard to its medical, physiological and philosophical significance. For example, one category can be "translation or definition of 气/qi". Followed by that, one sub-criterion would be the idea of 气 as "a form of energy". The other codes will be categories of adjectives used to describe 气, such as "pervasive" or "all-encompassing", "fluid", "ether", "vitality" and so on. Additional codes are generated as the project develops in the spirit of a hermeneutic approach of continually interpreting the words of texts in order to understand their original meaning and their directives for living in the present" (Bernard et al 2017:293).

The analytical procedures are synthesized into the following steps:

1) To select any "relevant discourses on qi" in the sample;

2) To generate semantic criteria through which syntactic elements of 气 can be categorized into the coding frame. According to preliminary analysis, the tentative coding contains two criteria - the direct definition of 气 as well as adjectives that describe 气, as they are in regard to "气" and its various translations;

3) To re-evaluate and revise the coding frame based on the following two parameters: consistency and validity. The former indicates that two coding units can be clearly identifiable and without overlaps of subcategories (Vieira & Queiroz, 2017: 13). The latter points to the extent to which the coding unites properly reflect the structure of the selected text materials and the conceptions that constitute the relevant research question (Elo, Kaariamen, Kansie, Poikki, Utriainen & Kyngas, 2014: 4);

4) To conduct the main analysis by inserting all the chosen materials into the coding frame indentified above. Double-code might be applicable (see Vieira & Queiroz, 2017: 13);

5) To present the final results of analysis by organizing selected discourses into tables that will be numbered to show the sequences and relations between categories along with explanatory text in the selected chapter (Please see Appendix A, The Proposed Table of Contents for the Thesis)

# Step 3: Hermeneutic Analysis on the "Historical Distance" between "气" and its translations/selected interpretations

The contextual meaning structure of 气 resulting from the first two steps will be further on examined through the lens of philosophical hermeneutics. In this step, we look at the contemporary interpretation of 气 exemplified by Daniels's English translation of *Clavis Medica*. Thereupon here we brought in the notion of "Horizont" or "Horizon", that is, a field in which the possible vision will be limited by a vantage point of seeing. Gadamer himself had explained "horizon" as such:

"We can define the concept of horizon in this way, that is, it expressed a kind of standing point that limits visual possibilities. Therefore, the notion of horizon (Horizont) essentially belongs to a concept of situation. Horizon is a field of seeing (Gesichtskreis), which encompassed all that can be seen from a certain vantage point. .....A man without 'horizon' at all, is the one who is not able to see far through and therefore a person who tends to overvalue things at near. On the contrary, to have horizon, means not to be restricted what is right in the front and to look beyond that. He who has horizon is aware of meanings of evaluating everything justifiably in the field view in terms of near and far, large and small. Therefore, the effect of hermeneutic situation means to capture a Justifiable horizon of the questions we raise up to ourselves in face of contents of inheritance." (Gadamer, 2007: 411).

The act of interpretation is thus deemed a process in which the historical horizons are continuously filtrated filtered, overlaid and eventually reunite with the present condition of the interpreter (Peng, 2017: 64; Zhang, 2018: 114; Plamer, 2012: 16). The historical sense of interpretation also admitted that horizon will be expressed through the form of bias or pre-comprehension, as termed by Heidegger (2010: 177), the antecedent dwelling place of meaning. Just as Gadamer postulated, without bias, or pre-comprehension, the interpretation will not happen, because the historical nature of our existence produces bias, which on a realistically level constitute the

initial immediacy of all of our capabilities of experiencing; bias is our tendency of opening up to the world (Gadamer, 2017: 9).

Here we enter into the historical process of the "hermeneutic circle" (Gadamer, 2007: XVI; 275; Heidegger, 2010: 195), a circle that promises us with the basic dynamics of understanding. In the fullest understanding, the whole and the parts, the tradition and the instant present, is not dissolved, but on the contrary, is actualized to its fulfillment (Gadamer, 2007: 261). As Gadamer himself noted, "Because, the process that we are describing is repeatedly shuttling through experiences familiar with ourselves. During this process, there is always a world that has been explained, a world already well-organized on the base of its fundamental relationships, experience as something new enters this world, it disturbs those conceivable things once guided us, and rearrange itself during the course of fusion" (Gadamer,2017: 16).

History precedes my thoughts and my 'self'. It is neither purely subjective, nor completely objective; rather it is integration and unity of subject and object, an entangling process and relationship with the possible unification between the past and the reality at the moment (Zhang, 2018: 112; Wang & Xu, 2009). "In all the places one has been, all places where distrusts are sublated, and places where lightness, clearness and embracing appears, there is a process of interpretation that goes into words and into universal consciousness" (Gadamer,1993: 216-217). Here indeed we are dealing with a historical distance specific to one form of understanding – the understanding of the medical concept  $\triangleleft$  such a enriched pool of meanings and resources that Itself was automatically put into historic process and, as a series of historical legacies constantly being sifted through time and space, steered into our lives in the moment.

One task of philosophical hermeneutics is to help us to cope with the core tension between interpreter and the text that is informed by a strong historical sense. Such historical sense naturally points to a ceaseless process of overlaying onto a form of tradition entailed by interpreter. Therefore, it combines things distinguished from each other in order to reunite itself with the unity of historical horizon acquired through such historical sense (Gadamer, 2007: 275; Warnke, 2009: 42). Providing that from 16th to 19th century is the initial phase of globalization and the critical period of time when the modern thoughts from both China and the West took shapes, it appears more historically significant to re-evaluate the interactive process between Chinese and Western medical systems.

26

### Chapter 3 Hermeneutic & Content Analysis on Boym's Translation of 气

### Against the Chinese Concepts of 气

### 3.1 The Character 气 and its Cultural Significance

In the contemporary English speaking world, the word "gi", clearly a direct transcription of the Chinese character 气, is widely used as a linguistic counterpart to represent the very critical medical concept in traditional Chinese medicine. Throughout history, the "Western archive" featured more than one translation of 气. For example, "Spiritus" was the Latin translation used by Boym in 17th century (Daniels used "spirit" in his English translation in 2018). Yet contemporarily, we expect a direct transliteration "qi" could entail more original meanings from Chinese cultural tradition. Can we? The two seemingly equivalent linguistic devices, however, yield two radically divergent pictures of how different languages structure meanings. For Western audiences, it is understandable to imagine a translated word is different from its source language. But in what way, on what level they differ from one another? As a native who speak Chinese – whether the standard Mandarin or some of its derived local dialects, my perspective lies in the very bottom of the drastically divergent grammatical units: does the meaning of "word" so common in English grammar equally point to the same grammatical category in Chinese? What if there is not a grammatical category - word in Chinese language, does "qi" or any other translations could fully capture the fluid semantic network of 气 continuously enriched by the lively cultural traditions for thousands of years in China? As I will show in this part, the "字" (zi- Character) is the most fundamental grammatical structure in Chinese in contrast to the "word" in English; 字 organized meanings differently because it entails an additional dimension to convey meanings the visual aspect. 气 clearly belongs to the grammatical category of 字 and naturally inherited idiosyncratic attributes of expressing and conveying meanings, which is hardly translatable. Thus, any translation of Chinese character 气, whether qi, spiritus or spirit, would fail to capture the full spectrum of its cultural meanings and socially embodied experiences.

It is true that the discovery of the unique grammatical category 字 was accompanied with the historical period where the old China underwent the onslaught of western civilization. In 1898, the publication of Ma Shi Wen Tong (《马氏文通》Ma's Grammar) greeted a new era of transforming the classical studies on Chinese into a modernized enterprise of Chinese linguistics through introducing Western linguistic concepts such as morpheme, word, phrase or sentence to frame a modern grammar for Chinese. In the second half of Twentieth Century, an intellectual tendency of opposing the Indo-European assumptions emerged among some local Chinese scholars. Lv Shuxiang (吕叔湘) in 1964 first suggested that it is very difficult to find a literal counterpart for the Western linguistic term "word" because in effect there is no such thing in Chinese (Lv, 2008 [1964]: 45). After a decade, another linguist Zhao Yuanren (赵元任) reminded us that it is simply plausibly useful to borrow the lens of Western linguistic theory to analyze our own language and even squeezed a foreign concept like "word" into the grammatical structure of Chinese, because Chinese speakers rarely conceptualize the world in this way; in the world of Chinese language, the term "word" is no more than an unrooted notion for analyzing linguistic units of Chinese, rather, it is the "字" (zi, character) that came as the nexus of Chinese meaning structure at all levels and even rhythmized the way that Chinese was presented and perceived (Zhao, 1992 [1975]: 248). Another decade later in 1990s, a pioneering Chinese linguist Xu Tongqiang (徐通锵) more radically problematized the blind faith to an Indo-European perspective and initiated a shifting of research paradigm to the inherent Chinese structural unit - 字 (Xu, 1991; 1994a; 1994b; 1998; 2005). The central thesis of Xu held that 字 (zi), is the unit of trinity on which the dynamics of speech, lexeme and grammar have synchronized concordantly with one another, is the most fundamental linguistic structural unit in Chinese language. 字 is also a very peculiar language phenomenon unique to Chinese that represented a structural nexus that converged Chinese speech sound, lexicography, semantics and grammar and thereupon implied a set of language coding mechanism specific to ideographically prominent Chinese language tradition through a clearcut one-to-one correspondence (Xu, 1994a: 1-2; 1994b: 2-3; 1998: 4).

At the same time, Xu pointed out the idiosyncrasies of principles in meaning construction that distinguished the Chinese and Indo-European Language families (1994a; 1994b). The core element of the grammatical theories of the latter is a structural relevance on the level of syntax that is based on a nuclear construction of subject-predicate consistency. This kind of nuclear syntax exerted powerful control over layers of linguistic structure below the level of sentence. This concise summary of grammatical characteristic of Indo-European Language

Family from Xu is echoed with the language view of Halliday's (2008) Systematic-Functional Grammar in which the three meta-functions of language represented by English are proposed - the ideational, interpersonal and textual, and all are characterized by a prerequisite structure of subject-predicate or represented as actor plus process, which serves to be the most essential element or unit that constitute a larger unit of meaning structure (Halliday, 2008 [1985]). Therefore, the major units for the grammatical systems of the Indo-European Language Group are characterized by double-level structures of word - the lexical and sentence - the syntactical, in which the lexical level of word is well-defined by clear-bounded classification of functional properties, such as nouns or verbs (Pan, 2010: 198).

On the contrary, the level of "字 " in Chinese, apart from being a unit of grapheme, served as the most elementary syntactical structure that is functionally available on its own. First of all, 字 is made up of one syllable, but its linguistic capability goes beyond merely recording a unit of sound; it is also a well-identified grammatical and semantic structure with clear and enclosed boundary (Xu, 1994a: 3). This yet stands in a sharp contrast to the bigger chunk of subject-predicate nuclear structure. We can also put their differences in the following way: the core grammatical structure of Indo-European Language family is regulated by a more macroscopic level in syntax- the subject-predicate consistency, out of which the lexicography are derived into clear classifications based on its syntactical functions. That means no matter how sophisticated the meanings are, they all ought to be enclosed into the principle of subject-predicate consistency. Whereas the core grammatical structure of Chinese rested upon a more microscopic level of structure - 字, which appears as an extremely independent linguistic unit at all grammatical, semantic and phonetic levels, and which is beyond the control of any arbitrary rules of forms. To put it further, as a self-contained grammatical, semantic and phonetic structure, 字 always tends to associate with other 字 to form larger unit of phrases or sentences on a status of great independence and flexibility, and the subsequent bigger structures can be made of more 字, due to having automatically inherited the flexible and independent capability at grammatical, semantic and phonetic levels from the most basic element. Thus the grammatical units made out of  $\neq$  are theoretically open to countless other 字, phrases and sentences to formulate larger discourses (Xu, 1994b: 4-5; 1998: 3; 1999: 39).

At this point, we can make a fair distinction between "word" and "字". Like 字, the term "word" also primarily stands for a minimal free unit with intuitive meaning that bundles its linguistic features on forms and structures (Fleming, Hardman, Stevens and Williamson, 2001: 77; Goddard, 2002: 16; Adger, 2003: 36-37).

Yet, rather than playing an independent and competent role in syntax, its' the grammatical performance is limited to the "word class" to which it belongs, and is realized through shifting between forms of inflections. In European tradition, there are ten categories of word class, nouns, verbs, adjectives, adverbs, pronouns, prepositions, conjunctions, numerals, articles and interjections, which derived from the purpose of grammatical descriptions, associative to morphology, syntax, as well as lexical semantics (Haspelmath, 2001: 16538-16539). Moreover, phonetically, the "word" also refers to multiple phonemes in sequences that can be uttered separately. However, although in literal tradition, space is typically used to identify a word in alphabetic scripts (Haspelmath, 2011: 36), linguists have not yet reached a consensus on the issue of what exactly constitutes a "word" (see Dixon & Aikhenvald, 2002; Langacker, 1972; Bloomfield, 1933; Hockett, 1958; Himmelmann, 2006). While the linguistic characteristics of  $\neq$  can be summarized as: concise structure (only one syllable), vaguely defined grammatical functions, and highly expressive in semantics (Xu, 1991; 1994b: 2), the typical features of word is mostly defined by the grammatical category of word class, in which the semantic competence of it is largely subject to formation rules at higher syntactical level. By correlating the grammatical features of 字 and word in their respective linguistic traditions, I wish to present 字 as an idiosyncratic language category that encodes the world through its unique logic. For example, Zhang Yanhua in 2007 problematized the translation of "身体" (Shen Ti, body-person) into the English word "body". 身体 consists of two characters 身 (shen) and 体 (ti), and respectively they denote a wide spectrum of meaning facets, from the substantial meanings physical body, social self, body shape, to the predicative such as experience personally, understanding, settle down in life (Zhang, 2007: 35-36; see also Tung, 1994; Elvin, 1993; Brownwell, 1995). Here, the same story applies to the character under the microscope for this study: 气.

In the largest comprehensive dictionary of the Chinese language, *Ci Hai* (《辞海》), there are as much as fifteen meaning entries for the single character 气. Most commonly used meanings are: air; cloud; mist; breath; smell; gaseous excrements; personal disposition; habits; vigor and so on (Ci Hai, 2010: 1781). There are also more abstract meaning entries such as "the most subtle matter floating through the universe", spirituality or even individual destiny (Ci Hai, 2010: 1781). The semantic network of 气 extends very broadly from the physical to the metaphysical realm. More interestingly, in the Chinese lexicon, "the class", that is, the label denoting syntactic functions like noun or verb, is completely absent here. 气 can flexibly constitute of larger unit in which the concrete meaning will be deeply shaped by the characters around it. Some combinations

became well-established with fixed meaning during the process of daily usage. There are more than hundreds of such character combinations for 气 applied to various linguistic registers and contexts listed in the Ci Hai. For example, 气度(qi du) is used to describe a personal quality that is openly inclusive of everything (Ci Hai, 2010: 1782). 气氛(qi fen) is applied to describe social atmosphere (Ci Hai, 2010: 1782). 气췱(qi yun) is used to describe an artistic quality produced by calligraphy and traditional Chinese paintings (Xu, 2019: 200-201). 气候 (qi hou) means climate and it can in turn formulate bigger chunk such as 气候带 (qi hou dai, meaning climate zones) and 气候变迁 (qi hou bian qian, meaning climatic variations) (Ci Hai, 2010: 1783). In the domain of medicine, 气海 (qi hai), literally meaning the ocean of qi, denotes to a critical acupuncture point on our abdomen connecting to a series of gynecological aliments (Chen, 2018: 369). 气功 (qi gong) is the popular exercise for health maintenance recognized internationally. 气滞 (qi zhi) points to a pathological condition in traditional Chinese medicine in which the free flowing of qi is stagnated (Chen, 2018: 24; Xiao, 1997: 236). We need to be mindful that each character combination of 气, instead of word, is drenched with concrete meanings constantly testified through daily experiences of Chinese under specific situations. The single character 气 is an enriched "resource pool" (Jackson, 2005: xv) from which we pull out threads of meaning and weave it into our lively experience. How can 气 work in that way?

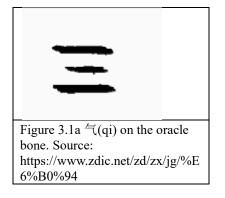
Most local scholars will agree that Chinese characters inherently possess a meaning oriented in nature beyond the restrictions of formal logic (Li, 1956; Chen, 1995; Shen, 1990; Jiang, 1997; Lv, 1963). Xu (1994b; 1999) and Zhou (2011: 14) attributed this obstinate meaning oriented property to its unique ideographic coding system of Chinese characters that prioritizes the visual over the acoustic quality. Wang Kexi (2019: 75) and Hansen (1993) believe that ideography is a writing system that immediately mediates relation between the reality and the abstract ideas, and Chinese characters undertake the role of directly relating language or symbols to the reality, which is what "the idea theory" tries to do in Western view of language (Hansen, 1993: 388-392). Although John DeFrancis had openly resisted to equate Chinese characters with pictographs or ideographs due to the high proportion of semantic-phonetic compounds (1984: 84-85), still quite a few Western scholars have noticed the significance of visual dimension in formulating the primordial rationale of meaning construction in Chinese characters (see Creel, 1936; Karlgren, 2019; Lindqvist, 2015[1988]; Fenollosa, 1935).

The encoding system of Chinese characters, entitled as "六书" ( Liu Shu, the six categories of Chinese characters) in the Chinese scholarly community, represented the six principles summarized by the ancients to explain the structure and usage of Chinese characters, which were listed in Shuo Wen Jie Zi (Xu Shen, A. C. 121), the earliest etymological dictionary in China. The first two categories - pictographs (象形) and ideographs (指事) were mostly considered visual semiotics (Qiu, 2000: 198; Wilkinson, 2013: 35). They can be well-illustrated by the simplest group of characters that denotes concrete life experiences such as  $\exists$  (sun, pictograph),  $\exists$ (moon, pictograph) or  $\pm$ (up, ideograph) and 下 (down, ideograph). The third one - compound ideographs (会意) such as 林(lin, grove) or 森(sen, forest) were seen by Karlgren as visually based (2019[1946]: 19). However, this view was contested by Boltz (1994: 106-110) and Button (2010), who deemed them as phonetic compounds. The category of phonetic-semantic compounds, which incorporated both semantic and phonetic radicals to differentiate characters, are the most active and the commonly recognized group of characters among everyday usage in China (Karlgren, 2019: 21; Wang, 2018: 11). There are also rebus characters (假借) and derivative cognates (转注) types about which there is so much disagreement and details on their exact origins (Karlgen, 1968; Qiu, 2000; Baxter, 1992: 771; Norman, 1988) that I have to omit them from this brief discussion.

The controversies over the visual versus phonetic quality of Chinese characters in Western scholarships are still ongoing. Interestingly, the local contemporary voices in China appears more alluded themselves to the visual aspect as a way of establishing national standard and call for a new structure for intellectual power, because Western language and paradigms will not necessarily account for and effectively describe many cultural materials in Chinese tradition (Zhou, 2011: 13-14; 2000: 4; Li, 1993: 83). This is not a matter of truth but a matter of perspectives, using Gadamer's words, a matter of hermeneutic situation. The Chinese scholar Cheng Zhongyin (1991: 55) pointed out that all the six categories of Chinese characters are naturally based on the direct iconic representation of natural phenomenon, relationships and life experiences; although there is a great deal of phonetic dimension in formulating rebus characters, derivative cognates and phonetic-semantic compounds, yet the core driving force for semantic extension and diffusion of characters is inherently concerned through the visual. This visual element is important to underscore. The well-known writer in 20th century Lu Xun (鲁迅) also stated that the iconic quality and visual-based meaning expression in Chinese

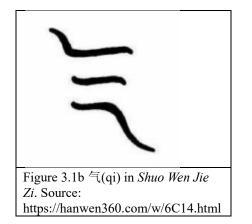
characters have not changed even though the earliest concrete forms have evolved into a set of more complicate and abstract lines and graphs far away from the realistic (Lu,1986: 86).

In the earlier records of oracle bone and bronze inscriptions, 气 was written as three straight lines, akin to the numeric character 三(san, three, Figure 3.1a) (Wen, 2011: 25; see also Guo, 1961 and Chen, 1956).



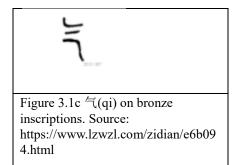
The three lines that consisted of the early writing form of qi can actually trigger enriched imagination from contemporary scholars. For example, Xu Zhongshu (2006: 38) contended it resembles the dried river bed, in which the outward two lines represented the two sides of the river and the middle line indicated that the water had gone. Additionally, Xiong Guoying (2006: 166) asserted that the three lines represent from top to bottom the heaven, human and earth respectively, which in turn indicated a set of interactive dynamics of three kinds of qi. According to the textual research of paleographers, the three-lined qi in oracle bone and bronze inscriptions mostly implied meaning of action rather than substance, such as impetrating for rain or the befall of the sufferings and calamities under the context of divination (Luo, 1932, cited in Maekawa, 2018: 14). It is true that in oracle bone and bronze inscriptions there were other words of divination that related to praying for rain, wind and fertility of soil for agricultural harvest, for which Maekawa (2018: 23; 25 -26) considered as conceptually closer to substantial form of <</td>

Later on in *Shuo Wen Jie Zi* (《说文解字》), the earliest Chinese dictionary which systematically analyzes the Chinese character form and its etymology, 气 was identified as a pictograph and was written as three waved lines with the third extended towards the right side more (see Figure 3.1b).



