MAKING SENSE OF SIGNS: EMOTIONS IN CHINESE MEDICAL TEXTS

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Do Chinese medical writings matter when studying the history of emotions in China? They matter a lot for several reasons. First, Chinese medical writings have given a more or less clear definition of emotions since Han times. Second, medicine as an interpretative activity\(^1\) is an integral part of any given society and serves as a melting pot for science and philosophy, ethics and religion, technology and crafts.\(^2\) It includes much more than just the solution of physical and mental troubles: every change within the medical system is in intimate connection with the changes in worldview of a respective time and a respective culture.\(^3\) Third, recent scholarship suggests that within the social and ideological movement in the 17th century ideas of humanism, subjectivism and individualism\(^4\) emerged for the first time within the Chinese context. Such insights are based on the investigation of literary, philosophical and socio-political sources.\(^5\) Such an interpretation, however generates new questions for the reconstruction of Chinese history. Are individual emotions—similar to the European Enlightenment—perceived here as motivation-generating factors leading to the rebellion against existing social norms?\(^6\)

To what extent did the emotions as expressed within literary works and as exposed within philosophical thought have validity for the everyday life of ‘real’ people?\(^6\) One of the main features of literary writ-

\(^1\) See Montgomery Hunter 1991, p. xx.
\(^2\) See Unschuld 1997, p. 11.
\(^3\) Sigerist 1931, p. 39.
\(^6\) See the discussion of this question in Hansen 2000, p. 118.
ings within this specific synchronic coherence was the communication of emotions. One of the main features of medical writings, generally speaking, is the communication of professional knowledge regarding nosography and therapy of diseases. Chinese physicians until the beginning of the 20th century – when western psychologist’ theories were ‘translated’ into Chinese – did not specifically dwell on emotions, nor did they philosophise about the nature of emotions. Nevertheless, it was the medical discourse which obviously served as meta-text about the emotions in 17th and 18th century China: The topic qingzhi 情志 (facultative translated as emotions, love, passion) 7 within the largest surviving leishu 類書, the Imperial Encyclopaedia Gujin tushu jicheng 古今圖書集成 (1726) is subsumed under the category medicine (yibu 醫部) and contains passages from medical textbooks beginning with the Huangdi neiijing Suwen 皇帝內經素問 (100 B.C.–200 A.D.) and ending with passages from textbooks obviously en vogue at the time the encyclopaedia was compiled. It might be justified to assume that the compilers considered the medical discourse on emotions more significant, i.e. more ‘serious’, than other discourses such as philosophical or literary ones. Fourth, as I have shown elsewhere, traditional Chinese medical concepts of emotions are intimately connected with the concepts of deviance, since medical writings on madness and related phenomena directly express the perception, definition and handling of excessive emotional expression. The close connection between the description of extreme emotional manifestations and madness is evidenced moreover by the fact that a great part of the classical passages cited in the Gujin tushu jicheng under the topic ‘emotions’ were taken from medical case-histories relating madness. 8 This can be explained by two facts: Chinese physicians never philosophised about the nature of emotions per se: hence the compilers of the encyclopaedia selected those medical writings where emotions appeared in large numbers: emotions were of interest for the physician when they were expressed in an excessive manner or when they were restrained. I have also shown that a certain shift can be noted in the medical perception of emotions since the end of the Ming Dynasty, indicating that emotional manifestations were given more importance than before, at least


8 Messner 2000b, p. 197.
at the level of systematisation. Possibly, physicians could hardly exclude themselves from the general "cult of the emotions" manifested in late Ming times among intellectual circles in Jiangnan\(^9\) (including the provinces Jiangsu, Zhejiang, and Anhui). Such a dynamic change within the synchronic coherence along diachronic sequences\(^11\) deserves deeper exploration. This article discusses medical writings which appeared within this respective synchronic coherence, i.e. texts by physicians of the Jiangnan region living in late Ming to early Qing times. Fifth, if we consider the human body as the "pattern of reference for the order of the world"\(^12\), then the human body has to be perceived as the main control centre for the development of human order. Such a view requires that we take the medical pattern of order and reference as crucial instruments of analysis in past and present, since medicine per se deals with the body as the main "object". These specific instruments of analysis, i.e. the medical systems themselves, express the respective "condition in the world", which is not to be seen as a kind of free floating thought but as a bodily incorporated "self". What the body has learnt is nothing that one possesses like knowledge, but something that one is\(^13\). I have utilized this approach as the basis for my reading of Chinese historical medical texts.

