

Working with Binaries: patterning in a Postcolonial World

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12th September 2018 Betweenness20180912

available at

www.heterogeneities.net/publications/LinLaw2018WorkingWithBinaries.pdf

Abstract

STS has moved beyond EuroAmerica, but remains theoretically EuroAmerican. This means that it deprives itself of alternative intellectual resources, including resources for thinking about colonial encounters and divides in ways that avoid the propensity to binary essentialism often found in EuroAmerican understandings of those encounters. Post-colonial STS has wrestled with this problem in a variety of ways, and in this paper we consider a further possible resource for doing so: the strategies used in Chinese medicine (CM) to handle the distinction between EuroAmerican biomedical 'nature', and CM's *ziran* (自然) (the usual term for translating 'nature' into Chinese.) We show that CM works with this divide variably partly because there is no single CM and partly because its practitioners assume that their practices are radically situated. As a consequence, they do not create detachable abstractions, and take it for granted that disease conditions will be different with different people at different times and places. As a part of this, they use strategies of pattern differentiation in which diseases and their symptoms are taken to be objects-as-appearances, rather than referring to more or less stable objects-out-there. The consequence is that binaries such as subject versus object, or theory versus practice do not become fixed. Finally, we suggest that while CM offers a candidate apparatus for thinking about difference (including colonial difference) without essentialism, if this is to prosper it will also require a corresponding change in sensibility to reading and writing within STS.

Keywords: *Ziran*, binary, Chinese Medicine, patterning, method, postcolonial STS

It matters what thoughts think thoughts. It matters what knowledges know knowledges. It matters what relations relate relations. It matters what worlds world worlds. It matters what stories tell stories. (Haraway 2016, 35)

Introduction

STS is global, but its centres firmly remain located in EuroAmerica and despite its diversity it uses Western cultural resources to tackle predominantly Western intellectual problems.¹ Other practices for knowing feature centrally in its writings, but usually make their appearance as objects of study rather than as academic resources. This is unsurprising, for STS was created in EuroAmerica, and in many ways, it is also unexceptionable. At the same time, as many have noted, it is also problematic in a post-colonial world in which it has become clear both that EuroAmerican ways of knowing carry colonial agendas, and that there are many other potential modes of explanation and description.² In this paper, we reflect critically on this division between STS as a EuroAmerican project and alternative non-Western intellectual traditions. However, our particular concern is with how to *think* about such distinctions. Our focus is therefore on the *intellectual tools* available for understanding difference, and where we might draw these from

Though it has often sought to resist this, the EuroAmerican tradition has frequently, perhaps usually, been minded to treat the asymmetries of difference as expressions of essentialist binary divides. Whether biological (for instance race (Haraway 1990)), cultural (as with orientalism (Said 1991)), or conceptual (rationality as opposed to irrationality (Lévy-Bruhl 1966)), its understanding of difference has tended towards the foundational. And it has treated similar but related differences in the same binary mode, for instance distinguishing nature from culture, subject from object, and facts from values.³ At the same time, as many have noted, to use EuroAmerican frameworks to make sense of EuroAmerican domination is also to reproduce those frameworks. This is an issue that has been tackled in a range of ways. For instance, Sandra Harding (2016) has argued for the strategic binarism of Latin American decolonial projects that ‘speak on behalf of the group on the exploited side of a binary, even though at the same time the group is trying to dismantle the binary itself.’ (Harding 2016, 15). Marisol de la Cadena (2010) has explored the genealogy of Andean colonial power to show that its division of *Pacha Mama* (the ‘earth being’) into nature on the one hand, and culture on the other, should be understood as contingency rather than

¹ A straw in the wind. Of 122 contributors to the 2017 4th Edition *The Handbook of Science and Technology Studies* only eight were based in Asia or South America, and none in Africa.

