

A Passion for China
*Essays in Honour of
Paolo Santangelo
for his 60th birthday*

Edited by
Chiu Ling-yeong
with Donatella Guida

BRILL

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CHIU LING-YEONG, WITH DONATELLA GUIDA



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“NEW MEN-UTOPIA” AND ITS SEMANTICS —HERE AND THERE¹

ANGELIKA C. MESSNER

The recently stated “emotional turn”² in the western hemisphere more often than not refers to neurobiological research reports stating that emotions play a crucial role in cognitive processes like decision-building and the regulation of memory and ideas.³ It also refers to psychological theories stating that emotions have to be seen as independent conceptions with action-inducing character.⁴ Moreover, it refers to discussions around “revenge” as juridical dimensions among jurists,⁵ and to discussions of “love” as a “systematic term” among philosophers.⁶ It refers, last but not least to the discovery of the emotions as research object for sociological⁷ and culture-historical research.⁸ Essential to the approaches within socio-cultural studies is to look for the so called “feeling rules”⁹, meaning the culturally anchored, socially transmitted pattern of interpretation and development of emotions within a determined cultural setting. The “(Cultural) Anthropology of Emotions” since the 1980ies¹⁰ has partly been focused on the historical genesis and the respective “emotion-culture”. The insight into the respective “emotion-culture” is seen as the necessary prereq-

¹ Here I would like to express my heart-felt gratitude to Paolo Santangelo for having focused my attention towards this crucial and most fascinating issue in our field of study: *qing* 情.

² See Anz 1999. Consider also the motto of the summer school of the Young Academy “Emotionale Wende? Die Junge Akademie der Gefühle” 1st to 8th September, 2002 and 2003, Villa Vigoni, Lovenio di Menaggio, Lago di Como.

³ Roth 2001, p. 263; Damasio, 2000.

⁴ Averill 1980, Ciompi 1997, Denzin 1984, Euler/Mandl 1983; Funkenstein 1995; Ulich, 1989.

⁵ Based on neurobiological insights. See for instance Davidson et al. 2000; Anderson et. al. 1999; Kiesow 2002.

⁶ Engelen 2001; Nussbaum 2001; Hartmann 2002.

⁷ Gerhards, 1988; Vester 1991; Flam 2002.

⁸ For instance Delemeau 1989; Kessel 2002;

⁹ Averill 1980; Hochschild 1983; Vowinckel 1983; Harré 1986.

¹⁰ Lutz and Abu-Lughod 1990.

uisite for any deeper understanding of historical structures. Cultural meaning systems are seen as the prerequisite structures for experiencing and articulating emotions. Nowadays, it is generally agreed that any culture-specific form of “feeling in itself” can never be congruent with those specifically western scientific ideas about emotions.

The currently immense scientific interest in the emotions from the part of neuroscience mainly bases on technological innovations. Neurobiology aims at decoding the neuronal code and at a scientific penetration into the architecture of the brain, i.e. the complex limbic system which is seen as the “seat” of the emotions. Neuroscience obviously claims the status of becoming the new meta-science for it seeks to give the only appropriate answers to the old questions about the nature of consciousness and cognition, sensation, epistemology, feeling and the free will. These questions conventionally belonged to the domain of the humanities. Technical innovations like PET¹¹ and fMRI¹² opened up new possibilities in the visualisation of the brain – and – the emotional processes. Neurobiological attempts at interpretation of the basic nature of the human being with the special focus on the emotions implicitly claim the monopoly of explanation: ambitious newspapers’ “Feuilleton” feature pages recently reserved much space for neurobiological discussions¹³ of such questions. Popularising their explanations might gain general acceptance for the subsidy of this field of study. It is questionable, however, to what extent such attempts base on the search for knowledge and truth, and to what extent they consist in “utopia politics”: the vision of the new person behind the market-driven technology. Notions of “emotional intelligence” and “social competence” both express the newly discovered value of the emotions for life coping, on the one hand and the vision of the totally transparent human being implicating the option of the eventual changeability of the person on the other. At the same time, however, the new meta-science simultaneously however needs the dialogue with the humanities¹⁴, since the respective “visualisations” ultimately need to be explained through language. “Reading” the visualized brain

¹¹ Positron Emission Tomography allows the observation and the study of neural mechanisms underlying emotional responses. See for instance Blood and Zatorre 2001.