The instrument of analysis

Historical explanations in general seem to be unthinkable if they do not take for granted some primary premises and categories\(^14\), this is true also for the history of medicine\(^15\), since two opposite –mostly unspoken– presumptions determine this field of study. Some assume that medicine would be distinct from other social knowledge, that it would be given in nature and unproblematic, that diseases would be naturally given entities and that, finally, medicine (practice and research) would be an a-cultural, neutrally scientific enterprise\(^16\). The opposite primary

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\(^11\) For the theoretical elaboration of the newest historical approaches to "change and continuity", see Wernhart 1998, pp. 41ff.

\(^12\) Bourdieu 1979, p. 193.

\(^13\) Bourdieu 1982, p. 730.

\(^14\) Scott 1994, p. 370.

\(^15\) Hence some scholars claim, that the history of medicine "has yet to develop its own distinctive methods and approaches". See Hartley 1999, p. 407.

\(^16\) See Gaines 1991, pp. 221-258.
premise sees all medical knowledge and practice as not given in nature, but a cultural construct itself.17 The latter premise is essentially connected to postmodern thinking, one of whose main concerns lies in the rejection of the naïve confidence in a solid fundament for the explanation of human actions.18 It is well known that models and images of the human body of any particular medical system undoubtedly figure as a mirror of socio-political pattern.19 Chinese medical representations of the human body and its functions turn out to be direct reflections (also on the terminological level) of the socio-political system from the time of 200 B.C.20 But such insights are not really helpful for further research when remaining at the level of ‘deconstruction’ only. They do not give any answer to the question of why and how such representations ‘functioned’ and still ‘function’. The rejection of confidence in a solid fundament of human actions means that social systems and actions cannot be grasped from an objectivistic or neutral perspective. This rejection opens up the possibility of looking at the “informal logic of the real life”. If we want to know how and why people are drawn to certain actions, how they lived their life through their own life-experience within a respective historical period, we certainly have to take into consideration their body experience as being crucial for our reading of historical texts. Although it is a question of the relationship between

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17 An extreme elaboration of this view is the strong concern for hegemony-discourses, especially in Foucault’s body of work, who focuses on ‘medicalization’ as the power of the medical profession (in league with the state) over every area of an individual’s life.


19 This is evidenced by several studies displaying the correspondence between macrocosmic structures and the human body as a microcosmic image. The most well-known contribution in this respect is Douglas 1985, pp. 151ff. She states that the human body in every case and always had to be perceived as the mirror of the society. See Douglas 1993, p. 106.

20 The heart as the ruler over all inner organs and the differentiation between the five ‘depots’ (zàng 廠[yin]-organs: lung, heart, spleen, liver, and kidney) and six ‘palaces’ (yùn 蘆[yang]-organs: small intestine, large intestine, stomach, gallbladder, urinary bladder, and triple burner) directly reflect the new state structure of the Chinese empire unified by the first emperor of the Qin Dynasty (221-206). The newly introduced system of roads and waterways was fundamental for the integration of formerly separate political entities into the new empire; the meridians can be seen as a reflection of these roads and waterways. The basic paradigm regarding the human organism as an integral entity whose normal state is the harmony of its individual parts can also be explained as a reflection of the fundamental desire for peace and harmony that must have emerged at the end of the Warring States. See Unschuld 1998, p. 20.
words and body—because historians always have to deal with words, i.e. the textualized body—this should not mislead us to the assumption that the body exists only by means of language.

If we assume that Chinese medical writers always have been practitioners, fundamentally based on self-evidence and empirical observation, the introduction of the term ‘experience’ as a leading epistemological category might be appropriate for connecting epistemologically the spheres ‘theory’ (representation) and ‘practice’: given ‘theoretical’ paradigms on which physicians based their explanations of bodily processes can be seen as a kind of ‘cartographic tool’ with and through which bodies (and of course, physicians’ bodies too) grow to subjects within a respective time and place. Maybe more than any other social practice, medical knowledge is characterized by the inner tension between ‘nature’ on the one hand and ‘culture’ on the other, i.e. between the body experienced and perceived by everybody in past and present and textual and rhetorical representations of the body—as cultural construct. If we utilize this tension rather than trying to compulsively avoid it, we can move into this ‘in-between’ (the body as construct and the body of flesh and bones) and move back and forth therein. Culturally constructed perceptions of the world, thoughts, feelings, pain and disease are, at least for the one who is afflicted, real, perceptible bodily experiences—and the physician too observes ‘bodily’ experience and signs of disease or health when he has to diagnose and to cure.

