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TCM and Shiatsu. "Knowing That" and "Knowing How"

(Michael Potter)

Introduction

It is a long time since I read the Shiatsu Society News, and I was drawn to the current debate on the relevance of TCM to the practise of Shiatsu. As someone who combines Shiatsu with acupuncture and herbal medicine I may not be the best person to even attempt to answer that question. But, for me whether one theory is better or worse than another is not the point; the crucial issue is the relationship between theory and practise; 'knowing that' and 'knowing how'.

'Knowing that' is the body or bodies of theoretical knowledge that we use to understand, explain and describe what we do. Theoretical knowledge again falls into two distinct categories; we can either reify it and view it as an Absolute Truth, seeing it in the way that some extreme religious groups may see their religious texts, as God given, and so unchallengable; or we can view knowledge as a consensus; what we deem to be 'true' is what the majority of us agree to believe. Simplistically we could argue that this kind of knowledge is predominantly left brained.

'Knowing how' on the other hand is our ability to do something, to perform some action, to make something change. We could for example write down a set of instructions explaining how we ride a bicycle, but this would be completely different and may not necessarily make sense to someone who actually does ride one. This does not necessarily mean that theoretical knowledge is redundant, but it does mean that a tension exists between knowing that and knowing how, particularly within the context of the broad area of Oriental medicine.

Knowing That

Theories are not set in stone; as time passes, culture changes, language changes and so theories change; each is a product of its time; each grows with its culture and usage. What is important here is firstly the way in which Chinese and Japanese ethnic medicine have evolved during the past two hundred years; and secondly, how they have adapted to our needs as they have migrated into our culture. In view of the fact

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that they had all but died out by the beginning of the 20th Century, the way in which both cultures, Chinese and Japanese recreated their indigenous medicine is quite instructive and goes some way to addressing, if not answering, the original question concerning the relevance of TCM to shiatsu.

The reasons for the demise of Oriental medicine were quite complex but basically involved the encroachment of Western European political, economic, military and scientific weight upon Japanese and Chinese culture; one of the forces behind this was Scientific Rationalism, the new belief in 'scientific' knowledge which had swept across Europe in the early 19th Century, driving out among other things our own beliefs in vitalism. Being less politically volatile the revival of these arts began much earlier in Japan; the early 1920s saw groups of Japanese body workers and acupuncturists, setting in motion the initiatives which have now developed Shiatsu and Chiryo Ryaku or 'meridian therapy' respectively. This hands on approach involved both pulse and abdominal diagnosis, so that a therapeutic culture, which based its diagnostic methodologies upon direct contact with the patient's Ki began to gather momentum some eighty years ago.

In China, the story was somewhat different. What we call TCM has its roots in the late 19th Century, and evolved as a response to the increasing influence of Western culture and medicine. In order to preserve their knowledge practitioners of traditional medicine had come together, set aside their philosophical differences and begun to reinvent indigenous medicine into a form that would be recognised and accepted to a changing philosophical environment which was beginning to reject traditional Confucian values in favour of the new Western science. Thus a 'scientised' medical model which was comprehensible to Westerners began to emerge at the end of the Qing Dynasty. This work came to a standstill as the political instability of the early part of the 20th Century culminated in the Japanese invasion and the Liberation War.

By 1949 the newly formed Peoples' Republic of China was left with a country which had very little infrastructure at all, but most significantly for our purposes, barely no medical service. Since the Kuomintang Party, who the West had supported were the losers, the new government had no one they could call upon from outside to help them; they had to do it all themselves. This required doing a complete about face; Traditional medicine formerly rejected as 'the accumulated garbage of two thousand years of imperialism' was reinvented as 'national medicine' (Unschuld 1986). TCM emerged, from its roots in the late 19th Century, into a world where it was needed immediately. Doctors had to be trained and sent out to work as quickly as possible.

This 'modern' approach to traditional medicine works well within its own culture. The newly qualified doctor comes to work in a hospital along side practitioners with many years of practical experience behind them. It only becomes problematic when it attempts to migrate into other

cultures such as ours. The mode of delivery of the theoretical part of the learning process remains relatively unchanged, but the newly qualified acupuncturist or herbalist is then pitched out into practise lacking that important resource of an experienced practitioner to work alongside them; learning how, practical experience becomes a painfully slow process. Solutions such as going and studying in the Far East are limited for reasons such as expense as well as the actual value of working in a Chinese hospital seeing conditions which one would not necessarily see in private practice in Europe. Equally the value of visiting Professors from China can be limited by their understanding of our culture and what makes us ill.