¹² Functional Magnetic Resonance Imaging. See for instance Aharon et.al. 2001.

¹³ See for instance the discussion between the philosopher Lutz Wingert and the neurobiologist Wolf Singer, *Die Zeit* Nr. 50 (Dec. 2000).

¹⁴ See Singer 2003.

processes on the screen implies “translation” and thus interpretation, i.e. the “pure” transparent body or emotions “speaking” (through the visualisations) simply does not exist. Hence, “scientific semantics of the body” essentially are cultural products like language is. However, the popularisation of such insights is grounded on the view of somewhat objective and irrefutable knowledge. The question to what extent such insights influence one’s own feelings and furthermore the processes of identity-building etc. awaits its answer.

I

Within the Chinese context of the 16th and 17th century we observe a somewhat similar attention to the emotions/sentiments. The then emerging cult of *qing* 情 (facultative transl. as emotions, love, passion)¹⁵ was similarly connected with emerging new conceptions and reformulations of Human Nature.

Throughout the seventeenth century we can observe a widespread movement toward critique and reformulation of Neo-Confucianism (*Songxue* 宋學) as presented by the Song-Ming thinkers.¹⁶ Whereas traditionally, Confucianism championed a self as a product of an external process achieved through the proper performance of social rules the focus now was on interiority and authenticity of emotional experience.¹⁷ The connection with the increasingly urbanized culture especially in the Jiangnan macroregion is obvious. Geographically this region consisted of the whole drainage area of the Lake Tai in the provinces Zhejiang and Jiangsu; administratively the prefectures Suzhou, Songjiang, Changzhou, Jiaxing and Huzhou. Due to extensive production in cotton and silk this region became the richest, most urbanised and most densely populated of China at the time. Yangzhou was one of the most important ports along the Grand Canal, the centre for the

¹⁵ Wong Siu-kit 1967, pp. 328-33; Hanan 1981, pp. 49-50, 79-80, 96-7, 146-147; Mowry 1983, pp. 9-13, 15-22; Kang-i Sun Chang 1991, pp. 3-18; Li Wai-yee 1993; Epstein 2001, pp. 63-65; Santangelo 1994, and 2003, p. 203 ff.

¹⁶ De Bary 1975, p. 3ff; Cheng 1975, p. 471.

¹⁷ Wang Yangming, *Chuan xi lu*. 傳習錄 in *Yangming quanshu* 陽明全書, 1/3a-b (SBBY edition). On the implications of Wang Yangming’s 王陽明 (1472-1529) *xinxue* 心學 see Epstein 1999, pp. 73f. and Epstein 2001, p. 21; Cass 1999, pp. 15-16; Hanan 1981 p. 4; Mowry 1983, pp. 15-22; Chang 1991, pp. 3-9; Yü 1988; Tu 1976. On the implications of the term *liang zhi* 良知 (moral/intuitive/pure knowledge) see Tang Chun-I 1970 and 1975, 307ff; on *liang zhi* as consciousness see Bruya 2001, pp. 65ff.

administration of salt production. The concentration of cultural production within this macro- region showed highly commercialised characteristics: a massive, growing market for art and antiques together with the growing publishing sector due to cheaper paper, which reduced production costs and specialisation. Trading with privately published books was flourishing.¹⁸ The immense increase in population from circa 60 million between 1381 and 1393 towards circa 150 million around 1500 and 200 million around 1600¹⁹ stimulated social mobility and the economic boom stimulated the improvement of the education systems, leading to increasing numbers of candidates for the examinations.²⁰ This led to a comparatively low possibility to take the conventional official career. This situation partly was responsible for an immense increase in writing activities on various topics which was not part of the conventional fields of knowledge, including compendia and handbooks for everyday usage, i.e. household almanacs, religious works, medical handbooks and medical case histories, encyclopaedias etc.²¹

The decentralisation of knowledge production is specifically important with regard to the development of the popularisation of medical knowledge in late Ming early Qing China.

Connections between the growing complexity in monetary economy within the respective synchronic coherence , i.e. Jiangnan macroregion in 17th century, and changes within perceptions of personhood and principles of social organization, though clearly visible²², must not be confounded with similar changes within the European historical context.

