

LOVE, HATRED, AND OTHER PASSIONS

*Questions and Themes on Emotions
in Chinese Civilization*

EDITED BY

PAOLO SANTANGELO

WITH

DONATELLA GUIDA



11433.07
30.10.07 We

BRILL

LEIDEN • BOSTON
2006

On the cover: a Chinese papercut representing a couple of mandarin ducks,
a traditional symbol for love and marital happiness

This book is printed on acid-free paper.

Library of Congress Cataloging-in-Publication Data

A C.I.P. record for this book is available from the Library of Congress.

ISBN-13: 978 90 04 15544 2

ISBN-10: 90 04 15544 9

© Copyright 2006 by Koninklijke Brill NV, Leiden, The Netherlands
Koninklijke Brill NV incorporates the imprints Brill,
Hotei Publishing, IDC Publishers, Martinus Nijhoff Publishers and VSP.

*All rights reserved. No part of this publication may be reproduced, stored in
a retrieval system, or transmitted in any form or by any means, electronic,
mechanical, photocopying, recording or otherwise, without prior written
permission from the publisher.*

*Authorization to photocopy items for internal or personal
use is granted by Brill provided that
the appropriate fees are paid directly to The Copyright
Clearance Center, 222 Rosewood Drive, Suite 910
Danvers MA 01923, USA.
Fees are subject to change*

PRINTED IN THE NETHERLANDS

MAKING SENSE OF SIGNS: EMOTIONS IN CHINESE MEDICAL TEXTS

ANGELIKA C. MESSNER
UNIVERSITY OF KIEL

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 activity¹ 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 individualism⁴ 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?

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.

⁴ Wang 1994, p. 12; Epstein 2001, pp. 16ff. Generally it is held that concepts of individualism were introduced to China in the late 19th century. See Liu 1995, pp. 77-99. See also Ko 1994, pp. 23ff. on the problems arising when applying western dichotomy to Chinese historical settings. On the role of the individual in early Chinese thought see Führer 2001, pp. 1-31.

⁵ Rawski 1985, pp. 3-11; Naquin/Rawski 1987.

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 neijing 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

⁷ Wong Siu-kit 1967, pp. 328-33; Hanan 1981, pp. 49-50, 79-80, 96-7, 146-147; Mowry 1983, pp. 9-13, 15-22; Kang-i Sun Chang 1991, pp. 3-18; Li Wai-yee 1993; Epstein 2001, pp. 63-65; Santangelo 1994, and 2003, pp. 203 ff.

⁸ Messner 2000b, p. 197.

at the level of systematisation.⁹ Possibly, physicians could hardly exclude themselves from the general “cult of the emotions” manifested in late Ming times among intellectual circles in Jiangnan¹⁰ (including the provinces Jiangsu, Zhejiang, and Anhui). Such a dynamic change within the synchronic coherence along diachronic sequences¹¹ 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

⁹ See Messner 2000a, and Messner 2000b, pp. 181ff.

¹⁰ See Santangelo 1994, p. 181.

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

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.

¹⁸ See Rosa 1998, pp. 242 ff.

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' (*zang* 藏 [yin]-organs: lung, heart, spleen, liver, and kidney) and six 'palaces' (*fu* 腑 [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 body²¹ –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,²² the introduction of the term ‘experience’ as a leading epistemological category²³ 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’²⁴ 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

²¹ See Duden 1994, p. 40.

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.

²³ See Münch 2001, pp. 12ff. Recently historians strongly refer to this term, because it establishes a realm outside of the ‘discourse’. For a critical view see Scott 1994.

²⁴ See Tanner 1994.

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.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.

<i>Wuxing</i> 五行	<i>Yin</i> -organ	<i>Yang</i> -organ	Emotions	<i>Wushen</i> 五神
Wood	Liver	Gall Bladder	Anger 怒	<i>Hun</i> 魂
Fire	Heart	Small Intestine	Joy 喜	<i>Shen</i> 神
Earth	Spleen	Stomach	Worry 思	<i>Zhi</i> 意
Metal	Lungs	Large Intestine	Grief 悲	<i>Po</i> 魄
Water	Kidney	Bladder	Fear 恐	<i>Zhi</i> 志

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* 精氣 (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.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.

²⁵ Nowhere within the *Huangdi neijing* are emotions called *qing* 情 or *qingzhi* 情志. See Messner 2000b, p. 199.

