The Challenge of Interpretation
Shén versus Shēn: Spirit versus Body? Dissolving the Dichotomy of Acupuncture Therapeutics

Teja Jaensch and Suzanne Cochrane

ABSTRACT

Chinese medicine finds itself, as it always has, amongst the flux of ideas, theory and ideology. It is from this flux that the physicians of Chinese medicine must determine their practice. As observers and participants in the varied conversations regarding the true value of Chinese medicine, a continual division presents itself; that between spirit and body. What follows is an analysis and critique of this dichotomy, with the hope that the principle of shén-spirit and shēn-body guides us forwards on the path of Chinese medical efficacy and professionalisation.

‘Thus he who excels with needles draws yang from yin and yin from yang... His art is always faultless.’
Huangdi Neijing Suwen chapter 5
Rochat de la Vallée (2011:53)

In his critique of Yu Yunxiu, Yun Tieqiao makes an eloquent observation: ‘When it comes to the principle of life, truly, there is mysteriousness to it. Today, Chinese and Western medicine both stand on the same platform, unable to penetrate this mysteriousness.’ (Seidman, Patterson & Nethery, 2015:394.). At the heart of this mystery is an apparent dichotomy between shén-spirit (神) and shēn-body (身). Shén-spirit refers to the sacred, spiritual aspect of a human being that transcends the ordinary flux of yin yang, while shēn-body pertains to the bodily structure and ability to move and act in the physical realm; hence an apparent difference. Yet shén-spirit is the ‘actualising spirit’ that allows the shēn-body to engage with nature.¹ In classical times, shén-spirit was envisaged as residing in the Heart.² Modernity offers another stance, stipulating that what lies at one’s beating centre is a pump that circulates blood to and from the tissues. In the midst of this stands the acupuncturist, needle in hand, aiming at a cure for the venerable patient in the flux of yin yang.

‘The Great Acupuncturist, manipulating the needle, goes all the way to the Spirits.’
Larre and Rochat de la Vallée (1995:7)

Is acupuncture an energetic, spiritual treatment, or is it a physical medicine, stimulating biology? This division in rationale has been argued over extensively both historically and currently, and forms a juxtaposition in the move to integrate Chinese medicine (CM) into an existing framework of global public health (Unschuld, 2009 & 2013).
‘Two truths approach each other. 
One comes from within, 
one comes from without -
and where they meet you have the chance
to catch a look at yourself.’
Tranströmer (1987: prelude II)

Historically this was seen when scholar-physicians tried to extricate themselves from peasant healers, wū-shamans and witch doctors. Sima Qian quotes Qin Yueren (c.1522-1619, Ming dynasty): ‘There are six types of patients one must not treat: trusting wū-shamans but not trusting yī-doctors is one type of untreatable patient.’ (Wilms, 2015). Currently this dichotomy is being played out with assertions that classical CM knowledge has been misinterpreted. Rather than a mysterious unmeasurable energy, it was vascular and neural pathways that were being observed (Kendall, 2002; Kresser, 2010a-d; Doane, 2015). Understanding this division is vital for the physician as it forms the basis of how, why, and when they use their needles.

‘...nature presents us with a process or continuum and not a dichotomy.’
Rose (1992:44)

While the biological view of acupuncture criticises CM practitioners for ‘… promoting the mystical aspect of Chinese thought’ (Kendall, 2002:7), the more CM tries to replicate biomedicine, the more it may erode (Fruehauf, 1999: Maxwell, 2014). The dichotomy of shén-spirit and shēn-body is entangled with perpetual divisions in time and space; ancient versus modern, us versus them. An interesting study by Trina Ward (2012) exposed multiple enactments or ways of being a contemporary Chinese medicine practitioner. These six distinct styles include the dichotomies of ‘the modern’ and ‘the ancient’.

‘As far as the origin of medicine is concerned, academics have held two totally different views for a long time…
This is a manifestation of two diametrically opposed world outlooks – materialism vs. idealism, or dialectics vs. metaphysics…’

Many words have been spilled in these debates which are simply ripples emanating from earlier ideological warfare (Scheid, 2002, 2007, & 2014; Seidman et al., 2015). The counterpoint to this, that ultimate truth cannot be found by looking into the future with microscopes, but rather by scrutinising extant classical texts, must also be approached with caution. “Follow the ancients without getting stuck in the old” (Scheid, 2002:271).