Within literary works of this time, *qing* 情 figures as a crucial variable, as predominating intrinsic characteristic of human nature. The articulation of emotions is seen as a natural and necessary articulation of human beings. Feng Menglong 馮夢龍 (1574-1646) defines *qing* as the “essential condition of the human life” and as “the string which

¹⁸ Rawski, 1979, pp. 112ff; Widmer 1996, p. 81; Ko 1994, pp. 34f; Mann 1997, p. 7; Chia 2002, pp. 150ff; Ji Shaofu 1991. Urbanisation, commercialisation, class formation, social order and a growing print culture brought women’s voices into historical record. See esp. and Ko 1994 and Mann 1997.

¹⁹ See Skinner 1977, pp. 19-20.

²⁰ See Elman 2000, S. 259.

²¹ Ko 1994, 29ff.

²² Epstein 2001; Berg 2001; Ko 1994; Mann 1997; Carlitz 1994.

[binds] all scattered things [lit. coins] [on the earth] together (萬物如散錢, 一情為錢索).²³

Recent scholarship suggests that within the social and ideological movement in the 17th century ideas of humanism, subjectivism and individualism²⁴ emerged for the first time within the Chinese context. Such insights are based on the investigation of literary, philosophical and socio-political sources.²⁵ Such an interpretation, however generates new questions for the reconstruction of Chinese history. Are individual emotions –similar to the European enlightenment– perceived here as motivation-generating factors leading to the rebellion against existing social norms?

To what extent did the emotions as expressed within literary works and as exposed within philosophical thought have validity for the everyday life of “real” people?²⁶

II

One of the main features of literary writings within this specific synchronic coherence was the communication of emotions. One of the main features of medical writings, generally speaking, is the communication of professional knowledge regarding nosography and therapy of diseases.

Chinese physicians until the beginning of the 20th century - when western psychologist’ theories were ‘translated’ into Chinese, did not specifically dwell on emotions, nor did they philosophise about the nature of emotions.

Nevertheless, it was medical discourse which obviously served as meta-text about the emotions in 17th and 18th century China: The topic *qingzhi* 情志 (emotions) in the Major Imperial Encyclopaedia *Gujintushu jicheng* 古今圖書集成 (1726) is subsumed under the category medicine (*yibu* 醫部) and contains passages from medical textbooks beginning with the *Huangdi neijing Suwen* 皇帝內經素問

²³ Feng Menglong, *Qingshi* 情史 (History of *qing*) [1629-1632]. 1993, p. 1.

²⁴ Wang 1994, 12; Epstein 2001, 16ff. Generally it is held that concepts of individualism were introduced to China in the late 19th century. See Liu 1995, pp. 77-99. See also Ko, 1994, pp. 23f. on the problems arising when applying western dichotomy to Chinese historical settings. On the role of the individual in early Chinese thought see Führer 2001, pp. 1-31.

²⁵ Rawski 1985, 3-11; Naquin/Rawski 1987.

²⁶ See the discussion of this question in Hansen 2000, p. 118.

(prob. 100 A.D.) and ending with passages from textbooks obviously *en vogue* at the time the encyclopaedia was compiled.

In the following I shall focus on the writings of one of the most extensively quoted authors from the late 17th century. But first some general considerations should be noted regarding the positing of the analysis within the field of Chinese historiography. Studying medical texts *per se* is part of medical historiography, this being a rather new field of sinological research—at least within the European tradition—and as such is part of the history of science and culture. Medical texts, especially those from late Imperial China, tell much about epistemologies of knowledge and also about the historical circumstances. They tell about lived bodily experiences since medical texts *per se* are concerned with the explanation of bodily functions. Their expertise language, i.e. matrixes explaining the connection between social, cultural and men's realm, belong to given 'theoretical' paradigms. It was on these paradigms that physicians on the other hand based their explanations of bodily processes. These explanations served as '*cartographic tools*'²⁷ through which bodies grow to subjects within a respective time and place. Changes of such matrixes indicate shifts and change within the lives and the body-self (*shen* 身). Medical historiography moreover requires the microscopic registration of the very social reality. When dealing with texts mainly, we have to put the question "who wrote for whom" at the centre of our concern. When referring for instance to the *Huangdi neijing* we have to be aware that it was written mainly for those ruling the empire: thus, the *Huangdi neijing*'s views of the human body directly reflects the then political status quo in Han times. The scattered notions within this medical compilation on emotions at the same time clearly evidence the strong influence by philosophical arguments expressed earlier.

