

*Introduction*

Mao Zedong 毛澤東 penned "Sending off the Plague Spirit" 送瘟神 (*song wen-shen*) in July of 1958 to mark the eradication of the schistosomiasis epidemic in Yujiang. The blood-flukes responsible for the disease were finally brought under control by administering sodium antimony tartrate chemotherapy for infected populations and spreading molluscicides in habitats where the parasites and their hosts thrived.<sup>1</sup> A priori, Mao's lines celebrate the triumph of the modern Marxist-Leninist state and its secular science over old and familiar foes. The title of the poem, patterned on the name of a long-standing Dao-Buddhist affliction ritual designed to exorcise epidemic-causing plague demons, was a choice perhaps intended to underscore the failure of traditional means of healing.<sup>2</sup> With the advent of modern science, a 2000-year-old blood-fluke problem was briskly brushed aside. Yet Mao Zedong, a stalwart defender of modernization, remained decidedly ambiguous, evoking in the last line of his poem the exorcistic burning boats lighting up the night sky.

Even in contemporary communist China, so-called traditional healing methods have not been completely done away with. Rather, they are preserved as tokens of Chinese contributions to a global medicine, and rehabilitated as an apparatus of state orthodoxy.<sup>3</sup> The reinscription of these therapeutic methods into a modern discourse is an important legitimizing strategy for the Chinese Communist Party (CCP) for two reasons, one explicit, the other implicit. First, it presents an alternative to Western biomedicine and posits the Chinese system as one of emphatic pluralism. Second, and as a correlate of the first, by bringing a certain class of nonconventional therapies under its aegis, the government undercuts their seditious potential as local forms of contestation against the homogenization of a secularizing scientific programme of centralization.

1. In addition to molluscicides, a 1957 study in the *Japanese Journal of Medical Sciences and Biology* recommends the elimination of the snail vector through "1) [. . .] displacement of soil to bury the snails, 2) covering river and lake banks with stones, 3) constructing river banks out of concrete material, and 4) land reclamation." From Komiya (1957), in Warren (1988: 130).

2. Katz (1995) has translated and analyzed a detailed mid-twentieth-century description of the exorcism festival as it was performed in Wenzhou. See 202–207 for the translation and 150–159 for the analysis of the affliction rite.

3. A case in point is the "There's No Harm in Having Ghosts Theory" (You gui wu hai lun 有鬼無害論), articulated in a 1961 bid to enlist supernatural-themed dramatic performances in the task of furthering the Chinese Communist Party's ideological agenda: see Yau and Leung (1992: 2.463n99).

## 4

*Delocalizing Illness*

## HEALING AND THE STATE IN CHINESE MEDICINE

*Dominic Steavu*

*Green waters, blue mountains—twisting self-complacently.  
How helpless was Hua Tuo [the legendary physician]  
Against these small worms  
Thousands of villages over-grown with weeds  
People lost like arrows.*

*Ten thousand households, desolate and sparse—ghosts chanting songs.  
Just sitting, we travel eighty thousand miles with the earth in one day  
Pacing the sky, distantly gazing at a thousand galaxies.  
The Cowherd will ask about the Plague Spirit:  
Sorrow and joy are the same when pursuing the evanescent wave.*

*Spring wind, a myriad willow leaves.  
Six hundred million on the Continent of Spirits [China]  
Striving to be [the mythical emperors] Yao and Shun  
Crimson rain composing billows as the heart pleases.  
Blue mountains, diligently turned into bridges*

*The Five Peaks connecting with Heaven, silver pickaxes fall.  
Earth moving rivers, iron arms rocking.  
May we ask Mr. Plague, where will you go?  
Paper boats illuminated, lighting up the burning the sky.*

"Sending off the Plague Spirit," Mao Zedong, 1958



This chapter challenges the claim that Chinese medicine is a pluralistic health system that seamlessly integrates modern scientific and "traditional" notions of healing into synthetic expressions of alternative modernities.<sup>4</sup> Instead, I argue that this perspective is predicated upon a false distinction between "modern" and "premodern" understandings of medicine. In actuality, this distinction is projected onto a dialectical dynamic between legitimacy and illegitimacy, or orthodoxy and heterodoxy. In republican and communist China, the cleavage was articulated in the language of scientific standards. In the imperial context, it was formulated according to a different set of epistemic criteria usually devised on the basis of cosmological correspondences that establish resonances between healing the body and governing the empire. In both "modern" and "premodern" settings, regardless of the language enlisted to draw the partition, compatibility with state ideology (order, civilization, homogeneity) remains paramount; and this compatibility is chiefly negotiated in terms of the supernatural or the transhuman.<sup>5</sup> In other words, officialdom deems the supernatural as fundamentally incompatible with its *human* enterprise of rulership, and it must, as a result, subject it to standardizing measures in order for it to be properly integrated into official medical discourse. Since the earliest formalization of therapeutic systems in China, medical elites have repeatedly attempted to muffle the agency of the unseen while local traditions have ceaselessly reasserted it. But if countless attempts have been made to suppress it, why have the supernatural and its perceived disorder remained stubbornly present in discussions of Chinese medicine, especially in the age of biomedical dominance?

This study endeavors to answer the question by examining the position of exorcistic therapies as a treatment option in medical systems throughout Chinese history. It will also demonstrate that a rigid distinction between "modern" and "premodern" state approaches to such therapies is misleading, since institutionalized relations between a universalizing center and fragmentary localities have ensured a certain structural continuity, one

4. See for example, Scheid (2002a); Scheid rightfully challenges the dichotomy between "modernity" and "tradition" but he insists on the plurality of Chinese medical practice. This view is not restricted to scholars of Chinese medicine; see Alter (2005). For a more nuanced approach, see, for instance, Ernst (2002: 1–18, especially 4–6), where the author points out potential flaws in the pluralism paradigm.

5. See the example provided in the conclusion to this chapter. James L. Watson has convincingly argued that with regard to popular cults, the pre and post imperial Chinese state, imposed ritual standardization and co-opted the cults in order to guarantee that local religiosity carried the messages of civilization, order, and loyalty to governmental authority; see Watson (1985).

that is informed most notably by a regulating legal or bureaucratic logic. Instead of fueling an epistemic revolution, the Chinese encounter with science provided fresh arguments for a continued imposition of centralizing and standardizing policies on medical practice. Thus, the apparent heterogeneity of modern Chinese medicine is more a function of incomplete attempts at homogenization rather than it is one of intentional genuine pluralism.<sup>6</sup>

### *Healing, Religion, and the State in Twentieth-Century China*

One of the earliest Chinese experiments with modernity resulted in an attempt to wipe clean the stain of exorcism and other therapeutic approaches that fell under the rubric of magical medicine.<sup>7</sup> Originally imported from Japan, the notion of superstition *mixin* 迷信 (Japanese *meishin*) entered political discourse in China during the 1920s, and was enlisted by the republican Guomintang 國民黨 (KMT) in its efforts to establish nationalist secularism.<sup>8</sup> The term was applied as a blanket pejorative for any activity that hindered the regime's agenda of modernization, westernization, and national unity. As a corollary to the modern invention of religion (*zongjiao*; *shūkyō* 宗教) as an analytical category, "superstition" was to be tidily cordoned off from the canons of modern orthodoxy, namely science and politics.<sup>9</sup> For the twentieth-century architects of Chinese modernity, politics and science were strictly incompatible with the "superstition" of magical medicine.

6. In a similar vein, Wong Bin, Hutters, and Yu (1997) have established that although the state relentlessly strove to dominate cultural expression throughout Chinese history, it was never actually successful.

7. Strickmann (2002) provides the best treatment of the talismanic, meditative, supplicatory, and exorcistic methods that constitute this informal category.