‘The fish trap exists because of the fish;
onece you have the fish, you forget about the trap…
Words exist because of meaning;
onece you have the meaning, you can forget the words.
Where can I find a man who has forgotten words
so I can have a word with him?”
Zhuang Zi (Tzu, 1968:302)

From ancestor worship in the Shang dynasty, to demonic affliction and extirpation in the Zhou, to systematic correspondences in the Han dynasty, medicine has been a puppet on the strings of Chinese society (Unschuld, 2000), Soviet, British and American forces (Seidman et al., 2015) and now the global stage. Gradually, the view of the human in relation to the universe became smaller and ever more materialistic – from ancestors to anatomy. With the intention of ending (or at least understanding) suffering, reality was broken into its smallest components. The Heart, the seat of the shén-spirit and representative of Heaven, was replaced as the central organ by the Spleen, representing the Earth and engagement with the material world (Garrison & Harper, 2015). Acupuncture therapy has had a turbulent transition through this materialisation, culminating in recent history when acupuncture was excluded from Chinese medicine, then changed and modernised to suit the political needs of the Chinese Communist Party.

‘Tens of thousands of book chapters of heterogeneous contents, millions of knowledge-filled pages, now condensed into ‘overviews’ - booklets barely one or two centimeters thick. This is what remains of the theories of Chinese traditional medicine, after the lights that had conferred plausibility for two millennia were extinguished.’
Unschuld (2009)
Indeed, acupuncture is based on multiple contradictory traditions (Ernst & White, 1999:15), and the basis of literary sources are themselves founded on biases, opinions and interpretations penned by the varying actors of history (Leung, 2013:130). The physician then must sample the mixed soup of a ‘he said, she said’ tradition. Western enthusiasts in the latter 1900s, as a reaction to discontent with the coldness of biomedicine, took available information and wrote books that were to become foundational texts for the next generations of acupuncturists.31

‘...much of the cold, inhumane, and impersonal qualities of the health care system are a result of a reliance on science that is itself cold and uncaring.’
Dossey (1985:xiii)

Yet the roots of acupuncture therapy lie deep within the Huangdi Neijing Suwen Lingshu,32 which has its own roots in the Yijing. Hence, acupuncture is founded upon observations of multiple variables, modifiers and confounders, all hinting at the role of medicine.

‘Here, in the midst of a vast accumulation of undeveloped treasures... is Philosophy approaching us with a bundle of questions, barbed and bristling like a sheaf of arrows.’
William Alexander Parsons Martin (1827-1916)
(Martin, 1984:viii-ix)

Medicine seeks ‘... to understand the force that generated and sustained life – the ‘vital’ or life (vita) – giving virtue. What Galen called pneuma spiritus.’ (Barnes, 2005:18). Unschuld (2009) calls this ‘X’; a constant pondering for philosophers and physicians. For CM, the vital principles are written into the language: physician – 醫生 yisheng.33

Thus, medicine and the physician have one purpose: to promote life. What brings the vessel to life is the circulation, this is what warms the material. The how and what of this circulation are the battlefield of CM evolution – continual transformation. Qi and meridians? Blood, arteries and veins? Or something beyond the scope of both; ‘Qi itself is neither a substance nor a spirit.’ (Root & Hill, 2006: foreword). Something beyond measurement – 神-shén-spirit?

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‘When Chinese thinkers are unwilling or unable to fix the quality of an energetic phenomenon, the character qi (氣) inevitably flows from their brushes.’
Porket (1974)

In 1924 a debate raged between Yu Yan and Yu Jianquan, with the latter devising a way of separating the xue mai, which carried blood, and the jing mai, which carried qi, and this became a ‘... tool for creating an incommensurable dichotomy between Chinese medicine and Western anatomy.’(Lei, 2014:152).xv Yet is the question about structure, or what makes that structure alive? In no way is this question limited to CM; Martin (1894) quotes Professor Oliver Lodge who gave a lecture before the Royal Institution in London:

‘The simplest conception of the universe that has yet occurred to the mind of man – one continuous substance filling space - which can vibrate as light... be parted into positive and negative electricity, which in whirls (or vortices) constitutes matter, and which transmits by continuity, and not by impact, every action and reaction of which matter is capable. This is the modern view of the ether and its functions.’ (p.219, footnote).