III

One of the most extensively quoted authors in the Major Imperial encyclopedia was Chen Shiduo 陳士鐸 (1627-1707), a native from Shanyin 山陰-county in Shaoxing 紹興)²⁸ prefecture (*fu* 府). Shaoxing

²⁷ See Tanner 1994.

²⁸ During Qing times Shaoxing was one of altogether 11 prefectures in the Zhejiang province. Shaoxing was divided into eight counties (*xian* 縣). Shanyin was one of the richest counties. See Cole 1986, pp. 6ff.

was located within the core of the Yangze macroregion.²⁹ He belonged to the literati-elite, this is evidenced by the fact that he had attained the *shengyuan* 生員 and the *juren* 舉人 degrees. But, he failed the examinations for the *jinshi* 進士 degree several times. This experience obviously was quite common among educated men of his time and place: due to the immense population pressure³⁰, i.e. (by 1500: 30.000 licentiates (*shengyuan*) out of an approximate population of 65 million, a ratio of almost 1 licentiate per 2,200 persons). By comparison in 1700, there were 500,000 licentiates in a total population of 150 million, or a ratio of 1 licentiate per 300 persons.³¹ The situation in Shaoxing was yet more serious than in other prefectures, since Shaoxing was the fourth most densely populated prefecture in all of China in the late 18th century.³² Obviously, Chen's failure was connected with outer shortcomings: the rate of licentiates became higher, and the likelihood that licentiates would pass higher examinations became much lower.³³

Chen was a passionate Ming-loyalist: at the age of 18 (in 1645); he participated in the battle against the Manchu-troops in Nanjing. He had been to Beijing twice, in 1687 and in 1693 (obviously for the examinations): Beijing at that time had become a main centre for daoist-priests.³⁴ The attraction of religion, respectively Daoism, for Ming-loyalist associates in a sense indicates that they used religion as a covert means of expressing opposition to the Qing.³⁵ Chen Shiduo was a well known physicians at his time. This is evidenced by the fact that his various writings have been incorporated into the major Imperial encyclopedia (*Gujin tushu jicheng* – 1726), within the Complete Collection of the Four Treasures (the *Siku quanshu* 四庫全書 (1795) and the local gazetteer³⁶ reporting his high reputation as a physician. The

²⁹ Skinner, 1977, p. 215.

³⁰ For the population figures, see Ho 1959, p. 270. Johnson, Nathan, and Rawski, eds., 1985; Elman 2000.

³¹ Elman 2000, p. 140.

³² When the population again doubled from 150 million in 1700 to 313 million in 1800. See Liang Fangzhong 1980, pp. 273-279.

³³ Elman 2000, p. 141.

³⁴ Namely the Baiyun-guan 白雲觀 (White Cloud Abbey), where the abbot Wang Kunyang 王崑陽 (d. 1680) forced the reorganization of the Daoist-disciple. See Esposito 2001, p. 191.

³⁵ Widmer 1996, p. 85.

³⁶ See *Shanyin xianzhi* 山陰縣志 (1804), *juan* 18; *Shaoxing fuzhi* 紹興府志 (1753), *juan* 78. It is not the place here however to dwell on the whole field of the strategies of the production of medical genealogies through the centuries.

fact that his name does not appear amongst the most important physicians in Qing-times in the *Qingshigao* 清史稿 (1928)³⁷ partly might have been due to his background as a Ming-loyalist. Another reason for not mentioning him, might have been the fact that he belonged to the Warm-factor school emerging in the 17/18th century Jiangnan-macroregion. The emergence of the Warm-factor school had challenged the narrow meaning of *wenbing* 溫病 (warm-diseases)³⁸, until then regarded as a subcategory of the cold-damage-school (going back to Zhang Ji 張機 (142-220?). Simultaneously, the general emphasis of the need to closely inspect the patients' situation, the investigation (*gewu* 格物) of things through verification, namely "to search truth from facts" (*shishi qiu shi* 實事求是) implicated the strong emphasis on "seeing with his own eyes and hearing with his own ears", i.e. on practice.³⁹ Chen even uses the notion "Medicine embodies the [therapeutic] idea" (*yizhe, yi ye* 醫者意也) when explaining his cautiousness for the many individual circumstances a good physician had to consider in practice when deciding on a certain method to cure.⁴⁰ It also meant the adaptation of one's medical practice to the very specific situation, as such it can be seen as a leading "principle for action". The very notion of *yi* (also intuition, thought) as a necessary principle for good medical practice can be seen as part of his strategies for legitimising unconventional therapeutic approaches: He needed to be trustworthy for the readers as well as for his patients. The general increase in medical publishing, and the expansion of the range of subjects during the late Ming and Qing, evidences emphasis of "common knowledge" over "elite learning."⁴¹ This is partly based on the emer-

³⁷ Of course, the compilers of the *Qing shigao* had to choose only 97 physicians from about 10000 noted physicians.

