

7-1-2012

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Recommended Citation

McBurney, Shilo h. Ms (2012) "Yin and Yang: The Physical and the Symbolic in Chinese Medical Practices," *Totem: The University of Western Ontario Journal of Anthropology*: Vol. 20: Iss. 1, Article 5.

Available at: <http://ir.lib.uwo.ca/totem/vol20/iss1/5>

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Abstract

Studying health practices within various present and past cultures is a valuable area of research, in part because they mark a point where the physical and the symbolic meet. Health practices serve a functional role by caring for the physical body, but they can also display various beliefs within cultures. In researching the multiple healing methods of a culture, it is important to question what values these practices have and what beliefs they represent for the culture, along with studying what physical needs they fulfill. How does the comprehension of medicine within a culture show the thought processes of people? This paper focuses on Chinese medicine, which is currently comprised of traditional techniques as well as modern medical care. By examining how the Chinese health system has changed over time, through diffusion from other cultures and self-growth, the shifting values and beliefs within Chinese society become apparent.

Keywords

Chinese medicine, public health

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Yin and Yang: The Physical and the Symbolic in Chinese Medical Practices

Shilo H McBurney

Introduction

Anthropology has struggled to find a correlation between the physical and symbolic aspects of cultures for many years now. There has even been a division between sociocultural anthropologists, who mainly study the beliefs and structures of cultures, and bioarchaeological anthropologists, who are primarily concerned with the physical and material aspects of cultures. The relatively new discipline of medical anthropology may find common ground between the two. It is valuable to study the health practices of present and past cultures, in part because they mark a point where the physical and the symbolic meet. Health practices serve a functional role by caring for the physical body, but they can also display the unique beliefs of a specific culture. The history of recognizing the value medicine has in understanding thought processes within a culture reaches back to anthropologists such as Claude Levi-Strauss, with his myth versus science arguments, and E. E. Evans-Pritchard, who studied Zande beliefs that were rooted in the body (Evans-Pritchard 1965; Levi-Strauss 1962). This paper focuses on how particular aspects of Chinese medicine have changed over time in order to attempt to examine how Chinese society has correspondingly transformed its values and beliefs. However, the symbolic importance of studying health practices within a culture is first discussed by employing Levi-Strauss' (1962) and Evans-Pritchard's (1965) theories. Early Chinese health practices and respective beliefs are then investigated, which includes a discussion of how they have changed to observe why and how key values have been

modified in Chinese society. By analyzing the transformation of Chinese medicine over time, it is possible to witness changes in Chinese beliefs and values, which creates a connection between the physical and the symbolic within a culture that medical anthropology is useful for investigating.

The Value of Medicine in Anthropology

As seen when studying Chinese health care systems, the medical practices of a society allow for a dual-perspective where both the beliefs and physical aspects of a culture can be examined. Studying medicine provides a view of intangible cultural processes, such as a group's comprehension of the world, which are rooted in the visible structure of the body. Medical practices are functional, providing care for the physical being of a person, while they also reinforce the beliefs and values of a culture. For this reason, medicine is an important area of research for anthropology, as it connects the symbolic and the physical.

Medical anthropology, as a relatively new discipline, is involved with studying how illnesses are spread across the world and what social and economic processes transform disease from one culture to another (Dressler 2001). As globalization increases, with rural groups migrating into urban centres and elevated amounts of chronic diseases, medical anthropology is becoming more important as an area of examination. It employs a two-tiered approach of studying how the environment and beliefs of a culture come together to affect the body; both the physical and symbolic need to be studied holistically to attempt to properly comprehend disease. Elevated amounts of chronic disease are connected to social stresses and cultural change. Thus to resolve issues of disease, anthropology is attempting to connect behaviour, the physical body, and cultural constructs (Dressler 2001). Anthropology

has struggled in this area for a long time, as all of these aspects form society and are very difficult to separate. Health practices consequently must be examined collectively and through individuals. Although individuals usually reflect the group mentality, they can share personal experiences that create a more holistic and detailed understanding of medical practices, which are a link between the body and culture (Dressler 2001).

