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Ontology and Acupuncture: East Asian Analogism and an Emerging Acupuncture Method in South Korea

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Abstract If the body is not seen as a combination of cells, DNA, and proteins in East Asian medicine, the logic of treatment will differ from that of biomedicine. Descola’s monumental work on plural ontologies and their connectedness of social practices advocates ethnographic investigations of how the plurality of body-ontologies are overlapped with medical practices of various medical traditions. Drawing on anthropological fieldwork on Korean medicine in South Korea, this study examines the ontological ground of acupuncture practice. It provides a case of an emerging new acupuncture method, Mind Acupuncture, in Korean medicine as an example of ontological anthropology of medicine. This study shows that a new acupuncture practice emerges not by discovering a new entity of the universal biomedical body, but by expanding and materializing the ontological network of East Asian medicine. This study foregrounds the significance of ontology, the undeniable premise of medical practice that is socially and historically situated.

Keywords Acupuncture • East Asian analogism • Korean medicine • Mind Acupuncture • Ontological anthropology

1 Introduction

Medicine is inevitably ontological because it addresses a fundamental matter of human existence: the body. Medical practice is inseparable from the issue of what the body is in each medical tradition. Biomedicine, for instance, relies on the ontological ground of representationalism in which “individual entities with separately determined properties” (Barad 2007, 55)—such as DNA, hormones, and

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neurotransmitters—constitute the body. Transformations of medicine in history also involve ontological underpinnings. Even though social, economic, and technological conditions are significantly influential (Dumit 2004; Sunder Rajan 2006; Lock and Nguyen 2018), these forces of change are interconnected with the ontology of medicine. For example, biomedicine has evolved as modern medicine and related disciplines identify new entities with “separately determined properties,” including serotonin, m-RNA, and amyloid-beta. Clinical and biotechnological practices have been configured on those newly identified biomedical things, transforming the historical trajectory of biomedicine.

East Asian medicine is also ontological, but divergently from biomedicine, as Kuriyama (1999) convincingly shows in *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*. Knowledge and practices of East Asian medicine have arisen not by East Asian medical practitioners’ diverse perspectives on the universal, biomedical body, but from their grasping of East Asian medical things—such as Qi(氣) and meridians—and unfolding clinical practices on the bodily realities. If the body is not seen as a combination of cells, DNA, and proteins in East Asian medicine, the logic of treatment will also be different from that of biomedicine.

Increasing interest in ontology in medical practice (Mol 2002) and the recent rise of the turn to ontology and materiality in the social sciences and humanities (Coole and Frost 2010; Holbraad and Pedersen 2017) have provided unprecedented momentum for investigation of the ontological constituents of East Asian medical knowledge and practice, a realm conspicuously under-examined to date. Specifically, Descola’s (2013) monumental work on plural ontologies and their connection to social practices encourages researchers to investigate how the plurality of body-ontologies is overlapped with medical practices of various medical traditions. Against this backdrop, this study investigates the ontological condition of East Asian medicine. In so doing, it will present a case of an emerging new acupuncture method in Korean medicine as an example of how East Asian medicine is practiced on its ontological underpinnings. Capturing ethnographic moments of an emerging new acupuncture practice, this study also provides a more comprehensive picture of how the acupuncture modality operates in contemporary South Korea.

Korean medicine in South Korea offers an interesting site for examining East Asian medicine, illustrating cases of newly proposed clinical practices. For instance, Sa-am (사암) acupuncture was originally founded in the second half of the Joseon Dynasty (1392–1910). The Sa-am method, a representative acupuncture in Korean medicine, has been practiced in various forms in contemporary South Korean under the names of, for example, Keumo Sa-am acupuncture, Eight-constitutional acupuncture, and Pyeong/Hwa acupuncture. Recently, a new Sa-am acupuncture method, “Mind acupuncture” or Maum Chim (마음침), has been added to the field of Korean medicine.¹ This new approach is analyzed in this study. By combining ethnographic details and ontological theory and highlighting Mind acupuncture

¹The Korean term *maum* is often translated as “mind.” The group of Korean medicine practitioners that has proposed and circulated the emerging method also use the term “Mind acupuncture” for their translation of *Maum Chim* (*chim* meaning “acupuncture” in Korean). This study follows their translation.

as a case, this study shows that a new acupuncture practice emerges not by discovering a new entity of the universal biomedical body, but by expanding and materializing the ontological network of East Asian medicine. In so doing, the present study will foreground the significance of ontology, an undeniable premise of medical practice, that is socially and historically situated.

2 The Rise of Ontological Anthropology and Studies of East Asian Medicine

Anthropology has a long tradition of self-critiquing its own discipline. The “ontological turn” aligns with this century-long practice. Current intellectual shifts see this self-critique newly applied to the very metaphysical foundations of the discipline. As a newly established academic field in the nineteenth-century West, anthropology could not avoid the influence of the dominant metaphysical assumption at the time, often represented by the divide of nature and culture (Descola 2013; Viveiros de Castro 2014). This split is significant matter for anthropology, the very discipline known as a study of “culture.” Ontological anthropology has critiqued the fact that, even though non-Western collectives do not practice the nature-culture division, anthropologists have investigated their “cultures” on this binary assumption. Thus, anthropology was “founded on the belief that all societies constitute compromises between Nature and Culture and that its task is to examine the many singular expressions of this compromise” (Descola 2013, 78). Further, nature in the nature-culture division has been universal Nature with a capital N, a modern configuration deeply imbricated with Cartesian philosophy and Newtonian science (Coole and Frost 2010). Viveiros de Castro (2014), one of the leading anthropologists of the ontological turn, has raised a critique of multiculturalism, an emblematic concept of anthropological studies, arguing that it relies on the assumption of one Nature that is the very basis of the various compromises of diverse cultures. Against this backdrop, ontological anthropology puts forward the emergence of a new horizon of anthropological studies. The new mode of theorizing anthropology now practices a range of anthropological endeavors, including the study of plural metaphysics between diverse collectives (Charmonnier et al. 2017; Farquhar 2015; Viveiros de Castro 2014), plural ontologies (Descola 2013; Prado et al. 2022; Sahlin 2014; Skafish 2016), and the anthropology of beyond the human (Kohn 2013; Tsing 2015; Kirksey and Helmreich 2010).

This study applies the critiques of ontological anthropology to medical anthropology, replacing the questioning of “Nature” with that of “the Body.” Even though medical anthropology has studied both biomedicine and non-biomedical traditions, it tends to premise the universal Body with a capital B, the biomedical one on its own ontological premise. This uncritiqued assumption has tended to result in one Body and multiple ethnomedicines, a medical version of one Nature and multi-cultures. Only biomedicine is eligible to provide an exclusive explanatory model of the Body, which amounts to “particular universalism” in terms of Latour’s (1993, 103–106) categorization of relativism and universalism. In this hierarchical distribution of the universal Body and ethnomedical bodies, the latter are regarded as cultural constructions in contrast to the scientifically verified Body of biomedicine.