² Alternative modes of knowing have been explored, for instance, in feminist writing (Smith 1987), indigenous studies (Smith 2012), and in writing on colonialism (Escobar 2008). For critical comments on STS and its EuroAmerican resources see (Abraham 2006, Anderson 2008, Harding 2008, Rajão and Duque 2014, Lin 2017)

³ The genesis of all three is explored in (Shapin and Schaffer 1985). See also Haraway (1989) and Strathern (1992).

necessity. This, she argues, can and should be undone. Helen Verran (2001) has focused on the materiality of practices to show how potentially large divides (such as the distinction between Western and Yoruba counting) may be creatively worked together in the rhythms and rituals of a classroom. And Warwick Anderson, has shown how heterogeneous hybridity and unpredictable ambivalences may be used to break the boundaries between the West and the periphery (Prasad 2017, 141).

STS has argued against these kinds of essentialisms since its inception. If science is understood as a set of practices, then what counts as truth becomes a pragmatic matter, knowledge is taken to be a tool, and there is little space left for foundationalism.⁴ But if essentialist divisions are accomplishments, then why are they still so powerful? The argument, again well-rehearsed in STS and especially by Bruno Latour (1993) and Donna Haraway (1991), is that in the EuroAmerican tradition, asymmetrical but practical differences interact in a web of mutually reinforcing conceptual and pragmatic divisions not only to reproduce themselves, but also, in addition, to create binary metaphysical essentialisms or foundational forms of purity that can then be used to justify what might otherwise look like defeasible contingency. The quick STS lesson is thus that practices divide in ways that are not foundational, but that in the EuroAmerican tradition binary essentialisms are also powerfully and asymmetrically performative.

So where might we find alternative intellectual apparatuses for understanding such asymmetrical divides that are less susceptible to the foundational prop of essentialism? There are many possibilities, but in what follows we argue that the practices of Chinese medicine (CM) offer a way of thinking about this. To show this we use interviews and documentary material to describe how chosen Taiwanese CM practitioners handle the distinction between EuroAmerican biomedical 'nature' on the one hand, and CM's 'ziran', (自然) on the other – *ziran* being the usual translation of biomedical 'nature' into Chinese.⁵ We show that CM works with this divide variably in partly because there is no single CM⁶. However, it also does this because not only are its practices radically situated, but its practitioners recognise that this is the case, and avoid creating detachable abstractions that

⁴ The powerful commitment to pragmatism of STS goes back at least to Kuhn's (1970) *The Structure of Scientific Revolutions* and the consequent development of the sociology of scientific knowledge.

⁵ The distinction between biomedicine and CM marks a further divide. Thus CM has been variously understood as non-scientific, pre-modern, holistic, experiential, spiritually inspired, low-tech, proletarian, and the realm of bare foot doctors. See Barnes (2003), Farquhar (1994, 1987), Hsu (1999), Lei (2002, 2014b), Ots (1990), Pokam (2011), Pritzker (2014), Scheid (2007), Taylor (2001, 2005), Zhan (2009), Unschuld (1985, 1986, 1987), Sivin (1987) and Hanson(2015). None of these diagnoses is wrong, but the divides they highlight are also paradoxical, if only because CM has often been understood precisely as a way of avoiding binarism (Zhan 2011, 2014, Lei 2014a, Farquhar 2012, 雷祥麟 2010, Farquhar 2015).

⁶ CM has many different forms, schools and practices (Hsu 1999, Scheid 2002, 2007, 山田慶兒 2003, Ward 2012, Farquhar 1994, 2017). Note that in practice Western nature is multiple (Mol 2002).

they assume will apply in other locations. This means that they take it for granted that disease conditions will be different with different people at different times and places. We also explore how CM practices work as strategies of *pattern differentiation*, following Judith Farquhar and Mei Zhan to say that in CM diseases or their symptoms are *appearances* or *objects of practice*, rather than ‘out there’ disease *objects*. They work, that is, with what we might think of as a *logic of in-betweenness* which means that binaries such as subject versus object, and theory versus practice do not become epistemologically or ontologically fixed. Finally, we suggest that while CM offers a candidate apparatus for thinking about difference (including colonial difference) without essentialism, if this is to work it will also demand a change in sensibility to reading and writing within STS.

