

THOUGHTS ON THE COGNITIVE ESTHETICS OF EUROPE AND EAST ASIA

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Since Roman antiquity, there has been culture contact and exchange between Europe and China.¹ We nevertheless recognized that up until the 19th century, there was an independent East Asian—more accurately, a Chinese, Japanese, Korean etc.-culture on the one hand and an independent Western, European culture on the other.

Over the past one and a half centuries, East Asia has reoriented itself to European values and ideas to such an extent that we can hardly speak any longer of a purely Chinese or Japanese culture.

If we went on the assumption that this process of Europeanization will inevitably continue so that sooner or later a unified culture will print its stamp on all continents and that remaining elements of traditional local culture will have the status of something like Upper Franconian or Lower Bavarian customs in the cultural life of Germany, then a cultural comparison between Europe and East Asia would only have a historical value, would be directed at the past, archeological, as it were, and of no consequence for future relationship between the formally independent cultures.

Such an assumption would of course have no basis. The thinking and behavior of Europeans and East Asians will remain distinct for the foreseeable future, and in this situation the multiplicity of politically, economic, and cultural relations between Europe and East Asia will present the challenge of determining through cultural comparison which cultural elements are independent and which can be considered to be anthropological constants. It would appear to be out of the question that the political, economic, and cultural intercourse with non-Western cultures will be made easier on the basis of an understanding of the features of each of these cultures.

What dimensions such a cultural comparison can lead to can be seen in the medical realm.

European medicine has increasingly spread in China over the last 150 years. What is called “Western medicine” in China now dominates healing in China.²

More significant for use in this context is the fact that for quite some time in Europe and North America a considerable number of doctors and patients consider East Asian healing methods—and therefore with thinking the underlies these methods—to have advantages that are unmatched in scientifically oriented Western medicine.

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¹Wolgast Bauer (Hrsg.): *China und die Fremden. 3000 Jahre Auseinandersetzung in Krieg und Frieden*. C.H. Beck, Munich, 1980.

²Paul U. Unschuld, *Medicine in China: A History of Ideas*. University of California Press, 1985. pp. 229-262

Thus we encounter in medicine a cultural element whose European and East Asian characteristics must be compared in order on the one hand to determine whether the statements of the advocates of Chinese medicine as correct, and on the other to offer well-founded suggestions our health-policy decisions.

The comparison between Chinese and Western medicine which we have been pursuing through our studies over the years is oriented toward an analysis of the the theoretical infrastructure of the two forms of medicine in order to understand what unites and what separates them more clearly than before. The object of our study is the application of knowledge, and this means for us that we have to determine what knowledge traditional Chinese medicine is based on. Our studies in this area have already produced surprising results in that we can now show firstly that nearly all the theoretical and metaphorical bases of Western medicine are also to be found in Chinese medicine, secondly that the conceptual affinities of the medical thinking of the two cultures was quite certainly one factor that enabled Western medicine to be adopted so swiftly in China, and thirdly that the deep opposition between the two forms of medicine that advocates of Chinese medicine in the West stress is essentially an artificial opposition that rests more on Western desires than on Chinese realities.³ We must therefore ask whether, despite the underlying commonality and despite the superficial differences in manifestations of these basic commonalities, there are deep oppositions that essentially divide Chinese and Western medical ways of thinking.

In the course of the transmission of Chinese medicine to the West, a noteworthy clue has already come to light. When we study works on traditional Chinese Medicine that have been written by Western—and also modern Chinese—authors for a Western public, we observe an attempt to present a strict, homogenous edifice of knowledge that holds the theoretical bases and the practical consequences together with without contradiction.⁴ Conversely, when we look at the the history of Chinese medical ideas, we cannot escape the impression that the knowledge accumulated over almost two and half millennia is in no way as stringent and homogenous as modern secondary literature suggests. In fact, in the process of transmission to the West that has been going on for quite some time, the theoretical contents of Chinese medicine have been undergone a qualitative cognitive change in that the Western reader is given a presentation of these theoretical contents that accommodates a Western cognitive esthetic.

The recognition of this fact compels us to ask what differences there may be here and to what extent they are culturally rooted. This means we must ask whether there are fundamental discrepancies between Europe and East Asia in the handling of knowledge.