However, the rise of ontological anthropology brings the bodies in various medical traditions to an arena of in-depth discussion and urges researchers to examine their ontological underpinnings on which diverse medical, and social, practices are elaborated. With this directionality, the ontology-emphasizing anthropology has paved a way to examine various medical traditions on the plural bodily realities, rather than on their diverse perspectives of the universal Body. Thus, anthropology's turn to ontology leads to medical anthropology's turn to bodily reality.

Philippe Descola has provided more concrete foundations for the research opportunities of the ontology-tinged medical anthropology. In *Beyond Nature and Culture*, the French anthropologist compiled vast ethnographic data, along with his own long-term fieldwork on the Amazonian Achua, advocating humanity's four modes of ontology: naturalism, animism, totemism, and analogism. Among these modes, naturalism is the hegemonic ontology on which human beings understand and live with things and beings in the contemporary era. In the naturalistic understanding, our bodies belong to nature even though they contain interiority by which human beings are differentiated from non-human beings. This means that, within human existence itself, there is a division of nature and culture in the dichotomized form of body and mind. However, other bodies outside the naturalistic understanding are not based on this dualistic assumption. As the title of the book itself expresses, plural ontologies in the absence of the nature and culture divide have existed in diverse regions and cultures. Descola categorizes East Asian ontology under the rubric of analogism among the four ontological modes. By designating East Asian ontology and bringing it to the fore, his work has paved a way for investigating East Asian medical practice on the ontological establishment.

Since Descola's proposal of the four ontologies, a number of studies have elaborated the plural ontological grounds (Sahlins 2014; Prado et al. 2022; Kipnis 2017). However, East Asian analogism is among the most underexamined. Mathews' (2017) study of Chinese divination practices associated with the *Yijing* (易經) is a rare example of investigating East Asian analogism. By providing a case from East Asian medicine, this study attempts to elaborate the analogical mode. *Beyond Nature and Culture* is a broad-ranging work, mapping ontologies of various collectives and their social practices mingled with their ontological underpinnings. The book's grand sweep, nevertheless, leads it to leave more detailed investigation to future studies. Even though Descola refers to the fundamental concepts of East Asian thought, including Qi, Yinyang, and the Five Elements, he briefly introduces East Asian ontology as an example of analogism in *Beyond Nature and Culture*. Our present study investigates the East Asian body premised on analogism, substantializing the East Asian ontological mode that Descola advocated. Providing detailed accounts of East Asian medical practice, it will deepen and specify—under the term “East Asian analogism”—the understanding of analogism.

Ontology-oriented studies already existed before the emergence of “ontological anthropology,” as exemplified by Claude Levi-Strauss's *The Savage Mind* (Viveros de Castro 2014). Likewise, demonstrating the potential of East Asian medicine, studies have delved into East Asian understandings of the body even in the absence of the nomenclature of the “ontological turn.” Their delineations of East Asian medical concepts, the logic of diagnostic methods, and therapeutic repertoires have convincingly portrayed the East Asian body, on which medical practices rely

(Farquhar 1994; Hsu 1999; Zhang 2007). However, the “ontological anthropology” of East Asian medicine has only recently emerged (Farquhar 2015; 2020; Kim 2023). Despite its delayed arrival compared to other regions such as South America, recent examinations of metaphysics and ontology exemplify the potential of East Asian medicine for contributions not just to anthropology, but also to science technology studies and discussions of new materialism. Farquhar’s (2020) *A Way of Life* provides an inspiring example. Addressing the delicate issue of translation involving language, the body, and the world, this path-breaking work demonstrates the imbrication of materiality and thought in East Asian medicine that is substantiated by practice. As the title alludes, it even uncovers the plural forms of “life” interconnected to the ontology of East Asian medicine. Building on such scholarship on East Asian medicine and ontological approaches to the medical tradition, this study now adds a case of ontological anthropology of East Asian medicine, focusing on acupuncture practices in Korean medicine.

3 Ontological Anthropology of Korean Medicine in its Historicity and Sociality

Ontological anthropology is neither ahistorical nor asocial, despite some criticisms against it. Given that the emergence of the ontological turn was historically and socially motivated—that is to say, by the reflexive approach to the birth of anthropology in European society in specific historical moments of philosophy—discussion of ontology in anthropology is inseparable from the society and history within which the anthropological exploration is situated. In shared directionality, this study’s ontological anthropology of Korean medicine is conditioned in social and historical contexts, specifically in the medicine’s modern configuration.

Even though Korean medicine was suppressed during the Japanese colonial rule (1910–1945) that prioritized Western medicine and discriminated against Korean medicine and its practitioners (Park 2008; Shin 2002), the medical tradition, strongly supported by the Korean people, has maintained its status as a primary healthcare system. Under that colonial medical policy, Korea’s seemingly vulnerable “ethnomedicine” even played the role of a “stronghold” for East Asian medicines in China, Japan, and Taiwan (Flowers 2020), all of which have been criticized and marginalized by modern institutions including biomedicine, science, and nation-states (Lock 1980; Lei 2014; Lui 2009). In post-colonial Korea, as one constituent of a dual healthcare system, along with biomedicine (Son 1999), Korean medicine in South Korea has officially served as the primary healthcare system since the establishment of the Medical Law in 1951. Separated by a legal establishment that defines the boundaries of biomedical and Korean medical practices, the Korean version of East Asian medicine has been practiced within its own ambit.

The regulatory boundary between biomedicine and Korean medicine has not been definitively fixed. Even though the law has, for example, defined as illegal the practicing of acupuncture by biomedical doctors and the prescribing of pharmaceuticals by doctors of Korean medicine, the legal line is sometimes porous and has triggered serious conflicts between the professions of the two medical systems, such as over the use of radiological machines (Ma and Lynch 2014). Nonetheless, the

separating juridical line, and even the legal disputes, by announcing and confirming the boundaries between the two medicines, have contributed to procuring for Korean medicine an autonomous zone in which diverse endeavors for efficacious practice have been advocated, including new acupuncture methods (Kim 2016).

The uninterrupted use of Korean medicine has also worked to solidify its role as one of two official healthcare systems. Post-colonial South Korea has seen the emergence of a high social and economic status for doctors of Korean medicine, legitimized by the government and the Korean people. Ubiquitous, nationwide Korean medicine clinics, located in both commercial and residential areas, offer treatment through East Asian medical methods—such as herbal remedies, moxibustion, and acupuncture—catering to over 0.4 million patients daily in a country of 51 million (Korean Statistical Information Office 2021). Covered by national health insurance, one session of acupuncture treatment, for example, is available for a payment of approximately five thousand Korean won or US\$4.