8. See Nedostup (2009).

9. Asad (1993) refers to science and politics as, "the domain of power." It should be noted that religion was still considered useful to a certain extent by the subsequent CCP regime; the five recognized religions (Buddhism, Daoism, Islam, Catholicism, and Protestantism) were called upon by the state to galvanize and unify moral and ethical aspirations on a national level. Official, state-approved religious organizations are relatively incongruous with their earlier expressions prior to CCP or KMT rule; see Siu (1989: 121 and 124); and also Liu Xun (2009). Quite tellingly, Confucianism is not considered a religion. Its encouragement of civil obedience and social conformity along with its political ambivalence make it the ideal galvanizing force for nationalist pride and a remarkably effective unifying outlet for Chinese sentiments of a shared cultural heritage; see for example Billioud and Thoraval (2009).



The judgment also extended to China's classical medical systems, which had developed independently of biomedical discourses. Eventually, the republican government sought to abolish classical Chinese medicine in 1929 in favor of a modern Western medical system.<sup>10</sup> Yu Yunxiu 餘雲岫 (1879–1954) proposed an infamous bill before parliament entitled “The Abolition of Old-Style Medicine in Order to Clear Away Obstacles to Medicine and Public Health” (*feizhi jiu yi yi saochu yishi weisheng zhi zhangai an* 廢止舊醫以掃除醫事衛生之障礙案). Its scope was to prohibit the practice of classical Chinese medicine and establish a modern system of public health. Yu Yunxiu claimed that Chinese medicine—based as it was on “superstition”—was a hindrance to material prosperity, technological and scientific progress, and most importantly, to national unity. A lobby of physicians formally representing the practitioners of Chinese medicine finally defeated the motion.

The KMT was ultimately ineffective in abolishing classical Chinese medicine, and it was equally unsuccessful in uprooting the more contentious and loosely organized traditions of magical medicine, including those advocating exorcism, despite their conspicuous associations with “superstition.”<sup>11</sup> In the Chinese case, the nominal separation between science and religion reveals itself to be particularly inapplicable: Rebecca Nedostup relates how “the anarchist, atheist, and later KMT elder Wu Zhihui 吳稚暉 (1865–1953) complained . . . that in contrast to France, ‘in China, the average person claims that everyone needs a belief, whether it is Buddhism, Christianity, Confucianism, Islam, frog religion or snake religion. If not, [they] will be [considered] an uncivilized person.’”<sup>12</sup>

Despite being labeled as mere “superstition” a few decades earlier, with the post-1949 PRC reforms, classical Chinese medical practices such as acupuncture, moxibustion, and phytotherapy were reformulated and introduced into

10. The term “Traditional Chinese Medicine” (TCM) is intentionally avoided in this chapter. Instead, “classical” medicine is employed to refer to pre-twentieth-century imperial Chinese medical systems (those that were state-sanctioned and adopted by the official class, and those that were a product of synthesis between official systems and local varieties—so-called magical medicine), while “modern Chinese medicine” describes republican and PRC hybridization between, or rather juxtaposition of, Chinese and Western models. In Chinese, *zhongyi* 中醫 refers to both these categories without distinction. For the shortcomings of “Traditional Chinese Medicine” as a category of academic inquiry, see Scheid (2002a: 3–4); see also Farquhar (1996) for an enlightening discussion of the transformations that Chinese medicine has undergone in the last hundred years; see Hsu (1993) for more on the modernization of Chinese medicine.

11. For an in-depth treatment of the republican dynamic between the state and local religious beliefs, see Poon (2010).

12. Nedostup (2009: 9–10).

a countrywide healthcare system, elevated to the status of “national treasure,” and showcased as evidence of a successfully synthesized model of medicine.<sup>13</sup> But in order to ensure its intelligibility to moderns, the CCP manufactured a tradition that was in fact only loosely based on the historical practice of medicine in China. Making use of tried rhetorical strategies and adhering to scientific narratives of quantification, empiricism, and objectivity, “Traditional Chinese Medicine,” or TCM, was (re)invented as a secular tradition of healing fully consistent with twentieth-century science.<sup>14</sup>

Regardless of the fact that it had been fabricated, TCM was extolled as the centerpiece in the first full articulation of a plural healing system that successfully combined a 2000-year-old non-Western medical legacy with modern biomedicine. TCM in China was never envisioned as a mere paramedical discipline fulfilling a complementary role to mainstream healing practices. Nor did Mao advocate a return to “traditional” or “ancient” beliefs.<sup>15</sup> Rather, the idea behind TCM was one of modern scientific nationalism: providing Chinese treatment for ailments just as effectively as Western medicine, sometimes more effectively, and at the fraction of the cost, while simultaneously fuelling China's fantasy of becoming the global leader in scientific and medical development.<sup>16</sup>

Despite a more open attitude towards traditional medicine, the CCP too, like the KMT before it, attempted to purge religious and supernatural elements from TCM. But these persistently lurked in the background. Faith-healing and exorcistic *qigong* 氣功 movements that used a barrage of experiments and clinical trials to prove their legitimacy in scientific terms were, after a brief period of official support in the 1950s, condemned as “superstitious practice” in the 1960s. Since the late 1980s, especially with the rise of Falun gong 法輪功 these movements have reasserted their religious identity.<sup>17</sup> In other

13. See for instance, Scheid (2002b: 132).

14. See Taylor (2005) for a complete appraisal of how TCM was fashioned in early Communist China.

15. Hsu (2007: 219); see also Hsu (1993: 170–174).

16. This did not prevent TCM from becoming the poster-child for the celebration of an authentic traditional cultural heritage in the 1980s—an idea that was exported and that persists abroad, particularly in Western countries.

17. See Palmer (2007); see also Despeux (1997). If *qigong*, originally a CCP-backed healing system, is capable of constituting an organized form of political disputation, then other varieties of Chinese medicine, official or not, constitute at the very least potential threats to the pillars of state authority and the enterprise of modernity as well. On the loose republican equivalent to the PRC's *qigong* repression, see Shao Yong 邵雍 (1997) and the succinct discussion in Smith (2006: 421–422).



words, once released from the standardizing weight of orthopraxy, healing traditions revert to their original and—by modern standards—“superstitious” language of therapy. The same “danger” guards acupuncture. Although one of the CCP’s favorite emblems of a thoroughly modern TCM, its practice historically derived from a medical model that incorporated the observance of calendrical taboos to avoid offending deities, harming inner gods, or inviting disease demons.<sup>18</sup>

Beneath the state-sanctioned veneer of uniformity and adherence to scientific standards, medicine in modern China is defined by hybrid forms of healing. Practitioners, analysts, and scholars may promote hybrid therapies under the fashionable banners of alternative modernities or pluralism, but they are more aptly described as the unintended product of the official sphere’s—that of the state and science—numerous attempts and ultimate inability to properly cut itself off from what it labels superstition, heresy, or more broadly in a KMT and CCP secularist discourse, religion altogether.<sup>19</sup>

### *Medical Pluralism and the Place of the Supernatural in Classical Chinese Medicine*

While the creation of TCM may appear as a direct result of modernization, similar projects of standardization and institutionalization have been common throughout imperial Chinese medical history. These efforts almost invariably consisted of regulating the elements that authorities judged undesirable, often through a process of absorption. Thus, with the inclusion of “contentious” forms of therapy, the medical establishment exhibited a form of “pluralism” in its earliest incarnations. Already by the seventh century, exorcistic and magico-religious practices deemed seditious to officialdom were integrated into the curriculum of the Imperial Academy of Medicine (Taiyi shu 太醫署).<sup>20</sup>

The academy was established during the early Tang dynasty (618–907) to train aspiring physicians. It also identified the textual materials that were to officially form the basis for the study of medicine and delineated the categories for its practice. Furthermore, the Imperial Academy of Medicine regulated the transmission

18. See for instance Arrault (2010) and Harper (2003: 478).

19. See Wong Bin, Hutters, and Yu (1997).

20. Fang Ling (2002: 32) dates the establishment of the Imperial Academy of Medicine to the Sui (581–618). One may trace the beginnings of an institutionalized teaching of official medicine even earlier, to the Jin (265–420) dynasty, under the auspices of the National Academy (Guoxue 國學).

