

Workstattgespräche: Histories of Planning

27 May, 10:30-12:00 Volker Scheid: Medical Craftsmanship: Between Subjectivity and Empiricism

You are about to hear the sixth interview held as part of the working conversation series “Histories of Planning“ presented by Department III Artefact, Action and Knowledge at the Max Planck Institute for the History of Science, Berlin. The interviewee is Volker Scheid, Professor at the University of Westminster and scholar physician who combines the practice of Chinese and Japanese medicine with teaching and academic research. Volker Scheid has published widely on Chinese Medicine, its past and present. He is author of *Chinese Medicine in Contemporary China: Plurality and Synthesis* (Duke University Press 2002).

Questions are asked by Dagmar Schäfer, Martina Schlüter, Martina Siebert and Michael Stanley-Baker.

Dagmar Schäfer: Today is May 28th, 2014 and Volker Scheid yesterday came to us and gave a talk introducing us to the idea of *yi* 意 as a concept of mediating in Chinese medicine.

Volker comes from the University of Westminster, he is a renowned specialist in Chinese medicine and also a practitioner. So, the first question I have for you Volker is:

Is *yi* similar to what in the modern world would consider to be a plan?

Volker Scheid: That depends on the definition of the plan. I mean intuitively my initial take on it would be “No”, simply because of my understanding so far, until yesterday, when I was thinking a plan is much more of a worked out scheme of moving from a concept or an ideal to a result. That’s how I understand a plan. And it involves some concrete steps as how you get from A to B. In English you say a laid out plan, so something is laid out. But then, *yi* has certain aspects of it.

Yi to me has got aspects in that we in our Western tradition of thinking differentiate between different domains of action, like say, we differentiate science, craft and art for instance, because we would associate them with different ways of realizing plans or achieving goals. And I think *yi* is one of those things that cuts across those distinctions, because it’s involved in craftsmanship, it is involved in intellectual activity. But it is also involved in artistic activity, because medicine is all of those three in a certain way. So if the goal would be to write an effective formula, *yi* is the thing that mediates between the disease state of the person and between the doctor and between his various understandings of that disease state and the world and his ability to write an effective formula. What I think is very special about *yi* and maybe different from how I understand plan is that *yi* involves an understanding of the world as always more complex than we can put in some kind of algorithm or in some kind of explicit concept. There is always a surplus in the world, yet in this ... how do we orient ourselves in a world that by definition is incredibly complex and complicated and on some level beyond our understanding? Precisely not by working out a laid out plan, but by utilizing this [capacity of] *yi*, which you can cultivate in certain ways to arrive at an action that is effective. And that could be an action, you know, political action or it could be calligraphy or it could be a poem, a piece of writing or it could also be a composition of a medical formula.

How can you act in a world that is too complicated? You need to come to an effective ‘something’ that changes that world in the way that you want it to change.

Dagmar Schäfer: If you would go through semiotics or language history more broadly, the modern word in Chinese for planning is something like *jihua* 計畫 which means literally calculating and painting. It is like ‘working something out’ in the sense of making it really concrete. Or planning is about rules and regulations, about *zeli* 則例 or strategies (*jinglue* 經略). So can you just say why you really then chose to go for *yi* as the term to discuss Chinese histories of planning with regard to medicine?

Volker Scheid: The concept of *yi* is central to medicine. For a long period of time it lead medicine in China, as I tried to explain in my talk. But at the same time I thought, a plan is certainly about doing something that is effective or producing a result. If I have to give you one word around which many Chinese doctors - not all Chinese doctors of course - think to become effective it was *yi* that came to my mind. I also tried to [include in] in my talk, that *yi* is a contested term. So it's not like you can say, "This is Chinese medicine". The term tells us a little bit about what Chinese medicine could offer to ideas about planning and effective action, but at the same time, that allows me in a very short space of time to show contestation. There is not just one way. It is an ideal term because it is a critiqued ideal.