Within the Korean medical system, two sectors can be observed (Kim 2016): the first consisting of Korean medicine colleges, university-affiliated Korean medicine hospitals, and government-funded research institutes of Korean medicine; and the second comprising private clinics often run by individual Korean medicine doctors (KMDs)—the official title of East Asian medicine practitioners in South Korea. Since approximately 90% of Korean medicine is, according to the statistics of National Health Insurance of South Korea (Health Insurance Review & Assessment Service 2022), delivered in the second sector, that sector is more care-delivery oriented, whereas the first sector has played the role of a contact zone with science, biomedicine, and government policy, negotiating the demands of standardization, scientization, and industrialization of Korean medicine. These layered structures, with both the inter-relationship of biomedicine and Korean medicine and the intra-relationship of the first and second sectors, has formed a buffering system in which Korean medicine has carved out an autonomous zone.

By “autonomous”, I do not mean to argue that the practice of Korean medicine is exceptional compared to East Asian medicines in China, Japan, North Korea, and Taiwan, all of which are profoundly influenced by the strong presence of science and biomedicine in their modern establishments. Korean medicine has also been affected by modern institutions and the demands of the modern state, generating multiple forms of hybridity between Korean medicine and other hegemonic institutions such as science, biomedicine, and the market (Kim 2007; 2019). The layered structure, nonetheless, has provided the second sector with an arena for examination and circulation of newly emerging practices. Inter-competition with biomedical institutions (Cho 2000) and intra-competition within Korean medicine has also encouraged practitioners to seek more efficacious diagnostic practices and therapeutic repertoires. These endeavors in looking for better outcomes in practice often involve lineages of Korean medicine.

The absence of a hegemonic institution in Korean medicine—such as the socialist state in China that systematizes the standardization of Traditional Chinese Medicine (Scheid 2002)—has paved the way for the emergence of diverse lineages in Korean medicine, which follow the teachings of classical texts, masters, and/or specific clinical knowledge, and share medical theories and therapeutic methods. A number of currents or lineages in the form of associations of Korean medicine practitioners

exist in contemporary South Korea (Kim 2016; 2023). The phenomenon of sharing medical theories and diagnostic and therapeutic practices among lineage members is conditioned by the buffering system and by the autonomous zone with which Korean medicine in contemporary South Korea has been able to put a certain distance, if not fully immune, from influences and demands of modern institutions. As major actors in the transmission and transformation of Korean medicine, some of these lineages follow the classical texts of East Asian medicine such as *Donguibogam* (東醫寶鑑, Treasured Mirror of Eastern Medicine), *Donguisusebowon* (東醫壽世保元, Longevity and Life Preservation in Eastern Medicine)—which is the main text of Sasang medicine—*Hwangdi Neijing* (黃帝內經, Yellow Emperor's Inner Canon), and *Shanghanlun* (傷寒論, Treatise on Cold Damage Diseases). Along with these text-based lineages, there are also acupuncture currents in Korean medicine, including those of Sa-am chim (acupuncture), Constitutional *chim*, *Neijing chim*, *Do chim*, *Yak chim*, and *Keonyuk chim*. Some currents aim to maintain traditional understandings of the body and clinical methods premised on the East Asian body. Others are willing to hybridize biomedical and East Asian concepts, theories, and methods. Their division is often premised on their views on integration. Those who are more inclined to keep the East Asian content view, not because they are traditionalists, that the integration of East Asian medicine and biomedicine is difficult to achieve, since these medical traditions rely on divergent understandings of the body and disease. Those who practice syncretism argue that integration is attainable and even necessary in this era of science and biomedicine.

Regardless of their perspectives on integration, the diverse lineages have worked in common on dissemination of their theories and practices. Their strategies of knowledge circulation vary, including giving on/off-line lectures, publishing books on medical theories and clinical practices, and organizing workshops and camps for doctors and students of Korean medicine. These diverse methods of dissemination also reach Korean medicine doctors who are not members of a specific current, assigning a significant role of knowledge transmission in Korean medicine to the lineages.

Medical theories and practices produced by the lineages constitute a reservoir of East Asian medical ontology and medical practice on the ontological ground. Lineages that pursue hybridity also offer intriguing sites regarding how plural ontologies are combined or associated under a specific medical practice. Diverse currents in Korean medicine have emerged on the conditions of layered institutional structure that have been configured in the historical and social contexts of Korean medicine, demonstrating the sociohistorical embeddedness of ontological issues.

This study focuses on an emerging acupuncture practice, Mind acupuncture for treating psychological distress, which is advocated by one current of Korean medicine in contemporary South Korea. The transforming of emotions by the use of East Asian medicine is a well-known endeavor. Textbooks of Chinese medicine explain, for example, in the section on Liver Qi Stagnation, how emotional issues in Chinese medicine are viewed and provide diagnosis of and treatment for psychological distress. A number of articles have presented East Asian medicine's treatment of depression and anxiety (MacPherson et al. 2013; Yang et al. 2021). Zhang (2007) convincingly illustrates in her anthropological study how Traditional Chinese

Medicine's herbal remedies treat emotional issues, with ethnographic details. Adding to Zhang's anthropological investigation, this study demonstrates "transforming emotions" using acupuncture practices that operate on East Asian ontological underpinnings. It will show that a new modality of East Asian medicine is not automatically given as its theory predicts. Rather, it involves "practices" that materialize theoretical provisions. Specifically, Mind acupuncture has emerged by making emotional and psychological phenomena as clinical objects on the ontological grids of East Asian analogism.

4 Field Sites

Since 2007, I have conducted long-term fieldwork on Korean medicine in Seoul, Busan, Gwangju, Taegu, Daejon, these being the major cities of South Korea, as well as in Gyeonggi and Chungcheong Provinces. It involved observation at Korean medicine clinics, of various lineages, and on/off-line knowledge- and practice-transmitting activities in the form of lectures and workshops. This study primarily relies on field data collected at sites of one Sa-am acupuncture lineage from 2018 to 2023. Sa-am acupuncture is a representative acupuncture method in contemporary Korean medicine, Sa-am being a pseudonym of the legendary founder of the acupuncture method in the Joseon Dynasty (1392–1910). As I mentioned earlier, plural Sa-am acupuncture currents exist in contemporary South Korea. They are often divided according to their teachers' lineage and their specific application methods of Sa-am acupuncture, along with their emphasis (or non-emphasis) on pulse, symptoms, and constitutions.