³⁸ These physicians marked the epistemological shift from universal to local knowledge, paralleled by the political transition from centralized Qing-power in the 18th century to the rise of regionalism in the latter half of the 19th century See Hanson 1997, pp. 42f.

³⁹ See Elman [1984] 1990 on the development of the *kaozheng xue* 考證學 ("evidential search") scholars' programmatic movement.

⁴⁰ A physician always had to consider the nature of a patient (*bingren zhi xing* 病人之性), the patients' preferences in eating (hot or cold for instance), the seasonal circumstances in which a certain disease broke out etc. etc. See Chen Shiduo, "*Yi zhifa* 意治法" (Therapy-methods [according to the respective therapeutic] idea) in *Shishi milu* 石室密錄 [1691], *juan* 5, in *Chen Shiduo Yixue quan shu* [in the following CQS] 1999, p. 387. The notion of medicine being *yi* 意 can be found already in the *Hou Hanshu* 後漢書 82, p. 2735.

⁴¹ Widmer 1996, p. 79.

gence of a new fluid commercial society in 16th century Jiangnan-region, promising multiple channels to wealth –outside the civil service-system. The publishing industry changed into mass printing.⁴² This process made the “popularisation of medical instruction in Ming-Qing-China” possible. There are several reasons why a medical writer found himself in a situation where he had to cope with increasing competition: the above-mentioned flourishing print culture, the lack of any academic body “that could effectively set the norm for medical learning”,⁴³ the increasing focus on pragmatics and a clinical approach, the increasing numbers of unemployed licentiates (*shengyuan* 生員) by the time 1700.

Chen’s unconventional approaches appear at various levels. First, he structured his most well known book, the *Shishi milu* 石室密录 (Secret Records from the Stone Chamber) [1691]⁴⁴ along 182 different therapy methods according to various different variables such as the social status of the respective patient (rich or poor, deriving from the northern or the southern part of the empire etc.), the necessity of a fast or a slow therapy etc. etc. This way of structuring a medical work was quite new within Chinese medical writing, and partly must be seen as a kind of “sales promotion” as well: the book seemed to be designed as a handbook for the purpose of quick, easily accessible advice in many different emergencies.

Secondly, his explicit emphasis on the five phases paradigm for diagnosis and therapy throughout the book casts him somewhat in the role of an outsider since many outstanding thinkers put forward a harsh critique on this paradigm in his respective time.⁴⁵

Last but not least, his specific devotion to Daoism: it can be seen in connection with his concern for longevity practices but also with his political views, as explained above. It is important to note that books on longevity and immortality practices disappeared in late Qing

⁴² Ko 1994, pp. 35ff. refers to cheaper paper which lowered production costs, new fonts simplified woodblock cutting and craft specialization which facilitated the division of labour. People could easily buy books in the open market and build a private collection.

⁴³ See Leung 2003, p. 131.

⁴⁴ Chen framed this book by “masking” his explanations as sayings of the legendary sage within the *Huangdi neijing Suwen*, Qi Bo 岐伯, together with commentaries of Zhang Ji 張機 (142-220?).

⁴⁵ See Yin 1993, pp. 139ff.

times,⁴⁶ but especially two of Chen's works show that knowledge on these subjects had been incorporated in medical writings. In the following I shall focus on these writings.