of medical knowledge through training and certification.<sup>21</sup> Court physicians (*taiyi ling* 太醫令) and the trainees they formed were divided into four categories: masters of *materia medica* (*yishi* 醫師), specializing in pharmacotherapy; masters of acupuncture (*zhenshi* 針師), specializing in acupuncture; masters of massotherapy (*anmoshi* 按摩師), specializing in acupressure and moxibustion; and masters of exorcism or esoterica (*jinzhoushi* 禁咒師), specializing in the diagnosis and treatment of maladies through divination, incantations, talismans, and exorcism. The academy was an organ of officialdom entrusted with regulating medical practice and institutionalizing professional standards. It was established and managed by literati civil servants, the gentry class, for whom medicine had been the preserve since the beginnings of its formalization during the Han dynasty (206 BCE to 220 CE). To put it another way, the literati elite exerted an effective monopoly on the official production and circulation of medical knowledge (not its practice), and this for much of the last 2000 years.<sup>22</sup> As a result, the canons of classical literati medicine painted a very different image of the etiologies and therapies available to patients than the resolutely more local and demonological depictions of medical manuscripts.<sup>23</sup> T. J. Hinrichs has recently argued, very convincingly, that the

21. The five areas of practice, elaborated from the five departments of teaching at the academy, were: (1) bodily ailments (*tilibao* 體療); (2) abscesses and tumefactions (*chuangzhong* 瘡腫); (3) pediatrics (*shaoxiao* 少小); (4) otolaryngology, ophthalmology, and dentistry (*er mu kou chi* 耳目口齒); and (5) horn-induced bloodletting (*jiaofa* 角法); from Chen Ming (2010: 1095); see *Jiu Tangshu* 44.1875–1876; *Xin Tangshu* 48.1244–1245; and Ren Yucai 任育才 (1987). Fusing with the four categories of physicians, these five departments expanded into the Thirteen Sections (*shisan ke* 十三科) of medical practice under the Yuan, Ming, and Qing. The “department of exorcism” *zhuyou ke* 祝由科, figured prominently among these.

22. For the close ties uniting the ruling classes, political power, and medicine in imperial China, see Jin Shih-chih (2010).

23. Lo and Li (2010) have underscored this point. The establishment of the Imperial Academy of Medicine in the seventh century at the latest (with antecedents from the third to fifth centuries) marked the official institutionalization of literati medicine. However, many of the texts that would compose its core curriculum circulated among the educated elite from the third century or earlier and shared ideological affinities. Thus, classical literati medicine, as a loose collection of medical subsystems whose physicians came from the literati class closely tied to the exercise of power, existed from around the Han dynasty. The texts that are most representative of this tradition are the *Inner Classic of the Yellow Emperor* (*Huangdi neijing* 黃帝內經), the *Classic of Difficulties* (*Nanjing* 難經), the *Treatise on Cold Damage* (*Shanghan lun* 傷寒論), and the *Pulse Classic* (*Maijing* 脈經). These texts are united in (1) their predilection for cosmological and combinatory discourse (associating, for instance, Wuxing 五行 and Yin Yang 陰陽 cosmologies), and (2) their development of etiologies that are generally articulated along the lines of “imbalances” that require correction. Literati medicine thus advocates a functional and dynamic vision of the body and of illness. I contrast literati medicine with local medical traditions. Representatives are often members of the literati class as well, but they do not benefit from the same sophisticated distribution networks and associations with central power (hence their local nature). Conversely, local medical traditions offer



distribution of printed medical literature during the Northern Song (960–1126) dynasty was undertaken—unsuccessfully—to reform what imperial authorities considered to be unpalatable demonic and shamanistic therapies of southerners. From the outset, medical knowledge was an instrument of centralized governance that was employed to shape ideal subjects and counter the influence of often socially or morally “noxious” expressions of local culture.<sup>24</sup>

Confucians, it should be noted, were ambivalent toward the spiritual. The *Analects* (*Lunyu* 論語) are notoriously evasive on the question of the supernatural, citing it as one of the three subjects that Confucius did not discuss.<sup>25</sup> Other literati canons are more direct: the fourth-century BCE *Chronicles of Zuo* (*Zuozhuan* 左傳) ridicules rulers who listen to spirits rather than their subjects, leading their kingdoms to ruin.<sup>26</sup> Another passage directly disputes the notion that illness is caused by spirits, arguing instead that it stems from licentious conduct: a vice, the compilers are quick to point out, that is just as depleting as the sacrifices and offerings made to disease demons in order to keep them at bay.<sup>27</sup>

Indeed, the themes of wastefulness, excess, and expenditure were central to the literati when condemning practices and beliefs that ran counter to the ritual and ideological orthodoxy expressed in the Confucian classics.<sup>28</sup> As Espeset and

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a relatively mechanical understanding of the body and illness, whereby disease *x* is healed through remedy *y*. These traditions are best reflected in texts such as the *Recipes for Fifty-Two Ailments* (*Wushi'er bingfang* 五十二病方), various Dunhuang manuscripts, and the therapeutic materials contained in the Buddhist or Daoist canons. Classical Chinese medicine is made up of these two metacurrents, literati medicine and local medical traditions. Their relationship oscillates between complementarity, coexistence, or antagonism (during which the former typically attempts to purge and/or standardize the latter).

24. Hinrichs (2011: 217–218, and 238). In its printed form, medical knowledge was completely standardized, sanitized, and delocalized. Printed editions of medical sources were collated and edited by the imperial Bureau for Editing Medical Treatises (*Jiaozheng yishu ju* 校正醫書局) under the Chancellery Bureau of Compilation (*Menxia sheng bianxiu yuan* 門下省編修院); see Hinrichs (2011: 220–221). For medicine under the Song dynasty, see Goldschmidt (2009).

25. *Lunyu* 6.20 and 7.20.

26. Duke Zhuang, year 32, 661 BCE: Legge ([1872] 1985: 119, col. 4, and 120): “I have heard that, when a state is about to flourish, [its ruler] listens to the people; when it is about to perish, he listens to spirits.”

27. Duke Zhao, year 1, 540 BCE: Legge ([1872] 1985: 572, col. 18, and 580), col. 1.

28. This prejudice against expenditure persists today, most notably in Taiwan, where the state encourages religious attitudes that prone an ethical engagement while discrediting those that incorporate costly large-scale celebrations or sacrifices; see Goossaert (2009: 208) and Katz (2010).

Harper have both pointed out, the argument of exploitation for personal gain was also leveled at mediumistic healers and “charlatan” physicians by apologists of institutional Daoism and Buddhism. Mediums and charlatans were especially tied to local traditions. Indistinctly gathered under the catch-all rubric of *su* 俗 (lit. “vulgar” or “common”), these were a favorite target for actors aspiring to empire-wide ideological dominance.<sup>29</sup> Whether labeled physician-shamans (*yiwu* 醫巫), spirit specialists (*shenjia* 神家), or baleful and ill-omened masters (*yaonie zhi shi* 妖孽之師), those who exploited belief in spirits and “fabricate sham illnesses (*zuo zhabing* 作詐病)” for personal gain were denounced and accused of placing an untenable material burden on patients, devotees, and society.<sup>30</sup> Their “excessive cults” (*yinsi* 淫祀 / *yinci* 淫祠), as they were labelled, were denounced and stamped out.

Wang Chong’s 王充 (27–100 CE) “Critique of [Spirit] Calamity” (*Biansui* 辯祟) in *Weighing Debates* (*Lunheng* 論衡), a *locus classicus* for imperial secularizing literati perspectives, directs opprobrium at the “masters of exorcism and esoterica” who would be instituted as official physicians a few centuries later:

The vulgar (*su* 俗) of the age believe in misfortune and calamity [caused by the spirit world]. They think that when people become ill and die . . . there is always something they have offended. . . . Thus, when illness occurs and misfortune arises . . . it has always come about because they are not serious about taking precaution, and they offend and contravene prohibitions and avoidances. If one were to argue the substance of [this belief], it would be exposed as careless words.<sup>31</sup>

Despite such periodic rhetorical displays of disapproval toward exploitative cults in official sources, in practice, the presence of spirits was tolerated.<sup>32</sup>

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29. See Espeset (2002: 24) and Harper (2005: 156–157). Espeset’s article contains an interesting account of the moral etiology proposed by adepts of the Great Peace (*Taiping* 太平) movement who understood illness as a divine retribution handed out by a celestial bureaucracy for moral ethical transgressions; see especially 46–47. See also Li Jianmin (2009: 125–132, who relies on Espeset’s analysis in his presentation of the notion of “inherited burden” (*chengfu* 承負). For the bureaucratic dimension to religious authority in China, see, for instance, Lévi (1988) and Cedzich (1993); see also the brief discussion below.