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.²⁷ They sometimes vary both in the number and also in the assignment to the respective *yin*-organ.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

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 *chuti* 怵惕 (fear), *siliu* 思慮 (brooding), *bei'ai* 悲哀 (grief), *kongju* 恐懼 (being scared and anxious) and 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.

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* 憂 (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 medical 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 allowed to speak'.²⁹

'Thick descriptions' on emotions

Societies' normative dimensions generally are manifest in standardized 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, Geertz³¹ demanded the careful and detailed documentation ('Thick description') 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 culture 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 fragmentary. 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' experience 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 medicine in the Ming and Qing Dynasties.³² I first quote a passage from

²⁹ Foucault 1974.

³⁰ Douglas 1985, p. 57.

³¹ Geertz 1987; Fröhlich/Mörth 1998.

³² This is stated by a great part of historians of Chinese medicine. See for instance *Advanced Textbook*, vol. I 1995, pp. 86ff.

Zhang Jiebin's 张介宾 (ca. 1563-1640)³³ *Leijing* 类经 [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)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* 乱) 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.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'.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'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).³⁸ His work even more than Zhang Jiebin's writings 'highlights' the tight connection between (extreme, harmful) emotional manifestations and the various manifes-

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

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

³⁵ Zhang Jiebin 1983, *juan* 20, p. 246.

³⁶ A passage within the *Zuozhuan* 左传 [*juan* 10, *zhao* 昭公 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* 六气).

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

³⁸ He was born in Shaoxing 绍兴 (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* 癡), 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 (*youyouhuhu* 悠悠忽忽), 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* 愁哭), he turns down good food, but he falls into an ecstatic state (*da xi* 大喜) [when he sees] faeces. 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;

³⁹ Chen Shiduo 1993, p. 122.

⁴⁰ *Ibid.*, p. 125.

⁴¹ Chen Shiduo 1991, pp. 295-296.

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-

⁴⁵ Chen Shiduo 1993, *juan* 4, pp. 102-103.

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.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.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* 呆病, 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

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

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).⁴⁸

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*.⁴⁹ Liu Mo 刘默 [1673]⁵⁰ explicitly indicated emotions (*qingzhi* 情志) as being respon-

⁴⁸ Chen Shiduo 1993, *juan* 4, p. 103.

⁴⁹ See Shen Shiyu [1661] 1990, p. 138. He was born in Huating (today's Songjiang (Shanghai)). For his biography see RMCD, p. 420.

⁵⁰ 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.

sible for the sudden outbreak of madness.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”.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 Kentang 王肯堂 (1549-1613)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.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.⁵⁵ After

⁵¹ Liu Mo 1990, p. 141.

⁵² See Sivin 1995, p. 1.

⁵³ Born in Jintan, Jiangsu province. For his biography see RMCD, p. 50.

⁵⁴ This is also the view of Chiu 1986, p. 296.

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 *Gujin 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.

REFERENCES

Abbreviation

RMCD *Zhongyi renming cidian* 中醫人名辭典, ed. Li Yun 李雲, Beijing, Guoji wenhua chubanshe, 1988.

Advanced Textbook on Traditional Chinese Medicine and Pharmacology : History, Basic Theory, Diagnostics, Vol. I, ed. by the State Administration of Traditional Chinese Medicine and Pharmacy, Beijing: New World Press, 1995.

Berger, Peter L., and Thomas Luckmann, *The Social Construction of Reality*, New York: Doubleday & Comp., 1966.

Bourdieu, Pierre, *Entwurf einer Theorie der Praxis*, Frankfurt/M.: Suhrkamp, 1979.

——, *Die feinen Unterschiede*, Frankfurt/M.: Suhrkamp, 1982.

Chang, Kang-i Sun, *The Late Ming Poet Ch'en Tzu-lung: Crises in Love and Loyalty*, New Haven: Yale UP, 1991.

Chen Shiduo 陈士铎 (1627-1707), *Bianzheng qiwen* 辨证奇闻, reprint of the 1824 edition. In *Zhengben Yiji congkan* 珍本医籍丛刊. Ed. by Wen Shoujiang 文守江, Beijing: Zhongyi guji chubanshe 1993.

——, *Shishi milu* 石室秘录 [1691] repr. of the *Xuanyongtang* 萱永堂 edition, Beijing: Zhongguo zhongyiyao chubanshe 1991.