The Arts of Patterning

CM works by detecting ‘patterns’ (lǐ, 理).⁷ Doctors from different schools may disagree about the causes of a disease in a person, differentiate between patterns in different ways, and devise different strategies for treatment (Farquhar 1994, 61-146, Scheid 2007)⁸, and all the relevant terms also have contingent genealogies (Scheid 2014). However, though the idea of pattern differentiation was central to the communist political synthesis of ‘Traditional Chinese Medicine’ (Scheid 2002, 200-237), until that point CM practitioners had never sought to unify their practices.

So what is patterning? Dr Ma (2006, 3), a prominent Taiwanese CM doctor, has written that different schools work with the same divides but pattern these differently (馬光亞 2002, 66-76). This, however, is not because CM is chaotic, but because it knows itself to be irreducibly *situated*. This leads him to talk about *yin* and *yang*. These, he says:

are not ‘mysterious’, they are used for reasoning, they are the halves of two sides of positive and negative. You compare them and you elaborate them, and then you know the pattern of *yin* and *yang*, and you understand depletion, excess, coldness and heat. (馬光亞 2006, 7)

Crucially, *yin* and *yang* have no fixed shape, they take different names, and they come in different forms in different contexts:

What is ‘depletion’? To be ‘depleted’ means that the body is deficient, and *that* is *yin*. What is ‘excess’? ‘Excess’ means that pathogeny and evils predominate, and *that* is *yang*.... (馬光亞 2006 #70, 7-8)

⁷ CM is often understood as a four-part process: detecting patterns (lǐ, 理), deliberating on appropriate treatment (法), designing prescriptions (方) and prescribing medication (藥) (Wiseman and Ellis 1995)

⁸ Indeed, practitioners from the classic Cold Damage School deny that they practise pattern differentiation at all.

The argument is that depletion or excess do not *resemble yin* and *yang*. The latter are not descriptions or metaphors coming from another domain. That is, they are not concepts or theories. Though this is difficult to understand in the EuroAmerican tradition (Hall and Ames 1995), they are *nothing other* than *yin-yang*. Or coldness and heat. Or any of the many other practical-conceptual resources for patterning that go with *yin* and *yang*.⁹ This means that there are different colds with different names and different shapes in different contexts.¹⁰ It also means that rather than working analytically up or down to discover particular instances of general categories or mechanisms, patterning works *sideways* from instance to instance (Gad and Jensen 2016). Nothing is being ‘applied’ because patterning works between different contextual appearances. Finally, it means that CM’s objects lie between both what EuroAmerican practices distinguish as theory and practice on the one hand, and subject and object on the other. Mei Zhan’s (2014) phrase, the ‘empirical as conceptual’, exactly catches the logic of this in-betweenness.¹¹

One consequence of this is that different (biomedical) diseases may have the same diagnosis, while the same (biomedical) disease may have different diagnoses.

CM understands disease in *ziran*’s [way]. When a patient is ill, there must be appearances of the disease. ... [Someone’s] constitution can be depleted or excessive, the disease can be serious or minor, exterior or interior, and there are all kinds of varieties in the causes, [we] can only make reliable judgements by relying on pattern (馬光亞 2006,4).

In sum, the art of patterning is about contextual sensitivity. It is about appearances including the appearance of divides that slip and slide and change, and it is about knowing how to read and intervene in these as they shift. And it is this in-between attention to appearances that we want to add to the repertoires for handling binaries in a postcolonial STS.

So what can be said of patterning? In what follows we explore this question for a possibly binary colonial context: the relations between biomedicine and nature on the one hand, and CM *ziran* on the other.

⁹ This is what CM scholars call *correlativity* which we discuss below (Lin and Law 2014). Here things in one context may resonate with things depending on context. Since there are many possible resonances, the art of diagnosis is to pattern in the most felicitous way.

¹⁰ For instance, there is cold that restricts the exterior (寒邪束表), cold that depresses meridians (寒鬱經脈), cold that strikes inside (寒中於里), and there is cold in different viscera (馬建中 1980).