Why does it seem meaningful to introduce the notion of cognitive *esthetics* in this context? I understand by this expression the values, however unfathomable their origins may be, that provide the basis for preferring certain forms of knowledge and rejecting others. If esthetics are defined generally as a doctrine of the beauty and ugliness in nature and the arts, I should add to this that an esthetic sense is ap-

³Cf. P.U. Unschuld, *Forgotten Traditions of Chinese Medicine*. Paradigm Publication, Brookline, MA, 1989.

⁴See the so far most successful example of this type of presentation, Ted Kaptchuk's *The Web That Has No Weaver: Understanding Chinese Medicine*, C. Congdon and Weed, New York, 1983.

parently operant in the the formation of knowledge that unbeknown to us guides our use of knowledge. When for example a cognitive dissonance between two or more views of the world or two more or more explanatory models, i.e., a *contradiction* between individual systems of ideas of knowledge of relationships between, say, natural phenomena, is considered as a cognitive phenomenon, this means that such a contradiction, can be seen, to put it in conventional esthetic terms, as beautiful or ugly, as wellcome or unwellcome in the construction of a cognitive edifice, i.e., in the creation of a comprehensive system of ideas.

The doubtlessly largely subconscious accommodation of traditional Chinese medical knowledge to the values of a Western readership by recent writers has led us to recognize that this accommodation essentially consists in the elimination of those parts of traditional Chinese medical theory that would provoke “either-or” questions in Western reader’s mind.

One example of the “either-or” questions arising in the Western mind is seen in the tendency of Chinese medicine is its ability to speak-under certain theoretical premises-of the existence five functional centers and of six. This presents a European with a problem. Since such an “not-only-but-also” view of the world is largely alien to him, at least in the in the field of the natural sciences, he naturally asks, Are there five or are there six? Such examples could be multiplied; they indicate that cognitive stringency has a different status in Europe and in East Asia.

Let us look at another level where we will find the cause of simultaneous adoption of five and six functional centers in the organism.

About two thousand years, only a little later than in ancient Greece, there arose in China non-metaphysical systems of ideas based on natural laws, in which the multiplicity of natural phenomena from colors to feelings were arranged in a few categories of equivalent and corresponding things. The categories themselves were in turn considered to stand in specific relationships to each other, which determined and thereby explained the rise, transformation, and fall of all things. As in Greek antiquity, there arose in ancient China various thinkers who adopted different numbers of categories. We can see from extant textual sources of that time a view based on the existence of five fundamental categories of all being and another view based on that of two categories, yin and yang. The latter in turn appears to have divided into two schools, one thinking in terms of four and the other in terms six categories.

An essential difference by comparison with Western developments appears to my mind to lie in the fact that in China none of the various thinking approaches won victory, as it were, over the others and drove them into oblivion, as was the case in Greece. Instead, after an initial period of mutual rejection, all the various views were incorporated into a broad syncretic cognitive edifice, in which not an “either-or” but, as I have already indicated, a “not-only-but-also” determined the course of knowledge. These “not-only-but-also” ideas led forcefully to such constructs as I have adduced above. The fivefold categorization of all being indicated the the existence of five functional centers, while the sixfold categorization gave rise to the notion of six functional centers.

Let us consider a later era in the history of China. The Sung

era (960-1278) was to have a far-reaching influence on Chinese culture, and the theoretical infrastructure of Chinese medicine was no exception. For the first time in history, various authors appeared at the same time and then quick succession who represented contradictory doctrines concerning the ultimate causes of human sickness.⁵ Although these doctrines contradicted each other, and although it is known that the their authors explicitly criticized each other, the same phenomenon was observed in this era and the period that followed it as had been observed in antiquity. None of the said doctrines could assert itself as a universal scholastic opinion even temporarily. After their protagonists had died, their opinions became part of the overall edifice of Chinese medicine, and the judgment asserted itself that each contained a small piece of the truth.