The explanation of 气 is "气, 云气也。 象形(translation: qi, the mist of clouds. the pictograph) (Xu, 2012[A. D 100-121], 14). Again, I have to confess that my translation is clumsy as I used the word "mist" to replace the character "气" in order not to sound strange to English readers. Similar to what Xu Shen explained in Shuo Wen Jie Zi, 气 denotes the formless and floating substance that is possibly the hyle of clouds. The question is, from substantial qi to the actional ceremony relating to qi, which explanation is real? Based on what rationale the philologists connect these two seemingly unrelated meanings together? It is indeed possible that any of the six principles were playing their role in this correlation, such as the principles of rebus characters (假借) and derivative cognates (转注) and it is admittedly out of scope of this project to prove it. Yet what I wish to point out is the inherent visual stimulation endowed with the character itself that triggered intuitive imagination of generations of scholars to provide their own explanation. In other words, the visual forms of the character 气 itself is the precious resource house for abundant semantic possibilities that gets erased with the replacement of the word 'qi'..

Furthermore, in bronze inscriptions, another character (see Figure 3.1c) directly correspond to today's traditional writing form of qi - 氣.



Shirakawa Shizuka (2010: 62-63) and Hsu (2007: 117) both suggested that Han lexicographer drew on food processing technology of vaporization to bring the external 气 inwardly as a physiological aspect of body. In modern Chinese, The character 氣 became of the classical form for the simplified character 气. Yet in Shuo Wen Jie Zi, 气 and 氣 were actually two separate characters, with latter signifying a food of hospitality for the noble guests (see Xu, 2012[A. D 100-121], 148). Here again we come across the principle of phonetic-semantic compound through which the phonetic element 气 and semantic element 米 combined into one character (Ye, Zhang & Liu, 2018: 291). The character 米(mi) is also defined as a pictograph in Shuo Wen Jie Zi, the explanation of 米 is "米, 栗食也。象禾之形, 凡米之属皆从米. (trans: 米, food of millet, resembling the shape of stranding grain, any character including such radical has its meaning related to 米) (Xu, 2012[A. D 100-121], 147). It is clear that 氣 is the one including the radical of 米. Therefore Ye, Zhang & Liu (2018: 291) contended that 氣 possibly mean belch or fart in a common sense. However, 氣 cannot be seen as a variation of inflection derived from 气; it is instead a semantic-phonetic compound derived from 气. In fact, in Chinese there are wide range of characters in which 气 serves as a radical that constitutes more complicated characters that are semantically and phonetically connected to 气. From 气 to 氣, the Chinese characters exhibits a mechanism of meaning expansion through more refined differentiation in the visual dimension of 气 (Zhao, 1985: 63; Wang, 2018: 31). This process not only produced more variations of the character 气 that respond to more refined meaning expressions under broader contexts, but also potentially multiplied semantic categories of 气 (Wang, 2018: 32). The way of expanding meaning through multiplying the visual indicated tenacious ideographic nature of Chinese characters.

I have argued that the character 气 is a distinctive linguistic unit in Chinese language that integrated semantic, phonetic and grammatical functions into a structure of one syllable-one character-one grammatical unit. Thus, 气 is endowed with great flexibility of combining with other characters to formulate character compounds that broadened its semantic networks from concrete clouds, air to the abstract philosophical concept. The grammatical and semantic versatility of 气 is derived from its inherent ideographic nature that encodes meanings through the visual dimensions. 气 as a pictograph not only triggered tremendous imaginations from generations of people who tried to explain it, but also constituted as a configurative form that formulate more visually connected characters that potentially increased its meaning range. For the reason above, I contend that any translation of 气 would fail to carry the visual significance of it, and therefore would be insufficient to fully convey the rich meaning potential entailed by the character itself. The translation itself altered the original code that will evoke a chain of possible meanings of 气 and inevitably conveyed a contorted image coming from assumptions from another culture.

## 3.2 Hermeneutic and Content Analysis on Boym's Medica Clavis (English version)

By closely reading Medical Key to the Doctrine of the Chinese on Pulses with reference to the Latin version and Chinese translation, we can discover that the words "spirit" (English) or "spiritus" (Latin) appeared in consistent correspondence with the character 气 which was used in Chinese version. In total, the words "spirits/spirit" appeared 176 times as a part of complete clauses in Daniels' translation, which is in accordance to the number of "spiritus" in the Latin version on which Daniels 'translation was based. I need mention here that, in the Latin copy, there was a word that looked much like "fpiritus" and will be treated as printing imperfection for the word – "spiritus". The reasons are as follows. First of all, the first letter that looks like "f" in "fpiritus" is actually a vertical line with a curve to the right side at the top (see Figure 3.2. a), and without the short horizontal stroke of the letter "f", it appears to be an unfinished "s". Besides, no item as "fpiritus" was found in the Latin dictionary (Oxford Latin Dictionary, 1986). Thirdly, whenever "fpiritus" was concerned in the Latin copy, it was rendered as "spirit" in Daniels' English translation. Thus, for the three reasons above, the strange-looking word "fpiritus" will be identified as "spiritus", which will be linked to "spirit" in English version. In his autem membris ac is primigenii qualitates eis confervari, & casdem pro flos motus, fpiritus & actus, lere affirmant. Egerunt inarum primi Medici, ut inorum perspecta haberent ones. Que omnia acque ensum, cum ex pulsibus se

Figure 3.2a "fpiritus" in the Latin copy. Source: *Medica Clavis*, by Boymo, Michaele, 1686.

However, it is not only due to the textual evidence in which 气, spirits and spiritus were closely connected that the words "spirit" (English) or "spiritus" (Latin) were rendered as the conceptual substitute of 气. The interpretative evidences are provided in the following based on the study of the English version which aims at justifying "spirit" as the salient conceptual representation of 气. In fact, the frequent usage of "spirit" under a consistent context where it denoted a kind of flowing and moving substance of human body vielded a direct connection with the inherent nature of 气 addressed in Chinese medical system. Hsu (2007), Sivin (1987b) and Lewis (1990) all recognized the moving and changing quality inherited with 气. As Hsu (2007: 117) noted, "[A]as elusive, transformative and dynamic matter, like breath, fog, could, and vapour, gi 气) had agency; it moved and caused movement, transformed, was transformed, could accumulate and dissipate." There are 69% of excerpts in which spirits was inherent with a moving quality. Also, the regular appearances of "spirits" in pair with another word "blood" constitute another clue that "spirits" is a critical representation of 气 in Boym' s term. Among the 176 appearances of "spirits", there are almost 40% items in which "spirits" was paired with blood. The word "blood", which in medical sense incontestably points to a very concrete bodily substance – the red liquid sent around from the heart and circulating throughout the body through the vessels (online Cambridge Dictionary, accessed in 2020), is written as "血" (xue) in Chinese. All along the history of Chinese medicine, the pair of concepts 气 and 血 has been considered as the most fundamental material building blocks in the theories of meridians and collaterals in Chinese medical tradition (Xiao, 1997; Guo, 1989; Chen, 2018; Huang, 2020a: 6-10; 2020b: 16-28). As indicated by its title - Medical Key to the Doctrine of the Chinese on Pulses. Boym presented this book as introduction of the principles on Chinese pulse diagnosis techniques, and this mode of practice were exactly based on meridian and collateral

theories. Thirdly, in the first chapter of Medical Key, "spirit", together with blood, outlined the physiological contour of a body view that was originated from interaction between yin and yang, and maintained through a harmonious cooperation between these two qualities (Boym, translated by Daniels, 2018: 1). This interpretation is directly associated with a broader frame of body view in *The Inner Cannon of Yellow Emperor* in which, with a variety of its metamorphosed forms, constitute the most basic substance of human body (Zhang & Sun, 2020: 284-285; 302; 324-325). Huang Longxiang reckoned that a complete Chinese medical body is a harmonious aggregation of a chorus of  $\triangleleft$ , including essence (精-jing), fin and other forms that integrated the physical and metaphysical dimensions of life (2020b: 17). Although Boym's spirit was narrowly defined in contrast to blood (fin), it did constitute a foundational aspect of a fluent body view that resulted from the balance of yin and yang. Therefore, based on those textual and hermeneutic evidence outlined above, we can confirm that Boym indeed chose the word "spirits" from European linguistic repertoire as the major locus to convey the conceptual baggage in traditional Chinese medicine to Western audiences.

By conducting content analysis through Nvivo 12 (32-bits) on Window 8 based on the English version Medical Key to the Doctrine of the Chinese on Pulses, I teased out a framework that reveals a complete semantic pattern of "spirits" entailed by relevant discourses (please see Table 3.1a for the coded meaning aspects). In fact, throughout the book, Boym did not either explicitly define "spirits" or highlight the epistemological distinctiveness of this concept as the authors around 20th century did when introducing traditional Chinese medicine (Eisenberg & Wright, 1995; Kaptchuk, 2000). This taken-for-granted attitude towards 气 conveys a critical message that shows the historical distance between two modes of understanding from Western world arose from different historical periods which will be elaborated in Chapter Five. It also shows that in the 17th century, the idea of 气 from Chinese medical framework was able to naturally embed in European intellectual frame under the name of "spirits" in Boym' s work.

	Aspects of Meaning	Number of Reference
A. Spirits as substance	1. Spirits and blood are two basic bodily substances that give rise to life	13
	2. Spirits and blood are vehicles of Primordial heat and radical wetness	10

Table 3.2a Coded Meanings of "Spirit(s)"

	<ol> <li>Spirits aggregate in certain parts of the body</li> <li>Verifying of privite</li> </ol>	18
	4. Variations of spirits	3
B. Spirits is always moving	<ol> <li>Spirits and blood always circulate throughout the body</li> </ol>	46
	6. Flowing of spirits and blood create the motion of pulse	22
	7. The dynamics of pulse indicate condition of spirits and blood, which in turn indicates pathology and physiology of the body.	49
	8. Treatment of diseases will resort to modify the state of spirits and blood	5

Generally, Boym identified "spirits" as a vital bodily substrate that was always moving throughout the body. One the one hand, "spirits" was a bodily substance and it always coupled with blood to formulate the ultimate sources of life and health. Spirits together with blood were also endowed with the elementary qualities of primordial heat and radical wetness which would spread throughout the entire body according to the dispositions via actions and motions of spirits and blood. Large quantity of spirits would tend to gather in certain parts inside the body. For example, seminal spirits would accumulate in the small intestines and would run down to the feet (Daniels, 2018: 18). Ki keu was the place inside the body where the greatest mass of spirits was found (Daniels, 2018: 42). Spirits also stored in the internal organs such as stomach, lungs, bladder and kidney which were the fonts of spirits from which it would travel through twelve paths to the surface of the body. Because spirits stored in different visceral organs were inherited with various dispositions, so there were five to six variations of spirits (Daniels, 2018: 20; 110).

On the other hand, spirits and blood were all the time circulating and carrying the primordial heat and radical wetness to all parts of the body through twelve channels. The spirits and blood usually started their courses from the lungs in previous day, then passed to other organs, flow back and forth for a whole day and night to finish their one round of course (Daniels, 2018:44; 47). The flowing of blood and spirits would cause various types of pulses depending on the parts of body through which they flow. Pulses serve as one of the most critical indicator of pathological conditions of spirits and blood. For example, the pulse that came in small beat and

leave with a large beat shows the weak spirits (Daniels, 2018:119). The constant and sometimes fast beats of the pulse indicated that the stomach had deficient spirits (Daniels, 2018: 120). Because spirits and blood are the ultimate sources of life so they also played critical parts in the rationale of treatment. For example, one need to treat disease of lung by restoring the moving power of spirits (Daniels, 2019: 84). Diseases in the heart could be healed by reducing the harmonic motion of blood and spirits (Daniels, 2018:85). Overall, spirits in Boym's *Medica Clavis* constituted the ultimate source of life by moving intimately with blood; it aggregated inside the internal organs from which it travelled throughout the body via twelve paths. The dynamics of spirits manifested as pulses which were the important signifiers of bodily pathology during diagnosis and serve as critical clues for treatment strategies. However, to what extent the "spirits" framed by Boym could account for the idea of '气 in Chinese culture? What are the cultural and intellectual premises were transported by the word "spirit" ?

In the European culture, the word "spirit" evokes a long-standing intellectual tradition that quest about the nature of life. In the contemporary Oxford English dictionary, under the word "spirit", there is one entry that appears to be in close accordance with the way Boym had approached it: "spirit" refers to "a highly refined substance or fluid that was thought to govern vital phenomena" (online Oxford English dictionary, 2021). This resonance spanning from 17th century to the contemporary is not simply a coincidence. It irrevocably enlivened a speculative approach called "vitalism" that blended the contemplations of biologists and physicians with ponderings of philosophers throughout European intellectual history. As defined by various scholars (Little et al, 1933: 2364; Mayor & Micozzi, 2011; Meyer, 1937; Brown, 1974; Myers, 1900), vitalism has been recognized as theories or patterns of belief that the origins and phenomena of life are motivated and produced by a vital principle with a unique character that distinguished from physio-chemical processes and thus cannot be explained empirically. The inquiry about "aliveness" of life phenomena – life's how and why as opposed to nonliving world is the invariable starting point of the vast speculative system of vitalism which unwearily endeavored to define the relationship to external world through seeking for an ultimate governing force (Myers, 1900: 218). Differing from the scientific view of studying living organisms through knowing organization, structure and assumed taxonomy, a vitalistic approach directs our attention to the movement, the dynamic process of life, views the causes of motion as inherent in matter, and reckons nature as intrinsically active and self-organizing (Stehr & Meja, 2005: 77; Davis, 2016: 67; Meyer, 1937).

In ancient Latin, the word "spiritus" was known as the life-breath (Lewis, 1904; French, 1969). "Spiritus" was called "anima" and was more oriented to the physiological aspect of vital force as opposed to "animus" which referred to the rational soul or consciousness (Konstan, 2005; Hall, 1975b). Epicurus (341-270 B. C) contended that spiritus is a bodily substance distributed throughout the body and governed the rational aspect of soul – animus (Hall, 1975b).

In ancient Greece, the "spiritus" - breath-soul was taken in the contour of another term - "pneuma" which was interpreted and re-interpreted over time and evolved into a corpus of a range of overlapped meanings. In Homer's work, the human body was permeable through pneuma that was taken into body through inhaling wind and air, and then circulated with the blood to the heart (French, 1969; Vernant, 1989: 18). Hippocrates (460 – 377 B. C) recognized two main sources of pneuma: food, drinks and air (Kuen, 2000), and his follower Herophilus (300 B. C) developed an elementary theory of pneuma in which pneuma would produce movements that generate powers to nourish and warm up internal organs (Myers, 1900: 222). Later on, for Plato (420 - 340)B. C), pneuma and blood together become the essential life-maintaining substances that flow through vessels of the body (Mendelsohn, 1964). Yet in 4th century, Praxagoras (340 B.C) distinguished pneuma from the blood, with the former seated inside heart through the arteries and nerves, whereas the latter being carried via the veins (Kuriyama, 2003). In late antiquity, the most influential figure in early Western medicine was Claudius Galen (131 – 200 A. D) who established his celebrated elaborations of pneumatic doctrine and hallmarked his time by grasping the importance of anatomical observation as a basis to comprehend and explain physiological functions (Myer, 1900: 223; Porter, 2003). Galen highly valued the function of pneuma as a life-giving substance because the constant travelling and circulating throughout the body is the pivotal driving force that hold for various basic human faculties - consciousness, perception and reaction (Kuriyama, 1995: 1). For Galen, the idea of pneuma, like 气, served as a universal mediator for all living phenomena that maintained the cohesive processes of growth and death for all forms of being from human to non-organic existence (Wheeler, 1939; Duffin, 2000; French, 1981).

At the same time, vital processes have been invariably characterized by vital heat – warmth, fire or flame and it was this characteristic that validated pneuma or spiritus as the quintessence of living phenomena (Hall, 1975b; Reed, 1996: 81; Omori, 2008; Soueif, 1977). Fire was even taken as a critical metaphor designating a divine power that is endeavoring, self-moving and able to move other things (Parker, 2008). The intimate connection of heat with life was intuitively incorporated in the writings of many Greek philosophers such as Pythagoreans

(Berkeley, 1874), Heraclitus (Hall, 1975a; Myers, 1900: 222-223) and Hippocrates (Lloyd, 1966; French, 1969), for whom the heat or fire functions as the core dimension of vital principle for the maintenance of body and soul. Plato (Mendelsohn, 1964) and Aristotle (Hall, 1975a) both redeemed that the heart is the "animal spirit" that links not only body and soul, but also external and internal sphere of the body. When it was in Galen's time, heat and life became equivalent on a fundamental basis and a "vital flame" was seen as innate in a living matter (Porter, 2003; Bachelard, 1949). More than that, in Elizabeth's time, Galen's spiritus was divided into three types in which each type is idiosyncratic in mediating the vital heat coming from food and the body itself: the natural spirit is the vaporized form carried in the veins; vital spirit conveys the heat via the arteries and animal spirit acts through nerves to partake of the bodily warmth and soul intergratedly (Tillyard, 1963). Thus, heat, as an ethereal characteristic, played critical part in configuring spirits of the body and even Francis Bacon (1561-1626) depicted the body as a mysterious aggregation of blazing and aerial flames (Pagel, 1935).

The speculation of vitalism has been dominating the intellectual spheres of theology, metaphysics and natural sciences of Western world during 15th and 16th centuries and as a historical legacy of Greek-Roman hermetic tradition, it continued to inform Renaissance culture at a later time (Rossi, 2001: 41). For example, in 1537, Paracelsus wrote in his De Natura Rerum that "the life of things is none other than a spiritual essence, an invisible and impalpable thing, a spirit and spiritual thing" (Clericuzio, 1994: 52). In the 17th century during Boym's time, the doctrines of spirit became more centralized to chemistry and medicine owing to Ficino's publication De vita Phlosophicae (1571); even William Harvey, the founder of the blood circulation theory noticed in his Exercitationes duae that the doctrine of spirit was usually considered as an indisputable fact in both natural philosophy and medicine in his time (Clericuzio, 2000: 37).

We can see from the above analysis that the "spirit" in Boym's *Medica Clavis* indeed shares some salient semantic features with the notion of spirit in the vitalist tradition before 18th century's Europe. Both were considered as the essential life-maintaining substance that was inborn with an active moving quality to communicate within the bodily space. Blood came to be seen as the inevitable compliment for the matrix of life quintessence for both. The dualistic qualities of primordial heat and radical wetness were the products of assimilation by which the heat characteristic was picked up and was made dichotomized to "radical wetness" to represent yang and yin in Chinese medicine. It seems natural and reasonable for Boym to choose "spirit/spirits" to represent 气. Yet by replacing the Chinese character 气 with a local word loaded with a prolonged intellectual premise to Western audiences, Boym's translation not only completely omitted the

visual dimension of 气 that entails a form of knowledge that was profoundly structured into meaning construction of native Chinese life, but also created an illusion of likeness between two medical traditions in which the framework of 气 can be subsumed under the vitalist tradition rooted in European culture.

# Chapter 4 Content Analysis on Twenty Articles and Two Books in 20th -21st

## Centuries

As noted in Chapter 2, I selected twenty scholarly articles and two books whose titles are characterized by the word qi or whose reports are involved with qi as an idea imported from traditional Chinese medicine. The sample is relatively small and might be hard to comprehensively reflect the overall picture of Western articulation of qi in modern times (specifically 20th-21st centuries), however, it does point to some themes. Yet one can still see how things will develop from the first small numbers of clues through probing into the profound social transformation of world view behind them. I borrowed from Philipsen's (1997) framework of "speech code" which is defined as a symbolic system that is socially constructed and entails preoccupied rules and premises pertaining to communicative conduct (Philipsen, 1997: 126). And I will see the word qi as an "ethnographic code" that suggests "a culturally distinctive psychology, sociology and rhetoric (Philipsen, 1997: 138). In light of this theoretical basis, the next section will examine how depictions of 气 were subject to the lens colored by ideological assumptions rooted in scientific disciplinary institutions. I will then pool out a pattern of how 气 was delineated and framed in the spectrum of Western knowledge on the basis of twenty samples and the relevant chapters in two chosen books.

## 4.1 Content Analysis of Twenty Articles

Table 4.1a presented an organized summary on the descriptions of qi, explicit or implicit, as well as some relevant information of twenty selected articles.