Dagmar Schäfer: Yesterday you gave us some 'triplets' in which *yi* mediated between) conceptual ideas (*li* 理) or writing/patterns (*wen* 文) and phenomena which at least in the Chinese sense as I understand it as "*xiang* 象" means something more concrete or visible. Can you elaborate that a little bit, why this pairing came about and in which disciplines or fields it was actually relevant?

Volker Scheid: The ones I know most of are of course from medicine. So in medicine you have really clear doctors of later period China after near Confucianism discussing issues such as: There is *li* 理 (ratio/pattern/logic) and there is a *fa* 法 (method/rule/recipe) and in the middle is the *yi* and you need the *yi* to mediate. How do you get from a prescription that is a model to something that is uniquely contextual? You base yourself on the model, you have the end result that you need to get to, that modifies the context in which you are working. What is this in *yi* doing? People were very explicit about that/discussed this very explicitly.

Or another example from the Ming dynasty that we talked about yesterday is: Ming doctors say *yi* is that which let's you understand the totality of the illness, also in the sense of what does it mean. This is not just about writing a effective prescription, but you can write an effective prescription because you understand what an illness means.

Yi is also very important in secondary literature, not only in primary readings. In theoretical writings about literary production, it is a term that goes from late Han to imperial China, where people talk about *yi* as a mediator between, for instance, a situation (*qing* 情) and '*wen* 闻' or '*yan* 言'.

Yi seems to occur in various fields, and it's obviously also even earlier, pre-Han, you know, in the *Yijing* 易經 (Book of Changes) and the commentaries on the *Yijing*. That's usually when you look at *yi*. The *Yijing* is where it all comes from, where the *yi* mediates something between the *xiang* phenomenon/concrete. (... In the *Yijing*) You have these hexagrams and you have the writings, the explanations of the sages. How do we know that we really understand the sages or (that) what the sages said, is something that we can understand and base our actions on? Again this needs something that mediates between, and, as far as I can see, again they have the *yi* there.

The other thing that I tried to show yesterday, is that at a certain point *yi* actually doesn't become a resource, it becomes a hindrance. So before it was something that was helpful to mediate, as the renowned doctor (Yee Chan) put it: "Medicine is a dangerous practice", because you are dealing with life and death. A few hundred years earlier *yi* was helpful, now it became a hindrance in solving that dangerous situation. It becomes something that is a problem. And I thought also maybe for us here talking about planning and stuff, *yi* is useful also to see that in China and in Asia there is a very strong tendency at times to the development towards a certain kind of empiricism – an empiricism that has nothing to do with Western empiricism. Very often the story is 'the Chinese did this kind of stuff and then empiricism arrived from the West'. But - to me – one of the really interesting side lines of that story is that in fact there is a certain kind of empiricism that is totally Asian, that plays itself out in an Asian way. So I find that also a very important part of whole way of talking about *yi*.

Dagmar Schäfer: Which you, for instance, see reflected in the way in which *zheng* 證, that is “evidence” or “facts”, takes a turn and becomes very concrete, as was elaborated in the readings. There is one other instance I want to ask about: While you chose *yi*, you also choose different translations for that term as you delineated the changes through time. If you look at *yi* as the mediator and a conceptual frame and then at the historical sources as the remnants of activities of planning or attempts to “make things work” what would you see? What I see in my own field is a media-shift as mediation actually changes. Planning can be very conceptual and planning can be very concrete. Just to go back to the aforementioned example of calculating and painting, sometimes there is more [historical evidence of] practice and at other times there is not. *Yi* in some of your stories was at least much more conceptual, like envisioning where you want to go to, how to achieve a goal. Do you see something like a media-shift in this question of ‘how do we know’ and ‘how do we achieve’ happening in Chinese Medicine?