30. From Harper (2005: 155).

31. *Lunheng* 72.1; translation from Harper (2005: 155).

32. Even the *Chronicles of Zuo*, cited above for their conservatism, describe how stones can be imbued with spirits and speak, how deceased people are at risk of becoming vengeful



The local belief that gods or demons were the root causes of illness was the bedrock upon which Chinese medicine was built prior to the emergence of a formalized literati medicine.<sup>33</sup> Moxibustion and other healing techniques involving the balancing of pneuma were devised on the model of earlier methods for expelling demons.<sup>34</sup> Even the Han dynasty *Inner Classic of the Yellow Emperor* (*Huangdi neijing* 黃帝內經), the earliest treatise of literati medicine, ranks magico-religious methods relatively high in terms of medical practice: although in latter times patients are subjected to a regimen of toxic drugs and invasive acupuncture, the text stresses that in antiquity, the only treatments required were *zhuyou* 祝由, or “exorcising the cause” of the illness. Aside from the mention of “moving essences” and “transforming pneuma” as possible components of exorcistic therapies the *Inner Classic of the Yellow Emperor* is silent on the details of this curative technique.<sup>35</sup> Other sources such as the second-century BCE Mawangdui 馬王堆 medical manuscripts reveal that “exorcising the cause” consists of summoning the disease-causing spirits from within the body and forcibly removing them by means of talismans and incantations.<sup>36</sup>

Sources that attributed illness to spirits or the nonobservance of calendrical taboos and prescribed exorcistic therapies occupied a central place in medical literature throughout the early and medieval periods. Local elites, in spite of belonging to officialdom, not only studied these texts but applied their methods as well.<sup>37</sup> Chapters 29 and 30 of Sun Simiao’s 孫思邈 (fl. 673; traditional dates 581–682) *Revised Prescriptions Worth a Thousand Cash* (*Qianjin*

calamity-inducing manes (*gui* 鬼), and how the worship of gods is ingredient to proper ruler-ship; see “Can a stone speak?” Duke Zhao, year 8, 533 BCE, Legge ([1872] 1985: 620, col. 1, and 622); “Can a deceased person become a ghost?” Duke Zhao, year 7, 534 BCE (613, col. 10, and 618, col. 1); “Praying to the spirits must be accompanied by benign governing,” Duke Zhao, year 20, 521 BCE (678, 683), respectively.

33. See note 23, above.

34. Mugwort (*ai* 艾; *artemisia vulgaris*), the principal herb that is employed in moxibustion, was originally appreciated for its demonifugic properties; see Lo and Li (2010: 370–371).

35. See *Huangdi neijing Suwen* (*Inner Classic of the Yellow Emperor: The Plain Questions*) 13; “Moving Essence and Transforming Qi” (“Yijing bianqi lun” 移精變氣論).

36. Harper (1998: 178–183); see also Harper (1999: 99). More recently, Li Jianmin (2009: 1106–1117) has examined *zhuyou* (which he translates as “incantations for removal”) as an interface between demonic etiologies and their psychological or “rationalizing” (and thus “secular”) counterparts. His analysis also uncovers significant tensions between these competing etiologies, although he plots their ascendancy along a teleological chronology that, I would propose, is not as neat as he argues.

37. This was notably the case at Dunhuang for example; see Harper (2003: 472–475).

*yifang* 千金翼方; 659), a sterling example of medical orthodoxy, are devoted to a collection of exorcistic incantations and talismanic rituals to be used against disease demons.<sup>38</sup>

The persistent tension between orthodox secularized etiologies or treatments (such as acupuncture for example) and the exorcistic methods of magico-religious medicine is a defining feature of classical literati medicine.<sup>39</sup> The majority of passages in the *Inner Classic of the Yellow Emperor*, for instance, are avowedly equivocal toward demons and spirits, struggling to contain their influence and often replacing them with more secularized concepts such as “noxious pneuma” (*xieqi* 邪氣) and “wind” (*feng* 風).<sup>40</sup> One chapter from the work emphasizes that a patient’s belief in demons and spirits can complicate the physician’s work to the point of rendering his treatment ineffective. In a slightly more conciliatory vein, Tao Hongjing’s 陶弘景 (456–536) renowned fifth-century commentary to an influential Han medical treatise struggles to reconcile the competing etiologies of demonic affliction on one hand and naturalistic causes or internal imbalances on the other. His *Collected Commentaries to the Canonical Pharmacopoeia* (*Bencao jing jizhu* 本草經集注) attributes illness to pathogens (*xie* 邪) such as wind (*feng*) and excessive heat (*shu* 暑), but also to demonic pneumas (*guiqi* 鬼氣).<sup>41</sup> The recommended treatments reflect the ambivalence: for best results against grave illness, Tao Hongjing prescribes a combination of herbal and mineral decoctions together with exorcistic prayers (*qidao* 祈禱).<sup>42</sup>

Criticized but tolerated, exorcism and other demonological therapies were included in sources that were reflective of literati medicine for two reasons: the first is that early etiologies, largely derived from local traditions, afforded some currency to the supernatural causes of illness. Second, and

38. See Despeux (1990). The two chapters are known collectively as the “The Classic of Charms” (*Jijing* 禁經).

39. See for instance, the *Zuozhuan* passage in which Prince Jin calls on prognosticators (*buren* 卜人) and physicians (*yi* 醫) to establish the cause of his suffering. The prognosticators blame spirits (*shen* 神), while the physician attributes the ailment to an imbalanced pneuma. The prince agrees with the latter’s diagnosis; *Zuozhuan* 左傳 (Commentary of Zuo) Lord Zhao 1; cf. Harper (2005: 134).

40. See *Huangdi neijing Lingshu* 58, where Qi Bo explains that people may misconstrue the cause of an ailment because of its immaterial nature: “The origin of the condition is subtle. Looking, one does not see it; listening one does not hear it. Thus it resembles demons and spirits”; see Harper (1999: 99).

41. See the detailed discussion of this source in Engelhardt (2010: 187–196 and 225–237); cf. the modern “sanitized” version of the six causes of illness (wind, summer heat, fire, cold, humidity, dryness); Farquhar (1996: 61–146).

42. Ryū 530, sec. 10 1.101–128; see Chen Ming (2010: 229).



perhaps more importantly, by incorporating exorcism and associated therapies into medical orthodoxy, the ruling elite could regulate and thereby exert a degree of control over the local practices and beliefs it judged potentially subversive.

### *Healing, Locality, and the Bureaucratic Paradigm*

The perceived cleavage between the order of the official sphere and the clutter of local superstition is not a recent one: contemporary categories are often stand-ins for the earlier headings of “heresy” (*yiduan* 異端), “heterodoxy” (*xiejiao* 邪教), or “excessive cults” (*yinsi / yinci*).<sup>43</sup> Indeed, for centuries, Confucian orthodoxy had attempted to sideline the most contentious exorcistic practices from literati medicine and incorporate the most digestible ones only to better regulate them.<sup>44</sup> Most literati were resigned to the idea that local traditions of magical medicine could not be stamped out. As a Ming dynasty gazetteer laments, “since there is *yang* there must also be *yin*. Since there is orthodoxy, there must also be heterodoxy.”<sup>45</sup>

One of the principal reasons for the medical orthodoxy’s fixation on regulating the perceived disorder of the demonic or the supernatural lies in the proximity of the language of healing to that of governing. In Chinese cosmology there is no ontological discontinuity between the microcosm of the body, the microcosm of human society or the state, and the macrocosm, that is to say, “nature” as a whole. In striving to emulate what is believed to be the inherently harmonious order of the cosmos, both of the above microcosms, human society and the body, respond to the same ordering strategies.<sup>46</sup> Indeed, the same character, *zhi* 治, “to order,” is used interchangeably to express the actions of

43. The earliest use of such polemical terms appear to be of Confucian origin; see for example the *Analecets* (*Lunyu* 論語) 2.2 and 2.16; also Mencius (*Mengzi* 孟子) 3.14 for examples. Other examples of polemic terms include *zuo* 左 (“left”), *wai* 外 (“outside”), or *qu* 曲 (“warped”).

