

# **Zhiweibing (Preventive treatment of disease) and qi: Taking the practice of Qigong in contemporary China as an example**

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**Abstract:** This paper takes the Qigong practice in contemporary China as the research subject, and attempts to analyze the *zhiweibing* (preventive treatment to disease) process by focusing on individuals' bodily feelings and experiences that are often overlooked in Qigong research. In analyzing these feelings and experiences, this paper uses the "embodiment" research paradigm in cultural anthropology as a theoretical framework to describe the interaction between Qigong instructors, students, and the teaching venues. This paper proposes that the Qigong way of *zhiweibing* involves observing/ perceiving *weibing* (prior to disease), constructing *weibing*, and finally achieving *zhiweibing* through personal feelings and experiences. During this process, "qi" and "*zhiweibing*" are realized almost simultaneously through one's body, while the changes in attention, feelings, emotions, etc. during and after Qigong constitute an important element of this bodily experience.

**Keywords:** Qigong; *zhiweibing*; bodily experience; embodiment

## **Zhiweibing in contemporary China**

*Zhiweibing* (治未病) is generally translated as "preventive treatment of disease" or "treating prior to disease" and discussed in the context of traditional Chinese medicine (TCM hereafter; see Duan 2018; Li *et al* 2019). *Zhiweibing* is a recurring concept in this article. However, its translation and definition are problematic. Even in the textbook of *zhiweibing* (see Sun and He 2010) used by university students of TCM in China, there is no clear definition of *zhiweibing*. It is only mentioned that the so-called *weibing*(prior to disease) that needs to be treated is a relative concept; it is a vague state which cannot be defined as either "sick" or

healthy. Therefore, rather than using the English translation, I will use the transliteration of the Chinese term, providing explanations or tentative translations depending on the context, as no general translation can fully convey the meaning. *Zhiweibing* was originally mentioned in the *Yellow Emperor's Canon of Internal Medicine (Huangdi Neijing<sup>1</sup>)*: “Top physicians try to cure not fully manifested illness but those which are still obscure.” However, the ideas of “treating disease before it occurs or develops” can be observed even before the edition of this book. According to Chapter 16 of the *Heguanzi<sup>2</sup>*, written roughly 2,000 years ago, when Marquess Wen of Wei asked Bian Que<sup>3</sup> about the medical skills that he and his two brothers possessed, he replied: “My eldest brother can see illness before it occurs and help get rid of it before it manifests, so his reputation does not go beyond the family. My older brother deals with illnesses at their early development stage, so his fame stays within the neighborhood. As for me, I treat with needles, lancets, drugs, and herbs when the patient is visibly suffering. Therefore, I am known among the feudal lords.” Although Bian Que did not mention the word *zhiweibing* or *weibing*, but the ideas of “treating a disease before it occurs or develops” indicated the ancient Chinese understanding of “treating (*zhi*)” and the “physiological aspect of one’s body prior to disease (*weibing*)”.

In contemporary traditional Chinese medicine, *zhiweibing* is seen as a separate theoretical system, composed of three primary elements: (1) prevention of diseases via precautionary measures; (2) prevention of diseases worsening; and (3) prevention of relapse (Duan 2018; Sun and He 2010). Based on this theoretical understanding of *zhiweibing*, the body with *weibing* state can also be divided into three types: (1) a healthy body, (2) a sick body, and (3) a body recovered from illness. Thus, having or not having a disease seems to be an irrelevant factor, because everyone can have a body with a *weibing* (prior to the disease) state, and everyone needs *zhi* (treating), in order to keep or improve that state. It is difficult to theoretically distinguish between *zhiweibing* in TCM and the concept of preventive healthcare or preventive medicine in the biomedical system, which is aimed at containing the development of disease through external intervention (Lucas and Gills 2003).

Since 2008, the National Administration of Traditional Chinese Medicine has been promoting the “*Zhiweibing* Project” throughout the country, and TCM hospitals at all levels have opened *Zhiweibing* Departments. In addition, the “Traditional Chinese Medicine Service Development Plan for 2015-2020”

issued by the State Council in April 2015 established *zhiweibing* health intervention in all types of medical centers, both modern “Western” and TCM.” However, since the theoretical and practical aspects of “treating” (*zhi*) in TCM are not as clear as the diagnosis and treatment procedures in biomedicine, the concept of *weibing* is rather ambiguous, implementing *zhiweibing* in modern hospital systems therefore creates chaos between the traditional Chinese and biomedical systems when it comes to disease classification, given their differences in the treatment process (Yuan 2016). Therefore, in order to understand the role of *zhiweibing*, a focus on how it is actually practiced becomes the key.