¹¹ ‘In-betweenness’ is awkward in English, but it is a possible literal translation of Mandarin’s ‘之間’, (‘in’ 之, and ‘between’ 間). For instance, ‘我們之間’ (我們 means ‘we’) can be translated as ‘between us,’ while it literally means something or somewhere between us.

1. Patterning as stretching and accommodating to make space in-between

CM coexisted with Western biomedicine in East Asia for several centuries, but at the end of the nineteenth century, with national crisis in China and Japanese colonialism in Taiwan, this began to change. Many felt the need to modernize or eliminate CM, and the Western biomedical idea of an objective nature was mobilised to criticise CM. As a part of this, older understandings of *ziran* were marginalised, and the term became the standard Chinese translation for the EuroAmerican notion of ‘nature’ (Lei 2014a, Sivin 1987, Kim 2006, Lei 1999, 林淑娟 2009).¹² This biomedical scepticism of CM continues today. For instance, a recent widely used textbook notes that *yin* and *yang* reveal a ‘confusion of concepts’ and ‘lack of conceptual precision’ (Wiseman and Ellis 1995,12). As Sivin (1987, 198) observes, ‘modern scientific medicine replaces part of reality. It creates new facts, and destroys the facticity of the old ones.’ And this is what has happened in Taiwan.

CM has resisted this biomedical attack in several ways. Some have forcefully reasserted a Daoist understanding of *ziran*:

Unlike the mechanical civilization of modern medicine, Chinese medicine has its own way.... I have gradually come to realise that CM preserves most of traditional Chinese culture, and directly presents the essence of [that] culture. ... [T]he logic of the culture is the ‘worship’ [inspiration by and admiration] of *ziran* ... this comes from Daoism. Daoism is all about *ziran*, Lao Tzu said that the Dao [the way] follows *ziran*. So [CM’s] whole development ... grows out of the idea of *ziran*.

These words come from Dr Hsu. Here CM is being assimilated *into* a Daoist *ziran* in which the ‘ten thousand things,’ (萬物, meaning all things in the ‘universe’¹³) transform endlessly through the working of *qi* or *Dao* (蔡璧名 1997). *Ziran* has always been a contested term, but in one tradition *zì* (自) means ‘self’ and *rán* (然) means ‘the way it is’, ‘let things be themselves’, or ‘let their nature unfold’ (Laozi, Ames, and Hall 2003,68-70). In this ‘self-so-going’ Daoist understanding, *ziran* is therefore about return to the Dao (Laozi, Ames, and Hall 2003, 69) and so to the spontaneous and therefore appropriate transformation of the ‘ten thousand things’.

¹² For instance, in the early *A Dictionary of the Chinese Language in Three Parts*, published between 1815 and 1823, *ziran* started to connote nature, and in *An English and Chinese Standard Dictionary* published in 1908 nature was a popular term to refer to nature, in contexts such as natural history, the biological taxonomy, and natural science.

¹³ Whether Daoism is committed to the notion of a universe is a matter for debate (Laozi, Ames, and Hall 2003, 牟宗三 1983, 徐復觀 1999, 陳鼓應 2008).

So some Daoist-minded CM practitioners have refused nature in any form. But Dr Hsu's position is more nuanced. Here, for instance, he is talking about nutritional science:

Tianran (天然, the way of heaven, meaning *ziran* in this context) food is important for supporting the *qi* of the spleen and stomach... Nowadays food has lost most of its natural nutrients, the vitamins ..., so we need to take vitamin compounds....

According to research by nutrition experts ... vitamin A can protect the tracheal and gastric mucosa..., vitamin B can help to relieve pressure..., and vitamin C can ... strengthen cell membranes and resist viral attack.... When working with [vitamins] A and B, [C] can effectively resist the invasion of 'external evil [*qi*]' (外邪).... Herbs such as *fuling* ... [in Chinese medication] for fortifying the spleen and enhancing *qi* (健脾益氣) are different [from food and vitamins] but just as effective.... (許金龍 2000)

He is using the language of nutrition partly because patients are familiar with this. But when he adds that vitamins 'can effectively resist the invasion of external evil,' this is hardly coming from bioscience. So why is he talking this way? What is he doing? The answer is that he is stretching (parts of) biomedicine to accommodate CM, and reciprocally, he is stretching (parts of) CM to accommodate biomedicine. In short, he is making a space *between* biomedicine and CM in which *fuling* and vitamins may be different but both are equally effective.

