

**Constructing Authenticity and Embodying Tradition in a
Globalising Medicine: A History of Five-Element Acupuncture
(五行针灸, *Wúxíng Zhēnjiū*)**

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I, Yi YANG, confirm that the work presented in my thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Abstract

Five–Element Acupuncture (FEA) is a European style of ‘Chinese medicine’ originally inaugurated by a British physiotherapist, Jack Worsley, in the 1970s. It was subsequently developed as 'authentic' Chinese acupuncture and popularised by many of his followers, for whom what they imagined to be traditional Chinese medicine became part of questioning and challenging what they saw as a fundamentally Eurocentric industrialised science and rationalism. Four decades later, in the 2010s, this style of acupuncture was introduced to China by a student of Worsley’s (Nora Franglen), with the help of a Dutch–based Chinese acupuncturist (LONG Mei) and a leading figure and advocate of 'traditional' styles of Chinese medicine (LIU Lihong) that were flourishing in mainland China around the same time. FEA has drawn increasing attention from Chinese acupuncturists, where the label of 'authenticity' has played a significant role in its popularity as a traditional yet globalising medicine. My research therefore aims to answer the following question: how and why did this style of acupuncture, which originated in Europe and North America, come to be constructed and legitimised as authentic acupuncture in both late 20th century Britain and contemporary China?

This study uses primary sources of oral history interviews and digital archives to answer the following sub-questions: a. How and why did Worsley and his followers construct FEA as authentic Chinese medicine in late 20th century Britain? b. How was ‘authenticity’ challenged and negotiated between FEA and Traditional Chinese

Medicine (TCM) from China in the process of professionalising acupuncture in Britain? and c. What tensions are revealed by the '(re)-importation' of this allegedly 'authentic' tradition from Europe to mainland China? Drawing on methods and theories from history, anthropology, science and technology studies and cultural studies, I examine how a range of socio-cultural factors, in particular a counterculture movement in both New Age Britain and post-Deng China, contributed to the currency and legitimacy of FEA as an 'authentic Chinese acupuncture' in 1970-80s England and contemporary China.

Impact Statement

This thesis aims to contribute to the global history of acupuncture, and the industry of both Chinese and alternative medicine. By addressing the question ‘What is Chinese medicine in the modern world?’, this project fills a significant gap in the transnational landscape of acupuncture since the 1960s. The subject of this work, Five–Element Acupuncture, has played a significant role in shaping the modern identities and practices of Chinese medicine and acupuncture in Euro–American countries and beyond. It has promoted aspects of holism, body–mind–spirit medicine and personalised medicine.

With a focus on the history of this particular style of acupuncture, this work provides a contextualised analysis of its emergence, development and transmission from the 1960s to the present, across the two societies and cultures of Britain and China. This is not only a critical history of the medical treatment of millions of people annually across cultural and geographical boundaries, but also sheds new light on the nature of successful ‘living traditions’ and their engagement with authenticity in contemporary societies. Therefore, this work may provide food for thought and reflection not only for academics, but also for practitioners and their clients, stakeholders and policymakers, and anyone with an interest in the field.

This work also engages with the academic examination of the counterculture movement as an international campaign in the 1970s and beyond, from a unique

perspective of healthcare and alternative medicine. The discussion of contemporary Chinese society also sheds light on the long-term and far-reaching influences of the counterculture movement outside of its conventional focus on Euro-American societies.

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List of Abbreviations

BAC: British Acupuncture Council

CAM: Complementary and Alternative Medicines

CCM: Counterculture Movement

CCMer(s): members of the Counterculture Movement

CF: Causative Factor

CICM: College of Integrated Chinese Medicine

CTA: College of Traditional Acupuncture

FEA: Five Element Acupuncture

FEAA: the Five Element Acupuncture Association (in China)

ICOM: International College of Oriental Medicine

NATCM: National Administration of Traditional Chinese Medicine (国家中医药管理局 *guójiā zhōngyīyào guǎnlǐ jú*)

PRC: People's Republic of China

TAS: Traditional Acupuncture Society

TCM: Traditional Chinese Medicine

TCD: the Classic of Difficulties (難經 Nànjīng, compiled after 100 CE)

TDCC: the Treatise on Diseases Caused by Cold (傷寒論 Shānghán Lùn, compiled around 220 CE)

WHO: World Health Organisation

Chapter 1 Introduction

Background

Acupuncture is known in the Sino–sphere and elsewhere as a Chinese medical tradition that uses fine needles to stimulate invisible channels and points on the surface of the human body. This practice arguably originated between the 2nd and 1st centuries BCE in ancient China.¹ Chinese medicine is therefore widely known as a ‘traditional’ medicine, a designation which misleadingly assumes and conveys a sense of coherence and continuity with those putative ancient origins.² However, 20th century historiography shows an increasing attention to the plasticity of medicine in China. That is, it is no longer tenable to imagine that the global practice of 21st century Chinese medicine bears but the most tenuous connection to what was originally practised in the 2nd century BCE. This thesis therefore contribute to a growing trend which sees modern innovation and change at the heart of a successful ‘traditional medicine’. Since the earliest classical works of Chinese medicine were compiled, doctors have lived in vastly different temporal, spatial and social environments. These environments inevitably influenced their interpretation of the ancient classics and

¹ The dating of the origins of acupuncture is controversial with some scholars tending to place it pre–Warring States while others favour a late Han date. For the former opinion, see for example Gwei–djen Lu and Joseph Needham, *Celestial Lancets: A History and Rationale of Acupuncture and Moxa* (Cambridge, 1980), 1–2; Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley; London, 1985), 45; Kan–Wen Ma, ‘The Roots and Development of Chinese Acupuncture: From Prehistory to Early 20th Century’, *Acupuncture in Medicine*, x (1992). For the latter, see Donald Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts* (New York, 1998), 5; Keiji Yamada, *The Origins of Acupuncture, Moxibustion and Decoction* (Kyoto, 1998), 3–19 and 57–72. As historian Vivienne Lo indicates, one main reason for this disagreement is whether to equate acupuncture with medical lancing with sharp stones as recorded in early medical manuscripts, see Vivienne Lo, ‘Spirit of Stone: Technical Considerations in the Treatment of the Jade Body’, *Bulletin of the School of Oriental and African Studies*, lxxv (2002).

² V. Lo, ‘But Is It [History of] Medicine? Twenty Years in the History of the Healing Arts of China’, *Social History of Medicine*, xxii (2009).

their experience of previous generations' medical theories and techniques.³ As with many of the medical practises to have developed in the Chinese geographic and cultural region, acupuncture has evolved continuously over two millennia and has seen throughout this history the emergence of numerous styles at strategic moments, each of which can be characterised by distinctive features in terms of their medical theory and clinical practice.⁴ The twentieth and twenty-first century have perhaps brought the most radical challenges, but also an unrivalled opportunity to analyse what constitutes an authentic 'living tradition'.

In many Euro-American minds, acupuncture has become popular and synonymous with Chinese medicine in recent decades. In the UK alone, a national survey indicates that in 2009 practitioners of major acupuncture associations provided 4 million acupuncture sessions.⁵ Earlier a 2001 postal survey had estimated that 7% (4.1

³ Nathan Sivin, *Traditional Medicine in Contemporary China: A Partial Translation of Revised Outline of Chinese Medicine (1972) with an Introductory Study on Change in Present Day and Early Medicine* (Ann Arbor, 1987), Wellcome., 25. For an example on southern doctors in the 17th to 19th centuries, who invented their medical branch on the basis of classical medical canons, as well as regional cultural differences between the North and South of China, see M. Hanson, 'Robust Northerners and Delicate Southerners: The Nineteenth-Century Invention of a Southern Medical Tradition', *Positions: East Asia Cultures Critique*, vi (1998).

⁴ According to historians Ma Jixing and Huang Longxiang, there are several strategic moments for acupuncture development such as the Qin (221–207 BCE) and Han (202 BCE–220 AD) dynasty, as well as the Tang (618–907) and Song (960–1279) dynasty. For example, in Han dynasty, records of acupuncture theories and styles began to emerge in the names of famous physicians, such as the Acumoxa Canon of Master Bianque 扁鹊针灸经 and the Acumoxa Canon of Master Huatuo 华佗针灸经 in antiquity; this method endures in the present day. In contemporary mainland China, there are, for instance, the school of Doctor Wang (for WANG Leting 王乐亭) and Doctor He (for HE Puren 贺普仁) as modern constructed acupuncture styles. In Tang dynasty, there were fire needling, blood needling, qi needling as varied styles of acupuncture techniques. See Jixing Ma 马继兴, *Zhongyi Wenxian Xue 中医文献学 (Literature Study of Chinese Medicine)*. (Shanghai, 1990), 295–301; Longxiang Huang 黄龙祥, *Zhongguo Zhenjiu Xueshushi Dagang 中国针灸学术史大纲 (Outline of the Academic History of Acupuncture)* (Beijing:, 2001), 50–9; Vivienne Lo and Penelope Barrett, 'Places and Traces: Selections from Professor Ma Kanwen's 馬堪温 Ethnography of 1955', in Vivienne Lo and Penelope Barrett (eds.), *Imagining Chinese Medicine* (Leiden, 2018).

⁵ A. K. Hopton et al., 'Acupuncture in Practice: Mapping the Providers, the Patients and the Settings in a National Cross-Sectional Survey', *BMJ Open*, ii (2012).

million) of the British adult population had visited an acupuncture practitioner within their lifetime and 1.6% (0.95 million) had done so in the previous year.⁶ In practice, however, there have been many styles of Chinese medicine, which multiplied exponentially as they came into contact with other local medicines and biomedical traditions in diaspora. This thesis is concerned with one of the most popular and newly invented Chinese traditions widely known as Five Element acupuncture (FEA) and Traditional Chinese Acupuncture, a fascinating and extremely influential transnational interpretation of Chinese medicine originally constructed by Jack Reginald Worsley (J.R. Worsley, also affectionately referred to as J.R., 1923–2003) in Britain in the 1960s.⁷ Worsley's FEA was loosely based on an interpretation of classical Chinese medicine that can be found in some parts of the canonical texts. Meanwhile, as we will see, its construction creatively combined modern alternative medical theories, such as contemporary Chinese medicine, homeopathy, and psychotherapy.⁸ In the following years, FEA became a popular style of acupuncture practice in both Europe and North America and was reckoned by many practitioners outside of China to be a serious contender in a competition to impart 'real Chinese

⁶ K. J. Thomas, J. P. Nicholl, and P. Coleman, 'Use and Expenditure on Complementary Medicine in England: A Population Based Survey', *Complementary Therapies in Medicine*, ix (2001). This means a total expenditure of 47.3 million pounds in today's value, as each session usually costs about 50 pounds according to the British Acupuncture Council (<https://www.acupuncture.org.uk/public-content/public-ask-an-expert/ask-an-expert-about-acupuncture/ask-an-expert-about-acupuncture-nhs-private-healthcare/2679-how-much-does-acupuncture-cost-and-how-many-treatments.html> [last access: 10th Feb 2020.]).

⁷ According to the British Acupuncture Council (BACC), half of currently active acupuncturists in the UK have been trained with FEA. Therefore, each year, approximately 2 million of the patients are treated by FEA practitioners in Britain.

⁸ Peter Eckman, *In the Footsteps of the Yellow Emperor: Tracing the History of Traditional Acupuncture* (California, 2007), 211–28.

acupuncture'.⁹ Four decades later, in 2011, this same style of acupuncture was eventually introduced to, and later taught in, China. This British acupuncture is now an acknowledged style of acupuncture in China and, notably, has come to be recognised by a group of practitioners on the mainland as 'a traditional Chinese acupuncture' with seven dedicated training centres, a newly inaugurated society and hundreds of practitioners working across 18 provinces.¹⁰

Nathan Sivin has pointed out that successful medical practices always need to respond to prevalent social ethos and values.¹¹ The social conditions underpinning FEA practitioner communities in the late 20th century Britain and in early 21st century China are conceivably distinct. My research question is then: how did FEA, a medical hybrid that had originated in Warwickshire England, gain popularity in two countries at different time periods with distinct socio-cultural conditions? This thesis will argue that despite the vastly different contexts, there is a common thread between the two where FEA appeals to individuals involved in a collective counter-cultural initiative which is seeking to challenge the status quo. While I am certainly the first to make this argument for China and the UK, others have already pointed to how acupuncture

⁹ For a brief introduction of FEA's transmission in the US, see Tyler Phan, 'American Chinese Medicine' (University College London Ph.D. dissertation, 2017), 195–211. Traces of its diffusion in Europe are interspersed in Michael Baker, *A Chronological Journey Through Chinese Medical History on the Causes of Disease* (United States, 2016); and Nora Franglen, *Wuxing Zhenjiu Zhinan 五行针灸指南* (Guidance of the Five Element Acupuncture), trans. Mei Long (Beijing, 2011), 001.

¹⁰ Franglen, *Wuxing Zhenjiu Zhinan*, 001. In the past decade, there have been four books and fifteen research articles on FEA published in Chinese. The Society of Five Element Acupuncture in China was established in 2016, see its official website http://www.wuxingzhenjiuxuehui.cn/news/news_latest/index.html (last access: 16 May 2023).

¹¹ Nathan Sivin, *Kexueshi Fangfalun Jiangyan Lu 科学史方法论讲演录* (Methodology of the History of Science) (Beijing, 2011), 551–2 in kindle version.

has been styled ‘Rebel Medicine’ — although in a politicised rather than cultural sense — and used for revolutionary purposes, particularly during the Cold War in Cuba and the Philippines.¹² In my case, FEA was constructed in both contexts as a counterculture, with alternative practices and values, against the then-current orthodox milieu of ‘modern medicines’. In Britain, this refers to the mainstream, science-based biomedicine in the last century; in the latter case of mainland China, ironically, the modern medicine orthodoxy I am referring to is mainly the post-Communist modernised, standardised form of traditional Chinese medicine (TCM).

This project aims to contribute to global histories of acupuncture, Chinese and alternative medicine. It fills a significant gap in the transnational frame for what has happened to acupuncture after the 1960s, with a specific focus on the history of this particular type of acupuncture and the reasons for its rise and fall. Not only is this a critical history of the medical treatment of millions of people, it will also shed new light on the nature of successful ‘living traditions’ and their engagement with authenticity. By exploring the historical narrative of FEA, this project has two goals. From the perspective of the socio-cultural history of medicine, I examine how the medical knowledge and identity of FEA as an ‘authentic acupuncture’ was formed in relation to other domains of medical identity from the 1970s to 1990s in Britain and

¹² See Vivienne Lo and Adrian Renton, ‘The Cuban Chinese Medical Revolution’, in Volker Scheid and Hugh MacPherson (eds.), *Integrating East Asian Medicine into Contemporary Healthcare* (Edinburgh, 2012).; and Paul Kadetz, ‘The Migration of Acupuncture through the Imperium Hispanicum: Case Studies from Cuba, Guatemala, and the Philippines’, in Vivienne Lo, Dolly Yang, and Michael Stanley-Baker (eds.), *Routledge Handbook of Chinese Medicine* (London, 2022).

in the 21st century in mainland China. Using oral and documentary history as well as ethnographic methods, I illustrate the historical agency of two FEA communities of British and Chinese practitioners who embodied countercultural values in the search for authentically ancient Chinese medicine.

Historiography

Chinese medicine and modernity in the last century

It is within the last two centuries that the concept of a ‘Chinese medicine’ was born. Before the consciousness of the modern nation–state and the encounter with European medical missionaries and professionals, medicine that was distinctively ‘Chinese’ hardly existed. There was no term equivalent to ‘Chinese medicine’ in Chinese such as *zhōngyī* 中醫 until local medical systems and traditions were challenged by a powerful ‘Western medicine (*xīyī* 西醫)’ arriving from Europe (which is geographically to the west of China) with the Jesuits, then with the Dutch, the British and the Germans since the 17th century.¹³ Before the arrival of this modern

¹³ This history has been intensively discussed by historians in Chinese and English, see for example, Bangxian Chen 陈邦贤, *Zhongguo Yixue Shi 中国医学史 (History of Chinese Medicine)* (Beijing, 1956).; Linda L. Barnes, *Needles, Herbs, Gods, and Ghosts: China, Healing, and the West to 1848* (Cambridge, Mass, 2005).; Benjamin A. Elman, *On Their Own Terms: Science in China, 1550–1900* (Cambridge, Mass.; London, 2005)., esp. 396–421; Bridie Andrews, *The Making of Modern Chinese Medicine, 1850–1960* (Honolulu, 2015).; and Nianqun 杨念群 Yang, *Zaizao ‘Bingren’: Zhongxiyi Chongtu Xia De Kongjian Zhengzhi 1832–1985 再造“病人”: 中西医冲突下的空间政治 1832–1985 (Remaking ‘Patients’: The Politics of Space in the Conflict between Chinese and Western Medicine)* (Beijing, 2019). It should be noted that before the ‘western medicine’ from modern Europe, China had already encountered foreign medical knowledge and products in history, such as the transmission of Buddhist medicine in the Tang dynasty and Arabic medicine in the Yuan dynasty. Before European Jesuits and missionaries, there were also Japanese and Vietnamese monk–physicians who brought their local medical knowledge to the Chinese imperial court. A good introduction of the influences of foreign medicines in pre–modern China can be found in T. J. Hinrichs and Linda L. Barnes (eds.), *Chinese Medicine and Healing: An Illustrated History* (Cambridge, Massachusetts, 2013)., see also Vivienne Lo and Christopher Cullen (eds.), *Medieval Chinese Medicine: The Dunhuang Medical Manuscripts* (London; New York, 2005); and Ming Chen,

medicine, as scholarship on the history of Chinese medicine indicate, this medicine was only referred to as *yī* (醫 ‘medicine’) in China.¹⁴ To be sure, where medical traditions originating from the Chinese cultural area travelled abroad — to east, south, and west — they were known in Japanese, Indian and Persian languages, for example, as distinctively Chinese from as early as medieval times.¹⁵ But the modern English term for this medicine has a very brief history.¹⁶ In this relatively brief period, especially from the latter half of the 20th century, there has emerged a prolific English scholarship on the modern history of Chinese medicine and acupuncture, with two main themes: the processes of modernisation and global transmission.

In the discourses of Chinese medicine, its modernisation is often discussed in terms of a dichotomy of ‘tradition’ and ‘modern’, of ‘East’ and ‘West’.¹⁷ Historians on

‘The Transmission of Foreign Medicine via the Silk Roads in Medieval China: A Case Study of Haiyao Bencao’, *Asian Medicine*, iii (2007).

¹⁴ Chen 陈邦贤, *Zhongguo Yixue Shi*. In her book of the modernization of Chinese medicine from mid–19th to mid–20th century, Andrews contextualises the changing meanings of the term *yī* 醫 during the course, from ‘the whole of the cultural field of healing’ with ‘associations with Neo–Confusion’ traditions into ‘a contested “super–sign” that mediated between languages’, see Andrews, *The Making of Modern Chinese Medicine.*, 9–11.

¹⁵ Xingzhun Fan 范行准, ‘Zhōngguó Yǔ Yalabo Yixué de Jiāoliú Shǐshí 中国与亚拉伯医学的交流史实 (Historical Facts on the Exchange between Chinese and Arabian Iatrology)’, *Yishi Zazhi*, iv (1952); Jixing Ma 马继兴, ‘Yixinfang Zhong de Gu Yixue Wenxian Chutan, 醫心方中的古醫學文獻初探 (Preliminary Investigation of the Ancient Medical Records in the Ishimpō)’, *Nihon Yishigaku Zasshi*, xxxi (1985); Paul D. Buell, ‘How Did Persian and Other Western Medical Knowledge Move East, and Chinese West? A Look at the Role of Rashīd al–Dīn and Others’, *Asian Medicine*, iii (2007); Vivienne Lo and Yidan Wang, ‘Blood or Qi Circulation? On the Nature of Authority in Rashīd al–Dīn’s Tānksūqnāma تانكسوق نامه ايلخان در فنون علوم ختايي [The Treasure Book of Ilqān on Chinese Science and Techniques]’, in Anna Akasoy, Charles Burnett, and Ronit Yoeli–Tlamim (eds.), *Rashīd Al–Dīn: Agent and Mediator of Cultural Exchanges in Ilkhanid Iran* (London, 2013); Persis Berlekamp, Vivienne Lo, and Yidan Wang, ‘Administering Art, History, and Science in the Mongol Empire. In: Landau, A, (Ed.) *Pearls on a String: Artists, Patrons, and Poets at the Great Islamic Courts.*’, in Amy S. Landau (ed.), *Pearls on a String: Artists, Patrons, and Poets at the Great Islamic Courts* (Baltimore, MD, USA., 2015); Katja Triplett, ‘Chinese–Style Medicine in Japan’, in Vivienne Lo, Michael Stanley–Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (2022).

¹⁶ Michael Stanley–Baker and Vivienne Lo, ‘An Introduction’, in Vivienne Lo, Michael Stanley–Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (London; New York, 2022).

¹⁷ Those pairs of concepts appear repeatedly in discussions of the modern history of Chinese medicine, see for example, Ralph C. Croizier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of*

modern Chinese history reveal that the criticism of Chinese medicine for being a tradition began in the late Qing dynasty (1890–1912), when late imperial Chinese society encountered the challenge of a modernity from the European world. From the Late Qing to the Republican era (1912–49), many Chinese reformers experienced a radical self–doubt and self–contempt towards all forms of national traditions. Those reformers were well–educated social elites and therefore left abundant records in conventional archives for historians of this period. Many of these scholars had study experiences in Japan or Europe, majoring especially in modern science and medicine. Thus, in the social context of China’s struggles against colonialism, imperialism, and the reconstruction of self–identity, as well as the intellectual and political campaign towards science, modernity and progression, Chinese medicine was criticised by them as a key symbol of national traditions and synonymous to ‘feudal’, ‘superstitious’ and ‘backwardness’.¹⁸ In contrast, ‘western medicine’ was perceived and performed by these China’s elites, reformers and politicians as the new standard for practice and a marker of modernity. Historian Zhao Hongjun 赵洪钧 dedicates a whole book assembling comments and attacks on Chinese medicine from modernisers and reformers in this period, including renewed political figures (such as Sun Zhongshan

Cultural Change (Cambridge, *Traditional Medicine in Modern China*, 1968).; Hongjun Zhao, ‘Chinese Versus Western Medicine: A History of Their Relations in the Twentieth Century’, *East Asian Science, Technology, and Medicine*, x (1991).; K. Taylor, ‘Divergent Interests and Cultivated Misunderstandings: The Influence of the West on Modern Chinese Medicine’, *Social History of Medicine*, xvii (2004); and Andrews, *The Making of Modern Chinese Medicine*.

¹⁸ Croizier, *Traditional Medicine in Modern China*., 71–7; Andrews, *The Making of Modern Chinese Medicine*., 3–23.; Sean Hsiang–lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China’s Modernity* (Chicago; London, 2014).

孫中山, Liang Qichao 梁啟超 and Chen Duxiu 陳獨秀) and progressive intellectuals (e.g. Lu Xun 魯迅 and Guo Moruo 郭沫若).¹⁹

For China's social reformers, medical practice was no longer about individual choices for health and ways of life but more of a political statement. There were reports of some of these reformists who concealed personal experiences of medical accidents to protect the reputation and development of modern medicine in China, or who refused Chinese medicine treatment on their deathbeds because the very act of receiving Chinese medicine was regarded by peer comrades as a public betrayal of modernity.²⁰ On a broad scale, historian Ruth Rogalski illustrates how the meaning of *weisheng* 衛生 had changed, with promotions and campaigning by Chinese reformers and politicians, from a classical Chinese concept of self-cultivation for personal health to national health agendas after the European and Japanese models — in Rogalski's words, towards an 'hygienic modernity'.²¹ In such a politicised atmosphere, it is not a surprise that soon after the Nationalist state was formed in China in 1912, a proposal to abolish the education and practice of Chinese medicine was approved by ministers and physicians of Western medicine at the first National

¹⁹ Hongjun 趙洪鈞 Zhao, *Jindai Zhongxiyi Lunzheng Shi 近代中西醫論爭史 (The History of Modern Chinese and Western Medical Debates)* (Beijing, 2012). Sun Zhongshan (or Sun Yat-sen) is the founding father of the Republic of China (1911–). Liang Qichao was one of the two initiators of the Hundred Days' Reform (1898) in the late Qing. Chen Duxiu was one of the founders of China's Communist Party. Lu Xun and Guo Moruo were two significant figures of modern Chinese literature. See also Croizier, *Traditional Medicine in Modern China.*, 70–80; Lei, *Neither Donkey nor Horse.*, 1–2.

²⁰ Croizier, *Traditional Medicine in Modern China.*, 78; Zhao, *Jindai Zhongxiyi Lunzheng Shi.*, 11–41; Lei, *Neither Donkey nor Horse.*, 1–13.

²¹ As the book title of Ruth Rogalski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley, 2004).

Conference on Public Health.

An obsession with and transformation towards this imagined modernity continued into the following period, the People Republic of China (PRC, 1949–present), whilst at the same time the new CCP (Chinese Communist Party) government demonstrated certain change in attitude towards Chinese medicine. Kim Taylor examines the reforms of Chinese medicine in the early decades under Chairman Mao Zedong, when ‘science’ and ‘modernity’ were still the highest goals for social development.²² She illustrates the creation and promotion of a scientifically sanitised Chinese medicine, known as Traditional Chinese Medicine (TCM) — a Maoist phenomenon under the influence of constant political interventions from 1949 to 1978.²³ In this process, many heterogeneous elements originating in ancient history — in particular the spiritual and religious elements — were then censured as ‘superstitious’ and removed because they were incompatible with Chinese Marxist versions of science.²⁴ Instead, a scientific, standardised new medicine emerged with a modified coherent history

²² Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63: A Medicine of Revolution* (London, 2005).

²³ Taylor, *Chinese Medicine in Early Communist China*, 82–7.

²⁴ There are many studies (also in English) focusing on those elements of religions, numerology and ancient Chinese astrology that had contributed to the formation of Chinese medical philosophy and theory; these were comprehensively eliminated in Chinese TCM. For example, Harper shows religious and magical practices recorded in excavated medical manuscripts from Mawangdui tomb (composed and copied before 200 B.C.E and buried around 168 BCE), in Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. Li demonstrated how numerology (shushu 數術) influenced the early construction and development of the vessel (mai 脉) system that became essential to acupuncture theory, see Jianmin Li 李建民, *Sisheng Zhi Yu: Zhou–Qin–Han Maixue Zhi Yuanliu 死生之域周秦漢脈學之源流 (The Boundary between Life and Death: Sources of Vessel Theory in the Zhou, Qin and Han Dynasties)* (Taipei, 2000), 205–34. Lo examines the Yellow Emperor’s Toad Canon which applied astro–calendrical ideas to the determination of auspicious and prohibited times for acupuncture practice, see Vivienne Lo, ‘Huangdi Hama Jing (Yellow Emperor’s Toad Canon)’, *Asia Major*, xiv (2001). For an extract of the historical sites and monuments (such as the Temple of Bianque) of the religious elements of Chinese medicine, their elimination during the Cultural Revolution and a recent revival in Chinese society, see Lo and Barrett, ‘Places and Traces: Selections from Professor Ma Kanwen’s 馬堪溫 Ethnography of 1955’.

and knowledge, along with official institutions for education, practice and research. In her work, Taylor sees Chinese medicine as it existed in the 20th century as a modern invention rather than a tradition *per se* as the name TCM implies. To Taylor, the driving force for the survival of this invented 'traditional medicine' was political, rooted in Mao Zedong's revolutionary campaigns, and the changes were thorough—going and top down.

While practitioners in China have spent over a century trying to modernise this medical tradition in order to survive, their counterparts in Europe and North America have discovered its relevance to modernity from a different, seemingly opposite perspective.²⁵ The second half of the 20th century witnessed the construction of Chinese medicine in Euro–America as an 'alternative' and then 'complementary' method to local orthodox medicine.²⁶ As practitioner-researcher Volker Scheid puts it, the proponents of CAM (Complementary and Alternative Medicine) commonly hold 'romanticist critiques of modernity'; Chinese medicine's identity as a tradition became the source of its charm and was 'consciously emphasized' to represent the opposite of modern science and a good remedy for the flaws or problems caused by

²⁵ Be noted that Chinese medicine and acupuncture was introduced to Europe as early as in the 13th century but was only circulated among social elites and medical professionals until the mid–20th century. Also, until this time, the theories and concepts of Chinese medicine were dismissed while certain medical tools and techniques such as acupuncture needles was of interests to its European receivers. For early transmission of Chinese medicine in Europe, see Roberta E. Bivins, *Acupuncture, Expertise and Cross–Cultural Medicine* (London, 2000); Barnes, *Needles, Herbs, Gods, and Ghosts*; Eric Marié, 'Early Modern Reception in Europe: Translations and Transmissions', in Vivienne Lo, Michael Stanley–Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (2022).

²⁶ Mike Saks, 'Medicine and the Counter Culture', in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century* (London; New York, 2014).

the latter.²⁷ For this reason, Chinese medicine in contemporary China, especially TCM, has been criticised by many Euro–American practitioners and scholars for, as Taylor puts it, promoting a false tradition or an entirely modern construction because of its assimilation of elements of modern biomedicine.

At first glance, the pursuit of Chinese medicine as a modernised 'invented tradition' by Chinese modernisers in the last century and the pursuit of Chinese medicine as 'authentic and holistic' by alternative healers in contemporary Euro–American societies seem contradictory. Yet both views are creations of a European modernity. In his seminal book, *We Have Never Been Modern*, sociologist Bruno Latour suggests that a significant feature of Western modernity is to perceive and 'purify' the world through a series of paired categories, such as nature and culture. The two poles of each pair are defined as independent binary opposites that are mutually exclusive, and all entities should fit neatly into one or the other of these paired categories.²⁸ The approach to discussing the modern history of Chinese medicine in the discourses reviewed above is another example of such a purification process, with the attempt to identify and differentiate 'Chinese' and 'Western', 'traditional' and 'modern', whilst these elements are inevitably intertwined in everyday practice.²⁹ In 20th century China, Chinese medicine in imperial China was seen as a tradition, and modernisation

²⁷ Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (2002), 43.

²⁸ Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (Cambridge, Massachusetts, 1993), 31–47.

²⁹ For illustrations, see Mei Zhan, *Other–Worldly: Making Chinese Medicine through Transnational Frames* (Durham [N.C.] ; London, Durham, 2009).

was the answer to its survival in modern Chinese society. The enthusiasm for Chinese medicine as an 'Oriental tradition' in 20th century European and American society was essentially in the service of a more deeply rooted mindset that Edward Said calls 'Orientalism'.³⁰ Two seemingly opposing ways of thinking, Chinese and Euro-American, both 'purify' Chinese medicine as a monolithic, homogeneous, static 'other' of a European modernity. Depending on the narrator's needs, Chinese medicine is either an authentic tradition or a modern invention.

Plurality and diversity in Chinese medicine

As Latour argues, one feature and strength of this dichotomous method is our ability to generate hybrids between/above these oppositional categories. However, he also warns of the danger of rendering these hybrids as invisible with the purified dichotomy mindset.³¹ Inspired by Latour's discussion, English scholars of Chinese medicine begin to transcend the earlier discourse that turned on a purified dichotomy and start to review Chinese medicine in the modern world as hybrids or living traditions with a core characteristic of plasticity. For example, instead of imagining a modern Chinese medicine as having a rupture with its predecessors, historian Lei Hsiang-lin (Sean Lei) views the reformed Chinese medicine of the Republican period as a reassembled combination situated across a spectrum between tradition and modernity.³² To him, therefore, Chinese medicine in the modern world is 'neither

³⁰ Edward W. Said, *Orientalism* (New York, 1979), 1–5.

³¹ Latour, *We Have Never Been Modern*, 34.

³² Lei, *Neither Donkey nor Horse*, 265.

donkey nor horse' — a metaphorical expression for being neither traditional nor modern.³³ Similarly, Volker Scheid argues that Chinese TCM displays both continuity with its own past and sufficient plasticity to adapt to varying contemporary contexts.³⁴

In addition to the conventional approach that focuses mainly on political forces and social elites, scholarship under Latour's influence also seeks to address and manifest the contribution and agendas of individual practitioners. In Taylor's analysis of historical drives behind the formation of TCM, she adopts a dichotomous model of a medicine which is either internally or externally motivated. Drawing mainly on governmental archive and documentation, she makes a strong argument that the development of TCM is a top-down government-motivated process.³⁵ However, this purified view does not consider the situation from the practitioners' perspectives and fails to recognise the plural nature of Chinese medicine, which must take into account a variety of internal efforts and (re)actions by members of the profession. Focusing on individual practitioners in late Qing and Republican China, Lei indicates that the politicisation of Chinese medicine started before Maoist propaganda and the construction of TCM.³⁶ Moreover, such campaigns were originally initiated 'internally' by practitioners and advocates of Chinese medicine as an attempt to save their medicine and profession. He also suggests that the modernising practitioners and

³³ *Ibid*, as the book title implies.

³⁴ Scheid, *Chinese Medicine in Contemporary China*, 66.

³⁵ Taylor, *Chinese Medicine in Early Communist China*, 151–3.

³⁶ Lei, *Neither Donkey nor Horse*, esp. Chapter 3.

their decision to forge ‘an alliance between their profession and the state’ contribute to Taylor’s disputable conclusion that modern Chinese medicine is merely a political propaganda by the Chinese state.³⁷ Meanwhile, Andrews and Scheid present the flux and complexity of individual agendas among practitioners, including those who were ardent supporters of a ‘Combined medicine’ and those who made clear statement to safeguard pure Chinese medicine and reject western medicine as it has ‘no value to the development of Chinese medical practice’.³⁸

A focus on the agency of the individual and the existence of plurality medicines began to appear in scholarship on the modern history and anthropology of Chinese medicine from the late 1980s. This partly resonates with the ‘history from below’ trend and arises as a result of new anthropological perspectives emerging in the field.³⁹ From then on, medical and social anthropologists have been visiting China for fieldwork. Among them, medical anthropologist Judith Farquhar’s hallmark works in this field innovatively reveal the pluralistic application of Chinese medical knowledge by practitioners in their daily clinical encounters with patients either within or outside of the TCM system, as well as by the lay public in terms of self-cultivation (养生 yǎngshēng) in a changing society of contemporary China.⁴⁰ Later on, in Elisabeth

³⁷ Lei, *Neither Donkey nor Horse*, 277–8.

³⁸ Andrews, *The Making of Modern Chinese Medicine*, 133–6, quotation on pp.5–6; Volker Scheid, *Currents of Tradition in Chinese Medicine, 1626–2006* (Seattle, 2007), quotation on p.281.

³⁹ Unschuld and Lo both provide good explanations of the overlap of research enquiry in modern history of Chinese medicine between historians and anthropologists. See Unschuld, *Medicine in China*, 10–1; and Lo, ‘But Is It [History of] Medicine?’

⁴⁰ Farquhar’s first groundbreaking ethnography is her book *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder, 1994), followed by a series of insightful articles focusing on the experiences of individual practitioners at the core or margins of the state-sponsored system of Chinese medicine, such as ‘Re-Writing Traditional Medicine in Post-Maoist China’, in Don Bates (ed.), *Knowledge and the Scholarly Medical Traditions*

Hsu's ethnography, *The Transmission of Chinese Medicine*, she embeds plurality in three different modes in which knowledge gets transmitted between individual senior practitioners and their disciples/students in contemporary Chinese medicine.⁴¹ In his book *Chinese Medicine in Contemporary China: Plurality and Synthesis*, Volker Scheid examines 'a plurality of agencies and processes involved in the shaping of contemporary Chinese medicine' with networks of individual physicians, patients and politicians.⁴² These works illustrate and engage with the plurality of contemporary Chinese medicine in China from a number of perspectives. They illuminate a complexity of responses and attitudes to the establishment of TCM and the modernisation and standardisation of Chinese medicine among practitioners with different training backgrounds and attitudes; they demonstrate a medical pluralism in the teaching and practice of this medicine in contemporary China that has been created and shaped by these attitudes and responses; and, equally important, they expose signs of a public resurgence of heterogeneity in the transmission of knowledge and the practical knowledge and techniques that have in fact coexisted all along with TCM in mainland China.

Once one begins to acknowledge these levels of medical plurality, in the PRC version

(Cambridge, 1995); and 'Market Magic: Getting Rich and Getting Personal in Medicine after Mao', *American Ethnologist*, xxiii (1996). Her later works on the theme of self-cultivation and pleasure in relation to Chinese medicine include Judith Farquhar, *Appetites: Food and Sex in Post-Socialist China* (Durham, 2002); Judith Farquhar and Qicheng Zhang, 'Biopolitical Beijing: Pleasure, Sovereignty, and Self-Cultivation in China's Capital', *Cultural Anthropology*, xx (2005); and Judith Farquhar and Qicheng Zhang, *Ten Thousand Things: Nurturing Life in Contemporary Beijing* (New York, 2012).

⁴¹ Elisabeth Hsu, *The Transmission of Chinese Medicine* (Cambridge, 1999).

⁴² Scheid, *Chinese Medicine in Contemporary China*.

of TCM, or even in the PRC version of modern biomedicine, the task to capture and characterise any stream of medicine in China becomes ever more complex. Due to the fluctuating social and political environment in the last half-century in China and the consequent national censorship of Humanities scholarship, especially national history, there has been a deficit of work on the modern history of China's 'national' medicine and acupuncture, by Chinese scholars from the PRC. Nevertheless, in the past decades, some oral history projects have been initiated by Chinese practitioners in order to record the experience of the personal lives and the clinical practice of some of the *lǎo zhōngyī* (老中醫, senior masters of Chinese medicine), who are now in the twilight of their years.⁴³ Many of these works aim to record the history of a particular medical style. Alongside these official works, there have also been private efforts trying to access and archive life narratives of senior doctors of Chinese medicine, especially those outside of the TCM system and who combine their medical practices with other traditional philosophies such as Taoism or Buddhism.⁴⁴

⁴³ There is a series of books under the title 名老中医师承工作室系列丛书 *Míng lǎo Zhōngyī shīchéng gōngzuòshì xīliè cóngshū* (the series of the succession of teachings from masters of Chinese medicine to disciples) as part of a national project funded by the Chinese National Administration of Traditional Chinese Medicine (<http://www.satcm.gov.cn/hudongjiaoliu/guanfangweixin/2018-03-24/4571.html> [accessed in 25 Jan 2020]). Anthropologist Farquhar noticed and spoke highly of the precedent volumes of this series (then titled '*Mínglǎo Zhōngyī Zhìlù*' 名老中医之路, Paths of Renowned Senior Chinese Doctors) encountered during her fieldwork in Guangzhou College of TCM in as early as the mid-1980s, see Farquhar, 'Re-Writing Traditional Medicine in Post-Maoist China'.

⁴⁴ A famous example is journalist and photographer Huang Jian 黄剑 (nickname Yóu Má Cài 油麻菜) 's decade-long project from 2009 to 2018. During this time, he visited and interviewed a wide range of renowned practitioners of Chinese medicine and acupuncture both within the TCM system and in private sectors including those who live and practise in temples. See his retrospective article, Jian Huang, 'What Happened to the Chinese Medicine Practitioners I Had Documented with Images (我用影像记录过的中医, 现在怎么样了 Wo Yong Ying Xiang Ji Lu Guo de Zhong Yi, Xian Zai Zen Me Yang Le)', (2020) (last access: 8-December-2022). See also Yu-qun Liao 廖育群, 'A Phoenix Amid the Flames: Mount Emei Big Dipper Finger-Point Method, Daoyin and Qigong', in Vivienne Lo and Penelope Barrett (eds.), *Imagining Chinese Medicine* (Leiden, 2018).

The international transmission and development of Chinese medicine constituted an essential part of the history of Chinese medicine in the last century and have brought further dynamics and complexity to its plural nature.⁴⁵ Chinese medicine practised outside of China in the second half of the 20th century is distinct from its counterpart(s) in China for several reasons. For one thing, Euro–Americans who studied Chinese medicine in surrounding regions (e.g. Japan, Taiwan and Hong Kong) before China’s reopening in the late 1970s were able to draw inspiration from the heterogeneous breadth of the Chinese medical traditions transmitted to and surviving in these regions.⁴⁶ When they returned home and established their own practices, they preserved elements that had been deemed as unscientific and backward and therefore eliminated in mainland China in its modernising process, including the pre-existing religious elements and the medicine as individual “art” that would result in fascinating layers of heterogeneity.⁴⁷ Meanwhile, the limited access to Chinese medical literatures freed, to some extent, non–Chinese practitioners of this medicine from the burden of history. With restricted access to the 20,000 or so texts of pre–modern Chinese medicine, there was no need to reconcile the contradictions that

⁴⁵ For the global transmission of acupuncture, Lu and Needham first reviewed the general history of reception of acupuncture in non–Chinese Asian regions and in Europe, in Lu and Needham, *Celestial Lancets*. Later scholars, represented by Bivins, Barnes, and Marié trace the diffusion of acupuncture in early modern Europe, see Bivins, *Acupuncture, Expertise and Cross–Cultural Medicine*; Barnes, *Needles, Herbs, Gods, and Ghosts*; Marié, ‘Early Modern Reception in Europe’. For general introduction and case studies of the global transmission of Chinese medicine in the 20th and 21st century, see also Joseph S. Alter, *Asian Medicine and Globalization* Edited by Joseph S. Alter. (Philadelphia, 2005); Zhan, *Other–Worldly*; Volker Scheid and Hugh MacPherson (eds.), *Integrating East Asian Medicine into Contemporary Healthcare* (Edinburgh, 2012), Part 6, Wider diasporas; Vivienne Lo and Michael Stanley–Baker (eds.), *Routledge Handbook of Chinese Medicine* (2022), Part 6.

⁴⁶ In the case of FEA and for the learning experience with Worsley in East Asia in the 1970s, see Eckman, *In the Footsteps of the Yellow Emperor*.

⁴⁷ For examples of those removed knowledge, see footnote 16 above.

had long existed in the discursive traditions of this medicine.⁴⁸ Inspired by local predecessors and reports on acupuncture analgesia in China, doctors from biomedical backgrounds also explored the use of acupuncture as a tool in combination with scientific knowledge and techniques.⁴⁹

In the last century, this medicine which had originated in China began to see hybrids emerging from these other regions and even the transmission of some of these hybrids back to China. For example, Barnes and Hsu drew attention to two innovations of modern acupuncture in Germany and France respectively – electrical acupuncture and ear acupuncture – both of which are now widely applied by Chinese practitioners.⁵⁰ Five-Element Acupuncture is certainly another fascinating episode of these hybrids, whose history from the late 20th century in Britain, and then in China, remains an untold story and is the subject of this thesis.

Chinese- and English-language scholarship from the 1990s developed a good knowledge of the diversity and dynamics of the history of Chinese medicine.⁵¹ The

⁴⁸ Some critics toward the separation of skills and materials of Chinese medicine and acupuncture from the underlying medical theories are an extreme example of this 'free from traditions as a burden' in Europe. See Unschuld, *Medicine in China*, 9; and Bivins, *Acupuncture, Expertise and Cross-Cultural Medicine*, 13–4, 47.

⁴⁹ For a description of acupuncture analgesia in the 1960–70s China, see Unschuld, *Medicine in China*, 250–62. Two famous examples of the innovative use of acupuncture by biomedical doctors are medical acupuncture and later dry needling. There are monographs and journal articles providing detailed introduction with clinical evidence and practical guidance for both. See, for example Jacqueline Filshie and Adrian White, *Medical Acupuncture: A Western Scientific Approach / Edited by Jacqueline Filshie, Adrian White* (Edinburgh, 1998); and Jan Dommerholt and Cesar Fernandez de las Penas (eds.), *Trigger Point Dry Needling: An Evidence and Clinical-Based Approach* (London, 2013).

⁵⁰ Barnes, *Needles, Herbs, Gods, and Ghosts*, 332; Elisabeth Hsu, 'Innovations in Acumoxa: Acupuncture Analgesia, Scalp and Ear Acupuncture in the People's Republic of China', *Social Science & Medicine*, xlii (1996).

⁵¹ For summaries and discussions of this historiography, see T. J. Hinrichs, 'New Geographies of Chinese Medicine', *Osiris*, xiii (1998) and Lo, 'But Is It [History of] Medicine?'; for modern Chinese scholarship, see for example Professor Ma Kanwen's ethnography by Lo and Barrett, 'Places and Traces: Selections from Professor Ma Kanwen's 馬堪溫 Ethnography of 1955'.

discourse that treats acupuncture and Chinese pharmacology as a unified entity, nevertheless, remains powerful.⁵² Such an approach fails to recognise that it is the plasticity of Chinese traditions that has ensured their flexibility and relevance to their ever-changing contexts. Just as ‘complementary and alternative medicine’(CAM) is an umbrella term which encompasses a range of medical therapies, acupuncture and the medicines of China are a broad church.⁵³ Thus, to narrate the modern history of acupuncture as one entity is not only out of proportion with the scale of this project, but also risks falling into the pitfall of over-generalising or neglecting the differences between and within each branch of medicine. In consideration of these factors, the current project is designed as a case study focusing on one specific and influential style of acupuncture as its subject, exploring how this medicine and its history has been shaped and influenced by its socio-cultural contexts.

A search for authenticity

With the recognition that Chinese medicine as a cultural 'other' and a monolithic entity serves the Orientalist agenda and sheds little light on medicine in China, there is a compelling obligation, which many scholars have gone some way towards fulfilling, to clarify the nature of diversity in this medicine. In contrast, Chinese scholarship tends to focus on establishing and justifying the uniformity of modern Chinese medicine (hence the system of TCM is a dominant theme). This is partly to

⁵² Mei Zhang's ethnography provides a good example of this discourse in the 'everydayness of Chinese medicine' in a transnational context, see Zhan, *Other-Worldly*.

⁵³ Ruth Barcan, *Complementary and Alternative Medicine: Bodies, Therapies, Senses* (London, 2011), 8–11.

compensate for the aforementioned turbulence that the profession has experienced domestically over the last century, and partly due to a general awareness in China of the pluralistic schools and lineages that have existed throughout history.⁵⁴ However, in recent years, there has been a heated debate among scholars and practitioners about the nature of authenticity given the accepted levels of diversity.

For many practitioners in the Anglophone world, as Scheid points out, recognising the normative nature of a plural diverse Chinese medicine results in pursuing authenticity in the genuine and ‘best practice’ and ‘cultivat[ing] best practitioners’.⁵⁵ One representative understanding of such authenticity, as Zhan Mei encounters in her fieldwork in Shanghai and San Francisco, is that the authentic Chinese medicine is a traditional healing practice originated in ancient China ‘thousands of years ago’ and can be best learned in China.⁵⁶ However, a growing number of scholars in the field have begun to reflect on and reveal the elusive nature of this concept in the discourse of Chinese medicine. For example, Van Hoy, practitioner of Chinese medicine and medical anthropologist, sees authenticity in this field as simultaneously ‘a set of moral ideals, romantic preoccupations with the sensitive self, aesthetic–ethical practices, therapeutic self–fashionings, sensibilities of becoming, nostalgic fetishizations of

⁵⁴ This argument is inspired by Yanhua Zhang, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China* (Albany, 2007), 8–10. Such awareness of the pluralistic lineages of practice in history is reflected in Chinese scholarship throughout the 20th century. For example, see Chen 陈邦贤, *Zhongguo Yixue Shi*, and the textbook and course on ‘Schools of Chinese medical theory’ in TCM syllabus.

⁵⁵ Volker Scheid, ‘Defining Best Practice or Cultivating Best Practitioners’, in Volker Scheid and Hugh MacPherson (eds.), *Integrating East Asian Medicine into Contemporary Healthcare* (Edinburgh, 2012).

⁵⁶ Zhan, *Other–Worldly*, 5–11.

imagined pasts and corporeally embodied tactics and experiences'.⁵⁷ His self-ethnography thereby uncovers the 'authenticating strategies' that practitioners of Chinese medicine in the US employ to produce and legitimate 'authentic knowledge' which 'privilege tradition over modernity, deeper patterns beneath symptoms, and the authority of personal experience over "disembodied" knowledges'.⁵⁸ Anthropologist Tyler Phan, who is also a Vietnamese American acupuncturist, discusses how 'authentic acupuncture' has been constructed in the US, performing 'a specific form of orientalism' at the expense of marginalising Asian American practitioners.⁵⁹ In his ethnography, Phan reveals how Asian medical traditions have been shaped in the last few decades through an unique transmission process which involves local regulatory bodies and systems of power dominated by white American males.

While these ethnographies provide great insight into the 'becoming' of authentic Chinese medicine in contemporary American society, several scholars attribute the contemporary privilege of understanding and shaping an authentic Chinese medicine to its historical origins in the counterculture movement of the 1970s, with significant links and key figures based in the UK.⁶⁰ These links and figures require more

⁵⁷ Sarah Lee Van Hoy, 'Authentic Traditions, Authentic Selves and Healing at the End of the World: An Auto-Ethnography of Chinese Medical Practices' (University of Washington Ph.D. dissertation, 2010), 6–7.

⁵⁸ *Ibid.*

⁵⁹ Phan, 'American Chinese Medicine'.

⁶⁰ See for example, Linda L. Barnes, 'The Psychologizing of Chinese Healing Practices in the United States', *Culture, Medicine, and Psychiatry*, (1998); Volker Scheid, 'Authenticity, Best Practice, and the Evidence Mosaic the Challenge of Integrating Traditional East Asian Medicines into Western Health Care', Edinburgh, *Complementary Therapies in Medicine*, xvi (2008); Mike Saks, 'Power and Professionalisation in CAM: A Sociological Approach', in Geraldine Lee-Treweek et al. (eds.), *Routledge Handbook of Complementary and Alternative Medicine* (2015); and Chapter 3 in Phan, 'American Chinese Medicine'.

academic attention and are the focus of this dissertation.

Meanwhile, in the region where Chinese medicine and acupuncture originated, practitioners in China are also experiencing anxiety and self-scrutiny about the authenticity of their practices and the TCM system as an establishment in the field. As a member of the TCM system in China for more than a decade, I have heard the following half-joking, half-worried statement from contemporary Chinese practitioners on various occasions, 'the time for us to learn authentic Chinese medicine from overseas may not be far away'. Such a statement reveals a vigilance and bitterness that some members of this community feel about the loss of medical traditions at home and the notion that it (and what 'it' might be constitutes a key focus of this thesis) is thriving abroad.⁶¹ This comment also gives an indication of the changing attitudes towards tradition and modernity in contemporary China. After decades of endeavour to develop a modernised Chinese medicine, there is now a growing force in China advocating the revival of 'its' heterogeneous traditions. The revival and popularity of *qigong* (气功, energy practice similar to *Taijiquan* 太極拳) and religious healing among the Chinese people since the 1980s is one such phenomenon that has received academic attention.⁶² It seems that a counterculture

⁶¹ What this remark seems to imply is a frustration on the part of Chinese medical practitioners due to the impression that the "westerners" now have better knowledge not only about science and modern medicine, but also about the Chinese medical traditions.

⁶² For the 'Qigong fever' in PRC China since the 1980s, see David A. Palmer, *Qigong Fever: Body, Science, and Utopia in China* (New York, 2007).; and Farquhar and Zhang, *Ten Thousand Things*. For the 'religious modernities' and revival of healing rituals and therapies in contemporary China, see Part II in Vincent Goossaert and David A. Palmer, *The Religious Question in Modern China* (2011). For the entanglement of the two, see

movement is mounting in contemporary China among ‘traditionalists’ in various fields, from the revival of Confucianism in state governance to the search for the Yellow Emperor in the community of Chinese medicine. As a member of this latter community, I have noticed that many of the ‘traditionalists’ in this field are students and advocates of Five–Element Acupuncture. The culture they oppose is not, as one might assume, orthodox biomedicine, but the modern Chinese medicine established in China in the 20th century, embodied in what Taylor calls TCM. This changing perception of the proper identity of ‘tradition’ among contemporary practitioners in China over the last two decades requires serious historical attention.⁶³

The anthropologist Zhan Mei’s ethnography explores the essential role imaginations of ‘other worlds’ is playing in the shaping of Chinese medicine in contemporary US and China.⁶⁴ My study follows the same ‘translocal’ approach but in a historical discourse with a specific focus on such imagination on ‘authenticity’ of the practice and profession of two ‘worlds’ of acupuncturists in the UK and China across temporal and cultural distance.

In contemporary academia, discussions on authenticity abound in multiple disciplines, with diverse meanings which can essentially be understood in terms of two categories.

Farquhar, ‘Market Magic’; Nancy N. Chen, *Breathing Spaces: Qigong, Psychiatry, and Healing in China* (New York, 2003).; and Liao 廖育群, ‘A Phoenix Amid the Flames’.

⁶³ Reasons for the scarcity of historical attention and discussion of this issue is well discussed in Lo, ‘But Is It [History of] Medicine?’ In brief, this topic falls into the gap between two disciplines: history and anthropology.

⁶⁴ Zhan, *Other–Worldly*.

One is 'genuine'. In cultural heritage studies, for instance, discussing the authenticity of a painting requires ascertaining whether it is genuine in terms of its professed or reputed origin and/or authorship.⁶⁵ In the field of tourism, one would discuss whether a tourist destination is authentic as being genuine and identical to its place of origin, similar to discussing the authenticity of regional cuisine as being genuine and identical to its taste of origin.⁶⁶ Historian Bian He discusses the authenticity of Chinese *materia medica* in the late imperial interregional drug trade, where the term *dàodi* 道地 was coined to refer to the authenticity of a herb to its geographical origin for better therapeutic effect and commercial value.⁶⁷ With the advent of polymedia (from television to social media applications such as Facebook), anthropologists Spiegel and Sherry Turkle lament in their works the 'lack of authenticity and the end of true sociality' in terms of the absence of 'genuine' human interactions without mediation.⁶⁸

Another way of understanding authenticity is in terms of the 'self'. In its origin, Greek philosophers examined authenticity in relation to 'self-realisation' and 'activities that reflect one's true calling'.⁶⁹ In modern discourses of existential philosophy and psychology, authenticity is often discussed in terms of whether one is sincere about

⁶⁵ Richard Prentice, 'Experiential Cultural Tourism: Museums & the Marketing of the New Romanticism of Evoked Authenticity', *Museum Management and Curatorship*, xix (2001).

⁶⁶ Ning Wang, 'Rethinking Authenticity in Tourism Experience', *Annals of Tourism Research*, xxvi (1999); Yvette Reisinger and Carol J. Steiner, 'Reconceptualizing Object Authenticity', *Annals of Tourism Research*, xxxiii (2006); Erik Cohen and Scott A. Cohen, 'Authentication: Hot and Cool', *Annals of Tourism Research*, xxxix (2012).

⁶⁷ He Bian, *Know Your Remedies: Pharmacy and Culture in Early Modern China* (2020), 133.

⁶⁸ Lynn Spiegel, *Make Room for TV: Television and the Family Ideal in Postwar America* (1992).

⁶⁹ D. S. Hutchinson, 'Ethics', in J. Barnes (ed.), *The Cambridge Companion to Aristotle* (Cambridge, UK, 1995); Michael H. Kernis and Brian M. Goldman, 'A Multicomponent Conceptualization of Authenticity: Theory and Research', in P. Z. Mark (ed.), *Advances in Experimental Social Psychology* (2006), xxxviii.

oneself, whether one is able to express and live one's 'true self' in any context and in front of anyone, and whether one has one's own unique identity.⁷⁰ As emerged from the coding of my oral history interviews, these two categories of meaning constructed around the concept of authenticity are both relevant to the history of the FEA style and to its community members, and are therefore addressed in the following chapters.

As mentioned above, the interest in authentic Chinese medicine and acupuncture in Europe and the United States, which began in the mid–20th century by therapists and scholars alike, has led to a number of works discussing the heterogeneity and historicity of Chinese medicine. Some of them focus on the characteristics and changes in its theory and practice from ancient times to the Qing Dynasty and contemporary China;⁷¹ some document the heterogeneity and continuity of contemporary Chinese medicine in China between the 1980s to the 2000s from an anthropological perspective;⁷² others focus on the localised practices of traditional Chinese medicine and acupuncture in different regions in the process of

⁷⁰ Stephen Mulhall, *Routledge Philosophy Guidebook to Heidegger and Being and Time* (Abingdon, 2005), 69–88 and 143–50; Charles Guignon, 'Authenticity, Moral Values, and Psychotherapy', in Charles Guignon (ed.), *The Cambridge Companion to Heidegger* (Cambridge, 2006); George E. Newman, 'The Psychology of Authenticity', *Review of General Psychology*, xxiii (2019).

⁷¹ Croizier, *Traditional Medicine in Modern China*; Unschuld, *Medicine in China*; Sivin, *Traditional Medicine in Contemporary China*; Lo, 'Spirit of Stone: Technical Considerations in the Treatment of the Jade Body'; Marta E. Hanson, 'Northern Purgatives, Southern Restoratives: Ming Medical Regionalism', *Asian Medicine*, ii (2006); Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty–Port China*; Asaf Goldschmidt, *The Evolution of Chinese Medicine: Song Dynasty, 960–1200* (2008); Hinrichs and Barnes, *Chinese Medicine and Healing*; Lei, *Neither Donkey nor Horse*; Lo and Stanley–Baker, *Routledge Handbook of Chinese Medicine*.

⁷² Farquhar, *Knowing Practice*; Hsu, *The Transmission of Chinese Medicine*; Scheid, *Chinese Medicine in Contemporary China*; Zhang, *Transforming Emotions with Chinese Medicine*.

globalisation.⁷³ All of these works have helped to situate the knowledge, practices and identities of traditional Chinese medicine historically and/or socio-culturally. My oral history project builds on this body of literature while focusing on the recent (re)making of Chinese medicine over the second half of the 20th century, which has fallen between the gaps of conventional historical and anthropological attention. By breaking down this divide between the two disciplines, my work reaches back to the decades that have influenced the current industry of Chinese medicine as well as the authors of the scholarship in the field. Many of these scholars (including myself) have been involved in the practice of Chinese medicine and acupuncture in various capacities (therapist, patient, student) around the world from the 1960s to the present. FEA, the self-proclaimed 'classical acupuncture' that emerged in the UK in the 1970s, was one of the most influential styles of acupuncture in Europe and America. The publications or interviews of some of these scholars suggest that their academic research and/or personal lives intersected with this school of acupuncture to various degrees. The developments and changes in this field of their own experience during this period deserve documentation and more academic attention. This is also one of the aims of this study.

⁷³ Barnes, 'The Psychologizing of Chinese Healing Practices in the United States'; Elisabeth Hsu, "'The Medicine from China Has Rapid Effects": Chinese Medicine Patients in Tanzania', *Anthropology & Medicine*, ix (2002); Zhan, *Other-Worldly*; Van Hoy, 'Authentic Traditions, Authentic Selves and Healing at the End of the World: An Auto-Ethnography of Chinese Medical Practices'; Lo and Renton, 'The Cuban Chinese Medical Revolution'; Scheid and MacPherson, *Integrating East Asian Medicine into Contemporary Healthcare*; Phan, 'American Chinese Medicine'.

Methodology

This thesis aims at a socio-cultural history of Five Element Acupuncture on the assumption that it is a newly-constructed medicine with links to a long dynamic history of Chinese medicine. To analyse the contemporary unfolding processes of a medical tradition, the contextual approach is used.⁷⁴ In other words, this thesis focuses on the establishment, development and transmission of FEA in the socio-cultural contexts of 1970–90s Britain and 2010s China. Ludwik Fleck proposes a pair of interrelated concepts to explain the production of knowledge within a scientific community. He uses the concept of a ‘thought collective’ to describe ‘a community of persons mutually exchanging ideas or maintaining intellectual interaction’.⁷⁵ Then the knowledge pool produced and shared in ‘the historical development of any field of thought, as well as for the given stock of knowledge and level of culture’ is designated by him as ‘thought style’.⁷⁶ In this thesis, I use Fleck’s framework to examine the production of ‘non-scientific’ medical knowledge. While some proponents of FEA nowadays might make claims that their practice is scientific, it was originally positioned outside of China explicitly as an alternative to science-based biomedicine. The socio-cultural background and the contextualised knowledge of FEA – with links to both ancient texts and modern inventions – constitute the thought

⁷⁴ The idea of unfolding an original thought was first formulated in legal discourse, see Hans-Georg Gadamer, *Truth and Method*, trans. Joel Weinsheimer and Donald G. Marshall (New York, 2003), 64. For the contextual approach see K Simonsen, ‘Towards an Understanding of the Contextuality of Mode of Life’, *Environment and Planning D: Society and Space*, ix (1991).

⁷⁵ Ludwik Fleck, *Genesis and Development of a Scientific Fact*, eds. Robert King Merton and Thaddeus J. Trenn, trans. Thaddeus J. Trenn and Fred Bradley (Chicago, 1979), 39.

⁷⁶ *Ibid.*

style shared by FEA practitioners and students as members of the thought collective. With this framework, I explore how knowledge of FEA was constructed and re-imagined in the two thought collectives in Britain and in China, respectively, over time and in the two intersecting but distinct socio-cultural environments. In the background, the ambiguous quality of authenticity was an anchor for members of both communities as they attempted to develop and legitimate their knowledge.⁷⁷

With FEA as an example, this thesis questions the views of some historians of modern Chinese medicine who adopt the framework of the ‘invented tradition’ by Eric Hobsbawm to analyse Chinese medicine and acupuncture practised in the 20th and 21st century as idiosyncratic modern inventions to which ‘tradition’ is barely relevant.⁷⁸ In tracing the emergence and transformation of the FEA body of knowledge fund, I aim to illustrate that this is simply one of the latest episodes in the constantly unfolding processes of traditional Chinese medical thought. In these processes, there are links with ancient medical concepts which are always imbued with new meanings and interpretations. Therefore, instead of seeing FEA as a static tradition or a modern invention, I build on Scheid’s work which regards the history of the Menghe 孟河 school of Chinese medicine as a ‘living tradition’.⁷⁹ But rather than seeing a living tradition as something with ‘no changeless centre to which

⁷⁷ Fleck, *Genesis and Development of a Scientific Fact.*, II.4.

⁷⁸ Eric Hobsbawm, ‘Introduction: Inventing Traditions’, in Eric Hobsbawm and Terence Ranger (eds.), *The Invention of Tradition* (Cambridge, 2012). An example for such scholarship in the history of Chinese medicine is Taylor, *Chinese Medicine in Early Communist China*.

⁷⁹ Scheid, *Currents of Tradition in Chinese Medicine*.

understanding can anchor itself', I suggest here that despite its propensity and ability to adapt, FEA, on an epistemological level, showed unambiguous consistency with the *wuxing* theory that has been prevalent in Chinese medical texts throughout history (Chapter 3).⁸⁰

Further, building on Lei's work, I would challenge the traditional binary constructs that pervade the multiple discourses of modern acupuncture such as 'traditional' vs 'modern', 'oriental' vs 'western', 'mysterious' vs 'scientific', with a transnational analysis of the nature of authenticity in a living tradition.⁸¹ Acupuncture is a medical practice with a history of two millennia while Britain and China, as two key loci for the history of FEA, are two countries that hold dear to their historical traditions, yet have also been on fast tracks toward their versions of modernity.⁸² The entanglement of tradition and modernity in the respective modern histories and identities of acupuncture therefore constitute a key analytical focus. We may therefore conclude, after Latour, that 'we have never been modern' inasmuch that the illusions of tradition and modernity are never pure or mutually exclusive realms.⁸³ I would argue that, just as the *Taiji* symbol simultaneously consists of both *Yin* and *Yang* elements, the extreme points in those dichotomies – for instance, what is regarded as 'tradition'

⁸⁰ Quotation from Scheid, *Currents of Tradition in Chinese Medicine.*, 8–11.

⁸¹ Lei, *Neither Donkey nor Horse.*, 277; Latour, *We Have Never Been Modern.*, 34.

⁸² In addition to Joseph Needham's groundbreaking volumes entitled *Science and Civilisation in China*, which celebrate Chinese scientific contributions and their connection to global knowledge in history, historian Benjamin Elman presents a bold reinterpretation of the history of Chinese science and technology in the Ming and Qing dynasties in 2005. In his monography, Elman examines the agency and movements of Chinese literati and reformers during the late imperial period and reaches the conclusion that Chinese modernity should not be regarded as a failure or an inferior imitation of the European version. Instead, the Chinese at this period 'articulated and practiced' science and 'natural studies' 'on their own terms'. See Elman, *On Their Own Terms.*

⁸³ Latour, *We Have Never Been Modern.*, 34.

or 'oriental' and what is regarded as 'modern' and 'western' – never actually manifest as fixed entities, but rather in constant fluctuation and even transformation from one end to the other. The *Taiji* model thereby provides a perfect homology for the illusion of modernity that has been carefully analysed by Latour.

In this research, I conducted oral history interviews with participants in this history in order to collect primary sources. The oral history approach is typically used for two purposes: to give voice to individuals or groups who are traditionally underrepresented and marginalised due to lack of power; and to provide new perspectives on well-researched topics and established historical interpretations and arguments.⁸⁴ On the face of it, my subject does not fall into any of these categories: most of the historical actors under study, including my interviewees, come from middle-class backgrounds with good educational and social resources; while the history of the FEA is a subject that has hardly been touched by historical research as a contemporary unorthodox medicine. However, the subject of this project — Five Element Acupuncture — has been regarded in Britain as an alternative medicine with autonomy, and in China as an unorthodox branch of Chinese medicine outside the state-sanctioned institutions of TCM. This puts FEA in the same category as homeopathy and chiropractic in Britain, and *qigong* and religious healing in mainland China. In both respects, therefore, it falls within the realm of subaltern history, in

⁸⁴ Alan Bryman, *Social Research Methods* (Oxford, 2012), 491; Paul Thompson and Joanna Bornat, *The Voice of the Past: Oral History* (New York, 2017), 133.

which the oral history approach thrives.⁸⁵

For the formation and development of FEA in the 20th and 21st century, there are not plentiful primary sources in official documents from which to narrate a medical history as there are for conventional, elite-focused medical histories. Conducting oral history interviews therefore allows me to create new primary sources to narrate this history. FEA only emerged in the 1970s and so many participants including pivotal figures in its development and transmission are still alive and accessible, despite the fact that its founder, J.R. Worsley, died in 2003. Therefore, I collect memories and oral testimonies of those who were contributors, participants and witnesses to the history of FEA and use them as primary sources for this project. Many oral historians, such as Alessandro Portelli, Paul Thompson, and Alan Bryman, suggest that oral history approaches are interested not only in historical 'facts' but also in the views of historical events from the participants' perspective, in other words, the participants' perception of what is true.⁸⁶ Such a perception is crucial to my research on the *authenticity* of Chinese medicine in the modern world, because in this discourse, as discussed above, the concept of authenticity is more of a subjective construction than an objective fact.

To retrieve this history and to answer my research questions about authenticity, I

⁸⁵ John Tosh, *The Pursuit of History: Aims, Methods and New Directions in the Study of Modern History* (New York, 2009), 292.

⁸⁶ Alessandro Portelli, 'The Peculiarities of Oral History', *History Workshop Journal*, xii (1981); Thompson and Bornat, *The Voice of the Past: Oral History*; Bryman, *Social Research Methods.*, 488–91.

adopted a thematic approach using a pre-designed set of questions that focus on my respondents' life histories, their experiences in/with the FEA College and professional community, their recollections of pivotal events in the development of FEA in their time and country, and their perceptions and interpretations of the authenticity of the FEA thought style. During the course of this doctoral project, each participant received one or more sessions of one-to-one oral history interviews with me, either in person or via online platforms. Many of them were/are FEA practitioners in the UK or in China. Through semi-structured interviews with pre-designed questions, I obtained information from participants about their learning and practice experiences of FEA as individuals, as well as about knowledge production in the two FEA communities. Meanwhile, life histories are also collected from key participants in order to contextualise their narratives within their personal backgrounds and the socio-cultural environments in which they shaped FEA in their study and practice. As most of the practitioners I spoke to were also patients undergoing FEA treatment, their testimonies provide multiple viewpoints. And to put their views into perspective, I also interviewed some representatives of competing styles of FEA practice.

A total of 21 participants (13 women and 9 men) were recruited for this project, ranging in age from 62 to 89. All participants were recruited by snowballing through personal networks. Prior to recruitment, each potential participant was contacted by email with an information sheet and consent form attached. The documents clearly explained the project, their rights and options if they chose to participate. The

language used was designed to be easily understood by all. On the day of the interview, I would begin with a casual conversation to introduce myself and the purpose, methods and process of the study. Each interview (whether online or face-to-face) was audio-recorded, with the participant's recorded verbal consent given at the beginning. At the end of the interviews, participants were given the opportunity to confirm their willingness to participate in the research by signing the consent form and indicating their preference for their real identity to be used in their oral history accounts. As the use of real names in historical research can enhance the value, credibility and reliability of participants' accounts for the present research and future studies, I use the real names of those who chose in the consent form to be identified. For those who chose not to use their real names, an agreed pseudonym is used when quoting their oral testimonies throughout the dissertation.

All interviews are audio recorded and transcribed verbatim. For many oral historians, the information and value contained in 'recordings' and 'transcripts' of interviews as primary source material differ.⁸⁷ The former 'records what was said' by the interviewee whilst the latter, with editing and inevitable interpretation by even the most 'slavish' transcriber, 'represents the intended meaning of what was said'.⁸⁸ Textual transcripts are also criticised for providing 'only a partial rendering of the recordings', since 'presenting spoken words in print' omits verbal features such as

⁸⁷ Alessandro Portelli, 'What Makes Oral History Different', in Luisa Del Giudice (ed.), *Oral History, Oral Culture, and Italian Americans* (New York, 2009), 51.

⁸⁸ Donald A. Ritchie, *Doing Oral History: A Practical Guide* (Oxford, 2003), 66.

'punctuation', 'broken sentences' and 'verbal obstacles', which also carry important clues about the meanings, emotions and personalities of the interviewee.⁸⁹ In this project, I make verbatim transcription from the audio recordings of the interviews I conducted, keeping my intervention and editing of the transcripts to a minimum. Meanwhile, I tried to preserve and present the pauses, hesitations, repetitions, or other emotional reactions (such as laughter) in an interviewee's responses that the audio recordings capture, in order to keep the transcript as close as possible to the sound recordings.

All transcripts were coded and grouped into categories for both narrative and language analysis.⁹⁰ Using a narrative-based approach, information and possible links were drawn from coding categories on relevant figures, institutes, events, and ideas. The data were then rendered and presented in a historical narrative with a chronological plot of the development and transmission of FEA in the UK and subsequently in China. For the reasons discussed above, the history of the FEA style (and indeed of acupuncture in the UK in general) remains an underrepresented subject in conventional medical history literature. Therefore, one aim of this dissertation is to examine and record this fascinating and important history, as a snapshot and representation of the globalisation process of acupuncture in the past and present century. The oral history data provides this narrative additional 'texture,

⁸⁹ Ritchie, *Doing Oral History*, 67.

⁹⁰ Portelli, 'What Makes Oral History Different', 51. Patricia Leavy, *Oral History* (Oxford ; New York, 2011), 103–31.

feeling, and tone' that absent in official documents.⁹¹ For example, listening to the women who belong(ed) to this community allows us to see how their experiences compare to those of men, as the organisation ha(d)s more female members, but often tends to be led by men. Overall, through this historical narrative of FEA, the necessary contextualisation is provided to explore and address questions regarding the transnational authentication of a traditional medicine.

Additionally, an analysis-based approach is used to identify and examine themes and patterns that have emerged from the codes of the oral history data regarding the formation of professional identities and the construction of knowledge by FEA practitioners.⁹² These patterns and themes reveal the multiple layers and aspects of defining and interpreting authenticity in the context of the cross-cultural transmission of acupuncture, both at an individual level and at the level of a collective FEA community. Portelli argues that oral history interviews provide historians the insight into meanings underlying past events.⁹³ By listening to the narrators' accounts of this history, we can understand their contributions, motivations, and emotional responses to what happened. For this thesis, considering the production and interpretation of acupuncture knowledge by members of the FEA community ensures a balance of agency in the presentation of the history of a medical community

⁹¹ Leavy, *Oral History*, 123.

