East Asian Science, Technology and Society: an International Journal (2008) 2:461–464
DOI 10.1007/s12280-009-9084-7

Introduction

Elisabeth Hsu

Received: 1 July 2008 / Accepted: 10 March 2009 / Published online: 30 May 2009

1 Introduction

This volume presents case studies on the globalization of Chinese medicine and meditation practices from fields as diverse as medical anthropology, science and technology studies, traditional Chinese medicine studies, and religious studies. The case studies discuss processes of how Chinese medicine and meditation practices are being reconfigured in the process of their transposition into geographical regions and local histories outside China. Each study has theoretical implications of how to conceive of the currently observed processes of transforming Chinese medicine, which generally are discussed under the rubric of "globalization."

Volker Scheid's article highlights that Chinese medical practices inside and outside of China have been constantly reconfigured over time as medical ideas of different provenance were taken up and interwoven with current practices, and/or triggered the revival and modification of forgotten aspects within the existent archive. The speed with which these transformative processes happened, their scale, and the specific forms of legitimation that ensued can often be shown to derive from societal processes other than merely medical knowledge and practice. Where the scholar–practitioner would speak of an adulteration and simplification of authentic Chinese medical knowledge and practice, the anthropologist–historian merely notes ironic twists of how the past is reinterpreted and applied to the present.

Menopause is not a Chinese medical concept; it became integrated into the Chinese medical repertoire as *gengnianqi* 更年期, a term derived from the Japanese *konenki*, which in turn is a transliteration of the German *Klimakterium*. The traditional Chinese medical (TCM) teachings on how to treat this condition (with decoctions mostly) trace their legitimation to ancient texts. However, as Scheid demonstrates, what today is exported out of the People's Republic of China as an

E. Hsu (✉)
Institute of Social and Cultural Anthropology, University of Oxford, Oxford, UK
e-mail: elisabeth.hsu@anthro.ox.ac.uk

age-old practice has its origins in reinterpretations of the Chinese medical archive that date merely to the 1960s. The TCM recommendations for treating menopause are an example par excellence of how Chinese medical theory and practice was reconfigured in the late 1950s and early 1960s. Scheid, in line with Kim Taylor (2005), suggests this happened, not least, in response to Western biomedical exigencies in an era that, as the introductory article to this volume underlines, was driven by nationalistic and culturalist preoccupations.

Iven Tao's article on research in Germany to evaluate the efficacy of acupuncture needling also emphasizes how Chinese medical practice and rationale is in a constant process of transformation. His article focuses on *xuewei* 穴位, which, Sivin (1987:255n) insists, should be translated as "acupuncture *loci*" rather than as "acupuncture points," since a point is a position that has no extension while *xuewei* have indeterminate dimensions, commonly in the order of a centimeter. In the case of *xuewei*, TCM promoters aimed to overcome the contentious issue of their indeterminate extension, which causes consternation to any natural scientifically trained mind, by adjusting the concept of a *locus* to that of a point. In introductory TCM classes (Hsu 1999:144n), teachers would often draw points with a pen onto the skin, indicative of *xuewei* as "acupoints."

As Iven Tao highlights in this volume, the notion of the "acupoint" has, particularly in recent years, become further reified as, in the struggle to gain recognition by a globally accepted science, promoters of acupuncture have sought devices to test the efficacy of acupuncture treatment by inventing the notion of a "sham-acupoint." Sham-acupuncture is a device that was invented with the intention to fulfill the requirements set by biomedical research, which accepts as efficacious only treatments that have been tested in double-blinded randomized controlled trials (RCT). Sham-acupoints are located at positions other than those described in TCM textbooks, and the control group in RCTs is needled at these locations. However, as Tao argues, it is an erroneous suggestion that needling can happen in situations that are double-blinded, as is the assumption that acupoints have and have had the same definite position on the body since times immemorial.

There are other indeterminacies that do not pose a problem to Chinese medical practitioners but continue to cause doubt in observers, as, for instance, the claim that two practitioners can diagnose and successfully treat the same patient differently, on the grounds of equally valid therapeutic choices (Scheid 2002). Tao briefly touches on such theoretically given indeterminacies, while his main argument is that epidemiologists involved in double-blinded RCTs on the efficacy of acupuncture needling are working with a concept of a physiologised form of acupuncture. Where Scheid's case study is concerned mostly with problematic reconfigurations of TCM that took place in the early 1960s, and with their aftermath, Tao's study concerns changes that are currently taking place in a field where a globally accepted science sets the parameters and thereby invents new concepts that lead to an altered, if not erroneous, understanding of acupuncture treatment. Both discuss Westernized aspects of Chinese medical practice that, in their hybrid forms, flourish in certain niches of the contemporary health markets