Within the plural sub-lineages of Sa-am acupuncture, this paper is based on field data collected from the Keumo Sa-am acupuncture current. The acupuncture practice of the current is differentiated from other Sa-am lineages by, in theory, assiduous interpretation and re-interpretation of East Asian medical logic and, in practice, frequent pulse-taking during the acupuncture session. I also observed the direction of structuralizing clinical practices during my fieldwork on this current, a tendency apparently influenced by the lineage's tradition of operating outreach programs where a great number of patients usually gather for free acupuncture treatments. In this process, participating Korean medicine doctors are often unable to spend much time on each patient's consultation.

As the lineage's founder, Kim Hong-Kyung (whose pseudonym is Keumo) became well-known in the Korean medicine community for his ceaseless efforts in disseminating Sa-am acupuncture and organizing out-reach programs for patients in rural and less-affluent areas. I have garnered the field data presented in this paper mainly from participant observation and interviews at clinics operated by Kim Hong-Kyung's adherents. Additionally, I conducted fieldwork on the lineage's group activities, including lectures offered for students and/or doctors of Korean medicine and conferences in which the current members discuss acupuncture theories and successful applications of Sa-am acupuncture for newly emerging health issues. Despite Dr. Kim's recent death, the Sa-am acupuncture lineage remains active in disseminating acupuncture theories and practice, and in proposing a new method.

An emerging acupuncture method that focuses on emotional issues has surfaced through the socio-medical practices of the Society for Sa-am Acupuncture, the official name of the Keumo Sa-am lineage in the form of an academic society.² The collective activities include knowledge- and practice-transmission and the lineage's interaction with patients in clinics and out-reach programs. Kim Hong-Kyung was an outspoken supporter for the concept of the emotional aspects of meridians. He defined the East Asian bodily channels as “conduits of consciousness and emotions” (Chae 2022), and emphasized the psychological aspects of meridians in his famous Forty-Day Lecture of Sa-am Acupuncture Principles.³

Despite Kim's interest in it, using the acupuncture method to treat emotional issues was not systematized during his lifetime. According to interviews with members of the Sa-am current, Keumo often said to his adherents that “I'm setting up the overall basis for acupuncture treatment of emotional issues. It is your role to build up the detailed methods.” Increasing encounters with patients presenting with psychological issues in the rapidly transforming Korean society have also motivated those adherents now playing the main role in the current to structure a new acupuncture method for delivering a more organized form of practice.

Establishing a more practical acupuncture method for psychological distress has also been influenced by the social configuration of Korean medicine in contemporary South Korea. Since National Health Insurance covers acupuncture, whereas only certain herbal remedies in their ready-made forms are supported, a large proportion of patients in Korean medicine clinics seek acupuncture treatment. Caring for patients through acupuncture in Korea today has become, then, a time-consuming matter. Even though this paper emphasizes the ontological aspects in an emerging acupuncture method, as mentioned earlier, it does not solely focus on the ontological ground. Ontology, and medical practice on the ontological ground, is situated in social matters, including Korean patients' ability to afford remedies in the context of society's institutional settings and its turbulent transformation engendering increasing psychological distress.

5 The Ontological Ground of East Asian medicine

Medicine is an ontological practice involved with various beings and things. With their various understandings of the body, diverse medical traditions, including biomedicine, discern wellness and illness, categorize forms of disease, and relate—seeking alleviation of suffering—human and non-human bodies such as medicinal herbs, pharmaceuticals, and acupuncture needles. Even though anthropological studies, using “medicine” as analytical vehicle, have delineated various cultural

²Some lineages in contemporary Korean medicine form academic societies and register as official members of the Society of Korean Medicine, the central organization of academic societies of Korean medicine.

³Kim Hong-Kyung offered the “Forty-Day Lecture” 23 times between 1984 and 2001. The lecture series, lasting up to 40 days during summer and/or winter vacations, was offered to students of Korean Medicine colleges. Paying careful attention to Sa-am acupuncture, they played a significant role in disseminating the traditional acupuncture method in contemporary Korean society.

responses to diseases and ethnographically interpreted medical practices in sociohistorical contexts, medicine itself is an object of scrutiny. In shared directionality with Latour's (2005) critique of sociology, Descola raises the significant but underexamined issue of the ontological grounds of "sociality." I argue that we can rephrase his assertion of "sociality" in relation with ontology by substituting it with "medicality" (being medical): "[medicality] ... results from the ontological work of assembling together and distributing subjects and objects to which every [ontological] mode of identification leads. So [medicality] is not an explanation but, rather what needs to be explained." (Descola 2013, 248). Even though Descola did not conduct in-depth investigation of medicine with "the ontological work," his articulation of the interconnected sociality and ontology points to the potential of the ontology-tinged ethnographic investigation of medical practice. The inseparability of social practice and medical practice, as a number of medical anthropology studies have shown, motivate anthropologists to further delve into medical practices situated on ontological grounds.

This section examines the ontological ground of East Asian medicine, as "what needs to be explained." It will be a combined exploration of three matters: analogism, one of the four modes of ontology proposed by Descola; my ethnographic data on Korean medicine gathered in clinical and knowledge-transmitting venues; and East Asian body-ontology presented in classical texts, particularly the *Hwangdi Neijing*—the foundational literature of East Asian medicine. This linked endeavor will enhance the understanding of analogism, for which Descola provides a generalized proposition. In *Beyond Nature and Culture*, he enumerates plural examples of analogism in Africa, Central America, East Asia, South Asia, and even premodern Europe. To refine the widely practiced ontological mode, I argue, researchers in ontological anthropology need to provide more ethnographic details about one of the four ontological modes of humanity. This study engages in this role by demonstrating East Asian analogism.