⁹² Leavy, *Oral History*, 103–6.

⁹³ Portelli, 'What Makes Oral History Different', 52–3.

which has otherwise never been told.⁹⁴ Meanwhile, by doing language analysis, I can contextualise the languages they used to define and legitimise the concepts of ‘authentic’, ‘traditional’ and ‘Chinese’, in order to understand how participants have framed their narratives in relation to broader socio-cultural discourses. I drew on theories of authenticity in psychological, religious, and cultural heritage studies, as well as my literature review, to inform this analysis process.

In addition to oral history interviews, I draw on other forms of sources in this research. For one thing, as with many oral history studies, I consult a range of primary and secondary sources to cross-reference the testimony provided by the oral history interviews. I use publications circulated among FEA students as textbooks as an essential reference and complement to oral testimonies regarding FEA teaching. To track the constructing of medical knowledge in the FEA thought collective and the influence of and interactions with other medical thought collectives, I collect acupuncture journals, especially the periodicals published by the FEA society in UK between 1979 and the 1990s. These journal articles were written by and for members of the community, and thus provide valuable information about the knowledge, language and concepts adopted by and transmitted in the community at different stages. Also included in the society journals are practitioner interpretations and practices (e.g. what diseases they treated; their focus in clinical work) as well as their

⁹⁴ Simonsen, ‘Towards an Understanding of the Contextuality of Mode of Life’; Robyn Fivush, ‘Autobiographical Memory’, in Emily Keightley and Michael Pickering (eds.), *Research Methods for Memory Studies* (2013), 18.

interests and attitudes towards related learning experiences and research materials (e.g. the books and workshops they engaged with), and their attitudes and reactions towards changes in a broader context (such as movements of counterculture and holistic medicine in late 20th century and the negotiation with government around acupuncture legislation from the 1990s in Britain; in China, the current of anti-institutionalised Chinese medicine in the 2010s). Meanwhile, from journal articles I also investigate the attitudes and strategies the FEA society adopted towards other medical theories and medical societies, including other acupuncture schools (e.g. the TCM community), other local alternative medicines (e.g. homeopathy), and orthodox biomedicine. With these textbooks and society journals, I am also able to check and improve on the accuracy of the information provided by the narrators, especially in basic details (e.g. years, dates, names) where Yow points out that is most likely that one makes mistakes when recalling events in the past.⁹⁵

In a broader context, the history of FEA took place in certain social and cultural circumstances: countercultural movement in Euro-American societies during the 1970s, the global trend of the New Age and spiritual revival, the popularity of psychological theories and psychotherapy, the advent of Foucault's critique and reflection on 'biopower', and the constant tension between the orthodox biomedicine and various types of alternative medicines, to name a few. A good

⁹⁵ Valerie Raleigh Yow, *Recording Oral History: A Guide for the Humanities and Social Sciences* (California, 2014), 45–8.

understanding of these backdrops contributes to contextualise the reasons behind oral history narratives. Therefore, I use texts from and about these socio-cultural contexts – academic publications, newspapers, online media records – as secondary sources in order to set the scene for this historical narrative. These materials together complement oral testimonies and provide a more comprehensive picture of the conditions and changes in society and in the field of medicine and healthcare.

With TCM being a relevant background to the development of FEA in China, some of my former teachers and colleagues have been involved in this process to varying degrees. It therefore seems natural to include their voices in the co-creation of this work, either as direct participants as students and practitioners of FEA, or as commentators on FEA in China. Their words come either from public classes posted online in the form of video recordings or transcripts, or from interviews or private conversations in which they speak as one professional to another about their careers, teaching and practice. Meanwhile, as an interested member of the community, I have collected and absorbed all sorts of electronic and printed material related to FEA and its place within a broader culture of Chinese medicine in contemporary China: handbooks, journal articles, practice brochures, websites and, most importantly, regular community posts on social media accounts. All of these have served as my primary sources when oral history interviews with particular individuals or professional groups were not possible due to the outbreak of the Covid pandemic and other reasons; they also contribute to my understanding of FEA in the Chinese TCM

community and related to questions of authenticity.

All of my interviewees were/are members of the British or Chinese acupuncture community with whom I have personal connections. Those connections give my position as a researcher an emic standpoint. I am a qualified acupuncturist, trained for over a decade in a TCM university and hospital in Beijing, China. After moving to London, I continued my practice as an acupuncturist and participated in the activities held by local acupuncture societies and practitioners. During interviews and personal conversations with fellow acupuncturists in China and the UK, I can easily relate to them from an emic view as a member of a global professional collective, simply by virtue of my educational background and the lexicon and knowledge I have as an acupuncturist. With the FEA group in China, my own personal background as a native Chinese who was trained in the TCM system in China permitted me ready access to the Chinese resources as well as intuitive insights into local meanings that were needed in doing this research. With the FEA group in the UK, the fact that my doctoral supervisor was an active member of this professional community brought me access to the social networks within this group. Meanwhile, my position as a transcultural communicator and acupuncturist also helped me relate to my British participants who had been in a similar situation decades ago, learning and communicating about a medical tradition that originated in a different country and culture.

However, I also held an etic position to my research subjects. For one thing, for a

professional school that developed exclusive and distinctive concepts and glossary, I was an outsider to this specific style and institutions of my participants in both countries. Let alone the fact that with the British FEA community, I share neither their mother tongue nor the socio-cultural background in which they grew up and practised acupuncture. For another, the way I formulated and reflected on my theoretical positions, as well as the way I collected and interpreted the empirical data filtered through a mind that was constructed as a UK trained social scientist. This etic position allows me to approach my participants and their oral testimonies with both the necessary knowledge and relative openness and independence.

Because of the apparent overlap between this research and my personal background and life experiences, I borrow the method of reflexivity from anthropologists (auto-ethnographers in particular).⁹⁶ Many scholars have contested the assumption that reflexivity constitutes an unintentional or self-evident procedure for researchers; instead, they argue that this method requires researchers to constantly examine their 'own position in the project' and evaluate the impact of their 'assumptions, feelings' and personal biases on various facets of their research, including but not limited to the formulation of research questions, methodological choices, and data analysis.⁹⁷

⁹⁶ Tony E. Adams, Stacy Linn Holman Jones, and Carolyn Ellis (eds.), *Handbook of Autoethnography* (New York, NY, 2022); Sarah Lee Van Hoy, 'Authentic Traditions, Authentic Selves and Healing at the End of the World: An Auto-Ethnography of Chinese Medical Practices' (University of Washington Ph.D. dissertation, 2010).

⁹⁷ Graham Watson, 'Make Me Reflexive, but Not Yet: Strategies for Managing Essential Reflexivity in Ethnographic Discourse', *Journal of Anthropological Research*, xliii (1987); Margery Wolf, *A Thrice-Told Tale: Feminism, Postmodernism, and Ethnographic Responsibility* (Stanford, Calif, 1992), 52; Leavy, *Oral History*, 140–1.

I was not aware of this methodology when conducting a pilot study of this project during my MA course. While approaching a similar research question on the legitimacy of the FEA as an 'authentic acupuncture', I was unconsciously influenced by my background in the Chinese TCM system. As a result, I presumptuously assumed that the authenticity of acupuncture and Chinese medicine could be objectively determined and evaluated based on TCM standards. With a subset of five members of the current respondents, I conducted oral history interviews with questions seeking "concrete facts" about the FEA thought style they learned and practised decades ago. Subsequently, I attempted to reach an objective conclusion about the authenticity of FEA by comparing my oral history data with contemporary textbooks and traditional canons from the TCM system.

In contrast, engaging in ongoing reflexivity during the current project has allowed me to acknowledge and contemplate how my personal background and experience as a TCM practitioner may affect my collection and interpretation of oral history data. These reflections have been woven into my data analysis and writing, and had sometimes guided new avenues for my forthcoming interviews. This method also reminds me to avoid an authoritative voice and to present the participants' accounts with the subjective multiple meanings that emerge from their oral testimonies.⁹⁸ To distinguish the voices of the participants from those of the author, I use double

⁹⁸ Leavy, *Oral History*, 141.

quotation marks to identify interview quotations cited throughout the text.

Since FEA and Chinese medicine are both actively practiced in both Britain and China, I also conducted ethnographic observations in clinical settings and group activities of acupuncture communities in both countries to inform my understanding of primary sources from interviews and archives. Conducting ethnographic observations of English and Chinese FEA practitioners and their communities during teaching and clinical activities has frequently challenged my comprehension and sense of belonging within a therapeutic culture. Nevertheless, as an outsider to the FEA style and its institutions, this approach has facilitated my understanding of the historical development of the subject in different contexts over the past decades. And I find that my participation has made me far less cynical than I was when I started working on this dissertation.⁹⁹ The method of reflexivity assists me in identifying my feelings and assumptions during and after those activities. Additionally, it allows me to understand how my assumptions and emotions towards FEA changed over time, and how they affected my perception and interpretation of these events and the individuals involved. In other words, the anthropological methods of ethnographic observation and reflexivity are not employed in this project to generate data. Instead, these methods are used as complementary tools to provide important guidance for interpreting and representing data obtained from oral history interviews and other

⁹⁹ The reasons for my initial cynicism are addressed in chapters 4 and 5.

primary sources.

Because of my own training background, I am in a unique position to speak about the practice of acupuncture and to understand what I hear and observe in a fairly nuanced way. I would ask the readers to remember that any representation is necessarily subjective and partial. While this dissertation attempts to reflect on the history of a small corner of this global professional field, it by no means pretends to reflect all the diverse perspectives and styles that have existed as Chinese medicine in the modern world. I hope that my perspectives are useful, though certainly not exhaustive, even within this specific style under discussion.

Chapter Outline

In the opening paragraphs of his book *The Age of Extremes: The Short Twentieth Century*, the prolific social historian Eric Hobsbawm points to a phenomenon of the relativity of people's perception of time and how oblivious we can be to (even recent) history. As he puts it, for contemporary readers the experience of even the Vietnam War (1955–75) is as remote as 'prehistory', while their own familiar elements of life seem to have always existed.¹⁰⁰ This study is concerned with the recent history of a form of acupuncture with characteristics that many lay audiences and participants of this subculture/medical practice in contemporary Britain, Euro–America and China would regard as 'as if it had always existed', such as the provision of 'clinical miracles'

¹⁰⁰ Eric Hobsbawm, *The Age of Extremes: The Short Twentieth Century, 1914-1991* (London, 1995)., 3–4.

where biomedicine failed, and holistic ‘well-being and mind-body health’. It traces the history of the transnational spread and development of Five Element Acupuncture, a representative school of acupuncture in the globalisation of the last century, from the mid-20th century to the contemporary 21st century. Focusing on the key word of this study, authenticity, this thesis attempts to analyse how those characteristics that are considered to be authentic acupuncture have been constructed and integrated into the FEA system by different groups in different times and spaces, and legitimated by its members through the object of the FEA.

The thesis is divided into four chapters, loosely following the chronological order in which FEA developed. In their edited volume discussing the various quests for authenticity in the countercultural era in Europe, Häberlen and colleagues stress the importance of ‘examining what people did’ in order not only to ‘*create*’ authenticity, but also to create ‘the *conditions*, not least spatial conditions, that would facilitate authenticity’.¹⁰¹ Chapter 2 and 3 focus on the first two generations of the British FEA community and their creation of the spatial and intellectual conditions in which they co-constructed and collectively legitimised the authenticity of FEA.

Chapter 2 begins by focusing on the ‘thought collection’ that established FEA in mid-20th century Britain, including Worsley as a charismatic founder and the next generation of his followers who were, to varying degrees, members of the

¹⁰¹ Joachim C. Häberlen, Mark Keck-Szajbel, and Kate Mahoney (eds.), *The Politics of Authenticity: Countercultures and Radical Movements across the Iron Curtain, 1968-1989* (2018), xxv., 10. My emphasis.

counterculture movement. Using existing records and my interviews with these members, as well as books and journals circulated by the group during this period, this chapter provides a group portrait of these two generations of FEA practitioners, their backgrounds and incentives for studying acupuncture. It then elucidates how their individual characteristics and expectations led to a collective belief in the 'authenticity' of FEA as traditional Chinese medicine, which in turn fostered community cohesion at that particular time. **Chapter 3** then shifts the focus from the thought collective to the thought style, looking at the establishment of the FEA knowledge system by Worsley and his countercultural students. By contextualising the construction of the system's key therapeutic principle, the *law of Five Elements*, this chapter attempts to illustrate how the thought collective's understanding of 'authentic Chinese acupuncture' was reflected in their construction and authentication of medical theory and practice.

Chapters 4 and 5 look at the interactions between two self-proclaimed authentic systems of Chinese medicine – FEA, influential in Europe and the USA, and TCM from China – at different times and the dynamic of the consequences. As the historiography above and the following chapters show, TCM is an inseparable subject and an important historical actor when talking about global acupuncture in the modern era. In the history of the FEA, TCM has also been an important competitor and shaper, playing an important role in influencing (through promotion and/or competition) the fate of the FEA. But this influence has not been a one-way process,

especially given that the two played different roles in different temporal and socio-cultural contexts. In late twentieth-century Britain and early twenty-first-century China, for example, their roles could almost be said to have been reversed. The final two chapters, set in late 20th century Britain and early 21st century China respectively, contrast the qualities, dynamics and transformations of this collision in different historical periods and cultural spaces. In particular, they show how the concept of authenticity has been interpreted differently by different groups for different contexts and purposes, which in turn has played an important role, either explicitly or implicitly, in the developmental trajectories of acupuncture in these contexts. Meanwhile, in relation to chapters 2 and 3, the reader is given a sketch of how counterculture, as a stream of thought, plays a key role as a link across time and geography.

Notes on Terminology

As discussed above, the international transmission and development of Chinese medicine under the name TCM has constituted an essential part of the history of Chinese medicine in the last century. However, the problematic and unexamined definition and application of the term TCM requires more scholarly attention.¹⁰² Taylor's contextualised definition of the term, referring only to the modified Chinese medicine developed and practised in Maoist China, could not include the divergent definitions, interpretations and knowledge creation that have resulted from both

¹⁰² For a critique of the problematic application of the term TCM, see Scheid, *Chinese Medicine in Contemporary China.*, 3; and Taylor, *Chinese Medicine in Early Communist China.*, 1–2.

domestic development and international transmission over the past decades. With this issue in mind, throughout this dissertation I use the term 'TCM' when emphasising the etic perspectives of practitioners both in Britain and China (and myself as a member–researcher), because of the widespread use of this term in the professional literature and in everyday conversations among members in the field; I use 'Chinese medicine' when emphasising an emic perspective for academic discussions. For the same reason, I refer to the founder of the Five Element acupuncture, Jack R. Worsley, as J.R. when emphasising the etic perspective, and as Worsley when emphasising the emic perspective.

Due to the polysemantic nature of Chinese characters, the term *wuxing* 五行 has various controversial English translations. There are three common translations: Five Elements, Five Phases, and Five Agents. The first was the earliest and most prevailing, but a materialistic rendition by the European Jesuits under their perception of the similarity with the ancient Greek concept of the four elements (i.e. earth, air, fire, water).¹⁰³ This is also the term commonly used by acupuncture practitioners of other styles in the English world and is the most recognisable English translation of this concept for non–specialists on the theory or history of Chinese medicine. Joseph Needham found it difficult to discard the longstanding translation, but nevertheless expressed the awareness that *xing* 行 (earlier transliterated as *hsing*) was neither a

¹⁰³ Qiong Zhang, 'Demystifying Qi: The Politics of Cultural Translation and Interpretation in the Early Jesuit Mission to China', in Lydia H. Liu (ed.), *Tokens of Exchange: The Problem of Translation in Global Circulations* (New York, USA, 1999). See its application in early scholarship, for example Croizier, *Traditional Medicine in Modern China.*, 18–20.

solely material ‘element’ nor the modern ‘elements’ of the chemist.¹⁰⁴ Element was also too static a translation for *xing* which was used in ancient Chinese as a verb meaning ‘to move, act, do’. Thus, the second popular translation, Five Phases was proposed by John Major in 1976 and advocated later by many in order to stress the dynamics and constant motion embodied in *xing*.¹⁰⁵ This translation has since gained considerable popularity among English scholars of Chinese medicine, but is criticised for its exclusive focus on the temporal aspects of *xing* in a calendrical context.¹⁰⁶ The third translation, Five Agents, embraces the verbal meaning of *xing* and the interactions and autonomous changes of each of the *xing* as an active entity with *agency*.¹⁰⁷ There are also other translations. Angus C. Graham, for instance, referred to the Five Courses of materials/actions and later designated them the Five Processes.¹⁰⁸

In this thesis, I adopt terms from the FEA community publications – Five Element(s) and Elements as favoured by Worsley – when referring to the acupuncture style constructed by Worsley and his followers and to emphasise an etic perspective. I use

¹⁰⁴ Joseph Needham, *Science and Civilization in China, Volume II*. (Cambridge, 1956); Joseph Needham and Lu Gwei-Djen, ‘Problems of Translation and Modernisation of Ancient Chinese Technical Terms’, *Annals of Science*, xxxii (1975), 253–9.

¹⁰⁵ John S. Major, ‘A Note on the Translation of Two Technical Terms in Chinese Science: Wu–Hsing and Hsiu’, *Early China*, ii (1976). The word ‘phase’ is used in common English as a stage of change or development, see Sivin, *Traditional Medicine in Contemporary China*, 76. The adaptation of ‘phase’ as a translation of *xing* is explained in Paul U. Unschuld, *Chinese Medicine* (Massachusetts, 1998), 16.

¹⁰⁶ Unschuld, *Medicine in China*; Sivin, *Traditional Medicine in Contemporary China*; Farquhar, *Knowing Practice*; Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York, 1999); Scheid, *Chinese Medicine in Contemporary China*; Barnes, *Needles, Herbs, Gods, and Ghosts*; Goldschmidt, *The Evolution of Chinese Medicine*.

¹⁰⁷ See for example in Lo, ‘Huangdi Hama Jing (Yellow Emperor’s Toad Canon)’; Lo and Stanley–Baker, *Routledge Handbook of Chinese Medicine*.

¹⁰⁸ See Angus C. Graham, *Disputers of the Tao: Philosophical Argument in Ancient China* (Chicago, 1989).

the pinyin *wuxing* and *xing* to refer to them in the Chinese classics.

Chapter 2 Two generations, one community, and an imagined tradition

The popularity of acupuncture in the West is commonly attributed to the combination of certain political forces and events in the early 1970s: the then US President Nixon's icebreaking visit to China in 1972, the publication of James Reston's article on The New York Times for his acupuncture treatment after an appendix surgery in Peking Union Hospital, and a propaganda of the then Chinese government using acupuncture anaesthesia to rebuild China's national image on the international stage.¹ However, influential as those events were, medical and press reports of the time indicate that those political forces hardly induced many interests in acupuncture outside the sphere of medical researchers and clinicians. There was, I would argue, another socio-cultural force in this period of history that eventually introduced acupuncture to the mundane life of the general public in the Anglophone world. Members behind this force are the protagonists of this chapter.

Five-Element acupuncture (FEA), also referred to in its community as Traditional/Classical Acupuncture, is considered by many an important and the most popular acupuncture style in the West in the latter half of the 20th century. Taught

¹ James Reston, 'Now, about My Operation in Peking', *New York Times*, (1971). For further discussion on Reston's experience and Nixon's visit in China that promoted the globalization of Chinese medicine and acupuncture, see Kim Taylor, *Chinese Medicine in Early Communist China, 1945-63: A Medicine of Revolution* (London, 2005), 138-41; Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Durham [N.C.] ; London, Durham, 2009), 2-3.

and popularised by British acupuncturist Jack Reginald Worsley from the late 1960s', FEA is a fascinating and extremely influential transnational interpretation of Chinese medicine.² As the current and following chapter argue, despite its labelling, this style of acupuncture was devised against the background of limited access to local Chinese traditions. This was due to the historical circumstance of China being 'behind a bamboo curtain' obscured from international view until two decades later. Nevertheless, FEA became popular and fashionable in certain circles in Britain, Europe and USA as it was recognised as the 'authentic' style of acupuncture. For many patients and practitioners in the 1970s and 80s, FEA was the first (if not only) acupuncture treatment they received and heard of.

In this opening Chapter, I trace the original formation of the British acupuncture community of the style of FEA in the second half of the twentieth century. Within this group, there was a charismatic leader and later a group of devoted students and practitioners who followed and guarded the guidance of their leader. The current chapter aims to answer two questions concerned with this version of the construction of authenticity in two generations of this acupuncture community: a) Based on what is known about its founder, Worsley, and his sources and education, how valid are the claims of this community that FEA was an authentic traditional acupuncture?; and b)

² According to the British Acupuncture Council (BACC), half of currently active acupuncturists in the UK have been trained with FEA. FEA has also been an influential and popular acupuncture style in the US, see Linda L. Barnes, 'Alternative Pursuits: A History of Chinese Healing Practices in the Context of American Religions and Medicines with an Ethnographic Focus on the City of Boston.' (Harvard University Ph.D. dissertation, 1995); Linda L. Barnes, 'A World of Chinese Medicine and Healing: Part One', in Linda L. Barnes and Tj Hinrichs (eds.), *Chinese Medicine and Healing: An Illustrated History* (USA, 2013); Tyler Phan, 'American Chinese Medicine' (University College London Ph.D. dissertation, 2017), 195–211.

How and why did this community consisting of Worsley and his counterculturalist students define authentic knowledge as they did?

Due to the vitality of these two generations of practitioners, FEA acupuncture thrived in the UK and some parts of Europe, and then the US, throughout the counterculture era and beyond, with individuals among whom FEA was ardently learnt, practised and diffused as the authentic Chinese medicine. Using both extant and personal interviews conducted with key members of these two generations, this chapter aims to illustrate their definitions of the authenticity of the acupuncture traditions that originated in China (and East Asia in general). It tries to situate these ideas both within their individual as well as the larger sociocultural context in which the collective perception and professional identity was formed and justified.

J.R. Worsley, the man 'credited with bringing Five-Element Acupuncture to the West'³

The birth of an acupuncture master in England

Records in both written and oral format of FEA in the 20th century trace its origin to a man named Jack Reginald Worsley (1923–2003), leader of this acupuncture style in the Europe and US.⁴ Worsley is commonly known in the English and Chinese

³ Worsley Institution. J.R. Worsley. <https://worsleyinstitute.com/pages/j-r-worsley> (last accessed: 19 March 2023).

⁴ For a few examples, see Worsley Institution. J.R. Worsley. <https://worsleyinstitute.com/pages/j-r-worsley> (last accessed 19 March 2023); Barnes, 'A World of Chinese Medicine and Healing'; Neil Gumenick, 'Oriental Medical World Mourns Professor J.R. Worsley', *Acupuncture Today*, 04 (2003); Peter Eckman, *In the Footsteps of the Yellow Emperor: Tracing the History of Traditional Acupuncture* (California, 2007).

acupuncture world as J.R. Worsley, or affectionately referred to by some students and proponents as J.R.. Born in the inter-war period, he came from a typical working-class family. He was the son of a railroad engineer in Coventry, Warwickshire in England.⁵ And he inherited from his father a passion for gardening and the natural world in general, which endured through his lifetime and deeply influenced his career. In an interview in 1998, J.R. made reference, proudly, to his childhood memory of his father's gardening as it was this, apparently that stimulated his early recognition of the charm of the natural world,

Worsley: Where I was rather fortunate is that, my father was a very ordinary working-class man and he passionately loved his garden. Passionately. He was not an ordinary gardener. His garden stood out above everybody else's. People say 'Why? How did you do this, Harry? How did you do that?' And he just used the same seeds they used, but he put something into it. It was his life, he loved it. And he recognised the power of nature, which is growing. We can't grow anything. Farmers can't grow the wheat. Nature does it. And we are like farmers of the body, the mind and the spirit. And so, we are very privileged to assist nature, to do that only nature can do [healing].⁶

As this quote indicates, along with previously recorded interview clips and the website page of the Worsley Institute,⁷ J.R. Worsley publicly expressed a strong attachment to his father, Harry Worsley, and paid tribute to him for inspiring two

⁵ Worsley Institution. J.R. Worsley. <https://worsleyinstitute.com/pages/j-r-worsley> (Last accessed: 19 March 2023); Eckman, *In the Footsteps of the Yellow Emperor*, 171; 'Obituary of Professor J R Worsley Professor of Acupuncture Who Taught All over the World', London, *The Daily Telegraph*, (2003).

⁶ *JR Worsley. New York City, USA, 1998*, (New York, 1998).

⁷ The Worsley Institute is a private organisation ran by Mrs Worsley — Judy Becker as maiden name — to manage and disseminate J.R.'s intellectual legacy.

essential aspects of J.R.'s adult life: a love for nature and Chinese medicine. In a profile, John Worsley — son of J.R. — reveals that his grandfather 'interested him [J.R.] in oriental medicine and taught him the aspects of the elements and seasons relating to nature (nature and gardening were his hobbies)'.⁸ This inherited enthusiasm for the natural world not only made him a cultural icon among his counterculture advocating students in his acupuncture college during the 1970s and 80s, but also, as shown in Chapter 3, it became one cornerstone in his (re)construction of the Law of 5–Elements.

As a child, Worsley received education locally and left school to work in a local factory at the age of 14.⁹ During the Second World War, he joined the British Army in 1939 and served as an education officer in the Colleges of the North West Command.¹⁰ Although being 'first introduced to acupuncture through his father's interest in ancient Chinese philosophy', there was little connection between his early life and Chinese medicine until an encounter he made during the War, which revived his interest in the 'Oriental healing' of acupuncture.¹¹

Worsley: I think what happened first of all that really made me feel so interested

⁸ TAS Journal 1987 no.1, p.1.

⁹ *Ibid*; Eckman, *In the Footsteps of the Yellow Emperor*, 171; 'Obituary of Professor J R Worsley Professor of Acupuncture Who Taught All over the World'.

¹⁰ Gumenick, 'Oriental Medical World Mourns Professor J.R. Worsley'.

¹¹ Worsley Institution. J.R. Worsley. <https://worsleyinstitute.com/pages/j-r-worsley> (Last accessed: 19 March 2023). During my research I was unable to find any source on the origin or content of Harry Worsley's interest in 'Oriental medicine' or 'Chinese philosophy'. However, with India as a colony and business dealings with East Asian countries, twentieth-century Britain had inherited a passion for exotic cultures and traditions of 'the East', as well as a problematic Orientalist perception of terms such as 'the Orient', 'the East', 'Indian' and 'Chinese' as synonymous or interchangeable.

about acupuncture is when I was in the forces during the War, I happened to see someone who had been over to the Far East, and that had very, very bad arthritis. Now, I was an osteopath and a physiotherapist before I went in the Army, and I thought, nothing can cure this condition. I mean, you can help it a bit, you can ease it. But this man had complete freedom of movement. And then, he told me that, he did acupuncture treatment in Hong Kong. Since I came out of the Army, I was off to Hong Kong. I wanted to find out about this. That sent me on the trail, from Hong Kong to Japan, to Sri Lanka, to Singapore, to Korea. I travelled extensively in the Far East, all the time seeking how this system of medicine really worked.¹²



Figure 2–1. Jack R. Worsley¹³

Worsley frequently referenced his studies in various parts of “the Far East” in different contexts, including classes, interviews, and private conversations. Especially when questioned about the historical background of FEA, this experience of travelling

¹² *A Day with Excellence (Interview by David Shephard), Part I*, (<https://www.youtube.com/watch?v=1MMiUPJtDdg&list=PLVh9eaghp1FwVwHte8qMXiTmQtl16Ikx&index=8>, 2001). (Last access: 2 July 2022).

¹³ Source: <https://cambridgehealthassociates.com/bill-and-jim/worsley-five-element-acupuncture> (last access: July 2020)

between Hong Kong, Japan, Sri Lanka, Singapore, and Korea provided him with compelling evidence to demonstrate that FEA is a form of traditional acupuncture. One straightforward method to establish the authenticity of 5–Element acupuncture from a historical perspective would be to conduct genealogical research and trace evidence of a lineage of knowledge passing between an original source to J.R. and his teachers’ generation.¹⁴ However, such a method seems unfeasible for the FEA style. For one thing, there is little (if any) written materials recording the content of this acupuncture in history. The reason, as J.R. explained, is that this style of acupuncture has always been an “oral tradition” for several thousands of years. The teaching of medical knowledge from masters to disciples by oral transmission in everyday practice was not unusual in pre–modern China, especially for non–scholarly crafts which would have included acupuncture.¹⁵ This imagined oral teaching method was adopted by Worsley and his students as part of the tradition of the FEA. When started his own college in the 1970s, Worsley addressed and applied this oral teaching method to maintain the authenticity of the teaching he received in Asia. Despite the appeal and desperation of students for a written authority, Worsley refused to

¹⁴ It is a common approach in the history of Chinese medicine for physicians to establish a lineage of heirs between a claimed origin to the contemporary; often some of the heirs would be legendary figures such as the Yellow Emperor (黄帝 *huang di*) or the mysterious physician *Bian Que* (扁鹊), see examples in Vivienne Lo, ‘Huangdi Hama Jing (Yellow Emperor’s Toad Canon)’, *Asia Major*, xiv (2001); Yu Gengzhe 于赓哲, *Sensing Illness: Revisiting Medicine and Society in Medieval China* (从疾病到人心: 中古医疗社会史再探 *Cong Ji Bing Dao Ren Xin: Zhong Gu Yi Liao She Hui Shi Zai Tan*) (Beijing, 2022), 69–70.

¹⁵ Although Chinese medicine became a scholar–medicine since the Song dynasty, acupuncture had been regarded with less respect and practised more often by non–scholarly doctors, especially in the Qing dynasty. For more discussion on the social status of acupuncture in imperial China, see Yu, *Sensing Illness*, 62–5; Paul U. Unschuld and Jinsheng Zheng, *Chinese Traditional Healing: The Berlin Collections of Manuscript Volumes from the 16th through the Early 20th Century*, eds. Dominik Wujastyk, Paul U. Unschuld, and Charles Burnett (Leiden; Boston, 2012), i, 126.

produce any textbooks for his students until the mid-1980s. He believed it would be a betrayal of authentic transmission.

While it is impossible to find a clear thread or lineage through which this acupuncture style claims succession from an alleged ancient origin, it is no less a challenge to find such heritage between J.R. and his previous generation. According to historians, knowledge transmission of Chinese medicine before being institutionalised in the 20th century was conducted in two primary ways: by reading arcane classical texts and doctrines or via a master–disciple relation.¹⁶ Based on certain classics or/and physicians, a group of practitioners would form a *pài* 派 (current), referring to a group of physicians that related by ‘personal association, actual or fictive kinship ties, retrospective histories, or affiliation on the basis of having read or adopted the texts or case records of a deceased physician, and who share ideas, techniques, geographical proximity, stylistic similarities, aesthetic preferences, or any combination of these’.¹⁷ In his book *Currents of Tradition in Chinese Medicine, 1626–2006*, Volker Scheid's case study of the Menghe 'stream of learning' (孟河学派 *Mènghé Xué pài*) provides a sophisticated example of such a network of knowledge

¹⁶ Nathan Sivin, ‘Text and Experience in Classical Chinese Medicine’, in Don Bates (ed.), *Knowledge and the Scholarly Medical Traditions* (Cambridge, 1995); Elisabeth Hsu, *The Transmission of Chinese Medicine* (Cambridge, 1999); Angela Ki Che Leung, ‘The Yuan and Ming Periods’, in Tj Hinrichs and Linda L. Barnes (eds.), *Chinese Medicine and Healing* (2013), 142–4.

¹⁷ Volker Scheid, *Currents of Tradition in Chinese Medicine, 1626–2006* (Seattle, 2007), 13. Other examples of such ‘current of learning’ lineage among Chinese medical physicians in imperial China can be found in Angela Ki Che Leung, ‘Medical Instruction and Popularization in Ming–Qing China’, *Late Imperial China*, xxiv (2003); Charlotte Furth, ‘The Physician as Philosopher of the Way: Zhu Zhenheng (1282–1358)’, *Harvard Journal of Asiatic Studies*, lxvi (2006). Anthropologist Zhan Mei’s ethnography provides contemporary examples of the transmission of Chinese medical knowledge through kinship in a translocal context, see Chapter 5 in Zhan, *Other–Worldly*.

transmission between successive generations from the late Ming Dynasty to modern China.¹⁸ Such historical structure of knowledge transmission is also recorded, organised and reflected in the TCM syllabus as a course and a textbook titled *Doctrines of Schools and Physicians of Chinese Medicine* (中医各家学说 *Zhōngyī gèjiā xuéshuō*).¹⁹

Despite consistent efforts from myself and Worsley's previous students who also have a shared interest in the origin and genealogy of the FEA, exact sources — either in the form of doctrine or a specific master — of Worsley's acupuncture knowledge of the FEA style remain elusive. Peter Eckman, an American student of Worsley's from 1973, devoted years to tracing possible origins of his teacher's acupuncture knowledge and of his 5–Element theory. His findings are presented in the book titled *In the Footsteps of the Yellow Emperor*.²⁰ Eckman was highly regarded by the professional community of FEAs as an expert on this topic and the closest to an answer. Several of my interviewees recommended his book as a must-read for my research topic. His book is also included in the library collections of leading contemporary UK acupuncture colleges such as College of Integrated Chinese Medicine (CICM), International College

¹⁸ In this book, Scheid distinguishes between English translations of the Chinese term 流派 (*liu pai*, or sometimes just *pai*) such as school or faction (indicating a 'common theory guiding research and practice' shared by its members), lineage (with its members linked by 'exclusive social relations'), and group (with people 'sharing some ideas or principles' and linked by 'constructed relations'). With the Menghe style as his subject, Scheid chooses to translate this concept into 'current' in order to emphasise the dynamic nature within such a social structure. See Scheid, *Currents of Tradition in Chinese Medicine*, 11–3. Based on his definition, in this thesis I address the FEA professional community also as a *group*.

¹⁹ Taylor, *Chinese Medicine in Early Communist China*, 127–43. As Elisabeth Hsu reveals, although TCM has been developing as a government-sanctioned orthodox for education in the field, the more personal method of knowledge transmission by following experienced masters and studying medical classics still exists and is active in modern Chinese society, see Chapter 3 and 4 in Hsu, *The Transmission of Chinese Medicine*.

²⁰ Eckman, *In the Footsteps of the Yellow Emperor*.

of Oriental Medicine (ICOM) and The Acupuncture Academy (TAA). But even Eckman could only discover ‘the barest of skeletons’ of his teacher’s ‘professional biography’ and present his findings as a ‘shadowy’ history.²¹

Drawing on my own oral history interviews with J.R.’s students, some of his early students recalled that having been previously trained in physiotherapy, J.R. had studied in the 1950s at the British College of Acupuncture which provided acupuncture courses only to students with a medical background. Whereas other evidence points to a more international thread discussed and illustrated in the matrix in Eckman’s book.²² According to Eckman, Worsley’s early teachers on acupuncture include members of the Asian diasporas based on the European Continent and local practitioners. In the early 1960s, several British naturopathic practitioners who had been studying acupuncture in Germany began to attract more attention to this Asian technique in England.²³ Several seminars and training courses were delivered by those practitioners as well as an invited French acupuncturist, Jacques Lavier (1922–1987).²⁴ Eckman infers that it was from those workshops and from Lavier that Worsley began to familiarise himself with the knowledge and techniques of

²¹ Eckman, *In the Footsteps of the Yellow Emperor*, 97.

²² See the two comprehensive lineage charts (figure 210 and 211) in Eckman, *In the Footsteps of the Yellow Emperor*, 174–5., reflecting influences Worsley had received when he developed FEA. Eckman’s chart is quoted in Long Mei’s letter (see Appendix 2) discussed in Chapter 5.

²³ Eckman, *In the Footsteps of the Yellow Emperor*, 142–4.

²⁴ *Ibid.* Trained as a dentist in France, Jacques Lavier became interested in acupuncture in the 1950s. He then travelled to Asia, trained and obtained a doctorate in acupuncture with Dr WU Wei-Ping 吳衛平, Director of the Institute of Acupuncture in Taipei (Republic of China). In 1959, he translated and published the work of Dr WU in French, *Théorie et pratique de l’acupuncture, selon le Docteur WU Wei-P’ing et la tradition médicale chinoise* (Maloine, Paris 1960). During the 1960s to the 1980, he was one of the renowned figures in Europe who contributed to the dissemination of traditional Chinese medicine in France and Europe through his teaching, publications and translations of Chinese medical texts.

acupuncture.²⁵ As Worsley once revealed to Eckman, with the limited literature available on acupuncture in Europe in the 1950s and 60s, his learning sources and lineage refer to two salient Asian teachers: Master Ono Bunkei from Japan and Doctor Hsu from Taiwan, both of whom he met and studied with mainly in Germany, in a traditional master–apprentice method.²⁶ Eckman also enumerates—after decades of tracing texts, conducting interviews and having conversations with Worsley himself and many relevant individuals—nearly a dozen sources that had significant influence on Worsley’s construction of FEA and the syllabus he developed in the 1970s.²⁷ Among those sources, traditional and modernised knowledge of acupuncture from not only China but Japan, Korea and Vietnam can all be identified.

These influences of indigenous East/Southeast Asian medicines thus point to another possibility: Worsley may also have received training in Asia. This is also the preferred focus of Worsley himself when being asked about his learning experiences in acupuncture and the sources of his knowledge on the Five–Element theory. According to his profile on the Worsley Institute website, before having his own acupuncture college in England in the late 1960s/early 70s, Worsley travelled to ‘China’ in order to learn authentic knowledge of Chinese medicine from masters based on the land

²⁵ *Ibid.*

²⁶ Eckman, *In the Footsteps of the Yellow Emperor*, 97. Eckman points out in his book that Worsley’s teacher “Hsu” seems to be a conflated figure of two physicians Worsley had encountered and studied with in different times and locations: Dr Hsiu Yan–chai in Taiwan and Dr Hsu Mifoo from China who later travelled to Germany. See Eckman (2007: 165–71). In an interview in 1998, J.R. indicated he was doing apprenticeship with these two masters in Asia instead of in Germany. No conclusive evidence has been found to support one claim over the other.

²⁷ Eckman, *In the Footsteps of the Yellow Emperor*, 174–5.

where this medicine originated.²⁸ As mainland China was not easily open to the West for visiting until the late 1970s, he took his educational trip(s) in the 1950s in peripheral regions beginning with Hong Kong, which was, at the time, still a British colony. Later, he travelled to Taiwan, Japan, Sri Lanka, Singapore and South Korea, and was reportedly rewarded a doctorate degree.²⁹ This experience of travelling ‘extensively in the Far East’, as Worsley put it, later became an implicit but strong piece of evidence for the authenticity of the FEA style he claimed to transmit.³⁰

It is worth noting that the fog created around Worsley’s education in acupuncture was neither a unique nor an isolated case for teachers in acupuncture of his generation. A similar narrative emerges on another prominent pioneering figure in this field and era: Dr Johannes Diedericus van Buren (later known as Dr van Buren, 1921—2003. Figure 2–2).³¹ The overlaps and analogies in their experiences may help provide a more holistic and distinct picture of the way in which acupuncturists of their generation embarked on this career.

V.B.: I was in Holland from my ninth to my fourteenth year, and then we moved

²⁸ The exact time and destinations of this trip is inconclusive. In an interview Worsley took in New York in 1998, he recalled travelling to Asia from 1945 to the early 1950s. The two memorial articles on Telegraph and by Gumenick in 2003 both indicated that he conducted this trip during the early 1950s.

²⁹ Again, there is no concrete evidence as to where he exactly managed to travel to. The current information on these destinations is gathered from J.R.’s later interview recordings made in 1998 and 2001, the two published eulogies for him in 2003, and chapter 5 in Eckman, *In the Footsteps of the Yellow Emperor*. Another question here that current evidence fails to answer (and may remain unknown upon J.R.’s demise) is how Worsley communicated with local acupuncture practitioners during this trip, as his students recall no Chinese language skills of their teacher.

³⁰ *A Day with Excellence, Part 1–4. Interview by David Shephard, 4 vols (2001).*

³¹ As recalled by some interviewees, before going their separate ways and set their acupuncture colleges respectively, van Buren and Worsley used to be close and as companions when attending courses and seminars and traveling to Asia for their acupuncture training. Hence, some of van Buren’s reminiscence below may complement the gaps of Worsley’s limited disclosure on the source of his acupuncture knowledge.

to India, where I attended High School. My parents were Theosophists, and we lived in Ardyar, near Madras, where the Theosophical Society has its headquarters. So I had a grounding in Eastern philosophy from a young age.³²

As revealed in this recorded interview in 1988, van Buren's initial interest in Asian medicine followed the same pattern as Worsley's: inspired by family influence and personal experiences in the army. Born two years before Worsley, van Buren grew up on Java as the son of a Dutch family. Like many boys of his generation, including Worsley, van Buren dropped from school at the age of eighteen and joined the army for his country during the Second World War. He was sent to Java and fought Japanese invaders there. After a battle with great disparity in strength, he and another 14 survivors (out of 1000) of his battalion were taken as prisoners of war for nearly four years. Moving from one camp to another, van Buren and his peers were threatened by many deadly diseases including dysentery and tropical ulcers, but they were cured by the help of local herbal medications.³³ After being released in 1945, he moved back to Europe and ended up in England as a senior staff nurse on the neuro-surgical ward at a hospital in North London. This was before he began taking courses in alternative medicines including osteopathy, naturopathy and homeopathy from 1951. Subsequently, by serendipity he was introduced to acupuncture, which eventually gave him the 'answers' he had been looking for.

³² 'A Conversation with Acupuncture Master Dr. Van Buren, Founder and Chancellor of the ICOM From 1988', *The International Register of Oriental Medicine (UK) Review*, (1988).

³³ For contemporary examples and a discussion of 'clinical miracles' invoked by marginalized medicines (in her case, Chinese medicine), see Chapter 3 in Zhan, *Other-Worldly*.

V.B.: One Day I was given the *Yellow Emperor's Classic of Internal Medicine*³⁴ by an old lady of eighty-two. She said, 'This is your life!'—just like that! I had always been looking for answers. Orthodox medicine had nothing, no philosophy—I always wanted to know 'Why?'—but no one had the answers. It was the same with osteopathy and naturopathy. But when I started learning acupuncture, the light went on, I got answers. And that's why I stuck with it.³⁵

After entering this new world of acupuncture, van Buren recalled his subsequent education in a similar sketchy story just like Worsley: a fortnight course with Lavier in London in 1966, followed by a trip to Taiwan in 1968 to take a ten-day exam for a doctorate degree in Chinese medicine. Although without any allusion to each other by the two pioneering figures themselves in those recorded interviews, one can assume that their paths overlapped. The timelines confirm my respondents' recollections which all indicate that at those events van Buren and Worsley made their acquaintance with each other. In the following decades, these two men became founders of acupuncture practice and education in Britain and key figures among a handful of renowned figures in the field throughout Europe and North America. During the late 1960s to early 1970s, they set up their acupuncture colleges in South England separately. In 1966, Worsley went back to his hometown in Warwickshire and established the College of Traditional Acupuncture (CTA) in Leamington Spa to teach Five Element Acupuncture based on the theory of *Wuxing* 五行 (see in Chapter 3

³⁴ This title was a popular misunderstanding of the term *nei* 內 in *Huangdi Neijing* (黃帝內經, Yellow Emperor's Inner Canon). The title does not refer to 'internal' medicine, but the 'inner' as opposed to the 'outer' canon, a method of structure writings in the ancient world, see Ilza Veith, *The Yellow Emperor's Classic of Internal Medicine* (Berkeley, 2015).

³⁵ 'A Conversation with Acupuncture Master Dr. Van Buren, Founder and Chancellor of the ICOM From 1988'.

about the theory of *Wuxing*).³⁶ Van Buren opened the English branch of his International College of Oriental Medicine (ICOM) further south in East Grinstead, Sussex, in 1972 and began to teach acupuncture based on a different set of theory of Stems and Branches (in Chinese, *gan-zhi* 干支) and later the Eight Principles (八纲, *ba gang*) based on the theory of *Yin–Yang* 陰陽 (this concept is also explained in Chapter 3). The ‘intercollective exchange’ of ideas between these two acupuncture styles and inheritors of these two colleges is the focus of Chapter 4.³⁷

³⁶ Due to those traits and background of FEA, this acupuncture has also been referred to by other names, such as ‘Leamington Acupuncture (LA)’ (e.g. in Eckman, *In the Footsteps of the Yellow Emperor.*), ‘Worsley Acupuncture’ (used by the Worsley Institute), and as Worsley himself proposed, ‘Traditional Acupuncture’ (Barnes, ‘A World of Chinese Medicine and Healing’, 302.).

³⁷ In discussion of the knowledge production in scientific groups, in contrast to a ‘intracollective communication’ of ideas which ‘reinforced’ ideas within a thought collective, Fleck points to ‘intercollective exchange’ between thought collectives with different thought styles, a process which usually leads to ‘deterioration of fixed systems of opinion’ and therefore ‘new possibilities for discovery and creates new facts’. See Ludwik Fleck, *Genesis and Development of a Scientific Fact*, eds. Robert King Merton and Thaddeus J. Trenn, trans. Thaddeus J. Trenn and Fred Bradley (Chicago, 1979), 109–10 and 162.

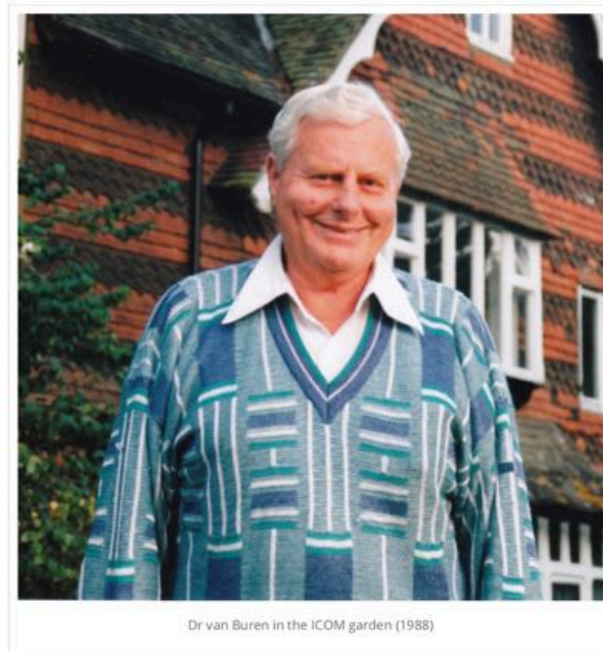


Figure 2–2. van Buren in the ICOM garden (1988).³⁸

Although their experiences of learning acupuncture in Asia had never been openly reminisced in full, the challenges Worsley and van Buren encountered could be inferred from extant reminiscences in their earlier interviews. Neither of them was equipped with the skill of any Asian languages, and the presence of a translator was not guaranteed in the master–apprentice method of teaching they received at the time.

Worsley mentioned in an interview that when studying in Taiwan, his questions were usually not answered by his teachers. Instead, he was encouraged (or partly forced due to language barriers) to find answers by himself.

³⁸ Source: 'A Conversation with Acupuncture Master Dr. Van Buren, Founder and Chancellor of the ICOM From 1988'.

Worsley: I was fortunate enough while I was over there to come into contact with two old masters, one is Chinese, and the other one is Japanese. I was privileged as much as they took me on as an apprentice. In those days, there weren't schools, you know, where you go and you learn. You just study with the master. And you don't study by his side all the time. He will allow you to ask questions. And he will give you a certain amount of information and guide you as to where you can find the answer. And, off you go and you find the answer. And then you go back to him and say okay I've got the answer, and my next question is. So it's like this. For most of the things, as opposed to being told as you are in class, you have to find out yourself. It's frustrating, but very rewarding when you got the answers.³⁹

This situation of restricted verbal communication was supported by van Buren's recollection of returning to his teachers in Taiwan for his doctoral examination in Chinese medicine.

V.B.: The exam lasted for ten days — and ten nights. Sometimes a patient would be brought to me in my hotel room at night — I would have to get up from my bed — let the patient lay down and treat him there and then. I didn't know Chinese, and often there was not an interpreter, so not a word was spoken. You had to treat what you found.⁴⁰

Due to the language barrier noted by Worsley and van Buren, they relied on personal observations, introspection, and reasonable deduction, occasionally complemented by imagination and speculation, as the sole means to understand and learn from their Asian mentors.

³⁹ *A Day with Excellence (Interview by David Shephard), Part I.*

⁴⁰ 'A Conversation with Acupuncture Master Dr. Van Buren, Founder and Chancellor of the ICOM From 1988'.

Apart from the apparent reason of a language barrier, Chinese doctors' emphasis on learning from practice rather than seeking direct answers from their teachers may reveal a particular ideology in the field. A few decades later, in her fieldwork at Guangzhou College of Traditional Chinese Medicine (located in the same Canton region as Hong Kong) in the early 1980s, medical anthropologist Judith Farquhar encountered similar attitude for her questions to be answered by local teachers and senior Chinese doctors. The invariable gist of their answers to her various questions, as Farquhar summarises, was 'We take practice/experience to be our guide'.⁴¹ Behind this answer, she continues to explain, is a collective faith that 'practice and experience had long been core strengths of their field' so that students could learn best from 'the enduring value of these two terms'.⁴²

It is noted that this unfavourable attitude toward asking questions was also a reflection and ramification of the Confucian customs. As a traditional Chinese philosophy that regards highly of rites (礼 *Lǐ*) and etiquettes according to one's position in a social hierarchy, asking questions to one's teacher can be regarded as a sign of disrespect and challenge to the master's authority.⁴³ Van Buren recalled a

⁴¹ Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder, 1994), 1.

⁴² Farquhar, *Knowing Practice*, 2. Anthropologist Elisabeth Hsu reported similar experiences from her fieldwork in Yunnan China, with 'indirect' answers to her questions from her Chinese medical teacher, leaving students' the 'room for personal assessment', see Hsu, *The Transmission of Chinese Medicine*, 115–6.

⁴³ Wei-ming Tu, *Way, Learning, and Politics: Essays on the Confucian Intellectual* (1993). Based on their fieldworks in China, medical anthropologists Hsu and Scheid both report the prevalence and practice of Confucian virtues in the field of Chinese medicine, especially among the 'senior Chinese doctors' (老中医 *lǎo zhōngyī*) who consider themselves as 'scholar physicians' (儒医 *rúyī*), see Hsu, *The Transmission of Chinese Medicine*, 96–7; Scheid, *Currents of Tradition in Chinese Medicine*, 39–47. For the influence of (neo-)confucian ideas on Chinese medicine and the emergence of 'scholar physicians' in imperial China, see Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley; London, 1985), 154–88; Robert P. Hymes, 'Not Quite Gentlemen? Doctors in Song and Yuan', *Chinese Science*, viii (1987); Yuanpeng Chen 陈元朋, *The 'Scholarly*

similar atmosphere of such Confucian culture in the local acupuncture community during his exam in Taiwan.

V.B.: When I arrived, I was met by a group of doctors and an interpreter, and we chatted away for some time. Then they just went off, leaving me for about an hour. The exam had already begun, and they were waiting to see how I would react: if I had got angry I would have been sent home. [...] Because I had lived in the East, I knew a little of the social background, which turned out to be very useful. For example, when I arrived, I was given a mug of tea, which I drank immediately as I was thirsty, and it was filled up again. Then I remembered that tea is given as a kind of welcome, but you must never drink it all. Leave just a little bit, or it suggests that the welcome has not been sufficient. [...] These things matter to the Chinese.⁴⁴

Although never being explicitly said, this Confucian power hierarchy between masters and students influenced European acupuncturists of van Buren and Worsley's generation deeply. Experiencing this kind of hyper-formal pedagogical relationship as students in Asia must have influenced their perception of the nature of authentic Asian cultural traditions, including in medicine. Presumably with a purpose to continue and inherit this authenticity, both of them chose to preserve and to embody these rituals in their own teaching styles and institutions when they began to run their acupuncture colleges in England.

Medical Practitioners' and 'Confucian Doctors' in the Two Song Dynasties: With A Discussion of Their Transformation in the Jin and Yuan Dynasties 两宋的“尚医士人”与“儒医”:兼论其在金元的流变 Liang Song de 'Shang Yi Shi Ren' Yu 'Ru Yi': Jian Lun Qi Zai Jin Yuan de Liu Bian (Taiwan, 1997); Furth, 'The Physician as Philosopher of the Way'; Asaf Goldschmidt, *The Evolution of Chinese Medicine: Song Dynasty, 960-1200* (2008), 42-68 and 148.

⁴⁴ 'A Conversation with Acupuncture Master Dr. Van Buren, Founder and Chancellor of the ICOM From 1988'.

The College of Traditional Acupuncture (CTA)

After a period of collecting, receiving and reconciling knowledge from diverse and transnational sources, Worsley returned to England in the 1960s and began to teach what he had learnt. After a transitional period of teaching in Oxfordshire, he moved back to his hometown and launched an acupuncture school in a suburban town near Coventry in 1966.⁴⁵ It was first named “College of Traditional Chinese Acupuncture” which later shifted into a better-known name: College of Traditional Acupuncture (CTA).⁴⁶ Located in Royal Leamington Spa — a landlocked English town with a demography and culture of the white middle England and middle-class till nowadays — this college has been regarded by many as the first acupuncture school in Europe. In the early years, Worsley delivered his teaching at the Regent Hotel in Leamington Spa (

Figure 2–3).⁴⁷

⁴⁵ David–2018b.

⁴⁶ This early name of Worsley’s College was mentioned on the community periodical TAS Newsletter, 1986(20), 4.

⁴⁷ John Worsley. Professor J.R. Worsley: a profile. TAS Journal 1985(01), 1.

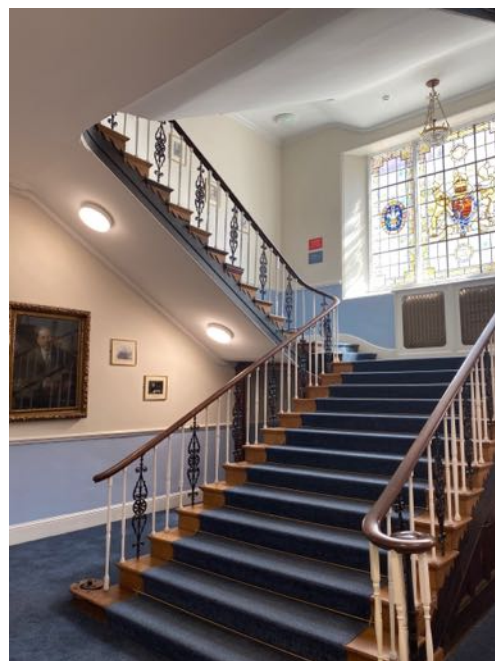


Figure 2–3. Photos of the Regent Hotel in Leamington Spa.¹⁵⁶

¹⁵⁶ Source: all taken by the author at the Regent Hotel in July 2021.

This setting partly suited the need for J.R.'s first large group of students. In 1971 and 1972, the majority of his students were from across the Atlantic, introduced by Dianne Connelly and Bob Duggan. To suit their long-haul travel, a one-year programme was delivered in two sessions each of which was a fortnight intensive lecturing. Thus, the hotel served conveniently both as accommodation during their short stay and as their classrooms and clinics. From 1973, students from England and Europe began to rush in. Early students who studied with J.R. still remember vividly having their classes delivered in such hotel rooms in the early 1970s. David, who moved from France to London originally as an architect enrolled at the College in 1973. He recalls, "the College at the very first was in a hotel where he hired rooms and taught us in those rooms. And I remember when we did clinical practice, we had patients, but in the hotel bedroom!"¹⁵⁷

Later, with earnings presumably from the teaching programme and with (mainly American) students' donation to the College's Building Fund, Worsley resettled his College in several different venues in Leamington Spa: a house in Russell Terrace for a year; then a rented accommodation in St. Alban's House; followed by a final move to Queensway in 1979 due to the growing scale of students.¹⁵⁸ The cheerful news of getting the last premises for the College was announced and recorded in the first volume of College Newsletter, which also provided a description of this premises: 'the

¹⁵⁷ David–2018b. This memory is approved and confirmed also by other students such as Angie Hick.

¹⁵⁸ College Newsletter 1979(1), 1; Worsley, TAS Journal 1985(01), 1.

College now owns a building which used to be the head office of the Royal Leamington Spa Building Society. It is a redbrick construction at Queensway, on the outskirts of Leamington, built on two floors. It seemed ideal for a clinical and training centre, with a gentle ramp up from the street level to the first floor, perfect for handicapped patients, generous toilet facilities on both floors, and the parking spaces for twenty cars at the back’.

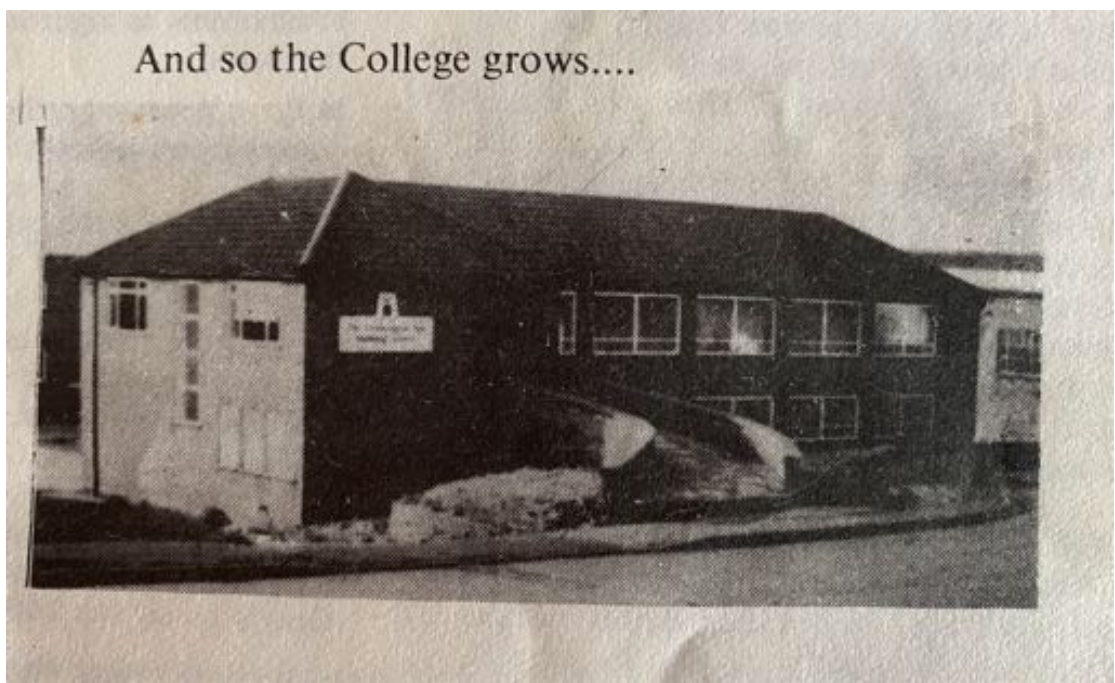


Figure 2–4. The estate at Queensway upon purchase.¹⁵⁹

This is also the place in which the countercultural generations of J.R.’s students studied and taught for the majority of their time at the College and have remembered it. At the turn of the 20th century, like many other English towns, industrial businesses

¹⁵⁹ Source: College Newsletter 1979(1), 1. There is also a video clip of the College took by a then student in 2005 that is available at <https://www.youtube.com/watch?v=rnr9KbuJX30>. (last access: 2021–11–01)

had emerged around this spa town. Situated in a less salubrious area, however, this small private premises that taught traditional Chinese medicine somehow distinguished itself from its industrialised surroundings in the eyes of those countercultural young students. As a nature lover and an advocate of the counterculture, Anna remembers her studies at this College in the early 1980s,

Anna P.: It was an industrial estate. It wasn't in the centre of Leamington. It was on the outskirts. So, you have to walk from the station or drive. It was in this industrial place. It [the college building] was a little bit like a TARDIS with all these industries all around.¹⁶⁰ And this little building, when you went in, you can just feel the energy when you were there. You could feel that, it was quite magical the way that it just shone. You know, in a desert of industrialisation, and there's this little building, and you went in. And you did all these amazing works. And learnt all those amazing stuff from these people that were, you know, they were just so pleased to share their knowledge. So, it's all very exciting.¹⁶¹

Enrolled as a student in 1982, Anna's teachers who were "so pleased to share their knowledge" were actually earlier graduates of Worsley in the College only within the previous decade. Although the earliest transmission of acupuncture into Europe can be traced back to as early as the 17th century, this treatment remained unknown in Europe till the late 20th century with the exception of a small number of social elites

¹⁶⁰ The TARDIS Anna refers to here is a signature device in the legendary British science fiction television series Doctor Who. The name is an acronym for 'Time and Relative Dimension(s) in Space'. With an exterior appearance like a police box that was once commonly seen on streets in Britain, the TARDIS is a space and time-travel vehicle in the fictional universe of the Doctor and is frequently used to project the driver into alternative dimensions. This show was popular among many young CCMers who were also tripping out in alternative dimensions.

¹⁶¹ Interview with Anna P., 2019–11–12.

and medical professionals in history.¹⁶² When Worsley started his college, the number of people who had adequate knowledge to teach in an acupuncture school was next to zero. There was not much choice for him but to teach and to train the future faculty of his college by himself. After the short-term programme developed for American students, he started with a one-year package course teaching all theory and practical skills himself from 1973 when more students from home (England) and Europe began to register. Later on, some early graduates who had trained on this course became teachers in the College.

With these enriched teaching crews on board, Worsley was able to extend the curriculum into a three-year programme from as soon as the late 1970s, with students gathering monthly for a full-weekend study and socialising. With no national statutory regulation of title for alternative medicines in England at the time, the curriculum could be organised as a Licentiate of Acupuncture, with its graduates freely being issued a certificate/licence to practise.¹⁶³ This course not only became the basic training programme of the College until its bankruptcy in 2008, but also

¹⁶² Bivins and Barnes document the early transmission of acupuncture in Europe in the 17th and 18th century as a Chinese counterpart of surgery, and the waves of attention this technique attracted in the following centuries among certain cohorts. See Roberta E. Bivins, *Acupuncture, Expertise and Cross-Cultural Medicine* (London, 2000); Roberta Bivins, 'Imagining Acupuncture: Images and the Early Westernisation of Asian Medical Expertise', in Vivienne Lo and Penelope Barrett (eds.), *Imagining Chinese Medicine* (2018); Linda L. Barnes, *Needles, Herbs, Gods, and Ghosts: China, Healing, and the West to 1848* (Cambridge, Mass, 2005). See also Robert W. Carrubba, John Z. Bowers, and Willem Ten Rhijne, 'The Western World's First Detailed Treatise on Acupuncture: Willem Ten Rhijne's "De Acupunctura"', *Journal of the History of Medicine and Allied Sciences*, xxix (1974).

¹⁶³ Practically, they did not need one. Anyone could effectively call themselves an acupuncturist in this country. For detailed discussion on professional regulation of acupuncture in the UK, see Suzanne Tang, "'From Outcast to Inboard': The Transmission, Professionalisation and Integration of Acupuncture Into British Medical Culture', *Asian Medicine*, ii (2006).

provided a model structure for time and curriculum settings for many later acupuncture schools in this country.

To update a one-year course into three years (even if only for a weekend every month) can be a great stretch. Worsley and his newly recruited teachers proved it possible. As students recalled, this preparatory three-year course consisted of lectures and clinical trainings. In the first two years' pre-clinical teaching, students came monthly for a two-day, morning to evening weekend study course. During this period, they learnt the Five-Element and other practice principles, the location of acupuncture "meridians" and points, as well as some needling techniques.¹⁶⁴ A medical anatomy and physiology class was also included in year one, delivered by an invited biomedical doctor. The third year was devoted to clinical skills. Students were asked to come twice a month at this point, bringing a client with them. With their clients, students would go through the whole clinical process: they took pulses, collected case histories and relevant information from their patients, and gave diagnoses. Then, their supervisors or sometimes Professor Worsley would descend and give an opinion as to whether they had given the right diagnoses.

On the foundation of this preparatory Licentiate course, some specialist-training, degree-level courses in FEA were developed in the 1980s, in order to give graduates a recognisable title for their study and to legitimate and promote their professional

¹⁶⁴ Meridian is a modern term related to mapping. This term was widely adopted by scholars and practitioners alike as the translation of acupuncture channels (經絡 *jīngluò*) till the 1990s.

development as an acupuncturist.¹⁶⁵ For the follow up diploma programmes — to be specific, a two-year Bachelor course, a Master and a Doctorate course — students would reflect on the Five Element theory while learn more clinical practice skills.

David A.: Three years, then I obtained a license, uh, to practice. And after that there was another section of studying, which was more practical where you had lectures in the classroom, but you also had patients, and patients who were seen as a group by the students discussing the case history, discussing which of the Five Elements was characteristic of that person. So, it was more practically orientated and that was the Bachelors and then Masters and then Doctorate [...] each time there was a different piece of paper with the qualification.¹⁶⁶

The creation and popularity of these advanced courses partly indicate Worsley's capability to attract and impress his students. To be clear, these "degree" programmes were not officially endorsed by the state, but rather self-declared. Nevertheless, many of Worsley's enthusiastic followers went on to take one or even all advanced courses beyond the three-year Licentiate level. David, for instance, completed the doctorate course. Among my interviewees, over half had taken part in one or more of these advanced programmes. However, those who studied with Worsley but later became doubtful and distrustful of FEA saw the courses as simply “a way to earn more money” from grand tuition fees.¹⁶⁷

It is worth noticing that as a college with ‘tradition’ in its title, Worsley’s developing

¹⁶⁵ By taking those degree projects after the completion of the foundational course, students would be awarded a diploma of bachelor, master, or doctorate degree in acupuncture.

¹⁶⁶ Interview with David A., 2018b.

¹⁶⁷ Interview with Mike P., 2019–11–6.

strategy of his acupuncture education — with degree settings, a defined curriculum (including anatomy and physiology courses of modern medicine), respected teachers and clinical trainings — resembled in many ways to Chinese medicine schools ran by doctors who aimed to modernise this medicine in the early 20th century. For instance, doctor Ding Ganren (丁甘仁, 1864–1924), founder of the renowned Menghe 孟河 medicine style in Republican China, applied similar standards when he established the 上海中醫專門學校 (*Shànghâi zhōngyī zhuānmén xuéxiào*, Shanghai Technical College of Chinese Medicine) in 1915 with the purpose to train practitioners of modern-style Chinese medicine.¹⁶⁸

With generations of graduates practising in Britain, US and throughout Europe, Worsley and FEA had gradually earned a reputation at home and abroad. Mike recalled there were ninety students in his year (1978–81). A stable stream of European students was also coming to learn FEA at Leamington Spa. Volker remembered in his year (1981–84) there were fifty students from a mix of backgrounds, ‘Italian, Indian, Pakistani, English, American, Australia and New Zealand’, and he himself is German. Anna, who started in 1984, had a group of Scandinavian classmates. It is remarkable that it seems there were rarely any student from a Chinese ethnic background in Worsley’s college at the time.

¹⁶⁸ Scheid, *Currents of Tradition in Chinese Medicine*, 319–21; Bridie J. Andrews, ‘The Republic of China’, in Tj Hinrichs and Linda L. Barnes (eds.), *Chinese Medicine and Healing* (2013), 224.

The counterculture generation in 1970–80s' Britain

The counterculture generation of the College

As mentioned above, because of a constant growth in the number of students, it became a convention that later generations of graduates of the College consistently joined as teachers. Most of my interviewees who studied in the College also taught after graduation, on theoretical and/or clinical courses for different lengths of time. Janie, for example, studied at the College from 1978 started to supervise students for clinical practice after her own graduation in 1981. As she remembers,

Janie P.: He [Worsley] had, like, he initially taught, I think, about seven or eight people.¹⁶⁹ I mean, more than that he taught. But there were seven or eight who became *the core teachers*. So, they were like one generation down from their teacher.¹⁷⁰

As Janie indicated, and as confirmed by other participants, this inner circle of “core teachers” consisted of Worsley's early graduates, who became the backbone of the faculty at the College during the 1970 and 80s (Figure 2–5). This early coterie included John and Angela Hicks, Judy Becker, Julia Measures, David Arditti, Meriel Darby, Allegra Wint, and Peter Mole. Most of them went on to become influential teachers in their own right. For example, John and Angela Hick and Peter Mole established their own acupuncture college — College of Integrated Chinese Medicine (CICM) —

¹⁶⁹ Mike who enrolled in the college in 1978 remembered there were twelve earlier students who stayed as teaching staff.

¹⁷⁰ Interview with Janie P., 2018.

in Reading in the 1990s. It was one of the few colleges of acupuncture aligned with a British university (Kingston University) and has been thriving since establishment.¹⁷¹ During this project, via snowballing, I contacted all but one of these early members of staff, who have kindly contributed to this project in their different ways including but not limited to participating in oral history interviews and sharing valuable written materials and images of this history.



Figure 2–5. A collage of the faculty at CTA assumingly made in the 1980s.¹⁷²

¹⁷¹ This collaboration with Kingston University for an acupuncture degree course ends in 2023, as one example of many similar cases throughout the UK.

¹⁷² Source: <https://www.doctoracupuncture.co.uk/drmartinallbright.html> (last access: November 2021).

According to some of my interviewees who kindly helped to identify figures in the image, J.R. and most of the inner circle members are included in this image, with the absence of John and Angela Hick as they were likely to have left for their own college at this point. The image of the College can also be spotted at the central top.



Figure 2–6. The students who started in 1982 with J.R. Worsley (left 1) in front of the reconstructed College of Traditional Acupuncture (CTA) at Queensway, Leamington Spa.¹⁷³

Beyond the core teaching group, in the two glamorous decades after the start of the College, this Tardis–liked house (in Anna’s word) had hosted and witnessed the growth and development of many future key figures and active members of the FEA community and of the whole acupuncture profession in Britain and beyond. To name a few, Ken Shifrin and John Wheeler played prominent roles in the professionalisation and regulation of acupuncture in this country around the turn of century. Volker Scheid and Vivienne Lo who were students in the College in the 1970s to 80s later

¹⁷³ Source: personal collection of Anna P.

became prominent and prolific scholars in the field of the anthropology and history of Chinese medicine whilst running acupuncture courses and acupuncture clinics on their own. Nora Franglen, who eventually transmitted FEA to mainland China in 2012 — the theme for chapter 5 — was also once a student here in the 1980s. And as important, it was the counterculture generation of FEAs — such as Anna, Janie, Mike, Vivienne, Volker and Cinzia — who (co-)opened the first acupuncture clinic in their home towns and introduced acupuncture treatment and philosophy to the daily lives of numerous local residents. In other words, I would argue, the CCM generation of acupuncturists played a key part in the localisation of this practice and its theories in Britain in the last century.

To trace the CCM generation of FEAs, reminiscences have been collected from seventeen participants via several semi-structured in-depth interviews. They were all once students of Worsley and later became practitioners of acupuncture themselves. Most of them — Julia Measures, Judy Becker, Peter Mole, Allegra Wint, David Arditti, Ken Shiffrin, Janie Prince and Mike Potter — were trained in Worsley's College in Leamington Spa during the 1970s; some others, including Cinzia, Volker and Anna studied there in the 80s. When they studied with Worsley, they were in their 20s or early 30s. Now the oldest of them is over 80 years old, and the youngest is in his 60s. By chronological age, my respondents may not be considered the same generation.¹⁷⁴ However, all of them are broadly representative members of the

¹⁷⁴ Frank Musgrove, *Ecstasy and Holiness: Counter Culture and the Open Society* (London, 1974), 8–9. Frank

counterculture movement (i.e. CCMers).