Long before medical anthropology was considered a discipline, well-known anthropologists such as E. E. Evans-Pritchard and Claude Levi-Strauss were studying the different medical and scientific practices of cultures in attempts to examine unique modes of thought. Evans-Pritchard (1965) studied Zande witchcraft, which was considered to be the source, or control mechanism, for diseases; witchcraft was used to structure Zande culture. Acute illnesses were attributed to sorcery, while chronic illnesses were caused by witchcraft as the witch slowly consumed the 'soul of the organ' (Evans-Pritchard 1965). Locations of bodily pain were areas believed to have been shot by witches, while witch doctors were relied on to resolve these physical issues. How witchcraft was passed on from one generation to the next displayed Zande beliefs of procreation and biology: witchcraft is inherited, passing from father to son or mother to daughter. Azande believe that if the father's soul is more powerful, the child will be a boy, and if the mother's soul is more powerful, the child will be a girl (Evans-Pritchard 1965). Consequently, if the parent with a stronger soul is a witch, the child will unavoidably also be a witch. Witchcraft was further used to structure gender relationships: men were usually affected by male witches, while women were typically only affected by female witches, keeping both genders distinct in issues of health and disease.

Witchcraft was noted as a fundamental part of Zande society, as this form of health-related ritual displayed the underlying values and beliefs of Zande culture (Evans-Pritchard 1965).

Levi-Strauss (1962) focused on scientific perspectives of cultures as a whole, rather than specific medical practices. He recognized that myths and rituals were of equivalent value to science in collecting information about the world. He considered magic its own system that was distinct from science, not simply an inadequate form of science (Levi-Strauss 1962). Science and magic are two parallel methods for understanding and categorizing the world, and in different situations either can be more valuable. Both display the mental processes of a particular culture. The differences in the techniques and achieved outcomes of a ritual or scientific process reflect the variation between cultures. Ritual is used to structure patterns within cultures, whereas science primarily employs structure (Levi-Strauss 1962). Levi-Strauss (1962) recognized that Western science is not the ultimate form of logical understanding of the world, and that each culture's modes of thought have value and rationality in their own right. This reflects on medical practices too, as a form of science, as Western medicine is not always the best solution in every health situation. Various cultural practices are extremely valuable medically even if they are not considered as 'scientific' or as 'technological' as Western practices. China recognizes this, and maintains traditional medicinal practices along with integrating Western medicine into the health care system.

Anthropologists need to attempt to step outside of their own culture and scientific notions to properly understand medicine in other cultures. To adequately study health practices they need to be seen as a system of community, information, and

identity (Zhan 2001). Medical systems represent complex global interactions, thus they are constantly shifting and changing as new ideas are integrated (Zhan 2001). Studying medicine from an anthropological perspective can make people aware of different modes of comprehension and rationality found within other cultures, while showing that each has equal value. Aside from finding common ground between the physical and symbolic aspects of cultures, this is where the value of medical anthropology lies.

Ancient and Contemporary Chinese Medicine and Beliefs

The Beginning

Chinese medicine is considered to have begun around 2700 BC when Shennong, an emperor of legend, was in power (Ho and Lisowski 1997). He is famed for initiating the Chinese medicinal practices of acupuncture and herbs. Shennong is now understood to have been the period when medicine appeared and not an actual person (Ho and Lisowski 1997). While ancient inscriptions were found on bones in China which displayed knowledge of various illnesses, the first actual text on classical Chinese medicine was *Huang Di's Inner Canon of Medicine* (Jingfeng and Zhen 2003). Medicine, or *yi* in Chinese, meant 'a man who treats disease,' while *liquor* was defined as 'cures disorders,' and in the past it was thought to be the most useful medicine (Jingfeng and Zhen 2003). The *Inner Canon of Medicine* was comprised of two sections that articulated the key principles of Chinese traditional medicine: *Su Wen* speaks of Yin and Yang, the five evolutionary phases and medical care; *Ling Shu* provides information about acupuncture and moxibustion (Jingfeng and Zhen 2003).

In ancient China, a human was believed to be a small model of the universe

(Beinfeld and Korngold 1991). *Tao* was defined as the continuous whole entity of the universe, which people formed a small part of; a constant interaction occurred between humans and the environment around them (Beinfeld and Korngold 1991). *Ch'i* was the essential life force found in the body which was balanced through the opposite forces of Yin and Yang (Anderson 1992). When a person disrupted this balance, they became ill. Yin diseases were due to particular foods and habits, while Yang diseases were caused by evil winds, rain, cold, and heat (Anderson 1992). Everything in Chinese medicine was based on this fundamental relationship between the opposing notions of Yin and Yang and treatment was concerned with recreating harmony and balance within a person (Jingfeng and Zhen 2003).