Time	Article title	Description of Qi	Context/ Purpose of the
			Article
1986	A Traditional	Qi was identified as a "vital force as a way of	Introducing the
	Chinese Therapy	conveying the sense of a powerful spirit that	effectiveness of
	Harnesses the 'Vital	vitalizes life" (p. C1).	Traditional Chinese
	Force'		Medicine (TCM)to
			Western readers
1990	Chinese Medicine	Qi was identified as "a vague concept that can	Introducing the
	Proves Itself Where	refer to air or gas or vague spirit or life force"	effectiveness of

Table 4.1a Summary of Descriptions on 气 in Twenty Articles

	Western Medicine Fails	(p. A20)	traditional Chinese medicine to Western readers
1998	Effect and Mechanism on Mainly Using Traditional Chinese Medicine of Replenishing Qi and Nourishing Yin in Treating Graves' Disease	No explicit definition on qi, but based on its context, qi was vaguely understood as a physiological bodily substance and a principle on which the rationale of medical intervention was based.	To explore and the therapeutic effect and mechanism of TCM through double-blinded experiment
1999	<i>Qi, Information and the Net of Life</i>	Qi was promoted as "an information network with close parallels to the computer –based web of internet" (p. 131).	To present a new Western understanding of qi
2001	Chips and Qi: micro component-based analysis in traditional Chinese medicine	Explanations and implications of qi were absent.	To identify effectiveness and safety of non-recorded herbal and animal medicine by using DNA polymorphism based assays
2005	Effects of Qi- Therapy (External Qigong) on Cardiac Autonomic Tone: A Randomized Placebo Controlled Study	Explanations and implications of qi were absent.	To characterize the efficacy of qi-gong through frequency analysis
2005	Qi-Acupuncture: An Effective and Simple Acupuncture Method Based upon Ancient Chinese Acupuncture Literature and Clinical Experience	Qi was described as the ontological origin of the life and the world under Taoist philosophical framework (p. 60).	To explain theoretical rationale of qi- acupuncture practices
2007	De qi: Chinese acupuncture patients' experiences and beliefs regarding acupuncture needling sensation – an exploratory survey	No explicit definition on qi, but based on its context, qi was vaguely understood as something that can induce senses such as "distend sore", "electric numb" and "migratory" (p. 158-162).	To describe the perceived sensations of patients treated by Chinese acupuncture intervention.
2009	Qi, Time and Acupuncture	Qi was defined as "bioelectrical magnetism", "electro-magnetic force in the body" or "bio- energy" (p. 76); "the fundamental element that forms all things in the universe" (p. 76).	To introduce the rationale of acupuncture in regard to its treatment principles
2010	Theoretical Approach	No explicit definition on qi, but based on its context, qi was vaguely understood as	To study the phenomena of

	A Study on the Classification and the 'Catching' of the 'Arrived Qi' in	something to be sensed and experienced by practitioners during the treatment of acupuncture.	"obtaining qi" during treatment of acupuncture
2012	Acupuncture Brain areas involved in acupuncture needling sensation of de qi: a single-photon emission computed tomography	Qi was identified as a "vital energy" (p. 316).	To investigate the relationship between brain activation and the phenomena of <i>de qi</i> (the arriving of qi)
2012	(SPECT) study Qi, Acupuncture, and the Fascia: A Reconsideration of the Fundamental Principles of Acupuncture	Qi was identified as a conceptual construct to understand human health (p. 882-883); qi was highlighted as a culturally different philosophical principle rooted in Eastern tradition (p. 880-882).	To explore the concept of qi in light of recent researches.
2014	Effectiveness of De Qi during acupuncture for the treatment of tinnitus: study protocol for a randomized controlled trial	Qi was identified as "the most primitive substance in the universe that remains inconstant motion" (p. 2).	To confirm the role of de qi in the treatment of acupuncture for tinnitus
2015	Perception of Therapeutic Qi, a Nonmechanical, Nonpsychological Factor in Acupuncture That Originates from the Therapist	Qi was identified as non-material and as inducer of therapeutic effect (p. 204).	to investigate whether qi can be sensed by test participants when psychological and mechanical influences are ruled out or controlled
2015	Understanding Qi in Clinical Practice - Perspectives from an Acupuncture Scholar-Practitioner	Qi was identified as a "practical concept- something to be experienced and influenced" (p. 58).	To introduce qi in a more action-based context.
2015	Alzheimer's disease treated with combined therapy based on nourishing marrow and reinforcing Qi	No explicit definition on qi, but based on its context, qi was vaguely understood as a physiological bodily substance in parallel to blood.	To study the efficacy and safety of combined TCM.
2017	Efficacy and Safety of the TCM Qi- Supplementing Therapy in Patients	Explanations and implications of qi were absent	To evaluate the efficacy and safety of qi-supplementing therapy as an

	with Myasthenia Gravis: A Systematic Review and Meta- Analysis		adjunctive therapy in MG (myasthenia gravis) patients based on meta-analysis.
2018	A Randomized Double-Blind Placebo-Controlled Trial to Evaluate Prophylactic Effect of Traditional Chinese Medicine Supplementing Qi and Hemostasis Formula on Gastrointestinal Bleeding after Percutaneous Coronary Intervention in Patients at High Risks	No explicit definition on qi, but based on its context, qi was understood as a bodily physiological substance in parallel to blood.	To evaluate the clinical efficacy of TCM on the clinical condition of gastrointestinal bleeding after PCI (percutaneous coronary intervention).
2019	Comparative evaluation in treating qi-yin deficiency and phlegm stasis syndrome of type 2 diabetes mellitus in a rat model	Explanations and implications of qi were absent.	To compare the efficacy of TCM, western medicine and integrative medicine in treating qi-yin deficiency and phlegm stasis syndrome of type 2 diabetes mellitus.
2020	Verification of the Efficacy and Safety of Qi-Replenishing Chinese Medicine in Treating Prediabetes: A Meta-Analysis and Literature Review	Explanations and implications of qi were absent.	To investigate the clinical outcomes of QCMs (Qi- replenishing Chinese medicines) with the principle of "syndrome differentiation."

By conducting content analysis using Nvivo (Windows 12, 32 bits), qi discourses from twenty articles was encoded into the following three categories on the first level: a) Explicit definitions on qi; b) Implicit reference to qi; c) absence of definition and implications on qi (Please see Table 4.1b for summary of three codes).

Table 4.1b Content	Analysis on	Twenty Articles
--------------------	-------------	-----------------

Name	Number of Reference

a)	Explicit definitions on qi	
•	Qi as vital force or energy	3
•	Qi as ontological origin	3
•	Qi as bioelectric force in physics	1
•	Qi as informational network in computer science	1
•	Qi as practical inducer of bodily sensations and therapeutic effect	2
b)	Implicit reference to qi	-
•	Qi as physiological bodily substance	3
•	Qi as practical concept to be experienced	2
c)	Absence of definitions and implications on qi	5

In the first category, ten articles clearly identified the meaning of qi although these definitions were completely heterogeneous. Two articles published in the *New York Times*, which aimed at introducing the power of traditional Chinese medicine to Western readers, and defined qi as the mysterious "vital force or energy" that produced effect that biomedical paradigm failed to explain (Gargan, 1986:C1; Yuan, 1990: A20). This definition was shared by a contemporary scholarly article that attempts to investigate the phenomena of "arriving qi" through observing brain activation (Chen et al, 2012: 316). Three other articles treated qi as the philosophical principle in which qi serveed as the ontological origin of life and the universe (Slopek & Feng, 2005: 60; Finando and Finando, 2012: 880-882; Xie et al, 2014: 2). For the speculative description of qi was ultimately unverifiable; to this extent qi became of a frame of philosophical faith adhering to the speculative tradition of qi monism rooted in Taosim (Sivin, 2007: 48-49; 2004: 170; Sawada Takeo, 2018: 90), which indicated these authors were more inclined to the theoretical stance of traditional Chinese medicine rather than scientific empiricism.

Qi also has gone through assimilative processing in two scholarly reports where qi was rhetorically rendered as the "bio-electric force" in physics (Slopek & Feng, 2009: 76) and the "informational network" in computer science (Ralt, 1999: 131). By metaphorically importing notions from other disciplines, the medical concept of qi in Chinese tradition was transported into a common intellectual discourse familiar to spectrum of Western knowledge. In the pragmatic context of medical clinics such as acupuncture, qi was often considered to be a form of embodied experience, something to be felt and actualized for therapeutic purpose (Birch, 2015: 58; Hochstrasser et al, 2015: 204). Here, qi was peculiarly framed by utterance of scientific research in which the "feeling of qi" tuned into a highly idiosyncratic variable that provided a common code that only served to

reinforce the roles of patients and practitioners in a research context, rather than as a part of embodied experience in daily life.

The second category contained five academic reports of scientific research that only minimally touched upon the semantic aspects of qi - all of them assumed the existence of qi. On the one hand, qi was vaguely referred to physiological bodily substance that took a part in inducing therapeutic efficacy (Zha, 1998; Chen et al, 2015; Zhang et al, 2018). On the other hand, it was also implicated that the concept of qi will make sense when its dynamics were perceived and recognized (Lai & Tong, 2010; Mao et al, 2007). Among the twenty samples, there are five items in the thridd category in which any explanations and implications of qi were completely absent (Carles et al, 2001; Lee, 2005; Yang et al, 2017; Yang et al, 2019; Xia et al, 2020), though the purpose of these studies were invariably to investigate efficacy and safety of therapeutic models based on the rationale of qi in Chinese medical tradition. By shifting the focus onto results produced by technological intermediary (such as techniques of DNA identification, EEG recording or blood glucose test), these reports tactfully avoided the complexity and obscurity of the semantic and philosophical twists on qi.

In the above section I have summarized the multiple perspectives of 气/qi in twenty selected samples. The word qi was seen as an ethnographic code through which the understandings about the concept has never been consistent. The heterogeneous presentations seemed to reveal the inability of English – the contemporary standard scientific language, to adequately represent 'others'. In the next section I will continue to explore how 气/qi was expounded in two books on Chinese medicine appeared in the age that hunted for novelties from other cultures.

## 4.2 Content Analysis of Qi Discourses in The Web That Has No Weaver

In *The Web That Has No Weaver* (Kaptchuk, 2000), the explanations of 气 were intensively concentrated in Chapter Two on The Fundamental Textures: Qi, Blood, Essence, Spirit, and Fluids. Here, 气 as the central impetus that conceptualizes theory of traditional Chinese medicine received attentions it deserves. We will ponder upon how Kaptchuk ethnographically constructed a cultural impression of 气 to modern Western audiences by struggling through the underlying onto-epistemological tension foreshadowed by knowledge hegemony of modern science.

It was emphasized at first that the idea of 气 in Chinese culture is a forbiddingly idiosyncratic term to the West and that "no English word or phrase can adequately capture qi's meaning" (Kaptchuk, 2000: 43). These ideas derived from that medical system are simply "cultural and speculative constructs that provide framework and direction" Kaptchuk, 2000: 42) that go beyond scientific empiricism. Certainly, the author intended to provide an introduction of qi concept as "authentic" as possible. Yet, informed by the foreign ideological aspects that challenge the current biomedical paradigm, Kaptchuk's description was inevitably perspectivized.

On the ground level, the philosophical fundamentality of 气 to Chinese culture and medical thought was made salient. Being aware of that, Kaptchuk mainly highlighted two meaningful dimensions of 气: a) 气 as the ontological origin for myriad of forms in the universe; b) qi as the liminal agent between forms and processes that always changes and initiates changing. The result of content analysis on Kaptchuk's definition on qi was displayed in Table 4.2a.

Me	aning Facets of Qi	Relevant Excerpts on Qi Definition
a)	Qi as the ontological	1. "Qi is the thread connecting all being." (p. 44)
	origin for myriad of forms in the universe.	<ol> <li>"Qi is the common denominator of all things – from material to human." (p. 44)</li> </ol>
		3. "Qi is the fundamental quality of being and becoming." (p. 44)
		4. "Metamorphosis is possible because Qi takes myriad forms." (p. 44)
		5. "Qi takes countless forms." (p. 44)
b)	Qi as the liminal agent between forms and	6. "Qi is somewhere in between, a kind of matter on the verge of becoming energy, or energy at the point of materializing." (p. 43)
	processes that always changes and initiates changing.	7. "Qi allows any phenomenon to maintain its cohesiveness, grow, and transform into other forms." (p. 44)
		8. "Qi is the potential and actualization of transformation." (p. 44)
		9. "The universe moves – ceaselessly manifests and engenders because of Qi." (p. 44)
		10. "Qi allows things to become other things. But Qi is more than cause." (p. 44)
		11. "Qi is the cause, process, and outcome of all activity in the cosmos." (p. 44)
		12. "Qi is the ceaseless throbbing, the substratum of the cosmos." (p. 44)

Table 4.2a Content Analysis of Kaptchuk's Definition on 气

In order to demonstrate the ontological salience of 气, Kaptchuk metaphorically rendered it as "thread" or "common denominator". "Metamorphosis" was another term found in English corpus that exemplified the

versatile potential of 气 in becoming various forms of being. Likewise, in the second category, the phrases "on the verge of becoming", "the cause, process and outcome off all activity" and "ceaseless throbbing", etc were all endeavors on the rhetorical level that strived to explicating meaningful expressions for in qi among English repertoire.

Apart from that, in the same chapter, Kaptchuk provided a list of vocabulary that accounted for types and dynamics of qi which expanded the semantic range of qi to a more concrete level. These terms, as suggested by the author, were "specific clinic sense of qi" on a physiological level, which were responsible for all internal physiological transformations and external bodily actions. Table 4.2b was the list of vocabularies on variations and dynamics of qi in which the correspondent Chinese characters were presented.

English Translation by	Definitions by Kaptchuk (2000)		
Kaptchuk (2000)			
	Variations of Qi		
Original qi (元气)	Qi inherited from parents at the stage of conception (p. 47).		
Grain qi (谷气)	Qi sourced from digestion of food (p. 47).		
Natural Air qi (空气)	Qi inhaled from air by the lungs (p. 47).		
Organ qi (脏腑之气)	Qi particular to the certain organ which characterizes the disposition and function of qi (p. 49).		
Meridian qi (经络之	Qi that flows throughout the functional pathways of meridians (p. 50).		
气)			
Nutritive qi (营气)	Qi that helps to transform nutrients from food to blood (p. 50).		
Protective qi (卫气)	Qi responsible for protecting body from external agents and moistening hair and skin		
	(p. 50).		
Zong qi (宗气)	Qi of the chest that regulates respiration and heartbeat (p. 50).		
	Pathology of Qi		
Deficient qi (气虚)	A pattern of disharmony in which qi is insufficient in performing its functions (p. 51).		
Collapsed qi (气陷)	A pattern of disharmony in which qi is sufficient to hold organs in their places (p. 51).		
Stagnant qi (气滞)	A pattern of disharmony in which qi fails to flow smoothly and orderly (p. 51).		
Rebellious qi (气逆)	A pattern of disharmony in which qi goes to the wrong direction (p. 52).		

Table 4.2b List of Vocabularies on Variations and Dynamics of 气

The above are detailed taxonomies of qi in human body in its more pragmatic and narrow sense, which outlined a fluid and mobile clinical landscape that counters pathological mechanism described through anatomy. The word qi was incorporated in each term of the taxonomy which appeared to parallel with Chinese characters it associated. The way to connect these concrete states of qi to the all-embracive global qi is through a differentiated form of "causality" that was characterized by "resonance" between things as well as between microcosm and macrocosm. It was exactly the idea of "causality" that established a vantage point for the author to make sense of the East-West paradigmatic tension located on qi. The form of causality in Chinese philosophical framework is an alienated one that discarded the basic dichotomy object and force, matter and energy as well as the cause and effect prevalent in modern physics. "Qi does not 'cause' change; Qi is present before, during and after any metamorphosis" (Kaptchuk, 2000: 44). In other words, the classical divisions of space versus time as well as the linear relation of cause versus effect were all cancelled out under the monism of qi.

In fact, qi monism was the core ontology that premised basically all thoughts of classic Chinese philosophy (Imai Uzaburo, 2018: 28-29; Guan & Hu, 2004: 164; Cai, Cai& Chen, 2007:589; Zhang, 1990: 25-26), in which qi was mostly manifested either as either metaphorical device anchored to broader spiritual sphere (eg: Wang Chong, 2018[A.D 88]; Zhang Heng, 2009[A. D 78-139]; Zhang Zai, 2020[A. D 1020-1077]; Wang Fu Zhi, 2020[A. D 1619-1692]) or as the moralized semantic archetype that thoroughly penetrated human consciousness as well as the social and natural realm shared by general public in everyday language usage (Imai Uzaburo, 2018: 110). However, what Kaptchuk captured was not about the poetic or aesthetic 气 nor the moral 气, but the qi that stands as a contestable ontological impetus that challenged the Cartesian dichotomy preoccupied the West. Kaptchuk then summoned the term "resonance", a technical vocabulary borrowed from modern physics that described the mechanism of different types of vibrations or waves (Halliday, Resnick and Walker, 2005: 324), to rationalize this monophyletic theory of qi extracted from his reading of Chinese cultural texts for the Western audiences. The word "resonance" was defined in the book as spontaneous process of activating and engendering in response to the natural guidelines of particular phases of vital energy (Kaptchuk, 2000: 45). The qi was the center of resonating, which in turn was the subject of synchronization due to the sameness of energy frequency. In such a sense, the 气 that embodied the daily experiential world of ordinary Chinese alongside with all its historical resources of meaning potential was neatly packaged into several clauses of ontological premises that allied with broader movement of ideology.

### 4.3 Content Analysis of Qi Discourses in Encounters with Qi

David Eisenberg & Thomas Lee Wright, in their book *Encounters with Qi*, approached this elusive foreign notion of qi more practically through personal observing and interacting with patients and clinicians of

traditional Chinese medicine during his visit in China from 1977 to 1985. James Reston, the columnist of New York Times who in 1971 wrote a sensational report on "acupuncture anesthesia", was overtly referred as the direct trigger that promoted the author's discovery journey about medical tradition in China (Eisenberg & Wright, 1995: 28).

The detailed understanding of qi gradually evolved and deepened as Eisenberg & Wright developed their encounter with qi by talking to local medical teachers, patients, *qi gong* masters and others. Thus, their explanations were intrinsically embedded into social interactions along with broader theoretical framework of traditional medicine such as yin-yang, five phases, meridians and acupuncture.

Throughout the book, qi was frequently referred as "vital energy" or "life force" (Eisenberg & Wright, 1995: 26; 29;42;43;44;127). Though in practical encountering between Eisenberg and local medical people the transliterated word "qi" remained as it was. The critical points that highlighted the author's practical exploration of meaning facets of qi were outlined as followed (see Table 4.3a).

First Encounter:	
1)	Qi as the major substratum of human body (p. 42-43).
2)	Qi as the core begetter of aliveness of life (p. 43).
3)	Qi flows through specific channels called meridians (p. 45).
4)	Qi is suffused with all internal organs, hollow or solid (p. 46).
5)	Imbalance of qi leads to disease (p.46).
6)	Qi as "physical reality" that can be experienced through pulsation and acupuncture (p. 47; 67).
Second Encounter:	
7)	The healing effect of acupuncture comes from the sensitivity towards the movement of qi (p. 89).
8)	Qi is contained in herbal medicine and all kinds of food that has potential to influence bodily qi (p. 122-135).
Third Encounter:	
9)	Qi as "physical reality" that can be experienced through qi gong (p.122-135).
Fourth Encounter:	
10)	Qi as a foreign ontological impetus that requires evidences from scientific standpoint (p.197-225)
11)	Qi as the conjuncture of integrating traditional Chinese medicine and Western biomedicine (p. 231-238).

Although by summary it presented a set of rather cohesive depictions about 气, we must be aware that those clear-cut points were the result if author's reiterative confrontations with another way of viewing the world. In the book by Eisenberg and Wright (1995), ruminations and struggling contemplations revolving around the

dilemma of how to properly describe the exotic 气 in English appeared repeatedly. The eleven points constitute facets of a subversive and brand-new world view that challenged the existent ontology and epistemology from an author who was trained in conventional scientific paradigm in the United States.

Overall, the inquisitive thread that thoroughly underlined the whole book, as suggested by its evocative title, was to get to the bottom of qi as another ontological nexus that challenges the dominant discourses in science. The paradox creates the twist. Admittedly, based on Eisenberg's personal observation, the qi gong master did manage to move around an inanimate and heavy Chinese lantern four feet high by inducing the powers of qi; the author himself, when scanned by acupuncturist Zhu with palms and fingertips barely touched his body, did report discernible sensation of pressure brought by "obtaining qi"(p. 107-109). For traditional Chinese medicine, it seemed that qi as a physical reality was uncontestable. Yet the twist lied in, through the lens of scientific empiricism, the existence of qi is unproven. It fell out of the spectrum of mechanical casual relation, spatial structure and quantitative changes.

This onto-epistemological tension between experiences and the existent explanatory framework ran throughout the Eisenberg's exploratory journey. Eventually he proposed the possibility of merging these two distinctive medical systems that promised the common future of human medicine. Yet, this project has been ongoing and still unfinished today.

#### Conclusion

In this chapter I have described perspectives and understandings on  $\exists$ .. This concept has been plausibly referred to as vital energy or force and has been framed as an exotic entityor a code of Oriental monism which is considered absent in the contemporary Western scientific discourses. Yet at the same time, the idea of qi has been continuously subject to regulation and discipline of dominant modern science. In the next chapter, I will expound on these two representational devices across time – spirit(s) and qi, and try to bring them into the historically evolving currents of hermeneutic situations.

# Chapter 5 Hermeneutic Analysis on the Historical Understandings of 气

## 5.1 From 气 to "Spirit(s)/Qi": The Ethnographic Construct Evolved over Time

Spirit(s) and qi both were products of cross-cultural encounters, collisions and negotiations from the past to the present. James Clifford (2017[1986]) made an acknowledgement in the Preface to his seminal book, Partial Truth of Writing Culture that writing constituted the core process in producing ethnographic reports; thus rhetoric crafts such as narration, simile and metaphor were bound to infiltrate all of the procedures of cultural expression from the rough notes hastily scribbled down to the neat final product (p. 32). Objectivity, especially the objectivity of texts was paradoxical in nature. It was an illusion created out of rhetoric crafting and was largely intervened by language, discipline, policy, historic-politic context that were allocated on the role of ethnographer (Rabinow, 1977: 163). In light of this, spirit(s) and qi were seen as miniature models of cultural description that itself was inherently constructive to manifestation of selfness and otherness.