### ***Zhiweibing* and the practice of qigong**

Although the meaning of *zhiweibing* is close to the practice of *yangsheng* (“nurturing life”) analyzed by the anthropologist Farquhar and philosopher Zhang (Farquhar and Zhang 2012), there are no corresponding treatments. According to field and literature research by Farquhar and Zhang (*ibid.*), in contemporary China different forms of *yangsheng*, such as qigong, dancing, singing, jogging, and kite flying, have been developed. Even “English learning” can be considered a kind of *yangsheng*. They argued this phenomenon corresponded Lao Tzu’s and Chuang Tzu’s thinking of “Ten thousand things,” which they used as title of their book. These practices, after gradually being integrated into everyday life, will be embodied as “happiness” or “well-being”. *Yangsheng* and *zhiweibing*, though, are different from “disease treatment” or “rehabilitation” in biomedicine, in that biomedicine relies on one or more fixed methods to achieve “treatment” or “recovery.” Instead, they are embedded in diversified bodily practices, and experienced by the bodies. Yet, Farquhar and Zhang did not explore the detailed embodiment process of various practices of *yangsheng*. Similarly, Mol (2002), who conducted long-term and detailed fieldwork in a hospital in the Netherlands, noted that, in the case of atherosclerosis, the diagnosis of it appears to be multiple because of different diagnostic practices (laboratory, clinical manifestations, etc.), and often there may be inconsistencies between different cases of atherosclerosis due to the different diagnostic methods. Namely, even under the strict disease classification system in biomedicine, diseases do not always appear to be the same, for they rather depend on the practices. Searching for direct correspondences with conceptualizations of “disease” and “treatment practices” in biomedicine is not enough to understand and describe the meanings of *weibing* and *zhiweibing* under the context of TCM. More importantly, it is necessary to analyze how these

kinds of treatments are generated, transformed, and finally realized as *zhiweibing* from concrete practices of it.

The Chinese bodily technique -- qigong -- is one of the many ways to practice *zhiweibing* (Sun and He 2010). Nowadays, qigong is not only an important part of TCM, but also a way of practicing traditional *yangsheng*, thus naturally becoming a major means of promoting and practicing *zhiweibing*. Since the 1950s, when Liu Guizhen (1955) summed up the various physical techniques during ancient times and established qigong therapy, qigong has always played a role in clinical treatment as a kind of TCM therapy.

Qigong was once widely suppressed, especially during the Cultural Revolution from 1966 until 1976, as it was considered a feudal superstition. After that, Gu Hansen and Lin Housheng (1978) published research results on external *qi* through qigong that claimed it was possible to have materialized and objective measurements of *qi*, allowing qigong to no longer be considered superstitious. Later, with the support of famous scientist Qian Xuesen,<sup>4</sup> qigong became the main research subject in “somatic science” (Qian 1981). In this way, qigong has evolved from its original form as a treatment method in TCM to a practice that can be supported by natural sciences like physics, that has universal values, that can usher in a scientific revolution, and that can be applied to fields such as medical care and physical fitness. Against this backdrop, a social phenomenon was born in the 1980s, and this “qigong fever<sup>5</sup>” continued through the 1990s, becoming a national qigong wave. At that time, it was estimated that about 60 million to 200 million people participated directly or indirectly in qigong practices (Palmer 2007). Although there was chaos during the development of qigong due to a lack of unified standards in both the theory and practice, qigong was supported by both Chinese government and popular groups until the “Falun Gong”<sup>6</sup> emerged (Palmer 2003, 2007). In order to resolve the chaotic situation during the “qigong fever,” the government sought to clean up and institutionalize qigong, dividing it into two categories: (1) “Health Qigong,” which was managed by the General Administration of Sport of China to ensure the physical fitness of the whole nation and comprised of nine classic traditional exercises and (2) “Medical Qigong” for clinical treatment overseen by the National Administration of Traditional Chinese Medicine of the Ministry of Health. For “Medical Qigong”, the government issued the Interim Provisions on the Management of Medical Qigong and the Interim Measures for the Examination of Medical Qigong Knowledge and Skills in 2000 and 2003, respectively, which

established the qualifications necessary for medical qigong clinicians, however, these decisions were not formally implemented for various reasons (*Beijing Chenbao*, 2013). In other words, there are no medical practitioners in China who have the qualifications to legally use medical qigong in clinical conditions, which means qigong, born as a treatment method, is caught in the dilemma of losing its function of clinical treatment. By comparison, *zhiweibing* can revive the original function of qigong, i.e. healing, and the difference is that the subject of treatment changes from “disease” to a broader concept—*weibing*, disease that has not yet occurred.

Qigong is a concept that has gone global, and other concepts such as “*zhiweibing*,” “*weibing*,” and “*yangsheng*,” are also trying to go global. For instance, in 2019, the Shanghai Qigong Research Institute cooperated with medical units in Japan to establish the Qigong Center for Yangsheng and the Weibing Center (*Nikkan Shinshuunan*, 2019), and the practices of *zhiweibing* and *yangsheng* have gradually become the slogans and taglines for the promotion of qigong in China and other countries.

### **Bodily experience in qigong practices to achieve *zhiweibing***

Since the 1990s, the social sciences and the humanities have paid unprecedented attention to the body. In the process of studying the body, scholars in the fields of anthropology, psychology, political philosophy, history, and philology have gradually expanded their focus from dualisms such as body-mind, meaning-behavior, and individual-group, to include “embodiment” that breaks through these dualisms (Farquhar and Lock 2007). Although embodiment is now widely used in modern sciences, such as cognitive science and artificial intelligence, its original theory has its roots in philosophy, especially phenomenology led by Husserl (1950), Heidegger (1962), and Merleau-Ponty (1962). From Heidegger’s “being-in-the-world” to Merleau-Ponty’s “lived body,” discussions within the field of phenomenology are all designed to overcome and transcend the subject-object and mind-body dualism thinking mode that has long dominated various academic fields.