This was ether, discussed in Europe over a century ago. There are many current thinkers exploring what they recognise still as a ‘vital materiality’ that runs through and across bodies, both human and non-human.xvi Lyndon and Bol (2013) show the very concept of

<table>
<thead>
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<th>醫</th>
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<td>Yī</td>
<td>Shēng</td>
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<td>1. medicine, medic(al).</td>
<td>1. live, be alive, exist; life...</td>
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<td>2. physician, healer.</td>
<td>a. living being...</td>
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<td>a. heal, cure; return to health.</td>
<td>b. the act of living; lifetime, lifespan...</td>
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Both sides of this psyche-soma dichotomy share a need for certainty; ‘... people are more afraid of uncertainty than they are of physical pain.’ (Cantacuzino, 2015:16). Physicians seek certainty in the face of an ever increasing scope of illness, which they have to engage creatively (Helms, 1998), otherwise they would never act (Webb & Bain, 2014:244).

‘This compelling tendency toward the feeling of certainty... structures the questions that we can formulate, and... the ways we can answer them. It is this emotional appeal, and not strict objective scrutiny, which often determines which observations are to be included in our reckonings and which shall be banished as irrelevant aberrations.’
Juhan (2003:14)

The binary yin yang divide of time and space (Lo, 2013:59) alludes to a truth about shén-spirit versus shēn-body; ‘... Human life is guided by many ideas. Truth is one of them...’ (Feyerabend, 1975). However absolute proof is impossible (Webb & Bain, 2014:251). When seeking proof and causation, we must eliminate variables. Yet variability is the very foundation of acupuncture, as its foundation is the Yijing, the observation of change and transformation – 变化 bianhua.

‘Distracted by the ebb and flow of life, people tend to perceive polarities, differences and contrasts over similarities. When looking at the Sòng era Tàijítú image, 我们 we tend to only see black and white shapes, hence placing importance upon them, translating...’

天神引出萬物者也

‘Heavenly shén guides the emergence of the ten thousand things.’
Neal (2013b)
into how we operate as physicians of medicine. Looking for Yīn and Yáng means we will find Yīn and Yáng... instead of seeing the differences and distractions (神性), we can look at the world from a whole 世界 new perspective.'
Seidman and Jaensch (2013:169)

We can divide reality into as many pieces as our technology and imagination allows, yet, as stated in the Daxue – The Great Learning – ‘things have their roots and branches’ (Barnes, 2005:85). Does dividing reality into smaller components in order to establish causal diagrams (Rothman, Greenland, Pool, & Lash, 2008) distract us? Fascinated by smaller and smaller leaves instead of the branches, the trunk, the whole tree and the roots that hold it in place and feed it, do we lose sight of the whole?

Beyond acupuncture, this dichotomy is one of body and mind, made famous by the division elucidated by Descartes. However, with more time to write his Meditations in his later years, Descartes proclaims ‘...I am not merely present in my body as a sailor is present in a ship, but... I am... intermingled with it, so that I and the body form a unity.’ (Monk & Raphael, 2000:121).
Yet the distractions of the dichotomy created by his Cogito ergo sum – I think therefore I am – are seen in the impulses of Wang Qingren and company; seeking answers to life in the deceased.

‘...countless professors and students, among them surely many of the most talented and most intelligent, looked into countless corpses... And the result? There was none. The body itself possesses no power of expression.’
(Unschuld, 2009)

This leads directly to the questions we ask and how we go about solving them. By asserting that acupuncture is simply a treatment of 神魂-body, we allow ourselves to ignore the advice of Dr Wang Juyi (Skyler, 2013):

‘Do not make the mistake that using more acupuncture points is better. It is quite harmful to the body!’

‘The teaching... [of physicians] is shallow, and I've read enough in the medical literature to know when their claims to true antiquity are spurious... Often they don't know the basic principles of medicine... I know this well, and it makes me sad...’
The Kangxi emperor’s lament about medicine.

While the physiological foundation of acupuncture would ideally be espoused through the gold standard of research, the randomised controlled trial, since the 1970s these have proven inadequate (Kaptchuk, 2013; Ernst & White, 1997). Perhaps this is due to the elimination of all variables in such trials, whereas acupuncture is founded on an understanding of all variables – the Yijing. Kaptchuk (2013:331) proves that acupuncture, a physical 神魂-body intervention, is by pure necessity a treatment of 神魂-spirit:

‘One thing, however, has emerged from acupuncture RCTs...: the placebo effects of acupuncture are inordinately high, with a significant impact on illness... People get better in trials if they expect to get better, whether the treatment is genuine or placebo... both genuine and placebo acupuncture perform better than, or at least as well as, usual biomedical care...’