In *Writing Culture*, the boundary between scientific statement and arts & literature were completely blurred: scientific expression unavoidably existed among the flux of history and language; academic and literary world were subject to interpenetration; and cultural representation can only be experimental (Clifford, 2017[1986]: 30). Their emphasis on cultural re-invention and rhetoric techniques designed to highlight that any cultural representation was artifact limited by perspectives and contexts. This assertion leaded us to believe that the researchers' interpretations and their subjectivities as the central part of knowledge production (Ingridsdotter & Kallenberg, 2018: 57). The idea of "Ethnographic fiction" confessed the "partiality of culture and historical truth" (Clifford, 2017[1986]: 35). From the point of textual rendering, the holistic effect was realized through a logic presupposition that believes that aggregation of linear classifications of diverse aspects of social life equalized to the whole (Thornton, 1988). Yet ethnography was generated through dictating and writing, and was composed through carefully crafted chapters and discourses, whose essence was interpretatively enduing meanings onto their "objects" (Crapanzano, 2017[1986]; Thornton, 1988). The centrality of texts would require systematic manipulation over competing codes and meanings: suppressing others' voices, integrating multiple perspectives, strategically translating reality into linear descriptions or excluding irrelevant historical situations

(Clifford, 2017[1986]: 35). Thus, from the perspective of hermeneutics, an ethnographic text was a form of serious artifact produced out of rhetorically constructing reality.

In this sense, spirit(s) and qi in our analysis have been presented as such ethnographic constructs: they resulted from communicative acts of cultural translation that produced anthropological knowledge which both historically anchored to a shared Chinese concept 气; yet they were simply "presentational device things" (Crick, 1982: 290) which were not available in Chinese society; thus without taking for granted that English and other European languages like Latin played ideal roles of adequately conceiving patterns of meaning in other languages like Chinese, we see spirit(s) and qi as constructed anthropological knowledge of others that historically derived from a fundamental dialogue between self and otherness as it interactively manifested (Crick, 1976: 165-169; 1982: 308; Dwyer, 1979: 107). 气 constituted that unacquainted territory to which both terms (spirit and qi) targeted, but the dimension of understanding rested on a reunion between the unfamiliar and the foregone worlds: new experience entered a realm that has been explained, in which it worked to reconstitute itself (Zhang, 2018: 103; Peng, 2017: 74). More specifically, only when the new content entered into the expression of the interpreter's own language, a certain degree of understanding will happen (Zhang, 2018: 105; Geertz, 2014: 93), such as spirit(s) and qi.

## 5.2 Spirit(s) as the Plausibly Consubstantial

In chapter Three, we already learned that spirit(s) was used as a direct replacement of 气 in Boym' s Medica Clavis and was a term that evoked a long-standing speculative system of vitalism in Europe. By quietly altering the original character to a European linguistic term, Boym effectively omitted all of the cultural idiosyncrasies charged in it and presented it as something naturally coessential or at least transferrable to conceptual equivalence in ancient Galenic medicine in 17th century Europe. Thus, "spirit(s)" turned into a rhetorical image about traditional Chinese medicine that was able to be quickly assimilated into the Galenic clinics for Boym and his potential readers. In this way, a sense of homogeneity between medical traditions between 17th century Europe and its contemporary Far East was highlighted. So, what did it mean then? Using James Clifford's phrase, what were the allegories, the ideological and cosmological indications towards which it directed?

We must not forget that the implied readers for Boym's writing in general were the Europeans like himself yet who might never have had a chance to experience Chinese medicine personally. In one part of the prefaces, Boym proposed a question that might immediately gripped nerves of his European audiences: what this legendary Yellow Emperor from China could possibly bring to our medical repertoire? What sort of new knowledge it carried that our Western physicians can learn when the revolutionary trend of anatomical exploration from Rondeletius, Vesalius and Bartholinus readily at our disposal? (Daniels, 2018: xxvii). By dropping names of those leading scholars in anatomy of his contemporaries in the West, Boym not only threw a symbolic gesture that showed his full awareness and familiarity with the latest trend in European medical development, but also announced his seriousness and professionalism to initiate a meaningful conversation on a intellectual basis between Europe and China in this area (Rosner, 2011: 405).

The gist of his persuasive tactics was to search for a shared realm between Chinese European medical traditions (Rosner, 2011). This shared ground was not heuristic framework, but also an argumentative tool with ambition of justifying the validity and usefulness of a foreign knowledge in his homeland. At the end of one preface among four in Clavis Medica, Boym underlined that lied at the heart of Chinese medical competence was their elaborative inquisitiveness to pulse-taking and their patience of nuancing subtle pulse qualities for both diagnostic and therapeutic purpose (Daniels, 2018: xxvi). Yet, he completely realized that pulse-taking was not in the slightest sense a unique device or specialty from China. In another preface, Boym stated, "but what, you ask, does it have to do with pulses that it has not already been discovered by Galen and others?" (Daniels, 2018: xxix). But what Boym intended to present was something uncharted that the "genius" of Hippocrates and these who follow him have failed conceive, the more comprehensive and meticulously detailed knowledge of pulses than Galen and his disciples. In the preface addressed to physicians, some critical points that demonstrated sophistications of pulse knowledge to Galen. For example, both hands should be undertaken in pulse diagnoses rather than only one; three spots in each hand were of necessity in palpating pulses rather than only one acupuncture point, instructions even went into such details that encouraged doctors to detect and differentiate the subtleties of pulse properties at three successive levels of depth from skin through blood to the bone (Daniels, 2018: xxix-xxx). This detailed information was extensively explained in the texts of Medica Clavis. By highlighting commensurability and comparability of Chinese and European pulse diagnostics, Boym rendered Chinese medicine as a plausible "Galenic counterpart" (Rosner, 2011: 404).

The pursuit for a shared realm became more concealed when Boym attempted to convey the foundational Chinese idea of 气 to his European audience. Admittedly, Boym indeed accepted Chinese philosophical conceptions that that denoted a correspondent relation between microscopism and macroscopism such as Taichi, chaos, qi monism in Medica Clavis (Daniels, 2018: 29-30; Zhang & Zhang, 2013: 506) and other writings (Zhang & Zhang, 2013: 359; Kajdanski, 2011: 391-392). Yet with respect to his attitude, Boym did not emphasize the dissimilarity between these philosophical frameworks and European traditions; on the contrary, in many parts of Boym's elaborations listed above, he even underlined the homogeneity between them two.

On the other hand, Boym did introduce some other specific technical Chinese terms by straightforward transliteration, such as 脏(Cam), 腑(fu), 心(xin), 肝(gan), 气口(Ki Keu, mouth of spirits), 气海(Ki Hai, sea of spirits), which were quite often accompanied with explanation in his own language. However, the clue of translation or explanation of 气 was rendered so invisible that the word "spirit(s)" (spiritus in Latin) imposingly became a legitimate surrogate for that enriched semantic sphere inherent by the character. Thus for Boym, the Chines 气, despite that it was derived from a drastically foreign tradition of scholarship so remote from Europe, found a comfortable fit in a pattern of thought familiar to himself as well as his Western readers. Even within the text of Medica Clavis, Boym more than once referred his source of heuristic frame. For example, at the beginning of chapter five, he stated, "it has been taught not only among the Chinese, but also among Europeans, that human life consists of radical wetness and primordial heat" (Daniels, 2018: 14). In Chapter twelve, Boym even directly dropped the name of Galen to notify limitation of European pulse diagnostics (Daniels, 2018: 63; Zhang & Zhang, 2013: 524). Thus, in many ways, this substitute "spirit(s)" potentially served as a bridge of understanding that communally implied that the Chinese medical system was in line with Western tradition.

Yet we must bear in mind that the homogeneity represented through spirit(s) was not just a conscious choice resulted from Boym's individual academic passion; it was also a historical summoning in reaction to its social condition. One of such social-cultural factors that grounded the massive missionary migration to the Far East is the religious motivation, as demonstrated in Miazek-Meczynska (2018; 2011), Von Clollani (2011), Danieluk (2011) and Witek (2011). we should not neglect that, behind all these adventurous missionary journey to the East and the fascinating cultural collision with heterogeneous cultures from the second half of 16th century to the first half of 18th century was an ultimate goal for expanding religious worlds of the Roman Catholic Church, or taking their own words, to baptize more souls of pagans in remote land. The year of 1540 witnessed

the founding of the Society of Jesuit by Ignatius Loyola (1491—1556) as a competing reaction whose spearhead was directed at the trend of the Reformation within Europe (Bangert, 1986: 22, 45, 46). Jesuits firmly believed that their religious doctrines were universally true to all peoples in the world and to spreading the divine knowledge of God in non-Christian regions was a manifestation of pious faith (O'Malley, 1993; Chatellier, 1997). In 16th century, Jesuits established a foothold in Macau, Guangdong Province, China with the Portuguese colonial expansion in eastern Asia, which thereupon extended the Evangelical undertaking of Jesuits to the Ming Dynasty in China (O'Malley, 1993).

The religious motivation was particularly reflected on Boym' s political standpoint as a special envoy for Southern Ming Court to the European Pope Alexander VII for spiritual and military supports (see Huang, 2005; Sena, 2011; 2010; Grimberg, 2015). The religious centred political attitude was clarified in Von Collani (2011) as a one-sided promising strategy of Boym for a Catholic China. For Boym's side, if the case of the Christian Southern Ming Court would ever turn better and if the Yongli Emperor could follow him, then the Southern Ming regime would become the first dominant ruling dynasty of China who would embrace Catholicism on a national level (Von Collani, 2011: 316; see also Sena, 2011: 280). In other words, the religious spirituality served as a vital bond between Jesuits and the exiled South Ming regime, and more than that, the Christian belief was manifested as a historical platform to which the political interests on both sides had converged.

Boym's response to such religious passion was also well documented in his efforts of introducing Chinese medical art. His praise for Chinese medicine was not purely due to intellectual height it achieved, but out of a loyal love to the grand Creator – God; it was embedded in two sets of narratives that showed a mind-setting of Christianity. One specialty that pleased Boym and the grand Creator was the discovery of a concordant relationship between movements of heavens and the courses of human body, which potentially functioned as a practical proof for the inherent connection between God and earthly lives. In the first two prefaces, Boym expressed his deep appreciation towards Chinese medicine he discovered: "Chinese who do not speak the Latin language of Europe spoke of the real truth to the world of their art for thousands of years" (Daniels, 2018: xix).

The first was the story of Creation in which God, the almighty and omnipresent, was metaphorically referred as a supreme of physician. "[Y]you came down from heaven, the great Doctor, to be honored forever because of that necessity" (Daniels, 2018: xiii-xiv). China in this way was inserted into this narrative frame as a hidden

land of pagans where people there were exiled to a remote "hospital" await for the eternal blessings. Then it came, the second grand narrative on salvation. A pathological theory based on a Christian stance held that physical diseases such as fevers, dropsy and paralysis and so on resulted from the punishment of souls that were "tainted by the poisonous consumption of the forbidden fruit and subjected to all illness and death itself" (Daniels, 2018: xvi). The knowledge on medical science was an assistive tool to help God and his followers to remedy the sickened souls. Thus, the art of medicine was in line with the art towards the eternal life begotten by God. In this way, to broadcast the newly discovered healing art from China was a celebration that marveled at the racfe and glory of God (Daniels, 2018: xvii).

The spirit(s) in Chinese medicine here acted as the central impetus for such correspondence. Thus, spirit(s) was unconsciously budgeted into such endeavor that aimed to incorporate a strange system of medical thought into the narrative framework of Christianity. This word tied together all these familiar impressionistic aspects - the Galenic and the Christian, which were projected on the Chinese imagery  $\subset$  of strangeness. By doing so, Boym not only permitted a handy path to the unacquainted territory, but also constructed an allegoric symbol, alongside with that vague Chinese image, conjointly succumbing to an ideological network of Christianity.

### 5.3 Qi that Resists Definition

The time this project is rooted in stretched across about four hundred years, after which we caste our eyes onto the second half of 20th century when the ancient tenets of 气 re-emerged in a new contour in the West. The transliteration qi was certainly not inherited from the writing system of Chinese. Yet given that the letter "q" in English usually sound like [k], English speakers might sense a bizarreness with respect to its correspondence between spelling and pronunciation when they were told that qi should pronounce as /chi/ rather than/ki/ as in accordance to Mandarin. It strikes us at this point that we can never find such thing like qi in English corpus before 20th century, neither in dictionaries nor in the resourceful scholarship of etymology with Greek-Roman origin. Qi was not a part of any European languages as well. Simply recognizing this: qi was something that used to be absent in the "Western Archive" (Tuhiwan Smith, 2012).

Admittedly, the word qi was composed of two Latin letters. Yet its true origin was still anchored to a special sound marking system administrated in 1950s in China. Han Yu Pin Yin (汉语拼音) was a standardized plan of phonetic transcription of Mandarin on the basis of Latin Alphabet (Wang, 1995: 44; Zhou: 1961: 12). In 1958

this plan was passed by government of the People's Republic of China and was promoted as a critical part of elementary education in Chinese mainland and Singapore (Wang, 2009: 19; 2008:79; Zhou, 2003: 8). Yet either ISO international standard or the legal norms of Chinese mainland have clearly pointed out the nature and status of Han Yu Pin Yin – simply as Latin transcription system of Mandarin instead of part of the formal writing system of Chinese characters (ISO, 1982; A Dictionary of Current Chinese, 2016: xxi; Chen, 1999: 45). Thus, Han Yu Pin Yin was not an independent alphabetic writing system to Chinese. In fact, in my hometown South-west of China, practically no one within the generation born before 1960s were able to recognize those strange-looking crooked letters. Just as people who had never seen the square shapes of Chinese characters would have exclaimed, these letters were forbiddingly abstruse writing. Yet by comparison, the Chinese characters represented by <sup>(¬</sup>, have already been evolving, accumulating and inscribing itself onto the collective memory of the peoples of this land unbrokenly over the millenia.

Indeed, for native Chinese, 气 much resembled a significant code that inscribed itself on the collective consciousness. The ontology of 气 in classic Chinese philosophy was characterized by a birth theory of universe that placed existence of human-being among the infinite space and time. There is a strong consistency in the foundational steps of the Creation: from nothingness and the formless to metamorphosis of all things, in which qi serves as a liminal point from the infinite to finite sphere. The starting point of formation – one or the formless is inherently correspondent to qi and eventually evolved into a form of qi-monism that points to a systematic theory of ontology where qi, the mysterious "prima material" of all life, explains the dynamic formation of the universe (Seiichi Ono Sawawa, 2018: 3-4; Yoshiro Togawa, 2018: 7-8; Fukunaga Koji, 2018: 119). The qi-monism had a profound ideological influence throughout the history of Chinese philosophy from Wang Chong (A.C 27-97) and Zhang Heng (A. C 78-139) in Eastern Han Dynasty, through Zhang Zai (A. C 1020-1077) in Song Dynasty to Wang Fu Zhi (A. C 1619-1692) in Ming Dynasty (see Ge, 1987: 13-20). Wang qingqi (1999: 40-43), Sun Guangren (2000: 15) and Xing Yurui (2011:9) implied that qi monism had formulated the philosophical foundation of materialistic world view in *The Inner Cannon of Huangdi*. By elaborating on the idea of 气化 (the transformation of qi), *The Inner Cannon of Huangdi* constructed a coherent and comprehensive system that continuously generated life, things and the universe (Zhang, 2008: 21).

气 has ceaselessly moved and changed. Tangible things were momentary aggregations of the delicate qi that will scatter and disappear to form other things in the next stage. Yet it was not only dogmatic creed, but also the

lively existence filled with mundane lives. I was often preached by relatives not to raise 气 of dad (making dad angry) by going against him because man like his age should prolong life joyfully; my mother told me not to stand right in front of air-conditioner immediately after sweating because the cold and damp 气 will pierce in and make me sick; my uncle will store the new bought thin paper for calligraphy because he wanted to reduce the hot and stimulating 气 adhered on these new produced paper; in the summer, walking on the streets in our little town, you will always see advertising board on which summer fruit desserts that dispelled the hot summer 气 were promoted; Also, the Autumn 气 has been experienced as arid and bitterly ruthless in most parts of China (Southeast, Southwest, North and Northwest, etc), thus seasonal food markets in Autumn will usually promote boiled white fungus soups, dried lily bulb or different kinds of pears to moisture our bodies which are considered susceptible to hydropenia in the fall. For a person who grew up in this culture, the existence of 气 never required any proof; it is always there, before, now, and after.

So, what is qi? For Western readers, when qi failed to form a part of world view that make sense of their lives and to act on the life experiences that embodied their existences, to what extent this little piece of linear syllable could capture imaginations of their audiences? This question essentially touched upon an ethnographic dilemma framed by the tension of insider versus outsider views. Qi became an ethnographic code from what Geertz has called "close experience" (Geertz, 2014: 94) that has been spontaneous in Chinese society and was exposed under the examination of "distant experience" (Geertz, 2014: 93) that aimed at appropriating strangeness and unfamiliarity for explanation.

Among those qi discourses extracted from twenty articles and two books, the understanding of qi mainly go in three directions: the materialistic that saw qi as a bodily constitute like blood and other liquids flowing through the body (Eisenberg & Wright, 1995: 42-43; Kaptchuk, 2000: 47-51; Zha, 1998; Mao et al, 2007; Chen et al, 2015; Zhang et al, 2018); the conceptual / philosophical which focused on metaphorically enacting qi as fundamental and functional quality that was vague yet omnipresent (Kaptchuk, 2000: 44; Eisenberg & Wright, 1995: 197-225; Gargan, 1986; Yuan, 1990; Lee et al, 2005; Finando & Finando, 2012; Chen et al, 2012; Xie et al, 2014); and the practical dimension where qi can be physically experienced (Eisenberg & Wright, 1995: 47;67;122-135; Mao et al, 2007; Lai & Tong, 2010; Hochstrasser et al, 2015; Birch, 2015). However, all three approaches were inevitably rhetoric, a reproduction of meaning structure on behalf of a novel cognitive pattern through using one's own language (Asad, 2017[1986]: 199).

Eisenberg more than once highlighted the onto-epistemological tensions between the circular Chinese logic and his Western training on casual relations and quantification. As he recognized, from a scientific standpoint, the existence of qi remained unclassified. Acupuncture meridians and conduits for qi escaped postmortem research because they were absent categories in biomedicine (Eisenberg& Wright, 1995: 47). Kaptchuk (2000) also echoed with Eisenberg by asserting that "no one English word or phrase can adequately capture qi's meaning" (p. 43). In some cases, qi was treated as the fundamental ontology referring to a holistic world view that fell out of the Cartesian dualism (Kaptchuk, 2000; Slopek & Feng, 2005; 2009). Yet mostly, qi was unsatisfactorily interpreted as a form of vital energy (Eisenberg& Wright, 1995; Chen et al, 2012; Slopek & Feng, 2009). Two articles novelly defined as qi as bio-energy and a web of information respectively. Yet all of these interpretive efforts were strategic and leaded to a compromised understanding that not only underestimated richness in connotations of qi but also circumscribed the experiential dimensions of *<\vec{c}* in mundane lives. For outsiders, qi became so hollowed-out that the spontaneous embodiment of experiences and belief patterns related to it were uprooted through coercive transition in meanings and categories.

In chapter 4.2, Kaptchuk (2000) strived to reach an illustrative effect on the dimension of qi that discarded the common dualistic parlance of the modern West by resorting to rhetoric strategies. Delicate phrases like "on the verge of becoming" (p. 45), "underlying plastic texture" (p. 46) or "inexhaustible ink of the world" (p. 46) were summoned as if to testify the boundary of English in terms of its capability to carry over the exotic concept. Scholars from social sciences were also very cautious when dealing with the definition of qi (see Hsu, 2007; Sivin, 1987b; Porkert, 1974). Porkert (1974) eventually unscrambled qi as "configurative energy" that pointed to power with potential to transform (p. 9-13). Sivin's approach appeared equally interpretive. He carefully defined qi as something that from which things generated or something that was generated (Sivin, 1987b; 47). Those punctilious wordings aptly expressed senses of unease from these authors.

When speaking of translation, Benjamin stated that the target language in translation should try to exile itself in the intentionality of the text intended for translation, and eventually achieve a harmonious agreement (Benjamin, 1969: 79-80). Yet even so, those representations about other cultures also only acquired temporal and limited authority (Clifford, 2017 [1986]; Crapanzano, 2017[1986]). In fact, we needed to realize, the cross-cultural translation about qi involuntarily subsumed to an unequal language power that was oriented by the power relation of an authoritative language at the institutional level accompanied with a set of specific discourse practice. As indicated by Asad (2017[1986]: 199; 266), because languages from Western world,

comparative to languages from other societies, occupied a dominant position in the global order and this institutionalized authority relationship continuously inclined towards practices that coerce diversified meaningful worlds from other societies into a single direction.

As observed in chapter 4.1, what worth of attentions was the 50% among twenty sample articles without any accountability to the idea of qi when it was claimed that their researches were situated within the rationale of qi in Chinese medicine. For example, in the study conducted by Carles and colleagues (2001), the investigation of the therapeutic effect induced by the property of qi contained in herbal medicine formula was translated into component analysis of DNA-polymorphism-based assays. To explore the phenomenon of de qi (arriving of qi) meant to transfer personal experience onto the imaging technology in brain functions observable through vision (Lai & Tong, 2010). Also, the evaluation of traditional Chinese medicine formula for the clinical condition of gastrointestinal bleeding had to resort to physiological parameters such as hemoglobin or hematocrit (Zhang et al, 2008). Certainly, qi was not self-evident. The direct perception and experience of it were too slippery and elusive to generalize as a confirmative indicator for the effect it induced. The language of qi had to be translated and regulated under the discourses of scientific practices.