44. Goossaert (2009: 188) identifies Confucian fundamentalism and “widespread anticlericalism” as two major historical (and premodern) trends that have, like the more institutionalized KMT and CCP, tended toward antireligious reform in China; see also Goossaert (2002) for a description of how officials implemented related policies in the Song dynasty. For policies specifically geared towards eradicating undesirable therapeutic practices, see Hinrichs (2003: chaps. 2 and 4); and for a succinct sample, see note 46, below.

45. Cited from Nedostup (2009: 9).

46. Hinrichs (2011: 217) stresses that the medical texts distributed by imperial authorities in their “moral education” campaigns “also inscribed and disseminated visions that integrated cosmos, body, society, and empire.” Multiple strategies were employed

both governing and healing. For the literati physician, that which conceptually bridges governing and healing is the necessity for ordering the disorderly, whether it is an unruly populace or a local assortment of motley demons and minor spirits that demand constant placating.<sup>47</sup> Paralleling and even informing the formation of a medical orthodoxy, the discourse of political unity in China also included a program for the formation of a religious orthodoxy, in other words a standardization of local cults. Institutional Confucianism was particularly vituperative against wasteful “excessive” cults during the late Han and late Six Dynasties, fulcrum periods in imperial unification.<sup>48</sup> Literati officials viewed themselves as ideological buttresses of the state’s unification projects, agents of a centripetal imperial bureaucracy, whose purpose it was to homogenize regional divergences in an effort to better regulate, standardize, and thus rule. If early medical traditions were associated with specific localities and individual practitioners, medieval medicine was increasingly anonymous or delocalized associated instead with medical academies and an empire-wide bureaucracy.<sup>49</sup>

to enforce these views, among them “rounding up and flogging shamans, smashing their shrines and ritual objects, branding and sending into penal exile the more prominent shamans, and enjoining shamans to ‘change occupation’ (*gaiye* 改業) and practice medicine” (222).

47. This perspective is explicitly spelled out in primary sources; see Hinrichs (2011: 236–237); see also the first paragraph of the conclusion in this chapter. Lo and Li (2010: 384–385) emphasize the civilizing aspect of medical discourse instead of ordering. Nonetheless, the overall assessment is an agreement with the one presented in this chapter: “Modelled on legal and administrative traditions employed in the imperial administration, medical knowledge set out in this way claimed a legitimacy akin to that of government. The purpose of the dialogues [between different medical traditions in sources] was not to stimulate debate, but to unify diverse opinions, as we see not only in the *Huangdi neijing* [Inner Classic of the Yellow Emperor], but also in the *Nan jing* [Canon for Difficulties].”

48. Quite tellingly, the Way of the Celestial Masters or Tianshidao 天師道, the earliest fully institutionalized Daoist movement, is otherwise known as the Way of Orthodox Unity (Zhengyi dao 正一道). Often allying itself with the state in vicious suppression campaigns, early Daoists adopted the same incorporative strategy as classical medicine, absorbing local traditions along with their practices and pantheons while simultaneously defining themselves as universal and orthodox reform movements. See Bokenkamp (1997: 10–15), Kleeman (1994b), and Nickerson (1994). For much of the same reasons as Daoists, Buddhists were also markedly critical of local practices and beliefs; see Harper (2005: 156–157). Many of the gods listed in the Dunhuang medical manuscripts that Harper examines were originally local deities that were incorporated into state cults during the Warring States, Qin, and Han periods. On the appearance of local gods and imperial deities in Han therapeutic rites, see Rao Zongyi (1996).

49. On this point, see the brief discussion in Lo and Li (2010: 384–387).



However, in discussing etiology, Tao Hongjing reveals the existence of a higher order bureaucracy, whose authority superseded even that of the state. In his preface to the *Bencao jing jizhu*, he argues that a lack of "deference to superior authorities" (*shen shishang* 慎事上) can have an immediate and very negative impact on one's health.<sup>50</sup> Here, Tao Hongjing is referring to figures including the Director of Destinies (Siming 司命) and the Director of Dangers (Siwei 司危), bureaucratic gods who keep records of a person's deeds and misdeeds, allocating commensurate punishments and rewards. Typically, these are distributed in terms of "life capital," that is to say the number of years one is allotted to live. One of the principal ways in which divine celestial officials reduce life capital is through disease. In this way, divine officials are the arbiters of health, lifespan, and fate.

The belief that the supernatural communicated with the living through bureaucratic means such as talismans (*fu* 符) that doubled as administrative bonds or tesserae was crucial for defining the relationship between both worlds. It Bureaucracy was a fundamental aspect of exorcistic healing practices of course, since these almost invariably consisted in the application, ingestion, or burning of talismans and the recitation of judicial orders. Talismans were originally used as contracts or tallies, binding two parties to an agreement; or as seals of state authority, binding subordinates to act in accordance with the wishes of the talisman holder. Both of these dimensions were preserved in therapeutic usages, where the talisman acts as a means of communication between the officiant, religious specialist, or patient, and the corresponding demon or spirit who is contractually bound to obey the talisman holder.<sup>51</sup> Alternatively, talismans were used to summon divine officials, very often judicial figures, who enter the bodies of patients and purge them of demonic pathogens. The connection between bureaucracy and the supernatural extended beyond healing to broader spheres dealing with fate in general. In some varieties of early institutional Daoism, any interaction with the supernatural took on the form of administrative requests passed along a hierarchy of divine scribes, officials, judges, and rulers. To this day, Daoist rituals often end with the conspicuous injunctive "quickly, quickly, in accordance with the laws and statutes!" (*jiji ruli ling* 急急如律令), a phrase that betrays unequivocal judicial and bureaucratic origins; it is most often used at the end of a spell,

50. Ryū 530, sec. 10 1.101–128; see Chen Ming 2010: 229.

51. For two excellent studies on Daoist talismans, see Despeux (2000: 498–540) and Mollier 2003.

invocation, or talismanic rite to expedite a request and remind the targeted god or spirit of its obligations.<sup>52</sup>

### *Disease and the Deceased: Hygienic Dimensions to State Authority*

The conviction that the supernatural could be managed and thus illness controlled through a bureaucratic or judicial logic, the very same one that officialdom relied on to govern, ensured that exorcistic therapies and other forms of magical healing could not be permanently expunged from the canons of classical medicine. By completely discrediting exorcistic techniques and the administrative paradigm that informed them, medical orthodoxy and officialdom, to which the former was intimately tied through the literati class, would undercut the foundations of their own authority.

More to the point, the Chinese state owes its very existence to ghosts and spirits. Its institutions primarily grew out of a concern for managing the unruly supernatural forces responsible for disasters and, more commonly, disease. The subjects of the Shang dynasty (1600–1046 BCE) believed that the dead who harbored grudges could strike back from beyond the grave to exact revenge.<sup>53</sup> Such personal vendettas usually took the form of illness. Preoccupied with the unrestrained, sometimes arbitrary, and seemingly limitless reach of the dead, the early Chinese devised a complex system of oversight in order to check any abuses of power from beyond the grave. The best way of going about this task was to regiment interactions between the living and the deceased and standardize their relations by subsuming the deceased into genealogical hierarchies, which were themselves integrated into a larger hierarchical structure built on the regulated interaction between human

52. By the Tang, the use of talismans and the phrase "quickly, quickly, in accordance with the laws and statutes" had spread to Chinese Esoteric Buddhism as well, especially in medical texts; see for example S.980, P. 3668, a votive text elaborated on the copying of the *jin guangming jing* 金光明經 (Sūtra of the Golden Radiance); see Despeux (2010: 61) and Huang Zheng and Wu Wei (1995: 920–921). For a representative sample of exorcistic Buddhist medical texts, see, for instance, Taishō Tripitaka T. 1323 to 1330.