In the latter half of the 20th century, the transmission of Chinese medicine and acupuncture in Europe and North America intertwined deeply with both conceptions and members of the counterculture movement.¹⁷⁵ The term counterculture is not a self-designation but attributed by later scholars researching on the 1970s' subculture and youth movements.¹⁷⁶ Taking intellectual and cultural heritage from the 19th century Romantics and youth movements in the mid-20th century such as the Teds, the Mods and Rockers, and the Angry Young Men, participants in the counterculture movement were essentially characterised as anti-industrialisation and anti-materialism.¹⁷⁷ What distinguishes the counterculture from those predecessors is the participants' 'desire for an alternative form of society or any vision of an alternative way of life which might satisfy him as a human being'.¹⁷⁸ Many advocated a bucolic utopia, environmental protectionism and going 'back to the land', living a simple and primitive life practising organic farming in communes of like-minded people.¹⁷⁹ In a newly prosperous society, young people, especially those from

Musgrove conducted research in the early 1970s about the perception of Counter Cultural attitudes in England, His results revealed that supporters of CCM ranged from college students to adults aged in the middle thirties.

¹⁷⁵ Sociologist Yinger indicates that the concept of 'counter-culture' and 'sub-culture' were originally used in a criminal context, in relation to delinquent gangs typically found among adolescent males in lower-class areas of large urban centres, see J. Milton Yinger, 'Contraculture and Subculture', *American Sociological Review*, xxv (1960). But in this context, counterculture or CCM refers to a much more middle-class revolution.

¹⁷⁶ Campion, Nicholas. 2015. *The New Age in the Modern West: Counterculture, Utopia and Prophecy from the Late Eighteenth Century to the Present Day*. London: Bloomsbury Publishing Plc: 1.

¹⁷⁷ For a detailed introduction of these youth movements prior to CCM, see Chapter One in Elizabeth Nelson, *The British Counter-Culture, 1966-73* (London, 1989).

¹⁷⁸ Nelson, *The British Counter-Culture, 1966-73*, 27. See also Keith Melville, *Communes In the Counter Culture: Origins, Theories, Styles of Life* (New York, NY, 1972), 2.

¹⁷⁹ Melville, *Communes In the Counter Culture*; Nelson, *The British Counter-Culture, 1966-73*, 96 and 123; Nicholas Campion, *The New Age in the Modern West: Counterculture, Utopia and Prophecy from the Late Eighteenth Century to the Present Day* (London, 2015), 121-48.

middle-class families, were privileged enough to be able to escape 'dreary' jobs in order to earn a living outside of mainstream society for themselves and their families. They had the freedom of 'railing against the stultifying nature of contemporary British society and institutions', explore new identities and seek alternative lifestyles and did so with passion and commitment.¹⁸⁰

Among my participants, all or some of these features came up as a part of their past identities, as activities, lifestyles or beliefs, generally during their 20s and 30s. As their interview testimonies show, they were generally born and raised in middle-class, white families (or lived in such lifestyles and social circles); they were interested and involved in arts and/or left-wing political and feminist campaigns (e.g. against wars, social injustice, and environmental pollution); before 'dropping out' and studying acupuncture, they had all chosen conventional live pathways. For example, for members of Worsley's inner circle, before studying acupuncture, Peter went to Oxford studying History for a Bachelor degree and took a trip in India after graduation; Allegra studied Physiology in the same university while fascinated with horoscopes; Angie was trained as a nurse concerned with psychological issues and participated in weekend events promoting "fringe medicines"; John was a successful business man who practised Taichi for self-cultivation; Julia had a promising career in the media

¹⁸⁰ Nelson, *The British Counter-Culture, 1966-73*, 29; Joseph H. Berke (ed.), *Counter Culture* (London, 1969), 14; Peter Braunstein and Michael William Doyle, 'Introduction: Historicizing the American Counterculture of the 1960s and '70s', in Peter Braunstein and Michael William Doyle (eds.), *Imagine Nation: The American Counterculture of the 1960s & '70s* (London, 2002), 10. As Campion points out, it is noted that with an overarching attempt to 'build a new "alternative" society' in opposition to 'the political and economic mainstream', the counterculture movement had internal diversities with 'a series of competing and sometimes contradictory countercultures', see Campion, *The New Age in the Modern West*, 2.

industry and secretly wanted to be a herbalist; David studied architecture in university in France and worked in an architecture firm during his 20s and 30s, as well as being a regular customer in health food stores and alternative medicine clinics.

Similar patterns emerge from my interviews with other students at the College then. Mike went to an art school in London for a degree in fine art and then worked as an assistant nurse in a psychiatric hospital after moving to a semi–derelict house around a hippie community in Wales to ‘live off the land’. Janie was a self–identified left–wing activist for social equality, and used to work in a feminist magazine in her 20s before studying herbal medicine in college. Anne studied graphic design (a result of compromising with her parents, her initial aim was fine art and painting) in an art college and worked in an advertising company after graduation. Cinzia was a left–wing university student in Italy studying foreign language in her early 20s and worked as a legal translator for several years afterwards. Volker was an exception, who was born in a successful German herbalist’s family and was inspired to learn alternative medicines from his teenage years. In pursuit of freedom and creativity against conformity and convention, all of them dropped out from conventional live pathways and chose an Asian alternative medicine (acupuncture) as life–long profession.

A broad characterisation of the CCMers as above inevitably essentialises what was a wide range of individual responses to these circumstances. For example, one common impression of acupuncturists and their clients back in the 1970s’ and 80s’ is

that it was a middle-class activity. So was the public impression of members of the counterculture and hippie movement. Those impressions bear certain truth but overlook internal diversities. In the case of students in Worsley's acupuncture college in Leamington, some students were apparently from middle class or even an upper middle-class background (including the daughter of a then British Prime Minister). Many interviewees recalled that some of their classmates were middle-class housewives who were there not with the mind of becoming a practitioner after graduation but rather out of their curiosity with such an exotic theory/philosophy based on the name Five Element. There were also students who came from a less or newly made middle-class background. These less fortunate ones, Janie, Mike and Anna for instance, had to have a conventional job to maintain their living and to afford taking acupuncture courses for alternative life pursuits in their spare time, evenings and weekends mainly. This was also partly the reason why courses at CTA were set as weekend programmes and some students amusingly self-identified as 'weekend hippies'. Anna didn't quit her job in a design company during her study at the College until she could start a new career with enough income as an acupuncturist in a local clinic her friend ran. Janie, who couldn't afford a house maid to do the chores and to take care of young children had to use spare time to study and work in addition to her family duties as wife and mother.

Developed during the second wave of the feminist movement, the egalitarian gender policy for student recruitment in Worsley's acupuncture college also formed an

alternative to conventional medical schools and gave the College additional attractions for female members of the counterculture movement.¹⁸¹ As many of my participants who studied in the college recall, in the 1970s and 80s, female members made up at least half of the students and faculty at the institution. This was not the case in conventional medical schools.¹⁸² In the same period, only around 5% of medical students in the US and UK were women; the production, distribution and practice of medical knowledge was limited to elite male members within the field of orthodox medicine.¹⁸³ A sociological study of the time also revealed that ‘most medical schools still enforced an unofficial quota on female applicants, ranging from 15 per cent in London to a more generous 30 percent at some provincial universities’.¹⁸⁴ Such difficulty for female applicants of medical school is resonated in Janie’s personal experience,

Janie P.: I wanted to be an acupuncturist, and I searched, and found that I needed to be a doctor in order to become an acupuncturist. So I went back to school, did my A–levels to become a doctor, and I did it in one year. And **I applied**

¹⁸¹ This gender policy of egalitarianism formed not only an alternative to the biomedical system, but also to the tradition of Chinese medicine in history, as knowledge were exclusively passed on between males. For a discussion of this tradition and a recent revolution against this situation in Chinese medicine, see Chapter 5 in Zhan, *Other–Worldly*.

¹⁸² In the CCM era, biomedicine was (and still is) one of the scientific fields dominated by men. The production, distribution and practice of medical knowledge was limited to elite male members within the field of orthodox medicine. For more data and further discussion on gender inequality in this field, see Donna K. Arnett, ‘Plugging the Leaking Pipeline: Why Men Have a Stake in the Recruitment and Retention of Women in Cardiovascular Medicine and Research’, *Circulation: Cardiovascular Quality and Outcomes*, viii (2015); Mary Beth Hamel et al., ‘Women in Academic Medicine: Progress and Challenges’, *The New England Journal of Medicine*, ccclv (2006). In addition, Chin adopts an individual perspective by collecting 140 stories, essays, and poems, which provide valuable records of the lived experiences of women in the medical profession, see Eliza Lo Chin, *This Side of Doctoring: Reflections From Women in Medicine* (Thousand Oaks, CA, 2002).

¹⁸³ Hamel et al., ‘Women in Academic Medicine’.

¹⁸⁴ Mary Ann Elston, ‘Women Doctors in the British Health Services: A Sociological Study of their Careers and Opportunities’ (unpublished doctoral thesis, University of Leeds, 1986), 57 and 63, quoted in Helen McCarthy, *Double Lives: A History of Working Motherhood* (2020), 517 (iBooks).

to a local medical school. But I was told that because I was a woman, because by then I was about 24, 25 or something, that I was too old. And I had children.

And if I wanted to go to medical school in the provinces, not in London while I lived in London, in a less prestigious medical school, maybe they would take me.¹⁸⁵

Despite this exclusivity of the orthodox medical profession, many individuals outside the field still aspired to owning medical knowledge, especially women who had even less access to it. Published during the second wave of the feminist movements, the sensational popularity of the book *'Our Bodies, Ourselves'* in the 1970s' introducing general medical knowledge and health strategies 'by and for women' is evidence of such demand for access to the power over their own bodies that women thirsted for.¹⁸⁶ CCMers criticised biomedicine as 'delusions of superiority and a craving for domination' and appealed for an alternative that was 'practised by and on behalf of humans', across gender, age, race and nationality.¹⁸⁷ In this contrastive context, Worsley's acupuncture college stood out as a welcoming and appealing option, especially for women. It embodied both feminist and countercultural values, offering equal opportunities for all individuals interested in acquiring the knowledge and expertise for improving personal wellbeing.

¹⁸⁵ Interview with Janie P., 2019–11–22.

¹⁸⁶ Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Course by and for Women* (Boston, MA., 1971). After the publication of the first edition in English, this phenomenal book was reprinted for several times and has been translated and published in several different languages in Asia, Africa, South America and Eastern Europe. For the global circulation and influences of this book, see Kathy Davis, *The Making of Our Bodies, Ourselves How Feminism Travels across Borders* (Durham, NC, 2007).

¹⁸⁷ C. I. Dessaur, *Science Between Culture and Counter-Culture* (Nijmegen, Netherlands, 1975), 12.

For members of the CCM, their anti-establishment campaigns were aimed at technocracy and the dominance and power of natural science.¹⁸⁸ Many young people rejected the unquestioning pursuit and acquisition of a scientific modernity. In 1973, German-born British economist E.F. Schumacher published a collection of essays under the title *Small Is Beautiful*, in which he criticised what he called ‘an almost universal idolatry of gigantism’, arguing that capitalism improved living standards only at the cost of deteriorating culture and natural resources.¹⁸⁹ In line with his idea, the counterculture youths pursued alternative sources of energy espousing a technical ‘small is beautiful’ philosophy while expanding their spiritual lives through psychedelic experiences and searching for wisdom in ancient Asian philosophies and religions.¹⁹⁰ In the case of *healthcare*, this meant challenging the monopoly that the biomedical industry seemed to have established over the very depths of every individual’s body on the basis of scientific reductionist theories. What Foucault has characterised as the mechanics of biopower also involved treating people as if they were machines.¹⁹¹ The pursuit of profit by an all-embracing Big

¹⁸⁸ The concept of technocracy was first used in a CCM context by Theodore Roszak to criticise how scientific knowledge had been used for industries of war and environmental destruction, see Theodore Roszak, *The Making of a Counter Culture: Reflections on the Technocratic Society and Its Youthful Opposition* (London, 1970), 4. For the use of the psychedelics and the pursuit of Eastern religions and philosophy in the 1970s CCM, see chapter 6 and 7 in Os Guinness, *The Dust of Death: A Critique of the Establishment and the Counter Culture — and a Proposal for a Third Way* (London, 1973). The hostile attitude towards science among young CCMers at the time is also reflected in Fritjof Capra’s famous book ‘*The Tao of Physics*’ in which the author tried to ‘improving the image of science’ by showing ‘an essential harmony between the spirit of Eastern wisdom and Western science’, see Fritjof Capra, *The Tao of Physics: An Exploration of the Parallels between Modern Physics and Eastern Mysticism* (Colorado, 1983), 25.

¹⁸⁹ E. F. Schumacher, *Small Is Beautiful: Economics as If People Mattered: 25 Years Later ... with Commentaries* (Point Roberts, Wash, 1999).

¹⁹⁰ Roszak, *The Making of a Counter Culture*; Kenneth Leech, *Youthquake: The Growth of a Counter-Culture through Two Decades* (London, 1973).

¹⁹¹ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York, 1979), 136.

Pharma was challenged by the new emphasis on alternative remedies that the study of traditional medicines offered, with a closer attachment to the earth and new pathways to autonomy and community medicine.

Against this background, Chinese medicine with its ancient philosophies, universal *qi* energy, massage, moxibustion and inexpensive steel needles was offered to patients as a humanistic and personalised medicine, an attractive, relatively cheap and powerful alternative option. And for practitioners, this traditional Asian medicine created a new profession that allows them to practise in small groups or as individuals, which went along with Schumacher's calling in *'Small is Beautiful'* for new working structures that are humane in scale and nature, a contrast and an alternative to large-scale, dehumanising orthodox medicine (especially the Big Pharma they were particularly against) functioning only within institutions with large number of assistant roles and technologies.¹⁹²

'What led you to acupuncture?'

As a practitioner myself, I am always curious about the motives of other acupuncturists that led them to this career path, choosing to practise a traditional medicine in a modernising world, especially for those from the West who weren't born in a cultural background with Chinese medicine as somehow a convention. With all my interviewees, I asked them the same question, "What made you interested in

¹⁹² Schumacher, *Small Is Beautiful*, 46–58.

acupuncture in the first place”? Their answers are diverse, whilst manifest common themes: some extent of counterculturalist fascination with alternative lifestyles and Asian cultures, a certain level of serendipity, and amazement of the efficacy of acupuncture.

Mike's experience of acupuncture, for example, reflected these themes well. After graduating from art college, Mike moved to live in a commune in Wales — an iconic CCM area at that time. He encountered the concept of acupuncture there via a couple who lived nearby. As Mike was working as a nursing ancillary in a local psychiatric hospital and “the only person who knows anything about medicine” in their commune, this couple came to him for advice for an infertility issue.

Mike P.: So I think for about a month or so, I just sort of tracked people down in the hospital in my spare time and said, look, you know, my friends were in such situation, and what can they do? And the conclusion that [...] it was either in vitro fertilization or adoption. Now in about 1971, some friends of mine, while I was still in London, had gone for in vitro fertilization and ended up with triplets because the technology wasn't that good. It was in very early stages. So that was what they were left with. And one of Worsley's first students from the middle seventies I never met this person, but he was on his way to Ireland and he stayed with my friends. Gave them some acupuncture, gave them three or four sessions and she got pregnant. So after all the research I'd done, I was pretty impressed.¹⁹³

From there, Mike traced the name and contact of Worsley's College. After a brief

¹⁹³ Interview with Mike P., 2019–11–6.

telephone conversation asking for more information, the College sent him nothing but an application form. He filled the form and sent it back. Without any interview (he missed it due to a car failure on the way), he was recruited as a student in October 1978.

As Mike's story indicates, one major attraction from acupuncture is positive treatment experiences, or even medical miracles, of (5-Element) acupuncture either of oneself or of friends and families. This pattern is prevalent in my participants' responses to the question 'What led you to acupuncture?'. In a personal conversation with me, Julia revealed the path that brought her to J.R. and FEA with the same pattern. Born and raised in Warwickshire, she was into nature and gardening from a young age. At the age of sixteen, she set her mind on becoming an herbalist but failed to find a college course on this. After working in a national media company for a successful decade, she became severely ill. She was bedridden for eighteen months, suffering inefficacious treatment, until the appearance of "Doctor Worsley" who "revived" her within months using just a couple of fine needles. This experience together with J.R.'s emphasis on the healing power of nature in his *law of 5-Elements* (theme of Chapter 3) convinced Julia that becoming a FEA practitioner could continue her dream of being an herbalist.

As a form of alternative medicine in a modern society where biomedicine has driven other medical practices to the marginal, Chinese medicine and acupuncture was and

has been the last resort for those who couldn't find cures in orthodox medicine. In her ethnographic fieldworks in urban China and the US around the turn of the 21st century, anthropologist Zhan Mei encounters several Chinese medicine practitioners who congruently indicate that 'many of their cases are "leftovers" by biomedicine' as patients usually 'has tried everything that "standard procedures" have to offer' before they resort to traditional Chinese medicine, 'hoping for a miraculous cure'.¹⁹⁴ The practitioners would try to 'evoke miracles' on those patients in order to provide testaments of their clinical efficacy or even superiority over biomedicine in order to establish a reputation and attract potential future patients. Apparently, this situation Zhan observes can be traced back to decades ago. According to my interviewees who practised acupuncture since the 1970s and 80s, many patients (irrespective of endorsing CCM or not) sought out their clinics in search of such clinical miracles.

In addition to 'clinical miracles', Zhan's ethnography points to another impetus for the globalisation of Chinese medicine in recent decades, associated with 'hip, middle-class, cosmopolitan lifestyles that emphasize overall well-being and mind-body health'.¹⁹⁵ This was also reflected in the testimonies of my participants who came to acupuncture treatment decades ago for ailments, especially the CCMers who had embedded passions and open minds in exploring alternative lifestyles. Peter, a history graduate with a keen interest in Indian and Chinese philosophy, explained that he

¹⁹⁴ Zhan, *Other-Worldly*, 93.

¹⁹⁵ Zhan, *Other-Worldly*, 14 and chapter 1.

chose to pursue acupuncture because "it's hip". Similarly, David worked as an architect in London in the 1960s. He was into an organic and vegetarian diet and was a regular customer at health food shops. He first came across alternative medicine (acupuncture and osteopathy) when he visited a nearby health food shop as a sufferer of hay fever and back pain.

David A.: I went to consult acupuncturist because I had hay fever. And he was Chinese. And uh, I remember having treatment with him, I think three treatments. The first treatment was spectacularly good. You know, it's, yeah, I think it was symptomatic work but you know, stop sneezing for a day or two. And the second time I asked him about acupuncture, where could I learn? [...] I started talking to other people, going to introductory lectures of this and that. And when I went to a lecture on acupuncture, it's resonated. It felt right there. This notion of energy that controls the body, the mind, the spirit. It felt that was the answer to my inquiring.¹⁹⁶

Although positive treatment effects are a strong attraction and drive for many as illustrated above, not everyone entered the world of acupuncture originally as a patient. Volker regards his embarkment on the path of acupuncture as *yuanfen* (缘分 fate). Born in a German family of herbalist, he set his mind to become an herbalist from young age. On the last day of his unfruitful week trip to London looking for a school to study herbal medicine, he encountered acupuncture and the College in Leamington Spa at a bookshop near Victoria station.

Volker S.: I was really frustrated, very sad. So I went to Victoria station in the

¹⁹⁶ Interview with David A., 2018b.

evening. Yeah? Okay. It was a little bit of time before I look for my train and I went into a bookshop and I found a book and it had all the courses where you could study alternative medicine in, in England. There was a school for herbal medicine. I said, okay, this is where I can study herbal medicine. I said, what else do I do? And I was just looking through the book and I said, 'Oh, acupuncture. It's good because then I can, I thought acupuncture. I can, I can travel because all I need [is] my needles'. Yes? I can be a *chijiao yisheng* 赤脚医生 barefoot doctor). And then, uh, I phoned, there were three colleges in English at that time. One was the 5-Element. And two more. I phone and the two other ones were closed, because it was evening already. The 5-Element one was open. And the lady who was the receptionist, she's a very, she was a very special person. And basically she talked me into going to this school on the evening on the telephone. Cause I didn't know there was a difference, what the difference was between these three schools. It's just this woman who taught me. [...] There's just like, I was guided there. That's where I met my wife. So it's *yuanfen* (缘分), yeah?¹⁹⁷

As Volker's and my other interviewees' experiences reveal, for the CCM generation in a pre-internet era, searching for information of an acupuncture college was a disparate experience. In the 1970s to early 80s, there were few acupuncture colleges in the UK the most widely known being CTA with Worsley and ICOM with van Buren. Acupuncture was used outside of the NHS system, as a marginalised alternative medicine along with osteopathy and homeopathy. At the same time, my participants pointed out that as prospective students, and like the British public who lacked knowledge of acupuncture, they found it impossible to understand the differences between styles of acupuncture. They would have to have assumed that acupuncture was a homogeneous entity, just as standardised as a surgical "appendectomy". They

¹⁹⁷ Interview with Volker S., 2020-11-28.

were also unlikely to be aware of the existence of other colleges and the differences in teaching between them. Students often discovered the existence of acupuncture colleges through health food stores or information columns in complementary medicine bookshops, or through seminars recommended by like-minded friends, and enrolled in studying 'traditional Chinese acupuncture'.

This collective innocence of the existence of varied styles of acupuncture was a result of the time and context. For the two generations of acupuncturists of Worsley and his counterculture students, the skill of reading (traditional or simplified) Chinese text was scarce. There was also a lack of written sources or scholars in English in these decades. All of those factors contributed to Worsley and the countercultural generation's collective imagination of this exotic medical tradition as a continuous unchanged unity, with 'five thousand years of history in China'. For those who quested for alternatives from the dominance of the establishment, acupuncture appeared to be a 'hip' choice, for the identities indicated by its title, 'traditional' and 'Chinese'.

Such ignorance of the heterogeneity in the history of this traditional Chinese medicine (and acupuncture) represents a collective mentality which I label 'Counterculture Orientalism'. With this term, I refer to a continuation of the mindset identified by Edward Said as Orientalism — the perception of the East as an essentialised Other to Euro-America. However, 'Counterculture Orientalism' differentiates itself from the original concept by adopting a respectful approach

towards this otherness rather than a dismissive and superior one, due to the CCM milieu. According to Said, since the Enlightenment in Europe, 'the Orient' has been used by 'Westerners' (initially Europeans, but later also Americans) to designate Asian culture as 'exotic', 'mysterious' and 'sexy', while at the same time 'undeveloped', 'backward' and 'other'.¹⁹⁸ This kind of alterity had the effect of feminising and disempowering the East, while legitimising colonial exploitation in the underdeveloped regions of Asia in the 19th and early 20th centuries. It manifests itself in different ways to serve different social and cultural priorities: the mystery and power of Eastern philosophy and religion has now been used by the counterculture generation to legitimise alternative forms of knowledge, from Jungian psychotherapy and the divinatory oracle of the I Ching to mindfulness and yoga.¹⁹⁹ In the post-colonial era of the late 20th century, there was still a strong tendency towards this kind of polarised characterisation between West and East, but with certain differences. Fritjof Capra, author of '*The Tao of Physics*', points to an 'anti-scientific attitude' in the 1970s and 80s in the US and Britain among young people who 'consult the *I Ching* and practise yoga', both originating from Asian traditions.²⁰⁰ In other words, members of the counterculture tended to see science 'as an unimaginative, narrow-minded discipline which is responsible for all the evils of modern technology'

¹⁹⁸ Edward W. Said, *Orientalism* (New York, 1979), 1, 3, 7, 51 and 107.

¹⁹⁹ Leech, *Youthquake*, 64–8 and 86; Capra, *The Tao of Physics*, 25. See also Maria Nita and Sharif Gemie, 'Counterculture, Local Authorities and British Christianity at the Windsor and Watchfield Free Festivals (1972–5)', England, *Twentieth Century British History*, xxxi (2020); Colin Campbell, 'The Easternisation of the West: Or, How the West Was Lost', *Asian Journal of Social Science*, xxxviii (2010).

²⁰⁰ Capra, *The Tao of Physics*, 25.

and would therefore find such ‘otherness’ in Eastern traditions respectful and awe–inspiring.²⁰¹

From interview excerpts above, several reasons emerge that draw the respondents to acupuncture. First, through a specific collective imagination of the East—which I call a ‘Countercultural Orientalist’ mindset — learning acupuncture as “an Oriental medicine” was self–regarded a “hip” thing among the counterculture cohort at the time. Secondly, Worsley’s reference to and emphasis on nature in his acupuncture theories resonated deeply with some of the CCMers’ love of natural environment. Alternatively, having experienced FEA treatments, some were convinced by its efficacy — even clinical superiority over biomedicine — and thus began to learn and practice it. Finally, almost all of my interviewees mentioned that they were impressed by FEA’s holistic view of health integrating mind–body–spirit that the orthodox medicine failed to offer (further discussion on this in Chapter 3). Due to the nature of oral history research and the characteristics of memory that many oral historians have pointed out, these reasons are not necessarily those that appealed to them back in the 1970s and 80s; some may have been the self–narratives that they came up with later in the following decades, after repeatedly thinking about it and receiving feedback from an ever–evolving world.²⁰² But in any case, their narratives still allow

²⁰¹ *Ibid.*

²⁰² There are rich discussions on the nature of memories as historical sources, see for example Chapter 5 in Lynn Abrams, *Oral History Theory* (London; New York, NY, 2010); Joanna Bornat, ‘Oral History and Remembering’, in Emily Keightley and Michael Pickering (eds.), *Research Methods for Memory Studies* (2013). In particular, Abrams discusses the intersubjectivity in oral history interviews which she argues is a ‘three–way conversation’: the interviewee with him/herself, with the interviewer and with the socio–cultural context, see Abrams, *Oral History Theory*, 54–77.

us to have a glimpse of the multiple reasons why FEA as an alternative medicine to the medical establishment was attractive to young people of the CCM generation.

The time spent at the college was a very pleasant memory for many CCMers who share the same intellectual and spiritual interests. Most of my interviewees recollect favourably about their college years with peer students. They came together on weekends, attending classes during the daytime and socialising together in the evenings (Figure 2–7). Sometimes they also met in parks on holidays to discuss acupuncture and Eastern philosophy as well as to drink, listen to Bob Dylan and the Beatles and dance together. Some of them maintained their friendships from college years to the present, some even became life partners. Volker, for instance, who later became a scholar and was critical of Worsley and his FEA, comments that “the college was not very good at teaching acupuncture but good at making relationships because in our class, I think there were three or four marriages afterwards”.²⁰³

²⁰³ Interview with Volker S., 2020–11–28.



Figure 2–7 Members of the British FEA community performing a customed play on an annual seminar²⁰⁴

When he was in England in the 1970s and 80s, Worsley would sometimes join his students at these gatherings together for a good evening of drinking and talking with them. But once back in the classroom, as the following section reveals, he became the professor with the dual roles of a traditional Confucian master and an Indian guru. The following section focuses on the power dynamics between Worsley and his counterculture students, and how the authenticity of FEA was defined and legitimated in this community with a shared mindset of ‘Counterculture Orientalism’.

²⁰⁴ Source: *TAS Journal* 1987 (March, no.1), 22–23.

A FEA community: a charismatic leader and collective quest for imagined authenticity

As discussed in Chapter One of the provocative book *We Have Never Been Modern*, Latour argues that the normative concept of Western modernity can be comprehended through the opposition of paired categories, such as nature versus culture and objective versus subjective.²⁰⁵ He continues to point out that until the late 20th century, this perception of ‘great divides’ had been an invisible premise for Westerners as self-defined moderns to set themselves apart from the rest of the human race as premoderns.²⁰⁶ Orientalism, as Edward Said depicts in his book named after this concept, is intertwined with and reinforced by this clearly-divided, bipolar comprehension of a modern West and its Others. As I argue in the last section, there was a variation of the conventional Said Orientalism during the counterculture era. The Counterculture Orientalism paid respect rather than dismissed what the East represents. However, in nature this mindset still regards Asian culture as an imaged, homogeneous Other. In the field of Chinese medicine and acupuncture, as German sinologist Paul Unschuld criticised in an article published in 1987, the counterculturalists’ interpretation of Chinese medicine ‘is a rather arbitrary decision’ to ‘single out the medicine of systematic correspondence [here represented by the Five-Element theory]’ and ‘identify it as “Chinese medicine”’ because it ‘comes closest to western notions of a rational, scientific type of medicine’.²⁰⁷ In this article,

²⁰⁵ Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (Cambridge, Massachusetts, 1993), 33.

²⁰⁶ Latour, *We Have Never Been Modern*, 99.

²⁰⁷ Paul U. Unschuld, ‘Traditional Chinese Medicine: Some Historical and Epistemological Reflections’, *Social*

this erudite sinologist reviews western reception of ‘Chinese medicine’ in history and points out the pattern of an Orientalist mindset that ‘in searching for an east Asian alternative, the basic values of western civilisation are applied again to select from a heterogeneous bundle of concepts and practices those that appear — even as an “alternative” — plausible to a western audience’.²⁰⁸

There are reasons behind this phenomenon, among which the language barrier is essential. In 1996, Birch and Tsutani published a bibliometric study of English–language materials on acupuncture, which indicates that from the late 1950s to the early 1970s, less than 20 books were published in total.²⁰⁹ This situation was improved in the following decade, with more than 20 new books on average published annually in average. With a further analysis of the contents of those publications, the authors point out that those treatises were either popular or technical in nature, whilst both ‘repeat the same introductory materials and depend largely on secondary sources’.²¹⁰ Instead of being valid sources of Chinese medical texts, those books became a closed pool of this Orientalist selection of Asian sources and reenforced the collective reception of a homogeneous ‘Chinese medicine’.

And in the community of acupuncturists in the English world, from Worsley’s generation to the countercultural generation and the present, very few practitioners

Science & Medicine, xxiv (1987).

²⁰⁸ *Ibid.*

²⁰⁹ Stephen Birch and K. Tsutani, ‘A Bibliometric Study of English–Language Materials on Acupuncture’, *Complementary Therapies in Medicine*, iv (1996).

²¹⁰ *Ibid.*

could speak or read Chinese fluently. Historically, the two main means of transmitting Chinese medicine had been through texts and oral teaching between masters and disciples. Without the Chinese language skill, it was difficult to learn Chinese medicine from China by reading or studying with a teacher. By observation alone, one could only learn about the technical aspects of Chinese medicine, such as taking a pulse, pricking the body with needles, using plant medicines and so on (as many Western missionaries and doctors have written about Chinese medicine through observation over the centuries)²¹¹. The complex, heterogeneous theories of Chinese medicine, on the other hand, cannot be learned through observation alone. In his 1990s article reflecting on the Western transmission of Chinese medicine, acupuncturist Nigel Wiseman pointed out that the lack of Chinese language skills was a major obstacle for Western practitioners to learn all the potentials of Chinese medicine.²¹² This situation was clearly more acute in the 1970s and 1980s, before the advent of the Internet and AI translation technology, than it is today.

In this context, during the 1960s–80s' when Worsley and his counterculture generation of students were constructing the FEA system, the group naturally perpetuated an Orientalist imaginary of acupuncture. As a traditional Chinese medicine, it was collectively imagined to be one united rational system of theory that had been in place for two/five thousands of years, statically and unchangingly.

²¹¹ Bivins, *Acupuncture, Expertise and Cross-Cultural Medicine*, 65–71; Barnes, *Needles, Herbs, Gods, and Ghosts*, chapter 2 and 3.

²¹² Nigel Wiseman, 'The Transmission of Chinese Medicine: Chop Suey or the Real Thing?', *Clinical Acupuncture and Oriental Medicine*, ii (2001).

Presumably, other British acupuncturists of the time, such as van Buren and his students, held a similar collective imagination and discourse of Chinese medicine. It was this shared imagination in a professional group of a unique traditional acupuncture that functioned as the glue and, in Benedict Anderson's remarks, created solidarity for its members among whom there was no inherent bond.²¹³ And in this modern Orientalist imagination, authentic acupuncture should be unique and exclusive. For the British acupuncture schools of the time, they chose to develop their own invented style of traditions based on personal learning experiences of their founders. Thus, in order to justify the legitimacy of each college and its style of practice, the masters of each school needed to establish and defend the authenticity of their own identity and body of knowledge.

To legitimate the identity of FEA as *the* authentic tradition, Worsley adopted a series of strategies in line with this mindset. Straightforwardly, he began with naming his acupuncture college as 'College of Traditional Chinese Acupuncture' before updated the title into 'College of Traditional Acupuncture'. Both conveyed a clear message to potential students of the traditional identity about this college's teaching.²¹⁴ His own experiences of traveling and studying with masters of Chinese medicine in Asia (as introduced in section one) was also repeatedly referenced in classes to illustrate an authentic lineage of his knowledge. Above all, Worsley established a historical

²¹³ Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London; New York, 2006), 4.

²¹⁴ This early name of Worsley's College was mentioned on the community periodical TAS Newsletter, 1986(20), 4.

narrative for his school, which is that ‘this style is the classical method of acupuncture handed down by oral tradition from antiquity’.²¹⁵ This narrative, on the one hand, corresponds to the common imaginary of CCM–Orientalism that acupuncture is a “5,000–year–old tradition”. This oral teaching from master to apprentices also fits the students' imagination of a traditional Eastern educational approach as an alternative to an institutional and textbook–based one in modern Western education. As a result, students were naturally receptive to such a narrative that met their own expectations. On the other hand, the oral narrative saves once and for all the trouble of finding documentary evidence of the heritage of this style, including Worsley's own learning processes. To reinforce the group's identification with this narrative, he placed particular emphasis on the students' trust in and obedience to their teacher. He attributed such manner partly to a Confucian tradition of morality between the teacher and his students that required for unconditional respect and conformity. Meanwhile, he regarded such conformity as the key to maintain the authenticity of this classical medicine, as ‘he transmits to his students what his mentors told him’ and would expect the same from his students to the future generations.²¹⁶

The success of oral teaching depends to a large extent on the personal charisma and authority of the teacher. These happen to be Worsley's talents. When asked for their impressions of J.R., most of my interviewees, both ardent advocates and furious

²¹⁵ Eckman, *In the Footsteps of the Yellow Emperor*, 97.

²¹⁶ *Ibid.*

critics, described him as “charismatic”.

The concept of charisma has been a useful analytical tool of scholars of social sciences since the early 20th century. Max Weber notably used the term to describe political leaders with 'charismatic authority', like Churchill, in history. For Weber, charismatic leaders are individuals who claim to possess 'supernatural, superhuman or... exceptional powers' that lie 'outside the realm of everyday routine and ... (are) sharply opposed both to rational. and to traditional authority'.²¹⁷ This concept was subsequently employed and expanded upon on affective and context-dependent aspects of charisma in geography and environmental humanities, social studies of medicine and health, as well as anthropological works on modern religions.²¹⁸ To understand the perceiving and impacts of charisma in medical settings, Hollin and Giraud propose a framework with different types of context-dependent charisma, such as aesthetic, corporeal and aesthetic charisma.²¹⁹ Both this framework and Weber's discussions on this concept prove helpful in understanding and analysing Worsley's charisma, as it was perceived by members in his college during the CCM

²¹⁷ Max Weber, *The Theory of Social and Economic Organization*, ed. Talcott Parsons, trans. A. M. Henderson and Talcott Parsons (New York, 1947), 358; 361–2.

²¹⁸ Jamie Lorimer, 'What about the Nematodes? Taxonomic Partialities in the Scope of UK Biodiversity Conservation', *Social & Cultural Geography*, vii (2006); Beth Greenhough and Emma Roe, 'Ethics, Space, and Somatic Sensibilities: Comparing Relationships between Scientific Researchers and Their Human and Animal Experimental Subjects', *Environment and Planning D: Society and Space*, xxix (2011); Rebecca Ellis, 'Jizz and the Joy of Pattern Recognition: Virtuosity, Discipline and the Agency of Insight in UK Naturalists' Arts of Seeing', *Social Studies of Science*, xli (2011). Nicky James and David Field, 'The Routinization of Hospice: Charisma and Bureaucratization', *Social Science & Medicine*, xxxiv (1992); Dawn Bacon and Alan M. Borthwick, 'Charismatic Authority in Modern Healthcare: The Case of the "Diabetes Specialist Podiatrist"', *Sociology of Health & Illness*, xxxv (2013); Alex Scott-samuel and Katherine Elizabeth Smith, 'Fantasy Paradigms of Health Inequalities: Utopian Thinking?', *Social Theory & Health*, xiii (2015). Katherine Pratt Ewing, *Arguing Sainthood: Modernity, Psychoanalysis, and Islam* (1997).

²¹⁹ Gregory Hollin and Eva Giraud, 'Charisma and the Clinic', *Social Theory & Health*, xv (2017).

era.

Oral history interviews conducted with individuals who followed Worsley during the 1970s and 1980s suggest that his charisma was perceived as an interplay of multiple factors, several of which align with Weber's depiction of a charismatic leader. For example, according to Weber, a charismatic leader represents a 'revolutionary force' in contrast to the 'everyday forms of rational and traditional authority'.²²⁰ (S)he usually emerges in 'periods of great unsettledness and upheaval', and 'preaches, creates, or demands new obligations' while at the same time repudiating 'any sort of [systematic] involvement in the everyday routine world'.²²¹ As the head of an acupuncture college practising a 'revolutionary' medicine (as opposed to the 'everydayness' of conventional biomedicine) in an 'unsettled' period such as the CCM era, Worsley deliberately preached, created and demanded new obligations from his CCM students; and his charisma was perceived and remembered by his students as that of a "guru".²²²

All of my participants who studied with Worsley referred to him as a "guru", a title originally used in a religious context to describe a Hindu or Sikh master or leader. In the Hindu tradition, the role of a guru is described as 'a reverential figure to the student, with the guru serving as a "counsellor, who helps mould values, shares

220 Weber, *The Theory of Social and Economic Organization*, 361–362.

221 Christopher Adair-Toteff, 'Max Weber's Charismatic Prophets', *History of the Human Sciences*, xxvii (2014); Weber, *The Theory of Social and Economic Organization*, 361–2.

222 Interviews with Mike P., Volker S., Cinzia, Janie P., for a few examples.

experiential knowledge as much as literal knowledge, an exemplar in life, an inspirational source and who helps in the spiritual evolution of a student”²²³ There is no doubt that Worsley aspired to these roles with 'supernatural, superhuman or ... exceptional powers' (Weber, 1947: 358).²²⁴ Indeed, he was perceived as such a guru by a significant proportion of his followers. The meaning of *guru* has expanded in the modern English-speaking world. It has been commonly used, especially since the counterculture era, to refer to someone who is an expert who influentially promotes certain methods in a particular subject, including but not limited to spiritual practices.²²⁵ To Worsley's counterculture students, this title was a tribute to their master in the language of an “Oriental” style in which him and their profession had been collectively identified.

As a charismatic leader, Worsley's 'demands' for 'new obligations' from his followers were also reflected in the fact that students and other teachers at the college were asked to refer to him as "Professor Worsley", a title accepted by the community yet without formal legitimacy, and which later appeared extensively in the community's periodicals. With no evidence of a university certificate or acupuncture lineage, this self-entitled professorship was not challenged by his students, as “no one would ask your guru to legitimate himself”.²²⁶ Rather, students were “holding on to his every

²²³ Joel D. Mlecko, 'The Guru in Hindu Tradition', *Numen*, xxix (1982).

²²⁴ Weber, *The Theory of Social and Economic Organization*, 358.

²²⁵ For example, for the establishment of American Gurus in the field of modern yoga practice, see Mark Singleton and Ellen Goldberg (eds.), *Gurus of Modern Yoga* (New York, 2014). The title 'guru' is also linked with modern business management geniuses, see Sultan Kermally, *Gurus on Marketing* (London, 2003).

²²⁶ Interview with Cinzia, 2019–12–17.

word”.²²⁷ Volker, who holds a Ph.D in Anthropology at HPS (History and Philosophy of Science), Cambridge, and later became a professor of History and Anthropology at a British university, recalls the atmosphere in the college, “It's just like, ‘This is a guru. He's an enlightened person. He's a wonderful practitioner. He can do all kinds of things. And you just have to [follow him]. And he has a true understanding.’ And he would actually say that of himself.”²²⁸

It is worth noting that how Worsley's charisma was perceived by his students was significantly influenced by the socio-cultural context in which they lived. For example, many students link his charisma to his personal styles of dressing and manners. Hollin and Giraud conceptualise this form of charisma as 'aesthetic charisma', which is based on visually striking qualities and evoke strong emotional responses in observers.²²⁹ Throughout his career of teaching and practising acupuncture, Worsley left a strong impression on his students with his courteous demeanour and attire that embodied the values of the classic English gentleman. Recalling his first meeting with J.R. in the college in 1979, Neil Gumenick praised his teacher as “faultlessly attired in his English tweeds and impeccable manners”.²³⁰ Another eulogy of Worsley published in the *Telegraph* reinforces this impression: ‘In appearance, he was anything but cranky and was always immaculately turned out in a Savile Row suit’ (Figure 2–1).²³¹ Additionally,

²²⁷ Interview with Anna, 2019–11–22.

²²⁸ Interview with Volke, 2020–11–29.

²²⁹ Jamie Lorimer, ‘Nonhuman Charisma’, *Environment and Planning D: Society and Space*, xxv (2007); Hollin and Giraud, ‘Charisma and the Clinic’.

²³⁰ Gumenick, ‘Oriental Medical World Mourns Professor J.R. Worsley’.

²³¹ ‘Obituary of Professor J R Worsley Professor of Acupuncture Who Taught All over the World’.

recordings of his 1980 workshop in New York reveal that his lectures were delivered with a pleasant upper-class accent. For a middle England son of a railroad engineer, his appearance of the English country or city gentleman rendered him an ideal representative of the middle-class English during that era. This social status was common amongst his CCM students, as elaborated earlier, and reinforced the stereotype attached to acupuncture practice in England, wherein both practitioners and clients belong to the middle to upper classes.

Compared to his traditional be-suited appearance and manners which mimicked the Edwardian dressing style of the Great War generation, Worsley's humour was probably more of a result from the then popular stand-up-comic of the working-man's club. As his wife Judy (Becker) Worsley remembers, J.R. usually started a class with some jokes to make the students laugh and relax, only then he would begin the teaching.²³² Not only as an ice-breaking technique, he also used his humour throughout classes as well as in the clinics with his patients. As an educated French architect, David remembers his master's teaching with great admiration, "He was very stimulating and uh, you know, you sort of drank his words very much in. And he also mixed practical things and humour. He was a spontaneous teacher of a very deep kind".²³³ This strategy can be found in many extant recordings of his teaching and practising in the UK and US. The following excerpt from his warming-up in a 1980

²³² Personal communications with Judy in Feb 2021.

²³³ Interview with David, 2018a.

workshop in New York may give a taste,

Worsley: I was going back to the hotel and I saw a little placard saying “You know, if you want to have a real good night out, go round to this address.” [...] So, I knocked on the door, and a chap came to meet me, and he hadn’t got any clothes on. Well, I thought, there’s no turning back now, Jack; come on, have yourself a good night. The chap blindfolded me and said, “Take your clothes off.” [...] So, I took my clothes off; and then after standing there about five minutes and getting really cold I thought, well, to hell with this, and I took the blindfold off and my clothes had gone. I thought “My Goodness, what am I going to do now?” Then another knock came at the door and this chap came in and said, “Is this where it all happens?” I said “Yes.” So, I blindfolded him and said, “Take your clothes off.” Do you like this suit I am wearing?²³⁴

Besides humour, he was also very good at expressing emotion and particularly emphasising how one should always work with love and passion for life and people. As the following chapter will explain, emotion was relevant and effective in his acupuncture system. For Worsley it was a Christian passion, but perhaps reinvented for the counterculture generation who were in need of psychological anchoring and guidance.²³⁵ The missing trait of the young counterculturalists, so psychologist Matthew J. Hoffarth opined, was that the drop-outs and counterculture phenomena among the youth in the 1970s lacked paternal communication and instruction after

²³⁴ J. R. Worsley, *Talking About Acupuncture in New York* (Warwickshire, 1984), 10–1. A series of audio recordings on the same talk by Worsley in New York can be found on Youtube: https://www.youtube.com/playlist?list=OLAK5uy_kR2okx3jPqJY7mj3Rmzs-hhmK7Wpjn5B4.

²³⁵ For Worsley’s devotion in Christianity, see Eckman, *In the Footsteps of the Yellow Emperor*, 178. According to recordings made during his lifetime, for example the one cited in the previous footnote, Worsley used the word ‘God’ frequently in his teaching of the law of 5-Element Acupuncture.

World War II.²³⁶ According to my participants, the experience and loss their parents had endured during the War had brought them constant suffering in its aftermath, which lasted for decades. When preoccupied with those haunting physical and psychological war wounds, they responded to the rebellious youth culture of their children with shock, confusion, incomprehension, and even hostility; and young people were equally frustrated with their elders. Thus, the result could only be that “There was no attempt on either side to understand each other”.²³⁷ When Mike recalled his relationship with his father, he said,

Mike P.: I have three daughters, 32, 27, 25 [years old]. I’m going out with two of them this evening to get drunk. I could never do that with my parents. Because there was this gulf between us. There was nothing we can talk about. All my father wanted to know is why I wasn’t going to have a haircut. [...] The War had a lot to do with this. [...] I think my father was traumatised because of the war. [...] He was an air-raid warden during the war. And he had to go out night after night, pulling dead people out of the buildings. That can’t have done him any good. [...] They [his parents] didn’t talk to me about that. Because ... what could they say? They were not very good at it [expressing feelings]. [...] Because, you know, the thing that happened was that in the 60s, all of a sudden young people had money. And there was a culture, the music culture changed, clothing, fashion. Suddenly there was something that my generation had that theirs didn’t. You know. I was always having arguments with my father about what I wore. It was just weird [to him]. “You are not dressed properly”.²³⁸

Similarly, Janie, now a beloved mother with three children and a smooth

²³⁶ Matthew J. Hoffarth, ‘The Making of Burnout: From Social Change to Self-Awareness in the Postwar United States, 1970–82’, *History of the Human Sciences*, xxx (2017).

²³⁷ Interview with Mike P., 2019–11–6.

²³⁸ Interview with Mike P., 2019–11–6.

communicator who can express her mind, feelings and emotions freely, still remembered the awkward reticence between her parents and her eighteen-year-old self about her running away.

Janie: Yeah, I mean, it was very good that they didn't [force me back to school], because if they had, I would have just gone further. But the bit that's bad is that nothing was discussed. It was never discussed the fact that, you know, one day I was there, and the next day I wasn't. I literally left a letter, and then gone. [Me: Why did you choose that way?] Because then I didn't have to talk to them. You know, I just couldn't see ... I probably liked the drama of it as well, probably. But then I couldn't see how I was meant to, I couldn't see any other way out. [Me: Did you have good communication with your parents beforehand?] Good communication in a sense of, you know, "I'm going out now, I will be back at ten." But not much else. [...] And, you know, I was politically active, and I campaigned for the Nuclear disarmament a lot. I never knew what they thought. It wasn't until relatively recently, in the last twenty years, I heard that my father hadn't ever had signed the Official Secrets Act, because he worked for government thing, and he refused to sign the Official Secrets Act because he refused to work on Nuclear warfare. But he never told *me* that. But he was never against what I was doing, they were never against it. But [it appeared] they weren't very interested. It's all very, it's a very strange upbringing.²³⁹

Writing about the differences between youth movements in the 1950s' to early 60's and the 1970s, Musgrove suggests that while the earlier generations (represented by the Teddy Boys, the Mods and Rockers) focused on an inter-generational power imbalance, the 1970s' generation represented by the counterculture movement was rooted in opposing values between the lay public (particularly the young) and

²³⁹ Interview with Janie, 2019-11-22.

established authorities.²⁴⁰ Whether we agree with Hoffarth and Musgrove or not, Worsley's understanding and pursuit of unorthodox values and lifestyles evoked emotional responses from his CCM students that distinguished him from the typical senior of their parents' generation. Meanwhile, his familiar conventional Englishness conveyed by his appearance and manners ensures an aesthetic charisma by reminding his students of their middle-class upbringing. As a former student remembers J.R. in an obituary, "he sure looked like one of 'them' — a member of our parents' generation — but ... he was one of us, and more. He was the teacher I had searched for all my life, connected to the source, gently assuring us all that anything he had achieved, we could also achieve".²⁴¹ As an authoritative figure at the college with effective communication skills and a willingness to express emotion and sentiment, Worsley's aesthetic charisma appeared to be successfully conveyed, making him an ideal person to fill the paternal role that Hoffarth found lacking in the childhoods of many of his countercultural students.

There were fundamental elements of Worsley's authority that fail to correspond with Weber's portrayal of a charismatic leader. Weber posits that what sets a charismatic leader apart from a conventional one is the fact that their arguments and instructions are not followed due to the innate rationality of their doctrines or the status of the leaders, but rather because of their personal characteristics that appear charismatic

²⁴⁰ Musgrove, *Ecstasy and Holiness*, 1.

²⁴¹ Gumenick, 'Oriental Medical World Mourns Professor J.R. Worsley'.

to their followers.²⁴² Although Worsley is often remembered as a charismatic teacher, most of my research participants, as well as the peers as they recall, were not drawn to the CTA institution or the FEA theory and practice because of his personal charm. In contrast, as previously mentioned and to be further discussed in the upcoming chapter, the enrolment of students at Worsley's college was mainly due to their pre-existed interest in the cultural aspects of "the Orient" and the practice of acupuncture. This interest stemmed from their individual backgrounds and pursuit of alternative lifestyles within the socio-cultural context of counterculture and the New Age movement. Therefore, Worsley's charisma, as perceived by his CCM students, can be understood as 'ecological charisma' that 'arises from a structured engagement with its environment – an environment which includes those who encounter and perceive that entity'.²⁴³ The appeal of Worsley's teaching was primarily based on factors beyond personal charisma, which served only an ancillary role. In other words, Worsley's 'charismatic authority' resulted from the CCM students' fascination with the FEA thought style, rather than the reverse.

Meanwhile, contrary to Weber's argument that personal charisma rather than the leader's status or position establishes charismatic authority, Worsley's authoritative power over his students was intrinsically linked to his exceptional status and position within the college and the FEA community.²⁴⁴ Having created FEA and being the sole

²⁴² Thomas E. Dow, 'The Theory of Charisma', *The Sociological Quarterly*, x (1969); Adair-Toteff, 'Max Weber's Charismatic Prophets'.

²⁴³ Lorimer, 'Nonhuman Charisma'; Hollin and Giraud, 'Charisma and the Clinic'.

²⁴⁴ Dow, 'The Theory of Charisma'; Adair-Toteff, 'Max Weber's Charismatic Prophets'.

source of knowledge during its early stages until the mid-1980s, Worsley had a natural advantage in establishing himself as the authority on FEA's knowledge production and interpretation. According to Worsley's explanation of FEA's historical lineage, he is the first and only person to inherit this knowledge in the "West". Because of his unique position and status, Worsley was perceived by many CCM students as an undisputed authority and the embodiment of "real" Chinese medicine and acupuncture. Only he possesses the "pure" knowledge of this medical tradition from China.

Anna: So whether or not, he was or not, you had that in your head that you were getting it from, you know, getting it from a really good source. And he was the one that introduced the Five Elements. So, I think that you thought that you were getting *puer stuff from the source*. It hadn't been, you know, it hadn't been passed down.²⁴⁵

Like Anna, many students at the college regarded Worsley's teaching as superior and "purer" than that of other staff who learned from him. In the 1970s and 80s when he travelled frequently to the US to teach there, students in Leamington Spa would consider themselves lucky if they got more classes directly delivered by him. David, who completed the course in the early 1970s and later became a teacher at the college, emphasises "We were lucky because Worsley taught us". Similarly, Anna, who enrolled in the college as a student in 1982, comments, "I think that my training was quite special. Cause we did have a lot of J.R."

²⁴⁵ Interview with Anna, 2019–11–22.

As a primary and unique authority, Worsley's influence possessed even some shamanic qualities in the professional community. Ted Kaptchuk, an esteemed American scholar of Chinese medicine whose publications are frequently utilised in anthropology courses worldwide, once witnessed Worsley's treatment and remarked that Worsley was 'the most exceptional shamanistic healer' he had encountered.²⁴⁶ Worsley is known to have a strong religious conviction in the esoteric Christian teaching, which seemed to have influenced his understanding of the role as a healer.²⁴⁷ In the College, he constantly explained to his students the importance of 'becom(ing) an instrument for forces beyond personal power' when treating a patient.²⁴⁸ During this period, Worsley gained recognition and respect from many European acupuncturists for his extraordinary "compassion", "deep connection" and "rapport" with his patients, rather than his expertise in Chinese medical theory or acupuncture techniques.²⁴⁹

In Hollin and Giraud's framework, the concept of 'corporeal charisma' is typically perceived by physically being present during 'affective, non-rational' experiences that involve senses 'beyond the visual'.²⁵⁰ For the CCM students who were regularly exposed to Worsley's acupuncture treatments, either as interns or patients, his shamanic approach to practice developed into a 'corporeal charisma' they could

²⁴⁶ Eckman, *In the Footsteps of the Yellow Emperor*, 173.

²⁴⁷ Eckman, *In the Footsteps of the Yellow Emperor*, 176.

²⁴⁸ Eckman, *In the Footsteps of the Yellow Emperor*, 173.

²⁴⁹ Interview with Allegra, 2020-08-03.

²⁵⁰ Hollin and Giraud, 'Charisma and the Clinic'.

perceive through 'everyday somatic engagements'.²⁵¹ Peter Eckman, as a student in the 1970s, records in his book an anecdote about Worsley's extraordinary healing touch on a young boy with cancer.²⁵² Similarly, for Anna, the impact of Worsley's "magical" touch remains vivid even after thirty years. She recalls that "He had a lovely touch. When he took your pulses, you can actually feel some sort of energy I suppose. A Japanese master had the same thing: as soon as he touched you, you feel better. He didn't need anything else".²⁵³

There were also New Age style anecdotes spread among the students about Worsley himself. Several of my interviewees mentioned such stories. For example, Julia recalled J.R. used to be able to connect with his past lives as a Chinese man. He would point to the site of a forsaken building in China as his old house, with local resident's testimony for the accuracy of his "memory".²⁵⁴ For Allegra, her faith in J.R.'s healing power was confirmed in another spiritual way, "My grandmother was an astrologer. And I took J.R.'s horoscope to my grandmother. And I didn't tell her who he was. She looked at the horoscope and she said, 'This is a remarkable person. This person can bring people on the brink of death back to life.'"²⁵⁵

Worsley's shamanistic qualities were well-received by his students who were attracted to ideas of what scholars categorise to a spiritual New Age. As Nicholas

²⁵¹ *Ibid.*

²⁵² Eckman, *In the Footsteps of the Yellow Emperor*, 179.

²⁵³ Interview with Anna, 2019-11-22.

²⁵⁴ Personal conversation with Julia M., 2021-01-31.

²⁵⁵ Interview with Allegra, 2020-08-03.

Campion — a historian of intellectual concepts of New Age in the western world — points out, there were great overlap between members of the counterculture movement and New Agers, young people who ‘hope to replace the current political and economic regime with a new spiritual, egalitarian dispensation’.²⁵⁶ A master with mysticised power would be a strong appeal to those young CCM students who were keen for mystic and spiritual experience — ‘an eclectic taste for mystic, occult, and magical phenomena’ — in order to achieve enlightenment and ‘an ecstasy of the body and of the earth that somehow embrace and transform morality’.²⁵⁷ As Asian culture and traditions — mainly from India, China and Japan — had always been a rich source of mysticism and spirituality in the imagination of Westerners, this pursuit of mysticism manifested in the popularity of Asian religious practice (e.g. Yoga from India, Taoism from China, Zen from China and Japan, although some argue those practices were in the convenient westernised versions through an orientalist lens) among CCMers in the 1970s.²⁵⁸ Thus, Worsley’s spiritual, shamanistic approach in acupuncture treatment strengthened his personal charisma and credibility as a master practitioner of traditional Chinese medicine.

Nevertheless, as some scholars point out, there is an ‘inherent instability’ in the

²⁵⁶ Campion, *The New Age in the Modern West*, 1–12.

²⁵⁷ Roszak, *The Making of a Counter Culture*, 125–9.

²⁵⁸ This collective fetish of Asian mysticism among young people in the mid- to late-20th century is frequently reflected and discussed in contemporary and recent scholarship, for example, Leech, *Youthquake*, 66–8; Capra, *The Tao of Physics*; Serena Brink, ‘The New Age: A Modern Synthesis of Mysticism’, *Agenda*, (1992); J. J. Clarke, *The Tao of the West: Western Transformations of Taoist Thought* (London; New York, 2000); Paul Oliver, *Hinduism and the 1960s: The Rise of a Counter Culture* (London, 2014); Campion, *The New Age in the Modern West*.

nature of charismatic authority.²⁵⁹ The “purity” of Worsley’s intellectual authority diminished as he transmitted his knowledge to the next generation. To reinforce his authority, Worsley established a power hierarchy in his college. He was at the top, followed by the ‘hard core of special experts’ in the thought collective who stayed after graduation and became teachers, and the then–current students at the bottom. Worsley and his loyal followers justified the implementation of this power hierarchy on the grounds that it followed the authentic Chinese tradition of Confucian teaching, which emphasises the patriarchal authority of the leading master and a clear hierarchy of power within the group based on seniority.²⁶⁰ In such an atmosphere, the critical voices of the students were frequently ignored, denied or even suppressed. Fleck uses religious groups as an example of thought collectives in which ‘the esoteric elite exerts a dominant and dictatorial influence upon the masses’.²⁶¹ In the College, Worsley’s absolute authority and monopoly on the source of knowledge, and his discrimination against and rejection of other theories and sources made studying there, in the eyes of some CCM students, more like entering the “Catholic Church” and doing obeisance to the “God” than a modern collective which, at least in principle,

²⁵⁹ Max Weber, *From Max Weber: Essays in Sociology*, eds. Hans Gerth and C. Wright Mills (London, 2009), 248–51.

²⁶⁰ Tu, *Way, Learning, and Politics*, 29–44. For examples of this power structure in the field of Chinese medicine, in medieval China see Yu, *Sensing Illness*, 69–70. In late imperial period, see Marta Hanson, *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China* (2012), 124–7; Scheid, *Currents of Tradition in Chinese Medicine*, 27. Such a Confucian relationships between masters and students was considered ‘polluted’ by China’s feudal past in PRC China during the 1960–70s and was replaced by a ‘mutual study and mutual help’ model in the TCM system, see Volker Scheid, ‘The People’s Republic of China’, in Tj Hinrichs and Linda L. Barnes (eds.), *Chinese Medicine and Healing* (2013), 259.

²⁶¹ Fleck, *Genesis and Development of a Scientific Fact*, 162.

aims at more democratic access to knowledge.²⁶²

When recalling their studies in the college, many of my respondents recollected and expressed dissatisfaction with a perceived power dynamic between students and the faculty. As passionate followers of traditional wisdom and culture of “the Orient”, the requirement to Confucian conformity was not a favourite of the counterculture generation. Peter Mole, a CCMer and a member of Worsley’s inner circle of teachers in the 1970s and 80s, published a paper on *European Journal of Oriental Medicine*, discussing how Confucianism and Taoism were perceived differently by the CCMers. As he explains in a slightly exaggerating tone, ‘One might have thought that in the last few decades just about every belief system known to man and woman had found some niche in the counterculture of the West. Yet I know of no Western practitioner of acupuncture who has ever embraced Confucianism as a system of ethics upon which to base her or his conduct or social interactions. It holds little or no resonance for the children of the West [...] The Daoism of Lao-tzu and Chuang-tzu, with its emphasis on the individual and his or her quest of living in harmony with nature lies much closer to the hearts of Western acupuncturists than the prosaic dogmas of Confucianism’.²⁶³ In other words, for the counterculture cohort, Taoism was favourable whereas the Confucianist defence of conformity to a (usually political or domestic) authority was too similar to the Establishment and Institutions that the

²⁶² Interview with Cinzia, 2019–12–17.

²⁶³ Peter Mole, ‘Give Me That Old Time Religion, It Is Good Enough For Me’, *European Journal of Oriental Medicine*, ii (1998).

counterculture movement was rebellious against.

Clearly, all of my respondents were intelligent educated people who were fully capable of, and were willing to, in Fleck's terms, 'exchange ideas and maintain intellectual interaction' with their teachers and their professor.²⁶⁴ As members of the counterculture, they were prepared to question the sources and legitimacy of their mentors' knowledge. Back in the college, there was apparently no lack of conflict and challenges of all kinds from those students.

Mike P.: Tom [...] was in my class. He had an almost photographic memory and it just used to crack us up and I think this is probably where our cynicism really began to kick in. He would ask a question. He would say [a question], and then when got the answer, he'd say, 'Well, in October 1978', which was like two years before, 'you said ... [something differently]'. He did this every month. He just had a memory for what he had been told and all he ever did was pull the contradictions to pieces.²⁶⁵

Anna: We were quite a radical group I think. He [Worsley] had a bit of problem, he had quite a few problems with us and we upset Judy [Becker/Worsley, then teaching in the College] once or twice. And he had to come in and say, you know, 'You don't treat the teachers like this'. He was very defensive about anybody, um, I suppose anybody criticizing or really trying to stretch what he wanted to tell us. Sometimes we used to think that he was, you know, holding back a bit and we, we were always pushing and trying to get more and more information out there. And sometimes we used to call on him and would say ... he'd, he'd just go, he'd just walk out. I remember specifically there was one time when we were doing

²⁶⁴ Fleck, *Genesis and Development of a Scientific Fact*, 38. Among others, Mike expressed this point explicitly in one of our interviews, interview with Mike P., 2019–11–6.

²⁶⁵ Interview with Mike P., 2019–11–6.

the Law of Husband and Wife, and there was one very radical lady in the group who just said, you know, “Why does it have to be called husband and wife? Why does the husband's side have to be stronger than the wife side?” So she was really giving him a hard time and uh, I can't remember how it resolved in the end.²⁶⁶

Fleck divides a scientific thought collective into two ‘concentric circles: an esoteric circle of experts, surrounded by the large exoteric circle of laymen’, while individuals can participate at any point from the exoteric to the esoteric by receiving differing levels of education.²⁶⁷ And one characteristic feature of such a community is ‘a democratic exchange of ideas and experience’ between the two circles, ‘going outward from the esoteric circle’ and ‘feeding back upon the esoteric circle’.²⁶⁸ In the FEA group at this stage, it seems there were those students, who were once in the exoteric circle with a shared interest in alternative lifestyles and ‘Oriental cultures’ and who were hopelessly trying to enter the esoteric circle as acupuncture professionals via the college course. However, due to the ‘inherent instability’ of Worsley's charismatic authority and the constant attempts by his CCM students to challenge it, the power hierarchy in the College between its leader, the ‘esoteric circle’ and the ‘exoteric circle’ eroded from the 1980s onwards. In particular, the establishment of a community society with its own periodicals effectively promoted the ‘democratic exchange of ideas and experiences’ between all interested members

²⁶⁶ Interview with Anna, 2019–11–22.

²⁶⁷ Fleck, *Genesis and Development of a Scientific Fact*, 160–1.

²⁶⁸ *Ibid.*

of the community.

The Traditional Acupuncture Society

The Traditional Acupuncture Society (TAS) was found by Worsley and colleagues in 1976, ten years after the College had been established.²⁶⁹ The formation of the TAS served two essential purposes. First, it was to function as a professional governing body and a representative for its members. Unlike biomedical physicians, the training and practice of acupuncturists had been autonomous in Britain under a voluntary regulatory system (a theme further discussed in Chapter 4).²⁷⁰ Back in the 1970s and 80s, the system of regulation and representation consisted of individual councils that affiliated to independent acupuncture schools. The TAS affiliated to the College of Traditional Acupuncture thus regulated, represented and served FEA practitioners only. As a later published society newsletter explained, ‘the public and the media see a professional society as a guarantor of safety and competence. If there is no society there is no body to oversee disciplinary procedures. If you support the TAS you are supporting the future of your profession’.²⁷¹ According to the 1987–8 national register, TAS was the largest society among the four acupuncture registration communities in Britain at that time: British Acupuncture Association and Register,

²⁶⁹ TAS Newsletter 1986 (20), 1.

²⁷⁰ For the regulation of alternative medicines including acupuncture in the UK, see Mike Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care* (London, 2005); Julie Stone, ‘Aspirations, Integration and the Politics of Regulation in the UK, Past and Future’, in Nicola Gale and Jean McHale (eds.), *Routledge Handbook of Complementary and Alternative Medicine* (Abingdon, Oxon ; New York, N.Y.:, 2015). For UK’s regulation of its conventional medical physicians, see for example Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York, 1970), 34–9.

²⁷¹ TAS Newsletter 1985 (18), 1.

International Register of Oriental Medicine (UK), Register of Traditional Chinese Medicine, and Traditional Acupuncture Society. In total, there were 731 registered acupuncturists in the UK, with FEA practitioners accounting for 50.5% (369 people).²⁷²

The second, and more academic, purpose of this society was that it provided a platform for members to maintain “intellectual communication” after graduation from the College. This purpose was carried out substantially by the community periodical — Traditional Acupuncture Society Newsletter, inaugurated in 1979, and upgraded into the TAS Journal in 1987 (Figure 2–8) — in order to keep the member ‘in touch with what is happening and to provide a forum for discussion’.²⁷³ Both authors and targeted readers of this periodical were members of the TAS community. Main sections include an *Editorial* for society news and big events (e.g. advertising the annual society seminar); *Book reviews* of latest English publications on Chinese medicine and culture (e.g. *Five Element and Ten Stems: Nan Ching theory, diagnostic and practice* by Kiiko Matsumoto and Stephen Birch; *The Web that has No Weaver: understanding Chinese medicine* by Ted J. Kaptchuk) and other forms of alternative medical concepts (e.g. *Gentle Giants: the powerful story of one woman’s unconventional struggle against cancer* by Penny Brohn; *Personalised diagnosis* by Walter H. Thompson.)²⁷⁴; *Letters to the editor* regarding practitioners’ reflections or concerns about their practice and the development of the society and acupuncture

²⁷² Council for Acupuncture, 1987. *Register of British Acupuncturists, 1987–88*. Archived in British Library.

²⁷³ Editorial in TAS Newsletter 1986 (20), 2.

²⁷⁴ The first two articles in TAS Newsletter 1983 (11); the latter two on TAS Newsletter 1986 (20).

in Britain as a profession, and responses from patients; and advertisements towards the members, such as a weekend training programme or a group tour to China. Each volume also included original articles on varied topics, such as interpretations of FEA's theories ('Perspective on the points: I, II, V and VI as Fire meridians'; 'The role of the emotions in body, mind and spirit') or an introduction to related medical techniques (e.g. electro-acupuncture).²⁷⁵



Figure 2–8. Three TAS periodicals published in the 1980s.²⁷⁶

As an extension for Worsley's College for graduates and practitioners in the community, the establishment of TAS as an 'organised social group' and its periodicals reinforced the thought collective of FEA members and transformed it into a 'thought community' which Fleck defines as a 'comparatively stable' form of a thought collective.²⁷⁷ Meanwhile, the periodical alleviated the authoritarian atmosphere

²⁷⁵ All three articles on TAS Newsletter 1985 (18).

²⁷⁶ Sources: from left to right: TAS Newsletter 1983 (11), 1985 (18) and TAS Journal 1987 (1).

²⁷⁷ Fleck, *Genesis and Development of a Scientific Fact*, 103.

created by the hierarchical structure that had existed in the college between the faculty and the students, as all members could contribute knowledge and thoughts to the thought style via this new platform.

Conclusion

This chapter reviews the early two generations of the FEA community in Britain: J.R. Worsley and the counterculture generation consisting of ‘core teachers’ and their students. During the 1970s’ and 80s’, the two generations co-formed the intellectual ethos in Worsley’s acupuncture college in England and had exerted profound influence on both the intellectual and the professional identity of future British acupuncturists. As most of them lived through and participated — to different extent and in different forms — in the British counterculture movement, quintessence of this movement had profound influences on the British FEA system via those practitioners and their collective comprehension of an ‘authentic acupuncture’. Meanwhile, the review of Worsley's early stage of life and pathways to acupuncture serves as a representative example of the ways and means by which European practitioners learned acupuncture in the mid-twentieth century. It also provides material for the readers to judge for themselves the authenticity of the historical narrative of the FEA. And through contextualised oral history testimonies with members at the time, we can see the significance of building this collective belief in the authentication of FEA in the context of the counterculture as well as for internal cohesion within the group.

In this chapter, I illustrate that there was a 'Counterculture Orientalism' employed by the British FEA community — especially with Worsley and his CCM faculty in the college — of an essentialised and romanticised image of a 'traditional Chinese acupuncture' with a coherent, static history and characteristics that provided 'contrasting image, idea, personality, experience' to the western, modern, conventional medicine that dominated their own society.²⁷⁸ By doing so, they had 'gained both a greater saliency and a greater attraction in their homologies with postmodern reactions against modern Western paradigms'.²⁷⁹ In those decades, literature on Chinese medicine was scarce and inaccessible to the majority of European acupuncturists, including the heads of acupuncture colleges, as most of them had neither the Sinology background to consult medical texts written in Chinese directly, nor the opportunity to visit and study in Asia. Their collective perception that there might be an 'authentic' acupuncture was therefore not a response to reading classical canonical texts to find ancient wisdom, except in a second or third hand 'essentialised' way, through practitioner transmission, by word of mouth and in translation. Their search for authenticity was a return to a collectively imagined past, stimulated mainly by a dissatisfaction with modern, Western, industrialised society and its associated biopower. With FEA, Chinese medicine and acupuncture were still considered by British acupuncturists in an Orientalist view as the exotic, traditional 'Other', nevertheless its 'undeveloping' nature became the source of its charm for

²⁷⁸ Edward Said, *Orientalism* (London, 2003), 2.

²⁷⁹ T. J. Hinrichs, 'New Geographies of Chinese Medicine', *Osiris*, xiii (1998).

CCMers to develop an alternative to the conventional establishment.

In his College of Traditional Acupuncture, Worsley established the identity of a 'charismatic authority' (in relation to and beyond Weber's discussion of this concept) for his students in the context of the counterculture and New Age, with personal tributes and more: a combination of a familiar but caring parent, a wise and knowledgeable professor, and a powerful leader of the British FEA community he founded. As will be discussed in more detail in the following chapter, Worsley's teaching of the FEA style made him an avant-courier of his time, as he exhorted his students to incorporate the environment and emotions into their medical practice. Meanwhile, his college provided a platform for members of this collective, particularly women, to develop an understanding of their own bodily functions and wellbeing. The progressive and empowering nature of Worsley's acupuncture college for its students and practitioners, together with Worsley's personal charisma and his narrative of the history of the FEA, contributed to the solidarity of members of this 'imagined community' as they gathered around him, and consolidated the popularity of the FEA as a dominant and enduring 'way of thinking' in the field of alternative medicine in Britain in the 1970s and 80s. However, this authority and control over the mindset did not last long. In the 1980s, as Chapter 4 shows, the closed circle of knowledge and authority that Worsley sought to establish in his school was confronted and challenged by the introduction of TCM from China. The FEA 'thought exchange' began to take place 'intercollectively' between communities of different

styles of acupuncture and Chinese medicine in the UK, and the FEA community began to experience 'fundamental transformation'.²⁸⁰

The counterculture argument in this chapter has allowed me to demonstrate the formation of a collective imagination of a classical acupuncture formed between Worsley and his CCM students from the late 1960s to the 1980s. In Chapter 3, I turn to focus on their construction of the FEA 'thought style' (its core theory and principles of practice) as an alternative option to conventional medicine for a mid- to late-twentieth-century anglophone audience. As Latour argues, what modernity entails are the numerous hybrids produced by the intermixing of pairs of exclusive binary opposites. In the next chapter I try to illustrate, how Worsley and his countercultural students constructed the FEA thought style as part of the creation of hybrids in the modern world, and how they collectively legitimated this modern interpretation as an authentic tradition with the mindset of Countercultural Orientalism (regarding the West and the East, and the modern and the traditional, as 'opposite poles').