As the rationale of qi was neutralized in those studies, the central question was concomitantly shifted into a protocol submitting to biomedicine: are Chinese medicine effective biomedical interventions (Hammerschlag, 2003:35)? Scientific standards of evidence rested on the golden principle that combined randomized-controlled and double-blind trial which aimed to confer an absolutist and idealist model of scientific truth via stripping clean of any possible unconscious and deliberate human bias (Sibbald and Ronald, 1998: 201; Schulz et al, 1995: 409; Sackett, 1998: 2; Barnes, 2005: 250; Kaptchuk, 2001: 543). Dealing with the calculative, concrete and materialist reality and circumvent the danger of falling into subjective fields of morality, politics or aesthetics, the laboratory model scientific experimentation established a neutralized world of facts and ordered hierarchy that recoded human experiences reducible to mechanic and predictable laws (Davis, 2016: 65-66).

For so many years, the Traditional Chinese Medicine (TCM) was simply seen as one modality among many "Complementary and Alternative Medicines (CAM) as a part of Oriental medicines (Cockayne, Duguid, and Shenfield, 2005; Chou, 2001). Yet in the legal context in the West, any medical practice who wished to register a rightful place in the political, economic and legal structure of a country will put through rigorous processes of legitimation under scientific examinations (Qin, 2018: 36; Cohen, 1998: 115; O'Reilly, 2000: 7; Kopelman,

2002: 36; Brody, 2002: 74). Thus, in order to be assigned a legitimacy at the table of the mainstream health care system, CAM practices have opened themselves to inspection of science.

However, qi was not something that can be regulated and defined through sophisticated science instruments and state agencies. As a mode of bodily perception and embodied world view, 气 already integrated as intimate part of ordinary communication and as a mode of reality that was inscribed onto the collective memory. 气 participated the meaningful understanding of the world of Chinese through every trivial part of mundane lives. The worry was that, as already expressed by Cohen (1998:35), the medical regulation model in the Western society modified and tailored the individualized and unconventional clinical practices who have their own traditions through the lens of reductionism and mechanism from biomedical paradigm, and consequently, those independent traditional medical practices disciplined by evidence-based medical model were thrown into fractured piles as if dismantled palace, with eyes full of jewels yet see nothing beyond that (see also Ludtke, 2009).

For the powerful regulative framework leaded by evidence-based medicine, the ever-changing qi, which was difficult to grasp through concepts and positivism, was less relevant, and its adoptions with changing political, moral and rhetorical agendas to the Western scholarly context required much more "corrections" for the validity of scientific knowledge. Qi as a cultural text was attributed to the cultural medical practice of a foreign country. In the Western institutional context, it eventually became of a particularly beneficial element that, on one side, it captured the Western imagination to a holistic world characterized by Orientalism; on the other side, qi was a representative code of otherness that was disciplined and recorded in onto the institutionalized power of industrial capitalist society dominated by positivist spirit and scientific authority.

## 5.4 From 气 to Spirit(s) and Qi, Unfinished Project of Modernization?

Encountering with Chinese medical knowledge at two different historical periods, the ways that the West articulated 气 were systematically framed by "hermeneutic situation" annotated historically. Spirit(s) and qi both were products of cross-cultural encountering, collision and negotiation of a shared otherness across

centuries, and they were presented in distinctive semiotic contours that outlined a pattern of profound transformation in historical and social discourses.

While spirit(s) activated the vitalist philosophical tradition that has existed in Europe since ancient times, and suggested an idea of homogeneity to Western medicine tradition that can be absorbed into the grand plan of Christian salvation. The transliterated word qi implied an idiosyncratic nature about otherness to which the reactions within the scope of institutionalized scientific enterprises varied greatly and a consistent understanding of 气 was invariably suspended.

Thomas S. Kuhn seemed providing a plausible explanatory model for such contrastive pattern of meaning encoding processes. The idea "shift of paradigm" that characterized the structure of scientific revolution signified complete overturn of world view, by which the inquirers were guided to apply new instruments that directed intellectual curiosity to new areas that would be incommensurable to the old paradigm (Kuhn, 2021[1970]: 44;56;79;94; 102; 121-133). Kuhn metaphorically used the example of Gestalt experiment of visual conversion to demonstrate how the change of paradigmatic archetype could lead to a re-shuffling of the way we experience and conceptualize the world (Kuhn, 2021[1970]: 94). Although the world itself would not change in accordance with paradigms, yet the shifted world view let scientists work in a world incomparable to the previous one.

The 17th century when Boym strived to transit the superior Chinese techniques on pulse diagnosis to Europe was a time where the Western medical scholarships were undergoing wrestling of two contrastive trends (Rosner, 2011: 404-405; Kajdanski, 2011). Despite the fact that many new discoveries such as William Harvey's notion of circulation of blood and the ostentatious development of anatomy has energized the power of computation and scientific method during that time (Schult, 2002; De Klerk, 1979; Sliverman, 1985; Federspil & Sicolo, 1994), the genius of the Galenist system still persisted as an unbroken authority of the classics in medical educations and social institutions in Europe (Myers, 1900; Meyer, 1937; Cherniss, 1933). The ontological similarities between 气 and vitalism made the latter a natural tool of assimilating a terrain unknown.

From a technical perspective, Kuhn's theory on the structured paradigmatic transformation indeed offered a logical path to explain how the word spirit(s) had entered Boym's vision as a representative device for 气, and perhaps also explained why 气 was sometimes interpreted as vital energy or force in our time. Yet we must be

aware that either spirit(s) or qi were the resultant constructs of historical understandings in response to the flux of hermeneutic situations which conditioned the creativity to discover themselves in the historical object of otherness (Gadamer, 1975: 267; 301). In Boym' s interpretation, 气 was not singled out as something extraordinary and rather, it was naturally assimilated into theological narrative framework of Christianity. Yet, at the time of 20th to 21st centuries, qi represented a salient other that displayed a tendency of holistic understanding of the world that the scientific enterprises and the project of modernization failed to grasp (Leslie and Young, 1992; Blades, 1997; Dillon, 2014; Gluck, 2011).

When the interpreters attempted to understand 气, they were in fact placing themselves within a sort of

"horizon" of expectation, in which the cultural tradition that situated interpreters themselves would serve as carriers and resources of public meanings to forge the very initial direction for the whole possibility of their understandings (Gadamer, 1976: 9). More than that, such expectation horizon should be historical; it should be synchronic with historical condition in which we live at the moment. Gadamer's concept "effective history" elucidated such tension between the text and the historical horizon at present: when we attempted to set out from a historical distance characterized by our hermeneutic situation to make sense of certain historical phenomenon, we always tend to submit to a variety of effects from "effective history". Those effects predetermined: what questions are worthy of exploration for us? What kinds of matters will be the subject of our study? And even, how we, the interpreters here and now, will unveil a significance of ourselves with the current living conditions (Gadamer, 1975: 267-268). "Effective history" indicated a hermeneutic situation in which the interpreters discovered that they always entangled with a historical and temporal consciousness in constant motion. It was in this sense that spirit(s) and qi redefined themselves as well as the historical moments to which they belonged.

While spirit(s) reflected a religious ambition that attempted to expand the Christian power world, the manifestation of qi would stand for a concrete form of a broader ideological resistance towards the existing reductionist biomedical paradigm. In this historical current, the idea of "holism" provided a conceptual impetus that dichotomized the mainstream health care and the Complementary and Alternative Medicine in popular, academic and medical contexts (Kelner and Wellman, 1997; 2000; Pawluch et al, 2000; Sharma, 2000; Miles, 1998). The crucial tension between biomedicine and CAM in terms of holism lied in how to conceptualize the relationship between mind and body, on both microscopic and macroscopic scale (Lawrence and Weisz, 1998; Scheper-Huges and Lock, 1987; Micozzi, 2001). Scheper-Hughes and Lock (1987) criticized the separation of

mind and body in the long-lasting Cartesian tradition in Western world. They implied that existent diagnostic methodology in medical clinics, as well as the separate departments of biology and psychology, all point to the rooted dualistic ontology of mind-body, signifier-signified and thought-voice which lead to the fragmentation of the perceived reality (Goody, 1973; Benoist, 1978). The concept of holism in alternative medical systems seemingly arose to reconcile such uneasy sense of detachment created by biomedical conceptualization (Scheid, 2016: 68;78-79).

In fact, holism is rooted in a reductionist biological paradigm (Michaelson et al, 2018; Baum, 2010). It is a term coined by Jan Smut in 1926 in order to describe a tendency in nature to generate whole that is functionally greater than the sums of parts (Baum, 2010; Michaelson et al, 2018; Lawrence and Weisz, 1998). Soon the philosopher Arther Koestler further developed the idea of holism to describe integrative function of an organism, in which the whole system is holistic in a sense the elements at lower or higher hierarchy respond both inwardly to themselves and outwardly in collaboration with other functional entities in an orchestrated manner (Baum, 2010). Interestingly, today the term holism became an important sign that defines alternative medical system against biomedicine (Scheid, 2016; Barrett et al, 2003; Givati, 2015; Ning, 2013; Micozzi, 2002). Holistic view on body and health in less legitimated medical tradition is claimed by both practitioners and researchers to be a cultural legacy that distinguish themselves from biomedicine, even though their "folk" nature seems more psychologically catering to the needs of clients (McClean and Moore, 2010). Yet the public health domain in Western context started to re-embrace a holistic approach to reorganize the notion of body in relation to a wider social, moral, political and moral sphere (Michaelson et al, 2018; Berliner and Salmon, 1980; Resnicow and Page. 2008: 1384). Yet, the pre-requisite for official legitimation through state power rested on the level of scientific characters displayed in these diversified CAMs under the regulatory model of evidencebased medicine (Casey & Picherak, 2001; Brody, 2002).

The holistic imagination of qi was born out of such ongoing historical tension between driving force for a culture different from Cartesian dualism and the state power that attempted to regulate it. Some commentators in the field of philosophy would say that the backward-looking holism resulted from an alive sensitivity to the disturbances of all aspects of life brought about by the disenchantment narrative of modernization - the scientific progresses, technology, instrumentalism, to give voice to the feelings of anomie, fragmentation and alienation from the rapid change of modern existence (Fisher, 1999: 82; Brague, 2003: 194; Bennett, 2001: 4). Max Weber notably discussed the "disenchantment of the world" in his lecture Science as a Vocation, "T[t]he

increasingly rationalization and intellectualization...means that principally there are no mysterious incalculable forces that come into play, but rather that one can, in principle, master all things by calculation. This means that the world is disenchanted." (Weber, 1946: 139). Echoing with this profound demand of re-attachment to a more enchanted world, Nietzsche stated, "what else do all these insatiable historical demands of modern culture, the rapacious extortion of cultures to countless others, the avaricious gourmandism on intellectual desires, could tell us apart from the loss of myth and its home-world?" (Nietzsche, 2010:194).

To such extent, holism was ideologically consumed. It constituted a monument of resistance that countered the compelling sense of loss of the overarching meanings and spiritual purposes foreshadowed by the tenacious will power of modern biopolitics (Scheid, 2016: 78; O' Neill, 1985: 21-42). For the Western world, the introduction and translation of 气 in 20th -21st century became of an epitome that pivotalized the practical concerns: which aspects of traditional Chinese medicine, alongside with the its cultural idiosyncrasies, would be worth of exploring in the modern world? And how the West could possibly lay the groundwork for its cultural assimilation into the contemporary political regimes of biomedicine? These two questions constituted the core of the current hermeneutic situation that rendered qi as both a compromised symbol of holistic imagination as well as an anomaly code for a completely unstable and relational world of transformation. Yet the transliterated qi has been rendered so nihilistically that qi as a part of Western knowledge is no longer the 气 that has been deeply embodied in everyday life and cultural tradition in Chinese society; it constituted a historical construct full of awareness of self-identification in the mirror of the other.

Admittedly, qi seemed to promise a future that jumped out of biomedical dualism and scientific universalism. Yet to portray qi through the capitalist mode of knowledge production ran the risks of taking it as an ideological instrument that aggravate the global expansion of the hegemonic value system entailed in the dominant medical enterprises. This is not simply about de-colonializing exploitable and trustless cultural representation about others on the theoretical level. The concern shall be practical. The holistic qi or the geared enterprise of holistic medicine, although pursuing to surmount the reductionist and materialist model of scientific construction by aligning themselves with cultural otherness, still so bleakly were they exposed to the capitalist bio-politic regimes unleashed by the forces of modernization. Four hundred years has witnessed a rapid transformation of the world brought about through Religious Reformation, Renaissance and imperialist overseas expansion. And now we, the West and the East, have come to a point where the convergence aroused from a series of unresolved tensions that adhered to multiple contrastive forces – subjective versus objective,

enchanted versus disenchanted, science versus superstition, the global versus local... Yet to grasp the entirety in a precarious historical epoch we need cooperation from both sides. It is an unfinished, still emerging historical current that is driven by a shared promise from both paradigms: to expedite the understanding our species and to "liberate human being from the circumstance that enslave them", using Max Horkheimer's words (1982: 244).

## **Chapter 6 Conclusion**

As I noted in the previous chapter "For a person who grew up in this culture, the existence of 气 never required any proof; it is always there, before, now, and after ". In this thesis I have explored investigated and teased out a representative scope of definitions, implications and elaborations on 气 which were well preserved in

"Western Achieve" (Tuhiwai Smith, 2012) as ethnographic constructs that were not only connected to a foreign medical tradition, but also evoked historical pattern of onto-epistemological shift spanning over four hundred years. In 17th century, the Chinese medical 气 entered the vision of European scholar Michael Boym and was unaffectedly read into the speculative and medical tradition of vitalism long-lasting in Europe through the word spirit(s). By naturally associating 气 to the intellectual tenets familiar to Western audiences, the word spirit(s) alongside with all its acquainted cultural idiosyncrasies served as a symbolic sign that projected an impression of homogeneity onto the mysterious unknown realm of Chinese philosophy and medicine, which in turn allowed an instrumental shortcut for an allegoric epitome of the ideological expansion of Christian power in 17th century's Europe.

After four hundred years in the latter half of 20th and 21st centuries when reason, modern empirical science in cooperation with capitalist enterprise and state bureaucracy built on calculative manipulation, the Chinese medical 气 re-surfaced and rhetorically dressed itself in the transliterated word of qi. It emerged out of an asemiotic shell with no linguistic counterpart found in any European languages and has been tentatively stuffed with heterogeneous forms of definitions and descriptions invested by bold imaginations, metaphors and rhetoric crafts. Indeed, qi is groundless in both Western and Chinese cultural traditions. It is ethnographically construed and riddent with epistemological uneasiness. Scientific evidence, advocated with intense fervor and absolute authority, safeguarded the threshold of modern health care. Yet while qi is dismissed in the standard epistemological rationale and the accolade of eternal validity in rigorous methodological empiricism; it is on the first ground imported as a contestable onto-epistemological momentum for holism that challenged the pre-existent Cartesian dichotomy and served to be a mark for a lurking historical consciousness in response to tensions of disenchantment brought about by modernization and intellectualization.

Both spirit(s) and qi are outcomes of cross-cultural communicative acts for a shared otherness spanning over centuries; they are modes of representations conveyed through means of strategic presentation and phraseology that deftly removed experiential dimension and semantic peculiarities of 气; and thus they resulted from more subjective and rhetoric fabrication of multiple levels of meaning and vague symbolism that has been annotated by historical horizon in which inquiries and perspectives are always embroiled with a historical and temporal awareness in incessant change. By relativizing the hermeneutic situations that conditioned the ways that spirit(s) and qi were presented, this project revealed the constructivist nature of the two words, and proposed that both words are ethnographic epitomes that re-defined a cultural selfness of the West at different historical periods whilst failed to grasp the cultural meanings and socially embodied experiences entailed by 气.

Throughout the exploratory process, this project was well informed by the hegemonic value of Western mode of representation that demarcates the boundaries between indigenous and institutionalized knowledge, which is celebrated by Tuhiwai Smith (2012) and also highlighted by Scheper-Hughes and Lock (1987). At the very core level, we must be altered with the "forced conversion" out of the hidden assumptions and world views entailed by languages – the most fundamental and culturally inherent faculties that conditioned the way we experience and understand the world. For more than a century, Western languages have been taking the dominant position as a specific set of practices and tools that are entitled to reproduce and even alter the knowledge categories and lifestyles among the third world countries. Taking a challenging stance that resists such unilateral mode of cultural representation and focusing on exploring the depth and breadth of Chinese culture and traditional medicine, I would recommend more detailed ethnographic account on embodied experiences and the social dimension of 气, as well as more future researches on the distinctive pattern of meaning-encoding of 气 and other critical Chinese medical concepts ("血" (xue), "精" (jing), "阴" (yin), "阳" (yang), etc) especially on the visual aspects of Chinese characters.

## References

A Dictionary of Current Chinese, 7th edition (《现代汉语词典》). 2016. Beijing: The Commercial Press.

Adelson, Naomi. 1998. "Health Beliefs and the Politics of Cree Well-Being." Health, 2(1): 5–22.

Adger, David. 2003. Core Syntax: A Minimalist Approach. Oxford: Oxford University Press.

Agar, Michal. 1980. "Hermeneutics in Anthropology". Ethos, 8(3): 253-271.

Anderson Robert. 1991. "The Efficacy of Ethnomedicine: Research Methods in Trouble." *Med Anthropol*, 13(1-2):1-17.

Andrews, Bridie. 2013. The Making of Modern Chinese Medicine, 1850-1960. Vancouvour: UBC press.

Arnold, David. 1988. Imperial Medicine and Indigenous Societies. Manchester: Manchester University Press.

Asad, Talal. 2017[1986]. "The Concept of Cultural Translation in British Sociology." In *Writing Culture: The Poetics and Politics of Ethnography*, edited by James Clifford and George E. Marcus, 182-208. Beijing: The Commercial Press.

Bachelard, Gaston. 1949. La Psychanalyse du Feu. Paris: Gallimard.

Baer, Hans A. 2001. *Biomedicine and Alternative Healing Systems in America: Issues of Class, Race, Ethnicity, and Gender*. Madison: University of Wisconsin Press.

Bangert, William. 1986. A History of the Society of Jesus. St. Louis.

Barnes, Linda L. 2005. "American Acupuncture and Efficacy: Meanings and Their Points of Insertion." *Medical Anthropology Quarterly*,19(3):239-266.

Barnes, Linda. 2009. "Cultural Messages Under the Skin: Practitioner Decisions to Engage in Chinese Medicine." *Medical Anthropology*, 1, 28(2):141–165.

Barrett, Marchand, Scheder, Plane, Maberry, Appelbaum, Rakel, Rabago, and Barrett, Bruce. 2003. "Themes of Holism, Empowerment, Access, and Legitimacy Define Complementary, Alternative, and Integrative

Medicine in Relation to Conventional Biomedicine." *Journal of Alternative and Complementary Medicine*, 6: 937-47.

Baum, Michael. 2010. "Concepts of Holism in Orthodox and Alternative Medicine." *Clinical Medicine*, 10(1): 37-40.

Baxter, William H. 1992. A Handbook of Old Chinese Phonology. Berlin: Mouton de Gruyter.

Bengtson, Mariette. 2016. "How to Plan and Perform a Qualitative Study Using Content Analysis". *NursingPlus Open*, 2: 8-14.

Benjamin, Walter. 1969. Illuminations. New York: Schocken.

Bennett, Jane. 2001. *The Enchantment of Modern Life: Attachments, Crossings, and Ethics*. Princeton: Princeton University Press.

Benoist, Jean Marie. 1978. The Structural Revolution. New York: St. Martin's Press.

Berkeley, George. 1874. "Siris: A Chain of Philosophical Reflexions and Inquiries Concerning the Virtues of Tar-Water, and Divers Other Subjects Connected Together and Arising one from Another". In *The Works of George Berkeley*, edited by Fraser A. C. Oxford: Clarendon Press.

Berliner, Howard S. and J. Warren Salmon. 1980. "The Holistic Alternative to Scientific Medicine: History and Analysis." *International Journal of Health Services*, 10(1): 133-147.

Bernard, Russell. 2011. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. AltaMira Press.

Bernard, Russell. 2018 *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. London: Sage Publications, Inc.

Bernard, H. Russell., Wutich, Amber & Ryan, Grey. W. 2017. *Analyzing Qualitative Data: Systematic Approaches*, 2nd Edition. Thousands, California: Sage Publication, Inc.

Birch, Stephen. 2015. "Understanding Qi in Clinical Practice - Perspectives from an Acupuncture Scholar-Practitioner." *Journal o f Chinese Medicine*, 107: 58-63. Blades, David W. 1997. "Modernity, Crisis and Curriculum Change in Science Education." *Counterpoints*, 35: 7-40.

Bloomfield, Leonard. 1933. Language. New York: Holt.

Bohaannan, Paul. 1969. Social Anthropology. Neew York: Holt, Rinehart & Winston.

Boltz, William G. 1994. *The Origin and Early Development of the Chinese Writing System*. New Haven: American Oriental Society.

Boylan, Michael. 2007. "Galen: On Blood, the Pulse, and the Arteries." *Journal of the History of Biology*, 40 (2): 207-230.

Boymo, Michaele, R. P.. 1686. Clavis Medica ad Chinarum Doctrinam de Pulsibus. Nuremberg.

Boym, Michal & Shawn Daniels (trans.). 2018. *The Medical Key to the Doctrine of the Chinese on Pulses*. Independently Published.

Brague, Remi. 2003. *The Wisdom of the World: The Human Experience of the Universe in Western Thought*. Chicago: University of Chicago Press.

Brody, Howard. 2002. "The Placebo Effect: Implications for the Study and Practices of Complementary and Alternative Medicine." In *The Role of Complementary and Alternative Medicine: Accommodating Pluralism*, edited by Daniel Callahan, 64-89. Washington D. C: Georgetwon University Press.