As mentioned before, *zhiweibing* can be seen as a unique healing process, and qigong is one of many ways to achieve healing through bodily practices. Csordas(1990),as an anthropologist who spent a long time on religious/folk healing, proposed that “embodiment” should be regarded as an anthropological research paradigm. He used this paradigm to conduct in-depth research and discussions on Catholic healing

rituals (exorcism) in North America, which gained widespread attention in the fields of cultural anthropology, psychology, sociology, and religious studies. Csordas did not interpret the special experience that emerges after religious treatment from the usual viewpoint of religious texts, or the structure of rituals, or by relying on theories and concepts in psychology. He inherited and further developed the ideas of Merleau-Ponty, starting from the individual's body, and focusing on the detailed descriptions of the "pre-culture" and "pre-object" bodily experiences of feelings, kinesthetic sense, emotions, and imagination to capture how "culture" and "objects" are constructed by the body (Csordas 1994a, 8). He pointed out that culture is rooted in the body and proposed the "somatic modes of attention," or a specific way of analyzing the bodily experiences in the healing process. This means that, based on the interaction and inter-subjective experiences between one's own body and others' bodies, culture arises from the patterns of "attention with the body" and "attention to the body." A genuine description of the pattern of "attention to the body" captures moments of bodily experience and the cultural construction of the body, which casts light on how culture constructs the body and is created in the body (Csordas 1994a; 1994b; 1993).

Similarly, Yu Shunde (2008) discussed culture by using cultural bodily experience as a core concept. He suggested that the meaning of an object does not come from the existing culture but is embodied in the action of feeling the object to its details, because our body, as the subject of the experiences, has different perceptions of categories, such as in-body and out-of-body. The meaning of objects is learnt from the experience and interactions with what is built into the environment. Therefore, the meaning of things does not come from the existing culture but is embodied in the actions of feeling an object to its details through bodily experience. Thus, both the building of the research about healing (Csordas 2002) and the development of "the meaning of things" put forward by Yu are inseparable from the realization of bodily experiences. Here, I will argue that the same is true in the case of *zhiweibing* through qigong.

In addition, Japanese philosopher Yuasa (1977) pointed out that the concept of the body in East Asian culture is a practical issue related to life experiences and is concerned with how the relationship between the mind and the body evolves through cultivation, rather than what the relationship is. Yuasa (1986, 1991) provided many detailed theoretical considerations on the experiences of *qi* and qigong, discussing these experiences by using existing frameworks, such as Jung's synchronicity theory and the results of

natural scientific experiments. In contrast to Yuasa's theoretical discussions of the Eastern body from the perspective of *qi*, some anthropologists carried out empirical research on the part of bodily experience brought by qigong (Otz 1994, Hsu 1999, Murakawa 2002, Carson 2015). Unfortunately, their research mainly focused on either students or instructors of qigong and the interaction between them, so the description of the learning process and the environment is still insufficient.

On the other hand, it is insufficient if we merely understand qigong from its "healing" aspects. In fact, from my field data and according to ethnographic description on qigong (see Chen 2003; Carson 2015; Hsu 1999), I found that the "healing" always relies on mastering bodily skills of qigong. From this perspective, Ingold's (2000) point of view may give us some inspiration. He pointed out that skills acquisition (enskilment) cannot be simply understood as inheritance but as a process of inter-subjectivity and interaction with the environment. In qigong practices, this environment refers not only to the external environment but also the internal environment of the body. The external environment includes the material and cultural environment, while the inner environment includes feelings and emotional changes. In other words, observing the process of enskilment can also be analyzed as a detailed description of the interaction processes between these "environments."

Moreover, since the central role of embodied memories and imagination in the healing process of religious treatment has been examined, particularly in anthropological studies with a phenomenological approach (Csordas 1994, 2002; Good 1994), and the core of qigong—*qi*—is invisible and not yet proven as an existing material by scientific research, I will argue in this article that the way to feel it as a "real" experience depends not only on the senses and bodily perceptions but also on memory and imagination. Therefore, I will focus on the senses and bodily perceptions that were emphasized as central in the production of culture (Howes 2004; Pink 2009).

Also, imagination in the field of anthropology is often used as a template to link practice and thinking, and shows how imagination limits experience, however the notion of "technologies of imagination" that presents the imagination in processual terms (Sneath, Holbraad, and Pedersen 2009) is helpful to analyze the enskilment of *qi* and *zhi* that emphasized the importance of process. Meanwhile, according to Csordas's (1994) research of charismatic healing, embodied memories always interact with imagination and contribute

to the efficacy of healing based on bodily practice. In other words, embodied memories gained from bodily practice of healing can be seemed as conditions that make imagination happen. In this research, this finding suggests that generation of *qi* and the process of *zhi* can be described more clearly by analyzing the interaction of embodied memories and imagination.

In addition, although qigong is basically a personal practice, experiencing *qi* and achieving *zhi* cannot be considered as an “enclosed” process. Therefore, in this research, I will see them as “practices of feeling with the world” (De Antoni and Dumouchel 2017), which integrate bodily sensory perception, emotions and affects into a broader “feeling,” and focuses on correspondences between bodies and material environments. These approaches that focus on the body, and especially on enskilment, the senses, memories, and imagination based on bodily experience will be taken to have a comprehensive understanding of (1) the process of constructing *weibing*, and (2) the process of achieving *zhi* by practicing qigong.

### **Fieldwork on qigong: The Shanghai Qigong Research Institute**

This paper is based on my specific type of participant observation in the qigong courses taught by S, which also take the ethnographer’s perception and experience into account (De Antoni and Cook 2019; Yu 2008). S is a faculty member at the Shanghai Qigong Research Institute, and field data was collected by informal/formal/collective interviews. The Shanghai Qigong Research Institute is currently the largest qigong research institution in China and is a subsidiary of the Shanghai University of Traditional Chinese Medicine. Some of its researchers conduct qigong courses throughout the year. I graduated from the Shanghai University of Traditional Chinese Medicine and have basic knowledge of TCM, meridians, and acupoints. I also served as an assistant to the instructor and handled students’ queries. After classes, I actively participated in the class group chats on WeChat and paid attention to the interaction between the students and the instructor in terms of various practicing experiences after class.