The Chinese believed that everything in the world was controlled by the five elements of wood, fire, earth, metal, and water. Each of these elements was tied to a certain bodily organ, sense, and season and thus, in addition to Yin and Yang, they also played an important role in diagnosing and treating diseases (Jingfeng and Zhen 2003). This notion of the five elements also reinforced the deep connection the Chinese believed a person had with nature. In health practices, this meant that the relationship of an individual to their environment, including the season, was always considered. Disease was believed to be an imbalance between a person's inner and outer world, where external poisons could invade due to internal disharmony. There were eight guiding principles given to study the imbalances in a patient's energy that were rooted in opposites: Yin and Yang, cold and heat, deficiency and excess, and interior and exterior. These principles were employed with the four diagnostic notions of inspection, interrogation, listening, and palpation to diagnose the disease (Jingfeng and Zhen 2003).

Herbal medicine has a very long history of practice in China, with early pharmacology employing 730 categorized medicines (Jingfeng and Zhen 2003). *Bencao* was the name for ancient Chinese herbal medicine, which was a very complex practice that required a great deal of knowledge, preparation, and use. Creating drug forms was considered an actual art, as combining various herbs, of which plants, animals, and minerals are included, could have a potentially dangerous outcome (Jingfeng and Zhen 2003). By 2000 years ago, the healing techniques of both acupuncture and moxibustion were a well-established art form. Acupuncture described the process of employing needles, herbs, and force at 'acupoints'-particular places that responded to disease, and where *Ch'i* was transported to the surface of the body. Various needle lengths and shapes were utilized for different treatments (Jingfeng and Zhen 2003). Moxibustion involved applying burning moxa floss or other materials at acupoints or the source of illness. Both techniques were meant to fix a disruption in the system of movement within a person, which was considered the cause of the disease. Moxibustion and acupuncture were used to restore an individual's internal balance and harmony (Jingfeng and Zhen 2003).

From a Chinese perspective, disease was often rooted in anxiety about a lapse in morals, such as neglecting responsibilities to one's ancestors. This idea originated in the "Mandate of Heaven," a fundamental law of Chinese society that dictated that rulers must abide by moral rules, or destruction would befall China. The notion of morality was integral to Chinese culture, which in turn carried over to medicinal practices (Gallin 1978). Shamans, traditional Chinese healers, employed ritualistic medicine to deal with lapses in morality. The healing process addressed the physical issue, while the

responsibility taken by the shaman was therapeutic concerning the internal stress of the individual (Gallin 1978).

The ancient Chinese health care system was based on these shamans, who practiced both medicine and magic, which were inseparable. Eventually the position of court physician was created, but 'physicians' were considered very distinct from 'shamans,' introducing a dual-approach medical system (Ho and Lisowski 1997). However, unlike shamans, these physicians were traditionally of low-importance and status (Jingfeng and Zhen 2003). Shamans continued to provide ritual healing, called sacred medicine, where a lapse in morality is found and resolved. It was at this time that the opposition of secular and sacred medicine was introduced into Chinese health care (Gallin 1978).

The Present

Traditional Chinese medicine continues to have a fundamental role in the structure of Chinese culture, representing a long past of dealing with illnesses and working to improve health. However, information has increased with globalization, resulting in the introduction of many medical advances into China, while aspects of Chinese health care have in turn spread across the world (Jingfeng and Zhen 2003). The sciences and the arts never separated in China, as they both function under the same main principles, such as Yin and Yang (Ho and Lisowski 1997). Consequently, many healing techniques are still considered to be art forms as well as scientific processes (Beinfeld and Korngold 1991). Chinese medicine continues to be rooted in the notion of inclusive opposition: as diffusion occurred between the 'West' and the 'East,' China began to employ Western techniques alongside traditional techniques. The idea of the 'physical' and technological advances became important to

Chinese health care, but the notion of the 'unseen' and interconnected harmony was not abandoned (Beinfeld and Korngold 1991). Yin and Yang, the five elements, the eight principles, and the four diagnostic notions are still fundamentally used as the basis for Chinese medicine (Jingfeng and Zhen 2003).