Brown, Theodore. M. 1974. "From Mechanism to Vitalism in Eighteenth-Century English Physiology". *Journal of the History of Biology*, 7(2): 179-216.

Brownwell, Susan. 1995. *Training the Body for China: Sports in the Moral Order of the People's Republic*. Chicago: University of Chicago Press.

Button, Christopher. 2010. *Phonetic Ambiguity in the Chinese Script: A Palaeographical and Phonological Analysis*. Munich: Lincom Europa.

Cai, Yuming., Cai Yan & Chen, Chuangrong. 2007. "Tracing the Source of Qi". *Chinese Archives of Traditional Chinese Medicine*, 25 (3), 598-591.

Cambridge Dictionary Online. 2021. "Blood". Accessed June 13th, 2021. https://dictionary.cambridge.org/dictionary/english/blood

Cao, Zengyou. 1999. Missionaries and the Science in China. Hongkong: Chinese Culture Publishing House.

Carles, Maria., Thomas Lee, Shanti Moganti, Ralf Lenigk, Karl W. K. Tsim, Nancy Y. Ip, I-Ming Hsing and Nikolaus J. Sucher. 2001. "Chips and Qi: microcomponent-based analysis in traditional Chinese medicine." *Fresenius J Anal Chem*, 371 :190-194.

Casey, J and F Picherak. 2001. "The Regulation of Complementary and Alternative Health Care Practitioners: Policy Considerations." In *Perspectives on Complementary and Alternative Health Care: A Collection of Papers Prepared for Health Canada*. Ottawa: Public Works and Government Services Canada.

Caudill, Margrate. 2000. "Forward." In *The Web That Has No Weaver*, written by Kaptchuk, O.M.D. New York: McGraw-Hill.

Chatellier, Louis. 1997. The Religion of the Poor: Rural Missions and Formations of Modern Catholicism, c. 1500-c. 1800. Cambridge: Cambridge University Press.

Chen, Dan-an. 2018. Handouts of Chinese Acupuncture and Moxibustion. Beijing: Academia Press.

Chen, Jia-Rong., Gan-Long Li, Gui-Feng Zhang, Yong Huang, Shu-Xia Wang and Na Lu. 2012. "Brain Areas Involved in Acupuncture Needling Sensation of de qi: a Single-Photon Emission Computed Tomography (SPECT) Study." *Acupuncture Medicine*, 30: 316-323.

Chen, Lizhong. 1995. "On the relationship between the versatility of Chinese content words and the implied characteristics of Chinese traditional thinking mode." *Journal of Xiangtan University*, 4: 11-29.

Chen, Mengjia. 1956. Summary of Inscriptions in Yin Ruins. Beijing: Science Press.

Chen, Ping. 1999. Modern Chinese: History and Sociolinguistics. Cambridge: Cambridge University Press.

Chen, Shikui. 2002. "Changing Heart Governing Mentalities into Brain Governing Mentalities – The pre-Conditions of Brain Science in Chinese Medicine." In *The Second World Conference on Integrated Traditional Chinese and Western Medicine*, 41-68. 10. Beijing. Chen, Songlin, Yao Xiaoli, Liang Yinying, Mei Weiyi, Liu Xiaoyun and Zhang Changran. 2015."Alzheimer's Disease Treated with Combined Therapy Based on Nourishing Marrow and Reinforcing Qi." *Journal of Traditional Chinese Medicine*, 35(3): 255-259.

Cheng, Zhongyin. 1991. "Chinese Language and Traditional Chinese Philosophical Thinking Mode."In *The Preference of Chinese Thinking*, edited by Zhang, Dainian. Beijing: China Social Science Press.

Cherniss, Harold. 1933. "Galen and Posidonius' Theory of Vision." *The American Journal of Philology*, 54(2): 154-161.

Chou, Pesus. 2001. "Factors Related to Utilization of Traditional Chinese Medicine in Taiwan." *Chinese Medical Journal*, 64(4): 191-202.

Ci Hai Editorial Board. 2010. Ci Hai. Shanghai: Shanghai Lexicographical Publishing House.

Clericuzio, Antonio. 1994. "Alchemy and Chemistry in 16th and 17th Centuries". In *International Archives of the History of Ideas*, edited by Piyo Rattansi and Antonio Clericuzio. Dordrecht: Kluwer Academic Publishers.

Clericuzio, Antonio. 2000. *Elements, Principles and Corpuscles: A Study of Atomism and Chemistry in the Seventeenth Century*. Dordrecht: Kluwer Academic Publishers.

Clifford, James. 1968. "Introduction: Partial Truth". In *Writing Culture: The Poetics and Politics of Ethnography*, edited by Clifford, James & George E. Marcus. 1-26. University of California Press.

Clifford, James. 2017[1986]. "Preface: Partial Truth." In *Writing Culture: The Poetics and Politics of Ethnography*, edited by James Clifford and George E. Marcus, 29-55. Beijing: The Commercial Press.

Cmich DE. 1984. "Theoretical perspectives of holistic health." J Sch Health, 54(1):30-2.

Cockayne, Nicole L., Margaret Duguid, and Gillian M. Shenfield. 2005. "Health professionals rarely record history of complementary and alternative medicines." *British Journal of Clinical Pharmacology*, 59(2): 254-258.

Cohen, Michael H. 1998. Complementary and Alternative Medicine: Legal Boundaries and Regulatory Perspectives. John Hopkins University.

Cook, John. 1978. Cultural Relativism as an Ethnocentric Notion. The Philosophy of Society.

Crandon-Malamud. 1991. From the Fat of Our Souls: Social Change, Political Process, and Medical Pluralism in Bolivia. Berkeley: University of California Press.

Crapanzano, Vincent. 2017[1986]. "Hermes' Dilemma: The concealment of subversive elements in ethnographic descriptions." In *Writing Culture: The Poetics and Politics of Ethnography*, edited by James Clifford and George E. Marcus, 81-109. Beijing: The Commercial Press.

Creel, Herrlee Glessner. 1936. "On the Nature of Chinese Ideography." Toung Pao, 32: 85-161.

Crick, Malcolm R. 1976. *Exploration in Language and Meaning: Towards a Semantic Anthropology*. London: Malaby Press Limited.

Crick, Malcolm R. 1982. "Anthropology of Knowledge." Annual Review of Ant5hropology, 11: 287-313.

Daniels, Shawn (trans.). 2018. *Medical Key to the Doctrine of the Chinese Pulses by Michael Boym*. Soul Care Publisher.

Danieluk, Robert. 2011. "Michal Boym, Andrzej Rudomina and Jan Smoguleck – Three Seventeenth Century Missionaries in China." *Monumenta Serica*, 59(1): 417-443.

Davis, Joseph E. 2016. "Biomedicine and Its Cultural Authority." The New Atlantis, 48: 60-77.

DeFrancis, John. 1984. The Chinese Language: Fact and Fantasy. University of Hawaii Press.

De Klerk, Geert-Jan. 1979. "Mechanism and Vitalism, A History of the Controversy." *Acta Biotheoretica*, 28(1): 1-10.

Demain, Arnold L. 2009. "Antibiotics: natural products essential to human health." *Medicinal Research Reviews*, 29(6): 821-42.

Devisch, Renaat. 1985. "Symbol and Psychosomatic Symptom in Bodily Space-Time: The Case of the Yaka of Zaire." *International Journal of Psychology*, 20: 589-616.

Dillon, Eoin. 2014. "Modernity, Economic Crisis and International Aid- Why History is Important." *History Ireland*, 22(3): 10-11.

Dilthey, Wilhelm. 2010. *The Formation of the Historical World in the Human Sciences*. Beijing: China Renmin University Press.

Dirks, Nicholas B. 1997. "The Policing of Tradition: Colonialism and Anthropology in Southern India." *Comparative Studies in Society and History*, 39(1): 182-212.

Dixon, R. M. W. & Alexandra Y. Aikhenvald. 2002. Word: A typological framework. In *Word: A crosslinguistic typology*, edited by R. M. W. Dixon & Alexandra Y, 1-41. Aikhenvald. Cambridge: Cambridge University Press.

Dowie-Wambolt, B. 2009. "Content Analysis: Method, Applications and Issues". *Health Care for Women International*, 13: 313-321.

Dudink, Ad. 2001. "Opposition to the Introduction of the Western Science and the Nanjing Persecution (1616–1617)." In *Statecraft and Intellectual Renewal in Late Ming China. The Cross-cultural Synthesis of Xu Guangqi (1562–1633)*, edited by C. Jami, P. Engelfriet, and G. Rule, 191-223. Leiden, Brill.

Duffin, Jacalyn. 2000. History of Medicine: A Scandalously Short Introduction. London: Macmillan.

Dwyer, Kevin. 1979. "The Dialogic of Ethnology." Dialect. Anthropol, 4: 105-124.

Edwards, Lee. 1999. The Conservative Revolution: The Movement that Remade America. Simon and Schuster.

Eisenberg, David & Wright, Thomas Lee. 1995. *Encounters with Qi: Exploring Chinese Medicine*. W. W. Norton & Company.

Eisenberg, Leon. 1977. "Disease and Illness: Distinctions Between Professional and Popular Ideas of Sickness." *Culture, Medicine and Psychiatry*, 1: 9-23.

Elo, S., Kaariamen, M., Kansie, O., Poikki, T., Utriainen, S. & Kyngas, H. 2014. "Qualitative Content Analysis: A Focus on Trustworthiness." *Sage Open*, 4: 1-10.

Elos, S., & Kyngas, H. 2009. "The Qualitative Content Analysis Process". *Journal of Advanced Nursing*, 61 (1): 107-115.

Elvin, Mark. 1993. "Three Thousand Years of Unsustainable Development: China's Environment from Archaic Times to the Present." *East Asian History*, 6: 7-46.

Fabrega, Horacio. 1997. Evolution of Sickness and Healing. Berkeley: University of California Press.

Farquhar, Judith. 1992. "Time and Text: Approaching Chinese Medical Practice through Analysis of a Published Case." In *Paths to Asian Medical Knowledge*, edited by Leslie, Charles & Allan Young, 62-73. Berkeley: University of California, 1992.

Farquhar, Judith. 1994. *Knowing Practice: The Clinical Encounter in Chinese Medicine*. Boulder: Westview Press.

Farquhar, Judith. 2009. *Appetites: Food and Sex in Post-socialist China*. Nanjing: Jiangsu People's Publishing House.

Farquhar, Judith. 2020. *A Way of Life Things, Thought, and Action in Chinese Medicine*. Yale University Press.

Federspil, Giovanni & Sicolo, Nicola. 1994. "The Nature of Life in the History of Medical and Philosophical Thinking." *Am J Nephrol*, 14: 337-343.

Fenollosa, Ernest. 1935. *The Chinese Written Characters as a Medium for Poetry*. Washington: Square Dollar Series.

Finando, Steven, and Donna Finando. 2012. "Qi, Acupuncture, and the Fascia: A Reconsideration of the Fundamental Principles of Acupuncture." *The Journal of Alternative and Complementary Medicine*, 18(9): 880-886.

Finkler, Kaja. 2004. "Biomedicine Globalized and Localized: Western Medical Practices in an Outpatient Clinic of a Mexican Hospital." *Social Science & Medicine*, 59(10): 2037-2051.

Fisher, Philip. 1999. Wonder, the Rainbow, and the Aesthetics of Rare Experiences. Cambridge: Harvard University Press.

Fitzgerald, Des & Felicity Callard. 2016. "Entangling the Medical Humanities". In *The Edinburgh Companion to the Critical Medical Humanities*, edited by Whitehead A, Woods A, Atkinson S, et al, 25-49. Edinburgh: Edinburgh University Press.

Fleming, Micheal., Frank Hardman., David Stevens, and John Williamson. 2011. *Meeting the Standard in Secondary English: A Guide to the ITT NC*. Routledge.

Fortes, Meyer. 1959. Oedipus and Job in West African Religion. Cambridge: Cambridge University Press.

Foster, George M. & Barbara Gallatin Anderson. 1992. Medical Anthropology. Taibei: Laurel Books Co., Ltd.

French, R. K. 1969. *Robert Whytt, the Soul and Medicine*. London: Well-come Institute of the History of Medicine.

French, R. K. 1981. "Ether and Physiology". In *Conceptions of Ether: Studies in the History of Ether Theories* 1740-1900, edited by Cantor G. N & Hodge MJS. Cambridge: Cambridge University Press.

Fukunaga Koji. 2018. "The Qi Theory of Taoism and the Qi in Haui Nan Zi." In *The Thought on Qi: The Development of Chinese View on Nature and Human Conception*, edited by Seiichi Ono, Fukumitsu and Yamai, 46-78. Shanghai: Shanghai People's Publishing House.

Gadamer, Hans-George. 1975. Truth and Method. The Crossroad Publishing Company.

Gadamer, Hans-George. 1976. Philosophical Hermeneutics. Oakland: University of California Press.

Gadamer, Hans-Georg. 1993. Essays on German Philosophy, Vol. 13. Beijing: Peking University Press.

Gadamer, Hans-Georg. 2007. Truth and Method. Bloomsbury Academic.

Gadamer, Hans-Georg, translated by Xia Zhenping & Song Jianping. 2017. *Philosophical Hermeneutics*. Shanghai: Shanghai Translation Publishing House.

Gao, Mali. 2000. "Development of Chinese Medicine and Chinese Medicine Education in the United States." *Journal of Ba-gui Chinese*, (3): 59-61

Gargan, Edward A. 1986. "A Traditional Chinese Therapy Harnesses the 'Vital Force'." *New York Times*, December 2.

Ge, Zhaoguang. 1987. Taoism and Chinese Culture. Shanghai: Shanghai People's Publishing House.

Geertz, Clifford. 2000. Available Light. Anthropological Reflections on Philosophical Topics. Princeton: Princeton University Press.

Geertz, Clifford. 2014. Local Knowledge: Further Essays in Interpretive Anthropology. Beijing: The Commercial Press.

Givati, Assaf. 2015. "Performing 'Pragmatic Holism': Professionalisation and the Holistic Discourse of Non-Medically Qualified Acupuncturists and Homeopaths in the United Kingdom." *Health*, 19(1): 34–50.

Glass-Coffin, Bonnie. 1992. "Discourse, Daño and Healing in North Coastal Peru." In *Anthropological Approaches to the Study of Ethnomedicine*, edited by Mark Nitcher, 33-55. Philadelphia: Gordon and Breach Science Publishers.

Gluck, Carol. 2011. "The End of Elsewhere: Writing Modernity Now." *The American Historical Review*, 116 (3): 676-87.

Goddard, Cliff. 2002. "The Search for a Shared Semantic Core of All Languages." In *Meaning and Universal Grammar - Theory and Empirical Finding, Vol. 1*, edited by Goddard, Cliff & Anna Wierzbicka. Amsterdam: John Benjaamins.

Good, Byron and Mary-Jo DelVecchio Good. 1992. "The Comparative Study of Greco-Islamic Medicine: The Integration of Medical Knowledge into Local Symbolic Contexts." In *Paths to Asian Medical Knowledge*, edited by Leslie, Charles & Allan Young, 257-271. Berkeley: University of California.

Goody, Jack. 1973. "Evolution and Communication: The Domestication of the Savage Mind." *The British Journal of Sociology*, 24(1): 1-12.

Grimberg, Phillip. 2015. "Einige Überlegungen Zu Dem Brief Der Kaiserinwitwe Helena/Xiaozheng Der SÜdlichen Ming an Papst Innozenz X. Aus Dem Jahre 1650." *Monumenta Serica*, 63(1): 109-123.

Guan, Chunshou and Yonghong Hu.2004. "On the Formation and Development of Qi Theory to the BasicTheory of Chinese Medicine." *Chinese Journal of Integrated Chinese and Western Medicine on Digestion*, 12 (3):164-165.

Guo, Moruo. 1961. Study on the Inscriptions of Bronze Wares in Yin and Zhou Dynasties. Beijing: Science Press.

Guo, Shiyu. 1989. History of Acupuncture in China. Tianjing: Tianjing Science and Technology Press.

Hajar, Rachel. 2007. "The Pulse in Ancient Medicine." Heart Views, 19(1): 36-43.

Hall, Thomas. Steele. 1975a. *History of General Physiology, 600BC to AD1900, vol. 1: From Pre-Socratic times to the Enlightenments*. Chicago: University of Chicago Press.

Hall, Thomas. Steele. 1975b. *History of General Physiology, 600BC to AD1900, vol. 2: From Enlightenment to the end of the nineteenth Century*. Chicago: University of Chicago Press.

Halliday, David., Robert Resnick and Jearl Walker. 2005. Fundamentals of Physics. John Wiley & Sons Ltd.

Halliday, M.A.K. 2008[1985]. *An Introduction to Functional Grammar*. Foreign Language Teaching and Research Press.

Hammerschlag, Richard. 2003. "Acupuncture: On What Should Its Evidence Base Be Based?" *Alternative Therapies*, 9(5):34-36.

Hansen, Chad. 1993. "Chinese Ideographs and Western Ideas." The Journal of Asian Studies, 52 (2): 373-399.

Hanson, Marta E. 2010. "Conceptual Blind Spots, Media Blindfolds: The Case of SARS and Traditional Chinese Medicine". In *Health and Hygiene in Chinese East Asia: Policies and Publics in the Long Twentieth Century*, edited by Angela Ki Che Leung and Charlotte Furth, 228-254. Durham, N.C.: Duke University Press.

Hardiman, David. 2009."Indian Medical Indigeneity: From Nationalist Assertion to the Global Market." *Social History*, 34(3): 263-83.

Harris, Grace. 1978. *Casting Our Anger: Religion among the Taita of Kenya*. Cambridge: Cambridge University Press.

Harwood, Alan. 1977. Rx: Spiritist as Needed. Ithaca: Cornell University Press.

Haspelmath, Martin. 2001. "Word Class and Parts of Speech." In *International Encyclopedia of the Social and Behavioral Sciences*, edited by Baltes, Paul. B. & Smelser, Neil. J. Amsterdam: Pergamon.

Haspelmath, Matin. 2011. "The Interdeterminacy of Word Segmentation and the Nature of Morphology and Syntax." *Folia Linguistics*, 45 (1): 1-34.

Heidegger, Martin. 2010. Being and Time. State University of New York Press.

Himmelmann, Nikolaus P. 2006. "Prosody in language documentation." In Essentials of language documentation, edited by Jost Gippert, Nikolaus P. Himmelmann & Ulrike Mosel, eds.. Berlin: Mouton de Gruyter.

Hochstrasser, Raphael J., Christian Endler and Sabine D. Klein. 2015. "Perception of Therapeutic Qi, a Nonmechanical, Nonpsychological Factor in Acupuncture That Originates from the Therapist." *Journal of Acupuncture and Meridian Studies*, 8(4):203-208.

Hockett, Charles F. 1958. A Course in Modern Linguistics. New York: MacMillan.

Hong, Handing. 2018. "On the Establishment of Chinese Hermeneutics." In *Comparative Classics: A Dialogue between the Chinese Classical Interpretation Tradition and the Western Hermeneutic Tradition*, edited by Jiang Zhe and Guo Xi'an, 1-19. Shanghai: Shanghai People' s Publishing House.

Horden, Peregrin and Elisbeth Hsu (eds). 2013. *The Body in Balance: Humoral Medicines in Practice*. Berghahn Books.

Horkheimer, Max. 1982. Critical Theory. New York: Seabury Press.

Hsu, Elisabeth. 1999. The Transmission of Chinese Medicine. Cambridge: University of Cambridge Press.

Hsu, Elisabeth. 2005. "Tactility and the Body in Early Chinese Medicine." Science in Context, 18(1): 7-34.

Hsu, Elisabeth. 2007. "The Experience of Wind in Early and Medieval Chinese Medicine." Journal of the Royal Anthropological Institute, 13(1): 117-134.

Hsu, Elisabeth. 2009. "The History of Chinese Medicine in the People's Republic of China and Its Globalization." *East Asian Science, Technology and Society: An International Journal*, 2(4): 456-484.

Hsu, Elizabeth.2010. *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch*. Cambridge, Cambridge University Press.

Huang, Longxiang. 2020a. *Discovery and Re-creation of Meridian Theory*. Beijing: People's Medical Publishing House.

Huang, Longxiang. 2020b. *Discovery and Re-construction of Traditional Chinese Acupuncture*. Beijing: People's Medical Publishing House.

Huang, Yinong. 2005. "Two-Head Snakes: The first Generations of Chinese Christian Converts in Late Ming and Early Qing." *Chinese Studies*, (《汉学研究》), 24: 506-507.

Imai, Uzaburo. 2018. "Qi in the Warring States." In *The Thought on Qi*: *The Development of Chinese View on Nature and Human Conception*, edited by Seiichi Ono, Fukumitsu and Yamai, 28-115. Shanghai: Shanghai People's Publishing House.

Ingridsdotter, Jenny and Kim Silow Kallenberg. 2018. "Ethnography and the Arts: Examining Social Complexities through Ethnographic Fiction." *Ethofoor*, 30(1):57-76.

ISO. 1982. "ISO 7098:1982 – Documentation – Romanization of Chinese." Accessed July 8, 2021. https://www.iso.org/standard/13682.html

Jackson, Michael D. 2005. Existential Anthropology: Events, Exigencies, and Effects. Berghahn Books.

Jiang, Nan. 1997. "Exploring the Differences bewteen Chinese and Western Languages from the isomorphism of Language and Culture." *Journal of Xu Zhou Normal University*, 1997, 1: 21-32.

Josephson-Storm, Jason Ananda. 2017. *The Myth of Disenchantment: Magic, Modernity, and the Birth of the Human Sciences*. Chicago: University of Chicago Press.