The term "analogism," a name for the ontology of East Asian medicine, provides a desirable starting point for investigating acupuncture practice on its ontological underpinnings. Even though the *Hwangdi Neijing* does not, of course, mention "analogism," a careful reading of the classical text reveals that its logic is clearly in accordance with analogism.⁴ My long-term ethnographic data collections, both within the Sa-am acupuncture current and at other field sites, have also confirmed this point, as will be shown, illustrating the materialization of analogism in clinical

⁴Scholarship on sinology and the history of medicine and science in East Asia supports the analogical logic found in the *Hwangdi Neijing* (Needham 1991; Porkert 1974; Unschuld 1985). It articulates the East Asian approach to bodily and natural phenomena by conceptualization of "systemic correspondence" or "correlative thought." Even though scholars' arguments back East Asian analogism, their approaches simultaneously differ from that of the present study particularly in their emphasis on the epistemological foundation of East Asian thought. In their delineation, "systemic correspondence," for example, amounts to the East Asian cultural perspective that views medical and natural phenomena. As an ontological anthropological endeavor, this study is more interested in what the body is in East Asian analogism, and how medical practice is elaborated on the ontological ground. In a shared directionality with this study, Farquhar (2020), referring to Law's (2015) "One-World World," differentiates Joseph Needham's epistemological approach with hers, promoting the potential of ontological discussion of East Asian medicine.

practice and knowledge-transmitting activities. Based on the examined ontological ground, this paper will show how a new traditional acupuncture method emerges as a practical, medical elaboration of East Asian ontology. Descola defines analogism as:

a mode of identification [of beings] that divides up the whole collection of existing beings into a multiplicity of essences, forms, and substances separated by small distinctions and sometimes arranged on a graduated scale so that it becomes possible to recompose the system of initial contrasts into **a dense network of analogies** that link together the intrinsic properties of the entities that are distinguished in it. (2013, 201, emphasis added)

The multiplicity-prone analogism is possible, since penetrating principles make “the world intelligible and bearable” (202). For example, “the Chinese ... theory of five [phases] ... is always the same fundamental substance and the same principles ... that forms the basis for the litany of sympathies and discordances endlessly produced by medical wisdom and dietary prescription ... ” (299).

As Descola articulates, the fundamental principles, linking things and beings together, constitute the essential basis of analogism. They are intrinsic to diverse beings. And their variously expressed forms, which are multiple existences, constitute the world. Yinyang (陰陽), the Four Seasons (四時), and the Five Phases (五行) are prominent examples of East Asian analogical principles. Among them, Yinyang, so well-known that the term is used without translation, is a representative example of the penetrating principles in East Asia. Yin and yang change according to various situations, expressed differently, such as heaven and earth, heat and cold, night and daytime, male and female, being static and movement, etc. Yinyang differently appears, corresponding to each context, such as those of space, time, and living beings. The world, then, consists of variations of the principle. In the variety of beings in the world, the underlying principle is still there, maintaining its fundamental qualities. Thus the “dense network of analogies” that is formed by the variation of the underlying principle is the world of East Asian analogism. This framework of analogism holds the potential to significantly enhance the East Asian understanding of the body and associated medical practices, including acupuncture modality.

A significant part of East Asian analogism lies in the penetration of the fundamental principles, such as Yinyang, into the internal body. Corresponding to Yinyang analogism, the visceral system consists of Organs (臟), which are yin, and Bowels (腑), which are yang; the circulating Blood (血), which is yin, is in tandem with Qi (氣), which is yang; while the spiritual realm consists of Hon (魂, yang) and Bak (魄, yin).⁵ This penetration of the fundamental principle is an indispensable matter for elucidating the East Asian understanding of the body. The following section analyzes how East Asian analogism resonates with the East Asian body and acupuncture practice.

⁵This paper capitalizes those words with translation issues, including Organs, Bowels, and Blood. Even though they are commonly used terms in biomedicine, the realities referred to in East Asian medicine are situated in divergent ontological underpinnings.

In elaborating the interconnectedness of the ontological underpinnings and acupuncture practices, this study takes the Four Seasons as a prominent example of an East Asian medical principle that penetrates the body, diagnostic methods, and therapeutic repertoires. The Four Seasons in East Asian medicine does not only refer to the four periods of one year. Along with Yinyang, it is one of the analogical principles represented in the *Hwangdi Neijing*. The classical text asserts the fundamental importance of the Four Seasons and Yinyang, stating that “the Four Seasons and Yinyang are the roots of the ten thousand things (四時陰陽者萬物之根本也).”⁶ Even though this paper focuses on the Four Seasons, the ontological ground of acupuncture practice can be alternatively described with other principles of East Asian medicine such as Yinyang, the Five Phases, or the Six Qi (六氣). Despite their variation, they share the underlying logic of East Asian analogism. This paper takes the example of the Four Seasons, since it allows us to demonstrate the ontological ground of acupuncture practice in pictures less complicated than the Five Phases and the Six Qi, while being more specific than Yinyang. The fundamental principle of the Four Seasons also provides a clear view of a significant issue of East Asian ontology—“relationality”—that is expressed by flow and directionality.

The Four Seasons are often expressed as Spring, Summer, Autumn, and Winter, along with the climatic terms—Wind, Heat, Dryness, and Coldness—affiliated with each respective season. As nature and human beings are not divided in East Asian analogism, the Four Seasons, like Yinyang, exist not just in nature but also resonate with the human body. The principle is expressed in four Organs—Liver, Heart, Lung, Kidney—and in four Bowels—Gall-Bladder, Small Intestine, Large Intestine, and Bladder.⁷

These matters, penetrated by the Four Seasons, are not separate entities. Rather, they are connected by their flow, such as from Spring to Winter. The inner body flow of Qi connects the Organs and Bowels. The relationship of Spring and Summer is often expressed in the East Asian tradition as one of mother and child, since Summer cannot exist without the pre-existence of Spring. As mother Spring gives birth to Summer, supporting Qi flow from Liver to Heart. In this way, Liver and Heart are linked with a certain relationality in East Asian medicine.

Even though existences are in flux in the East Asian understanding of beings and things, they do not only flow. The flow contains directionalities. Corresponding to the directionalities, the constituents of the Four Seasons are expressed by “shapes” of Qi: blooming (生), expanding (長), contracting (收), and preserving (藏).⁸ Thus, in a smooth flow, things and beings embody a certain directional movement. As the Four Seasons feature directional movements in East Asian analogical understanding—such as blooming in Spring, expanding energy in Summer, contracting the expanded Summer energy in Autumn, and preserving in Winter—the flow with directionalities penetrates the East Asian bodily constituents. Thus, the Organs share the directionality: the blooming Qi of the Liver, the expanding Qi of the

⁶See *Hwangdi Neijing* Chapter 2. The “ten thousand things” in the East Asian tradition is an all-compassing concept for beings and things in the world.

⁷*Hwangdi Neijing* relates the Four seasons and the Four Organs also in Chapter 2.

⁸*Hwangdi Neijing* Chapter 2 also states the directionalities of Qi penetrating both Organs and Seasons.

Heart, the contracting Qi of the Lungs, and the preserving Qi of the Kidneys. However, the blooming in Spring and that of the Liver, for example, are not the same. The directionality is expressed differently in each context, though they share the same underlying principle.

In East Asian ontological understanding, the world is full of life phenomena, with no clear boundary between life and lifelessness.⁹ In this inclusive view of liveliness, all beings share the fundamental rhythms of life, such as the Four Seasons. The rhythm of directional flowing also vibrates in meridians and acupuncture points connected to the Organs and Bowels.¹⁰ Thus, the principle of the Four Seasons is expressed in the body as a layered flow, as shown in Figure 1. The layers and their relationalities constitute what Descola describes as “a dense network of analogies.”