Herbal medicine still plays a large role in Chinese healing, with the variation in drugs initially increasing through trade with other cultures (Jingfeng and Zhen 2003). It is occasionally used along with Western forms of medical treatment, such as to strengthen the body during radiation or surgery due to cancer (Beinfeld and Korngold 1991). Acupuncture and moxibustion are still very popularly utilized for all sorts of healing purposes (Jingfeng and Zhen 2003). This specific area of traditional Chinese medicine also displays the combining of modern technology with ancient techniques, as new procedures such as electro-acupuncture have been created (Jingfeng and Zhen 2003). Acupuncture and moxibustion are some of the more well-known Chinese medicinal procedures around the globe, and they are often employed in other cultures to treat illness.

The largest changes to Chinese health practices have occurred in the structure of the overall health care system, as traditional Chinese medicine has simply integrated Western biomedicine as another healing technique. Sacred medicine and ritual healing employed by shamans persist, mainly in rural areas, which continue to reinforce societal values and norms by finding the root of a health issue in a lapse of Chinese morality (Gallin 1978). Morality is still as important an issue in China today as when the Mandate first appeared in ancient times, with shamans still existing primarily to deal with this problem. The importance of morality to medicine also displays the need to study contemporary

Chinese medical practices within their historical context to attempt to achieve a proper understanding of Chinese beliefs (Gallin 1978). Treatment often functions as a sort of social therapy or release for the patient, as all of the responsibility is placed on the healer. There is also a focus on the patient, instead of the disease, which holds true for all Chinese medicine, which creates a sense of support and community in Chinese society (Gallin 1978).

Despite this, as the Chinese health care system attempts to combine traditional medicine with large populations, political systems, and Western medicine, changes have occurred. There have been increases in private hospitals and health insurance, along with a struggle to integrate large rural populations into the overall health care structure. These rural areas are the main proponents of traditional therapeutic techniques, as these practices are easily affordable in regions with higher poverty rates (Anderson 1992). 'Barefoot doctors,' peasants who are given minimal medical education, have been created in these large scale rural regions as part of a 'cultural revolution' to provide health care to communities. These doctors are a fast and cheap method to fulfill community health care necessities, as they stay within their locale (Anderson 1992). 'Red medical workers,' housewives trained as volunteer helpers, also play a role in providing medical aid. Patients from these rural communities only go to hospitals if local health care is not sufficient. The position of a physician has consequently increased in status through this medical hierarchy, as well as through scientific and technological advances. Interestingly, before a patient is hospitalized, they must choose between traditional Chinese or Western health care and changing one's decision is considered rude. If one type is ineffective, however, a patient is allowed to criticize the treatment

(Anderson 1992). While physicians have an elevated status, traditional shamans are well trusted by the community. With such large rural populations, traditional health care continues to be the primary form of medical treatment. It remains unclear as to how China will completely succeed at integrating traditional medicine with increasing modernization and economic issues (Anderson 1992).

Discussion

A Process of Change: The Transformation of Chinese Medicine

In discussing how Chinese medicine, and consequently Chinese beliefs, have transformed over time, it is important to note both why and how they have changed. Although Chinese health care has undoubtedly evolved through natural growth, it is arguable that diffusion from other cultures, in particular the 'West,' has had the largest impact in creating change. However, the diffusion is an exchange, as Chinese medicine has consequently spread all over the globe as globalization increases. Yet China has not given up faith in its traditional medicine, which is a source of Chinese pride and identity, especially concerning fundamental notions such as *Ch'i* (Anderson 1992). Health care practices continue to revolve around and incorporate environmental factors when diagnosing diseases due to the continued belief in the connection between humans and nature. Various social environments and natural conditions create a different treatment for each individual (Anderson 1992). *Ch'i* connects everything in life, meaning nothing is static or bounded and this carries over into medicine and health care, which are constantly changing. Just as the body cannot be separated from the mind, Chinese medicine cannot be separated from Chinese beliefs and society. This is part of the value

in Chinese healing, as a globalized world encourages feelings of unison and support. There is also an appeal in connecting nature and humanity as people begin to witness how their relationships with their ecosystems have affected the environment (Beinfeld and Korngold 1991).