Kajdanski, Edward. 1987. "Michal Boym's Medicus Sinicus". *T'ong Pao*, Vol. 87: 161-189.Kajdanski, Edward. 2011. "The Traditional Chinese Meidicine as Reflection in the Works of Michael Byom." *Monumenta Serica*, 59(1): 383-400.

Kajdanski, Edward. 2013. "An Explanation of Michal Boym's Works on Traditional Chinese Medicine." In *Analogy of Michal Boym*, translated by Zhang, Zhenghui & Zhang, Xiping, 61-88. Shanghai: East China Normal University Press.

Kajdanski, Edaward. 2017. "Michal Boym's Medicus Sinicus: New Facts, Reflections, Conclusions". T'ong

Pao, 103-4-5: 448-472.

Kaptchuk, Ted J. 1996. "Uptake of Alternative Medicine." Lancet, 6 (9006):972.

Kaptchuk, Ted J. 2000. *The Web That Has No Weaver: Understanding Chinese Medicine*. New York: McGraw-Hill.

Kaptchuk, Ted J. 2001. "The Double-Blind, Randomized, Placebo-Controlled Trial: Gold Standard or Golden Calf?" *Journal of Clinical Epidemiology*, 54(6): 541-549.

Karlgren, Bernhard. 1968. Loan Characters in Pre-Han Texts. Stockholm: Museum of Far Eastern Antiquities.

Karlgren, Bernhard. 2019. The Chinese Language: An Eassy on Its Nature and History. Beijing: The Commercial Press.

Katz, Richard. 1982. Boiling Energy. Cambridge: Harvard University Press.

Kelner, Merrijoy, and Beverly Wellman. 1997. "Health Care and Consumer Choice: Medical and Alternative Therapies." *Social Science & Medicine*, 45(2): 203-212.

Kelner, Merrijoy, and Beverly Wellman. 2000. "Introduction: Complementary and Alternative Medicine: Challenge and Change." In *Complementary and Alternative Medicine: Challenge and Change*, edited by Merrijoy Kelner and Beverly Wellman, 1-24. Australia: Harwood Ac ademic Publishers.

Kirchhelle, Claas. 2020. Pyrrhic Progress: The History of Antibiotics in Anglo-American Food Production. Rutgers University Press.

Kirmayer, Laurence J. 1988. "Mind and Body as Metaphors: Hidden Values in Biomedicine." In *Biomedicine Examined*, edited by Lock M., Gordon D, 57-93. Springer, Dordrecht.

Kleinman, Arthur. 1980. Patients and Healers in the Context of Culture: An Exploration the Borderland between Anthropology, Medicine and Psychiatry. Berkeley: University of California Press.

Kleinman, Arthur. 2011. "Chapter 8 Quests for Meaning" In *Deep China: The Moral Life of the Person*, edited by Arthur Kleinman, Yunxiang Yan, Jing Jun, Sing Lee, Everett Zhang, Pan Tianshu, Wu Fei, Guo Jinhua, 263-290. Berkeley: University of California Press. Kohrt, Brandon A., Richard D. Kunz, Jennifer L. Baldwin, Naba R. Koirala, Vidya D. Sharma, and Mahendra K. Nepal. 2005. "Somatization' and 'Comorbidity': A Study of Jhum-Jhum and Depression in Rural Nepal." *Ethos*, 33(1): 125-47.

Konstan, D. 2005. *Epicurus, Stanford Encyclopedia of Philosophy website*. Available at http://plato.stanford.edu/entries/epicurus, accessed June 12th, 2021.

Kopelman L, Moskop J. 1981. "The Holistic Health Movement: a Survey and Critique." *J Med Philos*, 6(2):209-235.

Kolelman, Loretta M. 2002. "The Role of Science in Accessing Conventional, Complementary and Alternative Medicines." In *The Role of Complementary and Alternative Medicine: Accommodating Pluralism*, edited by Daniel Callahan, 36-53. Washington D. C: Georgetwon University Press.

Kuen, Kwong Lai. 2000. Qi: Chinois et Anthropologie Chrétienne. Paris: L'Harmattan.

Kuhn, Thomas S. 2012[1970]. The Structure of Scientific Revolutions. Beijing: Peking University Press.

Kuriyama, Shigehisa. 1992. "Between Mind and Eye: Japanese Anatomy in the Eighteen Century." In *Paths to Asian Medical Knowledge*, edited by Leslie, Charles & Allan Young, 21-43. Berkeley: University of California.

Kuriyama, Shigehisa. 1995. "Pneuma, Qi and the Problematic of Breath". In *The Comparison between Concepts of Life-breath in the East and West: Proceedings of the 15th International Symposium on the Comparative History of Medicine, East and West*, edited by Kawakita Y, Sakai S and Otsuka Y. St Louis: Ishiyaku EuroAmerica.

Kuriyama, Shigehisa. 2003. *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. Neww York: Zone Books.

Laderman, Carol. 1992. "Malay Medicine, Malay Person." In *Anthropological Approaches to the Study of Ethnomedicine*, edited by Mark Nitcher, 83-97. Philadelphia: Gordon and Breach Science Publishers.

Lai, Xinsheng & Tong Zhong. 2010. "Theoretical Approach: A Study on the Classification and the 'Catching' of the 'Arrived Qi' in Acupuncture." *Journal of Traditional Chinese Medicine*, 30(1): 3-8.

Landecker, Hannah. 2016. "Antibiotic Resistance and the Biology of History." Body & Society, 22(4): 19-52.

Langacker, Ronald W. 1972. Fundamentals of Linguistic Analysis. New York: Harcourt Brace Jovanovich.

Lawrence, Christopher and George Weisz. 1998. *Greater than the Parts: Holism in Biomedicine, 1920-1950*. New York: Oxford University Press.

Lee, Myeong Soo. 2005. "Effects of Qi-Therapy (External Qigong) on Cardiac Autonomic Tone: A Randomized Placebo Controlled Study." *International Journal of Neuroscience*, 115:1345–1350.

Lee, Roberta and Michael J Balick. 2001. "Ethnomedicine: Ancient Wisdom for Contemporary Healing." *Alternative Therapies in Health and Medicine*, 7 (3): 28–30.

Lewis, C. T. 1904. An Elementary Latin Dictionary. Oxford: Clarendon Press.

Lewis, Herbert. 1998. "The Misrepresentation of Anthropology and its Consequences." *American Anthropologist*, 100 (3): 716-731.

Lewis, Mark Edward. 1990. Sanctioned Violence in Early China. Albany: State University of New York Press.

Leslie, Charles. 1976. Asian Medical Systems: A Comparative Study. Berkeley: University of California.

Leslie, Charles & Allan Young. 1992. Paths to Asian Medical Knowledge. Berkeley: University of California.

Li, En, Li Zhaoguo and Li Zhengjiang. 2016. Yellow Emperor's Canon of Medicine: Theoretical Development and Modern Studies, Vol 1. Beijing: Traditional Chinese Medicine Publishing House.

Li, Jinxi. 1956. A New Chinese Grammar. Beijing: The Commercial Press.

Li, Jingwei. 1990. *The Transmission of Western Knowledge to the East and the Trend of Thought of Modern Chinese Medicine*. Wuhan: Hubei Science & Technology Press.

Li, Jingwei. 1998. *History of Medical Exchanges between China and Foreign Countries*. Changsha: Hunan Education Press.

Li, Qingliang. 2018. "From hermeneutics to the way of interpretation - On the legitimacy and development of Hermeneutics in China." In *Comparative Classics: A Dialogue between the Chinese Classical Interpretation Tradition and the Western Hermeneutic Tradition*, edited by Jiang Zhe and Guo Xi' an, 20-37. Shanghai: Shanghai People's Publishing House.

Li, Youyan. 1993. Introduction to Theoretical Semiotics. Beijing: China Social Science Press.

Li, Yongming. 2011. The legend of American Acupuncture Fever. Beijing: People's Medical Publishing House.

Li, Zhizhong. 2018. Comparing Chinese and Western Medicines: Physics, Metaphysics, Parallel and Complementation. Taiyuan: Shanxi Science & Technology Press.

Lindqvist, Cecilia. 2018. The World of Chinese Characters. Beijing: People's Fine Arts Publishing House.

Little, William., H. W. Fowler., J. Coulson, C. T. Onions. 1933. *The Shorter Oxford Dictionary on Historical Principles, Vol. 2.* Oxford: Clarendon Press.

Liu, Lihong. 2016. Thinking of Chinese Medicine. Nanning: Guangxi Normal University Press.

Liu, Lihong, Heiner Fruehauf, Sabine Wilms, Henry Buchtel, and Gabriel Weiss. 2019. *Classical Chinese Medicine*. Hong Kong: Chinese University Press.

Liu, Zhengqiang, Deng hailin, Zou, Xueronng, Xia Linwei, Rao, Bing & Zhang, Wenchun. 2019. "Study on the Sensitivity of Internal Syndrome Examination to the Morphological Structure of Body Examination in TCM." In *The Sixth Membership Congress and Academic Annual Meeting of Chinese Medical Qigong Society*. Beijing.

Liu, Zhengqiang & Zhang Wenchun. 2020. "Study on the Theory and Practice of Internal Syndrome Observation of Chinese Medicine on the Observation of Qi and Meridians." *Chinese Journal of Traditional Chinese Medicine*, (35)11: 5356-5359.

Lloyd, Geoffrey E.R. 1966. *Polarity and Analogy: Two Types of Argumentation in Early Greek Thought*. Cambridge: Cambridge University Press.

Lloyd, Geoffrey E. R and Nathan Sivin. 2002. *The Way and the Word: Science and Medicine in Early China and Greece*. New Haven: Yale University Press.

Lu, Xun. 1986. Selected Work of Lu Xun, Vol. 6. Beijing: The Commercial Press.

Ludtke, Karen. 2009. Dances with Spiders: Crisis, Celebrity and Celebration in Southern Italy. Berghahn Books.

Lv, Shuxiang. 1963. "Two Basic Understandings of Chinese Language Teachings." *Reformation of Writing System*, 6: 6-12.

Lv, Shuxiang. 2008 [1964]. The Common Words of Languages (《语文常谈》). Shanghai: SDX Joint Publishing Company.

Ma, Boying. 2010. *A History of Medicine in Chinese Culture, Vol.1*. Shanghai: Shanghai People's Publishing House, 2010.

Ma, Jianzhong. 1898. Ma Shi Wen Tong (《马氏文通》). Beijing: The Commercial Press.

Maekawa Jieso. 2018. "The Qi on oracle bones and gold inscriptions." In *The Thought on Qi: The Development of Chinese View on Nature and Human Conception*, edited by Seiichi Ono, Fukumitsu and Yamai, 12-27. Shanghai: Shanghai People's Publishing House.

Malighetti, Roberto. 2020. "The Work and Legacy of Clifford Geertz, An Essay on the Interpretive Turn in Anthropology". In *Bérose - Encyclopédie internationale des histoires de l'anthropologie*, 1-44. Paris.

Malinowski, Bronislaw. 2010[1921]. Argnonauts of the Western Pacific.: An Account of Native Enterprise and Adventure in the Archipelagoes of Melanesian New Guinea. Beijing: The Commercial Press.

Mao, Jun J., John T Farrar, Katrina Armstrong, Alethea Donahue, Jessica Ngo and Marjorie A Bowman. 2007. "De qi: Chinese Acupuncture Patients' Experiences and Beliefs Regarding Acupuncture Needling Sensation – an Exploratory Survey." *Acupuncture in Medicine*, 25(4):158-165.

Marcus, George and Michael M.J. Fischer. 1986. *Anthropology as Cultural Critique: The Experimental Moment in the Human Sciences*. Chicago: University of Chicago Press.

Marshall, Lorna. 1965. "The !Kung Bushmen of the Kalahari Desert." In *Peoples of Africa*, edited by J. L. Gibbs, 243-278. New York: Holt, Rinechart and Winston.

Mayor, David. F & Marc S. Micozzi (Eds). 2001. *Energy Medicine East and West: A Natural History of Qi*. Edinburgh: Churchill Livingstone.

McClean, Stuart, and Moore, Ronnie. 2010. "Chapter 1. Introduction: Folk Healing in Contemporary Britain and Ireland: Revival, Revitalisation or Reinvention?" In *Folk Healing and Health Care Practices in Britain and Ireland: Stethoscopes, Wands, and Crystals*, edited by Ronnie Moore, and Stuart McClean, 1-21. New York: Berghahn Books.

McGuire, Meredith. 2002. "Not All Alternatives Are Complementary". *Medical Anthropology Quarterly*, 16(4):409-411.

Mehta, Neeta. 2011. "Mind-body Dualism: A Critique from a Health Perspective." *Mens Sana Monographs*, 9(1): 202-209.

Mendelsohn, Everett. 1964. *Heat and Life: the Development of the Theory of Animal Heat*. Cambridge: Harvard University Press.

Meyer, Adolf. 1937. "The Tradition of Ancient Biology and Medicine in the Vitalistic Periods of Modern Biology and Medicine". *Bulletin of the Institute of the History of Medicine*, 5(9): 800-821.

Miazek-Męczyńska, Monika. 2011. "Indipetae Boymianae on Boym's Requests to the Jesuit General for a Missionary Appointment to China". *Monumenta Serica*, (59): 229-242.

Miazek-Męczyńska, Monika. 2018. "Polish Jesuits and Their Dreams about Missions in China, According to the Litterae indipetae." *Journal of Jesuit Studies*, 5: 404-420.

Michaelson, Valerie, William Pickett, and Colleen Davison. 2018. "The History and Promise of Holism in Health Promotion." *Health Promotion International*, 34(4): 824-832.

Micozzi, Marc S. 2001. *Fundamentals of Complementary and Alternative Medicine*. New York: Churchill Livingstone.

Micozzi, Marc S. 2002. "Culture, Anthropology, and the Return of Complementary Medicine." *Medical Anthropology Quarterly*, 16(4): 298-414.

Miles, Ann. 1998. "Science, Nature and Tradition: The Mass Marketing of Natural Medicine in Urban Ecuador." *Medical Anthropology Quarterly*, 12(2): 206-225.

Mishra L, Singh BB, Dagenais S. 2001. "Ayurveda: A Historical Perspective and Principles of the Traditional Healthcare System in India." *Altern Ther Health Med*, 7(2):36-42.

Moerman, Daniel. 2002. Meaning, Medicine and the Placebo Effect. University of Cambridge Press.

Moran, Dermont. 2018. Introduction to Phenomenology. Beijing: China Renmin University Press.

Murphy, Dennis. 1991. "Socialization/specialization as context/actor." Systems Research, 8(3): 21-26.

Myers, Charles S. 1900. "Vitalism: A Brief Historical and Critical Review". Mind New Series, 9 (34): 218-233.

National Administration of Traditional Chinese Medicine. 2019. "The CPC led the development of TCM: Acupuncture and anesthesia promoted acupuncture and moxibustion to the world." May 25<sup>th</sup>. Accessed by June 3, 2021. <u>http://www.satcm.gov.cn/hudongjiaoliu/guanfangweixin/2019-05-29/9898.html</u>

National Center for Complementary and Alternative Medicine (NCCAM). 1997. Acupuncture: National Institutes of Health Consensus Development Conference Statement, November 3-5, 1997. National Center for Complementary and Alternative Medicine Web site. http://odp.od.nih.gov/consensus/cons/107/107 statement.html: 1-9.

Newell S, Jordan Z. 2015. "The Patient Experience of Patient-Centered Communication with Nurses in the Hospital Setting: a Qualitative Systematic Review Protocol." *JBI Database System Rev Implement Rep*, 13(1):76-87.

Nietzsche, Friedrich Wilhelm. 2010. The complete works of Nietzsche, Vol.1. Beijing: The Commercial Press.

Ning, Ana M. 2013. "How 'Alternative' is CAM? Rethinking Conventional Dichotomies between Biomedicine and Complementary / Alternative Medicine." *Health*, 17(2): 135-158.

Nitcher, Mark. 1992. *Anthropological Approaches to the Study of Ethnomedicine*. Philadelphia: Gordon and Breach Science Publishers.

Norman, Jerry. 1988. Chinese. Cambridge: Cambridge University Press.

Obeyesekere, Gananath. 1992. "Science, Experimentation, and Clinical Practice in Ayurveda." In *Paths to Asian Medical Knowledge*, edited by Leslie, Charles & Allan Young, 160-176. Berkeley: University of California.

O'Malley, John. 1993. The First Jesuits. Cambridge: Cambridge University Press.

O'Neill, John. 1985. Five Bodies: The Human Shape of Modern Society. Cornell University Press.

O'Reilly, P. L. 2000. *Health Care Practitioners: An Ontario Case Study in Policy Making*. Toronto: University of Toronto Press.

Omori, Ayako. 2008. "Emotion as a Huge Mass of Moving Water". Metaphor and Symbol, 23 (2): 130-146.

Oswalt, Wendall. 1972. *Other Peoples, Other Customs: World Ethnography and Its History*. New York: Holt, Rinehart and Winston. Inc.

Oxford English Dictionary. 2021. "Spirit". Accessed June 12, 2021. https://www.lexico.com/definition/spirit

Oxfrod Latin Dctionary. 1986. USA: Oxford University Press.

Pagel, Walter. 1935. "Religious Motives in the Medical Biology of the XVIIth Century". *Bulletin of the Institute of the History of Medicine*, 3 (4): 265-312.

Palmer, Richard. E. 1969. *Hermeneutics: Interpretation Theory in Schleiermacher, Dilthey, Heidegger and Gadamer*. Northwestern University Press.

Pan, Wenguo. 2010. An Outline of Chinese-English Contrastive Study. Beijing: Beijing Language and Culture University Press.

Parker, John. 2008. *The Celestial and Ecclesiastical Hierarchy of Dionysius the Areopagite*. BiblioLife Publisher.

Patterson EF. 1998. "The Philosophy and Physics of Holistic Health Care: Spiritual Healing as a Workable Interpretation." *J Adv Nurs*, 27(2):287-293.

Pawluch, Dorothy, Cain Roy & Gillett James. 2000. "Lay Constructions of HIV and Complementary Therapy Use." *Social Science and Medicine*, 51: 251-264.

Peng, Qifyu. 2017. Understanding, Interpretation and Culture: Hermeneutic Methodology and Its Application. Beijing: People's Publishing House.

Perkins, Dorothy. 2013. Encyclopedia of China: The Essential Reference to China, Its History and Culture. New York: Routledge.

Philipsen, Gerry. 1997. "A Theory of Speech Codes." In *Medical Anthropology: Contemporary Theory and Method*, edited by Gerry Philipssen and Terrance L. Arbrecht, 119-156. Westport, CT: Praeger.

Pi, Guoli. 2019. *The Game of Modern Chinese and Western Medicine: Antibacterial history of traditional Chinese Medicine*. Beijing: Zhonghua Book Company.

Pickersgill, Martyn. 2019. "Biomedicine, Self and Society: An Agenda for Collaboration and Engagement." *Welcome Open Research*, 23: 4-9.

Porkert, Manfred. 1974. *The Theoretical Foundations of Chinese Medicine: Systems of Correspondences*. Cambridge: MIT East Asian Science Series.

Porter, Roy. 2003. Flesh in the Age of Reason. London: Allen Lnae.

Puentes, Johny Alarcon. 2015. "Hermeneutics as Epistemological Anchoring of the Ethnographic Method". *Revista de Communicacion Vivat Academia*, 133: 1-11.

Qin, Qian. 2018. "Traditional Medicine in the West: Politics, Professionalization and Healthcare Industry." In *Medicine and International Relations*, edited by Qin Qian and Xu Yihua, 19-39. Shanghai: Shanghai People's Press.

Qiu, Mingzhong. 2004. Medicine and Human Culture. Guangzhou: Guangdong Higher Education Press.

Qiu, Xigui, trans. by Gilbert L. Mattos and Jerry Norman. 2000. *Chinese writing*. Berkeley: Society for the Study of Early China and The Institute of East Asian Studies, University of California.

Qu, Jiecheng. 2018. When Chinese Medicine Meets Western Medicine: History and Ideas. Beijing: SDX Joint Publishing Company.

Quah, Stella R. 1993. "Ethnicity, health behavior and modernization: The case of Singapore." In *Health and Health Care in Developing Countries: Sociological Perspectives*, edited by P.Conrad, & E.B. Gallagher, 78–107. Philadelphia: Temple University Press.

Quah, Stella R. 2001. "Health and Culture." In *The Blackwell Companion to Medical Sociology*, edited by W.C. Cockerham, 23–42. Oxford, UK: Blackwell.

Quah, Stella R. 2003. "Traditional healing systems and the ethos of science." *Social Science & Medicine*, 57: 1997–2012.

Rabinow, Paul. 1977. Reflections on Fieldwork in Morocco. California: University of California Press.

Ralt, Dina. 1999. "Qi, Information and the Net of Life." Acupuncture in Medicine, 17 (2): 131-133.

Read, Kenneth E. 1955. "Morality and the Concept of the Person Among the Gahuku-Gama. *Oceania*, 25: 233-282.

Reed, Henry. 1996. "Close Encounters in the Liminal Zone: Experiments in Imaginal Communication, Part 1". *Journal of Annual Psychology*, 41 (1): 81-116.

Ren, Xiulin, Li En & Chen Quangong. 2016. "Overview." In *Yellow Emperor's Canon of MedicineTheoritical Development and Modern Studies*, edited by Li En., Li, Zhaoguo & Li, Zhenhong, 1-57. Beijing: China Traditional Medicine Press.

Resnicow, Kenneth and Scott E. Page. 2008. "Embracing chaos and complexity: a quantum change for public health." *American Journal of Public Health*, 98(8): 1382-1389.