²⁸⁰ Fleck, *Genesis and Development of a Scientific Fact*, 162.

Chapter 3 Constructing an authentic theory of acupuncture in counterculture Britain (1970–80s)

This chapter traces the construction of the *law of Five Elements* – a central theory of FEA style as well as an identifiable label of this *community* – with a self-declared origin in the ancient Chinese medical theory of *wuxing* 五行 (translated in the FEA community as Five Elements). I start with an introduction of the origin and development of the Chinese *wuxing* theory in the Han Dynasty (202 BCE–220 AD). This is followed by the formulation and legitimation of Worsley's *law of Five Elements* during the 1960s to 80s in Britain. As shown in the previous chapter, Worsley's learning experience in Europe with Asian migrants as well as in varied regions of Asia (Hong Kong, Taiwan, Japan, Singapore) inspired him to adopt the *wuxing* theory in Chinese medical tradition as the theoretical basis for his own style of acupuncture. Founding his acupuncture college and naming it the College of Traditional Acupuncture, the ancient roots of the Five Elements/*wuxing* theory became a powerful tool and evidence to serve FEA's legitimacy as a form of authentic Chinese acupuncture. Thereafter, during the following decade, Worsley and his students also gave this tradition the countercultural gloss in their construction of the knowledge and professional identity of FEA. In response to the contemporary sociocultural ethos, FEA became an alternative medicine to conventional modern biomedicine. Using Ludwik Fleck's concept of a 'thought style', I explicate the cultural translation of

wuxing into the Law of 5-Elements in response to a new audience in the countercultural societal environment of the 1970s–80s Britain.

In order to trace the process and content of the construction of the FEA style of knowledge during this period, the primary sources used in this chapter include books and journals read within the British FEA community during this period. In addition, interviews with Worsley's students of the countercultural generation about their reminiscences of the period provide unique and invaluable insights and perceptions from these historical actors. Thus, alongside the invented narrative Worsley proposed to legitimate the history and authenticity of this acupuncture style as examined in the last chapter, this chapter illustrates and contextualises why and how knowledge of the FEA 'thought style' was constructed and legitimised as 'authentic' within and beyond its practitioners' community in the 1970–80s English society. I argue that the 'authenticity' of FEA's knowledge pool/thought style identified by its community leader and members was constructed and legitimised within the discourses generated by the contemporary British Counterculture Movement (CCM), in which FEA became a beacon of light and an icon of an alternative form of healthcare to the growing orthodoxy of institutionalised biomedicine.

Wuxing as a Chinese medical theory

The original theory of wuxing in ancient China

Known as being at the heart of classical medicine since early China, the theory of

wuxing is a system of fivefold correspondences which embrace various aspects of health/illness-related human body function¹. However, this theory was not initially developed for a medical purpose. The framework of *wuxing* was originally constructed in the latter half of the millennium BCE.² In the formative period of traditional Chinese philosophy, there was a tendency to decode worldly phenomena and human activities by establishing common categories. A division into two- or fivefold were frequently employed.³ One classical twofold approach provided the foundation for the *yin-yang* 陰陽 paradigm, and the fivefold evolved into the *wuxing* theory.⁴

According to written records dated to the Spring and Autumn period (722–481 BCE), *wuxing* used to refer to five raw materials: water, fire, wood, metal, and earth.⁵ From the 5th century BCE, there began a literature recording attributes and characteristics

¹ Joseph Needham, *Science and Civilization in China, Volume II*. (Cambridge, 1956), 232–44; Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley; London, 1985); Angus C. Graham, *Disputers of the Tao: Philosophical Argument in Ancient China* (Chicago, 1989), 70–92; Nathan Sivin, *Traditional Medicine in Contemporary China: A Partial Translation of Revised Outline of Chinese Medicine (1972) with an Introductory Study on Change in Present Day and Early Medicine* (Ann Arbor, 1987), Wellcome, 16.

² Sivin, *Traditional Medicine in Contemporary China*, 72.

³ Sivin, *Traditional Medicine in Contemporary China*, 71. There were also other numbers applied, such as four, six and nine. For example, besides the *wuxing* (five *xing*) there are also records of six *xing* at the time.

⁴ *Yin-yang* is a paired concept usually employed to discuss ‘complementary opposites’ within a phenomenon or process. In Chinese medicine, the two paradigms of *yin-yang* and *wuxing* were separated until the Han dynasty when they were fused together. Since then, the two paradigms have been used as complementary ways of approaching the same processes, or the same subject. For further discussion about the development of the paradigms of *yin-yang* and *wuxing* from their original appearance in the late Warring State period (ca 400 BCE) to the prominence in the Han dynasty (ca 200 CE), see Donald Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts* (New York, 1998), 860–6; G. E. R. Lloyd and Nathan Sivin, *The Way and the Word: Science and Medicine in Early China and Greece* (New Haven, 2002), 193–203 and 253–71; Yun-Ju Chen, ‘Yin, Yang, and Five Agents (Wuxing) in the Basic Questions and Early Han (202 BCE–220 CE) Medical Manuscripts’, in Vivienne Lo, Michael Stanley-Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (London; New York, 2022).

⁵ Graham, *Disputers of the Tao*, 326; Henry Jr. Rosemont, *Chinese Texts and Philosophical Contexts: Essays Dedicated to Angus C. Graham* (La Salle, PA, 1991), 278. In this thesis, I use non-capital names to refer to the materials, and capitalised words for the five *xing*.

under each of the five.⁶ A corresponding system anchored to the five *xing* began to emerge (Table 3–1). The concept of *qi* 氣 had arguably a fundamental role in this development⁷. The *Zuo Zhuan* 左傳 (Zuo Commentary) text compiled during the Spring and Autumn period describes that ‘There are six *Qi* in Heaven. They descended and created five flavours, developed five colours, and verified as five tunes (天有六氣, 降生五味, 發為五色, 徵為五聲)’.⁸ Despite the emergence of corresponding categories to the five *xing*, in the late Zhou period (5th to 3rd century BCE) *wuxing* represented mainly people’s sensory experience relating to the five material substances, and had not yet transformed into the philosophical or medical framework we know from a later period.⁹ This argument is supported by the fact that the content of the categories associated with the five *xing* still showed close links to the five raw materials. For example, the trait of Fire was flaming upwards (*yán shàng* 炎上); the flavour attributed to Fire was bitter, presumably because food burned by fire tastes bitter.¹⁰ More importantly, at that time there was still no evidence to show signs of interrelationship between any *xing* – a indicator of *wuxing* transcending from

⁶ Paul U. Unschuld, *Chinese Medicine* (Massachusetts, 1998), 15; Marc Kalinowski, ‘Technical Traditions in Ancient China and Shushu Culture in Chinese Religion.’, in J. Lagerwey (ed.), *Religion and Chinese Society: Ancient and Medieval China, Vol. 1* (Hong Kong, 2004).

⁷ The concept of *qi* is usually translated and understood as energy or vapour. For a general discussion on this concept, see Michael Stanley–Baker, ‘Qi 氣: A Means for Cohering Natural Knowledge’, in Vivienne Lo, Michael Stanley–Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (London; New York, 2022).

⁸ *Zuozhuan, Duke Zhao 1st year*, 1.1222.

⁹ Michael Loewe, *The Men Who Governed Han China: Companion to A Biographical Dictionary of the Qin, Former Han and Xin Periods* (Leiden, 2004); Juan He 贺娟, ‘Lun Wuxing Xueshuo de Qiyuan He Xingcheng 论五行学说的起源和形成 (Discussion of the Origin and Development of the Wuxing Theory)’, *Beijing Zhongyiyao Daxue Xuebao*, xxxiv (2011); Donald Harper and Marc Kalinowski (eds.), *Books of Fate and Popular Culture in Early China: The Daybook Manuscripts of the Warring States, Qin, and Han* (Leiden; Boston, 2017), 171.

¹⁰ Other texts from this time period also provide evidence to support this hypothesis. For example, see *Duke Xiang 27th Year*, in *Zuozhuan*, ‘There are five raw materials created by heaven and have been adopted and applied by humans. (天生五材, 民並用之)’.

bare observation of nature into a dynamic paradigm – until the 1st century AD.¹¹

Table 3–1. The canonised system of correspondences of the Wuxing schema¹²

	Wood	Fire	Earth	Metal	Water
Organs	Liver/Gall Bladder	Heart/Small Intestine	Spleen/Stomach	Lung/Large Intestine	Kidney/Bladder
Seasons	Spring	Summer	Late Summer	Autumn	Winter
Environmental Factors	Wind	Heat	Damp	Dry	Cold
Growth & Development	Birth/Infant	Growth/Young adult	Transformation/Adult	Reaping, Harvest/Old Age	Storage/Death
Directions/ Stages of the Day	East Dawn	South Midday	Center Transition	West Dusk	North Midnight
Emotions	Anger	Joy	Worry	Grief/Sorrow	Fear
Tastes	Sour	Bitter	Sweet	Pungent	Salty
Colors	Green	Red	Yellow	White	Blue
Sounds	Shout	Laughing	Singing	Crying	Groaning
Odors	Rancid	Acrid/Burnt	Fragrant	Rotten	Putrid

In the 3rd century BCE, archaic thoughts of numerology and astrology were combined into the *wuxing* which resulted in interrelations emerging among the five categories.¹³ In this process, it was again the concept of *qi* that acted as the agent for the interaction between each *xing*.¹⁴ As *qi* was used to explain changes happening in the world, ancient Chinese first assigned characteristics of a changing cycle to each

¹¹ He 贺娟, 'Lun Wuxing Xueshuo de Qiyuan He Xingcheng'; Jiquan Chen 陈吉全, "'Huangdi Neijing" Wuxing Xueshuo Yuanliu Ji Yingyong de Yanjiu 《黄帝内经》五行学说源流及应用的研究 (Research on the Origin and Application of the Theory of the Five Elements in Huangdi Neijing)' (Guangzhou Zhongyiyao Daxue Ph.D. dissertation, 2011).

¹² Categories and resonances shown in this table are based on Chapter 5 of *Neijing* and Chapter 18 in *Nanjing*.

¹³ Manfred Porkert, *The Theoretical Foundations of Chinese Medicine: Systems of Correspondence* (Cambridge, Mass., 1974); Nathan Sivin, 'Text and Experience in Classical Chinese Medicine', in Don Bates (ed.), *Knowledge and the Scholarly Medical Traditions* (Cambridge, 1995); Marc Kalinowski, 'Mantic Texts in Their Cultural Context', in Christopher Cullen and Vivienne Lo (eds.), *Medieval Chinese Medicine: The Dunhuang Medical Manuscripts* (Abingdon, 2005); Vivienne Lo, 'The Han Period', in Tj Hinrichs and Linda L. Barnes (eds.), *Chinese Medicine and Healing* (2013).

¹⁴ Lloyd and Sivin, *The Way and the Word*, 264–5.

xing. The *xing* of Wood represents ‘an active, growing change; Fire, a change at its peak, on the verge of decline; Metal represents decline moving toward deep rest; Water is the deepest rest about to return to activity’.¹⁵ Earth, a neutral state, buffered the others. Like *yin* and *yang*, the five *xing* constantly transformed into one another.¹⁶ Gradually, the importance of *wuxing* theory shifted from materials to characteristics of changes also within a temporal frame.¹⁷ And from there, theories of interrelationships between each *xing* were generated.



Figure 3–1. Illustration of the five *xing* as favoured by Worsley.¹⁸

Interrelationships between each *xing* include the generating relation and the controlling relations. The relation of ‘generating’, as in Chinese *xiāngshēng* 相生, means one *xing* can promote and nourish the one that succeeds to it (the ‘*Sheng*

¹⁵ Sivin, *Traditional Medicine in Contemporary China*, 70–80.

¹⁶ *Ibid.*

¹⁷ Sivin, *Traditional Medicine in Contemporary China*, 72.

¹⁸ The diagram shows the generating (*shēng* 生) and controlling (*kè* 剋) relations between Elements, but the simplification to five circles emphasises the static nature of ‘Element’ and fails to capture the dynamic condition of each *xing*.

Cycle’ in Figure 3–1).¹⁹ Consequently, in the *Wuxing* circle each *xing* is called the ‘mother’ of the next *xing* which is its ‘child’. In contrast, the relation of ‘controlling’ or ‘conquest’, in Chinese as *xiāngkè* 相剋, means a *xing* can restrain and confine the *xing* that succeeds its ‘child’ (see the ‘*Ke* Cycle’ in Figure 3–1).²⁰ The establishment of the relations among the five *xing* marks a transcendence of this framework – from bare summaries of daily observation and sensory experience of natural substances into an abstract theory.²¹ More importantly, the generating circle between each *xing* then formed a cyclical flow among the five, which was then widely used by the imperial court and social elites throughout Chinese history to explain temporal and spatial configurations and changes in both nature (e.g. the seasons) and society (the change of dynasties).²² This circle was also extended to explain human body functions. Since then, *wuxing* became a theory for the comprehension and organisation of worldly phenomena, materials, as well as political and bodily aspects of human beings and their society.

Wuxing as a medical theory in history

The correspondence system, as a theoretical core of Chinese medicine, gained

¹⁹ *Nanjing* entry 18 in Paul U. Unschuld, *Nan–Ching: The Classic of Difficult Issues: With Commentaries by Chinese and Japanese Authors from the Third through the Twentieth Century*. (Berkeley, 1986); Buwei Lü, John Knoblock, and Jeffrey K. Riegel, *The Annals of Lü Buwei: A Complete Translation and Study* (Stanford, Calif, 2000), 283.

²⁰ *Ibid.* Based on extant and excavated texts from ancient China, some scholars suggest that, historically, the controlling/conquest cycle emerged earlier than the generating cycle, in divinatory texts of the Han Dynasty. For detailed discussions on this, see Harper and Kalinowski, *Books of Fate and Popular Culture in Early China*, 169; Deborah Woolf, ‘The Importance of Numerology, Part 2 Medicine’, in Vivienne Lo, Michael Stanley–Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (London; New York, 2022).

²¹ He 贺娟, ‘Lun Wuxing Xueshuo de Qiyuan He Xingcheng’.

²² Michael Loewe, *Divination, Mythology, and Monarchy in Han China* (Cambridge, 1994), 55–61; Harper and Kalinowski, *Books of Fate and Popular Culture in Early China*, 86–7.

credibility from the analogies it draws between the human body and the world.²³ In the Han dynasty, the human body was seen as a dynamic system of functions and relationships, which was governed by the same rules and principles that regulated the external, natural world.²⁴ Thus, the theory of *wuxing* derived from observing the world was also applied by Chinese ancestors into their establishment of a medical system. In this process, the five *xing*, their resonances, and their interrelationships were inherited, with categories around the five being enriched with medical elements such as the five main viscera (which enabled a later linking of *Wuxing* and acupuncture channels), five sense organs (eyes, tongue, mouth, nose, ears) and the five emotions of human beings (see Table 3–1).²⁵ In summary, alongside the *yin–yang* paradigm, the extension of the *wuxing* schema into the medical domain provided an overarching template to model the natural relationship of the body with its ever changing surroundings (e.g. seasons, directions, climates, colours, sounds and flavours). In this way, this fivefold system of correspondences became a correlative basis to understand physical and physiological functions of the human body and a

²³ Unschuld, *Medicine in China*, 52–7; Sivin, *Traditional Medicine in Contemporary China*, 54–9; Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*, 97; Paul U. Unschuld, *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text* (Berkeley, 2003), 325–49; Michael Nylan, 'Yin–Yang, Five Phases, and Qi', in Michael Loewe and Michael Nylan (eds.), *China's Early Empires: A Re–Appraisal* (Cambridge, 2010), 398–414.

²⁴ Unschuld, *Medicine in China*, 51–6; Lloyd and Sivin, *The Way and the Word*, 264–5.

²⁵ Unschuld, *Nan–Ching: The Classic of Difficult Issues*, 243–58; Sivin, *Traditional Medicine in Contemporary China*, 206–7. For the relation of *wuxing* and the formation of the acupuncture channel system, see Jianmin Li 李建民, *Sisheng Zhi Yu: Zhou–Qin–Han Maixue Zhi Yuanliu 死生之域周秦漢脈學之源流 (The Boundary between Life and Death: Sources of Vessel Theory in the Zhou, Qin and Han Dynasties)* (Taipei, 2000), 43–52; Longxiang Huang 黄龙祥, *Zhongguo Zhenjiu Xueshushi Dagang 中国针灸学术史大纲 (Outline of the Academic History of Acupuncture)* (Beijing, 2001), 71.

substantial part of the core medical theory of Chinese medicine.²⁶

Wuxing and Five-Element Acupuncture

As shown in Chapter 2, having studied and been inspired by both Asian and Western practitioners in Europe and his trips to regions around China (Hong Kong, Taiwan, Japan, Singapore), Worsley decided to adopt the *wuxing* tradition (instead of other prominent Chinese medical traditions, such as those based more on a *yin-yang* paradigm) as the theoretical basis for his personal practice of acupuncture and later for his construction of the FEA style. However, a comparison between Worsley's FEA theory and the textual explanations of *wuxing* theory in Chinese medical classics – *the Inner Canon of the Yellow Emperor* (*Huangdi Neijing*, 黃帝內經, commonly referred to as *Neijing*) and *the Canon of Difficulties* (*Nanjing* 難經), two most influential canonical treatises of Chinese medicine that were originally compiled around the 1st century CE – shows both consistency and discrepancies.²⁷

As historians Vivienne Lo and Michael Stanley-Baker point out, for declared living traditions such as Chinese medicine, a particular language and nomenclature (in the case of Chinese medicine, such terms include *yin-yang*, *wuxing* and *qi*) act as the glue that provides a sense of continuity between the ancient and the contemporary.²⁸ In

²⁶ Unschuld, *Nan-Ching: The Classic of Difficult Issues*, 11; Harper and Kalinowski, *Books of Fate and Popular Culture in Early China*, 86–7; Woolf, 'The Importance of Numerology, Part 2 Medicine'; Chen, 'Yin, Yang, and Five Agents (Wuxing) in the Basic Questions and Early Han (202 BCE–220 CE) Medical Manuscripts'.

²⁷ These two canonical medical texts originally compiled no later than the Han Dynasty (221 BCE–220 AD) has been commonly regarded by physicians and scholars throughout the history of Chinese medicine as the theoretical foundation for all following development and practice of this medicine.

²⁸ Michael Stanley-Baker and Vivienne Lo, 'An Introduction', in Vivienne Lo, Michael Stanley-Baker, and Dolly

the case of FEA, a comparison between those Chinese medical classics and teachings of Worsley's (recorded in later published textbooks, journal articles, as well as video recording clips) indicates that Worsley adopted from his multinational learning experience some basic characteristics and framework for *wuxing*: the designation and characters of the five *xing* ('Elements' in FEA language), the relations between each *xing*, and some categories included in the corresponding system of *wuxing* (as shown in Table 3–1). These preserved elements served as the scaffolding for Worsley's construction of his *law of the Five–Elements*, and meanwhile as the 'linguistic glue' that legitimised his claim to the authenticity of FEA as a traditional Chinese practice.

As far as the discrepancies are concerned, the following sections of this chapter illustrate that the changes that occurred were partly due to practical concerns. In the absence of knowledge of other paradigms in Chinese medicine, Worsley had to extend and innovate the original *wuxing* theory into a Five–Elements theory that was both the theoretical basis for interpreting health and disease and a tool for making clinical diagnoses. Some changes, however, were more an adaptation and reflection of certain contemporary ideologies that were pervasive in British society: a new wave of critique of characteristic features of Western modernity and Big Pharma, an exploration of a postmodern lifestyle, an attentiveness to what Foucault coined as bio–power, a nostalgia for spiritual life, and an ideological shadow of Orientalism. Thus, as this chapter will argue, the FEA thought style, with *wuxing* at its core, was

essentially a modern unfolding of a traditional medicine based in a countercultural milieu.

Nevertheless, this unfolding of Chinese medical traditions, as discussed in the last chapter from a different aspect, still lies in the shadow of what Said calls Orientalism.²⁹ On the one hand, as the following sections illustrate, the original *wuxing* theory, with its wide range of interpretations and applications throughout history, was essentialised into the FEA thought style by reference to certain clauses in two medical texts (*Neijing* and *Nanjing*), and cherry-picked by members of this group to serve their authentication purposes. On the other hand, in Worsley's teaching and in the shared discourse of his CCM students and practitioners, traditional Chinese medicine was generally regarded as a homogeneous entity and a cultural Other with an inert long tradition. For these Countercultural Orientalists, however, such characteristics were not seen as a disadvantage, but rather as a possible antidote to the social problems caused by modernity at home.

In his workshop in New York in 1980, Worsley introduced what he considered to be traditional Chinese medicine in the following terms,

Worsley: I am sure you will be tremendously impressed with the wisdom of the ancient Chinese. Because what I am going to share with you is nothing that I have discovered; I am just going to relate traditional Chinese medicine to you as it was written in the *Nei Ching* (*Neijing* in Pinyin) five thousand years ago. **This system**

²⁹ Edward W. Said, *Orientalism* (New York, 1979), 1–6.

of medicine has not changed in 5000 years; and it will not change in the next 5000 years. ... Although it may be new in the Western world, one has to recognise that **one quarter of the world's population has been treated by this system of medicine for over five thousand years.** If it was not valid, then it would have died thousands of years ago.³⁰

As the historian Lo points out, this kind of declaration that Chinese medicine has 'a history of two/three/five thousand year' has been prevalent in the introduction of this medical tradition by its practitioners and scholars alike.³¹ For FEA proponents, the longer the claimed time frame of its historical legacy, the more Worsley is convinced of the legitimacy of the FEA style, since a five-thousand-year history would date directly back to the time of a golden age of the Sage Emperors, including the Yellow Emperor who is the designated origin of the classical canon *Neijing*. It is also worth mentioning that Worsley's adaptation and interpretation of the *wuxing* theory according to the sociocultural priorities of his time is not an unusual or unique phenomenon. In other words, the history of *wuxing* in China was far from monotonic — the opposite as many assumed through an Orientalist lens (both in China and in the West) in the mid- to late 20th century. From the Song dynasty (960–1279 AD) onward, *wuxing* has been applied by Chinese physicians in different dynasties as a canonical foundation for innovative medical theories stimulated by

³⁰ J. R. Worsley, *Talking About Acupuncture in New York* (Warwickshire, 1984), 14–5. Emphases are my own. Same below.

³¹ Vivienne Lo, 'But Is It [History of] Medicine? Twenty Years in the History of the Healing Arts of China', *Social History of Medicine*, xxii (2009). For more examples of such statements, see Section 18 in Paul U. Unschuld and Bridie Andrews, *Traditional Chinese Medicine: Heritage and Adaptation* (New York, 2018), 118–20.

personal interpretations of classical texts and clinical experiences.³² On a broader historical scale, the theory of *wuxing* has been subject to successive interpretations throughout the following two millennia spawning diverse medical techniques. In the course of this thesis, I will further elaborate on the contingent nature of Chinese medical traditions and explore the reasons why it has proved so tenacious.

Five–Element Acupuncture and the British Counterculture Movement

As mentioned in Chapter 2, in the Euro–American world, the emergence and popularisation of lay acupuncture styles — proposed and practised by those outside of the conventional medical establishment, such as the Five–Element acupuncture (FEA) — that raised from the 1970s is unique when being compared with its predecessors as well as some of its contemporary counterparts. The work of scholars Roberta Bivins and Linda Barnes on the transmission of acupuncture to Europe both show that the knowledge and practice of acupuncture introduced to Europe between the late 16th and mid–20th centuries was largely unrelated to any medical theory or philosophy (such as *wuxing* and *yin–yang*) during the acculturation processes at the hands of European missionaries and medical professionals.³³ Rather, acupuncture

³² See for example the development of the *wūyùn liùqì* 五運六氣 theory in the Tang and Song Dynasties, Porkert, *The Theoretical Foundations of Chinese Medicine: Systems of Correspondence*, 55–106; Catherine Despeux, 'The System of the Five Circulatory Phases and the Six Seasonal Influences (Wuyun Liuqi), a Source of Innovation in Medicine under the Song (960–1279)', in Elisabeth Hsu (ed.), *Innovation in Chinese Medicine* (Cambridge, 2001); Asaf Goldschmidt, *The Evolution of Chinese Medicine: Song Dynasty, 960–1200* (2008); Woolf, 'The Importance of Numerology, Part 2 Medicine'. For the Four Masters of the Jin and Yuan Dynasties and their application of the *wuxing* theory, see Marta E. Hanson, 'Inventing a tradition in Chinese medicine: From universal canon to local medical knowledge in south China, the seventeenth to the nineteenth century' (Ph.D., 1997).

³³ Roberta E. Bivins, *Acupuncture, Expertise and Cross–Cultural Medicine* (London, 2000); Linda L. Barnes, *Needles, Herbs, Gods, and Ghosts: China, Healing, and the West to 1848* (Cambridge, Mass, 2005); Roberta Bivins, 'Imagining Acupuncture: Images and the Early Westernisation of Asian Medical Expertise', in Vivienne Lo

was essentially applied for its fine needling tool and technique that served as a complement to local treatments such as bloodletting.³⁴ This separation between tool/technique and theory of acupuncture, in order to ‘assimilate’ such technique into the system of mainstream medicine, sustained alongside the several ups and downs of acupuncture’s popularity in Europe, right into the last century. The acupuncture fever for its effect on anaesthesia in the 1970s triggered by James Reston’s report on *New York Times* and the then US president Nixon’s visit of acupuncture hospitals in China, is but another example of such endeavour.³⁵ Following the publication of Reston’s article about him receiving acupuncture treatment in China as a post–surgery analgesic method, several groups of biomedical researchers and physicians from Europe and North America visited China to observe this intervention and conducted researches to demonstrate its efficacy and explore its mechanisms. Again, little – if any – information can be found in those medical reports on the philosophical foundation or the theory of Chinese medicine and acupuncture.³⁶

What distinguishes certain acupuncture practices in the 1970s, such as Five–Element

and Penelope Barrett (eds.), *Imagining Chinese Medicine* (2018).

³⁴ Bivins, *Acupuncture, Expertise and Cross–Cultural Medicine*, 64, 86 and 153; Barnes, *Needles, Herbs, Gods, and Ghosts*, 116–7, 208 and 315.

³⁵ For references on this topic, see footnote 1 in Chapter 2.

³⁶ Many prestigious biomedical journals and research institutes published reports on this topic at the time, with little to none discussion of the medical theory underlying acupuncture treatment. See for example, G. M. Bull, ‘Acupuncture Anaesthesia’, *The Lancet*, cccii (1973); Sidney Hamilton et al., ‘Anaesthesia By Acupuncture’, *The British Medical Journal*, iii (1972); Tsung O. Cheng, ‘Acupuncture Anesthesia’, *Science*, clxxix (1973); R. Dubner, ‘Efficacy and Possible Mechanisms of Action of Acupuncture Anesthesia: Observations Based on a Visit to the People’s Republic of China: J. Amer. Dent. Ass., 92 (1976) 419–427’, *Pain*, ii (1976).

Acupuncture, from those that had been circulated within the western medical professional communities, I therefore argue, is their different approach and attitudes towards the traditional medical theories linked to acupuncture throughout history. When analysing the production of new knowledge in the history of science, Jürgen Renn indicates that ‘the role of these marginal applications as being constitutive of a new developmental stage is only realized once a new perspective is introduced, often triggered by a new external context’.³⁷ In the case of FEA, the new ‘external context’ is the public zeitgeist of the time, later labelled by academics as the Counterculture Movement and New Age movement.

Take the Counterculture Movement for instance. As discussed in the last chapter, this term refers to a heterogenous group with great diversities of family background, career paths and aspirations for ‘alternatives’ among its members, as illustrated by my interviewees. However, people grouped together under this term tended to propose a diversity of gestures that were interlinked by their anti-establishment positions, calling for the pursuit of ‘freedom’ from the political, economic and cultural mainstream.³⁸ They have considered mainstream lifestyle as ‘ruthlessly one-dimensional’, referring to a rational, scientific way of looking at the world that lacked compassion.³⁹ They were anti-war, anti-pollution, and anti-materialism, anti-professionalisation. In their view, the world of their parents was dominated by

³⁷ Jürgen Renn, ‘From the History of Science to the History of Knowledge – and Back’, *Centaurus*, lvii (2015).

³⁸ Nicholas Campion, *The New Age in the Modern West: Counterculture, Utopia and Prophecy from the Late Eighteenth Century to the Present Day* (London, 2015), 93–120.

³⁹ Keith Melville, *Communes In the Counter Culture: Origins, Theories, Styles of Life* (New York, NY, 1972), 210–1.

warmongers, hypocritical political leaders and stakeholders in the economics of control, followed by indifferent consumers. These young people were thus searching for salvation in 'alternative ways of living'.⁴⁰

This pursuit of alternatives manifested in both mundane lifestyles and in their mind/spiritual world. For the former, they were trying to find an alternative to the then dominated overindustrialisation, overconsumption and excess materialism. Practically advocating Schumacher's idea 'small is beautiful', the counterculture youths cherished nature and culture over technological and economic advancement, escaped from large industries and large cities to the country to establish communes and organic farming.⁴¹ Such attitude extended to their perception of the mainstream medicine and healthcare provision. After the Second World War, biomedicine became the medical establishment in Euro-American societies, with massive investment in the pharmaceutical industry.⁴² This method had led to an increasing emphasis on the authority of scientists in the production of medical knowledge as well as an absolute authority of doctors in clinical diagnosing and treatments.⁴³ Medical anthropologist Tylor Phan describes this situation in the medical industry as the power of white men

⁴⁰ *Ibid.*

⁴¹ E. F. Schumacher, *Small Is Beautiful: Economics as If People Mattered: 25 Years Later ... with Commentaries* (Point Roberts, Wash, 1999), 20, 116–7; Melville, *Communes In the Counter Culture*, 22–8; Keith Halfacree, 'From Dropping out to Leading on? British Counter-Cultural Back-to-the-Land in a Changing Rurality', *Progress in Human Geography*, xxx (2006).

⁴² Jordan Goodman, 'Pharmaceutical Industry', in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century* (London; New York, 2014).

⁴³ John Pickstone, 'Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine', in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century* (London; New York, 2014).

from the middle–classes and in middle–age.⁴⁴ Meanwhile, the role of patients in medical practice seemed to have been dehumanised and degraded to a mechanistic level.⁴⁵ As proponents of an egalitarian and utopian society, including its healthcare methods and provision, CCMers had been strong advocates of alternative medicines to challenge the dominion of biomedicine. They turned to many sources for solutions, notably a romanticised East for its traditional medical wisdom developed from nature.

In terms of selfhood, Häberlen, Szajbel and Mahoney argue that members of the CCM embodied a ‘politics of authenticity’ with their pursuits of alternative ‘ways of living that would allow people to be true to themselves’.⁴⁶ Such pursuits, they continue to argue, entails ‘what people did in order to both create authentic selves’ and ‘the conditions, not least spatial conditions, that would facilitate authenticity’.⁴⁷ From the late 1960s, there was increased focus among CCMers on their own bodies and feelings, questioning and reflecting on how the state and mainstream society sought to regulate and limit them by means of commercialising or medicalising their bodies and feelings. Thus, the process of co–shaping and practising the knowledge of acupuncture equipped FEAsers not only the way and language to ‘create’ and express ‘authentic selves’ alongside mainstream medicine and discourse of bodies and selves, but also the ‘conditions’ to ‘facilitate authenticity’ within the professional

⁴⁴ Tyler Phan, ‘American Chinese Medicine’ (University College London Ph.D. dissertation, 2017).

⁴⁵ Lindsay Granshaw, ‘The Rise of the Modern Hospital in Britain’, in Andrew Wear (ed.), *Medicine in Society* (1992).

⁴⁶ Joachim C. Häberlen, Mark Keck–Szajbel, and Kate Mahoney (eds.), *The Politics of Authenticity: Countercultures and Radical Movements across the Iron Curtain, 1968–1989* (2018), xxv, 10.

⁴⁷ *Ibid.*

community.⁴⁸

Spiritually, CCMers sought mysticism as an alternative to rationalism, which many saw as an early stage of the New Age Movement, whose members believed in the inevitable arrival of a spiritual, utopian future.⁴⁹ Thus, those CCMers and New Agers devoted themselves to sensory experience in the discovery of the unconsciousness, in order to find an alternative reality, to achieve transcendence and enlightenment.⁵⁰ Some of them turned to navigate their 'dào' (道, the way) through traditional oriental wisdom – such as the divinatory oracle the *Yijing* (易經, commonly known in the English world as *the Book of Change*), consulting religious classics, masters and gurus from Daoism, Hinduism and Indian and Zen Buddhism (or an unholy mix of these), as an alternative to Christianity— looking for practical ways to enlightenment and a reassessment of the value of life and spirituality.⁵¹

In the counterculture and New Age movements, orientalist doctrines played an outstanding role in the spiritual zeitgeist.⁵² The popularity of oriental wisdom in

⁴⁸ *Ibid.*

⁴⁹ J. Gordon Melton, *American Religious Creeds* (Detroit, 1988), 36–43; David J. Hess, *Science in the New Age: The Paranormal, Its Defenders and Debunkers, and American Culture* (Madison, Wis.; London, 1993), 3–4; Campion, *The New Age in the Modern West*, 2.

⁵⁰ Melville, *Communes In the Counter Culture*, 211–2; Kenneth Leech, *Youthquake: The Growth of a Counter-Culture through Two Decades* (London, 1973), Chapter 4 and 5; Campion, *The New Age in the Modern West*, 121–48.

⁵¹ Theodore Roszak, *The Making of a Counter Culture: Reflections on the Technocratic Society and Its Youthful Opposition* (London, 1970), 126; Melville, *Communes In the Counter Culture*, 211–2; Leech, *Youthquake*, Chapter 3 and 4.

⁵² For the influence of Eastern religious tradition on CCM, see Roszak, *The Making of a Counter Culture*, Chapter 5; Os Guinness, *The Dust of Death: A Critique of the Establishment and the Counter Culture — and a Proposal for a Third Way* (London, 1973), Chapter 6. For a general introduction, see Melville, *Communes In the Counter Culture*, 211–2. Hanegraaff, (Buddha 44, 53, 185–193 140, 185, 189, 191–193, 201, 213, 241, 315, 318, 445, 447)

these movements can be traced partly to Carl Jung (1875–1961), a prominent psychologist in the twentieth century who is renowned for explaining collective human unconsciousness with mysticism.⁵³ In 1924, German sinologist Richard Wilhelm (1873–1930) published his translation of the ancient Chinese divinatory classic *Yijing*.⁵⁴ This was the first time this ancient Chinese text was translated into a European language, and Wilhelm’s translation is commonly regarded as the origin of the *Yijing* transmission in to the English speaking world. Wilhelm’s version was broadly read, referenced, discussed and translated by later sinologists and in other languages. CG Jung, as a personal friend of Wilhelm, was also fascinated by this book. He regards this Chinese divination text as the root and interpretation for all oriental mysticism.⁵⁵ It is likely that Jung’s popularity among adolescents of the late 1960s and 1970s also contributed to the revival of the style of oriental mysticism, self-experimentalising and traditional culture that was regarded so highly by him. Alongside the advocacy by Jung, this popularity and ‘rediscovery’ of oriental wisdom was collectively promoted by the hugely influential folk singer, Bob Dylan, and the active Zenist Suzuki.⁵⁶ As Leech explains, the charm of these oriental doctrines lay in their claim to guide adherents towards ‘enlightenment’ which young people at that

⁵³ J.J. Clarke, *Jung and Eastern Thought: A Dialogue with the Orient* (London, 1994); Sonu Shamdasani, *Cult Fictions: C.G. Jung and the Founding of Analytical Psychology* (London, 1998).

⁵⁴ Richard Wilhelm (trans.), *I Ging: Das Buch Der Wandlungen* (1924).

⁵⁵ ‘Foreword’ in Richard Wilhelm and C.G. Jung, *The I Ching or Book of Changes*, trans. Cary Baynes (Princeton, 1967).

⁵⁶ In the 1960s, the Princeton University Press in the US published a selective version of Wilhelm’s translation with one volume. This version was later recommended by Bob Dylan, one of the most popular singers in that period. For Suzuki, he was an active Zenist in the US and had a tour in the US to introduce Japanese Zen. See Leech, *Youthquake*. for a detailed introduction.

time failed to imagine possible through orthodox literature – either scientific tracts or scriptures from Christian or other European religious traditions.⁵⁷

In such a unique era, in the field of medicine and care of the body, medical traditions from a romanticised East (e.g. Chinese medicine, Yoga, Tai Ji Quan) and Euro–American traditions (e.g. Homeopathy) embodying these secular and spiritual pursuit were discovered and reinvented by CCMers and New Agers as an alternative to the modern system of orthodox, science–based biomedicine and its institutions.

The invention of the Law of Five–Elements: A new classical doctrine

For readers whose expertise do not lie in Chinese medicine or who have yet to experience any acupuncture therapy, here is a generalised workflow of a contemporary acupuncturist across styles: meet a patient, collect information in order to reach a diagnosis, select acupuncture points for treatment, conduct the treatment by using fine metal needles stimulating selected points for a few minutes, and remove the needles. The role of different styles of theoretical principles for clinical work is to guide acupuncturists to reach diagnoses and to select needling points accordingly. In the language of the FEA community, theoretical principles are referred to as ‘laws’.⁵⁸ This method is likely to be inspired by homoeopaths naming their theoretical doctrine the ‘*Law of Similars*’ (meaning treating like with like), with

⁵⁷ Leech, *Youthquake*, 64–85.

⁵⁸ Dianne M. Connelly, *Traditional Acupuncture: The Law of the Five Elements* (Columbia, 1979), 18, 116; Worsley, *Talking About Acupuncture in New York*, 37, 55–61; J. R. Worsley, *Traditional Diagnosis*, III vols (Royal Leamington Spa, 1990), II, 215–7.

the implication that the Law has its root in nature (i.e. the laws of nature) and the reliability of such doctrine as truth that immune to alteration in time.⁵⁹

Principle *laws* in FEA's thought style include 'the law of Husband and Wife' for examining and comparing the strength of the left and right pulses; the 'law of Midday–Midnight' referring to a solar–based daily horary about when 'each of the organs within the Element is functioning at its peak of energy'; and 'the Law of Cure' – again borrowed from homoeopathy – pointing to the notion that symptoms can sometimes get worse before getting better.⁶⁰ Among those laws, the *law of Five Elements* (referred to in the collective usually as 5–Elements) has always enjoyed a fundamental role in the FEA thought style. At the height of counterculture movement in the late 1970s and early 1980s, Anna and Mike recall that nearly half of their classmates attended J.R.'s programme not to learn acupuncture skills but to hear him talk about the *law of the Five–Elements* as a trendy Eastern philosophy. Its key role is evident in the FEA community, when discussions of this *law* were permeated in many volumes of the community's periodical published in the 1980s.⁶¹

⁵⁹ Harris L. Coulter, 'Homoeopathy', in J. Warren Salmon (ed.), *Alternative Medicines: Popular and Policy Perspectives* (New York, 1984), 61–2.

⁶⁰ Harris L. Coulter, *Divided Legacy: A History of the Schism in Medical Thought*. (Washington DC, 1977), (Vol. II) Progress and regress: J.B. Van Helmont to Claude Bernard., 362. Those laws practiced by FEA practitioners are elaborated in Peter Eckman, *In the Footsteps of the Yellow Emperor: Tracing the History of Traditional Acupuncture* (California, 2007), 216–8; Connelly, *Traditional Acupuncture*, 23–4, 92–116; Worsley, *Traditional Diagnosis*, 215–7. For some reason, presumably the feminist movements in the 1980s and 1990s in the UK, the Law of Husband and Wife was not recorded in Connelly's book.

⁶¹ For example, in the 1984 volume of the TAS Newsletter (no. 14), there was a three–page long section with Worsley answering students' questions about understanding and using the 'law of 5–Elements' for diagnosis. In the 1985 volume (no.15), Chloe Keef contributed an article 'Other Disciplines – Homeopathy and the Five Elements' trying to 'make a connection' to the law of 5–Elements with homeopathic remedies. In TAS Newsletter no. 18, Peter Mole discusses the emotional level of the 'law of 5–Elements' in FEA diagnosis in his

When Worsley adapted the *wuxing* tradition to his ‘law of 5–Elements’ and placed it at the foundation of his acupuncture system, he faced a practical challenge. How was one to fill the gap between its philosophical teachings and the practical therapeutic requirements of seeing patients?

The Causative Factor (CF)

In the modern forms of traditional Chinese medicine that emerged in mid–20th century China – problematically referred to in many English scholarships in its abbreviated form as TCM⁶² – that has been the foundation of the national five–year university programme in which I used to be a bachelor student in Beijing, China, concepts underlying clinical diagnosis and treatment consisted of both *yin–yang* and *wuxing* paradigm. In other words, a whole set of clinical principles in TCM – commonly known as ‘pattern differentiation’ (辨證論治 *biànzhèng lùnzhì*) – are derived and applied by practitioners based on the integration of both paradigms.⁶³ Without the former, I argue, *wuxing* on its own is less an independent diagnostic system by nature, as it is essentially a description of the physiological phenomena and functions of the

article titled ‘The Role of the emotions in Body, Mind and Spirit’. In 1989 the TAS Journal (April, no.5), an article discussed the using of flower remedies under the FEA law of 5–Elements. Also, with the arrival of TCM from China (see Chapter 4), there is a series of articles by Volker Scheid and Richard Temple in the 1989 and 1990 volumes (no. 6 and 7) of the TAS Journals discussing the compatibility of FEA’s law of 5–Elements with TCM theories.

⁶² For discussion and references on this topic, see my literature review in Chapter 1.

⁶³ For the background and emergence of this diagnosing tool of the TCM system, see Eric I. Karchmer, *Prescriptions for Virtuosity: The Postcolonial Struggle of Chinese Medicine* (New York, NY, 2022), 143–61; Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63: A Medicine of Revolution* (London, 2005), 142–50; Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (2002), 204–9.

For its detailed process and clinical application in contemporary China, see Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder, 1994), 154–68; Scheid, *Chinese Medicine in Contemporary China*, 210–38; Eric I. Karchmer, ‘Chinese Medicine in Action: On the Postcoloniality of Medical Practice in China’, *Medical Anthropology*, xxix (2010); Karchmer, *Prescriptions for Virtuosity*, 161–76.

human body, rather than the causes and pathological processes of malfunction or imbalance. To provide an efficient and easily communicated teaching model for his European and American students, Worsley cherry-picked some basic categories from the ancient correspondence system described at the beginning of the chapter and proposed an innovative concept which he labelled **the CF (Causative Factor)**.⁶⁴ This concept was never a feature of classical Chinese medicine, according to extant historical medical texts. Nor is it a feature of the 20th century modern forms of pattern differential diagnosis in TCM that transmitted from mainland China to Britain in the 1980s (discussed in chapter 4).

Worsley's method was much simpler than a TCM diagnosis. After initially hypothesising that a single 'meridian' was the CF – that is a pathology of a single viscera-governed channel/conduit of acupuncture theory – the definition of the CF was resettled in the 1970s as the disorder of the underlying 'Element' associate to that channel.⁶⁵ A patient's CF would then be simply identified as Wood, Fire, Earth, Metal or Water. The practical implications remained the same. Namely, a patient's diagnosis was based on information practitioners collected according to the sensation-related *four main categories* in the corresponding system: the colours in their complexion, the odour of their bodies, the timbre of their voice, and the core emotions that appeared to be out of kilter.⁶⁶ Ideally, the information from different

⁶⁴ Connelly, *Traditional Acupuncture*, 93; Eckman, *In the Footsteps of the Yellow Emperor*, 95.

⁶⁵ Interview with Mike P., 2019–11–16. Interview with David A., 2018a.

⁶⁶ Connelly, *Traditional Acupuncture*, 89; Worsley, *Talking About Acupuncture in New York*, 28–30; Worsley, *Traditional Diagnosis*, 29–32, 214.

categories would point to a single Element (e.g. their complexion was green, their body would smell rancid, their voice would have a shouting quality, and their primary emotional dysfunction would be shown to be of anger, or lack thereof). These sensory indicators would then lead to the diagnosis that the underlying cause of the patient's disorder, the CF, was to be found in the Wood 'Element'. Thus, colour, odour, voice and emotions – sometimes supplemented by secondary information (e.g. pulse taking) – became pillars of FEA's diagnostic technique and designated analogically by Worsley as 'four (diagnostic) legs of a stool'.⁶⁷

Worsley left no clues as to the reflective process he applied when he chose to develop these four 'legs', instead of other options in the corresponding system of *wuxing* as shown in Table 3–1, to guide the diagnostic process. Those four methods are certainly loosely based on the traditional Chinese diagnostic categories of *wàng* 望 (observe), *wén* 聞 (smell), *wèn* 問 (ask), *qiè* 切 (touch, primarily refers to pulse taking). In FEA, the polysemous word *wén* 聞 – means both to smell and to hear – was extended to form two sections while the role of touch being degraded; and the method of *wèn* 問 – asking patients for their main complain of disorder and other related background information – was re-directed to focus heavily on emotions and rapport building.⁶⁸

Despite all four categories being represented in pre-modern texts, Worsley's

⁶⁷ Worsley, J. R., *Traditional Diagnosis*. Vol. II. Classical Five-Element Acupuncture. The College of Traditional Acupuncture (Royal Leamington Spa, 1990), 216. Nora Franglen, *Handbook of Five Element Practice (Five Element Acupuncture)* (London, 2014), 44.

⁶⁸ For the four categories of diagnosis (*sizhên* 四診), see Farquhar, *Knowing Practice*, 42, 62–68; Vivienne Lo and Michael Stanley–Baker, 'Chinese Medicine', in Mark Jackson (ed.), *The Oxford Handbook of the History of Medicine* (Oxford, 2012), i. Original texts in *Nanjing* issue no. 61 六十一難.

interpretations are idiosyncratic. The category of 'odour' for example, is interpreted in TCM as the smell of a patient's urine and faeces and is less a feature of a person's more generalised odour. In Worsley's reinvention of Chinese diagnosis, he simplified the categories and resettled them in a daily life setting, assigning each patient a bodily odour related to their weak 'Element' according to the ancient *wuxing* correspondences. Thus, a patient who was weak in the Earth Element would smell fragrant, in the Fire Element would smell scorched, in the Metal Element would smell rotten, and in the Water Element, putrid.

There are also clues in Worsley's personal learning experiences in the 1950s and 60s to make reasonable inferences about his reflective process in developing this approach to CF diagnosis. As John Hicks puts it, Worsley's CF technique is characterised by the utilisation of the patient's sensory signs, which 'enables the practitioner to use senses and intuition' in the diagnostic process.⁶⁹ As mentioned in Chapter 2, before China's reopening in the late 1970s, English translation of either classical texts or any modern TCM textbooks of Chinese medicine and acupuncture was scarce – if any – and would be hard to access both in Europe and in Asia when he studied. And with the apprenticeship tradition of medicine teaching in Asia, especially for acupuncture that was more for grassroot practice rather than in the elite and scholarly medicine with herbs, oral teaching between masters and apprentices was

⁶⁹ Angela Hicks, John Hicks, and Peter Mole, *Five Element Constitutional Acupuncture* (London, 2011), 19.

the main mode of learning.⁷⁰ The quotation of Worsley’s testimony in the previous chapter demonstrates that little or no text–reading was involved in his own learning process. To make his learning process even more challenging, Worsley had no access to language training or a proper translator for his studies in Asia. Thus, it is likely that the senses and intuition – the two methods John Hicks identifies as the distinctive strength of this style of practice – were the main approach of his own learning processes as he travelled and learned from practitioners based in East Asia.

However, as the following section shows, for Worsley’s countercultural students this sensation–based medical technique legitimised for them the ‘authenticity’ of this acupuncture style. After introducing Worsley’s construction of the core theory of FEA, the next section will explain how Worsley creatively used the limited knowledge he would have picked up from teachers he followed and authenticate it for and with his young, countercultural students into a classical Chinese acupuncture.

The authentication of an alternative medicine

One of the great joys about being a practitioner of traditional Chinese medicine is that it teaches us so much about **ourselves**, and about **nature**. It brings us closer to nature, closer to the real joy in life; and it gives us a sense of proportion. Thus we enrich our own lives by understanding more about our own bodies,

⁷⁰ Nalini Kirk, ‘Folk Medicine of the Qing and Republican Periods: A Review of Therapies in Unschuld’s Berlin Manuscripts’, in Vivienne Lo, Dolly Yang, and Michael Stanley–Baker (eds.), *Routledge Handbook of Chinese Medicine* (London, 2022); Katja Triplett, ‘Chinese–Style Medicine in Japan’, in Vivienne Lo, Michael Stanley–Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (London; New York, 2022); Jing Wang 王靜, ‘从走方医看前近代中国官民互动与民间医疗世界 The Folk Medical World and the Interaction between the Government and Itinerant Empirics in Premodern China: Two Case Studies.’, *The Qing History Journal 清史研究*, (2019); Akiko Kobayashi, Miwa Uefuji, and Washiro Yasumo, ‘History and Progress of Japanese Acupuncture’, *Evidence–Based Complementary and Alternative Medicine : ECAM*, vii (2010).

minds, and spirits. — J.R. Worsley, 1980⁷¹

In 2005, historian Vivienne Lo and anthropologist Sylvia Schroer – both former students of Worsley and practitioners of FEA in the 1970s and 1980s – interviewed a further 14 acupuncturists trained in the FEA style around the same time about their interpretation of the traditional Chinese pathological factor *xié* (邪, translated as evil, heteropathic or demon).⁷² Three types of understanding were identified by them as modern ‘demons’ that can possess patients and cause illness: a. mental abuse or self-abuse (by oneself or other individuals); b. biomedical treatments (e.g. chemotherapy) for modern day diseases (e.g. cancer); and c. environmental pollution. As discussed in the following sections, these responses provide a good summary and reflection of how *wuxing* was translated and authenticated by Worsley and his followers as the *law of Five Elements* in the midst of the CCM social milieu in Britain.

Being authentic to nature

As scholars Maiken Umbach and Mathew Humphrey argue, there has been a long history in human civilisation that regarding nature as the locus of authenticity: from Stoic belief in following the laws of nature, to the Protestant admiration of landscape gardens that enabled ‘physical access to a lost world of authentic Creation’ as well as ‘to an authentic self’ in the Renaissance and early Enlightenment.⁷³ Since the

⁷¹ Worsley, *Talking About Acupuncture in New York*, 15. Emphases are my own.

⁷² Vivienne Lo and Sylvia Schroer, ‘Chapter 3. Deviant Airts in “Traditional” Chinese Medicine’, in Joseph S. Alter (ed.), *Asian Medicine and Globalization* (Philadelphia, 2005).

⁷³ Maiken Umbach and Mathew Humphrey, *Authenticity: The Cultural History of a Political Concept* (Basingstoke, Hampshire, 2018), 17–8. See also Kathryn Gleason (ed.), *A Cultural History of Gardens in the Age*

Industrial Revolution in the 18th century, though, such link between authenticity and nature has increasingly functioned as a reaction against modernity, embodied by ecological activists and environmentalists in particular.⁷⁴ To deep ecologists, for instance, nature is regarded as ‘wilderness’ with its own ‘will’, while has been ‘abused’ by the forces of civilisation, especially modern industrialisation and urbanisation.⁷⁵ For modern people, especially urban residents whose ‘everyday experience of life’ happen in an alienated world from nature, the only way to rediscover and reconnect with the authentic selves is to ‘retreat from civilisation into wild places’.⁷⁶

Such thoughts were popular among CCMers as well, represented by their back-to-the-land retreat to rural areas (such as Wales or England countryside) and adoption of rural livelihood.⁷⁷ As Holloway and Halfacree point out, there was a radical counterculturalism in such retreat, as modernity has a dominant tendency towards distancing people from the soil and nature.⁷⁸ Practically advocating Schumacher’s idea ‘small is beautiful’, the counterculture youths cherished nature and the land over technological and economic advancement, escaped from large industries and urban

of Enlightenment (London, 2013); Peter Harrison, *The Fall of Man and the Foundations of Science* (Cambridge, 2007).

⁷⁴ Umbach and Humphrey, *Authenticity*, 27–31; Mathew Humphrey, “‘Nature’ in Deep Ecology and Social Ecology: Contesting the Core”, *Journal of Political Ideologies*, v (2000).

⁷⁵ A. Naess (1989) *Ecology, Community, and Lifestyle* (Cambridge: Cambridge University Press).

⁷⁶ Shirley Bending, ‘Pleasure Gardens and the Problems of Pleasure in Eighteenth-Century England’, *Moving Worlds*, xvii (2017); Umbach and Humphrey, *Authenticity*, 29.

⁷⁷ Rural livelihood here, as Simon Fairlie defines, refers to a ‘landbased’ rural economy that ‘has its foundation in the land and what it produces – animal, vegetable and mineral’. See Simon Fairlie, ‘The Dowry. A Left Wing Defence of Rural England’, *South Petherton, Somerset: Chapter 7 Publications*, (2001) cited in Halfacree, ‘From Dropping out to Leading On?’ Most of my interviewees have been living and practicing in the rural area, raising animals and have a small piece of land for growing vegetables. In his late years, Worsley and his wife Judy Becker moved to a cottage in England countryside, with livestock and small scale of farming as part of their lives.

⁷⁸ Halfacree, ‘From Dropping out to Leading On?’

lifestyles to the country to establish communes and organic farming.⁷⁹ Therefore, the practice of CCMers (and other advocates) of making their everyday lives and 'the land' mutually constitutive was radical in that it rebelled against mainstream society and sought alternative ecocentric lifestyles that were nature-centred.

In line with this milieu, Worsley's presentation of his FEA theory always began with its connection to nature, which he presented as something we all have innate knowledge of.

Worsley: When we go into this system of medicine, we find it (...) is wholly based on natural laws. Man cannot pollute it; man cannot change it; man cannot improve upon it. ... Do you know, a child of seven can understand the wisdom of traditional Chinese medicine? *It is so simple; it is so basic;* it is so natural. ...The great tragedy is that we neglect the natural gifts we are given when we were first born. I firmly believe that no man nor woman can be your teacher. I do not believe in gurus, at least not in the form of human beings. I feel that our teacher is nature itself. Everything we want to know is out there in nature. If you want a teacher in physical form, then you must look at child. A child below the age of one, who is not yet polluted, and trained, and regulated. You will see that, when we were born, we were given gifts that you can put no price on — and we were foolish enough to throw all these gifts away for material things. ... but I hope then, what this talk may do, is help you spend some part of your life in resurrecting these gifts that you were once given.⁸⁰

Worsley's clear message here was that modern industrial society had 'polluted' people's intuitions and sensibilities, and that the best medicine (to oneself and

⁷⁹ Schumacher, *Small Is Beautiful*, 20, 116–7; Melville, *Communes In the Counter Culture*, 22–8.

⁸⁰ Worsley, *Talking About Acupuncture in New York*, 15–8.

the patients) was to rediscover the uncorrupted self and reconnect with the enchanted sense of the world by retreating from civilisation into the wild, natural environment. For his CCM students, the *law of Five Elements* and the sensation-based associations in CF diagnosis both reflected the importance of a person's connection to the natural environment.

David: Well, Worsley had, I think, a gift of making things *very simple*, and relating things to nature. His theory was very much look at nature, understand the movement of seasons in nature, look at a tree, understand that the tree is rooted in the ground but develops upwards. So, this notion of the contact between earth and heaven was very much part of the very first principles. And he always emphasized that again and again. You know, and it wasn't repetition but it was a kind of altering your thinking.⁸¹

David's recognition and approval of this simple pedagogy emphasising observation of the natural world resonated widely with Worsley's CCM students for a variety of reasons. On the one hand, it reflects the aforementioned ecological and environmentalist view that CCMers had endorsed, where nature was also seen a source of healing and for 'nourish(ing) and strengthen(ing)' an 'authentic' form of human being.⁸² And it is only through 'direct contact with nature' that one can channel this healing power and attain an authentic way of being and living.⁸³ In Worsley's teaching, nature rather than modern civilisation was presented as the primary source of healing, which he and his students could access through direct

⁸¹ Interview with David A., 2018b.

⁸² Umbach and Humphrey, *Authenticity*, 30.

⁸³ *Ibid.*

contact, observation and learning. As Janie recalls, ‘He (Worsley) always said, “It’s not in the book. You’ve got to go out into nature. That is how you have to learn. You have to be in nature, you have to experience how the Elements work in nature. There was something written down, but in the end, the only way you’re gonna do it is being in tune with nature”’.⁸⁴

On the other hand, Worsley’s teaching method of the CF evokes a deeply rooted English passion and nostalgia towards gardens and country life that represented a reconnection and association between human and nature in an industrialised world.⁸⁵ As Anna recalls, for instance,

Anna: I remember associating with him once, because he was giving us a lecture once and he was talking about how, when he was a little boy, he was outside with nature an awful lot. Um, and he says that he thinks that's where he got this thing about the Five Elements in the first place, where he associated with, you know, the outside and the Elements. So he was talking about his childhood being like that. And I was so associated with him, cause my childhood was like that. I used to spend half of my time up in a tree just, you know, taking the smells and everything that was around that. I could associate him with that loving for nature.⁸⁶

Meanwhile, the reverence for nature in Worsley’s teachings has continued to

⁸⁴ Interview with Anna, 2019–11–22.

⁸⁵ David C. Ditner, ‘Claude and the Ideal Landscape Tradition in Great Britain’, *The Bulletin of the Cleveland Museum of Art*, lxx (1983); Margaretha Rossholm Lagerlöf, *Ideal Landscape: Annibale Carracci, Nicolas Poussin and Claude Lorrain* (New Haven, 1990); Gleason, *A Cultural History of Gardens in the Age of Enlightenment*. For the cultural meaning making of the famous English style of landscape garden design in the 18th century, see John Dixon Hunt, *Gardens and the Picturesque: Studies in the History of Landscape Architecture* (Cambridge, Mass, 1992); John Dixon Hunt, *The Picturesque Garden in Europe* (London, 2003).

⁸⁶ Interview with Anna, 2019–11–22.

resonate well in the FEA community due to ongoing concerns about environmental pollution as ‘the wounds’ of human civilisation’s ‘abuses inflicted upon us and the Earth’.⁸⁷ As mentioned earlier, Lo and Schroer’s interviews with English acupuncturists in the 2000s were pervaded with ‘(m)etaphors infused with the ecological ethic’ in their interpretation of the pathological concept of *xié* (邪) in traditional Chinese medicine.⁸⁸ According to them, the embodiments of *xié* 邪 in modern societies range from ‘black mist or polluted water’ to ‘the scum floating in the corner or the Tesco (supermarket) trolleys beneath the surface of the canal’, or ‘a sort of polluted *qi* (air or energy)’ that can cause physical or mental disorders by ‘contaminat(ing)’ people’s energy or ‘disturbing the (acupuncture) channels’.⁸⁹

With analogies between pathology of the human body and pollution of the natural environment, Lo and Schroer’s interviews imply to some extent a secularisation of Chinese acupuncture among FEA practitioners in a modern European context where ‘environmentally friendly “cleanliness has finally taken the place of godliness” in the everyday negotiation of health and well-being’.⁹⁰ This trend of secularising can be linked to environmental concerns and radical ecological campaigns in the West that went throughout and beyond the last century. As the first nation to embrace the Industrial Revolution, Britain was also among the first that suffered from

⁸⁷ Rachel Lee, ‘In the Wild, We Are Free from Abuse’, *Earth First Journal [Online]*, (2013); Umbach and Humphrey, *Authenticity*, 30.

⁸⁸ Lo and Schroer, ‘Chapter 3. Deviant Airs in “Traditional” Chinese Medicine’.

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

consequences of environment pollution, in particular air and water pollution. In the mid–nineteenth century, industrial cities in England were already polluted with appalling living conditions, as reflected in the novels of Charles Dickens, ‘The street was very narrow and muddy; the air was impregnated with filthy odours; the streets were narrow and choked with a filthy, black mist; the windows of the crazy houses were patched with paper, or stuffed with rags and straw; the doors were falling from their hinges; poles with lines on which to dry clothes projected from every window, and added to the general effect of misery and decay’.⁹¹ In 1952, the Great Smog attacked London. From December 5th through to the 9th, dense air pollution disrupted daily life of millions of residents in London and caused thousands of deaths.⁹² This event, along with other deadly environmental damages in Euro–America, the threat of nuclear radiation, and the ecological knowledge revealed in Rachel Carson’s famous book *Silent Spring* (1962) that made accessible to a wide public audience, together helped make environmental problem an escalating political and public concern in Britain since the post–war era. From the late 1960s, environmentalist campaigns began to gain traction in young people who also participated in CCM.⁹³ Equating the wild nature with authenticity, CCMers including

⁹¹ Charles Dickens, *Oliver Twist*, ed. George Cruikshank (Oxford, 2020), 59–60.

⁹² W. P. D. Logan, ‘Mortality In The London Fog Incident, 1952’, *The Lancet*, cclxi (1953); Michelle L. Bell and Devra Lee Davis, ‘Reassessment of the Lethal London Fog of 1952: Novel Indicators of Acute and Chronic Consequences of Acute Exposure to Air Pollution’, *Environmental Health Perspectives*, cix (2001); D. V. Bates, ‘Recollections of the London Fog’, *Environmental Health Perspectives*, cx (2002).

⁹³ For discussions and examples of such ecological campaigns during the time, see Christopher Manes, *Green Rage: Radical Environmentalism and the Unmaking of Civilization* (Boston, 1990); Kirkpatrick Sale, *Rebels Against the Future: The Luddites and Their War on the Industrial Revolution. Lessons for the Computer Age* (London, 1996); Laura Westra, *Living in Integrity: A Global Ethic to Restore a Fragmented Earth* (Lanham, 1998).

Worsley's followers therefore looked to nature as both their responsibility to rescue, but also as a path to accessing a collective aspiration of authentic selves that would challenge, and potentially reverse, the detrimental consequence of modernisation.

Personal experiences as the source of knowledge and authenticity

Another reason behind the popularity of Worsley's pedagogical strategy with an emphasis on nature is that, this is *a sensation-based practice* that rooted teaching in **individual experience**, providing each student the authority alongside of flexibility with their own source of expertise. Such experience for empirical knowledge, according to Fleck, is the only way for individuals to 'perceive' and 'participate in the thought style'.⁹⁴ Thus, soon after the beginning of their course, students were sent to go out and sensitise themselves to the world around them, beginning by calculating their own personal sensory experience of each distinguishable season.

John H.: He (J.R.) did not articulate about what he did and how he diagnose. I think it was a highly intuitive thing. And you probably know the mantra was "Get the colour and get the sound in the voice, get the emotion and get the odour". And he was remarkably sensory. I mean, he could smell people from a distance. And I realised I couldn't smell that well, so I just started to practise in various ways, learning how to smell better. So yeah, he was a very odd extreme example of an acupuncturist in the sense that he was highly skilled in a sensory way. But I was a philosopher at that point. I was a highly intellectual kid. I was with this guy who could do magic. [Laugh] And I desperately wanted to do magic.⁹⁵

⁹⁴ Ludwik Fleck, *Genesis and Development of a Scientific Fact*, eds. Robert King Merton and Thaddeus J. Trenn, trans. Thaddeus J. Trenn and Fred Bradley (Chicago, 1979), 94–6.

⁹⁵ Interview with John H., 2020–11–18.

Janie: He (J.R.) just said, “It’s not in the book. (...) You have to be in nature, you have to experience how the Elements work in nature. (...) the only way you’re gonna do it is *being in tune with nature*”. (...) And living in London was very frustrating in the winter. Because it was never cold enough. It wasn’t proper cold, ever, to really know what winter does. So I used to go out to the country to see what winter was like. What happened – when it was icy – what happened to the ground, what happened to the plants.⁹⁶

The next stage is for students to calibrate the experience for clinical diagnosis. My interviewees remember to be asked by their teachers to go to a busy street or a train station and observe the auras and odours of passers-by, to listen to the sound of their voices and decide the CFs of the people they observed: were they Earth, Water, Wood, Fire or Metal people?⁹⁷

Anna: I love to be able to just sit in here a cafe and look across and think “Oh yeah, they are a bit green.” I listen to the voice, “Yeah, there's a bit of a shout in there”. And sometimes you know, I'll just be walking on the street and I'll just see somebody walking towards me. I could see elementary what’s going off with them.⁹⁸

The dedicated attitude and admiration expressed in quotes from John, Janie and Anna illustrate that Worsley's approach, which utilised nature and subjective senses, authenticated and justified his knowledge production and thought style to his CCM students. This approach served as a form of rebellion and an alternative to the modern mainstream lifestyle and orthodox medical system at

⁹⁶ Interview with Janie P., 2019–11–22.

⁹⁷ Eckman, *In the Footsteps of the Yellow Emperor*, 95.

⁹⁸ Interview with Anna P., 2019–11–22.

various levels.

On a personal level, the desire for authenticity had a deeply bodily dimension. In the 20th century, as Häberlen et al. point out, the 1960s and particularly the 1970s witnessed ‘members of countercultural and protest milieus across Europe developed similar styles that can be read as attempts to live more “authentically”’.⁹⁹ From ‘listening to rock and punk music’ to ‘making bodies and sexuality a central aspect of politics’, CCMers were ‘seeking to find their authentic selves’ with a focus on the bodies and feelings, pursuing experiencing and expressing the ‘selfhood’ ‘without social norms or modern technology imposing inauthentic norms’.¹⁰⁰ In other words, to them, being authentic meant a ‘bodily way of being’.¹⁰¹ And in a struggling modern society self-exiled from the ‘sensuality and immediacy’ of nature by technology, ‘direct, unmediated experience’ in nature was a significant method and answer for them to re-discovery and re-connect to such authenticity and selfhood.¹⁰²

And for Worsley and his CCM students as acupuncturists, such sensory training in nature was also a self-cultivation. Scheid discussed the culture of self-

⁹⁹ Joachim C. Häberlen and Mark Keck-Szajbel, ‘Introduction’, *Introduction* (2018), 2–3.

¹⁰⁰ Häberlen and Keck-Szajbel, ‘Introduction’, 4–10. Bracelets included in the original text. For an example and theoretical discussion on emotions and bodies as ways of being authentic, see Joachim C. Häberlen and Jake Smith, ‘Struggling for Feelings: The Politics of Emotions in the Radical New Left in West Germany, c. 1968–84’, *Contemporary European History*, xxiii (2014); Monique Scheer, ‘Are Emotions a Kind of Practice (and Is That What Makes Them Have a History)? A Bourdieuan Approach to Understanding Emotion’, *History and Theory*, li (2012).

¹⁰¹ Häberlen and Keck-Szajbel, ‘Introduction’, 10.

¹⁰² Häberlen, Keck-Szajbel, and Mahoney, *The Politics of Authenticity*, 30; Richard Mabey, *Nature Cure* (London, 2005), 13.

cultivation among physicians of traditional Chinese medicine. In Scheid's demonstration with Chinese doctors in the early 20th century, the self-cultivation to experience and express authentic self was conveyed in the form of traditional art and calligraphy.¹⁰³ In the case of CCM members of the British FEA community, their self-cultivation indicates to an authentic way of feeling, via their connection with the nature and later, with the recovered sensing skills obtained in the natural environment, with other human beings.¹⁰⁴

Meanwhile, the use of senses with the *law of Five-Element* also provided an alternative way of knowledge production of healthcare. When reviewing the reliability of conventional empirical knowledge of medicine in recent centuries, Coulter concludes that '(w)hen all can perceive, discuss, make comparisons, and draw conclusions, the resulting knowledge is reliable'.¹⁰⁵ Daston and Gallison trace the 19th century rise of 'objectivity' as empirical evidence germane to modern science, and how it was grounded in certain styles of observation. For example, they explain the main purpose of an atlas is to 'train the eye to pick out certain kinds of objects as exemplary (for example, this 'typical' healthy liver rather than that one with cirrhosis) and to regard them in a certain way'.¹⁰⁶ Thus, members of this knowledge community

¹⁰³ Volker Scheid, *Currents of Tradition in Chinese Medicine, 1626–2006* (Seattle, 2007), 321–6.

¹⁰⁴ According to my interviewees, there was a strong sense and culture of self-cultivation in the acupuncture community, that to be good practitioners and to help patients with FEA treatment, they should first work on themselves for health, in terms of practising Taichi (or Taijiquan) to improve physical strength, as well as working on the mind and spirit level about their own CF and developing a sense of self-awareness, authenticity and truth.

¹⁰⁵ Coulter, 'Homoeopathy', 62.

¹⁰⁶ Lorraine Daston and Peter Galison, *Objectivity* (New York : Cambridge, Mass, 2007), 22.

(thought collective) can use such standardised senses as a compass for their individual investigation of both normal and anomalies accordingly.

Knowledge in the FEA thought style was also legitimated by collective sensory experience, but it was not limited to *the observations of the eye*. As explained above, Worsley's teaching of Five Elements theory and the CF diagnosis was based on four categories of senses. According to Coulter's analysis, his teachings would have earned certain legitimacy through the endorsement of collective experience while enhancing the sense of connection and devotion from his students and practitioners through training the sensory acuity of their whole bodies as "an instrument" for diagnosis.¹⁰⁷ In the view of Daston and Gallison's, this would have been a feature of training the self as a learned recorder of the world, and of developing 'epistemic virtue'.¹⁰⁸

Taking Worsley's training of vision development for instance. Here I quote a long passage from Worsley's workshop in 1980 to a group of acupuncture students and practitioners in New York, as an attempt to show his purpose of sending students to nature and observe beyond a "restricted vision"; but also a representative example of his charismatic speech skills.

¹⁰⁷ Michael Baker, *A Chronological Journey Through Chinese Medical History on the Causes of Disease* (United States, 2016), 1521 of 2870.

¹⁰⁸ Daston and Galison, *Objectivity*, 39–41. See also Vivienne Lo and Eleanor Re'em, 'Recipes for Love in the Ancient World', in G. E. R. Lloyd and J. J. Zhao (eds.), *Comparing Ancient Greece and China: Interdisciplinary and Cross-Cultural Perspectives* (Cambridge, 2018).

Worsley: You took a cursory glance. You just used your eyes within a certain restricted perimeter. Your visions, your looking at life, at each other, at everything is through that restricted vision. We all have restricted vision. Simply because we haven't got time. (...) If you stopped and you looked at that rock, and the sun was shining, you would see a myriad of different reflections of lights. The whole thing would come alive. You pick up a blade of grass, and you say "Well, there are millions of these". But look at it and feel it; just look at it and become part of that blade of grass; and you say "My God, this is a miracle! Never seen anything so beautiful! I mean, the colour and the texture". And then you pick up another blade of grass and say "My God, they are not the same!" Every blade of grass is different. But you didn't stop to see; you just had a cursory glance. Stop and look at a plant. Stop and look at a tree. Look at a tree and you will break down, you will cry. You will say, "I have never seen such beauty!" (...) You stop and look at the sky and you could stay there all day. The multiplicity of changes; what it's trying to relate to you; and then it really becomes part of you. *Now you can see.*¹⁰⁹

One characteristic that distinguish Worsley's observation from the scientific one as described in Daston and Gallison's book, is the subjectivity involved. Marc Kreidler regards this as a 'primary' attraction of the New Age, 'a side of the New Age that does not lend itself for empirical testing', as its value lies in 'a subjective dimension of human experience, the dimension of emotions, dreams, inspiration, intuition, imagination, the dimension of the symbolism and mythology of the unconscious mind. Objectivity and rationalism are of little use here'.¹¹⁰ To revere subjectivity in personal sensory experiences, in one way, is to relink individuals to themselves. As Worsley put

¹⁰⁹ Worsley, *Talking About Acupuncture in New York*, 19–20.