Nature and culture, body and text and the space in-between

Within the medicine of correspondence, the view of the internal organs as physical-mental-emotional spheres of influence is one of the most important aspects, from the Huangdi neiijing Suwen, Lingshu (prob. 100 B.C.) onward. Emotions in no way form a category apart from the intellectual and the physical. The concept of qi 氣 is central to this view—a concept embracing life force, energy, spirit and being

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22 Sivin emphasises that even those physicians within the Chinese context who decidedly dedicated themselves to philological studies, have been practitioners. See Sivin 1998, p. 743.
the ever-changing matter of body, spirit, emotion, and in short the human personality as a whole. According to a single passage within the Suwen, the development of emotions was perceived as certain “processes” produced by the conglomeration of essence-qi (jingqi 精 氣) within the five yin-organ-systems.\textsuperscript{25} The concept of correspondences provided and allowed the arrangement of (excessive) emotional manifestations in the very heart of the bodily processes, it made sure that such manifestations could never be perceived as divided from the whole living (bodily) processes.

<table>
<thead>
<tr>
<th>Wuxing 五行</th>
<th>Yin-organ</th>
<th>Yang-organ</th>
<th>Emotions</th>
<th>Wushen 五神</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wood</td>
<td>Liver</td>
<td>Gall Bladder</td>
<td>Anger 怒</td>
<td>Hun 魂</td>
</tr>
<tr>
<td>Fire</td>
<td>Heart</td>
<td>Small Intestine</td>
<td>Joy 喜</td>
<td>Shen 神</td>
</tr>
<tr>
<td>Earth</td>
<td>Spleen</td>
<td>Stomach</td>
<td>Worry 思</td>
<td>Zhi 意</td>
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<tr>
<td>Metal</td>
<td>Lungs</td>
<td>Large Intestine</td>
<td>Grief 悼</td>
<td>Po 魄</td>
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<tr>
<td>Water</td>
<td>Kidney</td>
<td>Bladder</td>
<td>Fear 恐</td>
<td>Zhi 意</td>
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The respective passage within the Suwen giving the definition of emotions actually is part of a longer section, in which the number ‘five’ plays the role of a denominator for the arrangements of topics. The arrangement is based on the correlation of all macrocosmic phenomena with the microcosm (the human being). Emotions here are named the ‘five concentrations’ (wu bing 五并) of jingqi 精气 (essence qi). Commentaries on this passage from late Ming times agree in one main point: if the harmonious flow of the qi within the body happens to be in an unbalanced state (depletion or repletion of qi) there will follow an imbalance also manifested in emotions expressed in an extreme manner.\textsuperscript{26} The paradigm of the harmonious flow of qi within the body serves as the fundament for the view of an imbalance manifested also in emotions expressed in an extreme manner. The consistence of emotions is not to be perceived as a ‘static condition’ but rather as a flowing process. The static condition of too much thinking or brooding for instance already is a manifestation of unbalanced processes.

\textsuperscript{25} Nowhere within the Huangdi neijing are emotions called qing 情 or qingzhi 情志. See Messner 2000b, p. 199.
\textsuperscript{26} See Huangdi neijing Suwen 7 (23): 364-65.
It is important to note that neither early texts nor texts from later imperial times constantly refer to every single variable of this specific pattern.\textsuperscript{27} They sometimes vary both in the number and also in the assignment to the respective yin-organ.\textsuperscript{28} Unless the appearance of several varying views of the emotions within medical writings, these views all seem to match in their categorical fundament: emotions were nothing more and nothing less than manifestations of essence-qi within the respective yin-viscera.

The question to what extent such ‘topographic order’ influenced those who had embodied it, to what extent they had the power to determine (inner) perception and (inner) experience of emotions and sensations, is a crucial one. The great majority of texts by physicians of the Jiangnan region in late Ming to early Qing times reveal an implicit connection between certain visible, audible, i.e. perceivable (excessive) emotional expressions, manifestations of emotions and the view/s of deviant behaviour. We might proceed to ask to what extent those who were described as being ill due to their excessive and harmful behaviour, i.e. those who represented their successful ways in healing such people from their ‘excessiveness’, shared the same cognitive-dimensional order of perception and thinking, or not.