6 Sa-am Acupuncture Practice on the Ontological Ground and an Emerging New Method

In Figure 1, although not shown, Qi flows in each layer. That flowing results in, for example, the Bowels—i.e. Gall Bladder, Small Intestine, Large Intestine, and Bladder—being placed on the same layer, as expressed by the horizontal dotted box. The layers of acupoints, meridians, and Organs are the same. On the acupoint layer there exist acupuncture points that emphasize the directionality of blooming, expanding, contracting, and preserving, respectively. The layers of meridians, Bowels, and Organs are the same. And there is relationality not only on each layer, but also in the same directionality on different layers. As the vertical dotted box indicates in Figure 1, the acupoints and meridians with the tendency of Contracting, for example, are connected to the Large Intestine and Lung by sharing the same directionality. The same goes for each of the other columns. In this way, the horizontal and vertical connections are entangled to form a “dense network of analogies.” Sa-am acupuncture makes full use of this web of analogism, with a needle’s insertion facilitating an effect by intentionally shaking this network.

The Sa-am acupuncture method actively utilizes the relational flow and directionality of channels and acupoints to intervene in the analogical web. It utilizes a group of acupoints, located below the elbows and knees, referred to as the Transporting Points (輸穴). These acupoints are known for their strong relational characteristics in flow and directionality, and Sa-am acupuncture attunes them by needle insertions according to the intended therapeutic goals.

Grounded in the network of analogism, acupuncture facilitates efficacy while helping the flow of Qi in various ways. For example, when a patient suffers from Bladder-related symptoms,¹¹ a Korean medicine doctor who practices Sa-am

⁹This is the reason why Qi is the concept of being-ubiquitous, all-compassing, and thoroughly-penetrating in East Asian medicine and in East Asian cosmology in general.

¹⁰The names of meridians note this connectedness of channel and visceral system. For example, the Great-Yang-Bladder meridian indicates the relationality of Bladder and the Great-Yang Channel.

¹¹Bladder-related symptoms vary in East Asian medicine. In the relationality-emphasizing medical tradition, uncontrolled Heat in the upper body is also a Bladder-related symptom since it can be associated with the malfunctioning of contracting directionality of Bladder, or Kidney. As mentioned previously, Heat has the Qi directionality of expansion and can be balanced in relation with Contracting directionality.

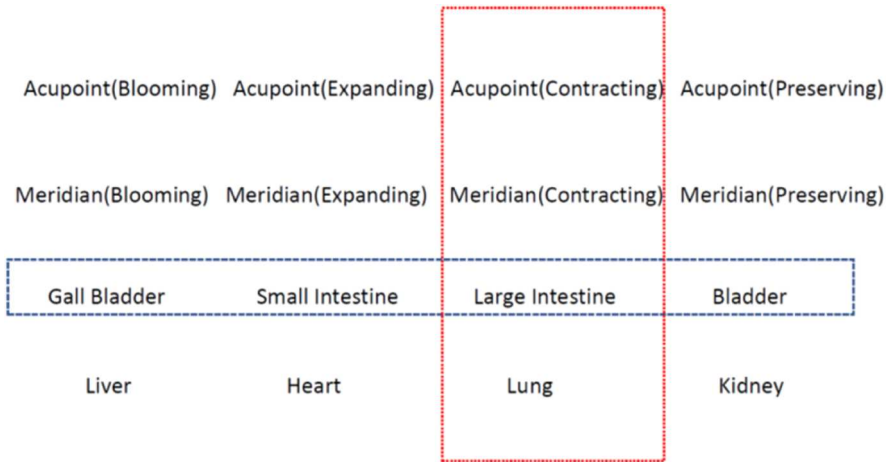


Figure 1 The medical body expressed on the underpinning of East Asian analogism.

acupuncture would insert a needle on an acupoint with “contracting” directionality. As the third and fourth columns in the [Figure 1](#) have a relationship in terms of flow, while the preexistence of the contracting column supports the preserving one by inserting a needle on the contracting acupoint, Sa-am acupuncture can alleviate symptoms related to the fourth column. Since the analogical relationality is structured as a dense network, needling a contracting acupoint ripples toward all constituents of the fourth column, affecting Bladder-related symptoms. In East Asian acupuncture theory, a practitioner can nourish the given directionality of an acupoint, or drain the tendency with acupuncture skills. In the case of Bladder-related problems, nourishing the contracting acupoint will be effective as a means to strengthen the supporting Qi from the third column to the fourth.¹²

In Sa-am acupuncture, then, the dense network of East Asian analogism becomes denser still by such trans-column and trans-layer needling practices. The acupuncture method works by aimed manipulation of the web of analogism toward a desired outcome. Acupuncture practice on this analogical grid is realized by intentional relation-making in the already related analogical web—by the insertion of acupuncture needles.

The majority of acupuncture treatments have tended to cater to physiological conditions,¹³ such as Bladder issues. But, broadening the scope of acupuncture treatment, a new modality of acupuncture treatment that focuses on psychological problems is emerging in Korean medicine. The Sa-am acupuncture lineage has been

¹²This is a simplified explanation of Sa-am acupuncture practice. In real-life cases, more acupoints and meridians are involved. For example, points are used to manage the contrasting relationships among the various directional acupoints and meridians. See Kim 2016 for the detailed clinical operation of Sa-am acupuncture.

¹³It should be articulated that, even though this paper uses both “physiological” and “psychological,” East Asian medicine does not have a clear boundary between the two, as the body and mind are not clearly separated in the medical tradition.

promoting the psychological treatment by proposing Mind acupuncture. The association of Korean medicine doctors has held lecture series and workshops to disseminate this new method.

Acupuncture treatments for psychological distress is nothing new. However, facilitating a method as a utilizable practice in clinical settings needs specific formulation, efforts, and time. Furthermore, the social context in South Korea, such as the large number of patients seeking acupuncture, has an impact. Ontological aspects are also a significant constituent, as this study emphasizes. Novel psychological acupuncture practices emerge on the intersections of such plural matters including the East Asian ontological ground, medical theories on the ontological foundation, and the social contexts in which real clinical practice is situated.

In East Asian analogism, no single being or phenomenon lies outside the “dense network of analogies.” This tendency, that premises oneness, leads to a distinctive feature of East Asian ontology: the absence of clear boundaries and divisions. The fundamental principles, such as the Four Seasons, make this seamless world possible, penetrating as they do between microcosm and macrocosm and the interior and exterior of the body. In this interconnected analogical world, psychological matters of human existence are not situated as something other. Emotions also exist in the network and share fundamental principles such as Yinyang and the Four Seasons. Specifically, when emotional tendencies are identified with certain Qi directionality, a space opens up for a method to help alleviate emotional and psychological problems.