¹¹⁰ Marc Kreidler, 'The New Age: The Need for Myth in an Age of Science | Skeptical Inquirer', *Skeptical Inquirer*, xiii (1989). See also Hess, *Science in the New Age*, 3–14.

it, “One of the great joys about being a practitioner of traditional Chinese medicine is that **it teaches us so much about ourselves**”.¹¹¹

Instead of being just a means of empowering individuals of their own health, this worship of subjectivity also formed a challenge to the exclusiveness of the elite professional community of conventional medicine. Since the birth of modern medicine, the production and implementation of its knowledge have always been contained within professional institutes such as universities or research organisations which were under the control of professional authorities and social elites. To Worsley’s counterculture students who were against such exclusiveness and elitism of the establishment, the teaching of the *law of Five-Elements* of learning from the laws of nature by personal sensory experiences, provided them a powerful alternative method of knowledge producing.

In sharp contrast to the elite, exclusive way of producing knowledge of science-based modern medicine, becoming an FEA practitioner seemed to Worsley’s followers to be an inclusive and empowering way for anyone to gain more knowledge about health and well-being for themselves or on behalf of a wider group of people. This incentive to acquire health knowledge can be better understood by placing it in the context of Thatcherite Britain in the 1970s and 1980s, when the neoliberal policies of the then Prime Minister Margaret Thatcher (1925–2013) dismantled the power of the state to

¹¹¹ Worsley, *Talking About Acupuncture in New York*, 14. My emphasis.

provide public welfare and encouraged citizens to take more responsibility for their own health.¹¹² In this way, FEA, like other alternative medicines, provided access to self-care knowledge and communities, but also a lay resistance to orthodox medical dominance.

This alternative source and method of knowledge production also contributed to the popularity of Worsley's teaching among his CCM students at that particular time in history when the omnipotence of mainstream modern medicine, with its 'allopathic' approach to illness, was being challenged and reconsidered. As the following section will elucidate, for those who were suspicious of modern medicine, FEA provided them an alternative narrative of health and illness to the one of modern medicine. In FEA, a holistic narrative of wellbeing was created, with a twofold implication: the wholeness of man and nature; and the wholeness of body-mind-spirit within each individual.

Including emotions and the spirit for a holistic narrative about health

As previously noted, Worsley's construction of classical acupuncture contained a significant flaw. The simplistic amalgamation of a law of Elements as a selective extraction from the extensive body of Chinese medical literature and principles scarcely provides a practical framework for addressing physical symptoms. My

¹¹² Pickstone, 'Production, Community and Consumption'. For further discussion on Thatcher's healthcare policies and consequences, see Alex Scott-Samuel et al., 'The Impact of Thatcherism on Health and Well-Being in Britain', *International Journal of Health Services*, xlv (2014); Alex Mold, 'Making the Patient-Consumer in Margaret Thatcher's Britain.', *Historical Journal (Cambridge, England)*, liv (2011).

respondents remembered that in the first three-year Licentiate programme, they spent the majority of time learning the *law of Five-Elements* and trying to identify the characteristics of each Element both as a fundamental part of nature and in how it manifested in individual patients. There were also practical classes teaching pulse taking and the location of acupuncture channels and points. However, the curriculum provided little training in the recognition, analysis and treatment of physical illness and disease, as would normally be expected in a medical education. In claiming to identify the root cause of a person's illness, the FEA thought style took a fierce stance against conventional medicine as “allopathic” – the therapeutic principle dedicated to attacking and reversing physical symptoms through the doctrine of opposites. This, again, was of its time.

In the 1960s, Euro-American societies witnessed the most notorious scandal in the field of modern medicine, the Thalidomide crisis.¹¹³ This disaster undermined public faith in biomedicine as a source of ‘magic bullets’ for modern diseases and heralded a radical shift in public attitudes against science-based medicine. In the following years, a rising ‘disenchantment with modern science’ and a public disillusionment with conventional medicine prevailed in large sectors of the population in Europe and

¹¹³ Thalidomide, (UK trade name Distaval), developed by the West German pharmaceuticals company Chemie Grünenthal in the 1950s, was marketed as a mild sedative and prescribed as safe for pregnant women. After being prescribed to relieve morning sickness, it was later recognised as having ‘harmful effects on the foetus in early pregnancy’. The scale of the disaster remains unknown, but in 1979 knowledge of the 8000 surviving thalidomide children in forty-six affected countries heralded a public questioning towards science-based medicine. For detailed report on this, see D. J. Hayman, ‘Withdrawal Of Thalidomide (“Distaval”)’, *The British Medical Journal*, ii (1961).

North America.¹¹⁴ In an era when significant groups of young people were questioning every formality of rationalism and social establishment, medicine was no exception. To the contrary, according to my interviewees as well as participants of Lo and Schroer's research, orthodox medicine was a major target to be countered by proponents of the CCM.

Mike P.: The problem for me with, with orthodox, pharmaceutical medicine is somehow the exclusive elitism, only a small number of people who were pharmaceutically trained, who are actually researchers creating these substances have any say in what happens. (...) If you want me to be completely cynical, I think it's because the, the pharmaceutical industry controls the media. They control the political structure. You know, the pharmaceutical industry and the defence industry are the two big financial players. (...) When you think thalidomide, Prozac, um, Statins, the nasty side effects. Yeah. So, um, it's, it's the nature of that particular form of intervention, that it is still experimental. I mean surgery is fantastic, you know. Yeah. Surgery fine. But pharmaceutical medicine, um, no thank you.¹¹⁵

The skeptical viewpoint articulated by Mike can be seen among my other participants' responses when asked about their opinions on conventional medicine or biomedicine. And since allopathy – the attack on physical symptoms – was an essential feature of the biomedical system (particularly its pharmaceutical arm), the weakness of the FEA system in symptomatic treatment was eventually perceived and legitimised as an

¹¹⁴ Robert L. Avina and Lawrence J. Schneiderman, 'Why Patients Choose Homeopathy', *The Western Journal of Medicine*, cxxviii (1978); Constance Holden, 'Holistic Health Concepts Gaining Momentum', *Science*, cc (1978); Mike Saks, 'Medicine and the Counter Culture', in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century* (London; New York, 2014).

¹¹⁵ Interview with Mike P., 2019–11–6.

advantage by its CCM followers. For example, David, Angela, and several classmates abandoned van Buren's school (see in Chapter 2) after their first year and re-enrolled at Worsley's college because they believed that the former institution's teaching was too “sympathetic”.

David A.: The Oriental School of Medicine. Uh, I signed on for a year there (...) we weren't completely convinced by what we were being taught. It was *symptomatic*. And the registrar at that college saw that we were unhappy. And she was a patient of Worsley and also quite a powerful person. And she negotiated with him to come back to UK (from USA) to finish our training. And the whole group of 10 or 12 people moved to Worsley's for finishing our training. (...) It (van Buren's teaching) was syndromes. It was a, I can't remember the words, but it was very much learning facts, a bit like a medical doctor (...) It's what *the whole group rebelled against*.¹¹⁶

Thus, within the CCM ecology, FEA's limitations in addressing physical ailments strengthened the identity and camaraderie of the FEA community, further validating the thought style as a valid alternative and authentic practice of traditional Chinese medicine.

In the 1970s and 1980s, this critique of biomedicine for being symptomatic also stemmed from its dehumanisation of patients, who were supposed to be holistic beings.¹¹⁷ As biomedicine became increasingly specialised and diagnosis increasingly technical, patients became disordered ‘organs and cells’ in the eyes of medical

¹¹⁶ Interview with David A., 2018b. My emphasis.

¹¹⁷ Wouter J. Hanegraaff, *New Age Religion and Western Culture: Esotericism in the Mirror of Secular Thought* (Leiden; New York, 1996), 42–4.

scientists and physicians.¹¹⁸ To counter this trend, as a psychosomatic medicine movement among other medical movements, had begun in the interwar period in Europe, and spread to America during and after the Second World War.¹¹⁹ By 1977, the President of the American Psychosomatic Society had proposed the biopsychosocial model in his article published in the prestigious academic journal *Science*, as a modified framework for modern medicine.¹²⁰ This framework, which was later adopted by the World Health Organisation (WHO) to guide medical development and practice, marked the official and international resurgence of a 'holistic' view of the human body in orthodox medical discourse, which takes both the psychological and the physical dimensions into consideration.

Ironically, using observation and analysis to produce symptomatic knowledge was originally an attempt to conduct holistic treatment by the modern professional medical community in Europe. In the late 19th century, empiricist physicians had challenged the utility of biophysics and biochemistry for medical diagnosis. They argued that those 'mechanisms (...) are only partial and do not represent true observation and experience, which must be of the whole body', and thus 'only information obtained from experience with the whole body can provide guidance to treating the whole body'.¹²¹ As summarised by medical historian Coulter, to the then

¹¹⁸ E. Weiss and O.S. English, *Psychosomatic Medicine* (Philadelphia, 1943), 1.

¹¹⁹ Christoph Herrmann–Lingen, 'Past, Present, and Future of Psychosomatic Movements in an Ever–Changing World: Presidential Address', *Psychosomatic Medicine*, lxxix (2017).

¹²⁰ George L. Engel, 'The Need for a New Medical Model: A Challenge for Biomedicine', *Science*, cxcvi (1977).

¹²¹ J. Warren Salmon (ed.), *Alternative Medicines: Popular and Policy Perspectives* (New York, 1984), 62.

empiricist physicians, an analysis of carefully observed symptoms should be regarded as firm and reliable evidence in order to conduct holistic medicine.¹²²

Coulter's statement was aimed at physicians of modern medicine whose clinical diagnosis depended on and was justified by agreement over the symptoms they observed. The symptom-oriented method for determining medical diagnosis and intervention was widely criticised in British society during the period of CCM especially by advocates of alternative medicines, although the attitude above about sensory-based knowledge production in history seems to be shared by the two thought collectives.

John H.: When you're brought up in a country where Western medicine is the predominant thing, you go to the doctor and say, "I'm feeling upset", he says, "What else have you got?" He ignores, you know, personal distress things, which may be the key thing. And he deals with something else or gives people a tranquilizer, which isn't, doesn't always the best medicine. It does do a lot of magical things, surgery and so on are extremely effective. Just to be clear, (there are) a lot of people with physical problems. Sometimes the origin of it is mental anyway.¹²³

John's comment points to a major criticism of orthodox medicine by proponents of holistic medicine, that is, its separation of body and mind on both a philosophical and clinical level. Worsley constructed FEA with the same conviction, introducing his acupuncture with a tripartite focus on body, mind and spirit. According to the FEA *law*

¹²² Coulter, *Divided Legacy*, 248, 270.

¹²³ Interview with John H., 2020–11–18.

of body–mind–spirit, the ‘spirit’ level was not limited to the ‘spiritual and religious sides of a person’, but rather the sum of one’s sensory perception and feelings, one’s ability to ‘be moved by fine music or art’ or ‘a feeling of God in their lives’.¹²⁴ Any malfunction on this level meant a loss of ‘some feeling of closeness to nature’, ‘as if their spirit had no eyes through which to take in that beauty (of nature)’.¹²⁵ The ‘mind’ level of FEA thought style referred to the ‘cognitive faculty’ as one’s ‘ability to think’, rather than the psychological sense of one’s personality or behaviour. Worsley then went a step further, stating that the mind and spirit were the deeper *roots* of the body, therefore any physical malfunction or symptom would be spontaneously healed by transforming the patient’s *emotions*, that is, working through the two deeper levels. Thus the *law of body–mind–spirit*, with the latter two as the roots of the former, became the theoretical basis for FEA’s ‘clinical miracles’ as described in Chapter 2 and Zhan’s ethnography.¹²⁶

In a thought collective, individuals who share the same knowledge fund would agree in their judgment of whether there was virtue in pursuing a particular question.¹²⁷ For the FEA community, for the reasons outlined above, emotional diagnostic questions were apparently more valuable, while allopathic and physical–oriented questions were less critical to their diagnostic and treatment practice. For example,

¹²⁴ Peter Mole, *TAS Newsletter*, 1985(11).

¹²⁵ *Ibid.*

¹²⁶ Chapter 3 in Mei Zhan, *Other–Worldly: Making Chinese Medicine through Transnational Frames* (Durham [N.C.] ; London, Durham, 2009).

¹²⁷ Fleck, *Genesis and Development of a Scientific Fact*, 160.

Peter Mole, who graduated from Worsley's college in 1978 and later became vice-president of the TAS Society, wrote in the TAS Newsletter in 1985, 'Profound change only comes about with a fundamental change in the emotions. Just as they produce the most destructive forces in the body, mind and spirit, so the emotions can also provide the most constructive'.¹²⁸ Dianne Connelly, Worsley's student in the 1970s and author of the first unofficial FEA textbook, published her second book in 1987, 'All sickness is homesickness', in which she promoted the idea that all illness and symptoms are a way for us to come 'home' to our authentic selves, in the sense of knowing, healing and fulfilling who we are physically, mentally and spiritually.¹²⁹ Similarly, John recalls an epiphany about the *law of body-mind-spirit* in a clinical encounter with a patient when he was still a junior practitioner with J.R.,

John H.: I have a man came for shoulder pain. And he was, what we call a Fire Constitutional Type.¹³⁰ So he was treated a couple of times. And he came in and told me something really strange. He says, "I have a bud in my chest and is growing into a flower." I said, "Excuse me?" I looked at my thing and I thought, "Am I got the right patient?" And he explained to me that he was just happier and got along with his wife better and so on. And finally I said, "What about your shoulder?" And he said, "Oh yeah, this is just like getting better." So that was an instructive moment for me in the sense that they seem to be like this (as mind and spirit as roots of the body).¹³¹

The repeated referencing of emotions and the *law of body-mind-spirit* in their

¹²⁸ Peter Mole, *TAS Newsletter*, 1985(11).

¹²⁹ Dianne M. Connelly, *All Sickness Is Home Sickness* (Columbia, Md, 1994).

¹³⁰ Constitutional Type is an alias for CF proposed and deployed by John and colleagues at CICM.

¹³¹ Interview with John H., 2020-11-18.

discourse and practices suggests that for members of the FEA community, the unfavourable ethos towards symptomatic modern medicine and “big pharma” became the wind under their wings, contributing significantly to the popularity of FEA in the last decades of the twentieth century. Just as Fleck argues, the prevalence of any medical thoughts in a society would occur ‘only if they have a seminal effect by being performed at a time when the social conditions are right’.¹³²

Emotions experienced by Chinese people since the Han dynasty, referred to by the same terms such as anger, joy and fear, were included in the corresponding categories of the *wuxing* system. And it is certainly true that throughout the history of Chinese medicine, emotions have always been integrated into the understanding of health and the process of diagnosis and treatment.¹³³ However, this has taken place within particular sociocultural and ethnomedical circumstances that differ from the current psychological discourse, as identified by many anthropologists.¹³⁴ Nevertheless, in building the FEA system, Worsley's focus on the emotional aspect in the diagnostic

¹³² Fleck, *Genesis and Development of a Scientific Fact*, 45.

¹³³ For discussion of emotions in the theory and clinical practice of Chinese medicine, see Yanhua Zhang, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China* (Albany, 2007), 64–73, 83–5; Volker Scheid, ‘Depression, Constraint, and the Liver: (Dis)Assembling the Treatment of Emotion-Related Disorders in Chinese Medicine’, *Culture, Medicine and Psychiatry*, xxxvii (2013); Eric I. Karchmer, ‘The Excitations andSuppressions of the Times: Locating the Emotions in the Liver in Modern Chinese Medicine’, *Culture, Medicine and Psychiatry*, xxxvii (2013); Lisa Raphals, ‘Body, Mind, and Spirit in Early Chinese Medicine’, *T'oung Pao*, cvi (2020). In the 1980s, many FEA students attended classes given by the French sinologist 'Father Larre' and his student Elisabeth Rochat de la Vallée, who preached classical Chinese texts on emotions and medical practice. Their teaching was later published as a book, see Claude Larre and Elisabeth Rochat de la Vallée, *The Seven Emotions: Psychology and Health in Ancient China* (Cambridge, 1996).

¹³⁴ Geoffrey White, ‘Emotions Inside out: The Anthropology of Affects’, in M. Lewis and J.M. Haviland-Jones (eds.), *Handbook of Emotions* (New York, 1993); Thomas Ots, ‘The Angry Liver, the Anxious Heart and the Melancholy Spleen’, *Culture, Medicine and Psychiatry*, xiv (1990); Yanhua Zhang, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China* (Albany, 2007), 53–74. For this argument discussed in other Asian societies, see for example Robert R. Desjarlais, *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas* (Philadelphia, PA, 1992); Lila Abu-Lughod, *Veiled Sentiments: Honor and Poetry in a Bedouin Society* (Berkeley, 2016).

process to determine patients' CF was clearly influenced by the development of psychotherapy in 20th century Europe. In 1976, Connelly's early FEA textbook presented FEA practitioners with a set of questions to ask patients during their initial session:¹³⁵

1. What is your age, date, time and place of birth?
2. With whom do you live?
3. Why are you coming to the clinic?
4. Any other problems or complaints? Are there things you might not ordinarily go to a doctor for? (e.g. 'I have difficulty in making decisions, I am angry a lot, I feel like moaning all the time.')
5. What is your medical history?
6. What is your family medical history?
7. What is your emotional history? How were you as a child? Did you have any difficulties that can be remembered? Any strong features? How did you get along with others, how did you feel growing up? Was there any trauma in childhood, like moving or a family death, that was terribly upsetting?
8. How would you describe yourself emotionally?
9. What is your favourite colour?
10. What season do you like or not like?
11. What climate do you like best, or not like at all?
12. What time of day do you feel better or worse?
13. What is your favourite taste?
14. How is your head? Do you wear spectacles? How are your ears, nose, mouth, skin, hair and scalp, nail, bones, muscles? Urination? Perspiration? Bowel movement?
15. How do you sleep? Do you dream? Is there any recurrent theme?
16. Smoke, drink and diet?

¹³⁵ Connelly, *Traditional Acupuncture*, 90–100. Some items on the list are paraphrased or combined here for concision. Emphases are my own.

17. Do you taking any medications?
18. What is your menstrual cycle like?
19. How is your general energy level?

As this list shows, FEA practitioners were trained to spend a long time taking down a personal history, with a focus on feelings and emotions, as the key evidence to validate the CF diagnosis. ‘What we are trying to do,’ Worsley explains, ‘is to get right within you, so we can see you as a unique individual from all three levels (of body, mind and spirit)’.¹³⁶ One FEA periodical in 1983 recorded a patient’s perspective on his first FEA session for prostate dysfunction: ‘The first appointment consisted of talking about myself for two hours: childhood and relationships with my parents; medical background; daily pattern of life — how I ate, slept and so on; my reactions to the seasons; emotional disposition — did I have “up” days and “down” days?’¹³⁷

In addition to the explicit answers to these questions, FEA practitioners were also encouraged to pay attention to more implicit messages through the patients’ demeanour: the expected and unexpected expression of emotions when speaking, the quality of their voice, and the terminology they used would all give away their CF. These techniques had a clear resonance with the psychoanalysis used by psychologists, whose community was active and influential in the psychosomatic movement. With the rise of individualism in Euro–American societies in the last century, Bellah and his colleagues observed a parallel development of psychotherapy

¹³⁶ Worsley, *Talking About Acupuncture in New York*, 21.

¹³⁷ John Silverlight, ‘The point of it all’, *TAS Newsletter*, 1983 (11), 7.

among the middle classes as a means of 'liberat(ing) and fulfil(ling) the self' and 'empowering the self'.¹³⁸ The lay practice of acupuncture and Chinese medicine, practised in the same social groups and with the same concern for a holistic approach to the psychological and the somatic, underwent a process of 'psychologising' by members of the counterculture and New Age movements in the last decades of the 20th century.¹³⁹ It is not surprising, therefore, when Janie's patient commented that his FEA-style acupuncture session was "more like therapy".¹⁴⁰ Of the articles published in the TAS periodical in 1983, a third relate to the application of psychological knowledge for the clinical practice of FEA.

It is worth noting here the complication of the CCMers' attitude to European modernity. In line with Latour's argument, the confrontation between orthodox and alternative medicine resulted in mutual influences and hybridisations rather than two distinct opposites.¹⁴¹ Although characterised by their opposition to the establishment and the capitalist modernity it represented, CCMers were not opposed to everything that modernity and industrialisation brought, not even to all its ideologies. Their attitude and application of the knowledge and practice of psychology and psychotherapy — as products of the modern science of the mind —

¹³⁸ Robert N. Ballah et al., *Habits of the Heart* (Berkeley, 1985), 47–8.

¹³⁹ Medical anthropologist Linda Barnes had a sophisticated discussion about this process in the USA, see Linda L. Barnes, 'The Psychologizing of Chinese Healing Practices in the United States', *Culture, Medicine, and Psychiatry*, (1998).

¹⁴⁰ Interview with Janie, 2019–11–22.

¹⁴¹ Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (Cambridge, Massachusetts, 1993), 34.

in the FEA's collection of ideas is a good example of this.¹⁴² The early years of the 20th century saw a rapid development of psychology, represented by Freud and Jung's explication of the unconscious and their theories of psychoanalysis.¹⁴³ In the 1960s and 1970s, psychology was seen by the younger generation as an essential guide to understanding themselves and the world.¹⁴⁴ Many of the popular ideas admired by this cohort — the emphasis on personal feelings and experiences, the use of psychedelia and hallucinogens as methods of exaggerating the senses and exploring the unconscious in order to achieve a kind of 'transcendence' — can be found in Jung's monographs.¹⁴⁵ His emphasis on personal feelings and his attempt to understand social norms and frameworks from a mystical perspective echo adolescents' demands to break existing social rules, to have their own voices heard and expressed authentically, and to have the right to decide their own values and positions in society. It is not surprising, then, that many acupuncture practitioners had themselves undergone psychotherapy training or treatment at the time.

¹⁴² Another fascinating example is the translation and interpretation of the traditional Chinese concept of *qi* as energy by CCM and New Age proponents, see Fritjof Capra, *The Tao of Physics: An Exploration of the Parallels between Modern Physics and Eastern Mysticism* (Colorado, 1983), 213–5; Barnes, 'The Psychologizing of Chinese Healing Practices in the United States'.

¹⁴³ Nathan Hale, *Freud and the Americans: The Beginning of Psychoanalysis in the United States, 1876–1917* (New York, 1971); Elisabeth Roudinesco, *A History of Psychoanalysis in France, 1925–1985*, trans. J. Mehlman (London, 1998); Veronika Fuechtner, *Berlin Psychoanalytic: Psychoanalysis and Culture in Weimar Republic Germany and Beyond* (Berkeley, 2011), xliii; Danae Karydaki, 'Freud under the Acropolis: The Challenging Journey of Psychoanalysis in 20th–Century Greece (1915–1995)', *History of the Human Sciences*, xxxi (2018). For a comprehensive collection of discussions of the historical and applied forms of psychoanalysis in the 20th century internationally, see Anthony Elliott and Jeffrey Prager (eds.), *The Routledge Handbook of Psychoanalysis in the Social Sciences and Humanities* (Abingdon, 2016).

¹⁴⁴ Herbert Marcuse, *Five Lectures: Psychoanalysis, Politics and Utopia* (Boston, Mass., 1970); Hanegraaff, *New Age Religion and Western Culture*, 210–45.

¹⁴⁵ See more discussion on this in Shamdasani, *Cult Fictions: C.G. Jung and the Founding of Analytical Psychology*; Hanegraaff, *New Age Religion and Western Culture*, 210–45; Marcuse, *Five Lectures: Psychoanalysis, Politics and Utopia*.

Drawing on the 'word association' technique of psychoanalysis, in the FEA practice the “exact words” used by patients not only contributed to the aforementioned diagnosis of CF, but in some cases could also direct the treatment plan by prescribing which acupuncture points to use. To make this connection, Worsley invented the concept of “spirit of (acu)points” by creatively translating and interpreting the traditional Chinese names for acupuncture points. For Worsley, the lyrical names of acupuncture points, such as HT7 as *Shén Mén* 神門 (translated as Spirit Gate) or BL 60 as *Kūn Lún* 崑崙 (translated as The Kunlun Mountains), implied their specific therapeutic effect. Janie gives an example from her own practice,

Janie: When the person is talking, and they are telling you why they come for treatments, or they are returning after the first session, the way they talk, the words they use, may well put you in mind of a point. So, for instance, I’ve got a patient coming on Friday with whom I just had a very quick conversation on the phone. And she said, ... she kept saying that “I am weary”. So, if I can do this point, which we call “Palace of Weariness” (*Láo Gōng* 勞宮), it might be helpful. I mean, it is very unusual for someone to use the word “weary”. An old person would say they are weary, but not someone who is fifty. So “Palace of Weariness”. So, that, for me, that’s kind of why the words, you know, like how people talk are really crucial.¹⁴⁶

Typically, non-Chinese practitioners have referred to acupuncture points using a standardised alphabetical-numerical method: a combination of the acronym of which organ-related channel a point belongs to and an ordinal number of that

¹⁴⁶ Interview with Janie, 2019–11–22.

particular point on that channel. For example, the point used in Janie's case above is coded Pericardium 8 (or PC8 for short). As Janie puts it, those codes are “a way of communicating with another practitioner”. However, when first discovered and documented in China, each point originally had a lyrical name in Chinese. Worsley applied these Chinese names, endowing each point a spiritual healing effect based on his English translation of their Chinese names.

Volker: He puts a lot of emphasis on the name of the point. Yes? (Me: Can you describe it?) So, he has names of the points. Some kind of translation of the points. To give you an example, you know, like Liver 13, it's called *Zhāng Mén* (章門). This was translated as Chapter Gate. So *Mén* 門 as Gate, and *Zhāng* 章 translated as Chapter. And then he would put his interpretation on this. So, it's a chapter, so you can open up a new chapter in a person's life. [...] Then you know a lot about the Liver. And Liver is a Wood Element. So it does planning and decision making. Therefore, it has got to do with chapters of your life. It's a plan for your life.¹⁴⁷

Anna: So like the, the, like the thing that you find interesting within practical values about Five Element Acupuncture partly come from the spiritual point, how they can help patients on the spiritual level?¹⁴⁸

Worsley's translation and interpretation of the names of acupuncture points, as explained by Volker, corresponds with the classical tradition that symbolically equates the body with the universe.¹⁴⁹ This aspect of Chinese tradition elucidated its appeal

¹⁴⁷ Interview with Volker S. 2020–11–29.

¹⁴⁸ Interview with Anna P., 2019–11–22

¹⁴⁹ Vivienne Lo, 'Huangdi Hama Jing (Yellow Emperor's Toad Canon)', *Asia Major*, xiv (2001); Lo and Stanley-Baker, 'Chinese Medicine'.

to the CCM students, as exemplified by Anna's quote. However, the FEA style placed unprecedented importance on this approach and delivered it without acknowledging or understanding the cultural context that had given rise to the names in the first place. After all, as discussed in the previous and current chapters, Worsley had discouraged his followers from learning Chinese or reading at all. Again, for him, sensory experience in nature, psychoanalytic practice with patients, together with one's intuition in applying the spirit of acupuncture points, are the fundamentals a FEA practitioner needs to provide holistic therapy to patients.

Conclusion

This chapter contextualised the cognition and recognition of knowledge, taking Worsley's *law of Five Elements* as an example, in the FEA community in the latter half of the 20th century. In the 1970s, this *law of Five Elements (wuxing)* was recognised by Worsley and his students more in a British cultural sense — such as to use the law of nature, and to combine the spiritual and psychological trend of the time — and less about its Chinese origin due to the lack of classical medical books translated into English at the time. Nevertheless, through transnational transmission, the skeleton of the *wuxing* theory was there to legitimate the identity of FEA as a 'traditional acupuncture' embraced by a CCM audience who espoused an alternative approach to the orthodox medical establishment. The FEA's way of thinking was therefore authenticated by them because it offered alternatives to those for which modern society and orthodox medicine were criticised: the alienation and dismissal of nature

and subjective sensory experience, the dehumanisation of patients and the lack of a holistic view of the physical and mental dimensions in medical practice.

According to Benedict Anderson, any 'imagined community' that is not bound by kinship has its boundaries, while its differentiation from 'other' communities tends to contribute to the solidarity of its members and 'command(s) a profound emotional legitimacy'.¹⁵⁰ For members of the FEA community, a shared hostility towards certain characteristics of biomedicine in the 1970s and 1980s reinforced their solidarity and, in line with Benedict Anderson's argument of an 'imagined community', collective imagination of authenticity. The performance of their thought style as an alternative involved emotional care and spiritual healing, as well as the strategy of collecting information for diagnosis from multi-sensory observations and deep conversations with patients. All of this made FEA a distinct contrast to the thought style of conventional medicine and some other acupuncture styles which were construed as mechanistic or symptomatic. A body-mind-spirit medical paradigm also resonated with the emphasis and imaginations of spiritual exploration and transcendence in relation to popular Eastern mysticisms during the CCM and New Age. Together, FEA's contrast to the then-current Western medical orthodoxy and its resonance with Counterculture Orientalism provided its legitimacy as an alternative to western medicine and, further, an authentic Chinese acupuncture among members of the FEA

¹⁵⁰ Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London; New York, 2006), 4-7.

society. This may help us understand why acupuncture remains relevant and certain aspects of FEA stay attractive in British society, while other elements have lost their attraction with the waning of the Countercultural Movement.

Chapter 4 Acupuncture war

This chapter focuses on the collision between Five–Element Acupuncture (FEA) and Traditional Chinese Medicine (TCM) in Britain and China during the last two decades of the 20th century. In particular it addresses the issues arising from the differences between FEA and TCM’s definitions of authenticity. This disparity between practice styles began in the 1980s and 90s when English acupuncturists began a new community of practice around the TCM style in England after their study in China. This led to tensions and conflicts between local practitioners of the two styles in the UK over the authentic identity of their practice. Meanwhile, Chinese TCM practitioners were also starting their practice in the UK in the 1980s. While the Chinese TCMers were trained to include orthodox scientific methods as a way to improve and legitimise the value of their medical tradition, the English practitioners (of both FEA and TCM style) were situating acupuncture as a form of heterodoxy against the traditional practice of western medicine. As a consequence of a shared belief in an imaginary ‘Orientalist authenticity’, an acupuncture ‘war’ broke out between FEA and TCM practitioners in the UK.

This chapter draws on a variety of primary sources to present the perspectives of different parties and historical actors in the British acupuncture war during this period. Previous works by academics and practitioners on the legislative process of

acupuncture in Europe and the United States abounds.¹ A common focus of these articles is the tension between acupuncture as an alternative medicine and the biomedical healthcare system in these countries and its impact on the professionalisation of acupuncture. This chapter will not adopt the dualistic approach of alternative and conventional. Instead, my attention is directed towards the diverse, transnational interpretations of 'authentic practice' within acupuncture and Chinese medicine groups, and how these influenced the legislative process of acupuncture in the UK. For this purpose, I conducted one-to-one interviews with British acupuncturists and officials who played vital roles in the professionalisation of acupuncture in the UK, representing both FEA and TCM communities. These interviews provide valuable and unique historical insights into the experiences and perceptions of the insiders who were involved in this process. In addition, this chapter analyses journal articles and pre-recorded interviews describing the experiences of Chinese TCM doctors who emigrated to the UK to practise in the 1980s in order to illuminate the perspectives of this unorthodox subgroup in an already marginalised

¹ For example, see Mike Saks, *Alternative Medicine in Britain* (Oxford, 1992); Linda L. Barnes, 'The Acupuncture Wars: The Professionalizing of American Acupuncture—a View from Massachusetts', *Medical Anthropology*, xxii (2003); David B. Clarke, Marcus A. Doel, and Jeremy Segrott, 'No Alternative? The Regulation and Professionalization of Complementary and Alternative Medicine in the United Kingdom', *Health & Place*, x (2004); Mike Saks, *Orthodox and Alternative Medicine: Politics, Professionalization and Health Care* (London, 2005); Mike Saks, 'Power and Professionalisation in CAM: A Sociological Approach', in Geraldine Lee–TrewEEK et al. (eds.), *Routledge Handbook of Complementary and Alternative Medicine* (2015); Emilie Cloatre and Francesco Salvini Ramas, 'The Regulation of Acupuncture in France and the UK: Shifts and Fragmentation in Contrasting Healthcare Systems', *Medical Law International*, xix (2019). The exception is Suzanne Tang, who discusses the legislative processes with analyses of the tensions and disagreements within the acupuncture community and between Western and Chinese groups in particular, in her article Suzanne Tang, "'From Outcast to Inboard": The Transmission, Professionalisation and Integration of Acupuncture Into British Medical Culture', *Asian Medicine*, ii (2006).

field.

Acupuncture war between FEA and TCM in the 1980–90s' Britain

A brief introduction of the TCM system in the 20th century China

During globalisation in the last and present century, TCM has been commonly applied and regarded as a synonym for an indigenous medicine that originated and has been practised in what is now known as China. However, scholars of modern Chinese medicine would argue that TCM is a modern invention of the 20th century rather than an 'authentic' tradition *per se* as the name implies.² The local medicine in China refers to as 'Chinese medicine' underwent radical changes in the last century. The criticism of Chinese medicine for being an obsolete tradition began in the late Qing dynasty (1890–1912), when late imperial Chinese society encountered the challenge of a European modernity at the wrong end of its military arms. During the Republican China period (1912–1949), Chinese medicine faced the prospect of official abolition.³ To save their profession, practitioners and advocates of this medicine embarked on a path of modernisation by means of appropriating and assimilating elements of

² Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63: A Medicine of Revolution* (London, 2005); Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (2002); Volker Scheid, *Currents of Tradition in Chinese Medicine, 1626–2006* (Seattle, 2007); Eric I. Karchmer, *Prescriptions for Virtuosity: The Postcolonial Struggle of Chinese Medicine* (New York, NY, 2022).

³ Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley, 2004); Benjamin A. Elman, *On Their Own Terms: Science in China, 1550–1900* (Cambridge, Mass.; London, 2005); Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago; London, 2014); Bridie Andrews, *The Making of Modern Chinese Medicine, 1850–1960* (Honolulu, 2015); Nianqun 杨念群 Yang, *Zaizao 'Bingren': Zhongxiyi Chongtu Xia De Kongjian Zhengzhi 1832–1985 再造"病人": 中西医冲突下的空间政治 1832–1985 (Remaking 'Patients': The Politics of Space in the Conflict between Chinese and Western Medicine)* (Beijing, 2019).

modern European medicine into their practice.⁴

After the establishment of the People's Republic of China (PRC) in 1949, Chinese medicine was absolved and allowed to continue to practice for political concerns and a shortage on public health provision. However, in a society increasingly invested in concepts of modernity yet with limited views about what constituted science, Chinese medicine paid its price for survival, the requirement to adapt to local cultures of modernity. Volker Scheid describes the development of Chinese medicine in Maoist and post-Maoist China as an 'institutional restructuring' with five periods.⁵ The first period (1949–53) is characterised by state attempts 'to subsume Chinese medicine into a biomedically dominated health-care system'. Period two (1954–65) witnessed a policy shift to support 'the development of Chinese medicine and its institutional infrastructure'. The third period (1966–77) covered the Cultural Revolution during which activities in every field of the society including Chinese medicine suffered from stormy disruption, turbulence and 'ideological simplification'. After this political catastrophe and the demise of Chairman Mao in 1976, the Chinese society entered the post-Maoist era, with the fourth (1977 to the 1980s) and fifth (1989 to the present) periods, in which Chinese medicine once again exploded with 'a myriad of options and possibilities' nationally and internationally.⁶ It is during

⁴ Lei, *Neither Donkey nor Horse*; Andrews, *The Making of Modern Chinese Medicine*; Qizi Liang and Charlotte Furth, *Health and Hygiene in Chinese East Asia Policies and Publics in the Long Twentieth Century* / Edited by Angela Ki Che Leung and Charlotte Furth. (Durham [NC], 2010).

⁵ Scheid, *Currents of Tradition in Chinese Medicine*, 299.

⁶ *Ibid.*

these last two periods that students of Chinese medicine from Euro–America have been able to visit China, as will be illustrated in the following sections of this chapter.

Because of the re-definition of Chinese medicine during these periods, the notion of what is ‘authentic’ has shifted among Chinese TCM professionals. Back in the first two periods from 1949 to 1965, under Chairman *Mao*’s revolutionary campaigns, Chinese medicine underwent ‘institutional restructuring’ with thorough–going and top–down changes. The result was a standardised new version — the TCM — with an overhauled, coherent history and system of knowledge, along with official institutions for practice, education and research. Five TCM Academies/Colleges were set up in China’s major cities: Nanjing, Shanghai, Chengdu, Guangzhou and the capital Beijing.⁷ Thus, Chinese medicine could be taught in what people could observe to be a modern ‘scientific’ way. The practice of Chinese medicine was also transferred from private clinics and itinerant forms — two of the dominant approaches for the lay public throughout imperial China — to government–supported hospitals, an idea borrowed from biomedicine.⁸

According to the PRC officials, this new form of Chinese medicine was designated to serve two purposes. One was to provide modern, standardised medical treatment for

⁷ Taylor, *Chinese Medicine in Early Communist China*, 103–8.

⁸ Xinzhong Yu 余新忠, *Qingdai Jiangnan de Wenyi Yu Shehui: Yixiang Yiliao Shehuishi de Yanjiu* 清代江南的瘟疫与社会: 一项医疗社会史的研究 (*Plague and Society in Jiangnan during the Qing Dynasty: A Study in Medical Social History*) (Beijing, 2003), 256–72; Taylor, *Chinese Medicine in Early Communist China*, 34–41; Volker Scheid and Sean Hsiang–lin Lei, ‘The Institutionalization of Chinese Medicine’, in Bridie Andrews and Mary Brown Bullock (eds.), *Medical Transitions in Twentieth–Century China* (2014).

the general public of Chinese people. The other was to manifest Chinese wisdom to the world.⁹ The former purpose, continuing from the 1950s to the present day, became the target of the contemporary ‘counterculture movement’ among the traditionalist Chinese medical practitioners, a topic discussed in the next Chapter. The latter purpose, initiated during the 1960s, led to the coining of this new name of Chinese medicine as TCM for its western audience, as ‘China’s unique contribution to the world’.¹⁰ And the targeted audience included acupuncturists from Europe and the UK. Soon after China’s opening up to the world in the 1970s, Euro–American acupuncturists among others began to find their ways to approach China, either through the then colonised lands such as Hongkong and Macao like their previous generation teachers did, or directly to the mainland. Without access to information on the different periods with revolutionary change medicine in China had experienced as well as the recent construction of TCM, they were innocent but thrilled to embark on this pilgriming trip to visit and learn about the acupuncture that they were passionate about on the land of its origin.

The coming of TCM to the UK: when, who and how?

According to the persons I interviewed, their initial access to any TCM knowledge was through the now reputable American scholar and practitioner Ted Kaptchuk.¹¹ In the

⁹ Scheid, *Chinese Medicine in Contemporary China*, 3; Taylor, *Chinese Medicine in Early Communist China*, 84–7; Scheid, *Currents of Tradition in Chinese Medicine*, 303–11.

¹⁰ Taylor, *Chinese Medicine in Early Communist China*, 84–7; Scheid, *Currents of Tradition in Chinese Medicine*, 303.

¹¹ Ted Kaptchuk is known as the author of the first English–language bestseller on TCM, *The Web That Has No Weaver: Understanding Chinese Medicine* (New York, 1983), and has been a professor at Harvard Medical

late 1970s, Kaptchuk visited Macau and studied under local doctors of Chinese medicine to study. On his return to the US, he began teaching the knowledge he had acquired in Macau. Soon, some of his students' lecture notes were photocopied and circulated from the US to the UK. Giovanni Maciocia, who had just graduated and become a teacher at van Buren's acupuncture college ICOM — a strong rival to Worsley's College at the time — obtained a copy of these notes and began to use them in his own teaching at ICOM.¹² Peter Deadman, who went on to co-found the *Journal of Chinese Medicine* and become a leading figure in the dissemination of TCM in the UK, recalls in our interview,

Peter D.: So then the college in East Grinstead had not been opened very long. Or maybe a year. I went to school in 1975. And...it was really hard. The first two years were very, very hard. I really didn't like Van Buren, he just made stuff up, you know. [...] And there wasn't hardly anything, three books in English. So it was very, very hard. They were good at teaching the acupuncture points. So that was the one thing the college was good at, location [of points].

But everything changed in my third year. So first of all, I was lucky enough to be taught by Giovanni Maciocia, who was a much more serious person. Much more authentic person. I mean, he, we were all quite ignorant. He read French, and there was more Chinese medicine books published in French then, although that was particularly influenced by Vietnamese version of Chinese medicine because of the French colony in Vietnam.

School, where he researched the mechanisms of the placebo effect observed in alternative therapies such as acupuncture. For a detailed introduction on him and his contribution on transmitting acupuncture in the USA, see Paul U. Unschuld and Bridie Andrews, *Traditional Chinese Medicine: Heritage and Adaptation* (New York, 2018), 216–8.

¹² For more background information on doctor van Buren and his college, see Chapter 2.

But really, that. The other thing that happened is that Ted Kaptchuk studied Chinese medicine in Macau. And what he said was very much what was being taught in Chinese schools, it was identical. So he came back to the United States. He started teaching. And one of his students made very detailed notes, like students would do, they just photocopied them and spread them. Those notes I received, we received, they're like a treasure house. Because this was the first time any proper Chinese medicine have been translated into English. [...] [Giovanni] also knew Ted Kaptchuk's material...And because Giovanni was teaching us, it was OK. When it came to the third-year exam, the exam that Giovanni set was fundamental a TCM exam. [...] And I did my final dissertation on what I called Chinese pathology. So it's really basic theory of Chinese medicine. Yin–Yang, Five Elements.

[...] You have to understand that we, for us at that time, it was like we were in a desert. And even one cup of water. So precious. And we could take that cup of water, we would be so nourished by it. We could learn so much from this information. We had the opposite situation of now. So now if you study Chinese medicine, there's too much. You know, too many books! It's hard, difference, it's a different problem.¹³

¹³ Interview with Peter D., 2020–10–8. Emphases are my own, same below.

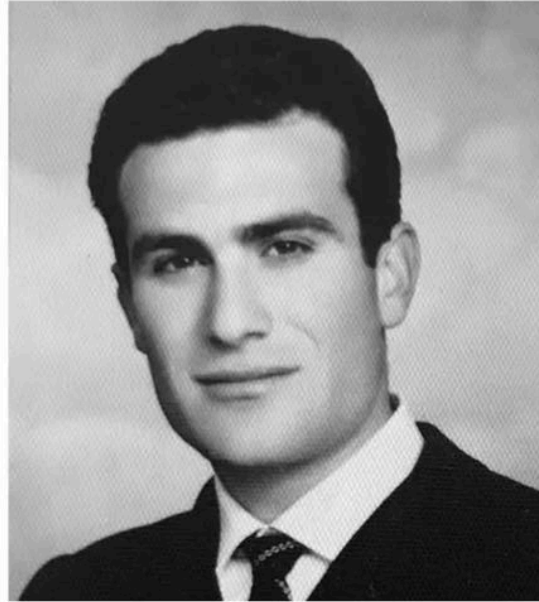


Figure 4-1. Giovanni Maciocia in the 1970s¹⁴

Inspired by Ted Kaptchuk's experience and achievements in Asia, Giovanni Maciocia decided to visit China and see for himself. As Peter recalls, Maciocia visited China in the late 1970s — Scheid's fourth period, when Chinese society and medicine were reviving after the decade of the Cultural Revolution.¹⁵ His destination was the Nanjing College of Chinese Medicine — one of the five state-established educational institutions for TCM — where he managed to make connections with 'one or two particular teachers'.¹⁶ With the help of these local connections, Maciocia organised an extended study trip to Nanjing College for some of his ICOM students in the winter of 1981 to spring of 1982.

¹⁴ For a biography of Giovanni on his personal website, see <https://giovanni-maciocia.com/giovanni-maciocia/> (last access: 2023-4-11)

¹⁵ For more on the context of the fourth period, see Scheid, *Currents of Tradition in Chinese Medicine*, 313-7.

¹⁶ Interview with Peter D., 2020-10-08.

Peter registered for the trip with a strong desire that he still remembers vividly, as he "was desperate to learn more" and believed that "the only way to learn more was to go to China".¹⁷ On reflection, he describes this trip to China as "the best thing in terms of my career" because it "did so much for me" and "launched my career". Soon after their trip, Giovanni Maciocia and Peter Deadman, together with two other fellow students from the Chinese course, Julian Scott and Vivienne Brown, started a 'postgraduate course' in London to teach the knowledge they had gained in Nanjing. Known as the "(TCM) Gang of Four", they soon became famous for being the first to give TCM lectures in Europe.¹⁸ To their surprise, many of their students were FEA students and practitioners from Worsley's College.

Peter D.: When we came back from China in 1982, four of us started teaching what we called postgraduate course in Chinese medicine in London. So that was Giovanni Maciocia, a guy called Julian Scott, Vivienne Brown. The Gang of Four. So, nearly all the students we had come from the Five Elements school. There were obviously a lot of students who were completely happy with five elements, they didn't want to learn or study anything else. But you know, quite a lot realised there were enormous gaps in their education. I don't know how long we taught that for, could be 6, 7, 8 years. So we probably taught two or three hundred Five Element practitioners and two of them went on to set up the

¹⁷ Interview with Peter D., 2020–12–15 (2nd interview).

¹⁸ The Gang of Four (四人帮 *si ren bang*) was a Maoist political faction consisting of four Chinese Communist Party (CCP) officials: Jiang Qing, Zhang Chunqiao, Yao Wenyuan and Wang Hongwen. They rose to prominence during the Cultural Revolution (1966–1976) and were subsequently accused of having perpetrated a series of treasonous crimes and of having orchestrated this political catastrophe. According to Peter, the title 'Gang of Four' was given to their group by some of their students, who must have picked it up during a visit to China. At the time, the cohort were ignorant enough to enjoy this title of Chinese origin for their group for several years. Peter confesses that if any of them had known the context or meaning of the term in contemporary China, they would not have dared to use it and enjoyed it as a compliment.

College of integrated Chinese medicine.¹⁹

Based on Peter's recollection, the popularity of TCM rose rapidly, with the class observing a yearly surge in the number of students. The response from those with an FEA training background varied in light of this success. Angie and John, for instance, found that TCM filled gaps in their knowledge of Chinese medicine.

Angie: So I taught Five Element Acupuncture for, until the kind of late 80s. And I supervised students and things like that as well. And there was a course in, run by something called the *Journal of Chinese medicine*, which was TCM (the course run by the 'TCM Gang of Four'). And I decided to do that course in the late 1980s. I carried on working, teaching at Leamington for a while, but I was pulling away from it at that point, setting up at Reading. And I kind of wanted to explore. I realised I didn't know a lot of things. I knew a lot of things about Five Element acupuncture, but I was very aware that there was something missing. [...] So we know there's internal, external miscellaneous, not-inside-not-outside diseases. And Five Element Acupuncture fitted totally into dealing with internal causes of disease. But nothing really to do with any of the other reasons for why people got ill. So when people had an infection or something like that. Or, you know, they had wind, cold, damp, that kind of thing. I, I knew nothing about how to deal with it. And it (TCM) filled in all the gaps. Which I think I'd really struggled with thinking I should be able to know them from Five Element Acupuncture and realizing that that wasn't the case. So that was the beginning of learning TCM and the beginning of integrating them together.²⁰

Contrasting Angie's open attitude, there were also individuals who opted to remain loyal to their leader and style, firmly believing that FEA represented the real form of

¹⁹ Interview with Peter D., 2020-12-15.

²⁰ Interview with Angie, 2020-10-19.

traditional acupuncture. However, most FEA practitioners were made aware of the existence of alternative theories of acupuncture by the presence and prevalence of TCM in the UK. It also planted a seed in many of their minds to question and reflect on the authenticity of their knowledge and, more generally, what authentic acupuncture should be. As Volker recalls,

Volker: Van Buren's students, people like Maciocia, Giovanni Maciocia, they had gone to China in the late 1970s, early 80s. So they came back and started teaching TCM and they of course would say, "This is what is taught in China. This is a real thing, not what [you had learnt as FEA]". Do you understand? Yes, they have, you know, "This [FEA] is not real." So you know, like you start to have question, you know, like I had to answer these questions for myself "Is this a real thing? Is that a real thing?" You know? A lot of people went off, sort of to study other courses at the same time or everybody had to make up their own mind, what was real. And, uh, so Worsley, for instance, his school was very much, um, setting itself up as the true authentic. But van Buren would do the same and you know, the TCM, they also said this is the true, you know. So there was this, you know. After, so 1980... I thought this was (19)81, I thought this (FEA) is a real Chinese medicine. But in 1983, I had questions about it.²¹

As Volker suggests, the rapid expansion of TCM among UK acupuncture practitioners was predominantly based on the premise that "This is what is taught in China" and therefore, a legitimate practice. This implies a widespread belief among English acupuncturists that authentic acupuncture originated from China. In other words, "authentic Chinese medicine" is defined by what is practised in China and anything

²¹ Interview with Volker, 2020-11-28.

that is not found in China cannot “be authentic”. Subsequently, the authenticity of FEA was called into question by both internal and external members of the FEA community, owing to the rationale provided. This sparked a debate in Britain between proponents of two acupuncture styles, each competing to be recognised as practicing "real acupuncture".

1.3 War between British FEA and TCM acupuncturists for authenticity

With the TCM courses that Peter and his colleagues ran in the 1980s, the size of the TCM community in the UK soon caught up and formed a dichotomy with the previously dominant FEA. The main cause of the conflict between members of the two groups was a competition over the authenticity of their knowledge and the colleges and masters they studied with, as well as the identity of the practitioners as practising authentic acupuncture. Each side had a basis to argue for the authenticity of its own school.

For proponents of TCM, the authenticity of this style was primarily legitimised by its origin in China. As China is generally recognised as the birthplace of acupuncture, the fact that TCM is taught and practised in China by Chinese doctors seemed to have a natural and self-evident 'authenticity' in the eyes of the British counterpart. This inherent authenticity was further confirmed by the positive clinical outcomes and the wide range of clinical conditions effectively treated in Chinese TCM clinics. As Peter recalls,

Peter D.: Because this was the first time, I think the College, School/University wanted to put on a good show. And probably they were looking at the money, you know, they probably realising they could keep getting these rich foreign students, good for them. So they, they actually sent us a lot of internal medicine patients, patients that normally would be seen at Internal Medicine department. They were sent to the acupuncture department. So we saw a much wider range of, you know, headaches and gynaecological problems and so on. So that was fantastic. I learned so much.²²

Peter's testimony demonstrates the clinical capacity by Chinese acupuncturists, combined with the new Chinese government's strong support for the development and promotion of Chinese medicine — including the building of TCM colleges and research institutes, the development of teaching materials and the acceptance of foreign students to visit and study — gave Chinese medicine a mainstream status and scale that no other country could match. By comparison, acupuncture remained a marginalised practice in Europe. As Peter notes, their access to social, historical and clinical resources of this medicine was much more limited than that of their Chinese counterparts. After witnessing TCM in China and having access to valuable resources, British acupuncturists naturally experienced a sense of wonder and aspiration. This contrast and impression further strengthened their belief in the credibility of Chinese TCM.

The basis for the authenticity of the FEA style among its defenders was twofold. One, as discussed in Chapter 3, was based on the critique of modern Western biomedicine

²² Interview with Peter D., 2020–12–15.

and science. At the time of the encounter between the two styles, Chinese medicine had been undergoing a modernising process through the integration of modern (Western) medicine. The seemingly modern, scientific Western character of TCM (including the compilation of standardised textbooks, the reconstruction of a Whig history of this medicine, and the establishment of Chinese medical schools, hospitals and research institutes) was the basis for the FEA's challenge to the authenticity of TCM. In the classroom, Worsley and his CCM faculty would explicitly criticise the impurity and the biomedical, symptomatic nature (e.g. treating the physical symptoms instead of the 'mind and spirit' as the 'root', as explained in Chapter 3) of TCM, with demonstrations of China's barefoot doctors using antibiotics and intravenous drips as well as Chinese herbs and acupuncture for treatment of somatic illness, and of the training courses provided by the CCP government for Chinese and Western doctors to learn from each other.²³

A more convincing proof of the authenticity of the FEA lies in its correspondence with the *wuxing* (five elements) theory described in the traditional literature of Chinese medicine, especially in the *Neijing* and *Nanjing*. In particular, these classical texts demonstrate the existence of a correspondence system used in FEA style, connecting

²³ In my interview with Mike, he recalls Worsley's 'dismissive attitude' to barefoot doctors in class because they only practised 'symptomatic acupuncture'. Worsley also expressed this contempt for the barefoot doctors in his recorded interview, see *A Day with Excellence (Interview by David Shephard), Part 1*, (<https://www.youtube.com/watch?v=1MMiUPJtDdg&list=PLVh9eaghp1FwVwHte8qMXiTmQvtv16lkx&index=8>, 2001). For a contextualised discussion on China's policy and practice of the barefoot doctors, see Xiaoping Fang, *Barefoot Doctors and Western Medicine in China* (Woodbridge, 2012). For CCP's policy of 'Chinese and Western doctors to learn from each other', see Taylor, *Chinese Medicine in Early Communist China*; Scheid and Lei, 'The Institutionalization of Chinese Medicine'.

the five elements with colours, odours, sounds, and above all, emotions and spirits. In a letter to the editor of the TAS Newsletter in 1986, FEA practitioner Paul Cohen criticised the fact that with the popularisation of TCM, 'Most people see acupuncture either as pain relief, as anaesthetic or as dealing solely with symptoms'.²⁴ And for that, he urged practitioners of the classic 5–Element acupuncture to 'bring to the public on a wide scale (such as through television) the significance of treating the patient as a whole and the spirit of acupuncture regarding the well–being of each patient on all levels of Body–Mind–Spirit'.²⁵

The antiquity of such texts also alluded to FEA acupuncturists' (and beyond, generally Euro–American acupuncturists') imagination of the East as the modern Western 'other', and represents the 'tradition' of their practice that the new China wanted to obliterate as it modernised.

Peter D.: This kind of attraction to the mysterious East, which I felt. I mean, that's what led me into Chinese medicine. What was Eastern was exotic, fascinating. Our life was very ordinary, but the mysterious East is very magical, both India and China, you know. People could fly and this kind of stuff. This is, this was in the air. Yeah, so I'd say that, you know, certainly in Britain and probably in America, people who were attracted to the mystical, the real or imagined quality of Chinese medicine. And obviously the communist version didn't supply that. And it's probably true — well it is true I know it's true — there's a lot of stuff at that time that was cut out.²⁶

²⁴ TAS Newsletter, 1986(22), 3.

²⁵ *Ibid.*

²⁶ Interview with Peter D., 2020–12–15.

The 'Orientalist' perception and imagination of China and Chinese medicine, as represented by Peter's description, were widespread in the reminiscences of my interviewees from that period. In fact, recent research carried out by English scholars suggests that the Chinese government was fully aware of the Western audience's 'Orientalist' expectations. The authorities therefore catered to such an imagination, deliberately adding the term 'traditional' to the English rendition of Chinese medicine to demonstrate its legitimacy to interested audiences.²⁷ At that time in China, there was no particular labelling or promotion of Chinese medicine with an emphasis on its 'traditional' features, as it did not align with the political direction the state was pursuing, which prioritised Science and Modernity.²⁸

During the active development of acupuncture in Euro-American countries, conflicts between acupuncture factions, such as the one between FEA and TCM, were a common occurrence. For example, Lucia Candelise's work on the emergence of acupuncture practice in the 20th century France reveals an acupuncture war during the 1940–70s between two major French factions: the *Société d'Acupuncture* founded by Roger de la Fûye, and the *Société Française d'Acupuncture* founded by advocates of Soulié de Morant.²⁹ As 'the twin poles of attraction for the development and

²⁷ Scheid, *Chinese Medicine in Contemporary China*, 3; Taylor, *Chinese Medicine in Early Communist China*, 84–7.

²⁸ Such inconsistencies in Chinese and English naming for diplomatic reasons were not uncommon in China at the time. For example, the Beijing Union Medical College Hospital, then renamed the 'Anti-Imperialist Hospital' as a matter of political correctness, changed its English name to the 'Capital Hospital' when it received American dignitaries in the 1970s.

²⁹ Lucia Candelise, 'Emergence of the Practice of Acupuncture on the Medical Landscape of France and Italy in the Twentieth Century', in Vivienne Lo and Mike Stanley-Baker (eds.), *Handbook of Chinese Medicine* (London,

defence of acupuncture' in this country, the hostility and division between the two acupuncture leaders and their societies split the French acupuncturists' community for several decades.³⁰ Similarly, the war between TCM and FEA was so prevalent in the British and North American acupuncture communities during the 1980s and early 90s that it created a split in the field with a religious/cultic sense at the time.

This split, caused by an Orientalist understanding of a singular and unique authentic Chinese acupuncture, did not diminish until the late 1990s and 2000s. There are several reasons contributing to this improvement.

Similar to the situation with the two French acupuncture factions illustrated in Candelise's paper, one of the main reasons that mitigated the tension between FEA and TCM in England was the retirement (or shifting focus to the USA) and subsequent demise of the founder of the FEA community. According to Weber, the 'pure form [of] charismatic authority ... [exists] only in the process of originating'.³¹ The fact that TCM was able to take root and develop in the UK reflects the waning influence and control of the mid-20th century acupuncture authorities — mainly Worsley and van Buren — over their disciples. Both figures, who were remembered by former students as charismatic leaders (for discussion on this concept, see Chapter 2), exemplified Weber's argument regarding the inherent instability and transience of charismatic

2022). For a detailed introduction on George Soulié de Morant (1878–1955) and his contribution on transmitting acupuncture in Europe, see Unschuld and Andrews, *Traditional Chinese Medicine*, 118–30.

³⁰ Candelise, 'Emergence of the Practice of Acupuncture on the Medical Landscape of France and Italy in the Twentieth Century'.

³¹ Weber, *The Theory of Social and Economic Organization*, 364.

authority.³²

As practitioners of the CCM generation gradually gained more autonomy and authority in the field, communication and combination between TCM and FEA became possible by and for some open-minded FEAers of this generation. Representative examples are John and Angela Hicks and Peter Mole, who were students of Worsley in the 1970s and then members of his core faculty (see Chapter 2) at the College in Leamington Spa. After attending the Gang of Four's TCM course in London, they co-founded the College of Integrated Chinese Medicine (CICM) in Reading, with a combined curriculum of FEA and TCM theory.

John H.: He (J.R.) was quite consistent throughout. And he kept it extremely simple. His, his genius – If I can use the word – was to take the simplest thing that would get most people better and, and teach that. When we had difficulties, like, when somebody didn't get better, he had a hard time. Because he didn't know. And I had begun to read other things (of TCM). And sometimes I would think, "I know what's wrong here." And he doesn't. So that was a kind of a growing up on my part to know that he didn't know everything.

[...] Well the biggest difference (between FEA and TCM) was to do with what are labelled pathogenic factors: Damp, Phlegm, Heat, Fire and so on. And, they made sense to me because I treated patients for nine years (with FEA style). And part of me had noticed these things. So, and I didn't have labels for them. So when I learned that (TCM), it was, it kind of just made intuitive sense. And I was grateful to be learning something that had been totally left out of my acupuncture education. It was, it was exciting. And as I say, I think I was extremely grateful to,

³² Dow, 'The Theory of Charisma'.

to be hearing the rest of the story.³³

There were also articles published in the TAS newsletters with FEA practitioners sharing their experiences learning TCM at home and abroad. On the 10th issue of 1983, Tim Keeping explained ‘I attended the *Journal of Chinese medicine* acupuncture course in London. I found this course very valuable’. And this course later encouraged him to fly to China and attend ‘the Advanced Acupuncture course at Nanking [Nanjing] College of Traditional Chinese Acupuncture’. Tim admits in this article that after graduating from Worsley’s college and qualified as an independent acupuncturist, he had ‘an overwhelming frustration at my lack of understanding about acupuncture, where it fits into traditional Chinese medicine and its place as a system of medicine in the West’.³⁴ For Tim as well as John Hicks and many other FEAs at the time, this frustration they encountered after graduating from Worsley’s college led them to the door of TCM in order to hear ‘the rest of the story’.

There were, indeed, a significant number of FEAs who chose to adhere to their teacher J.R. and his theories to deliver “pure” FEA therapy. According to the 1987–88 annual report of Register of British Acupuncturists, there were 991 entries of registered clinics with 731 registered practitioners, among which 369 were FEA practitioners (registered with TAS affiliated to J.R.’s College).³⁵ In other words, after almost a decade of contest with TCM, practitioners of the FEA style still counted for

³³ Interview with John H., 2020–11–18.

³⁴ Tim Keeping, ‘The Chinese Course: Practice and Theory’, *TAS Newsletter*, 1983 (10), 4.

³⁵ Council for Acupuncture, ‘Register of British Acupuncturists, 1987–88’, (1987).

more than 50% of the total members of registered acupuncturists in the UK.

While not central to the dissertation, it is worth mentioning that there were sub-wars within each style of TCM and FEA, juxtaposed with tension and conflicts between them. These Internal wars frequently revolved around authentic leadership claims as the legitimate successors to their founders. For instance, over time and through experience, a number of CCM students who were dedicated to Worsley's teachings have gained recognition as esteemed new experts within the FEA community. Throughout the last few decades, contemporary FEA masters have been working to develop their own interpretations of "J.R.'s legacy". This is a continuation of a tradition of ancient Chinese generations writing numerous annotated texts about the classics of Chinese medicine, which were viewed as the foundation of their knowledge. The prophecy articulated by Allegra's grandmother (quoted in Chapter 2), that "His work would continue. But everybody is teaching it slightly differently", has now been fulfilled.

In addition to sharing the prophecy about FEA's future after J.R., Allegra also commented on her fellow students of the CCM generation during our interview, stating, "The people who had been trained by J.R. in the (19)70s, they had 5-Element in their blood".³⁶ Based on my interviews with fellow FEA members of her cohort, there may be different reactions to Allegra's statement. Some, like Mike and Volker,

³⁶ Interview with Allegra W., 2020-08-03.

discovered that TCM affirmed their escalating concerns regarding the inconsistencies and deficiencies in Worsley's teachings. They now assert that they have relinquished their FEA practices and have transitioned to practicing TCM (coupled with additional styles from Japan and Vietnam). This entails their exclusion of the characteristic diagnosis of CF and cessation of utilising the treatment procedures of FEA, as outlined in Chapter 3. Some, like John, Angela and Peter, believe in the integration of FEA and TCM theories and techniques, as a means of achieving optimal clinical outcomes. Whilst J.R.'s faithful followers, such as Allegra, Julia and Janie, take pride in their loyalty to their master, strictly adhering to J.R.'s teaching and practice techniques without "tainting" it by means of incorporating other styles of knowledge. To them, both the aforementioned groups of former colleagues are deemed as "betrayers".³⁷

On a technical level, the professional career paths and testimonies of some of the FEAs I interviewed seem to contradict Allegra's claim of permanent "5-Element blood". However, I would argue that this statement holds some truth when evaluated from a broader perspective. There are some features that distinguish FEA from TCM. Among those, the mind-body-spirit pattern and the emphasis on the senses and instincts of the individual practitioner, as discussed in Chapter 3, formed a sharp contrast with the TCM — a standardised, depersonalised system with a solely focus on somatic symptoms. Even leading figures in the British TCM community, such as Giovanni Maciocia and Peter Deadman of the 'TCM Gang of Four', have incorporated

³⁷ Personal communications with Peter M., 2021–7–17.

the concept of a holistic mind–body–spirit approach into their practice and teachings.³⁸ Their consideration of patients’ emotional situation in relation to the physical complaints was demonstrably absent in the original form of TCM they had learnt and transmitted from China in the 1980s, and should therefore be seen as a convergence resulting from their encounter with FEA in Britain.³⁹ Thus, if the concept of "5-Element blood" in Allegra's comment can be understood as a practice of FEA with a personalised and holistic approach, it has indeed become an integral aspect of every FEA practitioner. Furthermore, this approach has influenced many TCM acupuncturists from the counterculture generation and beyond. This shared “blood” also provided a common ground and unifying force for mutual understanding during the acupuncture wars of the 1980s and 90s.

During the same period, a more important impetus for bridging the aforementioned gaps between and within practice styles emerged at a macro level: the quest for better professional regulation and protection, and eventually governmental legislation for acupuncture with chartered status. With a growing workforce and market, multiple acupuncture associations were formed in the UK. During the 1980s, for the ‘benefit of the acupuncture profession as a whole’, five separated membership groups — four of which, including CTA for FEAers and RTCM for TCMers, consisted

³⁸ See for example Giovanni Maciocia, *The Psyche in Chinese Medicine: Treatment of Emotional and Mental Disharmonies with Acupuncture and Chinese Herbs* (London, 2009). Interview with Peter D., 2020–10–08.

³⁹ As a practitioner and scholar of Chinese medicine, Volker Scheid undertakes a genealogy of the concept of 'holism' and the different trajectories along which Chinese medicine has become 'holistic' in China and the West since the 1950s. See Volker Scheid, 'Holism, Chinese Medicine and Systems Ideologies: Rewriting the Past to Imagine the Future', in Anne Whitehead et al. (eds.), *The Edinburgh Companion to the Critical Medical Humanities* (Edinburgh, 2016).

mainly of British acupuncturists — gradually unified and incorporated the Council for Acupuncture.⁴⁰ Later in June 1995, this organisation was transformed into the British Acupuncture Council (BAcC). Since its inception, the BAcC has been the leading and largest acupuncture organisation in the UK, with 1500 registered members at its launch, doubling in size over the next quarter of a century.⁴¹

The unification of previously fragmented acupuncture factions served as a crucial milestone in resolving internal conflicts and creating an all-encompassing profession, overcoming the barriers of authenticity competition imposed by the pioneering generation (e.g. Worsley and van Buren). Nevertheless, since the 1980s, the British acupuncture community has also faced an onslaught of Chinese acupuncturists. The attitudes towards authentic acupuncture of their Chinese counterparts, whom they met either locally or during visits to China, further stimulated and challenged their imagination and understanding of the authenticity of their practice and profession.

⁴⁰ The Council for Acupuncture comprised of the British Acupuncture Association and Register (BAAR) in affiliation with the British College of Acupuncture, the Register of TCM (RTCM), Traditional Acupuncture Society (TAS), the International Register of Oriental Medicine (IROM), and Chung San Acupuncture Society.

⁴¹ British Acupuncture Council: <https://acupuncture.org.uk/who-we-are/> (last access: 2023-03-08). Many of Worsley's students who graduated from the College of Traditional Acupuncture played essential roles in the formation and early development of this organisation. Among them were Ken Shiffrin and John Wheeler, who became members of the BAcC's quadrumvirate governing board after its inception, with Ken as Chairman and John as Education Director.

War between local British and Chinese educated acupuncturists in 1980–2000s China and Britain: A story of Pride and Prejudice.

Excitement and disillusion with TCM practitioners in China

In the 1980s, with the end of the Cultural Revolution, China entered the post–Mao era and began to reform and open up under a new party leader, Deng Xiaoping 邓小平. For political and economic development purposes, Chinese society moved out from behind the ‘Bamboo Curtain’ and began to welcome visitors from the West. This was also the decade that Scheid describes as the fourth period of Chinese medicine since 1949, when the development of this national medicine ‘exploded once more’.⁴² Hence, a small group of British acupuncturists were among the first of these Westerners to travel to China. After years of yearning for Eastern culture and studying acupuncture, the mysterious birthplace of acupuncture in texts and their imaginations was finally became within reach. Peter still remembers how his study trip to China caused a local sensation.

Peter D.: I came back from China, that lesson in 1982. And I live in Brighton, the local newspaper published a double page spread for two reasons. One, anybody going to China was big news. I mean, nobody went to China then. And secondly, to go and study in China, study ACUPUNCTURE in China. It’s a big two–page thing.⁴³

As described above, the group of British acupuncturists including Peter had learned

⁴² Scheid, *Currents of Tradition in Chinese Medicine*, 299; Judith Farquhar, ‘Re–Writing Traditional Medicine in Post–Maoist China’, in Don Bates (ed.), *Knowledge and the Scholarly Medical Traditions* (Cambridge, 1995).

⁴³ Interview with Peter D., 2020–12–15. Emphasis is his own.

the basic theory of TCM through Ted Kaptchuk's lecture notes and Giovanni Maciocia's courses before they went to China. In other words, they were admirers and practitioners of TCM before coming to China. In 1981, arranged by their teacher and the pioneer Giovanni, Peter and more than a dozen of other students came to the Nanjing College of Chinese Medicine for a three-and-a-half month course in acupuncture. Looking back on this experience, Peter's first memories are of the difficult learning environment and the huge gap between China and the UK in terms of economic backwardness and socio-cultural isolation.

Peter D.: When I went to China in (19)81, it still felt like the tail end of the Cultural Revolution which I think finished in 1976? It did linger on. I mean, you know, everybody, everybody's still dressed in blue or green. Or workers and peasants and army. Peasants and Army dressed in green, workers dressed in blue. EVERYONE. There's no colour anywhere. Nobody could talk to us in the streets, that wasn't allowed, yeah, or should we say very discouraged to talk to foreigner, to be seen, talking to foreigners. So why did I say that, that just giving you a picture.⁴⁴

[...] Restaurants were not really [good]. In the restaurants it was very, very, mostly very ordinary. [...] Well, all I remember is, I remember three things, you know: pork dumplings and vinegar; this kind of horrible cold salted duck, speciality of Nanjing; and Chinese cabbage. You see that everywhere, it's unbelievable. Everywhere you walked, every street, everywhere, there was Chinese cabbage. Right, I mean, in the balconies, I mean, in the streets. Great piles in the street. Mountains. It seemed it's THE ONLY vegetable.

[...] Nanjing is on the south bank of the Yangzi, so [to the locals] it's, it's warm,

⁴⁴ *Ibid.* Emphases are his own.

you know, it doesn't, didn't get any cold. So, you know, we'd sit in their college where we were having lectures. All the windows were open and no heating, you know, minus five, minus seven degrees. [...] To China for three and a half months in the middle of winter. It was quite, at that time, it's quite harsh. You know, quite hard for us. Culturally, physically, it was hard. It's very, very cold. No heating anywhere.⁴⁵

The difficulties of leaving family and home behind for three and a half months over the Christmas and New Year season did not deter Peter and his fellow students from coming to China to study TCM. They were so eager to learn what they had dreamed of learning from the land where acupuncture originated and developed. However, what surprised them more than the challenges of living conditions and cultural norms was the curriculum setting. According to Peter, studying TCM at Nanjing College was not a smooth ride. They encountered challenges from the start and had to fight for their expectations with their Chinese lecturers and hosts.

Peter D.: So he (Giovanni) had established a relationship with the school in Nanjing, an university. And with one or two particular teachers. So he organised with them this trip. [...] So since I heard about that, I went, even though it was difficult, I had very, very young children. It was very hard to leave, you know, leave my family. But because it was so important. I mean, I, so when I went to China in 1981 we were the first ever group of acupuncturists to go. So before that, they did have students coming, for example, from African countries, but they knew no acupuncture. They were beginners. So we went. It was grandly called *The First International Course for Advanced Studies in Acupuncture*. Well it's rational, because we already, we already, we were practising acupuncturists.

⁴⁵ Interview with Peter D., 2020–10–8.

But we were all very positive in advance, otherwise we wouldn't have gone.