All my arguments so far are based only on impressions, not on definitive evidence. Yet the question that arises here here is whether or not in history (and I include in this the history of the Chinese sciences) there is an attitude toward contradictory explanatory models which differs from the Western attitude. Marcel Granet wrote: "Neither the principle of contradiction nor that of causality (in Chinese thought, PUU) possesses an influence characteristic of a guiding rule. Chinese thought does not reject their principles systematically; yet it never bestowed on them the honor of philosophical concepts. The Chinese strive to differentiate things with equal devotion as they strive to associate things. Yet they do not draw abstract lines between kinds and causes, but rather endeavour to establish a hierarchy of effectiveness and responsibility."⁶

Differences of opinion, contradictions between difference ways of thinking, changing perception of the reality—all these things are phenomena that we see in the history of thought and science in Europe as well as in China. We know today that medicine is not a homogenous edifice of knowledge, which untiring advances to ever more accurate insights into nature and treatment of disease. In fact, at all times in complex cultures like China and Europe mutually contradictory models explaining disease have coexisted and have been used by the same clientele.

Despite such parallels, the impression arises that such continuing contradictions between explanatory models are evaluated differently in Europe and East Asia. Accordingly, I propose the hypothesis that in Europe contradiction between explanatory models has been only welcome as a temporary phenomenon before unequivocality was again restored, while traditional Chinese thinking is capable of a polylinear logic that allows for the conclusive acceptance of multiple mutually exclusive explanatory models.

The attempt to substantiate this hypothesis comes up against difficulties because it poses question that so far have not been the subject of philosophical or scientific discourse. The significance of contradiction in the narrow sense has been the subject of endless debate from Aristotle to the present; and the discussion of so-called dialectic contradictions formed the basis of a sociological doctrine of the 19th century which still has its supporters today.

The contradiction defined by Aristotle and discussed by numerous

⁵Jutta Rall, *Die vier großen Medizinschulen der Mongolenzeit. Stand und Entwicklung der chinesischen Medizin in the Chin- und Yüan-Zeit.* F. Stiener Verlag, Wiesbaden, 1970. P.U. Unschuld, 1980, 133 ff.

numerous other thinkers after him is not the contradiction I wish to address here. The contradiction between two explanatory models, which I am concerned with here, manifests in the possibility of dressing the world of real or supposed phenomena with theories which in the European view are mutually exclusive. These theories or world views can be comprehensive or specific.

We should be permitted to ask the question whether near-oriental and Western culture whose Judeo-Christian monotheism formulated the command "Thou shalt have no other gods besides me" did not also produce at the same time a knowledge culture whose most important maxim could be expressed in parallel fashion as "Thou shalt have no other truth besides the one."

The search for the *one* truth, irrespective of whether, as in religion, it is a revelatory truth or whether, as in the sciences, it is a truth that springs from human investigation, pervades the whole history of Western knowledge. The consequence of this search is an endeavor to find a strict, uncontradictory explanatory model for all or part of man's existence and his environment. In this search, contradiction is only acceptable as a temporary state of affairs. *Dictio* and *contradictio* in academia serve to find a definitive solution, and thesis and antithesis in dialectics, though reappearing periodically, are settled through synthesis.

We might be tempted to *comparer* the multiplicity of systems of medical ideas in the 17th and 18th centuries in Europe—I am thinking here of borwnianism, Mesmerism, homeopathy, romantic medicine, and various physical and chemical explanation models, to note the most important examples—with the the previously mentioned increasing heterogeneousness of explanatory models in China since the end of the Sung era. The difference consists of course in the fact that the state of competition of multiple systems of ideas in Europe did not end in a "not-only-but-also" phase, but continued to be regarded as "unesthetic," or unideal, and in the fact Rudolf Virchow rose to fame in the 19th century not least because his cellular pathology finally infused healing once again with a long absent a system of ideas in which the stringent connection between theory and practice was reestablished after having been broken ever since humoral pathology had begun to lose its general validity in the sixteenth.