Theoretically, East Asian medical classics already state the inclusiveness of the East Asian understanding of the body, with psychological issues no exception. The *Hwangdi Neijing*, for example, clearly states the Qi directionality of emotions, including them as part of the analogical network and sharing the medical treatments possible. However, the classical text does not specify how clinical practice, including acupuncture treatment, approaches psychological distress. In other words, the textual provisions do not lead to the immediate formation of psychological treatments using acupuncture. The significant factor is how the known theory is materialized in clinical settings. Practice matters. Practice materializes the analogical network provisioned by East Asian medical theory and ontology.¹⁴

Treatment of psychological distress by acupuncture treatment is a recent phenomenon in Korean medicine, associated with the rapid social changes witnessed in South Korea, especially after the sovereign debt crisis and restructuring of the social system in the late 1990s. Although treatment of psychological issues was not prominent in the past, Korean medicine has more recently shown an interest in acupuncture methods that help the mind, given the rapid rise in the number of individuals experiencing mental illness. According to one member of the Sa-am current, the late Kim Hong-Kyung emphasized the significance of emotional issues in contemporary acupuncture practice: in the original Joseon Dynasty text by Sa-am, few cases related to emotional and psychological issues exist, he said, but social changes from the late twentieth century onwards have led to emerging acupuncture practice for psychological conditions (Kim 1994).

¹⁴Otherwise, East Asian analogism would result in a never-ending proliferation of analogical networks.

In Sa-am acupuncture, the network of analogy captures emotions by reading their directionalities. For example, Anger features the directionality of ascending while Sadness has a shrinking tendency. They are situated in the columns of blooming and contracting, respectively. The Sa-am lineage has paid special attention to how to read the directionalities of emotions in real situations. By grasping these directionalities, the network of analogism captures psychological issues, and acupuncture treatments become available by intentionally intervening in the relational network. At one workshop that I participated in, organized by the Sa-am acupuncture lineage, the lecturer, an adherent of Kim Hong-Kyung, spent much time on the practice of reading emotions and of translating them into the network of analogy. Since patients' experiences of emotional distress are diverse, this reading and translating is of great significance.

As an example of Mind acupuncture, this paper provides a case of a woman in her 60s, a regular patient at Dr. Jung's Korean medicine clinic where I conducted fieldwork on Keumo Sa-am acupuncture. It will contribute to illustrating how the new acupuncture practice for emotional distress works in real situations. The patient's primary symptom was involuntary facial muscle tremors. As the patient visited the clinic several times, a relationship of trust was formed and she began to share her emotional distress. Her husband's gambling addiction had led to the accumulation of a massive debt. The doctor diagnosed the root cause of the illness as severe stress and a simmering Anger which the patient had not expressed, leaving it locked away internally. As the situation continued, the boiling but still latent Anger had developed into spasms of the facial muscles.

In terms of the principle of the Four Seasons, boiling Anger manifests as the directionality of blooming. When in the network of East Asian analogism the directionality of a phenomenon is captured through a medical assessment, a path of treatment becomes available. Through such a reading and translating of an emotional tendency in the analogical network, psychological problems can be treated with acupuncture by offsetting the directionality of the distressed emotion. The Korean medicine doctor in our example intervened to treat the patient's psychological, and somatic, issue by stimulating the acupuncture point with contracting directionality, aiming to weaken the tendency that caused the trembling. The practitioner's diagnosis, including a reading of the directionality of the emotional issue, and his therapeutic approach both worked. During my fieldwork the patient regularly revisited the clinic as she found she had experienced an alleviation of her emotional distress (Kim 2021).

This case demonstrates how, in this emerging acupuncture modality, the practice of translating patients' emotional distress within the network of East Asian analogism is significant. This translation, by several consultation sessions with the patient in this case, amounts to the core of how a new acupuncture method emerges. Another case, at the clinic of Dr. Lee, also a member of the Sa-am current, supports this way of substantializing the new mode of acupuncture treatment.

A male patient in his 60s visited Dr. Lee's Korean medicine clinic.¹⁵ He suffered from claustrophobia, a psychological problem in which the patient is unable to

¹⁵I reconstructed this case through interviews with Dr. Lee, as actual consultation sessions for emotional distress are less accessible by anthropological participant observation.

endure enclosed spaces. In the consultation session, the patient related his distress when he unavoidably went on buses, subway trains, and planes, or when he was inside tunnels. He also described the problem occurring in a hospital where the automatic indoor ventilation system was in operation while all the windows were closed. As ventilation increasingly depends on machines in buses, trains, and public buildings, the patient complained, he was more and more often unable to avoid distressing situations. One serious problem was that his job involved taking long intercontinental flights in enclosed cabins. His improvised solution had been to take sleeping pills to knock himself out until the plane arrived at its destination.

Even though the patient reported his disease to Dr. Lee in terms of biomedicine, the Korean medicine doctor largely disregarded this diagnosis. For East Asian medical treatment, the practitioner, instead “re-enlivened” the biomedically “defined” distress before translating the patient’s psychological issues onto the East Asian analogical network. In so doing, Dr. Lee asked the patient to talk about how he felt when he encountered the distress, expressed in the form of shapes, colors, textures, and temperature. The patient said that when he “entered”¹⁶ the distress it felt stuffy (답답하다), and that his nose became congested. When Dr. Lee asked about his other feelings, the patient mentioned that the feeling at issue was like a mugginess (후텁지근하다). After confirming and reconfirming through dialogue, the practitioner translated and positioned the patient’s psychological issues in the columns of Spring and Summer in the analogical network set out in Figure 1: Being stuffy and congested often involves a tension that shares a tendency with Spring, or with Wood in terms of the Five Phases; Feeling muggy is characterized as the shape of Summer. Based on these assessments, Dr. Lee administered acupuncture treatment to boost the column of Autumn, expecting its “contracting” directionality to ameliorate the tendencies of the Spring and Summer columns.

After the acupuncture treatment session, Dr. Lee asked the patient to imagine that he was in a crowded subway. Nothing happened to him, quite unlike his customary experience where even imagining a closed space triggered symptoms of psychological distress. The patient said, in his own words, “I cannot ‘enter’ the situation.” During his next international flight, when he traveled from South Korea to Germany, the patient was able to be in the cabin without “entering” the distress and without sleeping pills.