### ***Weibing* and *zhiweibing* in qigong experiences**

S, a TCM physician, has 18 years of experience in qigong practices and more than 10 years of teaching experience at the Qigong Research Institute. As a young, frail person who suffered from a variety of illnesses (in S’s original words: weak constitution; becoming tired easily; usually hot and sweating<sup>7</sup> palms and soles; thin body; frequent sore throat; pessimistic; introverted and lacking self-confidence), he graduated



from the local TCM university, but this did not help him use TCM to improve his health. Nevertheless, as someone who experienced “qigong fever” in high school, S had always wanted to improve his physical fitness by practicing qigong. However, due to the sensitive status of qigong, he was not able to pursue it properly during his university years. After one year of sales work, S applied for a master’s study in the “Yangsheng and Rehabilitation” major, which had been set up at the Qigong Research Institute. Given his earlier disappointment at former university, he did not place all his hopes on attaining health through qigong. Instead, he decided to “give it a try” and completed his graduate studies and get a license of medical doctor. During this period, while studying hard and examining all sorts of qigong practices, S became a disciple of “*Huichun Gong*” (a type of qigong in Taoism) and practiced daily. S started with the “dynamic qigong practice” using fixed routines. He felt that such body-stretching moves could help relax the body, make fingers feel numb and swollen, and make the body feel warm and soft, which S believes is the so-called “*qi* sensation” in qigong. As S progressed, he started to include some static qigong practices, such as sitting meditative and standing postures, and as he felt his body becoming more flexible, he had a clearer perception of his body and could sense certain vitality inside it, which S calls the “inner *qi*.” Several years of practice enabled him to feel a deepened sense of *qi*. At the same time, S was surprised to find that his bodily and mental states also improved significantly, which was reflected by the fact that he no longer had hot hands and feet or frequent swelling and pain of the throat, he put on some weight, and his body became significantly more flexible. In addition, S believed that his introverted personality with frequent pessimism and disappointed views due to his poor constitution changed, and his social interaction ability improved after his physical fitness improved. His experience with qigong raised S’s confidence in qigong’s facilitating role in self-health management. Even though he is healthier than before, S keeps practicing to further improve his health. Now, S pays more attention to the experience of *qi*. He reads ancient literary works and poems on the “practice” experience and believes that continuous practice can make him feel at one with the ancients from the perspective of bodily experience.

M is a student in S’s qigong class who has studied qigong for more than two years. Three years ago, he was diagnosed with nephrotic syndrome with symptoms of whole-body fatigue, swollen lower limbs, loss of appetite, etc. He was hospitalized and treated with diuretics, after which his symptoms alleviated slightly.

However, due to concerns about the side-effects of western medicine, M went to a TCM hospital with the hope of a cure via TCM. However, according to M, the TCM doctors included an excessive amount of aconite in his prescription. After taking the medicine for a while, his condition worsened instead of improving. M was thus very disappointed with TCM and no longer believed in traditional therapy. Coincidentally, M saw the unique moves of the practitioners of Guo Lin new qigong (a kind of qigong designed to treat cancer) while walking in a park, which sparked his interest in qigong. After observing them for about a month, M found that although they were practicing a set of seemingly boring body movements, they did not get bored and practiced for five hours a day. M could not help but ask those practitioners about their reasons. After learning about the magical effect of qigong practice on the malignant tumors in the body, M began to recognize that qigong had no side-effects like drugs and that, if it could cure such a disease like cancer, it may improve his conditions as well.

After several classes of learning qigong, M felt no change in his condition and did not feel any *qi*. Instead, he felt some pain in his knees and lower back after practicing. However, remembering those people in the park who practiced for more than five hours a day, M decided to practice for one hour every day for one month to see if there would be any improvement in his condition and then decide whether to stick to the routine. After two weeks of classes and practice after classes, there was still no obvious improvement in M's nephropathy symptoms, but M found that his insomnia, which had bothered him for more than 30 years, was better. Therefore, M decided to add one more hour of exercise time every day. After three months, although M still could not feel the *qi*, all his symptoms disappeared, and the results of biochemical examinations showed that the urine protein, plasma albumin, and other indicators had returned to normal.

Then he became less diligent in practicing and discontinued his daily practices after class. Four months later, M suffered a relapse. With the recurring symptoms, M reflected on his negligence and decided to persist in practicing for three hours every day. At the same time, M's attitude toward qigong changed from "giving it a try" to "real determination to study hard." When I last saw M, his symptoms had disappeared again, but M had not cut down on his practice. He even said that he could now feel *qi*. When practicing, he could feel the warmth moving under the skin, first at the fingers and then the inner side of the forearms; sometimes when he was in this "state," his body would involuntarily lose control of consciousness, as if it

was led by a certain force.

Although such feelings occurred randomly, the frequency of its occurrence increased with practice. Now, all his physiological indicators show a normal level, and he recently found that his hands and feet no longer feel cold in winter, and he feels warm even if he wears less clothing than usual. Even so, he said that he would not interrupt the practice again regardless of whether there is a relapse or not and considers this as his lifelong commitment.