IV

"Humans in this world, if without disease, are immortals (*shenxian* 神仙). This is because they can control their desires (*jieyu* 節欲) and make only minor mistakes, and therefore cause their body-self (*shen* 身) and heart (*xin* 心) in a quiet and calm (*tairan* 泰然) state, in no time at all they will find themselves in great joy (*lejing* 樂境) within the Cavern Heaven/heavenly grottos of immortals (*dongtian danqiu* 洞天丹丘), i.e. the cavern where there is no heaven and no earth, and it will be impossible for them to die."⁴⁷

The equating of humans with immortals of course can be seen as the notion of the ideal state of human life. But the notion of Heavenly Grottos clearly refers to Daoist thinking. It is well known, that Daoism in the Qing dynasty suffered from strong state control. Daoists were progressively marginalized, since the Qing rulers adopted the Neo-Confucianism of the Cheng-Zhu-School as the official doctrine. Daoists suffered their lack of moral authority and decreasing numbers, priests lived in isolated monasteries and came in contact with secular society only during the performance of religious services for individuals.⁴⁸

Chen's affinity for Daoism is evidenced by several elements:

First, one of his *hao* 號 is Zhu Huazi 朱華子 (meaning "Child of cinnabar flourishing"). Secondly it is said that he made a pilgrimage to the sacred mountain Emei 峨眉 (Sichuan)⁴⁹, this being one of the 5 daoist peaks, the western one. Third one of his books is titled: *Dongtian aozhi* 洞天奧旨 (Profound and subtle decrees from the Grotto-Heaven). Fourth several subtitles within his other works clearly indicate Daoist influence, as for instance the notion of "Birth through re-

⁴⁶ See Guo Aichun 1987.

⁴⁷ Chen Shiduo, "*Quan yi liu ze* 勸醫六則" (Six rules/ for the advice of physicians), in *Dongtian aozhi* 洞天奧旨 [1698?], *juan* 16, CQS, pp. 1132-1133. The term "Cavern heaven" means caverns beneath the earth, under the rule of the celestial-perfected, but peopled by terrestrial immortals and postulants for perfection. See Penny 2000, p. 123.

⁴⁸ See Esposito 2001.

⁴⁹ See the introduction to his *Dongtian aozhi* 洞天奧旨, in CQS 1999, p. 1016.

turning to the 'prenatal heaven'" (*Huitian shengyu* 回天生育) or "Search for the origin of 'continuation' and 'inversion'" (*Shunni tanyuan* 順逆探原).⁵⁰ He writes on breathing exercises (*tuna* 吐納) "expelling the old and taking the new"), serving to make people inhale refined vital *qi* while exhaling the impure *qi* for gaining long life. In connection with longevity techniques he explains the practices of "cultivation of perfection (*xiuzhen* 修真) through visualisation of the *dantian* 丹田 (one of the main inner loci of the person, the Cinnabar fields)⁵¹ which have to be nourished by the adept. He mentions women who are "born with immortal bones" (*tiansheng xian gu zhe* 天生仙骨者).⁵² Throughout, Chen mentions Qi Bo 崎伯, the "Heavenly Master" (*tianshi* 天師),⁵³ holding that it was him having transmitted his "transcendent" knowledge to Chen. This Heavenly Master very probably was Fu Shan 傅山 (1607-1684), the famous painter, poet and doctor from Shanxi, whose "Methods of the Immortals for Women's disorders" (*Nüke xianfang* 女科仙方) reveals *neidan* 內丹-practice.⁵⁴

Chen suggests that he knows about life without disease, he suggests that he knows the holy grottos –as a metaphor for the "ideal life"– personally. He suggests being close to the spiritual sphere, and he invites a large audience to participate in the quest for *dao*, through spiritual and moral discipline. Simultaneously, he somehow differentiates between those being –predisposed– towards attaining the state of a sage and the normal people, who are in strong need of "conventional" medical ailment.

He chose the notion of "healing the world through healing humans" as the aim of medicine, and he presented himself as a fated/chosen physician, as the one, who had no choice other than to become the one who saves lives and leads the fated ones to their true fate. His, so presented own destiny brought him to the Heavenly master (*tianshi* 天士), who in turn told him the mystery of real life, i.e. immortality. This –in some way transcendental– foundation of his writings posits him as

⁵⁰ See his *Waijing weiyan* 外經微言 [1800?], *juan* 1, CQS, pp. 5 and 7. Today only one single manuscript is left (Tianjin City library), which dates from circa 1800.

⁵¹ Simultaneously, he mentions medicine called "cinnabar of the immortals" (*xian-dan* 仙丹), "spiritual cinnabar" (*shendan* 神丹) throughout of his writings.

⁵² See his *Bianzheng lu* 辨証錄 [1687], CQS, p. 952.

⁵³ Simultaneously of course Qi Bo is a reference to the sage physician Qi Bo within the *Huangdi neijing*.