And, it was, it was interesting that he negotiated a long time with the school. He said, “Look, the people who are coming, they know some Chinese medicine. They're not beginners. Please teach them some more advanced [knowledge]”. So we came to our first lecture. [The lecturer began with] “There are 12 channels, 12 primary channels”. And, you know, “The first one is called the Lung channel of arm Tai Ying”.⁴⁶ But remember, this was in Chinese and in English. So it took twice as long! And we sat there and we thought, “Oh, no!” We've come all this way with such high expectations. We really had to argue with them. It was a real struggle to get them to believe — they could not believe we already knew something!⁴⁷

The curriculum setting, which caused such frustration to Peter's group as students of the *First International Course for Advanced Studies in Acupuncture*, requires contextual interpretation. According to a report published in the *Shanghai Acupuncture Journal* in 1982, the Nanjing acupuncture course for international students had held 11 classes between April 1976 and December 1981.⁴⁸ There were ‘a total of 166 students from 54 different countries on five Continents’.⁴⁹ Due to international publications and medical interest in China's state-promoted programme of acupuncture anaesthesia from the 1950s to the 1970s, the majority of these overseas students had a biomedical background: internal medicine (30 of

⁴⁶ Those are the very basic of the basic knowledge of acupuncture, like lesson one of Acupuncture 101.

⁴⁷ Interview with Peter D., 2020–12–15.

⁴⁸ Zengwu Zhao 赵增午, ‘Jinling Chunnuan Xinglin Piaoxiang — Fang Nanjing Zhongyi Xueyuan Guoji Zhenjiuban 金陵春暖 杏花飘香—访南京中医学院国际针灸班 (Spring in Jinling, the Fragrance of Apricot Blossoms – A Visit to the International Acupuncture Course of Nanjing College of Traditional Chinese Medicine)’, *Shanghai Zhenjiu Zazhi* 上海针灸杂志, (1982).

⁴⁹ *Ibid.*

them), surgeons (25), gynaecologists and paediatricians (11), physical therapists (9), anaesthetists (42) and psychiatrists (9), and in general biomedical professors and PhDs (48).⁵⁰ And as Peter pointed out and this report proves, only 32 of the 166 students, presumably including Peter's group, came with a background in Chinese medicine and acupuncture. In other words, for the organisers and lecturers of this course at Nanjing College, the majority of their international students were not equipped with any concept or theoretical knowledge of Chinese acupuncture if they had been exposed at all to any kind of acupuncture knowledge available at that time in the biomedical world using biomedical language, such as anatomically based medical acupuncture and acupuncture analgesia.⁵¹

⁵⁰ Many prestigious biomedical journals and research institutes published reports on this topic at the time, see for example, Sidney Hamilton et al., 'Anaesthesia By Acupuncture', *The British Medical Journal*, iii (1972); G. M. Bull, 'Acupuncture Anaesthesia', *The Lancet*, cccii (1973); Tsung O. Cheng, 'Acupuncture Anesthesia', *Science*, clxxix (1973); R. Dubner, 'Efficacy and Possible Mechanisms of Action of Acupuncture Anesthesia: Observations Based on a Visit to the People's Republic of China: J. Amer. Dent. Ass., 92 (1976) 419–427', *Pain*, ii (1976). For contextualised descriptions and discussion on the project of acupuncture anaesthesia in China, see Kaptchuk, *The Web That Has No Weaver*, ix–xi; Elisabeth Hsu, 'Innovations in Acumoxa: Acupuncture Analgesia, Scalp and Ear Acupuncture in the People's Republic of China', *Social Science & Medicine*, xlii (1996); Taylor, *Chinese Medicine in Early Communist China*, 138–42; Lei Jin et al., 'Unforgettable Ups and Downs of Acupuncture Anesthesia in China', *World Neurosurgery*, cii (2017). For its perceptions and influences in Europe and North America, see Wilfried Witte, 'Nixon and Scheel in China: Acupuncture and Anesthesia in West and East Germany in the 1970s and 1980s', *Journal of Anesthesia History*, vi (2020); Emily Baum, 'Acupuncture Anesthesia on American Bodies: Communism, Race, and the Cold War in the Making of "Legitimate" Medical Science', *Bulletin of the History of Medicine*, xcvi (2021).

⁵¹ Medical acupuncture, as a 'western style' of acupuncture practice, was created by the biomedical physician Felix Mann in the 1970s. In this style, Mann's acupuncture technique is based on neurological knowledge of the dermatomal distribution of pain, instead of traditional theories of acupuncture channels and points. In Europe and North America, medical acupuncture is still popular nowadays with biomedical professionals such as the nurses and physiotherapists, as an adjunct to their conventional treatment for patients. Without concrete records, some of my interviewees suggest that J.R. Worsley, as a physiotherapist after the Second World War, may also have been involved in some of Mann's early medical acupuncture courses in the 1950s or 60s.



Figure 4-2. A group photo at the reception for the participants of the Nanjing International Acupuncture Course in Beijing with the Chinese Vice Minister of Health and the Director of the Chinese Medicine Bureau.⁵²

Although China had opened up since the 1970s, it was still in the shadow of the Cultural Revolution, and the flow of information in and out of the country was still strictly controlled. In terms of information from overseas, the official press and news were the only way for the Chinese public to access such information. The teaching and practice of traditional Chinese acupuncture (including Giovanni and Peter's cohort, the Worsley style and others), which at the time was a marginal practice and subculture in Europe and America, was unknown to most Chinese nationals. As a result, Nanjing College's international acupuncture programme was

⁵² Source: Zhao 赵增午, 'Jinling Chunnuan Xinglin Piaoxiang'.

designed for foreign students who presumably had no theoretical knowledge of Chinese medicine, not even the basic concepts of acupuncture channels and points, *Yin–Yang* and the *Wuxing*. This may explain why the course for *advanced studies* in acupuncture, which Peter's group attended, was not organised until five years after the programme had begun.⁵³

On a deeper level, this curriculum design revealed an underlying ethnocentric mindset among Chinese TCM practitioners during that period. As described in Scheid's book, which echoed in Peter's testimony quoted above, in the 1970s and 1980s China was in a post–traumatic state, underdeveloped on all fronts compared to Europe and North America.⁵⁴ In such circumstances, Chinese medicine as the national medicine of China was one of the few things that made the Chinese proud when they first re–entered the world stage.⁵⁵ Zhao's journal report in 1982 praised the achievement of the acupuncture course as it 'won honour for the Chinese people' while 'sown seeds of friendship' with people around the world.⁵⁶ According to his report, the author was aware of the existence of medical acupuncture technique in the west and acknowledged its challenge to 'the

⁵³ Zhao 赵增午, 'Jinling Chunnuan Xinglin Piaoxiang'.

⁵⁴ See Scheid's description of the third and fourth period in *Currents of Tradition in Chinese Medicine*, 299–308. Quotation of interview with Peter on page 26.

⁵⁵ Medical anthropologist Elisabeth Hsu observed a similar mindset in her fieldwork in China during the 1980s. As she describes, Westerners were now regarded as 'friends from foreign countries' (外国朋友 *waiguo pengyou*) instead of the 'imperialists' as in previous decades. And the increased contacts with 'friends' from the West stimulated 'a nationalist sentiment' among Chinese on the profoundness of China's ancient knowledge of medicine and philosophy, see Elisabeth Hsu, *The Transmission of Chinese Medicine* (Cambridge, 1999), 92–3.

⁵⁶ The original text in Chinese is, 为中国人民赢得了荣誉 (Wei zhongguo renmin yingde le rongyu) ; 播下了友谊的种子 (Boxia le youyi de zhongzi). In Zhao 赵增午, 'Jinling Chunnuan Xinglin Piaoxiang'. Translations are my own, same below.

authentic Chinese acupuncture that based on the basic/foundational theory of Chinese medicine and the theory of acupuncture channels'.⁵⁷ He therefore wished the faculty of the international acupuncture course in Nanjing 'even more success in their new journey' as they faced such international challenges.⁵⁸ Even today, as I have witnessed as a member of the TCM community in China over the past decade, it is still a popular belief among many community members that Chinese medicine can only be authentically understood and practised by the Chinese.

In summary, the curriculum that Peter's group followed in Nanjing reflected Chinese practitioners' unwavering confidence in and proud of their standard of Chinese medicine and their lack of awareness of how Chinese acupuncture had developed internationally due to limited information exchange.⁵⁹

It should be noted that many British acupuncturists, including my participants, also recognised such confidence and ethnocentric view of Chinese TCM practitioners. Many of my participants consulted me, a person a third of their age with much less clinical experience, about TCM theory and clinical skills in our private conversation.

⁵⁷ The original text in Chinese is '中国正统派（针灸）是以中医的基础理论和经络学说为指导的（Zhongguo zhengtongpai shi yi zhongyi de jichu lilun he jingluo xueshuo wei zhidao de)', in Zhao 赵增午, 'Jinling Chunnuan Xinglin Piaoixiang'. For the construction of 'the basic/foundational theory of Chinese medicine' 中医基础理论 in China, see Taylor, *Chinese Medicine in Early Communist China*, 142–6; Karchmer, *Prescriptions for Virtuosity*, 143–64.

⁵⁸ '在新的征途上取得更大的胜利 (zai xinde zhengtou shang qude gengda de shengli)', in Zhao 赵增午, 'Jinling Chunnuan Xinglin Piaoixiang'.

⁵⁹ Historian Ralph Crozier discusses a similar mentality, that of nationalist pride among Chinese intellectuals in the 20th century towards Chinese medicine as a 'national medicine'. He explains the seemingly contradictory activities of some Chinese intellectuals in welcoming science and modernity while protecting traditional Chinese medicine by suggesting that the nationalist mentality of these intellectuals prevented them from fully embracing Western modernity. See Ralph C. Crozier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change* (Cambridge, *Traditional Medicine in Modern China*, 1968), 2.

For them, my background in Chinese TCM institutions lends a natural credibility to my knowledge and understanding of this medical tradition. The 'Chineseness' of myself and other TCM doctors in China has been perceived in this stance as embodying the authenticity of Chinese medical practice and cultural traditions. Indeed, the belief that "what is practiced in China must be the authentic (form of) acupuncture" attracted Peter and numerous other international students to enrol in the course in Nanjing.

However, upon starting their classes in Nanjing, some international students became increasingly frustrated as they felt that the Chinese lecturers underestimated their expertise and knowledge in acupuncture. Several students in Peter's group reported perceiving such an attitude as rude or even "racist". As Peter recounts, "We had to completely abandon our normal life [to come to China]. And they were giving us this (teaching of very basic knowledge), you know. And it was partly this idea that, 'Well, they are not Chinese, so they can't [have known]. It's not possible that they know [Chinese medicine and acupuncture]'. That's what I meant by racism."⁶⁰

Despite of all the cultural shocks, arrangement battles and communication problems, the group with Giovanni and Peter eventually achieved what they sought from their Chinese lecturers. Recalling that trip to Nanjing in the winter of 1981, Peter speaks

⁶⁰ Interview with Peter D., 2020–10–8.

highly of the acupuncture techniques his teachers performed and the clinical results obtained on patients with various symptoms.

Peter D.: I had a fantastic, incredible time. I had a wonderful, wonderful doctor. A great interpreter. And another thing that was really great is, [...] we saw a much wider range of, you know, headaches and gynaecological problems and so on. So that was fantastic. I learned so much. And most of all, I learned needling. How to needle. Because, at that time, by the time I went and some of the others went to China, our Chinese medicine theory wasn't bad. You know we, we, we were reasonably okay with theory. But needling [...] when I first, first few days in China and, and I couldn't believe what I was seeing, you know, because there's doctor, Dr Xiao. His needling was so powerful. And he put needles in really, really, really, really deeply. You know, things I've never seen or imagined, right in under the eyeball, this deep, into Yì Fēng (翳风, an acupuncture point near the eye), down here and so on. But, what I saw was fantastic results. Patients, you know, I did already have nearly three years of experience treating, so I knew what I could do. And he was doing 100 times more with the patients. Patients were getting results so fantastic. So I, when I came back from China, my needling was like that.

And that was really, that was really useful. It was great. But it was elegant. I mean, sometimes the treatment was very elegant. I mean, it's this woman, worker from the market, who came in with a colleague, saying they were lifting this really, really heavy basket of vegetables. And suddenly her friend let go. So she strained all the muscles on her chest. She came and she couldn't, just could barely breathe. So just for example, he needled Nei Guan, through to Wai Guan.⁶¹ You know, so you can actually feel the needle. [Yeah.] Why, because the pain in the chest went through to the back. Yin and Yang. I mean the result was so dramatic. [Laughter] It was ... She was cured in 20min, it was incredible. But, but, you know, the theory was often, the explanation was often elegant, or empirically pragmatic, on top of what you might call TCM acupuncture. I love that sort of

⁶¹ Neiguan 内关 and Waiguan 外关 are two acupuncture points that locate on the opposite near the wrist.

medicine.⁶²

Disillusions of FEAers' root-searching trip in the 1980s' China

If for Peter and his fellows who came to China to study TCM, the experience in China was bittersweet, with much of the joy coming from pilgriming at and learning about local acupuncture theory and techniques, then for the FEA acupuncturists the challenges they experienced in China were more overwhelming. Beginning in 1980, British FEA acupuncturists who had studied in Worsley' college in Leamington Spa, Warwickshire, also came to China for visits, in groups or as individuals. Reports and ads for those annual tours were published on the community newsletters (see Figure 4-3 and Figure 4-4 for example). The report illustrated in Figure 4-3 (middle, 'The Chinese Course, Practice and Theory') was written by two FEA practitioners — Tim Keeping and Dianne Bowler — about their experiences during the three-month Nanjing course and 'the value of what was learnt' from 'undertook an acupuncture course in China'.

On the one hand, FEA practitioners experienced the same living conditions and cultural challenges, as well as professional arrogance and discrimination from Chinese doctors, as their European TCM counterparts. At the same time, the FEAers' experience of visiting and studying in China was much more frustrating than that of Giovanni and Peter's group, because the latter came to study TCM,

⁶² Interview with Peter D., 2020–12–15.

which has an officially recognised status in China. While the former had the purpose of validating the authenticity they collectively imagined for the traditional Chinese acupuncture they had learnt from Worsley. A disastrous outcome seemed inevitable when the authenticity-based professional identity and pride of the British FEAsers clashed with the chauvinism of the local Chinese TCM doctors.

China Study Tour 1984

Details of next year's journey are not yet finalised but I hope that we will be spending October in two centres: Beijing and Chengdu. The aim is for us to work under senior doctors with interpreters, treating patients and gaining experience in health care.

I will circulate details to all members as soon as I have them but meanwhile please contact me if you have any queries or wish to place your name, tentatively, on a waiting list.

Roger Hill

THE CHINA COURSE practice and theory

Tim Keeping and Diane Bowler both undertook an acupuncture course in China – one course was advanced and the other basic. They discuss here their reasons for going – frustration at lack of knowledge is mentioned by both – their experiences during the course and the value of what was learnt.

The reason I went to China to do the Advanced Acupuncture course at Nanjing College of Traditional Chinese Acupuncture was due to an overwhelming frustration at my lack of understanding about acupuncture, where it fits into traditional Chinese medicine and its place as a system of medicine in the West. Preceding the course in China I attended the *Journal of Chinese Medicine* acupuncture course in London. I found this course very valuable and without having done it I would have found great difficulty in gaining full benefit from the course in China. I would go so far as to say that if I had not done that course I would not have been able to communicate with the Chinese doctors.

It was also a requirement of the course to know 230 point names in Chinese, this required me to study before the course began and was an essential part of it as the Chinese do not translate the point names. This is a good system as it removed any confusion as to the point being referred to.

The course showed me that my frustration was genuine and not due to any lack of understanding of my education in the West. The crux of the matter, I now believe, is that the standard of acupuncture education in the West is, in some fields, very good, i.e., 5 elements, but in other fields could be better, e.g., 8 principles, channels and collateral, theory of the Zang-Fu, etc. All these areas are important and, just as the leaf needs the root, so the root needs the leaf.

As I discovered these missing areas, my understanding of acupuncture emerged. As I saw Chinese herbalists and other departments of Chinese medicine, I realised that acupuncture is only one part of the whole picture, no lesser or greater than the other parts, but having its place when it is appropriate for the patient's imbalance.

As to the course itself, it was of three months' duration; this included a three-hour clinical every morning, six days a week, at the Workers Hospital, Nanjing. We treated approximately thirty patients each morning and it was an incredible opportunity to work beside Chinese doctors, some of whom had forty years or more experience.

In the afternoon we had lectures on various topics of acupuncture and related subjects. These were given by very learned professors and proved invaluable.

During the whole course I tried to put aside my limited understanding of acupuncture in order to drink fully from their understanding – which was willingly given. They assessed I had a basic understanding and were surprised at my lack of knowledge in some areas. The level of training of acupuncturists in China is very high. All the ancient texts of acupuncture are extensively studied and referred to all the time.

I found the Chinese people very considerate and understanding. We were treated very well in terms of accommodation, food and sightseeing trips. Please do not judge the Chinese on their understanding of acupuncture before you have been there. In the three months I was there I felt that I only scratched the surface of their great knowledge. There is obviously a tendency to follow the Party line and also Western medicine but there is no doubt they have a

great storehouse of information built up over many thousands of years. At the end of the course I found I had a great deal of information which I need to study and digest. They say the longest journey starts with one step – well, I feel that I have taken that step but I see I have such a long way to go.

Tim Keeping



I saw a notice in the *Journal of Chinese Medicine* about a three-month acupuncture course in Nanjing, China, and out of pure curiosity wrote off for details. The reply, on the paper, said the course was open to anyone with acupuncture or medical experience and would cost £1000.

I had qualified from Leamington Spa one and a half years before and was beginning to feel frustrated as I was quite unable to understand any acupuncture books as they spoke of yin and yang, hot and cold and other unfamiliar aspects. I felt unable to progress on my own and outside the mainstream of acupuncture and also wanted to be able to treat specific problems like sprained ankles without the larger CP factor.

Having joined the London course that had been set up by returned China students I decided to do the China course. This was a mistake as I found out on the first day. But I was impatient and really to learn more and mainly felt responsible to my patients to be able to treat them as effectively as possible.

I very quickly realised that almost everything was the opposite of Leamington Spa. We used to treat every day – the same points unless they became sore – and some of the points were an inch away from the ones I had learnt. We never felt for the point, treated the symptom first and used up to sixteen needles in one treatment. We also used a quickly forgotten system of pulse taking, etc., etc.

After the initial shock of realising I would have to put aside nearly everything I had learnt in Leamington Spa, we were given 125 point names to learn in Chinese, with the correct pronunciation, as we would use these in the clinic. I discovered I was the only '5 element' person there, probably in the whole of China, and the only one-needle in the group. There were twenty-one of us, including five Thai acupuncturists and a Thai psychiatrist, a Somali consultant anaesthetist, two Australian acupuncturists, osteopaths, two Japanese chest surgeons and a Japanese gynaecologist, an Italian professor of pathology and a Brazilian acupuncturist doctor.

I was brought to earth by even more basic problems. After being met at Nanjing airport by five College members and after being politely asked questions like 'How many diseases do you treat every day?' I was taken to a luxury hotel with suites of Chinese silk carpets. Unfortunately, it cost £13 a day, excluding food. However, I ended up sharing with a Rajneesh midwife from Edinburgh and a Russian acupuncturist. The whole course, with such economies as 'sitting on the street', cost about £2000, including the fare.

We spent the first month at the College learning the theory of channels and collaterals and locating points with their Chinese names. The Chinese are a very formal people and we clapped at the end of each lecture and the tutors clapped themselves. Everything had to be translated, which slowed things down considerably, and only agonising hours of table tennis kept me awake in the first few weeks as the weather was still very hot and the work very hard and we seemed to be at it night and day.

We were then divided into groups of three and spent the

CHINA 1982

In October 1982 a group of eighteen of us travelled to and through China on the Traditional Medicine Tour under the joint aegis of the TAS and SACU (Society for Anglo-Chinese Understanding). We were mostly acupuncturists from Britain and the States, with a couple of western-trained doctors and a psychiatric nurse to redress the adopathic balance. Our host in China was CAST (Chinese Association of Science and Technology), with whom negotiations for the tour had been taking place for approximately two years prior to our actual arrival in China.

With us from, start to finish, travelled Professor Yang and Mr Cao. Professor Yang is one of the chief diagnosticians at the Beijing College of Traditional Chinese Medicine, and his presence amongst us was an indication of the seriousness and respect with which our 'delegation' was treated. Although Professor Yang did speak English our official translator was Mr Cao, and much credit for the success of our visit was due to his personal sensitivity and linguistic fluency. Trained in TCM (Traditional Chinese Medicine) himself, he had both the experience and the vocabulary to ease all our exchanges with the Chinese. Much learning took place in conversations with Mr Cao at the back of the bus, as to speak, and his intelligent observations interpreted China and TCM for us in a way which was truly enlightening. As a group we were, perhaps, a close-knit unit, and we emerged triumphant at the end with tempers still intact and a quite remarkable degree of cohesion and harmony. Some acknowledgement for this must be made to the excellent leadership of Roger Hill, whose diplomatic skills are further enhanced by the style with which he embodies them.

The tour was clearly focused on acupuncture and the other areas comprising TCM, but we managed to divide our time aptly between visits to TCM colleges and hospitals and more mainstream tourist activities. A general pattern emerged: in each new city we arrived at, our initial greeting by CAST would include a proposed schedule for our stay. When the 'broad masses' found the balance of TCM and tourism unappealingly disposed Chairman Hill would counter with alternative suggestions and thus a compromise would be reached. Usually we would spend at least half the time with the local TCM facility, touring their hospital, and the affiliated college if there was one. These periods of observation were punctuated by group discussions. On all such occasions we were most flattered by both the number of Chinese doctors who were present and by their evident expertise and seniority. The emphasis was plainly on a free exchange of ideas and information, and the Chinese were as eager as us to promote this dialogue. In one city it was even remarked that our visit was helping to strengthen the hand of TCM within China and adding weight to its fight for more government funding!

In China, TCM and western medicine exist side by side, and both are used for acute and chronic illness. Because TCM is an essential part of primary health care their doctors are working under many of the same constraints as our own beleaguered NHS doctors. Not for them the luxury of a lengthy diagnosis and the gradual rapport-building with patients! Nor can it be denied that the vast majority of patients in China are suffering because of a physical cause, be it cold, damp or whatever. TCM is not much used for so-called 'psychiatric disorders', and in all the hospitals we visited we saw only one patient, a young girl, whose symptoms of loss of appetite, insomnia and depression, had led to her being diagnosed as 'neurotic'. The emphasis on emotions and on mental and spiritual states, which a

straight practice of five-element based acupuncture leads to, is obviously inappropriate at this stage in the development of conventional China.

Certain contrary aspects of TCM in contemporary China were interestingly depicted in Professor Yang and Mr Cao. On the one hand we had the highly cerebral master diagnostician Professor Yang, for whom it was essential that TCM be proven in scientific terms. He was one of the first graduates of the new Beijing College in 1956, completing his training at a time when the 'metaphysical world outlook' had been totally banished in favour of materialist dialectics. On the other hand we had Mr Cao, a skilled practitioner of acupuncture and traditional manipulation, and someone whose interest in TCM was more closely in line with Taoist traditions. When he spoke of 'chi' it was with the understanding of one who has really experienced and worked with his own energy and that of his patients. The fact that he was one of only fifty (fifty individuals from throughout China who took part in the National Chigang (literally 'breathing work') Course in Beijing in 1982 demonstrates this admirably.



Farewell party at Nanjing Airport:
Mr Cao far left; Professor Yang next to him.

Professor Yang and Mr Cao do broadly indicate divergent tendencies in TCM today, and it will be fascinating to watch as China moves towards their inevitable integration. The practice of TCM in China today is plainly based on the eight conditions, a system which has conveniently fitted the principles of dialectical materialism, but it is my belief, from the evidence of our trip last autumn, that the coming years will see the emergence of other material and learning more 'metaphysical' in nature. Such a realisation is surely to the advantage of all acupuncture practitioners and we in the West, who currently waste so much time debating and defending five-element theory versus eight conditions, should look at their mutual coexistence in the ancient Chinese tradition and act accordingly.

Caroline Reed

CHINA – A PARTIAL VIEW

The journey into China began in a PRC train through the green fertility of the New Territories, away from the parched wastelands of Hong Kong. We arrived excitedly at Canton Station into a different world. But it was not until we landed at Nanjing Airport the following morning that the beauty of this difference truly touched any of us. For the part of Canton we saw was drab and uninspiring, the people indifferent to the many foreigners who passed through.

Nanjing greeted us with a delegation of welcoming doctors, interpreters and local CAST members. A lush,

Figure 4-3. Reports/announcement of British FEAsers' visiting tours in China during the 1980s. (Sources (left to right): TAS Newsletter 1984 (12), 1983 (10), 1983 (9).)

In her article on the TAS journal, Dianne Bowler described her special welcome ‘by five College members’ at Nanjing airport who ‘politely asked questions like ‘How many diseases do you treat every day?’.⁴⁹³ Soon after the start of her course, she had an ‘initial shock’ and ‘quickly realised that almost everything was the opposite of Leamington Spa’.⁴⁹⁴ Dianne had to ‘put aside nearly everything I had learnt’ in order to keep up with the TCM teacher.⁴⁹⁵ She then discovered that she ‘was the only ‘5 element’ person there, probably *in the whole of China*’.⁴⁹⁶ To these shocked FEA practitioners, the attitude of their TCM teachers seemed rather nonchalant. As John recalls, on the first day of the ten–week course at Nanjing College, he asked if he could explain the FEA style to his teacher — Doctor Lee — who seemed to be unaware of this style. And the answer he received was ‘No, not interested’ as Lee’s job was ‘to teach him what he did (TCM)’.⁴⁹⁷

Mike, who studied with Worsley in Leamington Spa from 1978 to 1981, came to China in 1983. In our interview, he vividly recalls the reaction of his Chinese TCM doctor friend when Mike tried to explain to him the FEA style taught in England as “authentic” acupuncture.

Mike: I went to China in 1983 I got a job working in a university in Manchuria. (...) In a, in a small provincial town in China just after the cultural revolution, um,

⁴⁹³ Bowler, Dianne. *The China Course: Practice and Theory*. TAS newsletter 1983 (10), 4.

⁴⁹⁴ *Ibid.*

⁴⁹⁵ *Ibid.*

⁴⁹⁶ *Ibid.* Emphasis is her own.

⁴⁹⁷ Interview with John H., 2020–11–18.

was the 1983, you know, I mean, you know, but I mean, it just took its time to sort of settle down. I mean, this town was just, you know, it was just two-story houses everywhere. There was nothing there, there was no cars. Everybody had bicycles. It was two cars in the whole town, you know. [...]

And in the first summer I was there, I went down to Chengdu, Sichuan [province], to visit a friend. Another teacher. And I arrived just as the Leamington inner sanctum had gone on their first ever tour of China and they'd been to Chengdu. And they had gone, and I arrived. And I spoke to a (TCM) doctor (from Chengdu College of Chinese Medicine) who had met them and he said, "They're very strange people." I said, "Why?" He said, "Well, they didn't seem to want to talk to us about Chinese medicine." I said, "Is that right?" He said, "Yes. They just came, did some sightseeing and then left." And he asked, "What's Five Elements Acupuncture?" And I can remember because we were in a bar, [sitting] on bar stools. And I explained Five Element Acupuncture, Causative Factors, the Law of Cure.⁴⁹⁸ And I actually had to get hold of him to stop him falling off the chair because he was laughing so much and he just looked at me and said, "That's ridiculous." I still remember that. You know. [...] That's all he said. He said is "That's ridiculous." That's when he stopped laughing. Seriously.⁴⁹⁹

The visits of British FEA acupuncturists to China, as Mike articulated, were organised and supported by the Society's journal at the time. In the TAS Journal and Newsletters published in the 1980s and 90s, reports of members' visits to China were mainly in the form of photographs of the natural landscape and cultural events (see Figure 4-4 for instance). Anecdotes about local Chinese traditions and cultural customs were also included. Echoes to Mike's testimony above, for a journal of a professional society, these reports of FEA acupuncturists' trips to China

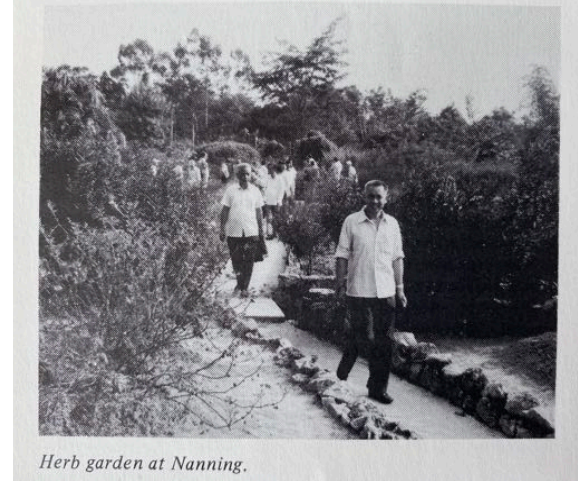
⁴⁹⁸ See Chapter 3 for introductions of these concepts.

⁴⁹⁹ Interview with Mike, 2019-11-06.

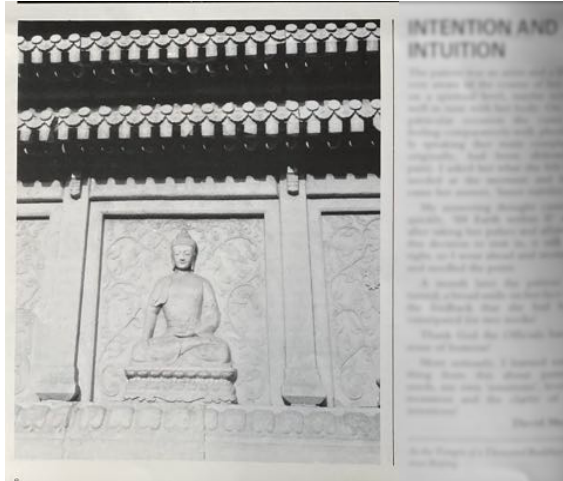
are more like those of a tourist group. Any engagement with the medical theories and clinical experiences of Chinese TCM practitioners, or any potential findings as evidence of the 'authenticity' or 'classical-ness' of FEA during these trips, were never mentioned.



ward looking at Traditional Medicine group on l
ote Szechuan village.



Herb garden at Nanning.



e Great Wall at Badaling.

Figure 4-4. Photos during FEAsers' tours in China. (Sources: TAS Newsletter, 1983 (9), 1984 (13), and 1986 (22).)

To understand the treatment British FEAs received in China, and their disappointment and embarrassment about it, it is important to contextualise their experiences within the different positioning and social status that Chinese medicine and acupuncture had in the two countries. In Britain, as shown in previous chapters, acupuncture was introduced in the 1970s by the CCM generation as a revolt and alternative to mainstream modern medicine. Through Worsley's and subsequent CCM generations, the formation of acupuncture as an alternative medicine in the UK was deeply influenced by psychology and homeopathy.⁵⁰⁰ For example, as Chapter 3 shows, the emphasis on the mind–body model in the development of FEA led to the incorporation of many psychological elements into this style of acupuncture. Whereas in China, the Maoist government promoted Chinese medicine primarily to address the lack of medical resources throughout the nation.⁵⁰¹ As Peter, Mike and other British acupuncturists saw during their visits to China in the 1980s, China had just emerged from war, the Cultural Revolution and famine, and was still struggling at subsistence levels as a third–world country.⁵⁰² The elements of holistic and personalised medicine

⁵⁰⁰ In addition to references on this topic as cited in Chapter 3, Peter D. also gives the same comment in one of our interviews.

⁵⁰¹ Taylor, *Chinese Medicine in Early Communist China*, 19–33; Xiaoping Fang, 'Barefoot Doctors and the Provision of Rural Health Care', in Bridie Andrews and Mary Brown Bullock (eds.), *Medical Transitions in Twentieth–Century China* (2014).

⁵⁰² The 'three worlds' configuration was a product of Euro–American social science that emerged after the Second World War in response to the entanglement of colonialism and anti–colonial movements in an emerging Cold War that drove the globe into a division between two major power blocks. In this discourse, the First World was commonly seen as 'the world of capitalisms', the Second World as 'the world of socialisms/communisms', while the Third World was vaguely defined as the underdeveloped and overpopulated geographical remainder of Asia–Pacific and Africa including China. See Arif Dirlik, 'Spectres of the Third World: Global Modernity and the End of the Three Worlds', *Third World Quarterly*, xxv (2004); Mark T Berger, 'After the Third World? History, Destiny and the Fate of Third Worldism', *Third World Quarterly*, xxv (2004).

advocated in first-world countries by the FEA, such as focusing on emotions and building rapport with patients, seemed too extravagant for the Chinese medical profession and their patients when survival and physical health were not yet guaranteed.

John H.: We had some lectures, but the Chinese were very formal. And, we would ask questions. There would be the lecturer and a translator and, the translator would do his best. But we couldn't get the lectures to say very much, particularly about *emotions*. **They didn't want to discuss that.**⁵⁰³

In addition, as noted above, TCM was constructed by the CCP government and Chinese medical experts with the aim of creating a standardised dominant system parallel to biomedicine for national healthcare. During the 'lost decade' of the Cultural Revolution (1966–76), the infrastructure of many fields, including Chinese medicine, was destroyed. Within a decade, the number of TCM hospitals and practitioners fell by a third, and the number of TCM colleges halved from 21 to 11.⁵⁰⁴ This knowledge system of TCM was 'further simplified to the greatest possible extent' in order to 'solve contradictions' for 'ideological reasons'.⁵⁰⁵ In other words, at the time of the British acupuncturists' visit, Chinese society and its medical systems were not diverse; instead, like other fields of science, technology

⁵⁰³ Interview with John H., 2020–11–18, talking about his ten-week training course at Nanjing College in China in the early 1980s. With decades of economic development, the situation is now changed and will be discussed in the next chapter.

⁵⁰⁴ 'Zhongguo Zhongyiyao Wushi Nian 中国中医药五十年 (Five Decades of Chinese Medicine in China)', *Zhongyiyao Guanli Zazhi 中医药管理杂志*, ix (1999).

⁵⁰⁵ Scheid, *Currents of Tradition in Chinese Medicine*, 311.

and culture, Chinese medicine existed in a single form as TCM in terms of education, research and clinical practice.

This is not to say that the part of the emotional and spiritual practices that the FEA acupuncturists were learning and practising in the UK and searching for in China never existed in the history of Chinese medicine. Traces and historical records of these elements can be clearly seen to have existed in the extant literature and oral traditions.⁵⁰⁶ Nor were they eradicated in the modernising Chinese society during and after the establishment of TCM.⁵⁰⁷ However, by the time of the British acupuncturists' visit in China, after decades of reconstruction, these non-scientific traditions had been completely eliminated from and excluded in the colleges and hospitals of the government-endorsed TCM system. This may explain the experiences and tourist activities of the FEAs in China, with their unfulfilled expectation of finding the historical roots of their style in encounters with the TCM

⁵⁰⁶ Volker Scheid, 'Depression, Constraint, and the Liver: (Dis)Assembling the Treatment of Emotion-Related Disorders in Chinese Medicine', *Culture, Medicine and Psychiatry*, xxxvii (2013); and 'Part 4. Spiritual and orthodox religious practices' in Vivienne Lo and Michael Stanley-Baker (eds.), *Routledge Handbook of Chinese Medicine* (2022).

⁵⁰⁷ These non-scientific elements in the mid- to late 20th century outside the official TCM system are difficult to trace in conventional historical archives, and are therefore easily overlooked by scholars when discussing the history of TCM. However, the from-below turn in historiography since the 1970s and a subsequent anthropological turn have allowed some of these practices of Chinese medicine to be documented and preserved in English-language scholarship. Lo and Barrett present valuable excerpts of Chinese historian Ma Kanwen's notes of his ethnographical travels across China in the 1950s, searching for traditional sites and materials of Chinese medicine in history, see Vivienne Lo and Penelope Barrett, 'Places and Traces: Selections from Professor Ma Kanwen's 馬堪溫 Ethnography of 1955', in Vivienne Lo and Penelope Barrett (eds.), *Imagining Chinese Medicine* (Leiden, 2018). Later, medical anthropologists Farquhar and Hsu's ethnographies provide insights of such diversity (including spiritual healing) in contemporary Chinese medicine community in the late 20th century, Judith Farquhar, 'Market Magic: Getting Rich and Getting Personal in Medicine after Mao', *American Ethnologist*, xxiii (1996); Hsu, *The Transmission of Chinese Medicine*. While another FEAer of the CCM generation, Allegra, recalls speaking with a Chinese medicine practitioner outside the TCM system who acknowledged some of the treatments and theories of FEA as Allegra described them, particularly the acupuncture treatments associated with the spirit (internal and external seven dragons), in interviews with Allegra W. (2020-8-31) and John H. (2020-11-18).

system, as opposed to the pilgrimage and learning experience of their counterparts.

In summary, the reaction of TCM-trained Chinese doctors to the FEA style in the 1980s is once again a reflection of a collective chauvinistic mentality as a result of the constraints of the times. For the Western world, although the knowledge and philosophy of traditional Chinese medicine became more accessible from this period onwards – whether through better quality and quantity of translated literature in English, or the opportunities to come to TCM colleges and hospitals in China to learn – they were still in the process of slowly waking up from their original 'TCM Orientalist' thinking, but they are still in the process of slowly waking up from their original 'Chinese medicine'. At that time, the general public in Euro-America did not have a good knowledge of the actual socio-cultural situation in China and its underlying causes. The process and history of the emergence of TCM was not yet fully understood and presented to the English world until decades later. Therefore, for the FEA acupuncturists who came to China at that time with an Orientalist fantasy of China and authentic Chinese medicine as the root of their practice, their interactions with Chinese TCM doctors and the feedback they received from them were undoubtedly devastating.

The impressions and attitudes of British acupuncturists towards their counterpart in China who trained in the TCM system, were mixed. For some, the superiority in acupuncture technique and clinical efficacy of Chinese TCM doctors was something

to aspire to. With this in mind, as the following section will show, the British acupuncture community at the time had invited their TCM teachers from the Nanjing College to visit and lecture in Britain. However, due to very different social circumstances and cultural backgrounds, the professional arrogance and communication styles of the Chinese TCM doctors may have also put off and even irritated some of the British acupuncturists. If encounters with these TCM acupuncturists in China were occasional and temporary, the migration of some Chinese TCM doctors to the UK in the 1980s and 1990s forced closer and more frequent interactions between the two cohorts.

War between local and immigrated Chinese TCM doctors in the UK

Before the immigration of TCM doctors from mainland China, there was very few of Chinese medicine practitioners or clinics in the UK. In general, in comparison to the scale of immigrants of other ethnic minority communities, the number of Chinese immigrants in the UK before the 1980s was relatively small.⁵⁰⁸ These immigrants were mainly from Fujian and Guangdong on the south–eastern coast of China, and from Hong Kong as a then British colony. Within this Cantonese community, a small number of Chinese medicine clinics provided treatment with herbal medicine and acupuncture. These clinics were mainly located in Chinatown and catered exclusively for Chinese immigrants.⁵⁰⁹ The doctors and staff of the

⁵⁰⁸ Gregor Benton and Edmund Terence Gomez, *The Chinese in Britain, 1800–Present: Economy, Transnationalism, Identity* (Basingstoke, 2008), 53.

⁵⁰⁹ Ruby C.M. Chau, 'Health Experiences of Chinese People in the UK', *Race Equality Foundation*, (2008).

clinics generally spoke only their native languages (usually Cantonese) and therefore had little interaction with customers of the local British population. A Chinese medicine practitioner who came to Britain from Guangdong in 1982 recalls the Chinese medicine market upon her arrival in London,

Luo D.: As far as I know, before 1982, there were very few Chinese medicine clinics in the UK, except for a few acupuncture clinics. There were two in London's Chinatown. They sold some soups, de-wetting teas, five-flower teas and a few tonic products. The occasional customers who sought for medical treatment were elderly Chinese immigrants. The medicine sellers usually had no systematic training in Chinese medicine. Not only did the average British person not understand Chinese medicine at that time, but most Chinese expatriates in Britain also did not take Chinese medicine seriously. Of course, if tea and Chinese spices had been counted as Chinese medicine, the British would have understood it long ago.⁵¹⁰

This situation began to change in the 1980s and 1990s. With the then Chairman Deng's policy of Reforming and Opening Up, more skilled citizens in China began to emigrate abroad.⁵¹¹ Among them, a wave of Chinese medicine practitioners from mainland China gradually arrived in the UK. What distinguished this wave of Chinese immigration from previous ones was that they came from a wider range of geographical areas in mainland China, rather than being confined to the Canton

⁵¹⁰ Hongjun Zhao 赵洪钧, 'Shi Ta Rang Zhongyi Zouchu Guomen — Luo Dinghui Daifu Fangwen Ji 是她让中医走出国门—罗鼎辉大夫访问记 (She Brings Chinese Medicine Overseas: My Visit to Doctor Luo Dinghui)', *Zhao Hongjun Yilun Yihua Xuan 赵洪钧医论医话选 (Paper Collection on Medicine by Zhao Hongjun)* (Beijing, 2019).

⁵¹¹ Liyun Yao, 'Highly Skilled New Chinese Migrants in the UK and the Globalisation of China Since 1990' (The University of Manchester Ph.D. dissertation, 2012).

region.⁵¹² And most of them had received a systematic education combining Chinese and biomedical knowledge at the five TCM colleges in the PRC and had experience of working in TCM hospitals.

There are varied stimuli for Chinese TCM doctors then to come and settle in the West. As mentioned above, some Euro–American acupuncturists went to China (mainly to the Nanjing College of TCM but also to other colleges such as in Chengdu, Shanghai and Beijing) to study TCM, during which time they established personal contacts and friendships with local Chinese TCM doctors and interpreters as their hosts. On their return, they would invite and arrange for some Chinese teachers to come and visit for further lectures and clinical demonstrations. Peter Deadman, as a member of the TCM Gang of Four in Britain, recalls being the first in the UK to have teachers and their interpreters from Nanjing visit and lecture at that time.

In March 1984, the first ‘Advance Seminar’ was held in England with two ‘eminent doctors from People’s Republic of China’ — Professor QIU Maolian (Vice–President of the China National Acupuncture Association and Director of the Jiangsu Provincial Hospital of TCM affiliated to the Nanjing College of TCM) and Doctor SUN Xinming (senior doctor and experienced lecturer ‘both for the College of TCM and for several International Acupuncture Training Courses for foreigners’, presumably including the programme Peter and John attended in Nanjing). This seven–day

⁵¹² Benton and Gomez, *The Chinese in Britain, 1800–Present*, 51; Yao, ‘Highly Skilled New Chinese Migrants in the UK and the Globalisation of China Since 1990’.

seminar was attended by 120 acupuncturists and students from the UK, Europe, USA and New Zealand. A range of topics on were covered and discussed, including acupuncture theory and needling techniques, as well as clinical treatment of issues such as pain, headache, insomnia, anxiety and palpitation, gynaecological and internal diseases.⁵¹³ Detailed reports of this seminar were published in both the local TCM journal (the Journal of Chinese medicine) and the TAS Newsletter for FEA practitioners in the UK. Around the same time, the TAS periodicals also featured a 5–page report with pictures and detailed reviews of a visit they had arranged for ‘Professor Gao and Dr Li’, both experienced practitioners from Beijing College of Chinese Medicine, for a two–week tour of England in 1983 (Figure 4-5).⁵¹⁴ There was generally positive feedback from British participants about the knowledge and skills presented by Chinese TCM doctors during their visits and at these seminars in the UK.

⁵¹³ Vivienne Brown, ‘Chinese Doctors in UK’, *TAS Newsletter*, 1984 (13), 3–5.

⁵¹⁴ Roger Hill, ‘Professor Gao and Doctor Li in England’, *TAS Newsletter*, 1983 (10),

Professor Gao and Dr Li in England

The visit by Professor Gao and Dr Li to England this spring had a significance far beyond the shortness of their stay. Here, Roger Hill sets the scene and outlines the scenario which Colin Lang hopes to open the details and substance of the seminar held at Bedford College.

It is more than two and a half years since I first started negotiating with Professor Gao, Vice-President of the Beijing College of Traditional Chinese Medicine and official Chinese Government overseas delegate for traditional medicine, to visit England as our guest. The flow of letters and telegrams grew faster, but for one reason or another delays set in. However, on our last visit to Beijing in November 1982 we were able to coordinate finally their visit and to agree an outline lecture programme for Dr Li, the Beijing College's senior clinical tutor. Roger Newman-Turner, Chairman of the Board of Governors of the BAA, college helped in this discussion.

Back in England, many TAS members became active in making the visit a reality. Larry Bingley, David Cocks, Colin Lang and the members of the Waterloo Clinic in London, the staff of the Leamington College, Julia Measons in Warwick, Peter Mole in Oxford, Martin Flegg in Somerset, all donate grants and thanks for their work and help.

An early decision was that one purpose of the visit should be to bring the three associations together by offering to share the responsibilities and rewards of looking after our distinguished guests and I was delighted that both the BAA (Helen Goodwin) and Roger Newman-Turner in particular) and the RTCA (Tina McCauley) agreed to play a full part.

There were other reasons for the visit. As you know our legal position here is largely undefined. We practice under the wonderful freedom of the common law and one of the main purposes of the Society, as I see it, is to preserve this freedom to practice as we wish and think best for our patients. Few countries in the world share this generous tolerance and there are many people in England who would like to see it curtailed. So the political aspect of the visit was of key significance. China, after all, is where our medicine originated and where it thrives just pains with Western medicine. Fortunately we were able to arrange a meeting with the Minister of Health, Mr Kenneth Clarke MP, and his deputy, Mr Geoffrey Faintrop MP, with three source mandates from the DHSS and their two staff

doctors. This meeting was attended by Professor Gao, Dr Li, two interpreters and myself. Professor Gao and Dr Li were called upon to answer a full range of questions about the nature of TCM, its training standards, benefits and disadvantages, and its relationship with Western medicine. The discussions went on time and betrayed a very real interest (if lack of previous knowledge) on the part of the Minister. He has invited his Chinese counterpart to visit him here this year. Needless to say, the authoritative answers given by Professor Gao and Dr Li, straight from the horse's mouth as it were, carried more weight for our cause than

At the House of Commons



The terrace of the House of Commons: Tony Speller MP, Professor Gao, Lizzie Bingley, Jessica Darling, Dr Li.



Bedford College: Dr Li demonstrating point location.



At the Waterloo Clinic.

Figure 4-5 Photos of Professor Gao and Dr Li's visit in England (Source: TAS Newsletter 1983 (10)).

Through these teaching opportunities and overseas visits arranged by western practitioners, some Chinese TCM doctors — including senior and junior ones — became aware of the international market and the interest in their knowledge and skills. Among them, a small number with an adventurous character seized the opportunity to immigrate and practise abroad. As Peter recalls, one Chinese member of the tour he arranged found a way to stay in the UK as a TCM practitioner soon after the visit. Xu Guang 徐光, a graduate of Shanghai TCM College, came to the UK in 1989 as an interpreter for two senior TCM doctors and stayed on to become a practitioner in a local Chinese medicine clinic.⁵¹⁵ In the 1987 TAS Newsletters, there was an advertisement from a young TCM doctor in China, who had graduated from ‘a five-year course at Beijing College of TCM’ and had ‘worked in a hospital for two years’, inquiring about vacancies in UK acupuncture clinics.⁵¹⁶

Another catalyst that considerably increased the national reputation and popularity of Chinese medicine in Britain was Doctor Luo’s success in treating local patients for eczema with TCM herbal medicines. Doctor LUO Dinghui 罗鼎辉 graduated from Guangdong College of Chinese Medicine (one of the five TCM colleges in China) in 1970 and worked for many years at the Guangdong Provincial Hospital of TCM. In 1982, she moved to London and opened a small clinic in a basement in Chinatown near Leicester Square — the Hong Ning Clinic (康寧診所).

⁵¹⁵ Personal communication with Guang X., 2021–5–20.

⁵¹⁶ ‘Dr. Han Liping’, *TAS Newsletter*, (1987).

When interviewed by another Chinese TCM colleague two decades later, Luo recalled her reasons and motives for practising TCM in the UK and focusing on skin problems.

Luo D.: When I think about it now, I also had a sense of mission to spread the culture of Chinese medicine overseas. Having studied Chinese medicine systematically and worked in hospitals in China for more than 10 years, I naturally thought of setting up a clinic first when I came overseas. Why not? As I had worked in a Chinese medicine hospital in Guangdong Province for more than 10 years, I am good at making diagnoses with both Chinese medicine and Western medicine knowledge, taking into account the strengths of each. I have a good idea of the diagnosis and prognosis of diseases. However, only the strengths of Chinese medicine can be applied here. It is illegal for me to use Western medicine for treatment here without a certificate of practice as Western doctors recognised in the UK. As a fellow practitioner (Dr Luo already knows that I [the interviewer] am a doctor in China), you know that not all the strengths of Chinese medicine can be brought into play by me alone in a small clinic like mine. For example, I obviously couldn't choose to combine Chinese and Western medicine to save patients with serious fatal illness as I did in China. So I chose dermatology first. There was a large group of British people suffering from skin diseases, eczema is particularly common. And results from treatment by western medicine was not satisfying. So, I decided to work on the treatment of this disease.⁵¹⁷

After successfully treating a number of local patients in the UK, Mary Sheehan and David Atherton — Consultants in the Department of Dermatology at the Great Ormond Street Hospital for Sick Children, conducted a placebo-controlled double-

⁵¹⁷ Zhao 赵洪钧, 'Shi Ta Rang Zhongyi Zouchu Guomen'.

blind trial of the herbal decoction prescribed by Doctor Luo to treat severe atopic eczema resistant to conventional treatment. The results of the study were published in two leading medical journals — *The Lancet* and the *British Journal of Dermatology* — and concluded that 21 severe cases out of 37 participants were cured or substantially relieved.⁵¹⁸ The Earl of Clanwilliam, speaking in the Lords Chamber in January 1996, described doctor Luo's treatment and this research as 'a remarkable achievement'.⁵¹⁹ As studies published and word of mouth spread about the cured patients, Luo's practice received repeated exposure and praise in the British mainstream media (including *The Times*, *The Daily Telegraph* and the *BBC*) in the late 1980s and early 1990s, followed by an exploding of patients at her clinic.⁵²⁰

Luo D.: Since 1986, there have been queues of patient in front of my clinic in the middle of the night. Patients came not only from all over the UK, but also from Western and Northern Europe, the USA, Canada, Australia and South East Asia. At most, there were over 300 people a day, so much so that the police were often needed to maintain order. The police then put out notices and sent police officers to stand outside the hall every night to register patients for appointments. In a week's time, new patients had to wait for three months before they could be seen. This situation continued largely until June 1993.

In 1990, a rigorous double-blind controlled trial of a 'tea bag' made from a prescription I provided, funded by the British National Eczema Society, was

⁵¹⁸ M. P. Sheehan et al., 'Efficacy of Traditional Chinese Herbal Therapy in Adult Atopic Dermatitis', *The Lancet*, cccxl (1992); Mary P. Sheehan and D.J. Atherton, 'A Controlled Trial of Traditional Chinese Medicinal Plants in Widespread Non-Exudative Atopic Eczema', *British Journal of Dermatology*, cxxvi (1992).

⁵¹⁹ House of Lords UK Parliament, 'Lords Chamber Volume 568: Debated on Wednesday 10 January 1996', (1996).

⁵²⁰ Zhao 赵洪钧, 'Shi Ta Rang Zhongyi Zouchu Guomen'.

successful in treating patients with generalised non-exudative eczema who had failed to respond to Western treatment. It was effective at 60% in children and 70% in adults. This was hailed as another major achievement in the 40 years since hormone therapy for eczema. For this reason, the media scrambled to report it. On 28 April 1993, British national television (BBC) introduced me and the Chinese medicine for eczema. This was the first positive feature on Chinese medicine by the most important media in the UK.⁵²¹

Some British entrepreneurs and Chinese students in the UK saw Luo's success and subsequent publicity as a business opportunity and began to bring TCM doctors from China to practise in the UK. Some of these doctors left at the end of their contracts, while others took the opportunity to stay in the UK and continue to practise Chinese medicine. As a result, the immigrant community of TCM practitioners from China gradually expanded in the 1990s and 2000s. Many of my interviewees remember that around the turn of the 21st century there was a Chinese medicine/acupuncture clinic on almost every high street in British towns and cities.

It is worth noting that for these TCM doctors from China, herbal medicine was their primary means of treatment, both in training and in practice, with acupuncture as a complementary method. In contrast, the development of Chinese medicine in the UK has been based solely on acupuncture as the main form of treatment.⁵²²

⁵²¹ *Ibid.*

⁵²² The anthropologist Barnes describes this situation in the Euro-American context, in Linda L. Barnes, 'The Psychologizing of Chinese Healing Practices in the United States', *Culture, Medicine, and Psychiatry*, (1998); and 'The Acupuncture Wars'.

Europe has its own herbal medicine heritage and industry.⁵²³ And due to historical reasons, the transmission of acupuncture and Chinese herbal medicine was separated in Europe due to historical reasons accumulated for centuries.⁵²⁴ Therefore, despite the vibrancy and activity in the acupuncture communities of Worsley and the CCM generation in the 1970s, it was not until reports of Dr Luo's clinical success that Chinese herbal medicine became visible to the British public.

In the UK at that time (and even now), TCM was essentially synonymous with acupuncture treatment, with most British TCM practitioners staying away from integrating herbal remedies into their acupuncture practice. In order to adapt to this professional environment and the expectations of local patients, TCM doctors emigrating from China would increase their use of acupuncture in treatment. However, because of their educational background and clinical experience, and in Dr Luo's words, 'a sense of mission to spread the culture of Chinese medicine overseas', many Chinese doctors still prioritised herbal medicine in their clinical work. For local acupuncturists — TCM and FEA alike — learning Chinese herbal medicine involves a whole new body of knowledge about the name, nature and

⁵²³ P. S. Brown, 'The Vicissitudes of Herbalism in Late Nineteenth- and Early Twentieth-Century Britain', *Medical History*, xxix (1985); Graeme Toby et al., *The Western Herbal Tradition: 2000 Years of Medicinal Plant Knowledge* (St. Louis, 2010); Marco Leonti and Robert Verpoorte, 'Traditional Mediterranean and European Herbal Medicines', *Journal of Ethnopharmacology*, cxcix (2017); Elaine Leong, *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England* (Chicago, IL, 2018); Rebecca Lazarou and Michael Heinrich, 'Herbal Medicine: Who Cares? The Changing Views on Medicinal Plants and Their Roles in British Lifestyle', *Phytotherapy Research*, xxxiii (2019).

⁵²⁴ Gwei-djen Lu and Joseph Needham, *Celestial Lancets: A History and Rationale of Acupuncture and Moxa* (Cambridge, 1980); Roberta E. Bivins, *Acupuncture, Expertise and Cross-Cultural Medicine* (London, 2000), 1–14; Linda L. Barnes, *Needles, Herbs, Gods, and Ghosts: China, Healing, and the West to 1848* (Cambridge, Mass, 2005); Tang, "'From Outcast to Inboard'".

functions of thousands of foreign plants and mines, not to mention the matrix of countless combinations between these substances. According to my interviewees who made initial attempts to learn at the time, it proved more complex and difficult even for those who were already familiar with the basic theory of TCM and acupuncture.⁵²⁵ There was also no pre-existing commercial market for the purchase of Chinese herbs for UK-based TCM practitioners and their potential patients at the time. Therefore, while a small number of British acupuncturists embarked on the long and difficult study of TCM herbal treatment out of interest and a desire for better efficacy, the majority chose to stick to acupuncture.

The distinct choices and preferences of British acupuncturists and Chinese TCM doctors as to the treatment modalities of Chinese medicine set the stage for future conflict between the two professional groups. As the number of emigrated Chinese practitioners grew, some of them decided to set up their own professional associations in the UK. The leading group among these Chinese associations is known as the Association of Traditional Chinese Medicine (ATCM), founded in 1994 with doctor Luo as its first president. Initially, most of these Chinese groups, including the ATCM, were in a state of tactical division with their British counterparts, remaining in their respective territories of practice. Such a tenuous peace soon became unsustainable because of the common demand for professional legislation. After some initial contacts with acupuncturists from

⁵²⁵ Reflected in interviews with David A., Janie P., Mike P., Volker S., Peter D. and John H..

different groups, the British government (Department of Health) decided to continue this process of Statutory Self-Regulation (SSR) only on the basis of a 'one voice' policy, meaning that the acupuncture community had to form 'a single professional body' to negotiate and progress its legislation with the UK government.⁵²⁶ This requirement for a united single voice forcefully brought both local and migrant Chinese practitioners to the table in order to form a mutually agreed protocol for moving the process forwards.

As the leading body of British lay acupuncturists, the BAAC had played an active and dominant role in the previous preparation and then in this attempt at a unified voice for the acupuncture profession, including participating in responding to the House of Lords Select Committee's inquiry into the merits and weaknesses of acupuncture, explaining BAAC's position and battling the sceptics both privately and publicly, and organising regional meetings around the country with members from different practising groups — both local and Chinese ones — to collect opinions on practice and the SSR process.⁵²⁷ In 1999, Mike O'Farrell, with a strong background in corporate leadership and as an acupuncture client, was invited to become the first Chief Executive Officer (CEO) of the BAAC.⁵²⁸ And one of his

⁵²⁶ Department of Health, *Regulation of Herbal Medicine for Acupuncture: Proposals for Statutory Regulation* (UK, 2004).

⁵²⁷ British Acupuncture Council Executive Committee, 'Regulating Acupuncture: Exploring the Options', *British Acupuncture Council News*, (2001); British Acupuncture Council, *20th Anniversary Review: 1995–2015* (UK, 2015), 11.

⁵²⁸ Pia Huber, 'The BAAC: Where Did We Come from and Where Are We Going', *Acu. (Acupuncture Quarterly from the BAAC)*, (2021).

primary and urgent tasks was to “chair (acupuncture) groups for the Department of Health as we all tried to find ways and conditions under which the different bodies could work together”.⁵²⁹ Surprisingly, in his recollection and diplomatic interpretation of years of experience negotiating legislation protocols with Chinese representatives, it was “the personalities” that always got in the way.

Mike O.: I actually got them together for a period of time. It worked very well, but then the personalities were too strong to allow. Uh, there wasn't very much humility in the debate. [...] I was asked to bring together a group. So there were the medical acupuncturists. There were chiropractic people as well, they were then had a body. And there were these Chinese ones. And it was getting to the point where we were trying to find a common theme that we could go back to the Department of Health — who was also sitting there — saying “We are now together as much as we can be. So Mr X” — I can't remember his name for the minute, who was from the ATCM — “Would you just explain very clearly, exactly what you want?” And as he did that, the man from the other Chinese, the other Chinese body, there were two of them. One put his fingers in his ears, the other put his hands in his face and they both put their faces on the table. And this man just carried on talking. And I was at absolutely ... I was so embarrassed. And the guy from the Department of Health, who I got to know quite well, just looked at me and he just shook his head slowly. And I, I said, “I'm really, really, sorry.” The chiropractors who were seeing themselves as sort of quasi “proper doctors” in quotes, just looked in absolute amazement, like saying “What's this about?” And after half an hour, I just had to stop it and said, “Sorry, gentlemen. This is not gonna happen. We are gonna take a break.” And those are grown-ups. Not children. These are grown-ups we're talking about.⁵³⁰

⁵²⁹ British Acupuncture Council, *20th Anniversary Review*, 11.

⁵³⁰ Interviews with Mike O., 2022–8–30 and 9–6.

As mentioned earlier, there was a huge gap between the British and the Chinese society in terms of levels of economic development and modernisation. This was especially evident in the 1980s and 90s, when Peter D. observed only two colours of clothing and one choice of winter vegetables on the street of Nanjing — a relatively prosperous city in China. During the Cold War period, China was categorised as the Third World in terms of political and economic development and level of modernisation, compared to the UK, USA and Europe as First World.⁵³¹ For these emigrated Chinese TCM doctors, as university graduates and medical professionals, they were probably considered the elite in China, yet they were born and raised in a country still in the shadow of war, famine and a national cultural revolution. The two men involved in the scene Mike witnessed — Professor MA Boying 马伯英 and Doctor WU Jidong 吴继东 — are renowned TCM professionals and scholars in the British society.⁵³² As new immigrants, however,

⁵³¹ See footnote 69 for the ‘Three Worlds’ configuration.

⁵³² **Professor Ma** was born in 1943 in Dongyang, Zhejiang Province, China. In 1978, he passed the national examination and became the first postgraduate student at the Institute of Chinese Medicine (now the Chinese Academy of Chinese Medicine) after the Cultural Revolution, receiving his Master's degree. He has been practising both Western medicine and Chinese Medicine and has worked in the UK for more than 30 years teaching and practicing Chinese medicine. As a Chinese medical historian, he published more than 300 articles and 10 books. From 1985–88 and again in 1993, he was an associate of Dr Joseph Needham (1900–1995) for the Science & Civilisation in China project and a visiting fellow at the University of Cambridge and the British Academy. His own monograph, *A History of Medicine in Chinese Culture* (1994), was a pioneering and seminal work in its field. Ma is the Chairman of Federation of Traditional Chinese Medicine, UK (FTCM). In 2013, the *Journal of Chinese Medicine in the UK* dedicated a special issue (Dec. 2013, Volume 2 Supplementary Issue) to him, including biographical articles by his colleagues and students, and a collection of Ma's publications. **Doctor Wu** was born in Nanjing, China. Before moving to the UK in 1994, he studied extensively at TCM colleges/universities in China, obtaining his Master's in Acupuncture from the Shanghai College (now University) of Chinese Medicine and his Doctorate from the Nanjing University of Chinese Medicine. Since moving to the UK, Wu has worked as a TCM practitioner in his own clinic and as a senior lecturer at Middlesex University. During the years of negotiating for SSR and acupuncture legislation, Wu was the Chairman of the ATCM from 2003 to 2007 and then Secretary of the Association from 2008 to 2010. See a pre-recorded interview with Wu by the British Chinese Heritage Centre in 2013, https://www.britishchineseheritagecentre.org.uk/en_uk/interviews/bcwh_wujidong.html (last access: 2020–9–30).

their behaviour and social manners were incomprehensible, disrespectful and sometimes embarrassing to their middle-class British counterparts at the negotiating table.

Difficulties in communication and cooperation between the two sides also arose from the fact that they were often fighting different battles in the legislating process. For example, Chinese practitioners felt that the requirement to speak English was a major obstacle and unnecessary. As ATCM's then chairman, Dr Cheng, explained in an article, the Ministry of Health set a language bar of IELTS level 7 (now a standard for international postgraduate students in the Humanities) for all practitioners to be registered with the profession, because 'they had to communicate with the patients and if they couldn't understand the patient's condition clearly, they couldn't prescribe the right medicine'.⁵³³ Against this standard, many migrant Chinese TCM practitioners furiously argued that they had never studied English systematically and had practised safely and effectively in the UK with the help of other diagnostic skills and experience, and that it was an impossible task to achieve IELTS level 7. ATCM representatives therefore fought hard to exempt their registered members, who had practised in the UK with a good

⁵³³ Mingzhao Cheng 程铭钊, 'Yingguo Zhongyi Lifa de 10 Nian Licheng Huigu 英国中医立法的 10 年历程回顾 (A 10-Year Review of Chinese Medicine Legislation in the UK)', *Huanqiu Zhongyiyao 环球中医药 (Global Traditional Chinese Medicine)*, iii (2010); Yang You 尤洋, 'Ruhe Kandai Zhongguo Yixueshi Yu Zhongyi de Haiwai Fazhan — Fang Lundun Daxue Weierkang Yixueshi Yanjiu Zhongxin Ma Kanwen Jiaoshou 如何看待中国医学史与中医的海外发展—访伦敦大学维尔康医学史研究中心马堪温教授 (How to Understand the History of Chinese Medicine and the Development of Chinese Medicine Overseas — An Interview with Professor Kamwin Ma of the Wellcome Centre for the History of Medicine, University of London)', *Shanxi Daxue Xuebao (Shehui Kexue Ban) 山西大学学报(哲学社会科学版)*, xxxiv (2011). See also Department of Health, *Regulation of Herbal Medicine for Acupuncture*.

safety record, from any further testing of English or professional knowledge.⁵³⁴ In this language test battle, the local members of the committee seemed indifferent, if not dismissive, of the struggle and demands of their Chinese colleagues.

A more serious conflict between the two, however, remains relevant to their differing perceptions of 'authentic practice' and, consequently, their divergent appeals as to how it should be legislated. In 2000, after initial contact with members of the UK acupuncture groups, the House of Lords issued a report on practice grouping and regulation of complementary and alternative medicine for public safety, which independently classified acupuncture and herbal medicine as 'group 1', while TCM in 'group 3' (due to 'less scientific evidence to support its complex framework' and therefore lower priority for legislation).⁵³⁵ In response, the Department of Health suggested to proceed statutory regulation with acupuncture and herbal medicine respectively. In response, the Ministry of Health proposed that only acupuncture and herbal medicine (but not TCM) be regulated by their respective regulatory bodies.⁵³⁶ This method deeply offended Chinese TCM doctors for two reasons. On the one hand, they believed that the system they learned and practised as TCM in China is undoubtedly the one and only authentic

⁵³⁴ Cheng 程铭钊, 'Yingguo Zhongyi Lifa'; You 尤洋, 'Ruhe Kandai Zhongguo Yixueshi Yu Zhongyi de Haiwai Fazhan'.

⁵³⁵ House of Lords Selected Committee on Science and Technology, *House of Lords Selected Committee on Science and Technology—Sixth Report* (UK, 2000). This report did not indicate explicitly whether 'herbal medicine' here refers to European herbal medicine or it also includes Chinese herbal medicine used by TCM practitioners.

⁵³⁶ Department of Health, *Government Response to the House of Lords Select Committee on Science and Technology's Report on Complementary and Alternative Medicine* (UK, 2001).

version of Chinese medicine. Therefore, for them, the only legitimate way to provide and legislate Chinese medicine treatment is to integrate herbal medicine and acupuncture. On the other hand, as university graduates and hospital doctors in China's TCM system, their sense of being the elites and authorities in this field gave them a patronising attitude and did not recognise local acupuncturists in the UK and their practice skills as being on *a par* with themselves as 'TCM doctors'. During the legislative process, these attitudes led to strong opposition from Chinese TCM practitioners to BAcC's call for separate legislation for acupuncture alone.⁵³⁷

To defend and preserve the authentic practice of TCM as taught and practised in China, Chinese TCMers repeatedly emphasised to the British legislating committee that 'Chinese medicine (including Chinese herbal medicine, acupuncture, *tui na*/massage, etc.)' has always been 'intimately connected parts of the tradition of Chinese medicine'.⁵³⁸ In an official response to the Department of Health, representatives of the ATCM and other smaller Chinese medical associations jointly insisted that 'the integrity of this tradition (be) recognised within the statutory framework', with all these therapeutic methods being 'legalised as a holistic healthcare system or a specialised profession'.⁵³⁹ Meanwhile, they as TCM

⁵³⁷ Tang, "'From Outcast to Inboard'"; You 尤洋, 'Ruhe Kandai Zhongguo Yixueshi Yu Zhongyi de Haiwai Fazhan'; Zhao 赵洪钧, 'Shi Ta Rang Zhongyi Zouchu Guomen'.

⁵³⁸ *Ibid* and Alliance of Professional Associations of Chinese Medicine (Register of Chinese Herbal Medicine and ATCM), 'TCM Legislation', *Journal of the Association of Traditional Chinese Medicine*, (2004).

⁵³⁹ Alliance of Professional Associations of Chinese Medicine (Register of Chinese Herbal Medicine and ATCM), 'TCM Legislation'; Cheng 程铭钊, 'Yingguo Zhongyi Lifa'.

practitioners should be distinguished from those who only provide acupuncture treatment and be recognised by the government in legislation as 'Chinese medicine practitioners'.⁵⁴⁰ In other words, 'practitioners of Chinese medicine' should be allowed to use both herbal medicine and acupuncture in clinical practice, with a single register under the regulatory framework.

A retrospective article written by Dr CHENG Mingzhao 程铭钊 — board member of ATCM and Luo's successor as the next president — clearly points out the insistence of its registered members on the Chinese model of 'authentic Chinese medicine where acupuncture and Chinese herbal medicine are inseparable'.⁵⁴¹ The ATCM appeal continues, 'In 2000, the British House of Lords began studying the issue of legislation, and the ATCM joined the Herbalism Group; arguing that Chinese herbal medicine and acupuncture could not be separated; that Chinese herbal medicine could not be regulated together with Western herbal medicine and ayurvedic medicine. In the end the herbal group agreed and supported the establishment of a CAM Council (Complementary and Alternative Medicine Council)'.⁵⁴²

This requirement, with the additional formalities and risks associated with the use of herbal substances in terms of UK and European policy, was completely

⁵⁴⁰ Cheng 程铭钊, 'Yingguo Zhongyi Lifa'.

⁵⁴¹ *Ibid.*

⁵⁴² *Ibid.*

unnecessary for British acupuncturists seeking SSR legislation. To fight their ground, the Acupuncture Working Group (consisting mainly of Mike O'Farrell and other members of the BAAC, and medical acupuncturists with biomedical background) 'opposed the CAM Council model', 'demanded independent legislation for acupuncture' and 'rejected ATCM's enquiry to participate in the Acupuncture Working Group'.⁵⁴³

Conclusion

In retrospect, the conflict and wars that arose during the professionalisation of acupuncture in the latter two decades of the 20th century was largely fuelled by disparate views on what constituted an authentic approach to Chinese medicine and acupuncture. These clashes further perpetuated the existing divide within the British acupuncture community. The British advocates of FEA and TCM, who had been "declared war" on each other for years, eventually put aside their rivalry under the government's 'one voice' policy on professional legislation. Subsequently, however, new wars broke out between British acupuncturists and migrant Chinese TCM doctors over their differing understandings of authentic Chinese medicine and therefore conflicting claims to professional status. This period of internal rivalry resulted in additional obstacles and delays for the UK acupuncture community to achieve a unified voice. Mike O'Farrell, who devoted more than a decade lobbying and negotiating between factions of acupuncture groups, gives his insights of

⁵⁴³ Cheng 程铭钊, 'Yingguo Zhongyi Lifa'.

impact of the series of acupuncture wars with regret, “We lost an opportunity to demonstrate to the wider public the benefits of acupuncture. (...) to people who do not understand the nuances, ‘Well, if it's that good, why aren't you all together?’” And therefore, those people who don't know that would think, “Well, there must be, there's some flaws in the system’”.⁵⁴⁴

After several battles and with challenges from both within and beyond the profession community, those first attempts at acupuncture legislation were rejected by the Department of Health. The then Health Minister expressed sympathy but rejected the final proposal for SSR on the grounds that ‘we got enough to do without getting aggravation’.⁵⁴⁵ The subsequent financial crisis in the UK, which began in 2008, further damaged the educational and clinical market for acupuncture. During this period, TCM, which had been standardised and systematised in China, survived relatively well, while the FEA faction closed almost all colleges across the country. And the FEA acupuncturists rapidly lost their former status, accounting for half of the UK acupuncture community. But history is never short of unexpected turns. As the next chapter shows, FEA, a British school of acupuncture that was brutally denied and ridiculed in China in the 1980s, and which lost much of its domestic market to the challenge of TCM, has unexpectedly found a new lease of life on the Chinese landscape in the 21st century.

⁵⁴⁴ Interviews with Mike O., 2022–8–30 and 2022–9–20.

⁵⁴⁵ Interview with Mike O., 2022–8–30.