In China, the integration of biomedicine did not create the same reaction as it did in the 'West' (Ho and Lee 2007). This is partly due to trying to adapt a rather traditionally structured system to modern processes, but it is primarily argued that Chinese beliefs are the cause of this difference. Issues of morality, especially when dealing with the family, often affect health care procedures (Ho and Lee 2007). Family connections are extremely important in Chinese society, compared to often more individualistic Western societies. This creates unique cultural and moral requirements, which affects medical decisions and economics (Ho and Lee 2007). A family lives in harmony when rituals and responsibilities are fulfilled, but if an imbalance is created this can, in turn, affect an individual's personal health. The family is relied upon to make all fundamental medical decisions, and the patient is simply meant to follow orders with the only exception being when there is internal strife within the family, in which case the individual must be considered (Anderson 1992). This aspect of Chinese health care and the Chinese medical system illustrates the value people in China place on family relationships and the certain moral codes that they must abide by.

Although the Chinese medical system has undoubtedly transformed as time has passed, it has managed to maintain a fundamental traditional structure of beliefs while incorporating new technology and ideas, mainly from the 'West.' It is necessary to understand Chinese modes of thought to properly understand Chinese

health practices, as key Chinese values are still the basis of medical practices. China has a very unique society, which has impacted how its medical system has changed (Ho and Lisowski 1997). In analyzing Chinese health care within its own cultural and historical environment, cultural studies of Chinese medicine have exceptional value in observing the process of cultural change (Gallin 1978). When examining how Chinese beliefs and medical practices have changed over time, it is not immediately apparent that differences have occurred. China has managed to maintain many traditional aspects of health care, from medicinal treatments to shamans, which continue to be based on fundamental beliefs in Chinese society such as morality and harmony. However, China has integrated many aspects of Western medical practices into the entire health care system which has resulted in wide-spread changes, such as a dichotomy between primarily traditional practices in rural regions and mainly modern medicine in urban areas. Consequently, Chinese beliefs have been altered concerning the ability to accept the foreign and unknown as plausible treatment options. Increased value is also placed on the scientific and technological within medical practices, while there is a slight move away from focusing on the 'unseen' portions of medicine, including elements such as *Ch'i*, which were the basis of traditional Chinese health care. Instead, more emphasis is placed on the physical and visible, resulting in the inclusion of Western procedures which focus on treating this side of illness. Due to the fundamental role of traditional medicine in Chinese society, which is seen as a source of cultural identity and pride, ancient beliefs and techniques were not eliminated, but rather continue to co-exist beside the newly integrated modern practices. This approach is fitting, as Chinese beliefs are primarily structured on

the notion of opposites, such as Yin and Yang or internal and external. It is arguable that this opposition is the basis of the entire Chinese medical system as well: secular and sacred, modern and traditional, and Western and Eastern techniques. While providing this dual-approach, the Chinese health care system successfully integrates both contrasting elements together in relative balance to provide a sense of harmony in Chinese society.

Summary and Conclusion

While the medical practices within this study allow a glimpse at the underlying structure of beliefs in China, they only begin to touch upon the broad and intricate Chinese health care system. Chinese medicinal techniques, including herbal remedies, acupuncture, and moxibustion, show fundamental underlying values in Chinese society, such as maintaining harmony and acknowledging nature. The Chinese health care system displays current societal structures within China, as it is affected by the large rural populations and economic processes. Both Chinese medical practices and the overall health care system have transformed over time, partially due to self-growth, and partly due to the integration of new information from other cultures. However, China manages to keep a careful balance of traditional medicine and technological advances, allowing fundamental ancient Chinese beliefs to retain a large role in society. With increasing globalization and scientific practices, it is unclear how Chinese health care will proceed into the future. One can only hope that China can continue to maintain a harmonious system rooted in important beliefs which connect all Chinese society. Early anthropologists such as Claude Levi-Strauss and E. E. Evans-Pritchard realized the importance that science and medicine played in understanding different cognitive

processes between cultures. As a result, with the creation of medical anthropology as a discipline, medicine is now widely recognized as a fundamental area of cultural study. Chinese medical practices are fundamental to Chinese culture, providing a tie between the physical and the symbolic, tradition and modernity, and the rural and the urban, keeping China in a constant state of balance. Linking all of China like *Ch'i* connects the world, medical practices are clearly an important area of anthropological research, as they can portray the main values and structures underlying a culture.

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