Rosner, Erhard. 2011. "Michael Boym and the Introduction of Chinese Medical knowledge to the West: A Reappraisal." *Monumenta Serica*, 59(1): 401-416.

Rossi, Paolo. 2001. The Birth of Modern Science. Oxford: Blackwell Publishers.

Roszak, Theodore. 1969. *The Making of the Technocratic Society and Its Youthful Opposition*. New York: Garden City.

Sackett DL. 1998. "Rules of Evidence and Clinical Recommendations on the Use of Antithrombotic Agents." *Chest*, 89:2S–3S.

Sawada Takeo. 2018. "The Qi in Xun Zi and Lv Shi Chun Qiu." In *The Thought on Qi: The Development of Chinese View on Nature and Human Conception*, edited by Seiichi Ono, Fukumitsu and Yamai, 71-90. Shanghai: Shanghai People's Publishing House.

Scheid, Volker. 1999. "The Globalization of Chinese Medicine". *Special Issue of The Lancet*, 354:SIV10. https://doi.org/10.1016/S0140-6736(99)90353-7

Scheid, Volker. 2014. "Convergent Lines of Descent: Symptoms, Patterns, Constellations, and the Emergent Interface of Systems of Biology and Chinese Medicine". *East Asia Science, Technology and Society*, 8(1):107-39.

Scheid, Volker. 2016. "Holism, Chinese Medicine and Systems Ideologies", in *The Edinburgh Companion to the Critical Medical Humanities*, edited by Sarah Atkinson, Jane Macnaughton, and Jennifer Richards, 66-68. Edinburgh: Edinburgh University Press.

Scheper-Hughes, Nancy and Margaret M. Lock. 1987. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly*, 1(1): 6-41.

Schleiermacher, Friedrich. 1998. *Hermeneutics and Criticism, and Other Writings*. Translated and edited by Andrew Bowie. Cambridge: Cambridge University Press.

Schreier, M. 2014. "Qualitative Content Analysis". In *The Sage Handbook of Qualitative Data Analysis*, edited by U, Flick. London: Sage, 2014: 170-183.

Schulz KF, Chalmers I, Hayes RJ, Altman DG. 1995. "Empirical Evidence of Bias. Dimensions of Methodological Quality Associated with Estimates of Treatment Effects in Controlled Trials." *J Am Med Assoc*,273:408–12.

Schultz, Stanley. 2002. "William Harvey and the Circulation of the Blood: The Birth of a Scientific Revolution and Modern Physiology." *News Physiol Sci*, 17: 175-180.

Seiichi Ono. 2018. "The Original Preface." In *The Thought on Qi: The Development of Chinese View on Nature and Human Conception*, edited by Seiichi Ono, Fukumitsu and Yamai, 1-7. Shanghai: Shanghai People' s Publishing House.

Sena, Tereza. 2010. "Powerful Weapons in the Service of Trade and God – Macau and Jesuit Support for the Ming Cause (1620-1650)." In *The Archive for Introduction of Western Knowledge, translated by Zhang Qingjiang*, 197-236. Guangzhou: Sun Yat-Sen University.

Sena, Tereza. 2011. "Macau and the Contours of Michal Boym's 'Imperial' Legation to Pope Innocent X." *Monumenta Serica*, 2011, 59(1): 273-300.

Shen, Xiaolong. 1990. On Chinese Humanistic Spirit. Shen Yang: Liao Ning Education Press.

Sibbald B and Roland M. 1998. "Why are Randomized Controlled Trials Important?" Br Med J, 316:201-2.

Sharma, Hari. 2015. "Meditation: Process and Effects." Ayu, 36(3): 233-7.

Sharma Hari. 2016. "Ayurveda: Science of Life, Genetics, and Epigenetics." Ayu, 37(2):87-91.

Sharma, Ursula. 2000. "Medical Pluralism and the Future of CAM." In *Complementary and Alternative Medicine: Challenge and Change*, edited by Merrijoy Kelner and Beverly Wellman, 211-222. Australia: Harwood Ac ademic Publishers.

Shi, Lanhua. 1992. The History of Traditional Chinese Medicine. Beijing: Science Press.

Shirakawa Shizuka. 2010. The Explanation of Commonly Used Characters. Beijing: Jiuzhou Press, 2010.

Shu, Xincheng. 1962. Documents on the History of Education in Modern China. People's Education Press.

Singer, Merrill and Hans Baer. 1995. Critical Medical Anthropology. Amityville, NY: Baywood.

Silverman, Mark E. 1985. "William Harvey and the Discovery of the Circulation of Blood." *Clinical Cardiology*, 8: 244-246.

Sivin, Nathan. 1987a. *Traditional Medicine in Contemporary China: A Partial Translation of Revised Outline of Chinese Medicine (1972) with an Introductory Study on Change in Present Day and Early Medicine*. Ann Arbor: Center for Chinese Studies, University of Michigan.

Sivin, Nathan. 1987b. *Traditional Medicine in Contemporary China*. Massachusetts: University of Massachusetts.

Sivin, Nathan. 2004. "On Some Dimensions of the Zhongyong." *Dao: A Journal of Comparative Philosophy*. 3 (2): 167-172.

Sivin, Nathan. 2007. "Drawing Insights from Chinese Medicine." *Journal of Chinese Philosophy*, 34 (5):43-55. Sivin, Nanthan. 2015. "The Question of Efficacy." *Asian Medicine*,10(1):9-35.

Slopek, Axel and Feng Hai-tao. 2005. "Qi-Acupuncture: An Effective and Simple Acupuncture Method Based upon Ancient Chinese Acupuncture Literature and Clinical Experience." *Journal of Acpuncture and Tuina Science*, 3: 59-62.

Slopek, Axel and Feng Hai-tao. 2009. "Qi, Time and Acupuncture." *Journal of Acpuncture and Tuina Science*, 7: 75-79.

Soueif, A.1977. A Linguistic Analysis of Metaphor with Reference to its Historical Development in English Poetry from 1500-1950. Lancaster: University of Lancaster.

Spuhler, J. N. 1959. "Somatic Paths to Culture." Human Biology, 31(1): 1-13.

Stehr, Nico & Volker Meja. 2005. Society & Knowledge: Contemporary Perspectives in the Sociology of Knowledge and Science. News Brunswick: Transaction Publishers.

Stocking, George W. 1968. *Race, Culture, and Evolution: Essays in the History of Anthropology*. New York: Free Press.

Straus, Robert, and John A. Clausen. 1963. "Health, Society, and Social Science." *The Annals of the American Academy of Political and Social Science*, 346: 1-8.

Sun, Guangren. 2000. "Analyzing the Meaning of Qi in the Inner Cannon of Huangdi." *Journal of Zhejiang College of Traditional Chinese Medicine*, 24 (5): 15-17.

Taylor, Christopher. 1992. "Ethnomedicine: Diverse Trends, Common Linkages." In *Anthropological Approaches to the Study of Ethnomedicine*, edited by Mark Nitcher, 137-171. Philadelphia: Gordon and Breach Science Publishers.

Thornton, Robert. 1988. "The Rhetoric of Ethnographic Holism." Cultural Anthropology, 3(3): 285-303.

Tillyard, Eustace M. 1963. The Elizabethan World Picture. Harmondsworth: Penguin Books.

Topley, Marjorie. 1976. "Chinese Traditional Etiology and Methods of Cure in Hongkong." In *Asian Medical Systems, A Comparative Survey*, edited by Charles Leslie, 243-265. Berkeley: University of California Press.

Trawick, Margaret. 1992. "Death and Nurturance in Indian Systems of Healing." In *Paths to Asian Medical Knowledge*, edited by Leslie, Charles & Allan Young, 98-125. Berkeley: University of California.

Tu, Weimin. 2004. "Continuity of Being: Chinese View of Nature." World Philosophy, 1: 86-91.

Tu, Weimin. 2016. *Replanting the Spiritual Root: Reflection on Confucianism in the 1980s*. Beijing: Peking University Press.

Tuhihai Smith, Linda. 2012. *Decolonizing Methodologies: Research and Indigenous Peoples*. Dunedin: University of Otago Press.

Tung, M.P.M. 1994. "Symbolic Meanings of the Body in Chinese Culture and 'Somatization'". *Cult Med Psych*, 18, 483–492.

Unschuld, U. Paul. 1985. Medicine in China – A History of Ideas. California: University of California.

Vernant, Jean-Pierre. 1989. "Dim Body, Dazzling Body". In *Fragments for a History of the Human Body, Part 1*, edited by Fether M, 11-16. New York: Zone.

Vieira, K. A. L and G. M. de Queiroz. 2017. "Hermeneutic Content Analysis: A Method of Textual Analysis. *International Journal of Business Marketing and Management (IJBMM)*, 2(8):.08-15

Vishnevskaya, Elena. 2020. "The Early Modern Jesuit Mission to China: A Marriage of Faith and Culture". *Association for Asian Studies. Education about China: Online Archives.* 25(1):38-

42.https://www.asianstudies.org/wp-content/uploads/the-early-modern-jesuit-mission-to-china-a-marriage-of-faith-and-culture.pdf

Vogt, Evon. 1969. Zinacantan: A Mayan Community in the Highlands of Chiapas. Cambridge: Belknap Press of Harvard University Press.

Von Collani, Claudia. 2011. "A Missionary on His Journey: Michal Boym and Religions in East Asia." *Monumenta Serica*, 59(1): 315-340.

Waldram, James B. 2001. "The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues." *Medical Anthropology Quarterly*, 14(4): 603-625.

Wang, Chong. 2018[A.D 88]. Annotation of Lun Heng. Beijing: Zhonghua Book Company.

Wang, Ermin. 2003. On the History of Modern Chinese Ideology. Beijing: Social Sciences Academic Press.

Wang, Fu-zhi. 2020[A. D 1619-1692]. *Thought Records of Chuanshan*. Shanghai: Shanghai Chinese Classics Publishing House.

Wang, Jun. 1995. Contemporary Reforms on Chinese Characters. Beijing: Contemporary China Press.

Wang, Kexi. 2019. Chinese Language and Logic. Beijing: China Social Sciences Press.

Wang, Lijia. 2008. "Chinese Pinyin Scheme and Phoneme Theory and Phonetic Teaching." *Applied Linguistics*, (8): 77-83.

Wang, Lijia. 2009. "Witness and Prospect of Hanyu Pinyin over 60 Years." Applied Linguistics, (4): 25-21.

Wang, Ning. 2018. *Introduction to the Science of Chinese Character Formation*. Beijing: The Commercial Press.

Wang, Qingqi. 1999. "The Inner Cannon of Huangdi and Theory of Jing-qi in Pre-Qin Period." *Journal of Shanghai University of Traditional Chinese Medicine*, 13(3): 40-43.

Wang, Qingren. 1976. Correction of the Errors of Medical Works. Hohhot: Inner Mongolia People's Publishing House.

Wang, Xinli & Ling Xu. 2009. "The Propositional vs. Hermeneutic Models of Cross-Cultural Understanding". *South African Journal of Philosophy*, 28:3: 312-331.

Warnke, Geogia. 2009. *Gadamer: Hermeneutics, Tradition and Rationality*. Beijing: The Commercial Press. Weber, Florence. 2020. *Breve Historie de L'Anthropologie*. Beijng: The Commercial Press.

Weber, Marx. 1946. "Science as a Vocation." In *From Marx Weber: Essays in Sociology*, edited by H. H. Gerth and C. Wright Mills, 129-156. New York: Oxford University Press.

Wei, Hui., Gong Changzhen., Tian haihe., Jin Min., Pan Ying., Wang Dehui., Guan, Minhui., Qoyang Jianfeng.,
Jiao Wangyi., Tian Xiaoming., He Hongjian., Marilyn Allen., Liu Meichang., David Miller, Liu, Qingchuan.
2019. "The Legislation of Acupuncture in the United States." *American TCM Association*, 25 (10): 1-8.

Wei, Zhentong. 1992. *The Intellectual History of China in the Nineteenth Century*. Taibei: Dongda Book Company.

Weil, Andrew. 2000. "Forward." In *The Web That Has No Weaver*, written by Kaptchuk, O.M.D. New York: McGraw-Hill.

Weller, Susan., Ruebush, Trenton & Klein, Robert. 1992. "An Epidemiological Description of a Folk Illness: A Study of Empacho in Guatemala." In *Anthropological Approaches to the Study of Ethnomedicine*, edited by Mark Nitcher, 19-31. Philadelphia: Gordon and Breach Science Publishers.

Wen, Changlu., Liu, Yuwei & Wen, Wubing. 2002. *The Main Ideas of "Correction of the Errors of Medical Works"*. Beijing: Traditional Chinese Medicine Ancient Books Publishing House.

Wen, Yang. 1988. "The New Left Movement of the 1960s." America Studies, 3: 105-124.

Wen, Yiduo. 2011. New Meanings of the Classical. Beijing: The Commercial Press.

Wheeler, L. Richmond. 1939. Vitalism: Its History and Validity. London: HF & G Witherby.

Whorf, Benjamin Lee. 2018[1956]. Language, Thought, and Reality: Selected Writings of Benjamin Lee Whorf. Beijing: The Commercial Press.

Wilkinson, Endymion. 2013. *Chinese History: A New Manual, Harvard-Yenching Institute Monograph Series*. Cambridge: Harvard University Asia Center.

Witek, John W. 2011. "Presenting the 'Nestorian' Monument for the Late Seventeenth to the Early Eighteenth Century." *Monumenta Serica*, 59(1): 301-313.

Worsley, Peter. 1982. "Non-Western Medical Systems". Annual Review of Anthropology, Vol. 11: 315-348.

Xia, Shujie, Bizhen Gao, Shujiao Chen, Xuejuan Lin, Ping Zhang, Yujuan Chai, Candong Li and Tetsuya Asakawa. 2020. "Verification of the Efficacy and Safety of Qi-Replenishing Chinese Medicine in Treating Prediabetes: A Meta-Analysis and Literature Review." *Evidence-Based Complementary and Alternative Medicine*, 28(1): 1-15.

Xiao, Shaoqin. 1997. *History of acupuncture and moxibustion in China*. Yinchuan: Ningxia People's Publishing House.

Xie, Hui, Li Xinrong, Lai Jiaqin, Zhou Yanan, Wang Caiying and Liang Jiao. 2014. "Effectiveness of De Qi during Acupuncture for the Treatment of Tinnitus: Study Protocol for a Randomized Controlled Trial." *Bio Med Central*, 15:1-7.

Xing, Yurui. 2011. "Reflection on the Study of the Primordial Qi Theory of Chinese Medicine." *Journal of Shan'xi College of Traditional Chinese Medicine*, 2011, 34 (5): 1-2.

Xiong, Guoyin. 2006. Illustration of Ancient Chinese Characters. Jinan: Qilu Publishing House.

Xu, Fuguan. 2019. The Spirit of Chinese Aesthetics. Shenyang: Liaoning People's Publishing House.

Xu, Shen. 2012[A.D 100-121]. Shuo Wen Jie Zi. Beijing: Zhonghua Book Company.

Xu, Tongqiang. 1991. Essays of Xu Tongqiang. Zhenzhou: Henan Education Press.

Xu, Tongqiang. 1994a. "The Chinese Character and Syntax of Chinese". *Chinese Teaching in the World*, 2: 95-113

Xu, Tongqiang. 1994b. "The Chinese Character and the Methodology of Chinese Studies". *Chinese Teaching in the World*, 3: 19-43.

Xu, Tongqiang. 1998. "The Historical Linguistics of Chinese in 21st Century". In *Chinese Linguistics in 21st Century*, edited by Liu Jian. Beijing: Beijing University Press.

Xu, Tongqiang. 1999. "A Study of Chinese Characteristics and Language Generality." *Linguistic Researches*, 4: 32-47.

Xu, Tongqiang. 2005. "Re-Analysis of 'Zi' and the Studies of Semantics and Grammars of Chinese." *Chinese Studies*, 3: 1-9.

Xu, Zhongshu. 2006. Oracle Dictionnary. Chengdu: Sichuan Dictionary Publishing House.

Yang, Rubin. 1993. The Qi Theory and Body View in Ancient Chinese Thoughts. Juliu Books Company Ltd.

Yang, Xi-qian., Ling Liu, Wen-yu Yang, Huan-huan Dong, Yi-ran Yang and Yun Li. 2017. "Efficacy and Safety of the TCM Qi-Supplementing Therapy in Patients with Myasthenia Gravis: A Systematic Review and Meta-Analysis." *Evidence-Based Complementary and Alternative Medicine*, 3: 1-10.

Yang, Zongchun., Jing Zhao, Jinna Liu, Biyuan Liu and Ming Xie. 2019. "Comparative Evaluation in Treating Qi-yin Deficiency and Phlegm Stasis Syndrome of Type 2 Diabetes Mellitus in a Rat Model." *Journal of Traditional Chinese Medical Sciences*, 6: 59-66.

Yao, Chunpeng. 2010. "Preface." In *The Inner Cannon of Yellow Emperor*, edited by Yao Chunpeng, 1-12. Beijing: Zhonghua Book Company.

Ye, Shuxian, Zhang, Mili & Liu, Qianyue. 2018. *Cultural Semiotics: The New Horizons of Minor and Major Traditions*. Xian: Shaanxi Normal University Press.

Yoshiro Togawa. 2018. "The Gneral Summary." In *The Thought of Qi: The Development of Chinese View on Nature and Human Conception*, edited by Seiichi Ono, Fukumitsu and Yamai, 3-11. Shanghai: Shanghai People's Publishing House.

Yu, Yunzhou. 1933. On the Revolution of Medical Theory. Beijing: The Commercial Press.

Yuan, Zhi-fu. 1990. "Chinese Medicine Proves Itself Where Western Medicine Fails." *New York Times*, October 1.

Zha, Liang-lun. 1998. "''Effect and Mechanism on Mainly Using Traditional Chinese Medicine of Replenishing Qi and Nourishing Yin in Treating Graves' Disease". *Chinese Journal of Integrative Medicine*, 4(3):178-181.

Zhang, Chenhao, Chaolian Huang, Xiaolin Kong, Guannan Liu, Ning Li, Jie Liu, Zongyao Zhang, Dawei Yang, Chunling Liang and JieWang. 2018. "A Randomized Double-Blind Placebo-Controlled Trial to Evaluate Prophylactic Effect of Traditional Chinese Medicine Supplementing Qi and Hemostasis Formula on Gastrointestinal Bleeding after Percutaneous Coronary Intervention in Patients at High Risks." *Evidence-Based Complementary and Alternative Medicine*, 21: 1-13.

Zhang, Dengben & Sun Lijun (eds). 2020. *The Inner Cannon of Yellow Emperor – Lingshu*. Beijing: New World Press.

Zhang, Heng. 2009 [A. D 78-139]. *Anannotation to Zhang Heng's Collected Essays*. Shanghai: Shanghai Chinese Classics Publishing House.

Zhang, Liwen. 1990. *The Essence of Chinese Philosophical Category – Qi*. Beijing: China Renmin University Press.

Zhang, Qiqun. 2018. The Ontology of Meaning. Beijing: Commercial Press.

Zhang, Qicheng. 2008. *The Great Way of Yangsheng: Zhang Qicheng Lectures on the Yellow Emperor's Inner Cannon*. Nanning: Guangxi Science and Technology Press.

Zhang, Wenchun. 2020. "The Important Status and Function of Internal Syndrome Observation in Traditional Chinese Medicine." *Chinese Journal of Traditional Chinese Medicine*, (35)1: 13-15.

Zhang, Xiping. 2005. Missionary Sinology. Zhengzhou: Daxiang Publishing House.

Zhang, Xiping. 2013. "The Cultural Communicator between China and the West, The founder of Polish Sinology – Michal Boym." In *Analogy of Michal Boym*, translated by Zhang, Zhenghui & Zhang, Xiping, 1-60. Shanghai: East China Normal University Press.

Zhang, Yanhua. 2007. *Transforming Emotions with Chinese Medicine*. New York: State University of New York Press.

Zhang, Youchun. 2019. Medical Anthropology. Beijing: China Renmin University Press.

Zhang, Zai. 2020[A. D 1020-1077]. *Zhang Zi Zheng Meng*. Shanghai: Shanghai Chinese Classics Publishing House.

Zhang, Zhenghui (trans.) & Zhang, Xiping (trans.). 2013. *The Collected Works of Boym*. Shanghai: East China Normal University Press.

Zhao, Hongjun. 2019. Modern Chinese and Western Medicine Debate History. Beijing: Academy Press.

Zhao, Yuanren. 1985. Selected Linguistic Essays of Zhao Yuanren. Beijing: China Social Sciences Press.

Zhao, Yuanren. 1992[1975]. "The Concept, Structure and Rhythm of Chinese Words (《汉语词的概念及其结构和节奏》)." In *The Exploitation and Development of Modern Linguistics in China - Selected Essays on Linguistics by Zhao Yuanren* (《中国现代语言学的开拓和发展 - 赵元任语言学论文选》). Beijing: Tsinghua University Press.

Zhen, Zhiya. 2008. The History of Medicine in China. Beijing: People's Medical Publishing House.

Zhou, Qinghua. 2000. Chinese Semiotics. Taibei: Yang Zhi Culture Enterprise Co., Ltd.

Zhou, Qinghua. 2011. Language Semiotics. Beijing: Oriental Publishing Center.

Zhou Youguang. 1961. Introduction to the Reform of Chinese Characters. Beijing: Character Reform Press.

Zhou, Youguang. 2003. *Recall the Process of Making the Hanyu Pinyin Scheme*. Beijing: Language Publishing House.