53. This is akin to Barend J. ter Haar's "demonological paradigm," according to which the world and its inhabitants are perceived as being under constant threat from demonic forces. This outlook has had a persistent impact on political discourse in imperial and postimperial China; see ter Haar (1996). This paradigm is often opposed to the typically Confucian representation of a harmonious cosmos that is essentially benign; see for example the discussions in Feuchtwang (2001: 51–59) and Smith (2006).



and supernatural realms. In clearly defining parameters of their power and codifying their behavior, Shang rulers could segregate spirits and ancestors from the living, thereby purifying the categories of the supernatural on one side and human society on the other through ritual partition. As long as the proper sacrifices were performed and rites were observed, disease could not afflict officiants.

If ritual formalities were neglected, the recently deceased were blamed for troubles—most commonly illness—affecting individuals, and were easily exorcised or propitiated.<sup>54</sup> Conversely, the High Powers of the Shang Pantheon, to borrow Keightley's terminology, including the supreme deity Di 帝 or Ri 日, the sun, were responsible for the plight of the kingdom as a whole.<sup>55</sup> By virtue of sitting atop the spiritual hierarchy, they were considerably more remote and less amenable to human influence. Thus, the Shang enlisted ancestors and lower-ranking spirits, after placating them with the proper ritual attention, to act as intermediaries on their behalf. The High Powers heavily impressed upon the public sphere, influencing matters from harvests and epidemics to the success of military campaigns. Ancestors, the most receptive class of supernatural beings, were sometimes able to sway them. Thus, worshipping ancestors, whether through divination, sacrifice, or alternative forms of ritual, became ineluctably tied to the exercise of power.

With the governing class's claim of authority over the supernatural came the individual's or the local's dispossession of it. A passage from the *Xunzi* 荀子 that also figures in the Confucian *Book of Rites* (*Liji* 禮記) elaborates:

He who rules the world sacrifices to seven generations of ancestors; he who rules a state sacrifices to five generations; he who rules a territory of five chariots sacrifices to three generations; he who rules a territory of three chariots sacrifices to two generations. He who eats by the labor of his hands is not permitted to set up an ancestral temple.<sup>56</sup>

Thus, seemingly from the outset, ancestor worship was the divine right of members of the royal family alone. At the same time, the precedent for the

54. For some Shang examples of exorcistic healing, see Puett (2002: 46).

55. Keightley (1978: 5-7, 17).

56. *Xunzi* 19.2a; cited from Lagerwey (2010: 4). Only in the Qing dynasty (1644-1912) extended the right to worship one's ancestors to families of lower social standing. Many of the perspectives on religion and the state in this section derive from conversations with John

"spiritual imperialism" enacted by later fundamentalist Confucians (and others, including institutional Daoists) was already established: by absorbing the spirits that were locally worshiped into the official Shang sacrificial system and subordinating them to the dynastic ancestors, the ruler enlarged his dominion over the supernatural while consolidating his political authority in the territories under his control ruled.<sup>57</sup>

To enact the religious and political will of the ruler and ensure that negotiations between the worlds of nature and humans proceeded smoothly required the attention of an entire class of ritual specialists. Spirits and ancestors were given generic names, such as the "River God" (Hebo 河伯) for Nature Powers, and "Father Jia" (Fujia 父甲) or "Ancestor Ding" (Zuding 祖丁; Jia and Ding being the first and fourth values of the Shang numeral system) for ancestors. The deceased proceeded up a numerical hierarchy via a series of cyclical promotions; the echelons were established in terms of how distant they were from the present generation. They alternatively occupied a string of offices or ranks, which effectively became their posthumous names. All marks of personal identity were erased in an effort to improve the state's administrative efficiency, both in ritually dealing with ancestors and, more concretely, in managing their periodic outbreaks into the world of the living through disease and miscellaneous calamities. As Keightley summarizes, "It was the good order represented by the ancestors that was paramount, not their individual personalities. . . . In the ideology of the early Chinese elites, the depersonalized dead were the ordered dead."<sup>58</sup> Once adopted, liturgical titles served the function of compartmentalizing and classifying the departed, ensuring not only that they did not perturb the functioning of society, but also that they became beneficial agents of the living, integrating the ritual hierarchy and passing on the request along its ranks that they keep the interests of the living in mind.<sup>59</sup>

These supernatural officials and their duties, once ossified into an elaborate bureaucratic regimen along with their living mouthpieces, the ritual specialists, precipitated the emergence of the institution of the Chinese state. As Mark Lewis relates, "[t]he world of the spirits became the first imaginary double of

Lagerwey during his visit to Heidelberg in May of 2011 and subsequent discussions with Grégoire Espeset.

57. See Keightley (2004: 6), whence I also borrow the term "spiritual imperialism."

58. Keightley (2004: 26, 34).

59. For a more eloquent appraisal of Keightley's findings and their larger implications, see the chapter "Anthropomorphizing the Spirits," in Puett (2002: 32-79).



the emerging state. . . . In short, the structure of the ancestral cult established the *precedent* of a graded hierarchy in which position took priority over personal character and each named individual moved through a series of roles." He concludes, "Shang-Zhou ancestral cults, which determined the structure of both state and kin groupings, anticipated several of the basic principles attributed to bureaucracy in the later state."<sup>60</sup> And so the birth of the Chinese bureaucracy along with that of the Chinese state were direct results of the ordering of the supernatural, a category that also incorporated Nature Powers such as the aforementioned sun, or Ri.<sup>61</sup> Indeed, the bureaucracy also extended to nonancestral deities, which were perhaps even more in need of ordering than ancestors.

The Chinese pantheon was bureaucratized in an effort to curtail the actions of resentful ancestors and limit the damages that Nature Powers could inflict on the living. It is precisely because these entities represented an alternate form of politicized power, a threat to the stability of the state and its authority, that their worship was subjected to such stringent framing. But the power of the supernatural could also be harnessed by Shang and later Zhou rulers who were wont to coerce their subjects into complying with unpopular policies.<sup>62</sup> Low-ranking ancestors, the closest in proximity to the living, would report (*gao* 告) human misdeeds or disobedience up the chain of command; higher powers would then hand down the appropriate sentence, often illness or death, but also more generalized misfortunes such as drought or enemy invasions. By threatening retribution for disorderly conduct from beyond the grave, the state effectively turned depersonalized ancestors and spirits into a policing or judicial body, whose role it was to enforce order and exact punishment.<sup>63</sup>

The disintegration of the Shang-Zhou political and ritual orders during the Warring States (475–221 BCE) allowed for much more personalized, even disorderly, eruptions of the netherworld into the sociopolitical arena. But the legacy of bureaucratization had already made an indelible mark on Chinese statecraft. Capitalizing on Shang-Zhou revivalism and its ethos of political unity through standardization and centralization, the emergence of Confucianism met with resounding success. Under the unified Han empire, a strong centralized rule paved the way to the Confucian-inspired wholesale regulation of both human

60. Lewis (1999: 13, 16), cited in Keightley (2004: 41).

61. See the excellent treatment of this question in Puett (2002: 52–58).

62. For an account of how the Shang system developed in the Zhou, along with evidence of some continuities and concordances, see Cook (2009).

63. Keightley (2004: 35).

and (super)natural spheres. The recently deceased, for example, had to submit sepulchral plaints (*zhongsong* 塚訟) to celestial magistrates before proceeding with hauntings or exactions through illness, and even then, these plaints could be contested by counter-lawsuits filed by the living.<sup>64</sup> The supernatural bureaucracy, complete with a fully functioning judicial system, now governed all aspects of death, so that uncertainty and unpredictability was minimized.