People grow to human beings only through the respective culture they are born into. Consequently, feelings grow according to cultural patterns. This rather simple insight is challenged by medical knowledge just because the physician at first hand deals with something that

\textsuperscript{27} See Messner 2000 a, pp.162ff. Sometimes only three emotions (sadness, anger and fear) appear. See for instance Suwen 17 (62): 110-115. Another passage even speaks of seven emotions (including chutì 怔愕 (fear), sīlì 思虑 (brooding), bei’ai 悲哀 (grief), kongju 恐俱 (being scared and anxious) and xī 喜 (joy and cheerfulness). See Lingshu 2 (8): 177-178. Sometimes grief or sorrow (instead of anger) appears as corresponding to the liver. See Suwen 7 (23): 364. The rather high heterogeneity can be explained by the fact that every new insight over the ages has been integrated or added to the already proved knowledge but new insights never replaced old knowledge. Unschuld speaks of a history of “undecided controversies”. See Kovacs/ Unschuld 1998, p. 19. See also Dikötter 1997, p. 24. On a certain instability of written medical texts through the ages, see Firth 1999, p. 12.

\textsuperscript{28} It could be questioned whether the notion of the ‘five’ emotions only occurred because the number five came to play such an eminent role along with the Five-Phases paradigm around the 2nd century B.C. We could also wonder why the notion of either “seven emotions” (xi 喜 (joy), nu 怒 (anger), you 愕 (worry), kong 恐 (fear), bei 悲 (grief), si 思 (pensiveness), jing 驚 (fright)), as for instance in Advanced Textbook, vol. I 1995, p. 413, or of ‘five emotions’ appear facultatively within newer traditional Chinese medical textbooks, as for instance in Root 1996, Kaptchuk 1983, Liu Yanchi 刘燕池 1998, p. 311.
is generally called ‘nature’, i.e. the body of flesh and bones. So medi-
cal texts obviously provide the historian with the most meaningful
facts regarding the cognitive-dimensional pattern of experiencing
emotions, and the most meaningful textures of power at the same time.
Meaning/s of texts is/are not detectable without asking ‘Who is al-
lowed to speak’. 29

‘Thick descriptions’ on emotions

Societies’ normative dimensions generally are manifest in standard-
ized ways of thinking and feeling; these classification systems tend to
develop anomalies, every single culture must try to stand up against
such events which seemingly go against the respective standardized
ways of thinking and feeling. 30 In order to not miss such interactions,
Geertz 31 demanded the careful and detailed documentation (‘Thick de-
scription’) of every observable way of behaviour and of every single
written record on behaviour and emotional manifestations. Only in
this way we can avoid emphasizing certain aspects of a respective cul-
ture and claiming them to be a systematic stock-taking of the whole
culture. First and foremost, the epistemology of ‘thick descriptions’
means noting everything that can be observed without looking for
‘truth-essence’.

The passages quoted in the following all stem from physicians who
lived in the Jiangnan region in Late Ming to early Qing times. Due to
the limits of space the following documentation will be highly frag-
mentary. The selection of the quotations was carried out along the
lines of the above posed questions, namely “How does a respective
cognitive cartographic tool make bodies, i.e. determine peoples’ ex-
perience of emotions” and what is the relationship of textures of
power and emotional texture, i.e. the relationship between describing
normality and deviancy and the making of normality and deviancy. As
already suggested above, besides the fact that a great part of medical
writing in Late Imperial China derives from the Jiangnan region, this
region moreover is considered as the main source of innovative medi-
cine in the Ming and Qing Dynasties. 32 I first quote a passage from

29 Foucault 1974.
32 This is stated by a great part of historians of Chinese medicine. See for instance
Zhang Jiebin's 張介賓 (ca. 1563-1640)\textsuperscript{33} *Leijing* 颾經 [1624] where he explains that demons could only overcome people when emotional disharmony had taken place within the body:

All seven emotions (*qiqing* 七情)\textsuperscript{34} of the human beings arise from affection (*hao* 好) and detestation (*wu* 恶). If affection and detestation arise unbalanced, then the *qi* will conglomerate one-sidedly, this is followed by oppression [of *qi*]. This is manifested by confusion (*luan* 亂) of the disposition (*shenzhi* 神志). In this situation evil (*xie* 邪) can infiltrate [the body]. This is the reason for demons (*gui* 鬼) in the heart.\textsuperscript{35}

Zhang's impetus in dealing with the emotions surely was not a philosophical one, but the need to explain the *qi*-imbalances and *qi*-oppressions which—as he explained— were manifested as (extreme) emotional expressions, or vice versa (extreme emotional expressions explained by *qi*-imbalances etc.). He made up a deeper layer from which emotions would derive: a somewhat driving power whose basic dimensions were 'affection' and 'detestation'.\textsuperscript{36} This is not the place to speculate if Zhang's two dimensional power might be seen as a product of systematisation or not. In the case of his interpretation of the demons his strict systematisation is obvious. Demons are thought of in at least two ways: first 'real' demons that can implant themselves within the human body when emptiness/depletion occurs; second, demons in the sense of 'introduced feelings'\textsuperscript{37} who develop within the heart because of confusion.

Another physician living within the respective region in 17th century was Chen Shiduo 陈士铎 (1627-1707).\textsuperscript{38} His work even more than Zhang Jiebin's writings 'highlights' the tight connection between (extreme, harmful) emotional manifestations and the various manifes-

\textsuperscript{33} A noted medicalist from Shanyin (Zhejiang), whose writings still are important for TCM. For his biography see RMCD, p. 441.

\textsuperscript{34} Zhang Jiebin does not explicitly declare what he meant by the 'seven emotions' in particular.


\textsuperscript{36} A passage within the *Zuozhuan* 左傳 [juan 10, zhangong 照公 25th year, (1988). p. 344-345] speaks of altogether six emotions (*liu zhi* 六志) including affection and detestation which all would arise from the six *qi* (*liu qi* 六氣).

\textsuperscript{37} Further research for the Chinese context should be done on this phenomenon. A main contribution to Western philosophical history is Schmitz 1992.

\textsuperscript{38} He was born in Shaoxing 紹興 (in Zhejiang Province). His medical oeuvre is considered important today because of his very concern for the application of the Five-Phases Paradigm in medical practice, his clinical studies and his cure-methods based on the warm-restoring school. For his biography see RMCD, p. 499.
tations of madness. Thus, reading these respective documentations also means tracing the somehow hidden boundaries between given, socially defined classifications of normality and deviance:

Someone discards his clothes and runs about, mounts heights and cries, he struggles for breath and sweats as if he himself would rain. [...] His body seems to fly.39 - Someone works too hard and starves, he suddenly grows mad (kuang 狂), has tousled hair and is naked, he knows no shame and he can no more differentiate between good and evil [...].40 - Someone will grab a knife and kill people. He doesn’t know his own family anymore, doesn’t recognize his own children. If he sees water, he will be happy, if he sees foods he will be very angry (da nu 大怒).41 - Someone laughs or weeps, goes around with closed eyes and mumbles incessantly to himself.42 - A woman, if seeming to be mad (dian 瘸), does not know any shame. If she sees a man, she will be like sugar, if she sees a woman she will be extremely angry (da nu 大怒). If the situation is serious, it will lead [her] to undress completely.43 - Someone remains lethargic dozing all day (youyouahu 纴紈忽忽), he does not speak, he does not drink or eat; he suddenly laughs or sings, then he suddenly turns to cry for grief (chou ku 悼哭), he turns down good food, but he falls into an ecstatic state (da xi 大喜) [when he sees] faces. He does not wear clothes, but he very much likes (da xi 大喜) [to cover himself] with grasses and leaves.44

These passages make explicit that the physician’s observations included many more different forms of emotional manifestations than just the five emotions shown within the figures above. That is the physicians’ vocabulary regarding the emotions by no means was restricted to ‘only five core points’; and they seem to have had the task of differentiating clearly between the various observable outer signs before going to the level of the viscera inside the body. Nevertheless, the physicians’ multitude of observations including many variations and shades of single emotions obviously had to fit into the given cartographic tools, the Five phases paradigm for instance. In the first (quoted) case, the person discards his clothes, runs about, mounts heights, cries, the inner scene is “fire at the yangming meridian”; because the nature of fire is to blaze upwards when his inner fire is blazing hot, then the person (shen 身) will mount heights without help;