Max von Pettenkofer can stand witness as an scientific in active research who in an "either-or" situation turned decisively against against the "not-only-but-also" alternative and formulated precisely the European cognitive tendency. When in the 19th century the question of whether cholera was caused by contagion or by exhalations from earth dominated scientific discourse, he wronge "only unscientific heads could could spare themselves the embarrassment of considering it possible that not (cholera) not only developed and spread independently. .. and but also formed a contagion. If that were the case," he continued, "scientific research that strives to discover laws would be deprived of any ground to stand on. The value of such an ambivalent answer to so important a question was not to be attacked more highly than if someone at the time when it was being discussed whether the it was the sun or the earth that moved had said that both were the case, either sometimes one, sometimes the other, or even both at the same time; Joshua is right and Galileo is right, because it is does not make any practical difference, for day and night

come anyway, and the people of cholera have to be treated in the same way whether they contract the disease from miasma or through contagion. . . Such principles would lead to all research to halt; since, plainly put, it would mean nothing depended on a correct theory on the matter. In fact, it is only a declaration of the incompetence that leads to such a conclusion in major issues of debate because owing to failure to be able to prove either one thing or the other.”⁷

Just how deeply “the search for the one truth that underlies the apparent multiplicity, for the one simplicity that underlies the apparent complexity, for the order that underlies the apparent disorder, and for the rule that underlies the apparent deviation”⁸ is rooted in our culture was discussed by Immanuel Kant in his *Kritik der Urteilskraft*: “. . .”^{9 10}

The psychologist Leon Festinger considered the endeavour to overcome cognitive contradictions to even be an “instinctive” urge, and compared this endeavour with the need to eat when one is hungry.”

The Kuhnian thesis of scientific revolutions, of a succession of periods of what he calls “normal science,” during which a dominant and generally recognized paradigm is applied to solve questions under discussion, until an as it were critical mass of contradictions forced the next revolution, thereby leading to the dominance of a new paradigm over a new period of normal science,¹² is quite clearly a product of European thought that has no validity for China, and I presume for traditional East Asia in general.

There is of course an important caveat to be introduced here. It would be quite inappropriate to speak of a black and white difference between Chinese and European thinking. My comments rest on the impression of a difference above all in long-term tendencies. We should not overlook the fact that the knowledge culture of both East Asia and Europe has been highly stratified in almost all periods that we can survey, and when we consider a philosopher such as Nikolaus von Kues, we could imagine his doctrine of “knowing ignorance” being rooted in a Chinese world of thought. Stephan Otto wrote, “Kusaner’s doctrine of coincidence goes against the universal claim to validity of the Aristotelian proposition of. . . the clear certainty of one and the same;”¹³ i.e., opposites come together, but only in God, and are therefore not necessarily perceptible to human beings. With his doctrine that no subjective knowledge could be congruent with the objective knowability of any state of affairs, all knowledge lies behind the ability to know a thing, we are reminded of the first words of the Taoist classic, The *Tao-te-ching*: “The principle that can be shown to be a principle, is not the principle.”¹⁴

⁷Max (von) Pettenkofer, *Ueber die Verbreitungsart der Cholera. Zeitschrift für Biologie* 1 (1865), 326.

⁸Robin Horton, “African Traditional Thought and Western Science.” In: Bryan R. Wilson (publisher) *Rationality*. Harper & Row, New York, 1970, 132.

⁹Kant

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¹¹“Dissonance acts in the same way as a state of drive or need or tension. The presence of dissonance leads to action to reduce it, just as, for example, the presence of hunger leads to action to reduce hunger.” Leon Festinger, *A theory of Cognitive Dissonance*. Tavistock Publications, London, 1959, 18.

“Thomas S. Kuhn, *The Structure of Scientific Revolutions*, University of Chicago Press, Chicago, 1962.

¹³Stephan Otto, Nikolaus von Kues. In Otfried Höffe (publisher), *Klassiker der Philosophie*, vol. 1, C.H. Beck, Munich, 1981, 250.

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Johannes Wenck von Herrenberg, a Heidelberg critic and contemporary of the Kusaner, observed pertinently that Kusaner's doctrine of coincidence "pulled the roots out of science." Quite rightly, as Stephan Otto comments, since Kusanus, because Kusanus "contests the ability of discursive intelligence operating with the law of contradictions to provide the ultimate validation of the sciences."