An expectation comes from centre and intention (意 yi). Healing is more than needles in flesh. Ulrich (1984) and Sternberg (2009:420-421) make a strong case for space and setting as influential factors in the process: ‘...patients with the tree view had shorter postoperative hospital stays, had fewer negative evaluative comments from nurses, took fewer moderate and strong analgesics, and had slightly lower scores for minor postsurgical complications...’. So step by step we walk the thousand-mile path to understanding; indeed, we make our way by walking. The acupuncturist walks the line between 神魂-spirit and 神魂-body.

道無鬼神; 獨來獨往.

No ghosts or spirits walk the Dào; we come alone and we go alone.

Regardless of which side of the mysterious dichotomy we fall on, finding the way forward to a true understanding and unity must be possible. When confused, we may be groping in the dark, lost, throwing an infinite number of needles at biology until finally we land on the mark. Let us dissolve the dichotomy and find a middle ground, whereby acupuncture effects the vascular circulation, yet, at the heart of this very circulation is 神魂 shēnmíng – the radiant spirit – that permeates the otherwise dead vessel, resonating with the universal cycle of change and transformation.

‘...a deeper sense of resonance with the universe can elevate and ennoble human life...’

Popova (2015)

Shén or 神? The question is separated by the use of the word ‘or’ creating a division in consciousness, which ripples outward into the world. We can either meet these waves of materialism, from ancestors to anatomy, with irritation or with grace. What if we replaced the word ‘or’ with the word ‘and’? Perhaps Rainer Maria Rilke had the right advice:

‘...be patient toward all that is unsolved in your heart... try to love the questions themselves like locked rooms and like books that are written in a very foreign tongue. Do not seek the answers, which cannot be given you because you would not be able to live them. And the point is, to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer.’

Cantacusino (2015:17)
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ENDNOTES

i  Definitions are extracted from Kroll (2015).

ii ‘The Heart is the office of the lord and ruler whence the brilliance of the spirits emerge…’ Huangdi Neijing Suwen chapter 3 (Lo, 2013:57).

iii See also Lo (2013:64), Ka-wai (2013:67) and Fu-Shih (2013:67).

iv See also Burnstock (2009:470): ‘It is proposed that mechanical deformation of the skin by needles and application of heat or electrical current leads to release of large amounts of ATP from keratinocytes, fibroblasts and other cells in skin…’ Also see Miles and Qiu (2014).

v Scheid (2014) specifically targeted the idea of a physician being a ‘gardener’ (from Beinfield & Korngold, 1991:45-47 & 240-242), proposing instead that the true role of a physician is that of a general. It is interesting to note that concepts such as qi, yin yang, and shén-spirit that spur on modern ideological warfare appeared in the Warring States period (Lo, 2013:55 & 59).


vii For more on medicine and politics, see Krakauer (1992), Rose (1992:21 & 121) and Mackenbach (2009).

viii ‘Attributes, beliefs, and doctrines embedded in medicine may illuminate fundamental cultural assumptions about the human body, illness and wellness… and the stages of human life from infancy to old age.’ (Siraissi, 1990:ix-x).


x See also: Andrews, 2013.

xi In 2000, the required readings for undergraduate TCM students were: Kaptchuk (2000), Beinfield & Korngold (1991), and Maciocia (1989). ‘Who wrote and writes the successful books on TCM for a Western audience?… Their names are Ted… Manfred… Dan… Giovanni… [the West did not ‘adopt’ TCM]… Rather, it was the creation of a new healing that built upon Western fears and used Chinese set pieces.’ (Unschuld, 2009).

xii Kendall (2002:10) specifically targets chapter 10 of the Lingshu as a cause of confusion in regards to understanding circulation.

xiii Definitions extracted from Kroll (2015).

xiv See also: Schulman (2004).

xv ‘Before Cheng Dan’an, acupuncture had frequently been used to let small amounts of blood, in order to clear a perceived obstruction to the free flow of blood and qi. However, after Cheng argued that acupuncture acted through the nerves, the drawing of blood at an acupuncture point started to be viewed as an indication of the practitioner’s clumsiness and lack of experience – a view that still often persists…’ (Andrews, 2013:236).

xvi The exchanges between the sciences and the humanities by theorists such as Bennett (2010) and Barad (2007) show engagement with ‘vitalities’ uninformed by Chinese philosophy/science yet reaching a similar conclusion.

xxv 《素問•寶命全形論篇第二十五》 Su Wen • Bao Ming Quan Xing Lun, Chapter 25. Lorraine Wilcox translation. Personal communication.

REFERENCES


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