When we look at instructor S and student M's cases, we can see that although they have completely different purposes, motivation, and expectation for practicing qigong, a similarity is the feeling of *qi*, which is always changing and accompanied with the process of this practice. The bodily experience of qigong practice also makes *zhiweibing* no longer a fixed and eventually "cure" process, which is a common process of treatment, but becomes dynamic and has no specific indicator of an "end".

S studied TCM in the university with the hope of achieving *zhiweibing* (enhancing physical fitness) but, disappointed, he entered the world of qigong, participating in qigong practices to master various exercises and routines. First, S could observe some manifestation of *qi* on his body and was surprised to find that practicing qigong had some good effect on his body. Instead of stopping after meeting the goal of fitness improvement, S became even more determined in practicing qigong. For S, at that time *zhiweibing* did not mean to treat his body with weak or insufficient energy anymore, but to improve his body to a higher level of fitness. This indicates that the perception of *qi* and process of *zhiweibing* were simultaneously embodied in S's body through the practice of qigong. During this process, S's attention to the feelings (relaxation, numbness, softness, the sense of vitality in the body), emotions (from disappointment to surprise), as well as the qigong's environment (Qigong Research Institute, the lineage of *Huichun Gong*) entangled together, this helped S to catch more feeling of *qi* through qigong. Meanwhile, the meaning of *zhiweibing* becomes flexible, not just a method that can be discontinued after the problem is resolved but rather a continuous process of practice and skill development of "feeling *qi*" in order to maintain or improve the health condition.

Unlike S, M started learning qigong for the purpose of treating his disease. After M began practicing qigong, he felt pain in his back and knee joints that he had never felt before. This shows that his attention was led to the feelings inside his body by qigong and "the confirmation of the efficacy of qigong, although

it may also be interpreted that the qigong exercise was straining his back and knees. Whatever, attention to the body provided him with the basic conditions for feeling *qi* later. The feeling of *qi* happened after M experienced the recurrence and disappearance of symptoms. He realized that it requires long-term practice to achieve the disease-containing effect of qigong. By this point, M was not obsessed with an immediate therapeutic effect but was more concentrated on his bodily feelings, which helped him experience more feeling during practice. The interweaving of these feelings was exactly the foundation for M to build his *qi*. Additionally, I noticed that M had several ups and downs of attitude and emotions during his practice experience: from his disappointment in TCM treatment to his curiosity about qigong's curative effect; his subsequent decision to try to learn qigong; the improvement of his insomnia and his decision to practice seriously; his neglect of the practice after the disappearance of symptoms; his reflection on his carelessness and decision to practice again in earnest after his symptoms recurred; and finally, after the disappearance of his symptoms, his continuation of the practice and feeling of *qi* that he had never felt before. We can thus infer that, before the symptoms disappeared for the second time, M was practicing for "treating the disease" (the practice was stopped after he thought the illness was healed), and later he practiced for *zhiweibing* (he continued the practices even after the symptoms disappeared). In the case of M, the feeling of *qi* did not come along with "treating the disease" but with *zhiweibing* from qigong practices.

### **Qi as the channel to perceive/feel/treat *weibing***

The examples of instructor S and student M show that there is a very close relationship between *zhiweibing* in qigong practices and the feeling of *qi*. If so, how does the feeling of *qi* emerge through qigong?

Although S was slightly resistant to current version of official qigong which emphasizes the standards for movement and lacks focus on the meaning of *qi*, he believes that, with a fixed routine, it is harder to develop "qigong deviation"<sup>8</sup>. Therefore, his teaching is still mainly based on standard qigong exercises and some exercises belonging to his school that he adapted. He also selects individual postures for intensive training to enhance the *qi* sensation (for example, various fixed postures to practice the "standing qigong" exercises). However, even while teaching the routines of qigong, S emphasizes the position and feeling of *qi* while demonstrating the moves. For example, at the beginning of one of the most common forms of qigong, when opening the left leg to shoulder width, slightly lowering the knee joint, and placing

the two palms in semi-circular shape in front of the lower abdomen, S would ask students to maintain this position for a while in order to feel the *qi*. When doing this, S emphasizes stretching out the body while remaining relaxed. Specifically, it means to leave a circular space between the arms and the legs, creating a void that *qi* can freely fill and where it can flow. He would refer to a Taoist principle to explain why the outline of the body should be shaped like a circle. “Like water flowing to the lower part, *qi* has the characteristic trait of a vacant flow, leaving enough space for the *qi* to flow in and out and move around.” Every time S demonstrates these movements, he would use words such as “warm,” “filled,” “exploding,” “flowing,” “it seems to exist and not exist,” and “like holding a *qi* ball” to describe his feeling of *qi*. At the same time, he also does not avoid using words such as “imagination” or “suggestion” to guide new practitioners to focus their attention on the inside of the body to try to capture this feeling.

In addition, S believes that relaxation is also an important condition for building *qi*. He explains that, after the body relaxes, tissue cells and organs will give *qi* enough space to gather and flow. Therefore, when demonstrating the body movements of qigong, such as stretching outward and twisting or swinging the body, S always asks the students to pay attention to “relaxation” and the “rounded outline.” Even the stretching and twisting of the body muscles, or deliberate body swings, are aimed at better relaxation (what S originally said was that tightness leads to looseness and softness leads to looseness). S requires his students to pay attention to the outline of their body that relaxes after a moment of tension. In order to deepen the feelings of relaxation, S asks the students to add some techniques, such as breathing in when the body is stretched to the extreme and exhaling when the muscles are fully relaxed after the stretch.