To understand this, we need to say more about *ziran*. So, for instance, *tianren* food helps to support the *qi* of the spleen and stomach. In this Daoist-inflected world all things, including *tianren* food, stomach and spleen and *fuling*, are endowed their own circulating and resonating *qi*. *Ziran* is the smooth flow and balance of that *qi*. It is how things are supposed to be and unfold, so CM works by detecting and correcting *qi* imbalances and restoring *ziran*. But alongside *ziran* Dr Hsu is also talking about nutritional research on biomedicine, vitamins and mass-produced food, and saying that *tianran* food has lost its natural nutrients and vitamins. But as we can see, this shift is not complete: EuroAmerican nutritional research certainly does not extend to describing how vitamins resist the invasion of evil *qi*.¹⁴ So how to think about this mixture? Our suggestion, as we have noted above, is that this is patterning by stretching. Both CM and biomedicine are being made more accommodating.¹⁵ So *fuling* in the world of *qi* also works in the world of nature. And, conversely, when vitamins undo (vitamin) deficiency, like *fuling* they help to *supplement* (bǔ, 補) the body (right *qi*) in the world of nature.

This strategy of patterning by stretching or accommodating is widespread in Taiwan, where many do not follow CM but happily say that food, medication, and commercial dietary

¹⁴ For CM, the wellbeing of a human body depends on supporting right *qi* and expelling evil *qi*, and the method of supplementing is fundamental to supporting right *qi* (Wiseman and Ellis 1995, 251-252).

¹⁵ More exactly, it is vitamins that are assimilated to *fuling*.

products can supplement the body. So here nature and *ziran* may accommodate rather than excluding or displacing one another. But there are other possibilities.

2. Patterning as loosening links between words and objects

Dr Jen:

While CM follows yin-yang and the five phases, biomedicine follows positivist science. Biomedicine is about [things] fighting [one another] ... It kills and cuts whatever is regarded as bad. It might be good at uncovering problems, but this is not the way to solve them. Take antibiotics. These were said to be able to kill germs and cure disease. ...But [when] *ziran* changes ... antibiotics do not work as well as they did, because biomedicine cannot predict how germs will change in the future.

CM does not work this way... If you have a burglar breaking into your house... to scare him away all you need to do is to make a noise... [In other words] you only need to change the environment in the body so that it becomes inhospitable to germs... or to use medication to make a way out [of the body for those germs]. [If you do this then] germs will not change.... This doesn't mean that CM has no medication that can kill germs. The difference is that none of ... [its medications] is specific...there is no specificity in *ziran*, so germs will not change. [While] biomedicine prescribes antibiotics to fight germs directly. And if your body aches and [you have a] fever, then it will use painkillers and antipyretics. But these are just for the tips [ie superficial symptoms] (治標).

Here Dr Jen is not worrying whether CM practices can be scientifically justified. Instead, he is distinguishing between a biomedicine which identifies germs and attacks these, and CM's *ziran* which tells him that is unproductive to direct treatment at particular disease objects. This is because it is not focussed on objects-out-there such as bodies or germs, but on *what is happening between* these. Changing *ziran* is only possible by working on the dynamics that unfold *between* patient, body and environment, including the physician and her interventions. In short, not only is it irredeemably situated, and but it also recognises and works on the assumption that this is the case.