40 Ibid., p. 125.
42 Ibid., p. 121.
43 Ibid., p. 120.
44 Ibid., pp. 125-126.
when the heat concentrates (yu 郁) within the chest, the person will cry in order to release air (qi 气); then he will discard his clothes. In the second case, tousled hair, without clothes, he knows no shame, the inner scene is “injury of the stomach, which means weakening of the stomach-earth”. Let me quote in detail Chen’s explanations of this case:

If fire is in extreme motion, then the stomach-earth will collapse and [the stomach] will beg for help from the heart and the spleen. The heart sees how the stomach-fire leaps up and the heart-shen (xinshen 心神) suffers; the heart itself becomes unsettled (raoluan 扰乱); the spleen sees the burning fire and spleen-shen (pishen 脾神) [which is] yi 意 (intention) suffers great fear (kong 恐) for its neighbour [which is the stomach]. [The spleen] is also confused and unsettled (fenyun 纷纭). [The organ-systems all] lose their reliable support [of the stomach]. Madness (kuang 狂) is inevitable! Oh! The therapy should not focus on quieting the heart-shen, it should rather respect the spleen-[shen] yi 意. […] 45

The paradigm of the Five Phases implies the total equality of all the elements within the entire bodily system. None of the five viscera can occupy ‘a most important place’ in the inner world. There are always at least five different spheres where disharmony of qi-flow could lead to a greater chaos that affects the whole person. This specific pathography, one of many, shows how the inner viscera themselves are perceived as ‘feeling’ elements, how their actions and reactions all are driven by emotional reasons. Chen often explains the various organs’ ‘actions’ by giving examples either from his own social background or by telling fictional stories. They lead the reader through a variety of textual levels, up and down, through the inner scenery in the patient’s body to the outside, the outer appearance and social circumstances. Eventually, Chen’s descriptions turn out to be ‘thick descriptions’ themselves, full of events and activities, all driven by desire, wishes, fear, anger, irritability, restlessness, brooding, joy and oppression. All these emotions are to be thought of nothing but processes of qi-conglomeration and qi-flow in various shapes and forms.

Working upon emotions: induction of different emotions by physicians

Therapy of inducing emotions, i.e. overcoming emotions (e.g. anger) by emotions (by joy for example) for instance, might lead our atten-

tion to a tendency of looking at the emotions in a sense which would exceed their definition as qi-processes within the yin-viscera. How did physicians induce different emotions in patients? They could act on different levels: on the level of administering medicine in order to empower the heart for instance, so that joy could overcome anger.\textsuperscript{46} Induction of opposite emotions by the physician in order to cure patients from their illnesses meant inducing fear in order to ‘awaken’ them and to distract them from their disinterest for instance. Zhang Jiebin, whom I have already quoted above, writes:

Once I cured a young bride. She had heat-evil in her stomach, she saw demons and ghosts, she lashed out wildly all around her and shouted loudly, she was in a state of fright (jing 惊) and madness (kuang 狂). Her whole family was in great fear and wanted to call in a shaman-healer. But I told them that I could also heal her. I let myself be introduced by a messenger with a loud voice, in order to first calm her qi. I followed the messenger - in great costume - and entered her room suddenly. I looked at her with furious eyes (nu mu 怒目). She was there in her underwear and paid no attention to me. I kept on looking at her, and after a while I saw how her face grew red and her disposition (shen 神) became shy (qie 怯). Suddenly she attempted to hide herself. But I called the messenger to chain her, in order to ‘keep’ her and to induce fear (suo zhi ju 索之 惧) in her. Then I administered a dose of ‘White-Tiger-medicine’ and all disappeared. Thus I overcame her self-degradation through my impressive appearance. Her fire-evil I overcame by administering ‘cold’ medicine.\textsuperscript{47}

This passage does make explicit how the aspect of communication between physician and patient was made use of in order to cure, i.e. the authoritative appearance of the physician as a consciously used means to an end. Of course, the border to corporal ‘punishment’ obviously was not all too clear in many cases. A, in this sense, very impressive report stems from Chen Shiduo. Once he had to cure a person suffering from a disease called daibing 病, a serious form of madness which in general was thought to cause sudden death. But Chen explains:

When the person likes to eat faeces and his own clothes, this is a sign of a serious weakening of the stomach-qi. His joy for eating these things is due to the staunching of qi within the liver-wood. This joy must be overcome. Hence, we must make him very angry (shi nu 史怒), by

\textsuperscript{46} Medical textbooks since Song Dynasty (960-1279) describe the possibility of healing by the induction of emotions. See Schütz 1991.

