As documented in the previous chapter, the early Quanzhen adepts viewed ordinary human beings, including their own lives before conversion and Daoist training, as “walking corpses,” “running bones,” and “marionettes.” From a Quanzhen perspective, the ordinary human is following patterns of dissipation that will eventually lead to dissolution. Such individuals are characterized by emotional and intellectual turbidity as well as by psychosomatic disruption. The aspects of human being identified as most detrimental to human flourishing include sensory over-stimulation, psychological reactivity, alcohol consumption, material accumulation, sexual activity, and so forth. Those uncommitted to Daoist religious praxis were seen as leading lives based in personal habituation, familial and societal entanglement, and self-disruption. In short, they were following a path to dissolution characterized by desire-based, qi-dissipating existential modes. Such a path of dissipation and dissolution involved corresponding experiences: internal turmoil, relational disharmony, and external difficulties.

However, the early adepts claimed that there was another possibility beyond such disorientation and misalignment. Through dedication to Quanzhen training regimens, one could actualize latent spiritual capacities and become an alchemically-transformed being. Such transformative techniques required and embodied alternative views of self, of human psychosomatic possibility. Self in a Quanzhen cultivational context was an embodiment of the larger cosmos, a locale of numinous phenomena and abilities, and an alchemical vessel. Such views were simultaneously applied in and activated through advanced training regimens. Higher-level practice-realization required the aspiring Quanzhen adept to embody something different, to become a different kind of being.

Foundational Views

The early Quanzhen religious community adopted an understanding of the human body that parallels classical Chinese medicine, as documented in such texts as the *Huangdi neijing suwen* 黃帝內經素問 (Yellow
Thearch’s Inner Classic: Basic Questions; DZ 1018; abbr. Suwen; trl. Veith 1966) and Huangdi neijing lingshu (Yellow Thearch’s Inner Classic: Numinous Pivot; DZ 1019; abbr. Lingshu; trl. Wu 1993) (see Unschuld 1985; 2003). In The Taoist Experience, Livia Kohn makes the following point: “The basic Taoist understanding of the body is identical with that of traditional Chinese medicine, which in turn is based on the system of Five Agents \([\text{wuxing} \text{五行}]\) (1993, 163; see also 2002 [1991], 68–71; Schipper 1993, 100–1). \(^1\) This should probably be qualified as follows: generally speaking, Daoist self-cultivation lineages, including internal alchemy traditions, adapted a classical Chinese medical view of the body-self as foundational (see Robinet 1989, 301; 1997, 207; Pregadio and Skar 2000, 464). \(^2\) In keeping with this observation, and familiarizing oneself with the early textual corpus, the foundational view of self in early Quanzhen derives from classical Chinese medicine. \(^3\)

In a variety of passages from the early Quanzhen textual corpus, there are references to the Five Phases (**wuxing** 行), five yin-orbs (**wuzang** 脏), five qi (**wuqi** 氣), six yang-orbs (**liufu** 腑), and Triple Warmer...

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\(^1\) Throughout the present study, I use “classical Chinese medicine” to refer to the Chinese medical system based on correlative cosmology, which was standardized during the early Han dynasty (202 B.C.E.–9 C.E.) and became “medical orthodoxy” into the modern period. As herein understood, the “classics” to which this system refers are the *Huangdi neijing* (Yellow Thearch’s Inner Classics) texts, *Yingjing 養經* (Classic of Difficulties; trl. Unschuld 1986), *Shanghan lun* (On Cold-induced Disorders; trl. Mitchell et al. 1999), and *Shennong bencaojing 神農本草經* (Shennong’s Classic of Herbalogy); “Traditional Chinese Medicine” (TCM) more appropriately refers to a modern form of Chinese medicine, “modernized” by the Chinese Communist government by incorporating aspects from Western allopathic medicine and scientific paradigms.

\(^2\) A counter-example, specifically emphasized in Daoist asceticism (see Eskildsen 1998) and texts such as the ninth-century *Taishang chu sanshi jiuchong baosheng jing* (Great High Scripture for Protecting Life and Expelling the Three Death-bringers and Nine Worms; DZ 871; abbr. *Chu sanshi jiuchong jing*), emphasizes a “demonological approach” to illness and corresponding exorcistic therapy. As Paul Unschuld has recently argued, the *Suwen* and similar Han-dynasty medical texts represent a movement away from illness understood in terms of demons, ancestors, and/or bugs/parasites, and towards a “naturalistic approach” to health and illness, focusing on environmental conditions, climatic influences, and behavior as causal in the emergence of disease (2003, especially 319–49; see also Unschuld 1985). The former view, emphasizing proto-parasitology, is evident in the Mawangdui medical manuscripts (see Harper 1996). On the various Chinese medical “models” see Unschuld 1985. For a proposed interpretative framework based on “models” with regard to Daoism see the introduction to the present study.

\(^3\) In the present context, it should be kept in mind that “self” includes the entire spectrum of psychosomatic experience (consciousness and physicality) as subjectively understood.