In the present context, the art of CM is therefore to do more by doing less. As a part of this, Dr Jen is classifying and categorising flexibly to catch situated complexities, loosen strategies for treatment, and render these more malleable. He has no interest in biomedical objects, because in CM this kind of referential essentialism is absent, and there are no out-there objects to refer to. So, to talk, as he does, of 'dispelling the wind by resolving the exterior' or 'clearing heat by resolving the exterior,' is to replace nature as a specific set of generally stable out-there realities endowed with independent properties by a situated understanding of the unfolding appearances within the dynamics of *ziran*. It is to *loosen any attachment to context-independent objects* or to realities endowed with essential properties

– including binary divides such as CM’s *ziran* and biomedicine’s nature. Instead it is to work relationally with what is happening in between situated objects-as-appearances. (Farquhar 2012).

3. Patterning as resonating, associating and correlative simplification

Stretching and accommodating to achieve overlap, and non-referential loosening are two ways of patterning nature-*ziran* relations that avoid treating these as essentially different, but there are further possibilities. Dr Zhou treats difficult and complex diseases. Indeed, at least one biomedical centre refers its patients to him. He observes that:

... in biomedicine... when they discover a disease they give it a name. [And there are more and more...] So you have *lupus erythematosus*, the class of rheumatoid arthritis, hepatitis, and so on. Then they explore the immune system, antibodies, DNA and RNA, and so on, and so on [So] Western medicine goes deeply into details, but in CM we see the body as a whole. Then, sorry, all your details are just a single term for me: the deregulation of the relations between *yin* and *yang* (陰陽失調). When you don’t follow *yin* and *yang*, *ziran* fights back. This is the general picture, and I don’t need to know what your [biomedicine] is messing up. It is easy for me. I need only to rebalance your *yin* and *yang*....

This is non-referential loosening: like Dr Jen, Dr Zhou is simplifying diseases that are complicated for biomedical nature. But something else is happening too. To see what this is, we need to return to *yin* and *yang*. These are situated binaries for the endlessly contexted contrasts between passive and active, low and high, or female and male. In the context of disease they relate to the movements of *qi*, and it is their balance and imbalance that is the basis of health and illness. So Dr Zhou is saying that biomedicine tends to ever increasing analytical detail, while he works associatively with the dynamics of *qi* that runs through, circulates between, resonates with, and transforms, all the things that make up the world (Lin and Law 2014).

One of Dr Zhou’s specialities is spinocerebellar ataxia, a disease whose genetic origins have been described but which remains biomedically incurable. But for Dr Zhou it is curable.¹⁶ Here, somatic and genetic complexities are not the point. Dr Zhou tackles neither the cerebellum nor genes, but works with the liver and kidney meridians. He attends to the circulation of *qi* between the visceral systems of the

¹⁶ An example. For one patient he diagnosed ‘kidney yin vacuity and damp-heat in the liver meridian’ (肝經濕熱、腎陰虛損) and treated this using the principles of clearing (清) and supplementing (補) including ‘clearing liver heat’ (清肝熱) and ‘enriching (kidney) *yin* and bearing down on fire’ (滋陰降火).

five *zang* (五臟) and the six *fu* (六腑)¹⁷ in the twelve meridians correlated with the dynamics of five phases. When this circulation is severely depleted kidney (water) is no longer able to nourish the liver (wood) and serious problems result.

These associative relations lead us to the suite of possible patterning resonances between different instances and contextual appearances. They lead us, in short, to *correlativity* (which, let us note, has nothing to do with statistical correlation.) The ancient CM classic, *The Inner Canon*, tells us that:

Yin and *yang* have names but have no shape. [But when the principles of *yin* and *yang* are specified] they can be counted into ten, divided into hundreds, scattered into thousands, and inferred into tens of thousands.¹⁸

This catches the simplicity of correlative patterning, but also alerts us to its potential complexity. This is because naming is simultaneously necessary but misses the point. Thus CM works by drawing on a huge range of possible shape-shifting names or resources such as *yin* and *yang* and the twelve meridians. A well-trained CM practitioner has both of these and many more available to think with. And it is the availability of this web of connotations that defines correlativity, a term that describes *a process of associative mobilisation*: of determining what goes with or resonates with what in a particular context. Unsurprisingly, correlative patterning is its own form of art:

Chinese medicine ... is accumulated from experience, implicitly building on and systematising the fundamental principle that “the full will empty and the depleted will grow” (盈虛消長) (馬光亞 2006,4)

However, the echoes and associations of correlativity are central to patterning. In Dr Zhou’s version of betweenness, for instance, nature is simplified by *ziran* such that: (a) it becomes contextual, situated and mobile; (b) it lies somewhere between what is or has been known and what is yet to be known and worked with; and (c) it resonates with the equally situated possibilities offered by a long series of empirical-and-conceptual associations that avoid the EuroAmerican divide between theory and practice (Zhan 2014). In this process of working sideways the division between biomedicine and CM is not essentialised. No longer fixed, instead it becomes non-reductive and mobile.

¹⁷ The five *zang* are heart, liver, spleen, lung, and kidney and the six *fu* are the gallbladder, stomach, large intestine, small intestine, bladder and three burner (三焦). Adding the heart master makes the twelve meridians.

¹⁸ Chapter 41 of Ling-su (靈樞) of *The Inner Canon*. Translation by Wen-yuan Lin.

4. Patterning as softening and following *ziran*

Many patients with chronic illness in Taiwan seek both biomedical and CM treatment, so CM practitioners working with *ziran* commonly deal with biomedicine. Dr Song:

CM emphasises the oneness of heaven [all things] and of the human (天人合一) [as a part of this].¹⁹ Chinese medication is part of what already exists between heaven and earth. Our body [which is part of *ziran*] has those diseases and it is *ziran* [‘natural’ in the sense of following the principle of rebalancing] to find medication for the diseases in *ziran* [meaning Western ‘nature out there’]. We use medication ... to correct the biased propensities (偏性) of the body.... When the body is too hot we use cool or cold things from the great *ziran* [‘nature out there’] (大自然) When the body tends towards cold we use things that are warm or hot

Dr Song sees many patients who have been under long-term biomedical care and are chronically ill, and she argues that CM can countermand the additional imbalances induced by biomedicine by drawing on the contexted and relational propensities (*shi*, 勢) of *qi*.²⁰ If a diseased body is one that deviates from its properly balanced course, then intervention is a matter of understanding the propensities (*shi*) at work and manipulating their configuration to achieve rebalance. But biomedicine also has propensities:

Western medication represses. It does not deal with the root problems of the body. It is like using a rock to press down on a see-saw. After you take the rock away, the see-saw jumps up. [The working of] Western medication [on the patient’s body] is like a rock. When patients [on biomedication] come to me I have to reduce their medication little by little. Then [the see-saw] doesn’t bounce up straight away and my Chinese medication can tackle the symptoms as these slowly emerge.

Here, then, Dr Song *includes* biomedicine. More particularly, she is dissolving the specificities of biomedicine *into* CM. She is using the situated binaries of the latter to say that biomedical drugs also have propensities, and are no different from any of the other objects-as-appearances that appear in CM practice. They too have the propensity to repress the symptoms of the imbalanced body and contribute to imbalance by working against *ziran*. Then she is saying that biomedical practice does not have any way of sensing the overall pattern of *shi* when disease and its pharmaceutical treatments are mixed together. But if, as in the case above, CM follows the *shi* of *ziran* it will little by little modify the propensities at work in and through the body. It will look at the larger picture to enrich *yin* so that that

¹⁹ See Yo (2003) and 余英時 (2014) for examples of the genealogy of the concept and Zhan (2011) for its complexity in contemporary practices.

²⁰ *Shi*, 勢, translates poorly into English, but can be rendered as propensity, momentum, inclination, position, or disposition. See Lin (2017) for how CM works with *shi*.

latter can calm hyperactive *yang*. In short, this is a *ziran* that includes the propensities of biomedication and melts, even dissolves, the realities of biomedicine. These have been *softened* into CM and its *ziran*.