⁵⁴ See the discussion of this possibility in CQS, p. 1139.

acting only as a medium: not himself writing, but heaven. Herein lies the meaning of his emphasis on harmonizing the relationship between heaven, earth and men as the most important duty of a good physician.⁵⁵ Chen extensively wrote on therapies and *materia medica*. In all these writings⁵⁶ he put into practice his broad knowledge of classical Chinese medicine, here always relying on the body as a multiprocesural flowing being, which has its own inner regularities, reflecting the new state structure of the Chinese empire unified by the first emperor of the Qin Dynasty (221-206), and whose inner *yin* viscera as the five depots of *qi* and their connection with every other part of the body through the system of conduits (channels) were especially dwelled on as physical-mental-emotional spheres of influence.⁵⁷ Moreover, among his various notions on the duties of a good physician he strongly refers to Neo-Confucianism medical views (*ruyi* 儒醫) by focussing on *qiongli* 窮理 (the grasping of the principle) of every single creature.⁵⁸

Within the *Dongtian aozhi* 洞天奧旨 [1698?] and the *Waijing weiyan* 外經微言 [1800?] Chen alternatively presents *shen* 身 (body-self) as a short-time conglomeration of *qi-jing* 氣精 (essence *qi*) and *shen* 神 as a body, whose potential purpose is to transcend into the original state of cosmogony. Potential purpose - only because obviously not all were fated/destined. How could someone know about his potential predisposition towards becoming an immortal? Chen's reports of women who were born with immortal bones (*xiangu* 仙骨) give some hints for an answer to this question: Such women's menses are not regular, thus, he has to clear up the misunderstandings among "ordinary people", who would think, that such a situation would be a disease. In reality, he writes, such women are born with "immortal bones" (this being well known physiognomic evidence for being fated among Daoist teachings). If such women additionally do exercises (*lianxing zhi fa* 煉形之法)- they will attain transcendence (they fly up

⁵⁵ See for instance *Waijin weiyan*, *juan* 6, CQS, p. 39.

⁵⁶ But especially in the *Shishi milu* [1691] and the *Bencao xinbian* [1692].

⁵⁷ Such view is put forward in all medical works Chen explicitly refers to: *Huangdi neijing* *Suwen* 素問 (ca. 100 B.C.), the *Nanjing* 南經 (ca. 100 A.C.), Zhang Ji's 張機 (142-220?), *Shanghan lun* 傷寒論, Wang Shuhe's 王叔和 (ca. 300 A.C.), *Maijing* 脈經 [also *Maijue* 脈訣]. On the emergence of this view of the body see Kuriyama 1999.

⁵⁸ See *Dongtian aozhi*, *juan* 16, CQS, p. 1133.

–*feisheng* 飛升) within a single year.⁵⁹ This notion –among others– clearly indicates Chen’s “transgressional” approach. Physicians, as an integral part of society, conventionally had been important for finding remedies against childlessness, since fertility, not longevity was the conventional bodily designation of women in Chinese society.⁶⁰ The various notions of Chen Shiduo in favour of “cultivation” of one’s self of men and women, stand in clear opposition to these conventions.

The body-self (*shen*) within this discourse consists of the shape (*xing* 形), made of *jing* 精 and *qi* 氣, and the *shen* 神 (the spiritual aspect of the human being). This body simultaneously is a multiproces-sural flowing being, organized along the various generating and overcoming changes of the five phases, but the emphasis is on the three treasures *qi*, *shen* (spirit, vital force) and *jing* (essence)), and not on the visceral processes, so central to classical medicine, and as expressed by Chen himself throughout his writings. This body-image seemed to be drawn out of only a few strokes. Such extraordinary bodies, with the potential power of gaining immortality, require nothing more than calmness, the embrace by *shen*. This can be reached by knowing about the rules of *neiguan* 內觀 (insight meditation/inner contemplation),⁶¹ the visualisation and concentration, i.e. guarding the one (*shou yi* 守一).⁶² It also requires careful protection of the inside (*shen nei* 慎內) and the closing up of the outside of the body (*bi* 閉). Such a body-self should not hear anything, not see anything. Then he will automatically become perfect (*zheng* 正). *Neidan* 內丹 (Inner alchemy) aims to set the original *yin* and *yang* free from their corrupted counterparts and allow them to again follow their natural tendency. The main inner loci of the person are the three *dantian* 丹田 (Elixir fields, also translated as Cinnabar Fields), where the elixir forms and is nourished by the adept. The Three Fields are the *niwan* 泥丸 (Pill of mud) in the head, the *zigong* 紫宮 (Purple Palace) in the chest, and the *dantian* 丹田 proper in the abdomen.⁶³

The cosmogony as the chief example of the process “of becoming humans” ideally implies the task of achieving the state of “before heaven” (*yuan tian* 元天). The prerequisite for achieving immortality

⁵⁹ See the passage on gynaecology (*fuke* 婦科) in *Bianzhenglü*, *juan* 11, CQS, p. 952.