Of course, we cannot overlook the latest development in physicals, which are becoming, as Arthur March put it, increasingly "imperceptual." March's comments are also very much in the vein of *Tao-te-thing* when he wrote that "modern physics has to admit that our understanding of nature is not such that we can succeed in recreating its mechanism with a mental construction."¹⁵ And yet even in this latest phase, in which quantum theory and wave mechanics explain light both as particles and as waves, we are still firmly rooted in our European traditions if we sympathize with the expectation expressed by researcher Werner Heisenberg, who is intimately concerned with the latest tendencies: "Perhaps it is not too audacious to hope that new mental powers will then bring the unity of the scientific world picture that has been so endangered over the last decades closer to us once more."¹⁶

In conclusion, I submit for discussion the thesis that because of different esthetics on the matter of contradictions, a different value is to be accorded to the world views and particular explanatory models in Europe and China. I would like to postulate that European knowledge takes a *dogmatic* approach, Chinese, and perhaps East Asian knowledge takes an *instrumental* approach. That is to say that while European culture, with exceptions, works toward the goal of finding one explanation, and once it is found only gives up this one explanation when it has to be replaced with another one (whereby this "has to" in scientific fields is to be traced to other causes in economic and religious contexts), there appears in China to have been a long-term cognitive restraint. Irrespective of the the personal conviction of their authors, no explanatory models were sanctioned by contemporary or subsequent generations of physicians as being an absolute reflection of the truth or reality, whatever might be understood by that. The above examples point rather to an attitude that every view deduced from specific principles had its own justification. Here it is of course to be noted that the borders of such tolerance were political. The statement made by Granet in another context that "The principle of contradiction (in Chinese thought, PUU) can only attain relative validity, and proves to be useless" would also apply in the context of systems of ideas.

The assumption that any idea that has been introduced represents a piece of the truth, even if it contradicts another world view in various aspects and suppositions might possibly go hand in hand with a reluctance to allow old knowledge that has stood the test of time to be replaced with knowledge. Progress, it appears, is a European concept. The term implies a striding *toward* something, but at the same time a striding away from something. Something is left behind, even though it has been of service for a time. Such a notion of progress is not to be found in the cognitive dynamics of premodern

¹⁵ Arthur March, *Die Neuordnung der Physik*. Quoted in Jean Gebser, *Urprung und Gegenwart*, 2. Teil. "Die Manifestion des aperspektivischen Welt." Deutscher Taschenbuch Verlag, Munich, 1949 and 1953, 508.

¹⁶ Werner Heisenberger, *Wandlungen in den Grundlagen der Naturwissenschaft*. Hirzel, Zürich, 1949, p. 100. Quoted in Jean Gebser, 1949 and 1953, p. 510.

China. New knowledge was continually created in China, yet-and here I come back to the history of medical knowledge-at no point can we speak of obsolete knowledge being definitively displaced by new knowledge. The tendency to be observed is not one of continual replacement, but one of continual expansion of existing knowledge.

In this context, I would like to speak of patterned *knowledge*. Individual explanatory models in particular are like patterns that are imposed on a recognizable or conceivable reality, order and explain a particular section of this reality, and by means of the order and explanation open specific possibility to influence reality, solve specific problem, or, more specifically, to treat particular diseases. It is irrelevant that the logic of a pattern, of a particular explanation modern should contradict the logic of another pattern by means of which another section of reality is ordered, explained, and influenced. Explanatory models become instruments that are legitimized by their inherent power to influence reality rather than by the logical stringency that exists between them. One could perhaps say that Chinese culture in a certain sense anticipated Karl Popper's dictum "theories are not verifiable, but they can prove useful."¹⁷ The Chinese philosopher Ch'en Shun (1151-1216) pointed out that the head and the feet, the heart and abdomen, or the left hand and the right hand stand in opposition to each other, but only perform different partial function in the maintenance of the overall function of the human body.¹⁸ They are nevertheless only different aspects of a large edifice of knowledge. In the same way as the head and foot, the left hand the right, perform different tasks, that cannot be fulfilled by other parts of the the body, so much different patterns of knowledge have to be applied to address and solve various different cognitive and therapeutic problems.

The instrumental approach and the previously mention cognitive dynamic of expanding knowledging

¹⁷Karl R. Popper, *Log& der Forschung*, Tiibingen, 1966, p. 198, quoted in Otto Friedrich Bollnow, *Das Doppelgesicht der Wahrheit*. Kohlhammer, Stuttgart 1975, p. 153.

¹⁸Ch'en Shun *Ch'in ch'in jen min ai wu chih shi li erh fen shu*. Pei hsi ta ch'uan chi, ch. 8, pp. 559-565, Shang-wu yin-shu-kuan, Taipei, 1983, facs. repr.