A sprawling bureaucratic order, with its prolific hierarchies and copious regulations, became the blueprint for a centralized governmental superstructure that equated geopolitical unity with classification, standardization, depersonalization, and therefore delocalization. By ordering the supernatural, the governing elite fulfilled its mandate of hygienic partition of nature and the human realm—in Latour's terms, "the work of purification."<sup>65</sup> It is principally by applying this hygienic partition, that is by limiting the irruption of the supernatural—whether in the form of illness or disaster—into the human sphere, that the ruling class and the ruler legitimated their authority over the human sphere. Thus, the emergence of a social contract in early China is rooted in the management of the supernatural. What is more, from the outset, state authority was patterned on the very bureaucratic logic that was used to manage the supernatural, rather than the other way round.<sup>66</sup> Some scholars have even suggested that administrative kinship classifications and the very structure of secular state institutions in imperial China, including Confucian-inspired officialdom, may have derived from religious rituals.<sup>67</sup>

In any case, the state and the supernatural are symbiotically entangled in China, despite the former's discourse of purity and hygienic separation between them. It would be impossible for the governing elite to negate the existence of spirits or to deny the demonic-illness paradigm without eroding the very pillars of its legitimacy. In effect, political ideologies, such as those of Confucian-inspired officialdom, proliferated

64. Nickerson (1996: 261–352); see also Strickmann (2002: 1–57).

65. See the section "Magic in Religion and Religion in Law" in chapter 1 of this volume.

66. Some scholars, including K. C. Chang and David N. Keightley, contend that the "Mandate of Heaven" (*tianming* 天命), a Zhou-dynasty articulation of the notion that Heaven (nature, the supernatural) granted approval or disapproval of rulership subscribes to a bureaucratic logic steeped in Shang theology; see, for instance, Keightley (1978: 220–21).

67. David Keightley admits the possibility, albeit very timidly (see Keightley 1978: 222–224, n. 49, 222); Mark Lewis does so more confidently (Lewis 1999, especially the first chapter, "Writing and the State"), as does Puett (2002: 102), with some qualifications.



hybrids between human society and the (super)natural, since each was part of the other.

*Conclusion: Of Purification and  
Mediation—Chinese Modernity  
Avant la Lettre*

At first glance, the Chinese historically state entertained a dialectical relationship with local expressions of the supernatural, which were perceived as threatening to and incommensurable with universalizing imperial aspirations. By virtue of its inherent propensity to order, the bureaucratic metaphor served as a trusted tool. Time after time, the defenders of literati orthodoxy and members of the official class attempted to standardize and institutionalize the local supramundane in order to bring them in the purview of state oversight. "Reckoning arts" (*shushu* 數術) texts used in hemerological divination for instance, were regulated by the Office of the Grand Astrologer (Taishi ling 太史令), which institutionalized their transmission and conferred official status on related practices.<sup>68</sup> The task of determining what was orthodox was accomplished by gauging the "positive" or "negative" implications for the state. As Marc Kalinowski relates, "those procedures deemed useful to governance and the public welfare met with approval, while those thought to serve personal interests, spread confusion, encourage commerce with deities, and lead to disorder were condemned."<sup>69</sup> The familiar habits of equating the supernatural with unruliness and labeling it antithetical to state interests were those that drove the later standardization of the medical profession; the social history of physicians in China can be read as a gradual process of transition from local medical exorcist (*wu* 巫) to fully institutionalized literati-doctor (*ruyi* 儒醫).<sup>70</sup> In the mid-1500s, not by coincidence a period marked by a strong central government and an omnipotent literati class, exorcism was finally banned from official medical curricula.<sup>71</sup>

68. For more, see Kalinowski (2005: 110).

69. *Ibid.*, 111.

70. Needham (1970: 265); Needham argues that the transformation of physicians was irrevocably completed in the Song, although I would submit there were periodic and sometimes lengthy resurgences in the social significance of local healing practices; see also Hymes (1987: 9–76) and, more recently, Hymes (2002).

71. Because the practice of "exorcizing the cause" (*zhuyou*) was instituted in the *Huangdi neijing*, the oldest and most venerable canon of classical medicine in China, the reasons for

Beneath a sanitized surface however, the state has always been suffused with spirits and demons down to its very core. Historically, this hybridized underbelly was exposed during periods of weakened centralization: with the swelling of the literati class, its de-aristocratization, and the rise of regional officialdom and microadministration, the state's approach to local cults during the Song (960–1279) shifted from outright suppression to regulation through absorption.<sup>72</sup> A number of local popular gods rose through the ranks of the pantheon and were honored in national cults, many of them acquiring pronounced bureaucratic or judicial characteristics as a result of their ascension; still others maintained overtly martial, and thus exorcistic, traits that underscored their subscription to regional languages of healing and, more generally, local authority.<sup>73</sup>

Far from constituting an epistemic break, the advent of narratives of modernity and science in twentieth-century Chinese political discourse provided fresh fuel for old struggles. Marxist modernity and secular, rational science displaced Confucian-inspired literati officialdom as the new universalizing powers in statecraft and medicine. But the old programs of standardization and local erasure remained valid. The more recent counterdiscourse of pluralism is perhaps even more effective in achieving the state's goals, for it is imbued with a nationalistic character that convinces its adherents that they are assuming, even celebrating hybridity: the CCP touts a thoroughly *Chinese* modernity, its ideology is not Marxist, but *Maoist*, its national

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excluding magico-religious therapy were avowedly more ideological than doctrinal. Secular Confucian physicians were adamant about being distinguished from their embarrassingly local shamanic and/or religious counterparts. The aim was to establish a monopoly that would relegate the religious to spheres that did not intersect with literati interests, be they strictly medical or more broadly political. Hence, literati physicians did not go so far as to repudiate the demonic origins of illness. They opted to simply sideline the ritual specialists who directly interacted with disease demons and thereby addressed the root cause of the illness. By acknowledging the origin of the disease without addressing it, literati physicians ensured that the demand for the services they specialized in, namely the treatment of symptoms through herbal remedies or acupuncture, were preserved. For more on this sixteenth-century polemic, see Fang Ling (2002). Fang Ling notes this measure further "dehumanized" the profession by reducing it to a purely clinical treatment through the prescription of drugs; the psychological dimension of illness (pertaining to "spirit") and its connection to the body, which were previously addressed by shamans or religious/ritual specialists, became completely neglected in favor of uniform, standardized, delocalized, and secularized therapies inspired from statecraft.

72. Ebrey and Gregory (1993: 28), cited in Lagerway (2010: 4).

73. The snake deity Wenchang 文昌 became the national god of literary learning, whereas the Marshal Wen Qiong 溫瓊 was celebrated as a plague deity; see Kleeman (1994a) and Katz (1995), respectively. Janousch (2011) has examined how conflicting local and state interests play out on the cultic scene; see also Hansen (1990) and, more recently, Tomoyasu (2010).



healthcare system not only rests on the practice of modern medicine, it incorporates *Traditional Chinese* medicine. Through this lens, the PRC is a mosaic of multiple localities with a celebrated record of medical pluralism, a *bon élève* of alternative modernity. Additionally, despite being infused with a healthy helping of “traditional” and “local” elements, the PRC’s brand of modernity remains conversant with and intelligible to its more mainstream global counterpart.