While teaching standardized qigong with fixed routines, S also extracted some of the exercises using the 12 major meridians of the TCM meridian theory and created a qigong routine comprised of 12 movements. Each movement represents a relatively complete route of a major meridian. The projection of the 12 major meridians on the body surface and their pathway and direction can be felt when the palm of the hand is going over the body and sometimes when it is touching the skin directly, or it can be similar to the pull experienced when stretching, twisting the wrists or arms, or bending the back. While leading the students to practice this set of exercises together, S reminds them verbally that the positions of the palm, the body surface, and the pull feelings are the routes through which the *qi* runs in the body. S also interprets the

feelings or the physiological phenomena of warmth, numbness, itching, sweating, increased saliva, and others, which appear in the body during or after the practice of qigong, as signs of *qi* sense. Relaxing the body through qigong and making the *qi* move (smooth circulation of *qi*) is the path to achieving healing effect of *zhiweibing* (theoretical basis is in the “Yellow Emperor’s Classic Cannon of Internal Medicine” “pain is relieved with improved *qi* and blood circulation”).

It can be inferred from S’s teaching process that he integrates Taoist thoughts, TCM theories, and qigong movements to first build a foundation for *qi* that allows it to exist and can be logically perceived (including the body contour, relaxation of the body, focus on the internal body, and the unique method of perceiving the 12 meridians) and then adopts various methods (language induction, movement, breathing, etc.) to help his students discover unique feelings, which are directed into the body sensations brought about by the “*qi* movement”.

In addition to the practice of qigong movements, S also teaches the “sitting meditation” method in qigong, which he calls *neiguan rujing* (literally enter stillness by Vipassana). Different from other methods that allow *qi* to “move around” to achieve the effect of *zhiweibing*, the purpose of this meditation is entering a state of stillness (*rujing*), enabling natural recovery. Moreover, S asked the students to concentrate on uncomfortable/unbearable/painful parts of the body while in “sitting meditation” and quietly feel the change of those parts (interpreted as a result of the movement of *qi*), and wait for it to be relieved by the “natural healing power” inside the body. According to S, the principle of this method was based on his learning in his school of Taoism.

In spite of S’s teaching philosophy, students tended to pay more attention to the specific movements demonstrated by S in a standard way. They also corrected each other’s movements and body postures in class in order to experience the same *qi* feelings as what S described and to achieve the health effects. Moreover, the students did not limit themselves to try to feel the *qi* according to S’s indications, but tended to attribute the changes (in feelings, emotions, illnesses, and symptom improvement) they experienced in the body during or after practice to changes in *qi*, even if they were not sure. The following comments regarding their feelings and experiences could often be observed in class and on the WeChat group chat:

“When I practice, I always sneeze and yawn involuntarily. Is this the effect of *qi*?”

“Each time I finish a set of movements, I feel I would have more saliva, and sometimes I’d even have tears coming out. Is this because of *qi*?”

“When I practice, I gradually feel my hands and feet becoming hot and I sometimes hear strange sounds while doing (...) meditation. Is this because I enter the state of qigong?”

“The best time I had was when I was practicing, and then I felt I could not stop it and my body was just naturally doing the routines; I did not even feel hungry when it was eating time. Sometimes I can even feel some parts of my body are shining.”

“I don’t know if this is because of the effect of *qi*. I just simply feel great after doing the set of exercises, and my appetite is better, and I can eat more than I normally do.”

S normally does not offer a negative comment regarding such remarks, nor does he give a clear judgment that “this is *qi*” or “this is not *qi*.” Instead, he tells them to persevere with their practice, looking for and discovering more changes inside the body.

Interestingly, after the practice, the students with more bodily feelings are generally more successful in solving their health problem or feeling healthier than before. For example, comments such as “after the workout, the feeling of exhaustion disappears, and I feel refreshed,” “after practicing, I’m not bothered by insomnia anymore,” and “my thirty years of migraines are not as serious as before I started practicing qigong” often come from students who claim that they can grasp/feel the changes in their bodily sensations. Students like M even shared their medical examination reports on their WeChat group to explain the direct relationship between qigong practice and the return of the pathological indicators to normal levels. These wonderful experiences and “effects” are often considered to be good evidence of the efficacy of qigong practices. Meanwhile, they also encourage and motivate students who have not yet had these “feelings” to not be lazy and keep practicing. New students who listen to such experiences shared on their WeChat group or during class are impressed and say that, although they do not yet have the same feelings and effects as older students, feelings like “unobstructed” and “lively” after qigong practice made them wonder if qigong practice enhanced *qi*’s circulation in the body. With respect to S’s qigong meditation, students mainly describe uncontrolled body responses or automatic kinesthetic sensations such as sweating, uncontrolled

tears, increased saliva secretion, and unconscious body vibrations. S normally interprets such responses as the bodily feelings brought about by the movement of *qi*. Some of the students very proudly told me that they have indeed experienced the dynamic changes of the “uncomfortable parts of their bodies” during this process, in which those discomforts can slowly disperse and even finally disappear. Sometimes they feel that “the body is hot as if melting in warm water, which is particularly comfortable.” Then as consciousness slowly returns and they open their eyes, “feelings of exhaustion would disappear,” and they would “feel refreshed and could sleep like a log.” In addition, after long-term practice, symptoms such as insomnia and headache gradually improved or even disappeared. However, some of the students have had negative experiences after the meditation, such as “the pain increased, or the scope of the pain widened” especially after focusing on the “uncomfortable parts of body” for a long time. Even so, the students think that the change of bodily sensations that had been perceived during the meditation, whether positive or negative, or the uncontrolled kinesthetic senses, are “unbelievable” or “magical.” Most of them hold the view that the changes are the result of *qi*, which is moving within the body and beyond the control of one’s will.