Simultaneously, various meditative techniques and forms of the martial arts (*wushu* 武術) are also increasingly practised outside China. Meditation used to be an intrinsic aspect of every practitioner's training, regardless of whether he or she learnt

medicine or the martial arts (Hsu 1999:22). Acupuncturists emphasized that a good hand (*shoufa* 手法) depended on the cultivation of one's *qi*, which they sometimes specified as one's inner *qi* (*neiqi* 內氣); diagnosis required a calm mind, and the rhythm of the patient's pulse was typically measured against the practitioner's own steady breathing. Adepts of the martial arts, by contrast, stressed the importance of additionally strengthening their outer *qi* (*waiqi* 外氣) and their bodily agility. Medical practitioners typically would engage in meditation, at night, at dawn or dusk, in tranquility, while martial arts practitioners developed meditative practices that also involved movement (ibid.). Notably, the forms of *qigong* meditation that were popular in the People's Republic in the 1980s, and those currently practised on a global scale, often involve movement. Yet, as Alex Ryan (this volume) notes, meditation in tranquility is also practiced in traditions where meditation involves movement.

Alex Ryan (this volume) explores *taijiquan* 太極拳 as a prominent example of how the meditative aspects of the martial arts have become entwined with the global uptake of Chinese therapeutic practices. She emphasizes hybridity and heterogeneity, as *taijiquan* was transmitted into Britain in the last 50 years by practitioners of diverse provenance, with diverse training and interests, through diverse channels, from Hong Kong, Taiwan, and the People's Republic of China. Initially introduced during the 1960s and 1970s, and taken up in Europe for self-cultivation and therapeutic purposes primarily, the martial techniques of *taijiquan* became increasingly available in the 1980s and 1990s, while interplay with *qigong* and TCM continued to increase. Ryan suggests that *taijiquan* now occupies an unusual position, slightly distinct from other Asian martial arts in Britain: it has a more pronounced focus on *qi* cultivation and meditation, a closer association with TCM, and comparatively less emphasis on sports. There is a creative tension between *taijiquan*'s global identity as both a therapeutic practice and a martial art.

Where Ryan gives an overview of the different styles of *taijiquan* that were transferred into and transformed in Britain, Gry Sagli focuses on the experiences of being initiated into one form of *qigong* 氣功 in Norway, so-called Biyun *qigong*, known for its therapeutic effects but practised outside health institutions. In her description of how the participants of Biyun *qigong* classes learn to be affected and to affect their bodies, Sagli follows Vinciane Despret (2004) and Bruno Latour (2004), who in turn are building on William James' writings on emotion. She describes in a careful ethnography that outlines, step by step, five stages of body techniques, exercises of the imagination, and the corresponding sensory experiences. She details, how she and her classmates started to learn to experience their bodies in terms of their *qi* 氣, and thereby started to think of it in a non-Cartesian way.

While Chinese medical treatments of menopause and acupuncture's efficacy in treating pain conditions have attracted the attention of the biomedical establishment, *taijiquan* and *qigong* have become an intrinsic aspect of a globally found preoccupation with well-being. Chinese medicine and meditation practices have thus colonized entirely different spheres of the global village, niches that attend either to the Cartesian body, as in the medical institutions, or to the mind and spirit, as in recreational spaces of leisure. Nevertheless, as all authors point out, there are tensions between the pressures put on Chinese medicine and meditation practices in the fields into which they have gained entry. There is a possibility, since engagement

with Chinese medicine and meditation practices can effect changes in people and their outlook on life, that not only Chinese medicine and meditation practices are transformed in the process of their globalization, but that, through encounters with its practice, people are transformed in their consumption patterns of health care and their ways of appreciating life.

References

Despret, V. (2004). The body we care for: figures of anthropo-zoo-genesis. *Body & Society, 10*(2–3), 111–134.

Hsu, E. (1999). *The transmission of Chinese medicine*. Cambridge: Cambridge University Press.

Latour, B. (2004). How to talk about the body? The normative dimension of science studies. *Body & Society, 10*(2–3), 205–229.

Scheid, V. (2002). *Chinese medicine in contemporary China: plurality and synthesis*. Durham: Duke University Press.

Sivin, N. (1987). *Traditional medicine in contemporary China*. Ann Arbor: Michigan University Press.

Taylor, K. (2005). *Medicine of revolution: Chinese medicine in early communist China*. London: Routledge.