⁶⁰ See Furth 1999, pp. 44-45.

⁶¹ See *Waijing weiyao*, *juan* 9, CQS, p. 51.

⁶² See *Waijing weiyao*, *juan* 1, CQS, p. 5.

⁶³ See *Waijing weiyao*, *juan* 3, CQS, p. 21.

is the absolutely healthy *shen* 身, involving the person in general and the body as an individual identity. When the body (*xing* 形 (or *shen* 身 (body-self)) and *shen* 神 stay in complete perfection (*quanzhen* 全真), *shen* 神 and *jing* 精 (essence) are completely unified, then the state of complete perfection can be achieved.

Such body/selves are light and pure, without any desire, with the only aim of gaining the state of completeness, the *zhen ren* 真人 (perfected one's) are different from ordinary people, they live in the wilderness, without barriers of the civilization, in total harmony with the *dao*. Achievement of the utmost *dao* (*zhidao*) means transcending into the original state, in accordance with its fate, the *ming* 命 (the unique imprint received from Heaven at birth).⁶⁴

Obviously, within Chen's discourse of self-cultivation aiming for complete perfection, the human body of the canonical medical writings⁶⁵ is absent. This might be due to the notion of absolutely healthy bodies that are in no need of medical help, and this simultaneously indicating the ultimate purpose of Chen's aim. He establishes confidence in his ability as a physician by telling the reader that potentially he, the reader, might be a fated one. And therefore he had to follow the real rules of the path.

Thus, the difference between ordinary people, and the fated ones, lies within their bodies, and Chen has the ability to differentiate them.

The personal involvement against the Qing-aggressor; the personal experience of failing the examinations, the emphasis on "evidential research" in medicine, and last but not least the affinity to Daoist religious and alchemical practices posit Chen in a mere "transgressional" position, handling the conventional elite-medicine as well as overcoming it, by widening the limits of experience and conceptual framework.

Simultaneously: the incorporation of his writings in the Imperial Encyclopedias, posits him—at least posthumously—(he died in 1707, *Gujin tushu jicheng* was presented to the throne in 1725) in an excel-

⁶⁴ Chen extensively writes on the technique of "turning upside down", *diandao* 颠, which implies the investigation of the origin of *yin* and *yang*, i.e. to gain knowledge about the real rules of the origin. Whereas ordinary people would think that following the processes of *yin* and *yang* (i.e. being *shun* 順) would bring life, and the counterflow (*ni* 逆) would bring death, they would not know, that in reality the rules of "continuation and inversion", *shun* and *ni* hold that within the counterflow is life (*sheng* 生) and within the continuation (*shun*) is death. See *Waijing weiyao*, *juan* 1, CQS, pp. 5 and 6. On such "states of cosmogony" see also Pregadio and Skar 2000, pp. 186f.

⁶⁵ See footnote 57.

lent and honourable position, at least within the 18th century Chinese context.⁶⁶

Special books on longevity and immortality techniques in Qing-China⁶⁷ disappeared from the book market. But, at the same time writings on these respective techniques had been incorporated into the medical writings. Chen Shiduo can be seen as a prototype of physicians who switched without problem between the two different views of the human body and the two different visions of a new ideal state of the self.

The vision of a new self in Chen's case had much to do with his struggle for identity-construction of a professional, good physician. This again had much to do with his experience of contingency at the political and social level, which threatened his own existence. The recourse to old religious daoist visions of the body-self opened the possibility of manipulating the world through manipulating the self. This is the only connecting point with the above-outlined present-day vision of the eventual changeability of the person in the western hemisphere.

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⁶⁶ Remember that he has not been included in the section of "medical biographies" in the *Qing Shigao*, 1928.

⁶⁷ See Guo 1987.

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