Yet, despite this rhetorical sleight of hand, the same processes of purification are in operation. Just as the Imperial Academy of Medicine accepted some forms of magical medicine into its curriculum in order to keep others out, so too the CCP manufactured TCM to ensure that the aspects of local medical systems that are more incompatible with science and modernity—exorcism chief among them—are relegated to the proverbial dustbin of official discourse. But that is not to say that they are wiped from the annals of healing. This ambivalence echoes findings from recent studies that have highlighted the exceptions to Watson’s rule of cultural unity imposed by literate elites.<sup>74</sup> Paul Katz has notably highlighted the continued popularity of Chinese expulsion and exorcistic rituals despite their irreconcilability with modern paradigms.<sup>75</sup> Part of the reason for this resilience lies in the perceived relative corruption of state authority in comparison with the indefatigable rectitude of the celestial officials who are summoned to expel disease-causing agents, be they demons, wind, or pneuma. The world of the supernatural was conceived as a type of utopian refuge, even for certain literati, who in it sought justice, uprightness, fairness, and true love—all things that were absent from their quotidian existence.<sup>76</sup>

In short, this chapter has argued that medical pluralism, the hybrid product of an allegedly modern process of purification, opposing nature to culture or the superhuman to society, is not the consequence of a deliberate Chinese postcolonial affirmation of alterity, as it is sometimes depicted. As far back as the second millennium BCE, under the Shang, the Chinese cultivated a “modern” polarity between nature and culture only to blur the boundaries. In order to legitimate unified, standardized, and centralized empires, elites consistently translated the unpredictability of agonistic nature into a collection

74. See the essays in Sutton (2007).

75. See for instance Katz (2007a, 2008). On a related topic that is generally germane to themes of the present chapter, see Katz (2007b). For more on local cults in contemporary China, see, for instance, Clart and Crowe (2009) and Dean (1998).

76. Poo Mu-Chou (1997: 13).

of governable entities. Local river spirits, mercurial ancestors, and capricious elemental gods were domesticated and reined in under the banner of imperial ideology, the great universal of China.

In the twentieth century, the hygienically partitioned categories endured, although their polarity was inverted: with science providing unmediated access to nature, culture came to be regarded as socially enmeshed and locally produced. As an embodiment of modernity and an enactment of science, the postimperial Chinese state enjoyed direct access to the transcendent truths of nature, thereby legitimating its authority over its citizens.<sup>77</sup> However, despite this very significant difference, from the earliest administrative impulse to govern a unified China, the ideological superstructures that define the relationship between the metropolitan and the local have exhibited a remarkable amount of continuity.<sup>78</sup> These superstructures are best subsumed under the general heading of “bureaucratic” (implying contractual, routinized, judicial, hierarchical, secular, rational, and standardizing functions), a paradigm that is dependent on the continued existence of the very thing it aims to suppress—the individualized and localized expressions of an unruly supernatural realm.<sup>79</sup>

If we are to join in the applause for Chinese medical pluralism, the integration of “global” biomedicine with an “indigenous” and “traditional” healing system can be read in only one way: as a reaction to the process of modernization and a response to the imposition of Western medical standards. Medical pluralism is a valiant affirmation of alternative modernity, but it leaves China in the position of passive recipient, one who, in a clumsy retort, scurries to reformulate its own medical tradition in accordance with dominant scientific standards. There is no catachresis, no reinscription of biomedicine within Chinese styles of reasoning, but rather, an adaptation of the latter to the former. Praising China’s medical pluralism precipitates an essentialization of the Chinese medical tradition and encourages TCM’s lumping together of significantly divergent local and minority healing cultures under one universal

77. Latour ([1991] 1997).

78. Several scholars have already pointed to perennial nature of the bureaucratic metaphor as a key component of state ideology throughout Chinese history. David Keightley (2004: 8–9 and 40–41), for instance, ties his findings on Shang living-deceased relations to Arthur Wolf’s conclusions on contemporary Taiwanese local religion.

79. This recalls the classificatory inclinations of other imperialistic ideologies, or “disciplines of accumulation” as Said (1979: 123) terms them, with their “penchant for dramatizing general features, for reducing vast numbers of objects to a smaller number of orderable and describable types.”



ethnocentric banner. Such approaches may celebrate China's contribution to medical discourse as an emancipation of its colonized status, yet in so doing they reaffirm the heuristic validity of that status. In this view, despite its emancipation, China is still a compliant receptacle for nonnative scientific or epistemological dictates.<sup>80</sup> At the very least, China is a victim of self-inflicted auto-orientalism, first claiming that its distinct and nonmodern cultural product, in this case TCM, is measurable by and intelligible to Western science, and in a second step, arguing that it is actually superior to Western medicine.

In recognizing the elements of modernity *avant la lettre* embodied in official discourses on classical medicine, and more broadly in the dialectic between the metropolitan center and peripheral local societies, this chapter has aimed to reinfuse China with self-determination and agency.<sup>81</sup> China's top-down brand of pluralism is and has been its own homegrown variety, even if in recent years, it has adopted a language that is familiar to Western observers. The Ministry of Religious Affairs' rare but representative pronouncements on religion are eloquent on the ideological continuity between imperial and contemporary Chinese state attitudes toward "superstition," including exorcistic healing therapies: "We must approach religion with a scientific attitude, to formulate correct policies to deal with religious issues through effective management and guidance, and to promote orthodox and orderly religious activities. . . . We must implement this through political ideology and through a popularization of scientific knowledge and culture, [thereby] helping the masses to establish a correct outlook on the world through which they will scientifically look at life and old age, sickness and death, auspiciousness and misfortune, calamity and happiness."<sup>82</sup> Neither

80. See for example Goossaert (2009: 189–190).

81. It should be clarified that in this case, the metropolitan or local model does not reinstate a domestic binary opposition in the place of a global one. Horizontally, local societies were involved in relational networks with other local societies just as they were vertically interacting with local, regional, and metropolitan officials. Some may have even entertained diagonal relationships with officials from other villages, counties, prefectures, and so on, which could have put them in touch with geographically noncontiguous local societies. In short, the picture is a complex one, but the centralizing impetus of the state is imposed top-down through every level and link in this network.

82. "我们要以科学的态度看待宗教, 制定正确的政策处理宗教问题, 通过有效的管理和引导, 促进宗教活动正常有序, . . . 我们要通过思想政治工作, 通过普及科学文化知识, 帮助广大人民群众树立正确的世界观, 科学看待生老病死、吉凶祸福"; From a front-page interview with Wang Anzuo 王安作, Minister of Religious Affairs, by Li Yumei 李玉梅, Chen Guoyu 陈国裕, Li Hong 李红 (2013: 1). In a comment that underscores the persistence of the bureaucratic/legal paradigm, Wang Anzuo adds: "We use a judicial approach to regulate of religious problems, standardize the management of religious affairs, and promote the administration [of religion] in accordance with the law. This is the general direction of things 用法治的方式处理宗教问题, 规范宗教事务管理, 推进依法行政, 这是大方向" (ibid.).

modernity nor science (nor any degree of perceived "Westernization") has modified the age-old centralizing and standardizing programs of state discourse.

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# The Law of Possession

*Ritual, Healing,  
and the Secular State*



*Edited by*

WILLIAM S. SAX  
HELENE BASU

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“Modern’ states tend to force a division between the domains of law and medicine, and to separate both, as ‘secular’ institutions, from the sacred. Yet people everywhere persist in bringing the three together in their search for justice and healing. Why should this be? And how might the phenomenon of ‘spirit possession’ provide an answer? This provocative set of essays brings rich, comparative insight to such conundrums, to the enchantments that remain integral to lived modernities everywhere.”

—JEAN COMAROFF, Alfred North Whitehead Professor of African and African American Studies and of Anthropology, Harvard University



Rituals combining healing with spirit possession and court-like proceedings are found around the world and throughout history. For example, a person suffers from an illness that cannot be cured, and in order to be healed he performs a ritual involving prosecution and defense, a judge and witnesses. Divine beings give evidence through human oracles, spirits possess their human victims and are exorcized, and local gods intervene to provide healing and justice.

Such practices seem to be the very antithesis of modernity and many modern, secular states have systematically attempted to eliminate them. Why are such rituals largely absent from modern societies, and what happens to them when the state attempts to expunge them from their health and justice systems, or even to criminalize them? Despite the prevalence of rituals involving some or all of these elements, *The Law of Possession* represents the first attempt to compare and analyze them systematically. The volume brings together historical and contemporary case studies from East Asia, South Asia, and Africa, and argues that, despite consistent attempts by states to discourage, eliminate, and criminalize them, such rituals persist and even thrive because they meet widespread human needs.

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