\textsuperscript{47} Zhang Jiebin 1983, juan 12, p. 247.
beating him with a cudgel, then splashing him with water, we must swear at and abuse him. After this he will sleep and move out of fright (jing 惊).\footnote{Chen Shiduo 1993, j"uan 4, p. 103.}

Behind all these explanations lies the imagination of emotions as qi-processes. The view of emotions as changeable processes along and within the body leads the physician to actions such as those portrayed above. The text says nowhere whether the physician had tried to talk with the person or whether he had asked him why he felt such excessive joy when seeing faeces. Understanding the changeable essence of the emotions along and within multiple bodily processes (and not as a mental problem) might have prevented physicians in pre-modern China from misjudging people, even when they infringed upon social and moral rules.

*Doubts and reflections*

Therapy by ‘induction of emotions’ has been evidenced since Song times. Although it seems to have played only a marginal role within medical practice throughout the time, the idea of ‘therapy of emotional distress’ (at the level of emotions only) might lead our attention to a certain shift within the medical discourses on emotions over the centuries, meaning that emotions within the discourse “induction of emotions” appear more in a sense of a distinct category of their own. Such a category, however, goes beyond their definition as “qi-processes” within the yin-organsystems, i.e. as essentially bodily processes.

In fact, a certain shift within medical discourse, at least since the beginning of the 17th century can be noted: physicians then decidedly named emotions as being the main factor leading to such diseases as madness. Shen Shiyu 沈时誉 [1661] sought to support the method of “inducing the five emotions” (wuzhi xiangsheng fa jiezhi 五志相胜法解之) by referring to the *Huangdi neijing*.\footnote{See Shen Shiyu [1661] 1990, p. 138. He was born in Huating (today’s Songjiang (Shanghai)). For his biography see RMCD, p. 420.} Liu Mo 刘默 [1673]\footnote{Liu Mo was a well known physician from Hangzhou. During the Manchu conquest he moved from Hangzhou to Suzhou. For his biography see RMCD, p. 225.} explicitly indicated emotions (qingzhi 情志) as being respon-
sible for the sudden outbreak of madness.\textsuperscript{51} If one reads the respective statement alone, one might be reminded of a concept where emotions are removed from their earlier status as “an integral aspect of the body’s most basic functions”.\textsuperscript{52}

But if one reads the subsequent explanations in the respective text, one becomes aware that these authors remained completely within the vocabulary of conventional patterns, i.e. depletion of the yin-viscera, etc. The same conclusion must be stated for the attempt of Wang Ken-tang 王肯堂(1549-1613)\textsuperscript{53} only 70 years before Liu Mo; Wang uses the term shenzhi 神志 for the first time in Chinese medical history as a category subsuming all 18 different emotional and behavioural states including madness. But, like Liu Mo’s, Wang’s explanation of all these states did not differ in the slightest from former medical writings on madness and related phenomena. The application of shenzhi for the classification of emotional and deviant behaviour has to be seen mainly as an attempt to systematize the whole field.\textsuperscript{54}

At the same time, the stated re-articulation and reconfiguration of the established patterns should not be underestimated. A large number of physicians in the 17th to 18th century Jiangnan region attentively observed emotional manifestations and described their implications for various diseases. Their ‘thick descriptions’ show their deep concern for this human phenomenon by describing them from different perspectives. Simultaneously, the terms indicating emotional processes definitely exceed the ‘five’ or ‘seven’ mentioned above. In my opinion – here too – we have to deal with a certain tension: the tension between the concept of bodily harmonious flowing processes and the preoccupation with the ‘danger of chaos’ on the political level, which was congruent with the preoccupation with the complete disintegration of orderly moving, basic functions within the human body.