Chapter 5 Bringing it home: 5–Element Acupuncture and a Counterculture Movement in China, 2011 onward

With the attempts to professionalise acupuncture in the UK discussed in the previous Chapter, acupuncture education in the UK gradually started to standardise. Increasingly colleges began to collaborate with nearby universities to make acupuncture education a state-sponsored degree programme and thereby more recognised. As discussed in Chapter 1, during the modernisation of China in the 20th century, TCM came in to being following a process of institutionalising and standardising in accordance with the standards of modern medicine deemed appropriate by the state. In other words, the modern TCM system was developed within a collegiate model of education which facilitated this transition when it came to the UK. There were textbooks and curricula to follow. FEA, on the other hand, was ill-adapted to the demand for standardisation being shaped by the CCM era. It espoused sensation, subjectivity and individuality and not reproducibility. Many FEA acupuncturists fought against the changes attendant on modernisation, believing it would damage the authenticity of their school and the medical tradition of acupuncture in general. With this shifting professional environment and the striving for governmental endorsement (discussed in Chapter 4), coupled with the economic crisis that the UK experienced in the 2000s, almost all major FEA colleges in the UK, including the CTA at Leamington Spa, had disappeared by the end of the decade.

However, to the surprise of many, in the following decade, FEA found its way into China, survived and even thrived in this reverse process of transmission. China became a new battlefield for the war between FEA and TCM, a war that ironically reveals an undercurrent of the countercultural spirit — but against a different medical establishment in a different time and different society. In 2012, the first FEA course was held in Nanning, China, which makes the year of 2022 the tenth anniversary of this acupuncture style in China. This contemporary history of the introduction and development of FEA in China reflects, like a mirror, some intriguing trends and currents of thought in the Chinese TCM community. These dynamics require more attention and academic exploration and are the very subject of this chapter.

This last chapter focuses on the history of FEA's so-called 'return' to China over the last decade. I begin with the narrative of FEA being introduced to China via a letter between two TCM practitioners. In the following section, I try to provide a portrait of the Chinese FEA community with contextualised introduction of key figures involved. Self-identified as a continuity from the British movement of a few decades earlier and the protagonists of Chapter 2, certain comparisons were drawn between the two acupuncture groups across time. The key concept governing the re-birth of FEA in China is *fāmài* (法脉 Dharma Lineage) as employed by members of the Chinese FEA group as a representation of the roots of their authenticity. This chapter answers the question of why these contemporary Chinese practitioners accepted and advocated FEA as an authentic acupuncture. Their definitions and interpretations of authenticity

are contextualised in what I call a 'Counterculture Movement against TCM'.

For reasons I do not yet fully understand, most of my invitations to interview core members of the Chinese FEA community have been diplomatically declined or simply ignored. Fortunately, a couple of old friends back in the TCM system have shared with me their experiences encountering FEA and later as becoming members of this community. More fortunately, in contrast to Worsley's tactic of and emphasis on oral rather than textual transmission, FEA in China makes extensive use of text as a medium. *Wúxíng Zhēnjīu Shōucè 五行针灸手册 (The Guide to Five-Element Acupuncture)* was published in Chinese and reprinted for several times since its first edition in 2011. This book is popular and widely circulated as a textbook within the community and as an introductory text beyond the group. On the other hand, the promotion and dissemination of FEA in China is entangled with the rapid development and popularity of the Internet in this nation. In the past decade, smartphones have become an everyday necessity for most Chinese, with the app WeChat a must-have on over one billion Chinese person's mobile phone, serving multiple functions including messaging, social media and online payment.¹ The Chinese FEA group has also leveraged this platform to promote its reputation. On WeChat's 'Official Accounts' (公众号 *gong zhong hao*) platform for organisations,

¹ Christian Montag, Benjamin Becker, and Chunmei Gan, 'The Multipurpose Application WeChat: A Review on Recent Research', *Frontiers in Psychology*, ix (2018); D. Miller et al., *The Global Smartphone: Beyond a Youth Technology* (2021), esp. Chapter 8 The heart of the smartphone: LINE, WeChat and WhatsApp.

there are accounts of several FEA organisations including the 五行针灸社区 (*Wuxing Zhenjiu Shequ*, The Community of Five–Element Acupuncture Association), 饮水斋五行针灸 (*Yin Shui Zhai Wuxing Zhenjiu*, Drinking Water Zhai Five–Element Acupuncture), 阿迷娜开心工作室 (*Amina Wuxing Zhenjiu*, Amina Happy Studio), 同有三和五行针灸 (*Tong You San He Wuxing Zhenjiu*, Tong You San He Five–Element Acupuncture), and 北中医五行针灸 (*Bei Zhong Yi Wuxing Zhenjiu*, Five–Element Acupuncture in Beijing University of TCM).² A large amount of material is published and disseminated through these public accounts, being categorised into teaching materials, interview recordings and personal stories of members, learning experiences, discussions of clinical cases, blessings and encouragement from core members to the group, etc. These growing resources on the internet have become valuable primary sources for my research on the Chinese FEA community, especially during the Covid pandemic.

The transmission of FEA from Britain to China: an airmail letter

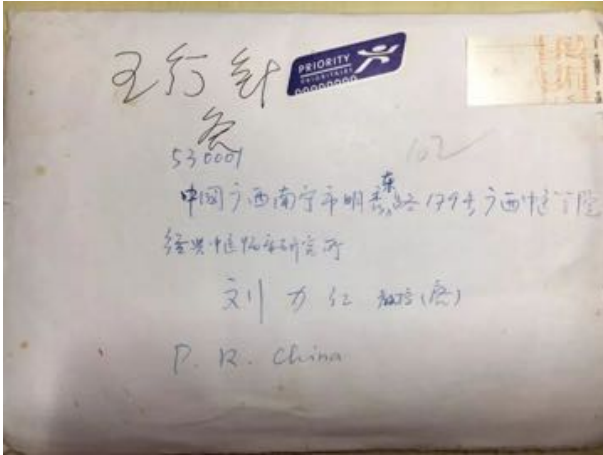
In the many articles posted on the official website and WeChat accounts of the FEA in China, members tirelessly refer with delight to the incident that triggered FEA's “return to home” (回归故土): an airmail letter. It is a ten–page handwritten letter

² For detailed introduction of the application of Official Accounts on WeChat, see Tomas Graziani, ‘WeChat Official Account: A Simple Guide’, *Walk the Chat*, (2019).

sent from the Netherlands to Guangxi, China, just before the Chinese New Year in 2010 (see Figure 5–1 with one exemplary page). The author of the letter was a TCM–trained Chinese doctor, LONG Mei 龙梅. Born in Sichuan Province, China, Long obtained her undergraduate degree in TCM at the Chengdu College of Traditional Chinese Medicine in 1991. After working as a clinician in the TCM department of a biomedical hospital in Chengdu for a few years, she moved to the Netherlands in 1997 and has been a practitioner of Chinese medicine there ever since. Ten years later, in 2008, Long encountered FEA at an acupuncture event. After studying and practising FEA for over a year, Long was struck by the uniqueness and characteristics of the FEA system. In her letter, Long quotes ancient Chinese poetry and classical idioms to express the comprehensive and profound impact that this acupuncture has had on her:

Long M.: It was a time when I felt stuck in my career and my practice. I had the energy and desire to study but seemed to have lost a clear direction. Then I came across Five Element Acupuncture, it made me feel that I have ‘worn out iron shoes in hunting around’ (*tàpò tiěxié wú mìchù*, 踏破铁鞋无觅处) for it, and I ‘fell in love at first sight’ (*yíjiàn qīngxīn* 一见倾心) with it. Since then, my career in Chinese medicine has entered a new world, a new realm. Moreover, it has given me a broader understanding of life and human nature, and has enriched my life – more fun, more sympathy.³

³ Mei Long 龙梅, ‘Wuxing Zhenjiu Chuanshuozhong de Nafeng Changxin: Long Mei Zhi Liu Lihong 五行针灸传说中的那封长信：龙梅致刘力红 (The Long Letter in the Legend of Five–Element Acupuncture: Long Mei to Liu Lihong)’, *Tongyou Sanhe Jiaoyu Wenhua* 同有三和教育文化, (2018).



刘老师：您好！

在来航季，航配多日今来信，主要想跟您汇报一下我这一年多来
 实践之刘刘计划，深感您的价值非同寻常。

在我对自己的追求时有困惑之心，亦有钻研之精神与决心，但
 如迷失一个明确方向之时候，接触到王刘计划，深感“踏破铁
 鞋无觅处”，不由的“心有所悟”。从此我的职业生涯进入一个新
 天地。刘刘计划，不但如此，她让我认识到了，对于人生有怎样的意义
 丰富自己的人生：更多乐趣，更多意义。

Figure 5-1. Parts of Long's letter to Liu⁵⁴⁹

⁵⁴⁹ For Long's full letter, see Appendix 2.

After encountering and studying FEA for over a year, Long wrote this long letter to a peer practitioner she knew in China, Doctor LIU Lihong 刘力红. Liu is a Chinese herbalist who had also graduated through the TCM system. For his work and monograph on 傷寒論 (*Shānghán Lùn, the Treatise on Diseases Caused by Cold, TDCC*), Liu has become a well-known figure in the field of Chinese medicine in China after the turn of the century (more discussion on him in the following sections). The purpose of writing this letter to him, Long explains, was that ‘I studied and practised the FEA and had a wish in my deep heart, which became stronger every day: one day in the future, I would like to bring her back to China’.⁵⁵⁰ Long believed that Dr Liu Lihong was the right person to help FEA take root in China. The story that followed proves her judgement correct. And it was through this ten-page handwritten letter that Long impressed doctor Liu and gained his support that continues to the present day.

As Liu Lihong had never heard of FEA, Long provided him a detailed description of the FEA system, including its characteristic diagnostic methods and treatment procedures. In this letter, Long explains this thought style of FEA in an identical way as it was taught at Worsley’s College in the UK (with description and discussion in Chapter 3), with many of the expressions preserved and literally translated.

⁵⁵⁰ In comparison to the English custom of using ‘it’ as the pronoun, in Chinese language, FEA is referred to as 她 (*ta*, her) in Long’s letter and elsewhere. See Figure 5–1 for a partial screenshot of the long letter, and Appendix for the full letter.

Long begins by describing the FEA methods of diagnosis with an emphasis on its difference as a 'tradition' with the qualities that commonly related to modernity.

Long M.: The diagnostic information rooted in sounds, colours, emotions and odours that FEA diagnosis relies on all comes from the senses and is not the result of logical reasoning. The ancients were very sensory oriented, they just felt directly [for diagnosis]. When the senses are truly engaged, knowing by looking and knowing by smelling will happen naturally. **But in modern society, with its emphasis on "scientification", "materialism" and reasons, human sensory abilities are shrinking. People are basically hearing but not hearing, seeing but not seeing! We are all born with these sensory abilities. They are sharpest in babies up to the age of one, and gradually disappeared as we grow older. But with training it can be regained.**⁵⁵¹

In contrast to the 'scientific', 'materialistic' and logical approach of Eight Principles diagnosis in the TCM, Long points out that the FEA diagnosis of CF is based on the traditional theory of *Wuxing* and relies on 'the subjective feelings of the practitioner'. Those skills are '**not in the books**' but 'should be emphasised as foundational to the education of Chinese medicine', and '**need to be regained through practice**'. At the same time, she assures Liu that these diagnostic methods are 'in everyone's mind' as '**everyone can learn them once they have been instructed and have practised**', and **this learning process is 'without difficulty, even children can learn them'**. Long also quotes the 'words of the ancients' to illustrate how learning this diagnostic method

⁵⁵¹ Long 龙梅, 'The Long Letter'. The part underlined (same below) is emphasised by me on identical remarks to Worsley's introduction of FEA in books and interview recordings such as J. R. Worsley, *Talking About Acupuncture in New York* (Warwickshire, 1984); *A Day with Excellence (Interview by David Shephard), Part I*, (<https://www.youtube.com/watch?v=1MMiUPJtDdg&list=PLVh9eaghp1FwVwHte8qMXiTmQtl16Ikx&index=8>, 2001).

enables her to link with traditional practitioners of Chinese medicine, 'Now I understand that the ancient saying "when you hear the sound, you know what suffering it is" (闻其声而知所苦 *wén qíshēng ér zhī qíkǔ*). It is not a mystery but totally feasible'.

Long then introduced the principles and procedures of FEA clinical treatment. She begins by describing the verdict of a 'possession' state and its treatment, using 'Sun Zhen Ren's Ghost Points' (孙真人的鬼穴 *sūnzhēnrén de guǐxué*). It is worth noting, as reviewed in Chapter 1, that elements like 'possession' and 'ghost points' were deemed as spiritual and 'superstitious' and therefore would be avoided by modernist practitioners to the degree that associated practices were eradicated during the modernisation of Chinese medicine in the 20th century. However, these are the first steps in the New Age–influenced FEA treatment and the first in Long's introduction to Liu Lihong. It is reasonable to infer that Long was under the impression that Liu is not averse to what this treatment represents. Later in the letter, Long explains about pulse taking during FEA treatment by emphasising that the technique is 'based on the pulse theory in the 難經 (*Nanjing, Classic of Difficult Issues*, compiled after 100 CE)'. Again, she makes a comparison with her previous TCM training,

Long M.: I used to have trouble with pulse diagnosis, it wasn't clear in my heart and wasn't real with what I felt with my hands. But since I have learned FEA, it is not at all mysterious to check the pulse in this purposeful way, the pulse becomes so tangible! The changes before and after treatment are easy to

experience. Anyone can learn it, so why not teach students in this way? So many detours before.⁵⁵²

In addition to introducing the knowledge, Long cites two of her own successful clinical cases to emphasise FEA's focus on the mind and spirit (神 *shén*),

Long M.: What attracted me to FEA and made me devote myself to it was my experiences of its special emphasis on the unification of body, mind and the "*shen/spirit*" dimension. I feel that the healing power FEA generates comes from the core. This may explain the amazing and rapid clinical results it brings. The first patient I mentioned (with diarrhoea and other complaints) had immediate improvement in his bowel movements after only one treatment with the Earth CF. [...] FEA works wonders for physical and mental disorders caused by emotional and psychological disharmony. Patients would respond very quickly. Many times, with the insertion of acupuncture needles, the patient is instantly filled with tears. My colleague once said, "We love the tears of our patients." The block is especially strong in those who (having suffered a great sorrow in life) are unable to shed tears. It is when they can cry after treatment and feel sadness and heartache that the body's illness will turn around.⁵⁵³

Compared to the previous TCM system, Long exclaims,

Long M.: Now at clinic, I know why when I am successful, and I know why when it doesn't work well. **I feel that the miracle of FEA is a miracle of nature, because it is the power of nature (the five Elements) that really helps the patient, and I am only privileged to be its instrument!** I have received FEA treatment myself, and I do feel that it works on a very deep level, in the "heart". I have hardly prescribed Chinese herbal medication in the past year, I don't need it

⁵⁵² Long 龙梅, 'The Long Letter'.

⁵⁵³ *Ibid.*

anymore.⁵⁵⁴

Through this letter, Long presents a unique 'classical acupuncture style' — the identity designated by Worsley and his counterculture students — with a trope that FEA 'blossoms in the West with Chinese roots'. On the one hand, Long describes in detail the theory and efficacy of FEA to demonstrate the appeal of this 'Western blossom'; on the other hand, she repeatedly manifests its continuity with traditional 'Chinese roots' through references to classical texts. Long sees the whole process of diagnosis, treatment and outcome of the FEA as 'a concrete application, embodiment and proof' of human physiology explained in the *Neijing*, 'Man comes to life through the *qi* of heaven and earth; he matures in accordance with the laws of the four seasons'.⁵⁵⁵ By implicitly comparing with her previous training in China, Long testifies that the authenticity of FEA lies in tradition in contrast with the modernised TCM. At the end of this letter, Long quotes Worsley, the founder of the school, as saying 'The most important thing he taught his students, the only way to get started and succeed in FEA, is to "get out your head, into your senses"'.

The FEA presented in Long's letter proved to be successful in impressing Liu Lihong, making him the biggest supporter and promoter of FEA in China over the next decade.

⁵⁵⁴ *Ibid.*

⁵⁵⁵ The original text in Chinese is 人以天地之氣生，四時之法成 (*Rén yǐ tiān dì zhī qì shēng, sì shí zhī fǎ chéng*), in *Su Wen* Chapter 25 寶命全形論 (*Bǎo mìng quán xíng lùn*, Discourse on Treasuring life and Preserving Physical appearance). English translation cited from Paul U. Unschuld and Hermann Tessenow, *Huang Di Nei Jing Su Wen: An Annotated Translation of Huang Di's Inner Classic – Basic Questions: 2 Volumes (Huang Di Nei Jing Su Wen, 2011)*, 419.

Dr Liu Lihong and the revival of traditionalism in Chinese medicine

Doctor Liu Lihong is undoubtedly one of the most prominent figures in the TCM system and beyond in the 21st century China. Born in 1958, Liu completed his bachelor's, master's and doctoral studies at various universities in the TCM system during the 1970s and 80s. His PhD dissertation focused on the 傷寒論 (*Shang Han Lun*, the Treatise on Diseases Caused by Cold, TDCC) — one of the *four classic texts* sanctioned under the TCM system — under the mentorship of Chen Yiren 陈亦人 (1924–2004), a late expert on this medical classic and professor in the Nanjing University of TCM. Having completed his thesis in 1992, Liu was one of the earliest recipients of a doctorate in the TCM system when China first established doctoral programmes in this discipline. In the same year, he returned to the Guangxi College of TCM (now the Guangxi University of Chinese Medicine) to teach courses on TDCC. Currently Liu is a senior professor and Head of the TDCC Teaching and Research Department in this university. Outside the institutional TCM setting, Liu is a member of the Qin–an 欽安 School — a hereditary style of Chinese medicine said to have originated in the late Qing Dynasty which is reputed for preserving a traditional and locale–specific element of classical Chinese medicine.⁵⁵⁶ Liu had also sought instruction from Daoist practitioners of Chinese medicine (such as Li Yangbo 李阳波

⁵⁵⁶ Keqin Jiang 江珂颯, 'Fuyang xuepai de lilun yuanyuan jiqi fazhan yanjiu 扶阳学派的理论渊源及其发展研究 (Study on origin of the academic theory and the development of the school of Fu Yang)' (Zhejiang zhongyiyao daxue 浙江中医药大学 Master dissertation, 2014).

and Wang Qingyu 王庆余) and the *I-Ching* (e.g. master Zeng Yisheng). As a Buddhist practitioner, Liu established a Chinese medicine hospital in Seda, Tibet. He also served as the personal physician to the late Rimpoche Kenpu Jikhpun, who was considered by many Tibetans to be a reincarnation of the Buddha of Wisdom.⁵⁵⁷

Those diverse studying paths all contribute to Liu's professional ambition of inheriting and promoting traditional Chinese medicine, with the studying of classical medical canons as an essential method. To this end, he published the book *Contemplating Chinese Medicine* (思考中醫 *Sīkào Zhōngyī*) in 2006.⁵⁵⁸ With this title, Liu encourages his readers to 'think about time and space, think about life and health'.⁵⁵⁹

The subtitle of the book is 傷寒論導讀 (*Shānghán Lùn Dǎodú*, *Introduction to Shanghan Lun*). In this book Liu summarises his interpretation of this classic text, based on both his philological research and personal experience in clinical practice. In the book he also expresses his own reflections and criticisms of the TCM system in contemporary China from the perspective of a genuine tradition which has been formed through the reading of this classic book. Although some scholars in the field have criticised his interpretation of the classic and authenticity of tradition as

⁵⁵⁷ Heiner Fruehauf, 'About Us', *Classical Chinese Medicine*.

⁵⁵⁸ Liu is not the first to dedicate a monography to remind the contemporaries of the importance of classical learning. For example, in 1757, Xu Dachun 徐大椿, a scholar physician of Chinese medicine in the Qing Dynasty, published the book *Yixue yuanliu lun* 醫學源流論 (On the Origins and Development of Medicine), a commentary on contemporary medical practice with an emphasis on the importance of reading medical classics by implication. For a discussion on this book see Volker Scheid, *Currents of Tradition in Chinese Medicine, 1626–2006* (Seattle, 2007), 307–8.

⁵⁵⁹ Lihong Liu 刘力红, *Sikao Zhongyi* 思考中医 (*Contemplating Chinese Medicine*) (Guangxi, 2006), 478.

unprofessional and misinterpreting, the majority of feedback has been complimentary.⁵⁶⁰ This is partly because he has provided members of the TCM profession (and interested members of the wider community) with a perspective from which to readily approach and understand this classic text. But more importantly, in the opening chapter of this book, Liu explicitly discusses and criticises, as a TCM professor, the defects of the state-sponsored TCM system in China, which 'produces incompetent and unconfident clinicians' with its modernised institutionalised educational model that 'devotes more hours to biomedical courses than to the teaching of traditional canons of Chinese medicine'.⁵⁶¹ The publication of this book caused another wave of open discussion on problems and concerns of the current TCM educational system and has made Liu awarded and famous in professional circles at home and abroad. For many supporters of Chinese medicine, Liu is an icon of the 'renaissance of classical Chinese medicine in China'.⁵⁶²

⁵⁶⁰ Liu 刘力红, *Sikao Zhongyi*, 481–2. The critique mainly comes from scholars who criticise the validity and accuracy of some of the statements in Liu's book, see for example Maoxin Liang 梁茂新 and Ying Fan 范颖, 'Dui Sikao Zhongyi zhi sikao 对《思考中医》之思考 (Contemplating on the book *Contemplating Chinese Medicine*)', *Kexue wenhua pinglun 科学文化评论*, x (2013); Hongjun 赵洪钧 Zhao, 'Sikao Zhongyi Haishi Zaopo, Pumie, Miushuo Zhongyi? Ping Liu Lihong Sikao Zhongyi 思考中医还是糟蹋、诬蔑、谬说中医? —评刘力红著《思考中医》 (Contemplating on Chinese Medicine or Discrediting, Stigmatising and Misrepresenting Chinese Medicine? Comments on Liu Lihong's *Contemplating Chinese Medicine*)', *Zhongguo Zhongyi Jichu Yixue Zazhi 中国中医基础医学杂志*, (2006). For examples of praise on Liu's book in China, see Zhijun 邹芷均 Zou, 'Du Sikao Zhongyi zhi qishi 读《思考中医》之启示 (Inspired by reading the book *Contemplating Chinese Medicine*)', *Zhongyi Jiaoyu 中医教育*, (2005); Haiying Li 李海英, 'Sikao Zhongyi yinfa de zai sikao: Fang zhuming zhongyi xuezhe Liu Lihong jiaoshou 《思考中医》引发的再思考——访著名中医学者刘力红教授 (Insights from *Contemplating Chinese Medicine*: interview with renowned professor Liu Lihong)', *Zhongyiyao Wenhua 中医药文化*, (2008); Cui'e Han 韩翠娥, 'Du Sikao Zhongyi qidi jiankang zhihui 读《思考中医》启迪健康智慧 (Inspiration and wisdom of health in reading *Contemplating Chinese Medicine*)', *Yiyuan yuanzhang luntan 医院院长论坛*, ix (2012).; and internationally, see Volker Scheid, 'Defining Best Practice or Cultivating Best Practitioners', in Volker Scheid and Hugh MacPherson (eds.), *Integrating East Asian Medicine into Contemporary Healthcare* (Edinburgh, 2012).

⁵⁶¹ Liu 刘力红, *Sikao Zhongyi*, 3–10.

⁵⁶² This comment is from Heiner Fruehauf, a scholar of Classical Chinese Medicine at College of Classical Chinese

An expert in TDCC with a clinical background mainly in Chinese herbal medicine, Liu describes his encounters with FEA as ‘first a shock on a theoretical level, followed by a shock on its practicality’.⁵⁶³ As a supporter of traditional Chinese medicine, Liu Lihong was immediately interested in the ‘traditional acupuncture’ described in Long’s letter as an ‘overseas diaspora’. According to the official website of the FEA Society in China, ‘Immediately after receiving the letter, Liu Lihong felt the uniqueness and preciousness of FEA and invited Long Mei to give a week–long lecture on it at the Clinical Institute of Classical Chinese Medicine of Guangxi University of Chinese Medicine (the predecessor of Tong You San He Foundation, founded in December 2012) in mid–2010’.⁵⁶⁴ The ‘Clinical Institute of Classical Chinese Medicine’ referred to here is Liu’s position within the TCM system. The name reflects the same passion and pursuit of ‘classical Chinese medicine’ as that of Worsley and FEA communities in the UK a few decades earlier, as the former also often refer to FEA interchangeably as ‘classical acupuncture’. The ‘Tong You San He’ institute mentioned in the article was the base camp for the development of a ‘revival of traditional Chinese medicine’ outside the TCM system, led by Liu. It was also the original home of FEA in China.

The year after receiving the letter, Liu Lihong was introduced by Long to her ‘teacher’s

Medicine at National University of Natural Medicine in Portland, Oregon. He has also contributed to the English version of Liu’s book under the title ‘*Classical Chinese Medicine*’. There is also equivalent praise in China, see references in footnote 10.

⁵⁶³ Lihong Liu 刘力红, ‘Wuxing Zhenjiu Shi Yimen Chaoyue Zhongyi Jifa de Zhenfa 五行针灸是一门超越中医技法的针法 (FEA Is an Acupuncture That Goes beyond Chinese Medicine Techniques)’, *Tongyou Sanhe Jiaoyu Wenhua 同有三和教育文化*, (2022).

⁵⁶⁴ FEA Association in China, ‘What is Five–Element Acupuncture?’, Official website of the FEAA in China, <http://www.wuxingzhenjiuxuehui.cn/portal/article/articledetaile/id/7.html> (Last access: Oct. 2020).

teacher', British FEA practitioner Nora Franglen, at the 43rd World Congress of Traditional Chinese Medicine in Rothenburg, Germany in 2011.⁵⁶⁵ During this meeting, Liu received his first FEA treatment from Nora. After this experience, Liu gained confidence in this 'traditional acupuncture' and decided to help welcome this practice style back to China. A few months later, through Liu's arrangement and invitation, Nora Franglen visited China and gave her first lecture here. In the years that followed, Liu would arrange for Nora to come to China annually. During her stays, Liu would ask Nora to perform FEA treatments on him. He shared this experience at the opening ceremony of Nora's 11th FEA advance course in 2018.

Liu L.: I have had the support of FEA for quite some time in the past. Those who follow us would know that we are working on a private Chinese medicine foundation called Tong You San He. This has been a very difficult process. Especially in Nanning, when we were working on the predecessor form of the Foundation, we went through a very arduous period. I myself am just a scholar, a man of letters, a teacher, a doctor, for whom it is not a speciality to build such a platform. This is not what I normally do, but I have to come to do this. So many unspoken things came up and I was faced with so many hardships.

I think I was depressed for a long time in the past, depression. I just wanted to get away from the Institute – we were in Nanning Taoyuan at the time – I felt scared when I thought of that building (where the Institute was located). So, I was very reluctant to go to that building, and even when I heard the name of the building I had a kind of rejection in my heart, which is a typical sign of depression.

⁵⁶⁵ This conference is famous among European practitioners of complementary and alternative medicines. A few of my interviewees in Britain mentioned and recommended it to me as they are regular participants or speakers at this conference in their careers as acupuncturist.

Why do many people want to get photographed with me these days? Because I have a certain undeserved reputation in the field, there are still people who look up to me, and there are some speeches that I can't put off. Just like today, if I was asked to meet you all this afternoon and give a speech, I might have had problems last night, I wouldn't have been able to sleep well, and the burden in my heart would come. At such times, I would seek FEA treatment, which I found could take the burden off me immediately and I would be fine afterwards. I was deeply affected by these experiences. In the two or three years after 2011, I often relied on FEA to help me through difficult situations, especially internal ones.⁵⁶⁶

⁵⁶⁶ Liu 刘力红, 'Wuxing Zhenjiu Shi Yimen Chaoyue Zhongyi Jifa de Zhenfa'.



Figure 5–2. Liu Lihong (right) presenting his hand-written Buddhist sutra 心经 (Xīnjīng, Heart Sutra) as a gift for Nora Franglen (left) and the students of the FEA Advanced Course, 2018⁵⁶⁷

⁵⁶⁷ *Ibid.*



Figure 5–3 Group photos of Chinese FEA teachers and students⁵⁶⁸

⁵⁶⁸ From Top to bottom: the 2nd FEA class, April 2013; the 3rd FEA class, November 2013; the 14th Advance FEA

Liu's account reflects, on the one hand, the difficulties of setting up a private unit outside the TCM system and, on the other hand, the great help and surprise 'on a practical level' that the FEA treatment has brought him. As for Nora Franglen, who helped him to get out of his mental stress, Liu Lihong openly says that he sees Nora as 'my mother, a foreign mother, very close to me'.⁵⁶⁹ Beyond these personal feelings, Liu is also grateful for Nora's contribution to the revival of traditional Chinese medicine, 'sparing no effort to pass on such a precious discipline'.⁵⁷⁰ Over the past ten years, Liu Lihong has spared no effort in supporting FEA's teaching activities in China. Since 2011, Nora and Long have been coming to China for a few months every year. They give lectures in different cities such as Beijing and Nanning and Chengdu, and also hold annual FEA classes for both new and advanced students (see Figure 5–3). These activities are largely made possible by Liu Lihong's local network. Through the private organisation 'Tong You San He', Liu helps to arrange venues and translators for those lectures and classes. Through his personal influence, especially within the TCM system, he promotes the FEA style in the field and helps to recruit students. Every year, Liu would attend Nora's FEA classes and give a speech at the opening ceremony. In 2021, Nora took the annual course online because of the pandemic. As a convention, Liu attended the opening ceremony virtually and recalled in his speech,

class, October 2019 in Beijing. Source: <https://guycaplan.com/teaching> (last access: 28th May 2023).

⁵⁶⁹ Lihong Liu 刘力红, 'Wuxing Zhenjiu Shi Zhijian You Zhishen de Yimen Xuewen, Ta Shi Zhenzheng de Zhen Jiu 五行针灸是至简又至深的一门学问, 它是真正的针灸 (Most Simply yet Profound, Five-Element Acupuncture Is a Real Acupuncture)', *Tongyou Sanhe Jiaoyu Wenhua 同有三和教育文化*, (2022).

⁵⁷⁰ *Ibid.*

Liu L.: Every time Nora came to China, I was there and shared my thoughts. [...] I've told and talked to people many times about Five Element Acupuncture, and although I didn't go on to study this acupuncture for reasons you all know – as I studied the 黄帝内针 (*Huángdì Nèizhēn*, Yellow Emperor's Inner Needle) – I have this kind of passion or attachment or recognition of FEA that I don't think has ever diminished. ...Because of where I live, I have always been treated by Lei Ming in Nanning, and by Long Mei and Nora when they came to China. This time (after I came back from Wuhan to fight the Covid) there were many FEA acupuncturists who treated me. ... I have always felt that FEA is too precious for this age... I can't think of a word to describe it now, it's just too precious for this age. [...] FEA is remarkable, when you think about it, every detail is remarkable. I was thinking today that *it is true acupuncture* (真正的针灸 *zhēnzhèng de zhēnjīu*).⁵⁷¹

As an icon of the 'renaissance of classical Chinese medicine in China', Liu's reputation and resources in the community have attracted a group of like-minded traditionalists, including students and young doctors in the TCM system. Through Liu's referrals or recommendations from like-minded peer traditionalists in the area, more and more members of the TCM system in universities and hospitals are being attracted to the FEA. After attending Nora's courses or reading her Handbook, some have chosen to leave their positions in the system and become full-time FEA practitioners and teachers. In the decade since FEA arrived in China, they have rapidly built a Chinese FEA community.

⁵⁷¹ *Ibid.* Emphases are my own. In the modern Chinese language, acupuncture is commonly translated and referred to *zhenjiu* (针灸), which is actually a collective term for both 'acupuncture' and 'moxibustion'. It is customary to call them *zhenjiu* in Chinese to refer to either or both treatments, as they were often used in combination by doctors in history. Liu's comment of FEA as a real *zhenjiu* will be mentioned and explained below.

The current wave towards tradition represented by Liu Lihong is not the first in China's TCM community. Scheid's research describes a similar wave of retrospection in the 1980s and 1990s. Comparing the two groups of TCM practitioners preaching a return to tradition, some interesting changes can be observed. First, according to Scheid, the last wave was dominated by the 老中医 (*lǎo zhōngyī*, senior practitioners of Chinese medicine) who were the older and more experienced members of the TCM system at the time.⁵⁷² In contrast, Liu and his supporters (including Chinese FEA members) are predominantly middle-aged and young (including students and recent graduates of TCM universities). Comparing the two generations' understanding of the traditions to be revived, the previous wave believed that they themselves, as experienced practitioners in the field, represented tradition. In other words, their experiences and philosophy were the tradition to be revived; whereas the contemporary traditionalists look outward for the authentic tradition. As doctors and/or students in TCM institutions, they often follow masters who maintain the master-disciple model of teaching outside the TCM system. And like Liu, these contemporary traditionalists can also be identified by their interest in the 易经 (*yì jīng* or *I Ching*, the Book of Changes), as well as Taoist and Buddhist traditions and practices in the context of China's recent revival of spirituality and religiosity.⁵⁷³

⁵⁷² Volker Scheid, 'The People's Republic of China', in Tj Hinrichs and Linda L. Barnes (eds.), *Chinese Medicine and Healing* (2013).

⁵⁷³ For a vivid illustration of this phenomenon, see Ian Johnson, *The Souls of China: The Return of Religion After Mao* (New York, 2017). For academic discussion on the revival of religion and spirituality in contemporary China, see Jeremy Carrette, *Selling Spirituality: The Silent Takeover of Religion* (2004); Vincent Goossaert and David A.

Most importantly, the two generations of traditionalists had different attitudes towards the TCM system and different agendas in calling for a revival of tradition. According to Scheid's fieldwork, the generation of 'old masters' called for a revival of tradition within the TCM system in order to counter the then more powerful young TCM reformists and to fight for greater influence within the TCM system.⁵⁷⁴ The new generation of traditionalists represented by Liu Lihong and the Chinese FEAers, on the other hand, are reflective and critical of the TCM system, especially those parts of it that are mixed with modernised, westernised syllabi and laboratory research — a medical syncretism that historian Lei Sean Hsiang–lin famously calls a 'mongrel medicine' that is 'neither donkey nor horse' (neither traditional Chinese medicine nor modern biomedicine).⁵⁷⁵ Thus, their pursuit for tradition is more about finding and building alternatives outside the system.

As I reviewed in the Introduction, TCM was constructed into an orthodoxy of this national medicine with the support and sanction of the PRC government during the second half of the 20th century. For this reason, the TCM system has an absolute advantage in authority and resources in this field. The pursuit of 'real traditions' by Liu Lihong and the FEA is, on the one hand, an expression of dissatisfaction with the TCM system and its hegemony. On the other hand, it is the result of reflections on the

Palmer, *The Religious Question in Modern China* (2011); Yu–qun Liao 廖育群, 'A Phoenix Amid the Flames: Mount Emei Big Dipper Finger–Point Method, Daoyin and Qigong', in Vivienne Lo and Penelope Barrett (eds.), *Imagining Chinese Medicine* (Leiden, 2018).

⁵⁷⁴ Scheid, 'The People's Republic of China', 267.

⁵⁷⁵ Sean Hsiang–lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago; London, 2014), 16–7.

hybridity of this system, which led to this collective attempt to find and establish alternatives outside of it. This rebellion against the establishment and the search for the alternative echoes the zeitgeist of the counterculture movement (CCM) in the UK decades ago (see in Chapter 2 and 3). I would therefore describe the traditionalists in contemporary China, represented by Liu Lihong and the Chinese FEAers, as a Chinese counterculture movement against the TCM establishment in China.

The FEA community in China

The years from 2011 to 2016 witnessed a rapid growth of Chinese medicine in China, both within the TCM system (with 910 million visits to 42,528 TCM clinics across the country and 26,915,000 inpatients treated in 2015) and among the general public.⁵⁷⁶ During this period, the FEA has been steadily developing via annual training courses with hundreds of new students each year. This process was encouraged and supported by Liu Lihong. Through his contacts, FEA first began to promote and offer courses in Guangxi, where Liu worked. In the following years they shifted their focus and moved to the capital, Beijing. China's most famous private organisation of Chinese medicine —Zhèng'ān Zhōngyī 正安中医 (Zheng'an Chinese Medicine) — and Liu's private foundation, Tong You San He 同有三和, became the two hubs for

⁵⁷⁶ *Zhongguo de Zhongyiyao Baipishu 《中国的中医药》白皮书 (Traditional Chinese Medicine in China, a White Paper, (2016). For a growing market with clientele in Chinese medicine (including yāngshēng self-cultivation) around this period, see Judith Farquhar and Qicheng Zhang, *Ten Thousand Things: Nurturing Life in Contemporary Beijing* (New York, 2012); David Dear, 'Yangsheng in the Twenty-First Century: Embodiment, Belief and Collusion', in Vivienne Lo, Michael Stanley-Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (2022).*

organising FEA classes in China. Every year Long and Nora Franglen (in later years accompanied by her student and future heir Guy Caplan) return to China to give lectures and talks arranged by Liu. Initially, basic classes were held each year to recruit new students, focusing on the basic theory of the law of Five Elements and diagnostic methods for Causative Factors (CF, one's dominant Element, see Chapter 3). Advanced classes were then slowly introduced for previous graduates to further improve their CF diagnostic skills.⁵⁷⁷ After a few years, a core group of Chinese FEA practitioners slowly gathered around Nora (fondly referred to by her Chinese followers as 诺娜 *Nuònà*, a transliteration of her first name) and formed a team. Some of these core members have gradually set up their own FEA organisations (see Table 5–1). These organisations have two main functions: one is as teaching units, similar to the FEA colleges in the UK, but on a much smaller scale and not necessarily with a fixed physical venue. The other function is that of a training centre and contact point for members of the Chinese FEA community.

⁵⁷⁷ Wuxing zhenjiu xuehui 五行针灸学会 (FEA Association), 'Kecheng Tixi Jieshao 课程体系介绍 (Introduction to the Course System)'.

Table 5–1. FEA organisations in China

Year Of Foundation	Name Of Organisation	Founding Members	Official Account on WeChat
2012	同有三和五行针灸 <i>Tóng Yǒu Sān Hé Wǔxíng Zhēnjiū</i> (Tong You San He FEA)	Liu Lihong 刘力红 Nora Franglen 诺娜	同有三和教育文化 <i>Tong You San He Jiaoyu Wenhua</i> (Tong You San He Education and Culture)
2014	饮水斋 <i>Yǐn Shuǐ Zhāi</i> (Drinking Water Zhai)	Tang Yao 唐瑶	饮水斋五行针灸 <i>Yǐn Shuǐ Zhāi Wǔxíng Zhēnjiū</i> (Drinking Water Zhai FEA)
2016	五行针灸学会 <i>Wǔxíng Zhēnjiū Xuéhuì</i> (Five-Element Acupuncture)	Liu Lihong 刘力红 Nora Franglen 诺娜	五行针灸社区 <i>Wǔxíng Zhēnjiū Shequ</i> (FEA Community)

	Association)	Long Mei 龙梅	
		Guy Caplen 盖	
2016	北中医五行针灸 <i>Bèizhōngyī Wúxíng Zhēnjiū</i> (FEA in Beijing University of TCM)	Tang Yao 唐瑶	北中医五行针灸 <i>Bei Zhong Yi Wuxing Zhenjiu</i> (FEA in Beijing University of TCM)
2018	阿迷娜开心工作室 <i>Amina Kāixīn Gōngzuòshì</i> (Amina Happy Studio)	Ma Qin 马琴 Yu Chao 于超	开心工作室 <i>Kaixin Gongzuoshi</i> (Happy Studio)

After following this model for a few years, the number of FEA practitioners in China reached hundreds. In 2016, a core group of FEA practitioners formed the Five Element Acupuncture Association (FEAA) of the Beijing Tong You San He Chinese Medicine Development Foundation. In the publicity released it was stated: Liu Lihong is the president, and Nora Franglen, Long Mei and Guy Caplen (as Nora's assistant and heir) are appointed as advisors. The Society has a secretariat, which is responsible for the day-to-day running of the Society. The Secretary General is Yang Lin 杨琳 of Tong You San He, the Deputy Secretary General is Doctor Ma Qin 马琴 of Zheng'An Chinese Medicine, and the members of the Secretariat are Doctor Wang Jingjing 王京京 (Director of the Pain Department of the Acupuncture Hospital of the Institute of Acupuncture and Moxibustion of the Chinese Academy of Traditional Chinese Medicine), Dr Zhang Guangzhong 张广仲 (Deputy Director of the Education Department of the Beijing Hospital of Chinese Medicine affiliated to the Capital Medical University), Dr Tang Yao 唐瑶 (Founder of the Drinking Water Studio of Chinese Medicine), Dr Tong Boran 佟博然 (Member of Tian Xing Jing She) and Dr Yang Luchen 杨露晨 (Member of Mi Sheng San Li of Chinese Medicine).⁵⁷⁸

⁵⁷⁸ 'Beijing Tong You San He Zhongyiyao Fazhan Jijinhui Wuxing Zhenjiu Xuehui Chengli 北京同有三和中医药发展基金会五行针灸学会成立 (Beijing Tong You San He Chinese Medicine Development Foundation FEA Association Is Established)', *Tongyou Sanhe Zhongyi 同有三和中医*, (2016).

The formation of the FEAA and the personal trajectories of its core members provide an interesting perspective for understanding the relationship between the Chinese FEA community and the TCM system. In contrast to TCM, which emphasises modernisation and the integration of Chinese and Western medicine, the FEA has always emphasised its own identity and the “pursuit of ‘traditional/classical’ Chinese medicine”. As a result, the FEAA in China is a completely private organisation outside the TCM system. The association's title is linked to a private foundation set up by Liu to support the development of traditional Chinese medicine. Interestingly, however, the inauguration of this private Chinese medicine association took place in the conference hall of the 中国中医科学院针灸研究所 (*zhōngguó zhōngyī kēxuéyuàn zhēnjiū yánjiūsuǒ*, Institute of Acupuncture and Moxibustion of the China Academy of Chinese Medical Sciences), hereafter ‘the Academy’, a leading national institution representing the authority and scientific orientation of the TCM system. The choice of venue was no coincidence. Of the 11 core members of the association, President Liu Lihong and members of the secretariat are Chinese. Of the eight, all but one are TCM graduates, with Wang Jingjing being a senior member of the Academy. Three are senior members of the TCM system in positions of teaching, practice or research. The other four have left the TCM system at various stages of their careers and are working full-time in private institutions teaching and practising FEA.

This relationship with TCM, as embodied by senior members of the FEAA, is also consistent with the general profile of Chinese FEAs. Several FEA societies in China,

including the FEAA-affiliated FEA Community, Drinking Water Studio of FEA, Amina Happy Studio and FEA in Beijing University of TCM, have founders and most members who are graduates of TCM universities. Although there are no accurate statistics, the consensus within the community is that the number of FEA students trained in China over the past decade includes both doctors and students within the TCM system and lay enthusiasts from non-TCM/medical backgrounds; the former not only far outnumber the latter, but also make up almost the entire cohort of those who eventually become practitioners of this style of acupuncture. This situation is partly due to the legislative policy for practitioners in China. Chinese law grants practitioners of Chinese medicine and acupuncture the same status as doctors as Western medical practitioners. In order to obtain this status, students must pass the medical qualifying examinations and clinical training originally designed for the modern medical system. For students and doctors in the TCM system, this is only part of the training system they receive. However, it is a challenging task for anyone outside the TCM system. As the official profiles of practitioners indicates, currently only a few students from a non-TCM background in the FEA community in China has passed the exam and qualified as a clinical acupuncturist. On the other hand, education in TCM universities has provided students with a solid grounding in the theoretical foundations of Chinese medicine, including the basic theories and meridian point location for acupuncturists. Meanwhile, their hospital experience has equipped them with basic skills in clinical encounters and communication with real patients. All this enables members of the TCM system to become independent practitioners more quickly after attending FEA

courses.

For these reasons, one of the main directions of FEA's outreach and enrolment since entering China has been to TCM students and clinicians. FEA's official website has reported several times that Nora Franglen has given lectures on FEA at TCM universities (including Beijing University of TCM, Guangzhou University of TCM, Guangxi University of TCM, etc.), hospitals (such as Beijing Hospital of TCM) and research institutes (aforementioned the Academy where FEAA was founded). The purpose of this approach is inferable. Apart from the consideration of student quality, FEA also has to take into account the huge resources that TCM system potentially has to offer. As a state-supported system, the TCM system has an overwhelming advantage in terms of political, human and financial resources, and it would be a great help for the FEA, as a private group recently introduced from overseas, to share some of the resources of the TCM system in order to gain a foothold and develop in China.

Although the collective attitude towards the modernised TCM system is complex and ambiguous, the most important and appealing identity of the FEA thought style as it has developed in China is as a form of traditional acupuncture. This is the main attraction for its members and for Chinese traditionalists in general, a fact of which Liu is fully aware. In the ten years of FEA's development in China, Liu's greatest contribution to FEA, apart from providing resources and networks, has been to establish a '*fâmai* (法脉, dharma lineage)' around Nora Franglen for this acupuncture

style.

FEA as a *Fâmai* 法脉 in contemporary China

In the last page of her letter to Dr Liu, Long gave a brief introduction to the history of

FEA:

Long M.: In the 1950s and 1960s, J.R. Worsley, an Englishman, came to the East (but not to mainland China), visited and studied with a number of master teachers and practitioners (of Chinese medicine). And after many years of study, he established the school of Five–Element Acupuncture by combining the best of classical acupuncture from his study. In the 1970s he returned to the UK to set up the College of 5–Element Acupuncture to teach this style. It was through him that Five–Element Acupuncture was passed on to the West. He later went to the USA and had many disciples there. My teacher's teacher was one of his disciples in England and was very influential in this school of acupuncture. This May the master is coming to Holland for a gathering of our study class. Professor Worsley died in 2003 at the age of 80.⁵⁷⁹

In this passage, Long mentions two 'British masters of FEA'. The first is J.R. Worsley, the founder of this acupuncture school in the 20th century as detailed in Chapter 2. And the one who Long Mei refers to as 'my teacher's teacher' and 'master' of FEA, is one of Worsley direct students, Nora Franglen. Through one of Nora Franglen's students who was based in the Netherlands, Long began to know and learn this acupuncture. And introduced by this teacher, Long met Nora Franglen in a group

⁵⁷⁹ Long 龙梅, 'The Long Letter'.

gathering in 2010.

The resemblance between Long's introduction and J.R.'s own account of his learning experience is in part a reflection of the respect, confidence and obedience that FEAs in Europe and the UK have retained since his death in 2003. Among these loyal members was Nora Franglen, who studied with J.R. at his College at Leamington Spa during the 1980s.

Nora F.: My own journey into Five–Element Acupuncture began when I met an acupuncturist at a party in London nearly 30 years ago. I experienced so many profound changes in myself as a result of my own treatment that I decided that I wanted to study it, and was fortunate to be able to study under a great master of acupuncture, J R Worsley. And now that I have studied it and practised it for all the years since then, I have great joy in offering what I have learnt to others through my teaching. For 12 years (1995–2007) I was the Principal of the School of Five Element Acupuncture (SOFEA) in London, and am now continuing my work in helping others to deepen their own practice. For me, the concepts underlying my practice represent a profound understanding of the soul within each of us, and recognise how that soul influences how we cope with life and what illnesses we allow to attack us.⁵⁸⁰

By her background, age and studying experiences, Nora should be regarded as a member of the CCM generation in the British FEA community. She had a mainstream middle–class life, graduated with a bachelor's degree on Modern Languages and Linguistics from Cambridge University in the UK, and became a translator after

⁵⁸⁰ Nora Franglen, 'New Year's Greetings to All Who Read This Blog', *Nora Franglen's Blog*, (2020).

graduating.⁵⁸¹ Because of her illness and experience with FEA treatment, she chose to drop out of the mainstream lifestyle and move into a niche career in acupuncture. Several of my interviewees had studied and met her during their study/work at Leamington; some had their later career paths intersected with hers. According to their impression and comments, Nora Franglen is an ardent and open supporter and follower of her master J.R.. One manifestation of this enthusiasm and loyalty was that she followed J.R. through all the courses his college offered, from Licentiate to Postgraduate. In the 1990s after graduation, Nora opened her school of acupuncture dedicated to the dissemination and practice of 'pure FEA, faithful to the teachings of J.R.'. During the aforementioned *acupuncture war* in Britain, Nora followed J.R.'s position and believed that in contrast to a modernised symptomatic TCM, FEA was *the* authentic acupuncture of body–mind–spirit. And as the head of the school, she refused to integrate any knowledge of TCM in the curriculum.

During the period of conducting this research project, Nora declined my invitation to interview her by any means for the reason of safety concerns during the COVID pandemic. Fortunately, some of her views on FEA are accessible on her personal blog. From 2010–2020, Nora published hundreds of blogs on her website, mainly focused on her understanding of the FEA theory from practice and her experiences on teaching

⁵⁸¹ Nora does not possess any skills in both traditional and modern Chinese languages. She has depended on the support of Long and other translators from the local FEA community for all of her teachings and activities in China.

FEA in China.

Nora F.: We are used to thinking of the transmission of traditional Chinese medicine as being a form of one-way traffic passing from East to West, but somewhat to my initial surprise, I have become a key factor in its journey in the opposite direction, from West to East. Specifically, it has become my task to take the first steps in helping Five Element Acupuncture build a bridge back to its land of birth, China.⁵⁸²

Nora often mentions J.R.'s name and quotes from his teaching on her blog and in her classes for Chinese students. Because of this loyalty to J.R., the FEA theory and teaching methods disseminated in China are essentially the same as Worsley's course presented in Chapter 3. Nora's predilection and reverence to the teaching and legacy of her master Worsley is one of the main reasons Nora has gained the open admiration and support of Dr Liu Lihong.⁵⁸³

Taking Liu's advice, one of Nora's 'first steps' to bring FEA 'back to China' is to publish a Chinese translation of her *Handbook of Five Element Practice* in 2011. Unlike her teacher J.R.'s emphasis on oral transmission and dismissive attitude to written material, Nora has been spreading her FEA philosophy through her writing (including online blogs and several published books, many of which has been gradually translated and published in Chinese with assistance from Long and other FEAs in China). This

⁵⁸² Nora Franglen, 'Returning the Spirit to Acupuncture in China (Article Submitted to the Acupuncturist, the Newsletter of the British Acupuncture Council)', *Nora Franglen's Blog*, (2014).

⁵⁸³ Lihong Liu 刘力红, 'Wuxing Zhenjiu de Zhiliao Shi Buke Siyi de 五行针灸的治疗是不可思议的 (FEA Treatment Is beyond Imagination)', *Tongyou Sanhe Jiaoyu Wenhua 同有三和教育文化*, (2021).

method coincides with Dr Liu Lihong, who, as discussed above, has made a name for himself with the publication of his book *Contemplating Chinese Medicine* and has become an icon for the ‘revival of traditional Chinese medicine’ in China.

In an email to Nora, Liu regards the publication of Nora’s Handbook as ‘the most important thing of all for promoting FEA in China’.⁵⁸⁴ He then explains, ‘imagine 10,000 people out there will read this book. Even if only one of them finds the truth there it is still good news. With 20,000 readers we will at least get 2 people who want to practise it. This will be a good start already.’⁵⁸⁵ In the foreword to this handbook, Liu summarises the transnational history of FEA as follows. ‘The Five Element Acupuncture originated from the *Nei Jing*, and because of its emphasis on sensation rather than logic, it has been passed down orally through the generations, but not in the literature. In the middle of the last century, it was introduced to the West by Professor Worsley, who gathered its essence and spread it in Europe and America. It was again due to fate that it has returned to its homeland in recent years.’⁵⁸⁶ With Liu’s impetus, a lineage from J.R. to Nora Franglen was formally established and documented with them being the authority and orthodoxy in the school for its members in China.⁵⁸⁷

⁵⁸⁴ Franglen, ‘New Year’s Greetings to All Who Read This Blog’.

⁵⁸⁵ *Ibid.*

⁵⁸⁶ Liu Lihong 刘力红, Preface in Nora Franglen, *Wuxing Zhenjiu Zhinan 五行针灸指南 (Guidance of the Five Element Acupuncture)*, trans. Mei Long (Beijing, 2011), 1–2.

⁵⁸⁷ There is an introductory post by Liu’s institute with an explicit announcement of this lineage, see ‘Shenme Shi Wuxing Zhenjiu 什么是五行针灸 (What Is Five–Element Acupuncture)’, *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2020).

According to scholars in religious studies, the term *fâmai* 法脈 originates from the Chan/Zen lineage in medieval Chinese Buddhism, commonly translated as ‘dharma transmission’ or ‘dharma lineage’.⁵⁸⁸ Tracing conceptual shifts amongst Chinese monks over the course of the seventh to tenth centuries, Gildow indicates that this concept was often motivated by a retrospective reinvention of religious communities in order to consolidate internal unity and adapt to external social conditions and challenges.⁵⁸⁹ Elizabeth Morrison further suggests motivations behind the construction of the concept of lineages in Chan communities include to refute potential decline of a tradition and assert apparent continuity of its supreme origin, to create and preserve internal solidarity, and to obtain legitimacy from outside.⁵⁹⁰ Dr Liu Lihong's strategy of building a 'Dharma lineage' of FEA in China embodies similar motivations of both internal and external consideration.

Internally, the lineage with the aforementioned narrative of its transmission proves to be a foundation of the coherence of the imagined community consisting of Chinese FEA students and practitioners. As Benedict Anderson illustrates in his monograph of the construction of the modern nation–state, the consolidation of imagined communities without a given bond of kinship requires the repetition of claim and

⁵⁸⁸ Douglas Gildow, ‘Xifang Xueshujie Dui Chanzong “Dongshan Famai” De Yanjiu 西方学术界对禅宗“东山法脉”的研究 (Western Academic Research on the “Eastern Mountain Lineage” of Chan Buddhism)’, *Foxue Yanjiu (Buddhist Studies)*, (2013); Elizabeth Morrison, *The Power of Patriarchs: Qisong and Lineage in Chinese Buddhism* (Leiden; Boston, 2010), 4.

⁵⁸⁹ *Ibid.*

⁵⁹⁰ Morrison, *The Power of Patriarchs*, 4.

construction through texts, rituals or activities.⁵⁹¹ Further, much of this claiming and constructing involves a retrospective selection of the past, an ‘invented tradition’ in Eric Hobsbawm’s term.⁵⁹² In the context of modern China, Chinese FEAs with a counterculture ethos towards the TCM establishment and a desire for revival of tradition find the sense of history and religion conveyed by the term ‘dharma lineage’ perfectly suited to their interests. The story of FEA’s history described by Liu and quoted above is popular among Chinese FEAs and therefore repeatedly cited with pride in many articles in the Chinese FEA online community.⁵⁹³ Each quotation confirms and reinforces the identity of the authors and the readers as members of this community with shared imagination. This legendary story itself became one of the reasons why FEA attracted Chinese TCM practitioners who are traditionalists, for reasons that Liu explains in the preface to Nora Franglen’s handbook. On the one hand, the description of FEA’s transmission as an oral tradition is reminiscent of a well-known Buddhist tradition in China — the preferred oral transmission ‘without the

⁵⁹¹ Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London; New York, 2006).

⁵⁹² Eric Hobsbawm, ‘Introduction: Inventing Traditions’, in Eric Hobsbawm and Terence Ranger (eds.), *The Invention of Tradition* (Cambridge, 2012).

⁵⁹³ For examples, see Shizhong Huang 黄仕忠, ‘Wuxing Zhenjiu: Yimen Yixue Er Anquan Youxiao de Zhenfa 五行针灸：一门易学而安全有效的针法 (FEA: An Easy-to-Learn, Safe and Effective Method of Acupuncture)’, *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2021); Liying Tang 唐丽颖 and Fuyang Xian 鲜馥阳, ‘Wuxing Zhenjiu Huigui Zhongguo Fazhan Gaikuang 五行针灸回归中国发展概况 (Overview of Five-Element Acupuncture Development after Returning China)’, *Zhongguo Zhenjiu 中国针灸 (Chinese Acupuncture & Moxibustion)*, xli (2021); Xia Guo 郭霞, ‘Wuxing Zhenjiu Yu Wode Haidao Shenghuo 五行针灸与我的海岛生活 (Five-Element Acupuncture and My Island Life)’, *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2020); Jingjing Wang 王晶晶, ‘Wuxing Zhenjiu: Yizhong Yuanyu Zhongguo de Xinshen Liaoyu Fangfa 五行针灸：一种源于中国的心身疗愈方法 (Five-Element Acupuncture: A Psychosomatic Therapy Originating in China)’, *Keji Daobao 科技导报*, xxxvii (2019); Yixiu Lu 陆一秀, ‘Zuokan Yun Qishi — Wuwei Er Zhi 坐着云起时 | 无为而治 (Sit Back and Watch the Clouds Rise – Governing by Doing Nothing)’, *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2018).

written word' (不立文字 búlì wénzì)' of Chan/Zen Buddhism (which is also the origin of the *fâmai* concept).⁵⁹⁴ Furthermore, the oral teaching method is consistent with the transmission in some esoteric or illiterate groups of Chinese medicine as recorded in historical documents.⁵⁹⁵ By linking the history of FEA with Chinese Buddhism and folk medical traditions, this story also justifies the lack of written records of FEA. The vagueness of its transmission in the 'West' after its loss in China adds to the legend of this lineage.

This phenomenon partly reflects the influence of globalisation and the trend of 'self-orientalisation' on 'tradition imagining' of 21st century China.⁵⁹⁶ In other words, the acceptance, affection and justification by some contemporary Chinese TCM practitioners of the narrative created by Worsley for his counterculture students in England in the 1970s and 1980s reflects to some extent the influence of the Orientalist

⁵⁹⁴ Morrison, *The Power of Patriarchs*, 13–50.

⁵⁹⁵ Robert P. Hymes, 'Not Quite Gentlemen? Doctors in Song and Yuan', *Chinese Science*, viii (1987); Daria Berg, 'Bell Doctors in the Late Imperial Chinese Novel Xingshi Yinyuan Zhuan', *Monumenta Serica*, xlix (2001); Michael Stanley-Baker, 'Daoists and Doctors: The Role of Medicine in Six Dynasties Shangqing Daoism' (University College London PhD dissertation, 2013); Luis Fernando Bernardi Junqueira, 'Popular Healing in Printed Medical Books: The Compilation and Publication of the Chuanya from the Late Qing through the Republican Period', *Monumenta Serica*, lxvi (2018).

⁵⁹⁶ Self-Orientalism and self-orientalisation are a pair of concepts that have been widely used as an analytical lens in the academic fields of East Asian literature and cultural studies and tourism studies with a focus on Asia and the Middle East. They refer to the appropriation of Orientalist discourse by 'Orientals', who (whether individuals or institutions) transform themselves from passive recipients of constructed Orientalist images to active agents in their (re)production. For further discussion and critique of this pair of concepts, their representations, mechanisms and consequences, see Işıl Tombul and Gülşah Sarı, *Handbook of Research on Contemporary Approaches to Orientalism in Media and Beyond* (USA, 2021); Koji Kobayashi, Steven J Jackson, and Michael P Sam, 'Globalization, Creative Alliance and Self-Orientalism: Negotiating Japanese Identity within Asics Global Advertising Production', *International Journal of Cultural Studies*, xxii (2019); Orlando Woods, '(Re)Producing Buddhist Hegemony in Sri Lanka: Advancing the Discursive Formations of Self-Orientalism, Religious (Im)Mobility and "Unethical" Conversion', *Religion*, xlvi (2018); Grace Yan and Carla Almeida Santos, '"CHINA, FOREVER": Tourism Discourse and Self-Orientalism', *Annals of Tourism Research*, xxxvi (2009); Arif Dirlik, 'Hou Xian Dai Zhu Yi, Dong Fang Zhu Yi Yu "Zi Wo Dong Fang Hua" (后现代主义、东方主义与“自我东方化” Postmodernism, Orientalism and "Self-Orientalisation")', *Qing Dao Da Xue Xue Bao* (青岛大学学报 *Journal of Qingdao University*), (2001).

imagination of Chinese (TCM) history in Europe and America on contemporary China's perception and understanding of its own history. The interest of Chinese FEA members in the history of the FEA inevitably led them to ask questions about the details of that history. Nora responded to these questions by introducing her Chinese students to the book *In the Footsteps of the Yellow Emperor* (introduced in Chapter 2). Although the book did not provide a clear answer to their questions of how FEA was 'lost in China' and then magically brought to Britain by J.R. through oral transmission, it did not damage their enthusiasm for the story. It is no secret to these traditionalists that much of the traditions in history (especially the spiritual and emotional dimensions, as FEA emphasises) has been lost in the modernisation of China (and Chinese medicine) in the 20th century. At the same time, these gaps in this narrative allow for interpretation and imagination by members of this imagined community. Historian T.H. Barrett points out that for Chinese Confucians in history, the lack of a thread of succession between the founder Confucius (孔子 *Kôngzî*) and his 'self-appointed' teachers as remote as sages Yao and Shun was never a focus of questioning.⁵⁹⁷ Instead, Confucians of the Tang and Song Dynasty discussed and interpreted the gaps and celebrate the hero(es) responsible to reviving the transmission. For members of the FEA community (both in Britain and in China), Worsley, as founder of the FEA style, is such a hero. For British acupuncturists of the counterculture generation, this narrative fulfilled their Orientalist imagination of the history of acupuncture and the heroic experiences of

⁵⁹⁷ T. H. Barrett, 'Kill the Patriarchs!', in Skorupski Tadeusz (ed.), *The Buddhist Forum* (London, 1989), 90.

their Master Worsley. Decades later, contemporary Chinese TCM traditionalists, who have inherited and adopted this Orientalist imagery and narrative, take this narrative as evidence of the authenticity of the FEA style.

The acceptance and collective belief in this narrative also reflects the successful and *exclusive* authority established for J.R. and Nora Franglen (and potentially Long Mei, Guy Caplen and Dr Liu). Morrison points out that one message expressed in the establishment of Dharma lineages for Chinese monks is the assertion of the superiority of a particular line of masters while "denying the teachings of others".⁵⁹⁸ Drawing on Benedict Anderson, Robert Ford Company emphasises the importance of 'highlighting certain aspects of the past and creatively forgetting others' in the process of constant self-construction of religious communities.⁵⁹⁹ As Chapter 2 suggests, there were many students who were contemporaries of Nora Franglen as Worsley's students of the counterculture generation. After the acupuncture war with TCM and the legislation of the profession in Britain (chapter 4), particularly after Worsley's death in 2003, the FEA thought collective discarded its previous cult-like power hierarchy and became more loosely based. There is no doubt that J.R. himself, as the founder of the FEA, and the counterculture generation who were trained directly by him, still carry an aura in the eyes of today's students. But this 'aura' seems to be more of a historical anecdote or an interesting footnote to the industry with little power of authority. Nora

⁵⁹⁸ Part I. The Genealogy of Lineage in Morrison, *The Power of Patriarchs*, esp. 87.

⁵⁹⁹ Robert Ford Company, 'On the Very Idea of Religions (in the Modern West and in Early Medieval China)', *History of Religions*, xlii (2003).

Franglen's status in China as the 'heir' to Worsley is therefore not treated as a serious issue in the UK. As the Chinese FEA community expands and information is exchanged, when Nora's contemporaries with whom I conduct interviews in the British FEA community learn of her treatment in China as J.R.'s 'heir', they simply wonder why she is the 'chosen one' and the only British FEA practitioner with whom the Chinese community has contact. The answer to their question seemed to be given by Dr Liu in a public address to members of the Chinese FEA community in 2019.

Liu L.: Phenomenally, it was Worsley who first brought out the FEA in the West. As you all know, he reached a relatively senior age when his wife died and he later married another lady called Judy. I received a letter from Judy this year, and I replied to her with sincerity.

Information is so readily available these days that perhaps some of our colleagues might be able to get in touch at any time. So, I would like to say a little something about it, because before that, most of the Chinese texts we saw were Nora's insights from studying with her teacher [Worsley]. Now that there are many talented people in the (Chinese) FEA community. When the *yuánfèn* (缘分 opportunity or fate) and situation are ready, we will gradually begin to organise translations of Worsley's texts and his writings, so that we can gradually get a clearer picture of such a lineage and the true meaning of such a *fâmai* (法脉).

However, my experience over the past eight years, or over 60 years of my life, has taught me that a discipline, whether it is a study, an inheritance, or a career, we as practitioners can be simple and pure, but in reality the task is never simple. It depends on how we take it. I very much hope that we can maintain this current atmosphere in the long run, because it is so important. I have experienced many things and seen many things. If we could not keep such a simple and pure mindset, if we become complicated and think about stuff other than this task, such as

inter-person relations or other things, what happens in the end? It will affect, hinder and even destroy our pursuit of a certain discipline and the transmission of a certain lineage.

This is the thing that I am implicitly worried about, so today I feel that this atmosphere (is a bit serious). Of course, I myself am a Metal CF, and we all know that Metal has the tendency to go down. So when we talk about some serious topics, it is even more (low). But when it comes to these topics, it's really not easy to use jokes or a light-hearted tone. (Because) it's really serious. And if these matters are not well handled and go in the wrong direction, then most likely we will all be trapped in it, right? So I very much hope that we can continue as we have been. But of course as we become more and more open, more people of various kinds will come into the community, and these are very difficult to predict.⁶⁰⁰

Liu conveyed several messages in his speech. First, he emphasised that the Chinese FEA community should focus on J.R. and Nora, as “most of the Chinese texts we saw were Nora's insights from studying with her teacher [Worsley]”. Liu's plan entails the Chinese FEA community aiming to “get a clearer picture of such a lineage and the true meaning of such a *fâmài*”. This can be accomplished by gradually translating “Worsley's texts and his writings”.

Secondly, Judy's letter reminds Liu of the existence of other FEAers abroad and makes him realise that “as we become more and more open” some of those FEAers become interested in the Chinese FEA community and try to “come into the community”. In

⁶⁰⁰ Lihong Liu 刘力红, 'Fangxia Renxin, Jinru Daoxin 放下人心, 进入道心 (Let Go Of The Man Heart And Enter The Heart Of The Tao)', *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2020).

the first decade of the development of FEA in China between 2012 and 2022, the Chinese FEA communities were significantly disconnected from their UK counterparts. In the age of the internet, such isolation is almost unimaginable. As the distribution and prevalence of FEA in China grew, the British FEA community began to learn about FEA in China through various sources, especially from the information posted on the internet by Nora and Guy, and also through conversations and interviews with me. Many of them have subsequently shown a great deal of curiosity and interest, with a particular focus on Dr Liu, who is credited with welcoming FEA “back” to China.

As a result, Liu became the primary contact for overseas FEA practitioners who were interested in transmitting this acupuncture style in China. Therefore, after learning about Nora's achievement, Judy Becker composed this letter to Liu. However, such contacts from other English FEA practitioners, in Liu's view, could pose a potential threat to the *fāmài* that he has established. British FEA practitioners, like Judy who is Worsley's wife and “sole designated heir”,⁶⁰¹ may contest the legitimacy of Nora as Worsley's rightful successor. This explains Liu's perception that offers of support from Judy and potentially other overseas FEAs would ‘affect, hinder and even destroy our pursuit’, necessitating a two-hour public lecture to take his stance and admonish the members of the group.

⁶⁰¹ ‘Judy Worsley’. Worsley Institute Website. https://worsleyinstitute.com/pages/judy-worsley?_pos=2&_sid=fa7bd0745&_ss=r. (last access: 2023–3–24); Neil Gumenick, ‘Oriental Medical World Mourns Professor J.R. Worsley’, *Acupuncture Today*, 04 (2003); Meriel Darby, ‘Professor J. R. Worsley—A Personal Tribute’, *European Journal of Oriental Medicine*, iv (2003).

Thirdly, Liu outlines his expectations of community members in order to upholding a medical lineage and a *fâmài*. He expresses his hope to “continue as we have been and maintain “a simple and pure mindset”, which involves acknowledging J.R. and Nora as the sole core of *fâmài* and rejecting others, as he did in response to Judy's letter. This, according to Liu, will prevent the current environment from becoming “complicated”. Again, this speech reveals his (and presumably his audience's) understanding and dedication to the idea of 缘分 (*yuánfèn*, fate) — a Buddhist concept of the causes and consequences of events — as a guide to the authentic development of FEA in China. Liu believes it is important to remain loyal to the identified heirs in order to learn and pass on the lineage well. Later in the talk, he linked this loyalty to the “heart of the Way”, suggesting that seeking another teacher would be a “betrayal” of the *fâmài* caused by the destructive mindset that modernisation has created. Liu ended this talk with an implicit warning against such possible “betrayal” by FEA members.

To increase the speech's outreach within the community, several FEA accounts on WeChat later published a transcript. It should be noted that numerous Chinese FEA members responded warmly and supportively to Liu's speech and his exclusive commits to the lineage and its patriarchs. They agree that such loyalty is necessary for a young lineage like FEA, specifically with respect to the dominant and powerful establishment of TCM in the field. This emphasis on “loyalty” is also indicative of the religious sense of the concept of 'dharma lineage', similar to the British interviewees'

experience of the 'Catholic Church' at Worsley College in the 1970s and 80s.⁶⁰²

Presumably, Liu's attitude towards other English FEA practitioners, demonstrated by this speech, may have contributed to the reserve I experienced when inviting key Chinese members for interviews. As a researcher from a British university, I may possess knowledge and connections to the British FEA community, possibly causing harm to their reputation as Liu cautioned.

The external factor that led Liu to establish an FEA 'dharma lineage' was the emphasis on '*liúpài* 流派' (currents/styles/schools/lineages) in the local context of Chinese medicine.⁶⁰³ Chinese medicine as practised in the pre-modern era is widely regarded as a world organised by lineages. There is an ancient Chinese saying that 'for doctors without a transmission of three generations, their medicine is worthless (醫不三世, 不服其藥 *yī bù sānshì, bùfú qíyào*)'.⁶⁰⁴ As Scheid's book describes, in imperial China practitioners of Chinese herbal medicine and acupuncture would follow 'schools' or lineages through kinship or a master-disciple relationship; such lineages imply stability

⁶⁰² These thoughts are presented to me through personal communications with Chinese FEAs and reflected in comments to posts of Liu's speech. It is worth noting that in 2023, the author observed several Chinese FEA practitioners, both senior and junior, who are preparing to engage with their UK and US counterparts, provided they recognise the special status of Worsley and Nora in the lineage.

⁶⁰³ Scheid, 'The People's Republic of China', 267.