Both of these cases underline a significant aspect of Mind acupuncture: the translation of patients’ specific feelings and the positioning of them within the East Asian analogical network.¹⁷ For this translation, Dr. Lee usually asks patients to express his or her feelings using colors, shapes, textures, temperature, and metaphors. Patients have used such various descriptions of their feelings as being red, dark red, dark blue, black, sharp, rough, hard, slushy, slippery, tight, hot, cold, can-be-scalded,

¹⁶In the interview, Dr. Lee emphasized that the patient used a specific term, *jin-ip-ha-da* (진입하다), for the initiating stage of his distress, which can be translated as “enter” in English.

¹⁷This translation is conceptualized in East Asian thought as Formulating Image (取象), or *Chwi-Sang* in Korean. Even though the process of Formulating Image is not straightforward, and expounding it is beyond the scope of this paper, the translation practice can, put simply, be explained as settling patients’ emotional and psychological tendencies within the network of East Asian analogism.

burning firewood, and as hot, heavy rock.¹⁸ Emphasizing the specificity that varies from patient to patient, the diversity of expression is also interconnected to individualized treatments of the new acupuncture method. Dr. Lee explained that patients' psychological issues are not clearly divided according to the emotions designated in East Asian medical theories and texts, such as anger, happiness, sadness, and fear. Practitioners, then, should "read" specific emotional material in each patient and translate it into the East Asian analogical field. Dr. Lee emphasized that the individualized treatment of psychological distress by sensitive translation of the emotional state of each patient is what distinguishes Mind acupuncture from other existing methods.

With the goal of disseminating the newly emerging method, the Sa-am acupuncture current has recently held workshop sessions outside Korea, including in Germany and the Netherlands. For effective transmission of its knowledge and practice in such sessions, the current places special focus on how patients' symptoms and emotional status can be translated in terms of the East Asian analogical network. Even though the presenter at a workshop did not use the term "analogism," it is clear that the practice of translation from various phenomena of patients' distress to the East Asian analogical network constitutes a fundamental part of acupuncture practice.

A new acupuncture emerges not by making a systemic table matching the name of a psychological distress to acupuncture points, but by translating and settling emotional phenomena onto the East Asian analogism grid. In terms of the analogical network in East Asian ontology, Sa-am acupuncture introduces a novel practice by expanding the network within that analogical grid, which is at this time an emotional one, as shown in [Figure 2](#). The pathway from [Figures 1–2](#) is not automatically provided by East Asian analogism; instead, it involves a practice of translation that is cultivated by workshops and real cases in clinical settings, eventually materializing the new emotional layer upon the analogical network.

The cases of Mind acupuncture sketched out above underline how ethnographic details can enhance and deepen the framework of the plural ontologies that Descola proposed. The East Asian body and related medical practices premised on analogism is not a given. Rather, the medical body, interconnected to emotions, emerges in being making practice as a world emerges in world making practice (Tsing 2015) in which ontology remains as a significant constituent. As "world making can be understood in dialogue with ... ontology" (Tsing 2015, 292), body making is intricately linked with ontology.

Even though traditional medicine, such as that of East Asia, is understood in one sense as being prototypical customs, knowledge, and practice delivered down to our contemporary times without modification or alteration, traditional practices have nonetheless been transformed in response to the needs of contemporary peoples and societies, such as the increasing psychological problems. Yet how medical traditions change also varies. The ontological premise of medical practice is one of the essential grounds for the forms of alteration. Simultaneously, medical practice

¹⁸These various expressions were collected from interviews, workshop participants, and a published article on cases of Mind acupuncture treatment (Lee and Kwon 2022).

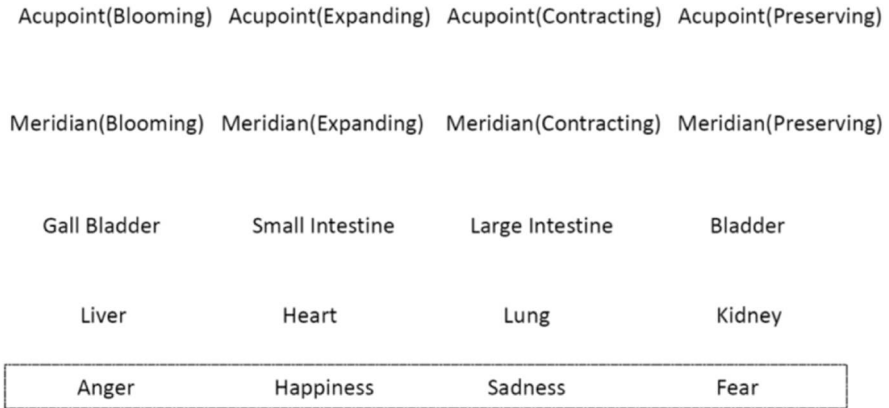


Figure 2 The expanding network for an emerging acupuncture practice.

expands and materializes the analogical grid, making it viable and individually applicable.

7 Conclusion

Since body-existences are divergent (Kuriyama 1999), medical practices relying on ontological underpinnings are accordingly different. The biomedical body consists of mosaic components: liver, artery, protein, glucose, DNA, and so on, all together comprising its existence. It is a mosaic, the boundaries between the pieces clear, each piece separable, with its determined properties. The body in East Asian medicine features different realities, interconnected in a dense network of analogy.

As this paper has shown, new medical practice in Korean medicine emerges upon the East Asian ontology. I argue that discussion of what propels such emergence should include the ontological underpinnings of the medical practice. Acupuncture methods in East Asian medical ontology emphasize the relationship between the layers and the columns, seeking to maintain and restore the flow of Qi in the body by intervening in the network. When a new health issue emerges, such as psychological problems in a rapidly changing Korean society, East Asian medicine, rather than identifying a new bio-material, expands its analogical network and captures the health issue within the network, making a new acupuncture treatment effective.

Medicine is inescapably ontological. “What” is a fundamental issue in medicine as in ontology. What is disease? What causes this suffering? Which drug can alleviate this health problem? These questions, simultaneously medical and ontological, are situated upon a more fundamental matter: what is the body? Building upon such medical and ontological questions, a medicine employs treatment methods, here such as acupuncture.

The body matters ontologically since understandings of the body, and practices concerning the body, such as medicine, are deeply imbricated with each collective’s metaphysics and ontology. East Asian medical ontology approaches the world by seeking similarities. Things and beings are connected by what is shared. This

approach is quite divergent from other traditions, such as one seeking distinctiveness and identifying things by analyzing differences. What is shared in the East Asian ontological ground is often neither visible nor palpable, since they are often shared qualities in the form of underlying logics. Yinyang and the Four Seasons, “the roots of ten thousand things” as proclaimed by the *Hwangdi Neijing*, are names for the concealed principle, variously flowering in diverse things and beings. Medical practices, such as acupuncture methods, play on the analogical bodily reality that is also embedded in historical and social situatedness.

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