The attempt at re-articulation (the search for a new ‘systemizing’ term) seems to be a reflection of this – maybe more intensely felt – tension. In fact, many officials fled to the south and earned their living there by serving as physicians after the Manchu conquest at the beginning of the 17th century, in order to avoid conflicts of loyalty.\textsuperscript{55}

\textsuperscript{51} Liu Mo 1990, p. 141.
\textsuperscript{52} See Sivin 1995, p. 1.
\textsuperscript{53} Born in Jintan, Jiangsu province. For his biography see RMCD, p. 50.
\textsuperscript{54} This is also the view of Chiu 1986, p. 296.
\textsuperscript{55} See Messner 2000a, pp. 80-84.
all, they at least could work at the microcosmic level. The hope of re-establishing the old order moreover is reflected by the attempt to manage diseases by first creating clear classifications and a systematisation of medical knowledge. The power of classification has always been a well known fact by physicians – the right diagnosis after all first demands the right denomination of the ‘problem’ within the body.

The insight that emotions throughout Chinese medical thinking were perceived just as ‘bodily’ processes, within present Chinese medical discourse (TCM) and those in the West who adapt this knowledge for their own practice is undoubtedly a clear statement.

But, various 17th century medical texts –especially those relating madness– express a certain vagueness. This vagueness seems to be located within the tension (between nature and culture, and the tension between order and disintegration) I mentioned above. Various stories of late imperial physicians concerning madness express the tension felt between the respective body they attempted to heal and its potential dangerous dimensions manifested in chaotic emotional behaviour; and the danger of the possibility of incompetence in overcoming this.

Reprise

Since medical texts –in difference to philosophical and literary texts– always and explicitly deal with the human body (which has to be perceived as the “pattern of reference for the order of the world” and as the main control centre for the development of human order), the medical pattern of order and reference might serve as the crucial instruments of philological analysis in the wider sense and the study of emotional and mental states in Ming and Qing times. I have argued that this is also suggested by the specific ‘quality’ of these texts regarding their explanatory and descriptive background: the medical discourse seems –at least when taking into consideration the specific categorization pattern within the largest surviving encyclopaedia which emerged just within the respective synchronic coherence: According to the specific ‘order of the world’ as presented within the Gu-jin tushu jicheng, emotions were defined in medical terms and –in problematic cases, such as various forms of madness and the like– emotions were handled by physicians. Physicians seemingly had the monopoly of interpretation and practical handling of the emotions within this synchronic coherence. The various medical descriptions on emotional aspects of bodily processes, whether of ‘real’ human beings
or not (i.e. of imagined figures whose described pathographies fitted the given medical cartographic matrixes) express a very sensible tension, which within this article has been called a tension between ‘nature and culture’ since the physician had to deal with ‘real’ flesh and bones (i.e. nature), which in turn are only communicable through and by language (i.e. culture).

Furthermore, we have observed a certain vagueness, especially in those documentations of emotions which dealt with various kinds of madness: the writers could not totally hide their preoccupation with the problem. Although their explanations after all remained within the conventional medical cartographic tools, their high efforts to meet these specific ‘crises’ in new (maybe more powerful ways than before?) should not be underestimated. The ‘invention’ of a new term (shenzhi 神志), which subsumed almost 20 different emotional and behavioural states, including madness, in early 17th century reflects such attempts. At the same time, the observation of a special attention which certain physicians paid to the emotions within the respective synchronic coherence obviously cannot be understood without taking into consideration at least two facts: First, the ‘cult of emotions’ virulent at that time. Secondly, the political turmoil which for most people living at this respective time and place at least meant chaos, in every imaginable sense. I.e. the turmoil most obviously was not only a theoretical variable but a matter of reality and experience whose emotional involvements obviously had not been ignored by the most attentive physicians. Nevertheless, there was no revolution in the paradigms regarding the emotions. Emotions remained – in (theoretical) definition and (practical) experience– nothing but specific qi-processes within the yin-viscera.
Abbreviation


Chiu, Martha Li, Mind, Body, and Illness in a Chinese Medical Tradition, Ph.D. Harvard University, UMI, 1986.


Liu Mo 刘默, “Diankuang 瘾狂”, in *Zhengzhi baiwen 证明白问 [1673]*, Hua Beiling et.alii (eds), 1990.


———, “Emotions in Late Imperial Chinese Medical Discourse: A Preliminary Report”, in *MingQing yanjiu* 2000b, pp. 197-217.


EMOTIONS IN CHINESE MEDICAL TEXTS


Sigerist, H.E., Einführung in die Medizin, Leipzig: Barth, 1931.


Unschuld, Paul, Chinese Medicine, Brookline, Massachusetts, 1998 [Chinesische Medizin, München: Beck, 1997.]