Volker Scheid: I see it in two periods I discussed yesterday; you can go to the Ming, particular late or middle Ming – before it starts turning towards empiricism – and then other strands are obviously persisting. I see developments very much as layers that never come to an end, they persist, but other layers come on top. So let’s say the Mid-Ming-Layer where you have a very strong Neo-Confucian base, but all the doctors are also at the same time Buddhists and they are also Daoist. They are mixing all these things up. At that point Wang Yangming 王陽明 (1472-1529) and (Song) Neo-Confucianism are very strong influences on all of these people. Meditating, cultivating the heart/ mind is used as a tool, ultimately, to become good at using *yi* at that moment in time. Therefore your resources are not just purely conceptual, but they are meditating, reading, somehow cultivating your heart/ mind. And then you go a little bit later to other people like Fang Youzhi 方有執 (1522-?), he is a philologist. For Fang to become effective and develop a critique of *yi* is to turn it towards [the question]: how to formulate action, philology and also – well, you couldn’t call it anatomy – but maybe turning towards things (*wu* 物) that are visible and concrete, that you can touch and work out in that way, become really important. So that’s a really important shift.

The other important thing I would say about *yi* is: it is a little bit non-repeatable. I think that’s really important. It is always context-specific. It is like, sometimes you could think of a plan as a very context-specific thing, but you could also think of a plan as a model for repetitively producing and designing the outcome. But I think the interesting thing is *yi* as a form of enlightenment and that is why I think it is not cognitive purely. It is like a real sensation: this is what I need to do. And you cannot always say why I have to do that. If you want to go backwards it doesn’t always make sense. We cannot always say...we can define some of the inputs, and we can understand some of the inputs, but not all of them.

Michael Stanley Baker: That makes me wonder whether it’s useful to distinguish between the English terms “plan” and “planning” and look at processual engagement as opposed to an end description of an idealised state that you are aiming for. And that *yi* is closer to the processual locus?

Volker Scheid: I do not know, maybe. I mean I haven’t thought about it in detail, but like just at this very moment in time I would say its more like realizing, rather than planning. You know like “realizing,” it realizes something, it makes it real.

Martina Schlüter: Is it something that one could translate into “intuition”? Clinical intuition, from a western perspective and western medicine?

Volker Scheid: We talked about that yesterday, but one of the problems with translations is that I think terms always have a history. So intuition to me – and again I am not the expert – has association with romanticism. In my notion of intuition is precisely that it is not rational, it is kind of a surplus. Once we do all the rational things, whatever is a surplus from there, which we cannot just do rationally, is where the intuition come into play. I see it very much as in our own intellectual tradition associated with a kind of anti-theme? How does one become effective? One is a rational way of becoming effective – rationally planning- and the other one is the romantic kind of thing, directly also having the relation to the gods so to speak.

Martina Siebert: So it is a learnt intuition, I mean “based on learning”?

Volker Scheid: It is a learned way of being effective. If you wanted to say it in a way of information technology terms you could say it is a learned way of acting in situations of great complexity. When western medicine comes to China people obviously start to think about their differences. And actually, which I didn't know at the time I wrote it (I was just repeating something) was that people at the beginning of the twentieth century attempted to differentiate Chinese medicine from western medicine. They would say you go to a western medical doctor and they all will diagnose the same disease and therefore give you the same treatment. But if you go a Chinese medicine doctor, ten doctors will all come up with different causes. So the health minister says: Well, if I go to western medicine I might die, but at least I know which disease I had. But if I go to Chinese medicine they give me ten different diseases I don't even know what I died of. This kind of critique was ushered. But then a very interesting development in the history of western medicine happened, a very important study in the 1960s or 1970s in America where they looked at prescribing amongst American GPs and it was absolutely varied. In fact Western medicine acted just the same way [as Chinese medicine]. And that actually led to what they called evidence-based medicine that was one of the defining steps in trying to make evidence-based western medicine not on the clinical decision-making of the individual doctor, but on some kind of more protocol-based planning. And awareness on the patient side about that variability leads to changes in knowledge cultures: How do I deal with that? If you had enough money (because remember it's only the rich people who can actually afford to have three or four doctors do a consultation) people could just go and choose. But they also needed to have some kind of medical knowledge themselves to do so.

Dagmar Schäfer: Thank you very much for the great interview. For letting us record it and hope to see you soon back again now.

Volker Scheid: Thanks for inviting me.