Knowing How

The relationship between theory and practice is a chicken and egg situation; which came first? For me theory evolves out of practice; I do something and then attempt to explain how I did it. If fifty or a hundred people all did something similar, or apparently 'the same' and then sat down and discussed it, sooner or later some kind of agreement, not necessarily involving everyone, would evolve; a theory would emerge. But how much of this would be true agreement? How much would the theory fully explain what each person did? I know that I am often unable to explain why I have used a particular point or technique in a particular setting. There are two points to this; firstly do we need a 'theory' at all, and secondly do we need the 'same' theory. Sometimes, as an acupuncture teacher, I feel that I am doing a group of students a terrible disservice by trying to outwardly teach them all the same thing. Traditionally, the dominant means of learning the Oriental medical arts was through apprenticeship, years of observing, becoming familiar with, practising and finally becoming competent enough to go out into the world and heal people; a very intimate personal and unique experience for both teacher and student; but most importantly very practical. Clifford Andrews alludes very strongly to how important this aspect of our development as practitioners is. It is not a question of whether or not a particular pulse is wiry, or the tongue has a thick yellow coating to it, or whether the area below the umbilicus feels soft or not, ultimately it is what each individual practitioner in the unique encounter with their patient/client perceives as being the appropriate manner to proceed. Within this there are any number of variables, any number of factors which come into play, which guide us to each decision. What is most important however is that knowing how is our personal knowledge. It is our intuition, our sense of being sure that we are doing something beneficial, and because of its intimacy, it is very difficult to communicate this verbally.

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Conclusion

Another side to this is what we could call 'global medicine'; the attempt to present one theory to be used throughout the World. Modern orthodox, allopathic medicine provides a perfect example; practitioners in Europe, America, and the Far East all speaking the same language and practicing the same kind of medicine. In our culture TCM falls into the same position, and herein lies both its strength and weakness. TCM provides us with a reasonably coherent energetic map of the internal workings of the human being; it is a good starting point. We can talk to each other and be speaking the same language; it is a reasonably reliable diagnostic and therapeutic tool.

There are however two further points that have to be considered when we look at TCM. Firstly, it is unfinished; there is a sense in which it has not fully arrived yet. In the 20 years I have been studying Oriental medicine, and in particular TCM, I have seen the changes that have taken place within it. Knowledge does not stand still; our needs are much more sophisticated than they were in 1980. This is really where I wish to take up what Clifford Andrews said. I do not disagree with anything he said, but I feel that it is not what TCM does, or does not, offer us but what we have to offer it. Shiatsu practitioners approach Oriental medicine from a unique position, one which is more engaged if you like; TCM currently comes from a more academic position.

And this brings me to my second point, that TCM is not a monolith of truths. When you look at it closely you see that parts of it fall into the 'truth by consensus' category. An example of this is the meridian system, which is as far as I can see, at least three different theories of Qi movement through the body, all stitched into one (Pirog 1996). Looking at the Eight Extra Vessels, we see there are considerable differences of opinion throughout history as to their uses and trajectories (Pirog ibid; Matsumoto & Birch 1986). Equally, having studied Japanese acupuncture for some years, I have a number of different maps, if you like, of the abdomen in my mind. When I am working, I do not make a conscious decision to adopt one or another. For these reasons I feel uncomfortable with the notion of one theory, or even the notion of one dominant theory, be it TCM or the work of Masunaga Sensei, because it takes away choice, it sets limits on the diversity of the whole subject, it discourages students to explore and discover. Education is a process of emancipation and liberation; anything else runs the danger of becoming indoctrination.

I am always at pains to stress that I am teaching not one theory called 'TCM' but a number of different theoretical propositions which have all evolved over a long period of time, and many of which subtly and sometimes not so subtly contradict each other. My reasons for believing that TCM should be taught are that we as teachers, have a responsibility to offer as much as possible to our students and so enable them to make informed choices when they work. Also I am increasingly aware of how much of a responsibility we all have as professionals to contribute

to the development of the knowledge base of our practice. This certainly means that we can never all agree with each other; but agreement for all of us by all of us is too frightening a prospect to contemplate.

References & further reading

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