With his more than 15 years of qigong experience, combined with TCM, qigong, ancient Chinese philosophy and other knowledge systems, S has developed a unique qigong teaching style. He was frustrated that after the institutionalization of qigong, the qigong routines had become fixed, standardized, and “external-oriented” (emphasizing the movements without paying attention to *qi*). Meanwhile, S is also worried that during the “qigong fever” period, the government had been too relaxed about qigong, and the consequent lack of regulation led to a large number of practitioners going off-track. Therefore, unlike some masters who avoid speaking about *qi* (Hsu 1999), S emphasized the existence of *qi* when demonstrating qigong and hoped to guide his students toward feeling the *qi*. However, he did not teach movements and postures without norms, as in the case of so-called “spontaneous qigong” which was popular during the “qigong fever” period. Even though he admits that may bring more *qi* sensations, he still thinks that they can be too dangerous and make it easy for practitioners to go astray. Therefore, in order to base the invisible *qi* on a well-founded theoretical system, S adopted various theories from various fields as a basis for modification and added a series of actions and techniques to the normalized and fixed qigong routines. He even integrated the theories of TCM meridians and acupoints into the qigong movements. The purpose



behind all of these is to enable the students to capture the feeling of *qi* in relatively safety.

Most of the students do not fully understand the relationship between ancient Chinese philosophies, TCM theories, and qigong. Nevertheless, many students are still willing to learn and repeatedly practice the 12-meridian exercises, but they know or care little about the names of the 12 major meridians, the positions of their projection on the body surface, their effect, etc. However, they told me that they do know that when practicing the 12-meridian qigong, the feelings lingering on the body, such as the touch feeling induced by the palms when they touch the body, the air flow feeling generated outside the body, and the pull feeling generated when twisting the limbs, are exactly the circulating route of the meridians and also the path of the *qi* flow. However, the route of meridians that they told me are not always correct and accurate according to what is written in the textbook.

Obviously, through repeated exercises, it was not the theories and knowledges but the feelings that became embodied memories and constituted the *qi* and meridians during the practice of that set of qigong exercises. Similarly, attention paid to the “round contour” and “relaxation” of the body also enables the participants to capture various bodily changes in the “relaxed state,” which can vary from person to person and can be shown in different degrees depending on the length of the practice time. In addition, from the perspective of “technologies of imagination,” which emphasize exploring the conditions of imagination, *qi* and meridians are no longer an imaginative effect, all the elements like bodily senses, embodied memories and skills in perceiving them became the conditions “under which unconditioned outcomes come about” (Sneath, Holbraad, and Pedersen 2009,19).

Students who grasp the changes in their body or report having *qi* sensations often find their body developing in a positive direction. On the other hand, even those who reported perceiving “an expansion in the uncomfortable points” during the meditation did not give up the practices. On the contrary, they felt surprised when they perceived the *weibing* in the body this way, which had not been identified before. S’s theoretical teaching helps them to understand that the “change of the uncomfortable parts of body” is the change of *qi* in the body, which is the basis of natural healing power.

Whether it is “qigong with body movements” or “sitting meditation,” the magical bodily experience brought about by *qi* and the accompanying bodily changes (mostly toward health and comfort) encourage

them to keep practicing and believe that the *qi* function maintains their health, and they can achieve the effect of *zhiweibing*.

**Conclusion: *zhiweibing* from the perspective of bodily perception**

Differently from treatments in TCM, such as pulse-taking, which involve exclusively the relationship between doctor and patient (Farquhar 1994, 68), *zhi*(treating) in qigong was embodied in the practice of personal bodily experience. Focusing on embodiment as the theoretical framework, this paper conducted a study into qigong's practices on *zhiweibing*, while relying on empirical data.

Although *zhiweibing* is not explicitly framed as a goal in qigong practices, we can tell from the examples of instructor S and student M that it emerged throughout the process. However, the meaning of *weibing* in qigong practices is flexible and changes with the practice of qigong. Moreover, bodily experiences that emerge from qigong practices -- i.e., feeling the *qi* -- are closely related to the embodiment of *zhiweibing*. The experience not only enables practitioners to be aware of physical changes but also produces emotional changes, which can then become the driving force for persisting in the experience of *qi* and continuing to practice qigong for *zhiweibing*. In other words, *zhiweibing* is not the effect of treatment or healing resulting from “external” interventions in the practice of qigong in contemporary China but is based on the ability to obtain “*qi* sensations” in qigong. *Zhi* in the practice of qigong is not the same as treatment in biomedicine that uses standardized methods. Rather, it is based on uncertain and casual combinations of bodily techniques. The very first step of *zhi* is to pay attention to the body via practices.

I analyzed how *qi* is generated by the body in qigong practices and the specific process of achieving *zhiweibing*. Instructor S leveraged TCM and combined the theory of ancient Chinese philosophy with the moves of qigong, trying to help his students find *qi* and guide them to experience the *qi*'s “fluent circulation” and “natural healing power.” He trained the students through repeated instructions and movement guidance. Although the students did not fully understand the working mechanisms explained by S, they were very keen on obtaining the “*qi* feeling”. The wonderful feelings and the magical effect on the body brought by the *qi* have always been the main topic of discussion for the students. S did not deny the *qi* they perceive, although his own understanding of *qi* has also been constantly changing during the practices.