⁶⁰⁴ This saying can be traced to the Warring States (475 BC – 221 BC) in *The Classic of Rites* (Li Ji–Qu Li II, 礼记–曲礼下): When a ruler is ill, and has to drink medicine, the minister first tastes it. When a parent is ill, and has to drink medicine, the son first tastes it. The physic of a doctor in whose family medicine has not been practised for three generations at least, should not be taken (君有疾，飲藥，臣先嘗之。親有疾，飲藥，子先嘗之。醫不三世，不服其藥 Jun you ji, yin yao, chen xian chang zhi. Qin you ji, yin yao, zi xian chang zhi. Yi bu san shi, bu fu qi yao), (translated by James Legge, <https://ctext.org/liji/qu-li-ii/ens?filter=450327> (last access: 2023–March–19)). For the prevalence of this saying in China, see for example Yi–Li Wu, 'The Qing Period', in Tj Hinrichs and Linda L. Barnes (eds.), *Chinese Medicine and Healing* (2013), 179.

and continuity of the system of knowledge and practice being transmitted, which also provides evidence of the quality of the skills of its members. With the modernisation of TCM and the college– and university–based approach to TCM education established by TCM, this intergenerational and school–based form of TCM education has been replaced and marginalised.⁶⁰⁵ In their fieldwork in China in the 1980s and 1990s, anthropologists such as Judith Farquhar, Elisabeth Hsu and Volker Scheid demonstrate the survival of this lineage–based approach by practitioners in private settings outside the TCM system.⁶⁰⁶

Religious historians Barrett and Wilson indicate that the construction and emphasis on lineage by Confucians in the Tang Dynasty was motivated by a great fear of the loss of ‘a distinct and “pure” Confucian tradition’.⁶⁰⁷ A similar mentality can be observed in contemporary China and has motivated the resurgence and revival of practising lineages in the field. In the eyes of traditionalist TCM practitioners who support the revival of pure tradition, lineages are the embodiment of such tradition and the object

⁶⁰⁵ However, as Professor Ma Kanwen 馬堪溫’s fieldnotes show, during the formative years of the TCM system, efforts were also made from within the system to reconnect with ancient physicians and to establish a kind of historical lineage. In the 1950s, members of the Institute for the History of Chinese Medicine and Medical Literature at the Chinese Academy of Traditional Chinese Medicine (Zhongguo zhongyi yan–jiuyuan yishi wenxian suo 中國中醫研究院醫史文獻所, predecessor of the Academy) were sent out to conduct fieldworks throughout the country, looking for local gazetteers, statuary and steles on famous Chinese physicians throughout history. For example, Ma’s ethnographic journey discovered materials on the legendary figure of Bian Que 扁鵲 (6th–5th Century BCE) in ancient China as well as those in subsequent dynasties such as Tao Hongjing 陶弘景 (456–536) and Zhu Zhengeng 朱震亨 (1281–1358). For an extract of Ma’s report in English, see Vivienne Lo and Penelope Barrett, ‘Places and Traces: Selections from Professor Ma Kanwen’s 馬堪溫 Ethnography of 1955’, in Vivienne Lo and Penelope Barrett (eds.), *Imagining Chinese Medicine* (Leiden, 2018).

⁶⁰⁶ Judith Farquhar, *Knowing Practice: The Clinical Encounter of Chinese Medicine* (Boulder, 1994); Judith Farquhar, ‘Market Magic: Getting Rich and Getting Personal in Medicine after Mao’, *American Ethnologist*, xxiii (1996); Elisabeth Hsu, *The Transmission of Chinese Medicine* (Cambridge, 1999); Scheid, *Currents of Tradition in Chinese Medicine*.

⁶⁰⁷ Barrett, ‘Kill the Patriarchs!’, 90–2; Thomas A. Wilson, *Genealogy of the Way: The Construction and Uses of the Confucian Tradition in Late Imperial China* (Stanford, 1995), 79–81.

of revival. The recognition and development of practising lineages is also reflected within the TCM system through the government's policy of reviving the traditions of Chinese medicine. The young students Scheid observed during his fieldwork shadowing senior doctors in TCM hospitals in China are the result of such a revival of the master–apprentice model of education from lineage–based traditions.⁶⁰⁸ In 2012, the year Nora Franglen first came to China to introduce FEA, China's National Administration of Traditional Chinese Medicine (NATCM) launched the first–ever 'Project of the Inheritance Studio of Academic Lineages of Chinese Medicine' (中医学术流派工作室建设项目 *zhōngyī xuéshù liúpài gōngzuòshì jiànshè xiàngmù*).⁶⁰⁹ The aim of this project was to address the 'inadequate inheritance' of traditions in the TCM system, especially the 'characteristic treatment techniques and methods that are on the verge of being lost'.⁶¹⁰ It aims to 'strengthen the cultural heritage of Chinese medicine' and 'raise public awareness' of the officially sanctioned lineages.⁶¹¹

⁶⁰⁸ Volker Scheid, *Chinese Medicine in Contemporary China: Plurality and Synthesis* (2002), 169–77. It is important to note that this model of clinical shadowing incorporated into the TCM system should not simply be equated with the traditional form of lineage transmission. As Liu Lihong points out in his book, terms of form and content, the TCM model is more akin to an internship in modern medical education, allowing students who have completed their classroom learning to observe and become familiar with clinical processes and skills, see Liu 刘力红, *Sikao Zhongyi*, 11–3. Meanwhile, students' learning and discussion of the diagnostic and therapeutic ideas used by an experienced doctor as a teacher tends to focus on the teacher's personal habits and characteristics in the clinic, sometimes based on a particular medical text in history. Such discussions between teachers and students are rarely related to a particular lineage of medicine transmission.

⁶⁰⁹ 'Guojia Zhongyiyao Guanliju Bangongshi Guanyu Kaizhan Zhongyi Xueshu Liupai Chuancheng Gongzuoshi Jianshe Xiangmu Shenbao Gongzuo de Tongzhi 国家中医药管理局办公室关于开展中医学学术流派传承工作室建设项目申报工作的通知 (Notification of the Application for the Construction Project of Academic Schools of Chinese Medicine Inheritance Studio by the Office of the National Administration of Traditional Chinese Medicine)', *National Administration of Traditional Chinese Medicine*, (2012).

⁶¹⁰ 'Guojia Zhongyiyao Guanliju Guanyu Yinfa Zhongyiyao Shiye Fazhan "Shi'erwu" Guihua de Tongzhi 国家中医药管理局关于印发中医药事业发展“十二五”规划的通知 (Announcement on the Issuance of the “12th Five–Year Plan” for the Construction of Chinese Medicine and Culture by the National Administration of Traditional Chinese Medicine)', *Guojia Zhongyiyao Guanliju 国家中医药管理局 (National Administration of Traditional Chinese Medicine)*, (2012).

⁶¹¹ *Ibid.*

Following the development and implementation of this project, Chinese TCM scholars have also pointed to the significance of lineage-based research for sustainably developing Chinese medicine. Zheng Hong, professor of Chinese medical history and literature in Zhejiang University of TCM, suggests that lineage studies are part of traditional academic research in Chinese history; it is an important approach for contemporary TCM theoretical and clinical education, especially for developing students' critical thinking skills.⁶¹² On the other hand, Gu Jianju, historian and professor of Chinese medicine in Beijing University of TCM, suggests that the study and construction of medical lineages can facilitate the formation of new disciplines and therefore escalate and diversify the current TCM system.⁶¹³ This would build on the inherent advantage that traditional medical practice has over the pseudo-monolithic biomedicine, particularly in the Chinese contexts where epistemological diversity between biomedicine and Chinese medicine is often fostered rather than denied as a feature of the resilience of living traditions.

According to the call for applications, both 'government-run' and 'non-government run institutions of Chinese medicine and ethnomedicine with the characteristics and advantages of academic lineages' are encouraged to apply. In other words, lineages

⁶¹² Hong 郑洪 Zheng, 'Zhongyi xueshu liupai yanjiu de fanshi gongneng jiqi dui zhongyi jiaoyu de yiyi 中医学术流派研究的范式功能及其对中医教育的意义 (Paradigm function of academic schools of TCM and its significance to TCM education)', *Zhongyi Jiaoyu 中医教育*, xl (2021).

⁶¹³ Jianjun Gu 谷建军, 'Yixue liupai zai zhongyixue xueke zhong de weizhi, zuoyong yu zouxiang 医学流派在中医学学科中的位置、作用与走向 (The position, role and direction of medical schools in the discipline of Chinese medicine)', *Zhongyi Jiaoyu 中医教育*, xl (2021).

with members both within and outside of the TCM system are eligible as candidates.

The definition and requirements of an officially sanctioned lineage/school and its heir(s) are as follows:

- a. The school has been handed down for more than three generations and has a clear line of succession up to the current representative heir;
- b. It has academic ideas and views unique to the lineage;
- c. It has characteristic techniques for clinical treatment and significant clinical efficacy;
- d. The clinical techniques of the school are still widely applied in clinical settings;
- e. The school has a wide influence and good reputation in the declared region or nationwide; and
- f. The representative heir or main heirs are still active in the clinic and influential in the industry; they should be willing to actively engage in the academic transmission and treatment activities of the school and be able to take on the task of building a 'school studio'.⁶¹⁴

⁶¹⁴ 'Guojia Zhongyiyao Guanliju Bangongshi Guanyu Kaizhan Zhongyi Xueshu Liupai Chuancheng Gongzuoshi Jianshe Xiangmu Shenbao Gongzuo de Tongzhi 国家中医药管理局办公室关于开展中医学术流派传承工作室建设项目申报工作的通知 (Notification of the Application for the Construction Project of Academic Schools of Chinese Medicine Inheritance Studio by the Office of the National Administration of Traditional Chinese Medicine)'.

It is noteworthy that, unlike most of the other projects funded by the NATCM, the applicants for this project were not required to provide scientific evidence of the validity of either the lineages or the heirs as potential candidates.

In this first round of applications in 2012, 53 herbal medication schools and 11 acupuncture schools were accredited as officially funded lineages under this policy, with grants to establish studios for future transmission within the TCM system. Among them was the Studio of Fu Yang School of Chinese Medicine, headed by Liu Lihong.⁶¹⁵ For folk medicine communities such as Liu's, the status of 'lineage/school' with recognition by TCM is a sign that their body of knowledge, as well as the clinical skills of the members, are recognised by the authorities of the profession in China. Historians of Chinese medicine note that this internal recognition and reputation of a school is crucial to the survival and professional development of the school and its members.⁶¹⁶ In a private conversation I had with a master acupuncturist in the TCM community in 2019, he bluntly questioned whether the FEA 'deserves to be considered a school' when I referred to it as a lineage of acupuncture. Thus, the construction and emphasis of the FEA as a '*fâmai*' lineage in its community discourse also demonstrates the ambition of Liu and its members to gain recognition in the field for further

⁶¹⁵ 'Liu Lihong – Guangxi Zhongyiyao Daxue Jichu Yixueyuan 刘力红-广西中医药大学基础医学院 (Profile of Liu Lihong– Faculty of Basic Meidicine in Guangxi University of TCM)', *Guangxi Zhongyiyao Daxue 广西中医药大学 (Guangxi University of Chinese Medicine)*.

⁶¹⁶ Scheid, *Currents of Tradition in Chinese Medicine*, 105; Marta E. Hanson, 'Inventing a tradition in Chinese medicine: From universal canon to local medical knowledge in south China, the seventeenth to the nineteenth century' (Ph.D., 1997).

development.

After a decade of development, through the establishment of the *fâmai* and the absorption of quality members from the TCM system, FEAers in China have formed a stable and active 'imagined community' alongside the TCM orthodox. In terms of size, the Chinese FEA community has far exceeded the current or previous peak membership of its British counterpart. In terms of teaching and transmission models, the Chinese model resonates with the thought collective in J.R.'s College of the 1970s and 80s. Specifically, both communities identify an intellectual authority and train several core teachers who can then act as disseminators and defenders of the thought style. For the Chinese FEA community, the three generations of the lineage inheritors from the UK — J.R., Nora and Guy — are legitimated authorities and at the top of the power hierarchy. Long's role as a pioneer and a bridge between Nora and China, together with her Chinese nationality and TCM background, has signalled her uniqueness and importance in the community. The development of the genre requires generations of successors and practitioners. Just as Worsley trained the inner cycle at his college, Nora and her successor Guy have trained a number of such senior teachers and practitioners in the past ten years since the FEA came to China. As members of the inner cycle, they soon took key roles in the Chinese FEA Association and begin to form a new generation of local heirs and authorities, opening their own institutes to provide FEA courses and clinical training. Some have even opened private clinics to provide a place of practice for doctors and students in the community.

An authentic counterculture with Chinese characteristics

According to FEAA statistics, thousands of TCM practitioners and lay enthusiasts in China and abroad have attended Nora's courses in person and/or online over the past decade. Some of these followers have even left their stable jobs and high status in the TCM industry to become full-time folk acupuncturists using only FEA theory and techniques. And as shown in the previous chapter, not so long ago, in the early 1980s, British FEAsers visiting China were met with indifference and rejection of their style of acupuncture by Chinese TCM practitioners. The questions then are: what has led to this U-turn in the attitudes of Chinese TCM practitioners towards FEA over three decades? what makes FEA attractive and authentic in the eyes of some contemporary Chinese TCM practitioners who would drop out and become loyal to this particular style?

Firstly, it should be noted that not all contemporary TCM practitioners in China accept or welcome FEA. Many, especially those in senior positions, remain unconvinced or even sceptical about its status. When I talked to some of my former mentors in the TCM system (such as directors or professors in the acupuncture department) about FEA, most of them said they had heard of it – which confirms the effectiveness of FEA propaganda within the TCM system. However, for many of them, the FEA is not a "formally" recognised school of acupuncture to be taken seriously. Some of the doubts stem from its historical background. Because FEA has no historical record of its transmission in China; because its current intellectual authority comes from a

foreigner (Nora Franglen). Or because FEA is neither included in the TCM system (in its educational and clinical settings), nor has its effectiveness been proven by clinical trials.⁶¹⁷ Such attitudes and evaluations of FEA show continuity and similarity between today's practitioners and their predecessors in the 1980s within the TCM community.

What is undeniable, however, is that over the past decade FEA community has attracted and converted a large group of TCM practitioners in China. I tried to find the source of this enthusiasm in the hundreds of retrospective articles about their personal experiences and feelings with FEA published on the Internet (mainly on the FEAA WeChat account). *Zhēn* 真 (real) and *chúncuì* 纯粹 (pure), loosely related to the English concept of authenticity, are key words and appear frequently in these articles. 'I never thought I could take the path and practise the pure Chinese medicine' (没想到有一天我会走上纯中医的道路 *Méi xiāngdào yōu yìtiān wôhuì zôushàng chún zhōngyī de dàolù*) is the surprise exclamation that resonates among these

⁶¹⁷ With awareness of the absence of such clinical trials and its consequence, FEAs have been applying for fund to conduct research and evaluate efficacy of FEA on patients with insomnia and pain. Examples of published reports on those research projects are Yuying Wang 王玉影 et al., 'Dui Wuxing Zhenjiu Tiaozheng Shiguanai Fuxing Qingxu de Tansuo 对五行针灸调整食管癌负性情绪的探索 (Exploring FEA to Help Regulate Negative Emotions in Oesophageal Cancer Patients)', *Anhui Zhongyiyao Daxue Xuebao* 安徽中医药大学学报, xlii (2023); Yanliang Zhi 直彦亮, Chang Kong 孔畅, and Sixin Lin 林思薪, 'Wuxing zhenjiu "banhen zuzhi" lilunxia zhendao songjie zhiliao xiongyaozhui guzhehou manxing yaobei tong 五行针灸"瘢痕阻滞"理论下针刀松解治疗胸腰椎骨折术后慢性腰背痛 (Acupuncture treatment of chronic low back pain after thoracolumbar fracture using Five-element Acupuncture "scar block" theory)', *Shanxi datong daxue xuebao* 山西大同大学学报 (自然科学版), xxxviii (2022); Huafa Zhong 钟华发 and Yuguang Gao 高玉广, 'Yunyong wuxing zhenjiu zhiliao shimian de linchuang guanchang 运用五行针灸治疗失眠的临床观察 (Clinical observation on the use of Five-element Acupuncture in the treatment of insomnia)', *Guangxi zhongyiyao daxue xuebao* 广西中医药大学学报, xvii (2014).

acupuncturists who have switched from TCM to FEA.⁶¹⁸ In their eyes, FEA offers an alternative to TCM orthodoxy, a kind of authentic acupuncture. Analysing the discussion of 真 (*zhēn*) in these articles, I find that the term is used as a Chinese equivalent to ‘authenticity’ with a variety of meanings which can be loosely divided into two main categories. One refers to the attribute of this style of acupuncture as a 真正的传统 (*zhēnzhèng de chuántōng*, genuine tradition). The other is related to the search for the 真 (*zhēn*, ‘truth’) of the individual. These two strands will be discussed separately below.

FEA as an authentic tradition

In comparing classical Greek and Chinese medicine, Kuriyama points out that the epistemologies of the two are different and therefore the process of combining them inevitably leads to the loss of some knowledge on the receiving end.⁶¹⁹ The imitation and absorption of the institutions and techniques of biomedicine in the modernisation of Chinese medicine, and the sifting and simplification of its own heterogeneous traditions in the process of standardisation, has meant that much more has been lost in contemporary Chinese medicine than in the pre–modern era. These gaps have been filled by the techniques and research of modern medicine. More importantly, in the

⁶¹⁸ Fuyun Ma 马福云, ‘Wo de Wuxing Zhenjiu Zhilu 我的五行针灸之路 (My Path onto FEA)’, *Tongyou Sanhe Zhongyi 同有三和中医*, (2020).

⁶¹⁹ Shigehisa Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine* (New York, 1999), 93.

process of modernisation, especially in the TCM system, the criteria against which the national sponsorship adopted for development also come from modern biomedicine rather than from the concepts and theories found in the traditional Chinese medical classics.⁶²⁰

In comparison with TCMers in the 1980s, contemporary traditionalists of Chinese medicine seem to be more sensitive and conscious of what has gone missing in that process and its consequences. Both Franglen and Liu at different times have publicly criticised this loss of tradition. Underlying this criticism and questioning is the group's imagination and longing for a golden era of Chinese medicine, as well as their unease at the loss of factors they consider fundamental to a real tradition. It also hints at a collective mentality that sees the modernisation of Chinese medicine as a sign of decline. In examining the traditional narrative of Chinese Buddhism, Morrison and Jamie Hubbard both point out that 'the narrative of decline creates a fear of no legitimate authority or capacity for practice' which often appears hand-in-hand with the assertion and establishing of '*true teachings*' in the field.⁶²¹ The FEA's self-identity and emphasis on tradition in its thinking and practice provide the solution and assertion of such 'true teaching' that this worried group so desperately desires. Nora recalls Liu's assertion of the purity of FEA as a classical acupuncture to attendees of

⁶²⁰ Kim Taylor, *Chinese Medicine in Early Communist China, 1945–63: A Medicine of Revolution* (London, 2005), 123–30; Volker Scheid and Sean Hsiang-lin Lei, 'The Institutionalization of Chinese Medicine', in Bridie Andrews and Mary Brown Bullock (eds.), *Medical Transitions in Twentieth-Century China* (2014).

⁶²¹ Morrison, *The Power of Patriarchs*, 14; Jamie Hubbard, *Absolute Delusion, Perfect Buddhahood: The Rise and Fall of a Chinese Heresy* (Honolulu, 2001), 35.

her FEA class in China,

Nora F.: I was then invited by him (Dr Liu Lihong) to give a seminar on five–element acupuncture to acupuncturists at his research institute in Nanning in South China in November 2011, the first of five seminars I have given there to a growing number of acupuncturists. At my last visit in April (2014), Professor Liu, who is himself a scholar of the classics, when introducing me to the class of 70 acupuncturists, said, “**The seed of FEA is a very pure seed.** I think it originates directly from our original classic *Lingshu*, “Rooted in Spirit” (Chapter 8 of *Lingshu*), or “Discourse on the law of needling” (Chapter 72 of *Suwen*). That is to say it fits easily within the *Neijing*. It is therefore not created from nothing. It has its origin in the far–distant past and has a long history. The seed which underlies its practice is **very pure**. For many good reasons, this seed has now returned to its homeland and started to germinate. In Nora’s words, its roots have started to penetrate downwards”.⁶²²

Frequent references to the classical texts in teaching and community discussions were the group's way of emphasising and demonstrating the continuity between FEA and the Chinese medical tradition. For TCM practitioners, the theory of wuxing is a cornerstone and synonymous with Chinese medical theory, along with the theory of *yin–yang*. Historians Lo and Stanley–Baker note that the use of these terms acts as a 'linguistic glue' that maintains a sense of continuity with the classical form for contemporary members of the profession.⁶²³ For contemporary Chinese, especially those with a TCM background, naming this acupuncture style after the *Wuxing* theory

⁶²² Franglen, ‘Returning the Spirit to Acupuncture in China (Article Submitted to the Acupuncturist, the Newsletter of the British Acupuncture Council)’.

⁶²³ Michael Stanley–Baker and Vivienne Lo, ‘An Introduction’, in Vivienne Lo, Michael Stanley–Baker, and Dolly Yang (eds.), *Routledge Handbook of Chinese Medicine* (London; New York, 2022). See also Anderson, *Imagined Communities*, 71–82.

is an effective allusion to the authenticity of this style of practice. Meanwhile, classical texts, particularly the *Neijing* and *Nanjing*, are cited in almost all published transcripts of FEA teaching. As shown in the first section of this chapter, FEA is primarily defined by Long Mei in her letter to Liu (and a growing Chinese audience) as classical acupuncture based on the ideology of the *Neijing*. As Benedict Anderson notes, the construction of imagined communities is usually repeatedly posited in the selection and arrangement of classics and canons.⁶²⁴ It seems that, following the convention of scholar–physicians in history and sanctioned by the contemporary TCM system, the *Neijing* is the text chosen by the two FEA communities across time and culture to demonstrate their imagined orthodoxy and continuity with traditional Chinese medicine.

FEA's references to traditional texts in its teaching and community dialogue in China are not limited to traditional Chinese medicine, but also include other classics of traditional Chinese culture. In a lecture to FEA students, Liu said that FEA was "true acupuncture". The evidence for his statement comes from his reading of the concept of 'water and fire' in the I Ching.

Liu L.: Five Element Acupuncture is really remarkable. And when you think about it, every detail is remarkable. I was thinking today that it's true *zhēnjiū* (针灸 acupuncture and moxibustion). I would say that what I do is not *zhēnjiū* because I don't basically use moxibustion, but Five Element Acupuncture is *zhēnjiū*. *Neijing*

⁶²⁴ Anderson, *Imagined Communities*, 125.

discusses acupuncture as ‘nine needles from the south’ [...] and ‘moxibustion from the north’. [...] (According to the Wuxing theory) the south is fire and the north is water, so it is actually a water–fire relationship. [...] I think there is a meaning of the 易卦 (*yìguà*, Yi trigram) as ‘mutually blended’ in this, water and fire are mutually blended (水火既济 *shuǐhuǒ jìjì*). If we compare water and fire with spirit and matter, the zhenjiu treatment actually embodies such a transaction and an interplay.⁶²⁵

Historian Hubbard notes that for Chinese monks throughout history, conservative attempts to secure an orthodox tradition usually ended with the invention of new traditions.⁶²⁶ In other words, as the temporal–spatial and socio–cultural context changes, the aim and effort to preserve an authentic tradition ironically runs the risk of creating an 'invented tradition', as the process requires 'new interpretations of doctrine' or even inspires new narratives and doctrines.

The respect for tradition is also reflected in the way FEAers have set up their clinical sites and environments. At present, Chinese FEAers are largely based in private clinics outside the TCM system, at least when practising in the FEA style. Some of these clinics are located in skyscrapers in the city centre, while others are located in farmhouses in the suburbs. These clinics are often decorated and designed with 'traditional elements'. Ma Qin's clinic, for example, is located in a small town at the foot of the West Mountain (西山 *xīshān*), in a natural environment far from the city of Beijing.⁶²⁷ The clinic's

⁶²⁵ Liu 刘力红, 'Wuxing Zhenjiu Shi Zhijian You Zhishen de Yimen Xuewen'.

⁶²⁶ Hubbard, *Absolute Delusion, Perfect Buddhahood: The Rise and Fall of a Chinese Heresy*, 37.

⁶²⁷ Chao Yu 于超, 'Kaixin Gongzuoshi Zai Beijing Xishan Luodi 开心工作室在北京西山落地 (Happy Studio Is Landed in the West Mountain of Beijing)', *A Mi Na Kaixin Gongzuoshi 阿迷娜开心工作室*, (2020).

waiting room offers herbal teas, Buddhist music and burning incense, and is decorated with framed brush calligraphy. Again, these elements have been widely adopted by TCM hospitals in recent years, especially in the special department for senior doctors, as a means of reflecting and transmitting the traditional nature that this modernised system is trying to reclaim.⁶²⁸

It is worth noting that the decision to practise FEA outside of TCM institutions is not necessarily a voluntary one on the part of Chinese FEAers. Zhang Chen was a classmate of mine at university. After graduating, she became a doctor at a TCM hospital in Beijing. In our interview, she mentioned that she had tried to offer FEA treatment to outpatients at the hospital. However, this was soon abandoned. Using the FEA style means that each patient would take at least an hour to diagnose and treat, which is impossible for doctors like her to cope with the daily workload of a TCM hospital.⁶²⁹

In an article by Tang and Xian (both FEA practitioners based in the TCM system) marking the first decade of FEA in China, they review the 'challenges and opportunities' for this style of acupuncture in China and address the situation faced by Zhang Chen.⁶³⁰ As they put it, 'Due to the long consultation time for each patient, it is difficult for Five Element Acupuncture practitioners to meet the increasing demand for

⁶²⁸ For example, photos of such clinic affiliated to Beijing University of TCM at https://baike.baidu.com/pic/%E5%9B%BD%E5%8C%BB%E5%A0%82/8630302/1/c8ea15ce36d3d539fe9732533087e950342ab0f3?fr=lemma&fromModule=lemma_top_image&ct=single#aid=1&pic=c8ea15ce36d3d539fe9732533087e950342ab0f3;Xinglin_Clinic_at_Beijing_TCM_Hospital_at_http://m.dianping.com/review/364264700?source=pc_jump (last access: May 2023).

⁶²⁹ Interview with Chen Z., 2020–8–10.

⁶³⁰ Tang 唐丽颖 and Xian 鲜馥阳, 'Wuxing Zhenjiu Huigui Zhongguo Fazhan Gaikuang 五行针灸回归中国发展概况 (Overview of Five-Element Acupuncture Development after Returning China)'.

outpatient services in public (TCM) hospitals. As a result, most practices are now carried out in individual clinics or private institutes. The establishment of a specialist Five Element Acupuncture clinic to enter public hospitals — the core of the country's healthcare system — is still proving very difficult'.⁶³¹

The emphasis and expression of an authentic self and emotions

In addition to the collective pursuit and authentication of tradition, another recurring theme in Chinese FEAs' posts is the discovery and acceptance of the 'authentic self' 真我 (zhēnwô). The economic reform and opening up of China that began in the 1980s, followed by decades of rapid economic development, have led to an unprecedented level of public attention on the individual in Chinese society and popular culture. And for Chinese FEAs, the description of the five personality types in the CF diagnosis gives them the tools to explore the inner world of the individual (therapist and patient alike) from the familiar world of Chinese medicine. Nora's teaching on CF diagnosis for the students in class becomes a starting point for the Chinese FEAs to develop an awareness of and connection with their authentic self. This also applies to their relationships with family, friends and patients. Before studying FEA with Nora, Tian Dehua 田德华 had a Master's Degree in TCM and a mentor who is a state-sanctioned expert in TCM gynaecology. She has been an FEA practitioner for eight years and applies FEA diagnosis of CF and needling principles to treat her

⁶³¹ *Ibid.*

patients' gynaecological conditions. In an article published in the digital community with a section entitled 'To "see yourself" before seeing the world' (真正的世面, 是能不能"见自己" *zhēnzhèng de jiàn shìmiàn, shì néngbùnéng "jiàn zìjǐ"*), she shares the inspiration and sentiment she has gained from exploring the authentic self with her patients.

Tian D.: I have experienced the scenes and feelings she (the patient) briefly described, and it is a tearful thrill to think of the ease of not having to pretend or wear a façade. Can you see that you are suffering? Are you ready to admit it? I find that all pretence is unnatural: the little expressions and body language that you are not aware of, betray you. And there's always an attempt to wrap yourself in skills and horizons that you don't yet have, so that even the sincerity and humility that were so moving disappear. The stories I heard in the clinic are from lively individuals. Can you see your own shadow? Are you always disgusted with yourself, trying to pretend to be someone else, erasing your origins and experiences, not allowing yourself to be ignorant, inadequate or failing? Are you caustically suppressing yourself? Slowly, do you dare to talk about your past, your shortcomings? And later, can you accept yourself as you are? Listening to her story, I suddenly understood that when I really 'see' myself, I like myself more and more, and the beauty of life can unfold in the soil of this self acceptance. [...] Every individual has their own direction in life and the task of each of us is to find that direction, work towards it and live it to the full. Five Element Acupuncture can turn a life that might otherwise collapse into a breakthrough and take it to a whole new level.⁶³²

⁶³² Dehua Tian 田德华, 'Wuxing Zhenjiu Zhiliaole Huanzhe de Feijiejie, Ye Jingxing Le Wo 五行针灸治疗了患者的肺结节, 也惊醒了我 (Clinical Case of FEA Treatment for a Patient's Lung Nodules, and Awakened Me)', *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2020).

Through *wuxing* theory and the diagnosis of CF, this awareness and acceptance of the authentic self is then linked to somatic and emotional wellbeing and the effectiveness a practitioner can achieve. Senior FEA practitioner Tong Boran 佟博然 shares with FEA colleagues and students, 'Allow yourself to be yourself and live according to who you are. [...] what you are guarding is your true self, your true heart, to use the term commonly used today is "follow your true self" and "live according to who you are". The "true self" here is expressed in the *Wuxing* diagnosis of CF, each with its own characteristics. [Our task is to] support CF and promote the presentation of the true heart. [...] In my case, as an earth CF, the more smoothly my earth energy flows, the more my true heart, my true desire, will be evident and powerful'.⁶³³ Long Mei and Liu Lihong both refer to the homophony in Chinese characters of 真 (*zhēn*, genuine and authentic) and 针 (*zhēn*, the needling) to explain the importance of being authentic as an FEA practitioner: this homophonic pair implies that only when the therapist is authentic (true to oneself and genuine to the laws of nature) can he or she achieve the best therapeutic effect of acupuncture.⁶³⁴

In their recent edited volume on the counterculture movement in 1960–80s Europe, Häberlen and Keck–Szajbel argue that participants in this transnational cultural

⁶³³ Boran Tong 佟博然, 'Wuxing Zhenjiu de Hexin Silu 五行针灸的核心思路 (Core Ideas of Five-Element Acupuncture)', *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2021).

⁶³⁴ Mei Long 龙梅, 'Zhen Yu Zhen de Liliang 真与针的力量 (The Power of Authenticity and Needling)', *Wuxing Zhenjiu Shequ 五行针灸社区 (FEA Community)*, (2019); Liu 刘力红, 'Fangxia Renxin, Jinru Daoxin'.

movement 'pursued a "politics of authenticity"', that is, 'they tried to develop ways of life that allowed people to be true to themselves'. Compared to the European CCMers of decades ago, today's Chinese FEAers' quest for authenticity seems less political *per se* — that is, to target their quest and discussion directly towards an alternative governmental model— but it is certainly a reflection of and a rebellion against modernity. For them, modernity has a specific embodiment — the TCM system, a 'combined medicine', a hybrid of Chinese and Western biomedicine, an unfortunate deviation from a true tradition. Judith Farquhar devotes her book 'Knowing Practice' to describing this standardised process of 'looking at illness' (看病 kànbìng) within the TCM system, as she observed it in the 1980s at the Guangzhou College of TCM, and as reflected in published textbooks and clinical cases. For contemporary Chinese FEAers, behind their praise for FEA's exploration and expression of the 'authentic self' and the act of leaving the TCM system, lies the group's dissatisfaction with the suppression and erasure of individual identity by the highly standardised TCM system.

For contemporary TCM practitioners in China, the emphasis on sensation in the diagnostic and therapeutic techniques of FEA is a form of empowerment of the authentic self of the individual practitioner. Historians Häberlen and Keck–Szajbel point out that members of the counterculture movement in Europe 'sought to shape and experience their bodies without social norms or modern technology imposing

inauthentic standards.⁶³⁵ As my chapters 2 and 3 show, FEA in Britain was formed under the ethos of this cultural movement as a critique and alternative to the modern medical model. J.R.'s emphasis on 'get(ting) out of the head, into the senses' (translated into Chinese as 放下思维, 进入感官 *fàngxià sīwéi, jìnrù gānguān*) as a means of knowledge production fitted into this quest to resist 'inauthentic standards; imposed by depersonalised, hospitalised modern medicine'. FEAers are trained to observe nature and patients with their own senses in order to make CF diagnoses. Similarly, for contemporary Chinese FEAers, what institutional TCM teaches and offers for diagnosis and treatment are 'inauthentic norms' imposed by modernised social norms and ideology. Whereas the traditional *wuxing* theory of Chinese medicine and Worsley's interpretation and construction of CF diagnosis for his CCM students in the 1970s and 80s offered traditionalist TCMers in contemporary China a CCM-style liberation from the modernised TCM establishment and an alternative and authentic way of experiencing and healing.

⁶³⁵ Joachim C. Häberlen and Mark Keck-Szajbel, 'Introduction', *Introduction* (2018), 10.



Figure 5–4. FEAs in China socialising for a mountain hike for the tenth anniversary celebration of FEA ‘back to its homeland’, photo by TYSH Foundation of Chinese Medicine⁶³⁶

The emphasis on sensation in FEA contrasts sharply with the standardisation of TCM, which is also seen as evidence of the traditional attributes of FEA. Research by historians Kuriyama and Lo on ancient medical texts suggests that subjective senses such as tactus and pain played an important role in the formation of Chinese medical theory.⁶³⁷ The emphasis on feelings and subjectivity was also a major concern of European CCMers in the 1970s, partly reflected in their use of psychedelics and their

⁶³⁶ Mu Sen 森沐, ‘Huigui Gutu Shizhounian — Wuxing Zhenjiu Diyijie Luntan 回归故土十周年——五行针灸学会第一届论坛 (Tenth Anniversary of Returning to the Homeland – First Forum of the FEA Association)’, *Tongyou Sanhe Jiaoyu Wenhua 同有三和教育文化*, (2021).

⁶³⁷ Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*; Vivienne Lo, ‘Spirit of Stone: Technical Considerations in the Treatment of the Jade Body’, *Bulletin of the School of Oriental and African Studies*, lxx (2002).

passion for psychological theories and psychotherapy.⁶³⁸ Whether the contemporary Chinese FEAs' love for this part of the FEA system and their pursuit of authentic acupuncture through this route is a recognition and return to the traditions of Chinese medicine or a continuation of the western CCM climate, or a mixture of both, seems to be a matter of perspective.

Drawing on Latour's theory of the 'modern constitution', Lei points out that for Chinese medical practitioners of the late Qing and Republican periods, it was clear that the pre-20th century creation of Eastern traditions as the 'cultural others' in contraposition to Western modernity did not work in their favour when it 'caught [them] in the struggle between the abolition and modernisation of their profession'.⁶³⁹ Ironically, this orientalist, traditional-modern dichotomy provides the legitimacy for contemporary Chinese FEAs in their professional choice, as it did for their British predecessors several decades ago. The FEA, constructed in the European CCM period out of a reflection on Western modernity, brought with it a reverence for authentic self and subjective feelings and emotions. For Worsley's students in the 1970s' and 80s', these anti-modern elements became a method and embodiment of the counterculture demands against the establishment of Western society. In today's TCM circles in China, these same factors/elements provide contemporary Chinese TCMers

⁶³⁸ Nicholas Campion, *The New Age in the Modern West: Counterculture, Utopia and Prophecy from the Late Eighteenth Century to the Present Day* (London, 2015), 79–84, 122–47; Elizabeth Nelson, *The British Counter-Culture, 1966–73* (London, 1989), 61, 92–4; Frank Musgrove, *Ecstasy and Holiness: Counter Culture and the Open Society* (London, 1974).

⁶³⁹ Bruno Latour, *We Have Never Been Modern*, trans. Catherine Porter (Cambridge, Massachusetts, 1993), 99; Lei, *Neither Donkey nor Horse*, 277–8.

with an alternative option for a counterculture 'on their own terms' towards an imprisoned and personally suffocating, TCM establishment.⁶⁴⁰ By discovering authentic self and subjectivity in their own clinical practice, Chinese FEAers employ 'the self as method' approach to counteracting the impact of modernisation on the profession and the resulting dominated industry beast.⁶⁴¹ In contrast to the Chinese TCM community of a century ago described by Lei, contemporary traditionalists TCMers seem to have found benefit in this perspective of 'self-orientalism'.⁶⁴²

Chinese FEA practitioners' reverence for the 'authenticity' of FEA includes attention to and acceptance of individual emotions. The conditioning of emotions through FEA is a popular topic of discussion, reflected in posts on online platforms for practitioners and students. In the previous chapter, British acupuncturists in the 1980s witnessed the unequivocal and dismissive attitudes to emotional distress expressed by Chinese TCM practitioners in both TCM hospital clinics and British acupuncture seminars. This situation gradually changed with China's reform and opening-up policy in the 1980s.

⁶⁴⁰ 'On Their Own Terms' is the title of historian Benjamin Elman's monograph on the history of Chinese science and modernisation during the late Ming and Qing periods. With this phrase, Elman challenges the conventional historiography that considers Chinese modernity to be a failure or an inferior imitation of the European version. Instead, Elman argues that the Chinese of this period produced, articulated and practised science on their own terms (hence the book's title). Benjamin A. Elman, *On Their Own Terms: Science in China, 1550–1900* (Cambridge, Mass.; London, 2005).

⁶⁴¹ Biao Xiang and Qi Wu, *Self as Method: Thinking Through China and the World* (Singapore, 2023). With this title, social anthropologist Xiang makes a manifesto encouraging young Chinese to 'think by themselves and for themselves'.

⁶⁴² Drawing on historical and anthropological sources, Eric Karchmer provides an excellent and insightful discussion of the complexities of the 'orientalising' transformation of Chinese medicine in (post)colonial China. Organised around three dualisms — the acute-chronic, the structure-function, and the disease-pattern — Karchmer shows how the identity and practice of contemporary TCM in Communist China have been constructed and developed through a self-orientalised approach and in comparison to the professional identity and characteristics of 'Western medicine'. See Eric I. Karchmer, *Prescriptions for Virtuosity: The Postcolonial Struggle of Chinese Medicine* (New York, NY, 2022).

In recent decades, and especially since the 21st century, psychological theory and counselling have become one of the hot topics in Chinese society. Surveys conducted by anthropologists and sociologists in China's large cities have revealed the rapid growth of the psychotherapeutic profession and psychological self-help activities in contemporary China, which scholars describe with terms like 'psy(cho)-boom' or 'psy(cho)-fever'.⁶⁴³

Anthropologist Sonya Pritzker refers to the enthusiasm and assimilation of psychology in the 21st century China as a 'New Age with Chinese Characteristics'.⁶⁴⁴ Pritzker's ethnographic fieldwork engages with psychological workshops and evening salons in Beijing. As she observes, the participants are 'professional, mostly white-collar individuals' and are 'mostly women'; at these events, they usually 'wear loose Indian-style robes and earth-toned, comfortable clothes that evoke the global yoga and spirituality movement'; those regular attendees of these events would greet each other with 'long, drawn-out hugs' which is rarely a custom in Chinese daily life.⁶⁴⁵ Focusing on one of the most popular and successfully assimilated psychological theories called the 'inner child', these workshops offer participants a platform to

⁶⁴³ Doris F. Chang et al., 'Letting a Hundred Flowers Bloom: Counseling and Psychotherapy in the People's Republic of China', *Journal of Mental Health Counseling*, xxvii (2005); Li Zhang, 'Bentuhua: Culturing Psychotherapy in Postsocialist China', *Culture, Medicine, and Psychiatry*, (2014); Gil Hizi, "'Developmental' Therapy for a 'Modernised' Society: The Sociopolitical Meanings of Psychology in Urban China", *China: An International Journal*, xv (2017); Hsuan-Ying Huang, 'Untamed Jianghu or Emerging Profession: Diagnosing the Psycho-Boom amid China's Mental Health Legislation', *Culture, Medicine and Psychiatry*, xlii (2018); Barclay Bram, 'Help-seekers, Callers and Clients: Embodied History in China's Psy-boom', *Medical Anthropology Quarterly*, xxxiv (2020); Li Zhang, *Anxious China: Inner Revolution and Politics of Psychotherapy* (Berkeley, 2020).

⁶⁴⁴ Sonya E. Pritzker, 'New Age with Chinese Characteristics? Translating Inner Child Emotion Pedagogies in Contemporary China', *Ethos*, xlv (2016).

⁶⁴⁵ *Ibid.*

discuss and learn about 'what it means to know oneself, to feel emotion, and to express one's true self (真我 *zhēnwǒ*)'.⁶⁴⁶

The response to this psychological fever in the field of Chinese medicine has been an increased attention to psychological and emotional issues by patients and doctors alike. Medical anthropologist Yanhua ZHANG conducted her fieldwork in Beijing's TCM hospitals in 1994. She found that many TCM hospitals had 'neurology' departments and observed that many patients came to the doctor with emotional problems.⁶⁴⁷ The patients' complaints did not necessarily point directly to emotional problems, but more often to physical symptoms such as insomnia and headaches. However, according to the author's participant observations in clinical settings, these patients were often open about affectivity as the source of their psychological distress and physical symptoms. Among the causes of emotional problems mentioned by the patients she observed were stressful life situations, disagreements between mother-in-law and daughter-in-law, relationship problems between husband and wife, and psychological pressure related to students' academic performance.⁶⁴⁸ In ten months, the author collected over four hundred clinical cases in this one department.⁶⁴⁹ This suggests that in the 1990s emotional problems had already become visible in the Chinese society (at least in large cities like Beijing and Shanghai) with huge related

⁶⁴⁶ *Ibid.*

⁶⁴⁷ These 'neurology' departments are now mostly disappeared in TCM hospitals and replaced by the Department Psychosomatic Medicine 身心医学科 (*shēnxīn yīxué kē*) which provide acupuncture and herbal therapies.

⁶⁴⁸ Yanhua Zhang, *Transforming Emotions with Chinese Medicine: An Ethnographic Account from Contemporary China* (Albany, 2007), 58–63.

⁶⁴⁹ Zhang, *Transforming Emotions with Chinese Medicine*, 12.

medical demand even in the world of Chinese medicine.⁶⁵⁰

Similar to the comments I received from my British interviewees, Chinese FEAs have also shared in their digital posts the 'shocking' effects of FEA treatment on patients' emotional wellbeing that they have observed in their clinical practice. As Liu Lihong mentioned in his public remarks quoted above about the dramatic improvement he experienced during his depressive state, as well as by observing Nora's cases, '(w)e saw that some people were really different before and after needling. Or we feel that we are different after such a treatment'.⁶⁵¹ Tong Boran, a postgraduate on acupuncture from Tianjin TCM university and dropped out to be a full-time FEA practitioner and teacher after encountering this *fâmai* with Nora in 2012, shares the motivation behind his career shift in relation to emotional issues at clinic,

Tong B.: During my internship at (TCM) University, I shadowed a doctor in the Department of Chinese Medicine. One day, a woman came to the doctor for menopausal symptoms. The doctor took her pulse and said with a helpless face, "You're thinking too much, so your Liver qi is blocked and sabotaging the spleen system. It would help if you stopped thinking so much."⁶⁵² The patient was also

⁶⁵⁰ Anthropologists Scheid and Karchmer also capture this trend in their fieldwork in Chinese TCM hospitals. They both write articles contextualising the historical development of Chinese medicine's 'liver qi restraint' and its modern application to emotional disorders. See Volker Scheid, 'Depression, Constraint, and the Liver: (Dis)Assembling the Treatment of Emotion-Related Disorders in Chinese Medicine', *Culture, Medicine and Psychiatry*, xxxvii (2013); Eric I. Karchmer, 'The Excitations andSuppressions of the Times: Locating the Emotions in the Liver in Modern Chinese Medicine', *Culture, Medicine and Psychiatry*, xxxvii (2013).

⁶⁵¹ Liu 刘力红, 'Wuxing Zhenjiu Shi Yimen Chaoyue Zhongyi Jifa de Zhenfa'.

⁶⁵² The equivalence of modern psychological and psychiatric descriptions of 'mental disorders' is historically inherent in Chinese medicine. As medical anthropologist Zhang puts it, 'Not a strictly defined discrete illness entity in a biomedical sense, the *zhongyi* construct is used somewhat loosely to include a group of illness patterns, originating from "internal damages attributable to excessive emotions" (*qingzhi neishang* 情志内伤) and marked with certain configurations of physical, emotional, and behavioural symptoms', see Zhang, *Transforming Emotions with Chinese Medicine*, 1. There is a specific lexicon and theory in Chinese medical discourse to explain the relationship and interaction between emotions and physical symptoms, in which wuxing

a tough sis and responded aggressively, "If I could just stop thinking too much, we wouldn't be having this conversation, would we?" This kind of overlap between mind and body disorders is very common and it is a headache for the doctor to deal with.

If I were to say "Go to counselling", it would be fine with one or two patients, but if I were to send 20 patients away every day, as a doctor I might question the value of my profession. Turning to the first page of the *Neijing*, it says that the regulation of the mind is of primary importance. (So) Strictly speaking, this tempering of the mind should be considered as the duty of a practitioner of Chinese medicine. But it took me many years, until I encountered Five Element Acupuncture, this duty fell into place.⁶⁵³

Conclusion

Like their British counterparts discussed in the last chapter, contemporary Chinese FEAers are waging an acupuncture war against TCM, a war that both echoes and differs from the one waged in Britain a few decades ago. Like their British predecessors, the Chinese FEAers have a countercultural ethos, but what they are reflecting on and rejecting is not modern biomedicine *per se*, but the highly modernised TCM system that has become the orthodox form of Chinese medicine. The traditionalist characteristics displayed and repeatedly emphasised by the FEA style (including its historical narrative and the construction of a *fâmai* lineage of its transmission) brings coherence to the members of this imagined community; FEA's emphasis on the

theory plays an important role as a bridge between the mental and the physical. Zhang's work provides a detailed description and explanation of this discourse and theory of *qingzhi* disorders in both historical literature and modern clinical application. See Zhang, *Transforming Emotions with Chinese Medicine*, esp. Part III and V.

⁶⁵³ Tong 佟博然, 'Wuxing Zhenjiu de Hexin Silu 五行针灸的核心思路 (Core Ideas of Five-Element Acupuncture)'.

authentic self and the mind–body relationship also provides its Chinese members with an alternative and 'authentic' mode of feeling, expressing and healing outside of TCM standards. In this Chinese counterculture movement against the TCM system, FEA practitioners from a TCM background reflect on and oppose not the TCM system as a whole but the modernised, standardised and institutionalised fabrication that signifies the deterioration and loss of what they consider to be the true teaching. It was this fear that inspired them to search for authentic Chinese medicine. Their search, in turn, facilitate inventive interpretation and application of the tradition.

It is worth noting that the boundary between FEA and TCM, which seem to be at opposite ends of the counterculture spectrum in China, is becoming permeable rather than dualistic and distinct. Because of the formidable power and dominance of TCM in China, the people and resources of the folk FEA community are inevitably interpenetrated with those of the TCM system as an industrial establishment. Most of the core members and practitioners of the FEA community in China were/are students and doctors trained by the TCM system. The FEA community, in turn, has always sought to draw on the TCM system for support and resources in its own development. At the same time, as graduates of the TCM system, many Chinese FEAs' understanding of tradition is influenced by the TCM curriculum and textbook they have received. Their method of legitimising authenticity is also partly through a 'Self–Orientalist' understanding and construction of the 'Other' of the TCM system.

Conclusion

The construction of and manoeuvres around the pursuit of 'authenticity' and, in particular, 'authentic acupuncture' are overarching themes in this thesis. In the transnational history of the Five–Element Acupuncture (FEA) style that I trace, the interpretations of authenticity and the historical roles that this concept has played (at both individual and collective levels) are manifold and complex. They pertain to two professional groups of historical actors with radically different socio–cultural backgrounds. Focusing on two contemporary acupuncture communities in the UK and China, this thesis presents different perspectives on the construction and pursuit of authenticity and its manifestations across culture and time. The theory and practice of FEA, which many members have considered to be the embodiment of traditional medicine, become the thread that connects these histories and is itself under constant construction and interpretation as contexts change. It thus reflects the multitude of meanings and purposes associated with the notion of authenticity during the 20th and 21st centuries.

As discussed in the opening chapter, two categories of definition of authenticity are relevant to this thesis: genuine and true to self. In cultural heritage studies, authenticity is discussed in both objective and subjective terms. The former can be understood in relation to genuine. In the case of FEA, the question of its objective authenticity is whether this acupuncture style is a genuine, static, traditional practice as its founder and members have claimed. In Chapter 2 I trace the possible places and

sources of Worsley, as the founder of this style, in his study of Chinese medicine and acupuncture. Chapter 3 provides a comparison of Worsley's teaching, interpretation and application of the *law of Five Elements* with his claimed origin of traditional *wuxing* theory as recorded in Chinese medical classics. With these historical sources, the genuine and objective authenticity of the knowledge and lineage of the acupuncture style becomes a matter of perspective, which I leave for the reader to decide.

There is also the subjective perspective of authenticity, which examines how individuals who participate in the authentication process perceive, construct, and experience it. This is the main focus of this research. Through this dissertation I represent and contextualise the methods, legitimation, limitations and consequences of authenticating the FEA thought style by various historical agents.

As Latour observes, within contemporary societies, tradition is frequently perceived as representing the *Other* and functioning as an antithesis to modernity. Additionally, tradition has emerged as a source of innovative resolutions to the deleterious outcomes of modernity. In the era of globalisation and the emergence of medical pluralism, local medical knowledge and technology have become alternative healthcare solutions, including traditional Chinese medicine and Ayurvedic medicine, acupuncture, mindfulness, and yoga. These traditions are embodied through their global transmission, (re)construction and practices. The community and knowledge

of FEA, pertaining to the concept of *authentic acupuncture* discussed in Chapters 2 and 3, were developed in response to a culture of challenging the medical establishment's dominant position and alienation of human beings. In this context, the authenticity of such traditions is mainly legitimised by the alternative characteristics that differentiate them from the mainstream in the receiving society. Those alternative characteristics are usually achieved through the interpretation and, at times, construction of the transmitters and the recipients. For FEAers in the countercultural era of 1970s and 1980s Britain, their definition and legislation of the authenticity of the FEA knowledge system stemmed from a 'counterculture Orientalism', that is, a communal countercultural rebellion against the social establishment and an imagining of an Oriental alternative and solution to the deceitful and incompetent orthodox (embodied by biomedicine) in the modern society in which they lived. As a result, the pedagogy and knowledge production of the FEA in the 1970s and 1980s Britain took shape around such a collective imagination. So did the cohesion of this professional community among CCM teachers and students. At Worsley's college in Leamington Spa, teachers guided students to learn from nature rather than in a classroom or laboratory; teaching was not based on textbooks but on master–apprentice oral teaching as in Chinese medical traditions; the CF diagnosis and treatment was based on the practitioner's sensory and intuitive experience rather than on objective data produced by laboratory tests; the emphasis of clinical treatment was not on medication but on attention to the patient's emotions and the rapports established between practitioner and patient.

The College's gender egalitarian recruitment policy was also a countercultural rebellion against the patriarchal biomedical system.

If authenticity is deployed to strengthen power and authority and introduce divisions in the transmission and development of traditions, it can feasibly generate a charismatic leader and cultivate a community ethos with cult-like qualities. This occurrence often arises as a result of inadequate information sources during the early stages of transcultural exchange and a misinterpretation of the notion of authenticity. Through his position as the founder and exclusive source of knowledge at the college, Worsley presented himself as the absolute authority and embodiment of authentic Chinese acupuncture. The requirement of complete submission and reliance on the master was justified for the group, as it served to uphold the traditional Chinese Confucian principle of respect for educators. The narrative Worsley accounted about the history of FEA was also authenticated by and augmented a collective imagination of the past of this acupuncture style in ancient China. However, the power hierarchy within the College between its leader, the core teachers and other members eroded over time due to the 'inherent instability' of charismatic authorities and the constant efforts by CCM students for a democratic learning and practice environment. In particular, the formation of a community society and periodicals to which every member could contribute and gain access facilitated such democratic atmosphere for all interested members. Meanwhile, the availability of knowledge sources and communication between practicing styles and groups increased with the globalisation

of Chinese medicine. Throughout these processes, there was a constant challenge and expansion of the original ideals and perspectives on an authentic practice.

The authentication of certain traditional knowledge and practices in modern societies is also easily linked to the modern concept of the "nation state". In other words, the nation–state situated in the geographical location where a particular tradition originated is commonly believed to have preserved, practised, and exemplified the authentic form of that tradition. The 'Chineseness' of Chinese medicine — the belief that authentic acupuncture originated and was optimally transmitted in China — was another dimension of the FEAers' understanding of the authenticity of Chinese medicine. This explains Worsley's repeated narration and emphasis on his learning experiences and the Chinese masters he followed in the Far East, which pointed to the 'Chineseness' of his knowledge and therefore reinforced the credibility of the authenticity of the knowledge he taught to his CCM students. By contrast, the Chinese acupuncturists' understanding of authentic Chinese medicine in a post-Maoist China was a patriotic reaction to China's return to the international arena. They therefore collectively regarded the recently constructed, government–endorsed TCM as the authentic embodiment of traditional Chinese medicine. They were trained to integrate modern scientific methods to enhance and legitimise the value of their medical tradition. However, their British counterparts, who shared a similar ethnocentric belief about the Chineseness of authentic acupuncture, sought to promote authentic acupuncture against modern medicine. The modernist

perspectives on authenticity held by Chinese doctors thus inevitably added complexity to the ongoing debates about authenticity within the acupuncture profession in the UK in the 1980s (Chapter 4). The view of traditional Chinese medicine's authenticity in relation to the nation-state is arguable the cause of many conflicts and divisions in the field of acupuncture in the UK, China and beyond. All parties, including the Chinese and British factions involved in the late 20th century acupuncture wars in England, shared this mindset, as revealed in Chapter 4. And this perception is certainly aligned with the Orientalist view of authentic Chinese medicine as a unified, static tradition.

The discussion on authentic identity among various factions and schools of thought, both nationally and internationally, enabled professionals to consider the potential diversity of the tradition they were studying and engaging in. This also led to a more adaptable comprehension of authenticity among members of the field. For example, a shift in attitudes towards FEA can be observed among members of the TCM community in China over the last four decades, from dismissive rejection to a warm welcome (Chapters 4 and 5). This change indicates to and results from an upsurge of traditionalist ethos and reflection on the TCM system from within this professional community. Influenced by this ethos, the TCM establishment in recent decades has sought to revive certain elements of history in its modernised, integrated system of Western and Chinese medicine. For a growing number of Chinese TCMers, however, this is simply not sufficient to embody and revive this medical tradition. They have

begun to develop a countercultural sentiment towards this established hybrid system in China and are seeking genuine traditions and authentic practices of Chinese medicine as an alternative.

In this context, the Chinese FEA community has been developed with some of those TCM members who practise FEA as a TCM alternative and a real tradition. Much like their counterparts in England decades ago, Chinese FEAs in the last decade have become intoxicated with the particular kind of authenticity that FEA represents. Its commitment to traditional *wuxing* theory, personalised practice and emphasis on emotions and the authentic self, have helped to legitimise its authenticity to its Chinese followers over the increasingly modernised, standardised TCM system. The narrative of FEA's historical past received from Worsley and his CCM students, together with a constructed transmission lineage (*fâ mài*) with generations of heirs, reinforced its authentic identity as a traditional practice as well as its coherence for the Chinese members of this professional community. In other words, the elements of a pre-modern tradition that were identified as being at the heart of this British style of acupuncture satisfied the imagination and aspirations of these Chinese FEA practitioners for traditional Chinese medicine as the antithesis of TCM. On closer inspection, however, the attempts to construct and legitimise both TCM in the 1980s and FEA in the present as authentic traditions were based on the same line of thought, that is, the perception of tradition as the other to modernity.

The tensions arising from the construction of different standards and understandings of authenticity of a given subject across different socio-cultural contexts reflect the contemporary neglect of the pluralism and diversity intrinsic to many living traditions today. With authenticity as its anchor, this thesis aims to engage with the question posed by historians Vivienne Lo and Michael Stanley–Baker in their recent edited volume on the subject: What is Chinese medicine in a modern world? Is FEA traditional Chinese medicine or not, given its transnational history in recent decades? Again, this comes back to the contested meanings of 'authenticity'. As this dissertation has shown, knowledge is constantly changing in the process of transmission. As medical historians and anthropologists argue, in order to be a living tradition, a medical practice must be relevant to its environment. This relevance is closely linked to the socio–cultural and natural environment, to the medical resources available, and to the attitude towards health and healing of the audience at the receiving end. As these conditions vary considerably across geographical regions, time and culture, the knowledge and practice of acupuncture and Chinese medicine are bound to change as they are transmitted across regions, cultures and epochs. In the process, certain local zeitgeists, medical skills and customs may shape the modality, with some original knowledge and techniques being abandoned due to lack of materials and natural, social or cultural circumstances. With this in mind, trying to find 'authentic' Chinese medical knowledge and practice in a modern world, be it late 20th century Britain or contemporary China, is an impossible task. In other words, any Chinese medicine we encounter today, including TCM and FEA, can only be

invented traditions whose authenticity is legitimised by different collective imaginings of a past tradition.

On a personal level, conducting this research has broadened my horizons on an interdisciplinary level. Studying and practising in TCM universities and hospitals from 2006 to 2017 equipped me with an internal historical perspective, with sensitivity and interest in Chinese medical theories and their changes and effects. On the other hand, the process of following my supervisors and colleagues in the history department and observing the Chinese medicine I studied from a historical perspective was challenging and sometimes contradictory. The reading and reflecting involved in this process has allowed me to understand the development and transformation of this medicine from an external, socio-cultural perspective of its history. This valuable learning experience has made me aware of the importance of bridging and combining internal and external history in the study of the history of medicine, especially in the study of contemporary Chinese medicine. This is also an issue that I have been contemplating and will continue to explore in my future work on the history of medicine.

Conducting this research on the history of FEA, therefore, reminds for me of the importance of combining the perspectives of internal and external voices in history. That is, the connection between the cultural and strictly medical attributes of Chinese medicine in historical discourse. For scholars and policymakers who have mainly

'safely' observed from a distance and have never had personal contact with acupuncture or treatment using Chinese medicine protocols, there is a potential danger in attributing the success of the survival and development of contemporary Chinese medicine exclusively to cultural and/or political impetus. From my own experience as a practitioner of Chinese medicine, combined with what I have heard in oral history interviews, and from the experiences of scholars and practitioners in the field, it has been repeatedly pointed out that the greatest driving force for the existence and dissemination of Chinese medicine in modern society is still its fundamental attribute, that of being a medical practice. As recalled in Chapter 2, for FEA acupuncturists of the CCM generation, although they were attracted to FEA for different reasons, they chose it as their profession because of the perceived clinical efficacy of acupuncture. Whether it was the efficacy they felt as acupuncture patients themselves, or the miraculous results they saw in patients treated by their master J.R.. Efficacy was also the reason that led their master to the path of acupuncture, as Worsley himself only began his study trip to East Asia after hearing about the remarkable recovery of his comrades through acupuncture. Similarly, Chinese TCMers eventually chose FEA as their full-time profession because of the remarkable clinical improvement and confidence they reported in their patients.

For me, as a researcher and a practitioner of this medicine, the positive clinical outcomes that Chinese medicine and acupuncture practitioners achieve for their patients are the fundamental reason why Chinese medicine is a successful 'living

tradition'. It is important to remember that Chinese medicine has been a 'living tradition' not just since the 20th century, but for much longer. This medical tradition, which was established in its primary concepts and principles during the four hundred years of the Han Dynasty, has been alive as traditional medicine for two millennia. And if one wants to justify the persistence of traditional medicine in China on the basis of the lack of competition and state support, then this hypothesis cannot explain its continued survival and flourishing, as many scholars have demonstrated (Chapter 1), in the 20th and 21st centuries in overseas regions where local medicine exists, whether in developed European and American societies with strong modern scientific medicine, or in economically and scientifically less developed African, South American and Southeast Asian countries alongside local indigenous medicines.

On the other hand, from the perspective of the cultural history of medicine, this dissertation is also concerned with how members of FEA communities, situated in different times and cultures, have constructed and modified the way in which this style of medicine is perceived and practised around their own understandings of authentic acupuncture. As discussed in Chapters 2 and 3, the impetus provided by (perceived or imagined) cultural attributes of Chinese medicine was crucial to the localisation of acupuncture and the Five Elements theory in the UK in the second half of the 20th century. And, as Chapter 5 shows, the development of FEA in China in the last decade has in turn been inextricably linked to a CCM ethos towards TCM as well as the emergence of the psycho-boom and spiritual market in which Chinese society

finds itself.

As Chapter 5 also shows, some TCM practitioners in contemporary China, represented by FEA followers, have taken the initiative to explore and adopt a more flexible and pluralistic approach to the practice of Chinese medicine, based on a quest for authenticity in their own feelings and clinical practice outside of the TCM system to which they used to be subordinate. They are no longer caught up in the nationalistic pride of their predecessors (the protagonists of Chapter 4) who rejected the Euro-American experience of acupuncture. As China's socio-economic level rises, their clinical concerns are no longer about the survival of their patients, but can focus on patients' emotions and general wellbeing. They are beginning to move away from the century-long battle and debate of Chinese versus Western medicine and are beginning to reflect and challenge the Chinese TCM system as the establishment in the field. Embodying the same countercultural ethos, this generation of Chinese medical doctors is embarking on a new adventure to pursue an authentic path of practice for themselves and for a style of medicine in which they believe.

Due to space and time constraints, the description and discussion of the Chinese FEA community and its members in this thesis focuses on only some of its qualities, whereas there are more perspectives and complexities that can be explored and presented behind this community and its members. For example, for those FEA practitioners who remain within the TCM system, how do they balance and reconcile

this daily working environment with their professional aspirations and development?

The experiences and perspectives of those FEA trainees from non-TCM backgrounds are also a very visible and active part of this group. How do these two perspectives reflect subtle changes in the relationship between contemporary Chinese society at large and the TCM system? As FEA continues to grow in China, these are questions that deserve further attention and exploration.

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[Oral history interviews](#)

UK-based participants and interview dates

Allegra: 2020-08-03
Angie: 2020-10-19
Anna: 2019-11-22
Cinzia: 2019-12-17
David A.: 2018-08-10
Deborah W.: 2019-11-01 and 2020-09-16
Felicity: 2020-08-18
Janie P.: 2019-11-22 and 11-23
John Hicks: 2020-11-18
John W.: 2020-10-12
Judy B.: 2021-03-02
Mike O'Farrell: 2022-08-30; 09-06 and 09-20
Mike Potter: 2019-11-6
Meena S.: 2019-11-08
Nancy H.: 2020-10-18
Peter Mole: 2020-08-24 and 09-23
Peter Deadman: 2020-10-08 and 12-15
Volker Scheid: 2020-11-28
Xu Guang: 2021-11-20

China-based participants and interview dates

F.Y. X.: 2023-02-03
Chen Z.: 2020-08-10

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Appendices

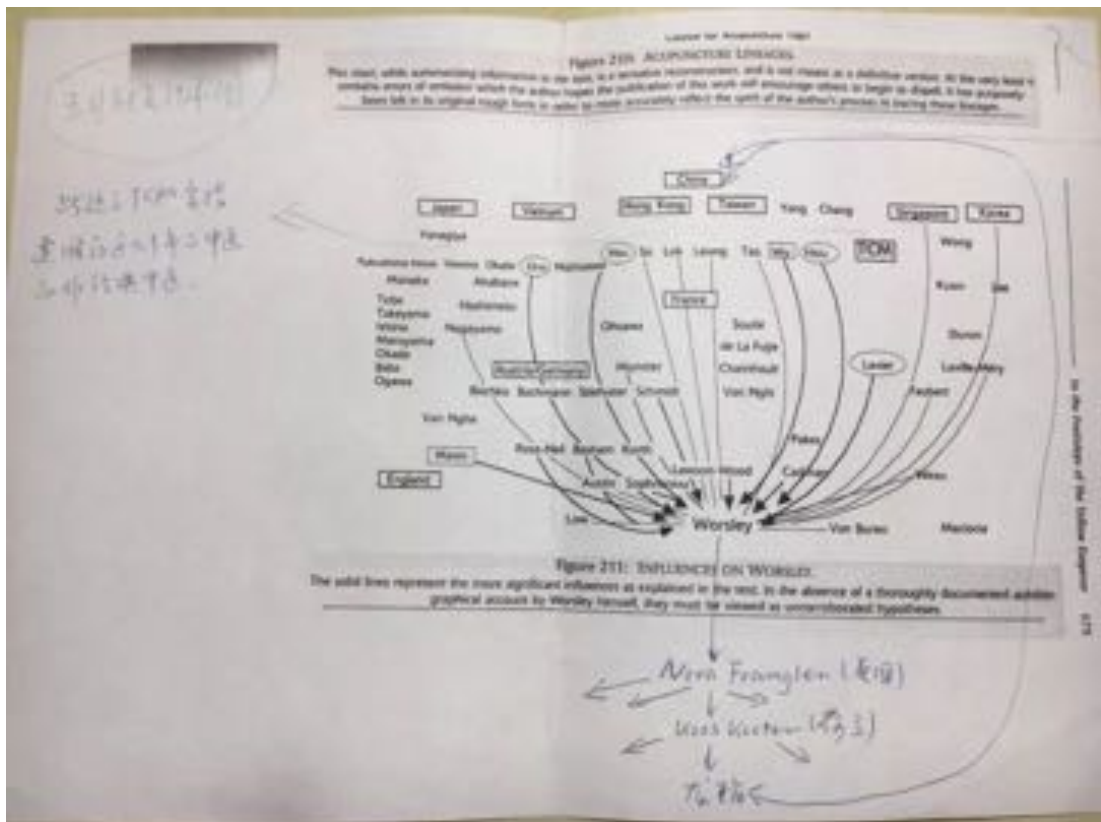
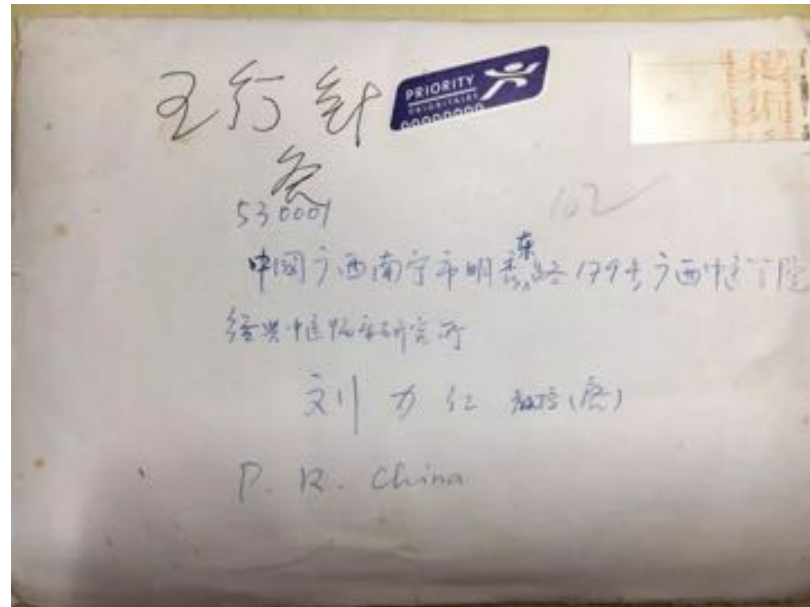
Appendix one. Timeline of the Five Element Acupuncture (FEA)

- 1923 Jack R. Worsley (founder of FEA) and Dick van Buran (founder of ICOM) was born.
- 1950–60s Worsley travelled in Asia and studied Chinese medicine and acupuncture.
- 1960s Worsley returned to England and began to practise in Oxfordshire.
- 1971 Worsley’s first acupuncture class was held, with mainly American students.
- 1973(?) Founding of Worsley’s College of Traditional (Chinese) Acupuncture.
- 1979 Founding of the Traditional Acupuncture Society (TAS).
- 1979 First issue of the TAS Newsletter.
- 1978 Ked Kaptchuk visited Macao to study Traditional Chinese Medicine (TCM).
- 1981 Peter Deadman and other members of the British “gang of four” took “the Advanced Acupuncture course” at Nanking [Nanjing] College of Traditional Chinese Acupuncture.
- 1980s A acupuncture war between FEA and TCM in UK and US for the entitlement

of “the authentic acupuncture”.

- 1986 First issue of the TAS Journal.
- 1995 Founding of the British Acupuncture Council (BAcC).
- 2005 The UK Department of Health rejected the final legislation proposal for acupuncture legislation.
- 2010 FEA practitioner LONG Mei sent a 10–page letter from the Netherlands to Dr LIU Lihong in China.
- 2011 Doctor LIU Lihong and Nora Franglen (LONG’s master) met at the 43rd World Congress of Traditional Chinese Medicine in Rothenberg, Germany.
- 2011 Publication of the Chinese translation of 五行针灸指南 (*wuxing zhenjiu zhinan*, Guidance of Five-Element Acupuncture Practice) based on Nora Franglen’s *Handbook of Five Element Practice*.
- 2012 Franglen began to teach FEA in mainland China.
- 2016 Founding of the FEA Association in Beijing, China.

Appendix two. A photocopy of the letter from LONG Mei to LIU Lihong (referenced in Chapter 5)



刘老师：您好：

感谢您能抽出宝贵时间，让我这一年来的
实践和计划。您对我的信任非比寻常。

在我对您的信任与期待之中，我有过迷茫与困惑，但
您始终以一个坚定的方向指引我，您说“读破铁
树无花还”，那是“见他人”。从此我学会了进入一个利
天地，利万物，不知何时，您让我明白了，对于人也有自己的
使命与责任。生活：生活有趣，更有意义。

谢谢您！一个懂得珍惜的人，祝您生活愉快。

刘老师：您好！感谢您的信任，不推辞，我愿意与您一起
努力，为您的事业贡献自己的一份力量。期待您的指导。

您说“读破铁树无花还”，这是一个很深刻的道理，它告诉我
们，在追求理想的过程中，会遇到很多困难和挫折，但只要坚持
下去，最终一定会取得成功。

您说“读破铁树无花还”，这是一个很深刻的道理，它告诉我
们，在追求理想的过程中，会遇到很多困难和挫折，但只要坚持
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您说“读破铁树无花还”，这是一个很深刻的道理，它告诉我
们，在追求理想的过程中，会遇到很多困难和挫折，但只要坚持
下去，最终一定会取得成功。

语言是音义的对应关系，音义不对应的音义对应关系（如“苹果”和“apple”）
 二声调，或为平声，或为仄声（平声，仄声）。如“平声”和“仄声”，无论他
 念什么声调，在念的时候总是有起伏的（这起伏就是声调），他念什么声调
 就听什么声调，这起伏就是声调的起伏。如“平声”和“仄声”，我想他念什么
 声调就听什么声调，无论他念什么声调，念什么声调。

又二声调，听他念什么声调，就听他念什么声调；或为平声，或为仄声，中
 间夹杂一些声调，如“平声”和“仄声”，非此即彼，非彼即此，非此即彼，非彼即此。
 如“平声”和“仄声”，这起伏就是声调的起伏。这起伏就是声调的起伏。

如“平声”和“仄声”，这起伏就是声调的起伏。这起伏就是声调的起伏。

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... (4) ...

Acknowledgement

With a clear research subject in agreement with my supervisor and previous experience of doctoral life, I had a clear vision and good confidence of how the current PhD path would develop. I could not be more wrong. Both the level and form of challenges and achievements are beyond my best expectation. During this voyage, there are so many people I want to thank. First and foremost, my supervisors. Professor Vivienne Lo has been a constant challenge and source of inspiration and provision for me and many other students at the Centre of Chinese Health and Humanity (CCHH). It was with her help that I was introduced to the English concept of authenticity, which turned out to be my greatest inspiration both in terms of research and personal development. As a member of the counterculture movement, she embodies the spirit of this subculture and never shows fear to pursue whatever path that appear authentic to her. She is also unbelievably supportive and generous in my personal dark days in this journey. My secondary supervisor, Dr Lily Chang, with her rigorous work ethic, knowledge of doctoral training rules and extensive teaching experience, has been a great help in the smooth running of my study and research. During the Covid lockdown, her well-organised reading group and personal knowledge of the historiography of Asian history were of great intellectual and emotional comfort to several PhD students, including myself.

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