Conclusion: in between

We have written about four forms of patterning: patterning as *stretching* or *accommodating* to make space between and within realities that might otherwise be incompatible; patterning as *loosening the representational ties* between words and objects in a way that undoes essentialism and essentialised divides; patterning which knows itself and its objects to be situated because it works by *resonating* with the correlative resources of the empirical-as-conceptual; and patterning as the *softening* of what might otherwise be essential specificities by dissolving these into *ziran*. And there are further possibilities. But how should those stories be read?

Two options suggest themselves. On the one hand, they may be understood as descriptions of context-independent objects. They may, that is, be treated as accounts of, or perspectives on, objects-out-there that have an independent reality of their own. On the other hand, there is the alternative that we have been rehearsing. This is that these narratives may instead be read as *accounts of situated objects-as-appearances*. The first of these readings returns us to EuroAmerican essentialism and so to its own version of binary foundationalism. That is, it offers us tools for understanding the differences between the reality of biomedicine on the one hand, and those of CM on the other. As we have noted above, this is a world of reference and of particular external referents, and it works on the assumption that those referents are awaiting discovery: that nature is like this, and that *ziran* is like that. The second reading, however, moves us in a quite different direction. Telling or diagnosing without fixing realities, it treats the links between words and objects, and between biomedicine and CM as contextual.

Farquhar, talking of a prominent CM practitioner, Lu Guangxi, writes that his term:

[*duixiang* (對象)] is literally translatable as the *image we face*. It is a perceptible element of the manifest world, but not necessarily a massy object, and it is irreducibly relational. A *duixiang* exists only in relation to a perceiver or an actor A *duixiang* is a complex entity that emerges from practice, but it does not do so merely as a product of the investigator's imagination – if this thing is solely imagined, how could anyone learn from it...? The *thing* is thus a site at which specific processes (always more than one process, and never fully under the control of one actor) converge. Such a thing is by definition spatio-temporally unique and requires a situated perceiver. *Duixiang* things are our partners in perception, not the mere object of our perception. (Farquhar 2015,231-232)

This is the alternative that emerges from our accounts of CM practices. And one does not have to commit oneself to Daoism or to CM to suggest that this offers a potential resource for understanding the world and its divisions and divides without at the same time essentialising these. But this is only conceivable as an alternative if we are also able to cultivate the kind of sensibility to reading and to writing that we have been telling about above. The skill that we will need is the continuing recognition that when we are writing we are not describing objects-out-there. We are not describing objects that have been endowed, as it were in nature, with more or less stable and continuing attributes. Instead, we will need to appreciate not only that what we write is situated – though this is always so – but also that the objects we are writing about are, as Farquhar puts it, ‘irreducibly relational’. Note that in the EuroAmerican sensibility – even one tempered by the relationality of STS – this is surprisingly difficult to achieve in practice. Indeed, we have wrestled with this difficulty many times in this paper as our objects-as-appearances have slipped towards the referentiality implied in the EuroAmerican academic form.

But if there is a task for authors, then there is, to be sure, a matching task for readers. For what you have been reading – for instance about the four forms of patterning we have written about above – is not to be interpreted as a description of a set of objects-out-there. Patterning does not exist as a set of stable forms, a collection of realities of their own. What you have been reading is rather a set of objects-as-appearances, objects that are (Farquhar) ‘perceptible element[s] of the manifest world.’ They are real, but they are relationally real. And it will only be if you are willing to read what we have written in this way that will you be able to sense these as situated objects that have arisen between the reader and the authors, between Chinese medicine and STS, and between a particular set of concerns and the to-and-fro tensions of a bi-lingual collaboration.

So here is the argument. In STS EuroAmerican practices situate divides, but these are tugged towards the essentialising referentialities of binaries that are taken to exist out there. In CM the pull towards referentiality is much weaker. And it is the latter skill that we will need to acquire if we would like to use a version of CM’s arts of patterning to bypass binary purification, and so to develop this particular version of a postcolonial STS. But what are we doing if we are no longer describing? If we are working in between? We can debate. But perhaps the term we need is right before of our eyes. Perhaps we will need to think of what we do when we write as *patterning*. If this is right, then henceforth we will no longer attempt to describe. Instead we will seek to pattern.

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