However, the similarity between students and S lies in that, after perceiving the changes in the

feelings, especially the feeling of comfort or the perception of its effect on the “health problems” they suffered from, they felt excited, astonished and thought that “this may be the effect of *qi*.” These feelings could be identified and enhanced after having been repeatedly felt and communicated with other students and instructors. Continuous attention to the internal body became embodied memories when they practiced qigong and helped them to capture these anticipated body feelings.

Moreover, the constant emphasis placed on mechanism of *qi* by S and the interaction between the students made it possible for the changes in the felt bodily sensations to be identified as *qi*. In the practice of qigong, every practitioner pays attention to capturing the *qi*. Although complete understanding of the “capturing techniques” created by S based on TCM and classical philosophy seemed impossible, during the qigong practices, it offered a possible way for capturing their own *qi* related to embodied memories of specific bodily senses and perceptions that appeared in the repeated bodily practices. Since *qi* is invisible and not proven to exist this process of “capturing” also resonates to the “imagination” so that the outcome is indeterminate (Sneath, Holbraad, and Pedersen 2009).

Finally, perceiving *qi* via the body is a kind of technique that can be gradually mastered, and it is inextricably linked to qigong practices. Diseases can be caused by different concepts of the body in different cultures (Kleinman 1980), but here a state “prior to disease,” named as *weibing* in TCM, can be perceived via the body. Mauss (1979) suggested that bodily techniques are a requirement of culture, but the techniques of the body necessary to perceive *qi* that are acquired through qigong practices are not simply a requirement of *zhiweibing* culture, but also a necessary means for building the concrete practices of *zhiweibing*. This process of enskilment in the perception of *qi*, just as Ingold (2000, 23) pointed out, is “an active process of perceptual participation, a process of being in touch with the world.” The “touch” here cannot just be understood as a physical feeling but also as something that exists in a particular environment beyond the body. The instructors and students in this particular environment (including classrooms and WeChat groups), actively took the initiative to perceive changes within the body while dynamically interacting with everything in this environment and gradually acquiring this ability. Also, as Ingold (2000) emphasized, “enskilment” is a practice through which living organisms nest themselves into their social and material environment in order to dwell in it. The eagerness and repeated practice of capturing *qi* enables practitioners

to truly dwell in the world which has *qi* at its core. In this world, *qi* cannot only help them to perceive the state “prior to disease”, but also achieve the “treatment” called *zhiweibing*. In addition, emotional changes which was also part of “feeling” (De Antoni and Dumouchel 2017) can be found in the practice of qigong practitioners. Similar to what Farquhar and Zhang (2011) highlighted, such experiences revealed that health practitioners could obtain pleasure through qigong. In the practice of qigong, this pleasure did not come from the “modern charisma” of the doctors (Lai and Farquhar 2014), but emerged from the improvement of one’s ability to perceive the body through the embodied memories of feelings and imaginations of *qi*. We can see from the cases from S and M, sustained pleasure is often realized after a series of emotional changes such as disappointment, excitement, surprise, and indifference. The momentary joy or excitement also builds on the perception of one’s own *qi* or the discovery that one is achieving *zhiweibing* through qigong. Such emotional changes also prompt the practitioners to further perceive *qi* and insist on practicing qigong to realize *zhiweibing*.

By practicing qigong, “*qi*,” “*weibing*” and “*zhiweibing*” can emerge, transform, and exist alongside indeterminate “feelings” in the body of practitioners. They are no longer stereotyped concepts and theories written in textbooks, but have become grounded in the practitioners’ bodily experiences and, therefore, held as demonstrated with new meanings. These bodily experiences cannot be simply regarded as the reproduction of the culture of qigong or *zhiweibing*. On the contrary, it is these bodily experiences that form the basis of realizing *zhiweibing* via qigong.

## NOTES

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1. *Huangdi Neijing* is the earliest and most important written work of TCM. It was compiled over 2,200 years ago during the Warring States period (475-221 BC) and is regarded as the fundamental and most representative medical text.
2. A collection of various schools of thought which was written in the 3rd century BCE.

3. The earliest well-known Chinese physician recorded in the Records of The Grand Historian.
4. The Chinese scientist who was known as the “Father of Chinese Rocketry”, nicknamed the “King of Rocketry” in China. Qian was elected an academician of the Chinese Academy of Sciences in 1957, and served as a Vice Chairman of the National Committee of the Chinese People's Political Consultative Conference from 1987 to 1998.
5. The literal translation of Chinese term “Qigong re” also translated as “Qigong boom” by some scholars, as a social phenomenon, was thoroughly discussed in Palmer (2007).
6. A large Qigong organization (between 10 and 70 million practitioners), which was banned and defined as “cult” by Chinese government after the followers caused several protests in 1999. The Falun Gong crackdown effectively ended the “Qigong boom” (see Ownby 2005; 2008).
7. In the theory of TCM, frequent heat and sweating in the hands and feet is a manifestation of “hyperactivity of fire due to yin deficiency,” which is not a healthy state.
8. It is called “qi gong pian cha(气功偏差)” or “zou huo ru mo(走火入魔)” in Chinese term, which refers to a series symptoms of native mental or somatic reactions caused by practicing qigong, Manifestations include thinking, emotional and behavioral disorders, and obsession. For detailed description and discussion in medical anthropological context, see Chen (2003: 77-196 )

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