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

Csordas, Thomas J., *Embodiment and Experience*, Cambridge: Cambridge UP, 1994.

Dikötter, Frank, *Imperfect Conceptions: Medical Knowledge, Birth Defects and Eugenics in China*, London: Hurst, 1997.

Douglas, Mary, *Reinheit und Gefährdung. Eine Studie zu Vorstellungen von Verunreinigung und Tabu* [1966] Berlin: Reimer, 1985.

——, *Ritual, Tabu und Körpersymbolik* [1970], Frankf./M.: Fischer-Taschenbuch-Verl., 1993.

Duden, Barbara, "Medicine and the History of the Body: The Lady at the Court", in Jens Lachmud and Gunnar Stollberg (eds.), *The Social Construction of Illness*, Stuttgart: Franz Steiner, 1992, 39-52.

Epstein, Maram, *Competing Discourses. Orthodoxy, Authenticity and Engendered Meanings in Late Imperial Chinese Fiction*, [Harvard East Asian Monographs 197] Cambridge (Mass.) and London: Harvard UP, 2001.

Firth, Charlotte, *A Flourishing Yin: Gender in China's Medical History, 960-1665*, Berkeley/Los Angeles/London: California Press, 1999, p. 12.

Foucault, Michel, *Schriften zur Literatur*, München: Nymphenburger, [1969] 1974.

Fröhlich, Gerhard, and Ingo Mörtz (eds.), *Symbolische Anthropologie der Moderne: Kulturanalysen nach Clifford Geertz*, Frankf./M., New York: Campus Verlag, 1998.

Führer, Bernhard, "Considerations on the Question of Individualism and the Role of the Individual in Early Chinese Thought", in Asia-Europe Foundation (ed.), *The Role of the Individual vis-à-vis The Family, Society and State in Asia and Europe*, Singapore: East Asia Foundation & Ludwig Boltzmann Institute for Research on China and Southeast Asia, 2001, 1-31.

Gadamer, Hans-Georg, *Wahrheit und Methode*, Tübingen: Mohr Siebeck, 1972.

Gaines, Atwood D., "Cultural Constructivism. Sickness Histories and the Understanding of Ethnomedicines beyond Critical Medical Anthropologies", in Pfeleiderer, Beatrix, and Gilles Bibeau (Eds.), *Anthropologies of Medicine: Colloquium on West European and North American Perspectives* [Curare Sonderband/Special Volume 7/1991] Braunschweig, Vieweg 1991, pp.221- 258.

- Geertz, Clifford, *Dichte Beschreibung*, Frankfurt/M.: Suhrkamp, 1987.
- Hanan, Patrick, *The Vernacular Chinese Story*, Cambridge, Mass.: Harvard UP, 1981.
- Hansen, Klaus P., *Kultur und Kulturwissenschaft: Eine Einführung*, Tübingen, Basel: Francke, 2000.
- Hanson, Marta, "Robust Northerners and Delicate Southerners: The Nineteenth-Century Invention of a Southern Medical Tradition", in *Positions* 6.3 (winter 1998) pp. 515-550.
- Hartley, David, "Rhetoric and Social Construction of Sickness and Healing", *The Society for the Social History of Medicine* 1999, 12.3, pp. 407-435.
- Hua Beiling 华蓓苓, Zhou Changfa 周长发, and Zhu Xinghai 朱兴海 (eds.), *Diankuangxian 癲狂癩*, Beijing: Zhongyi guji chubanshe, 1990.
- Huangdi neijing Lingshu: Lingshujing jiaoshi 零樞經校釋*, Hebei yixueyuan 河北医学院 (ed.), Beijing, Renmin weisheng chubanshe, 1982.
- Huangdi neijing Suwen*: Cheng Shide 程士德 et.al. (ed.), *Suwen zhushi huicui 素问注释汇粹*, Beijing, Renmin weisheng chubanshe, 1982.
- Kaptschuk, Ted J., *Chinese Medicine: The Web has no Weaver*, London: Rider Books, 1983.
- Ko, Dorothy, *Teachers of the Inner Chambers: Women and Culture in Seventeenth-century China*, Stanford, California, Stanford UP, 1994.
- Kovacs, Jürgen, and Paul U. Unschuld (Trans.), *Essential Subtleties on the Silver Sea*, Berkeley, Los Angeles, London: University of California Press, 1998.
- Li Wai-yee, *Enchantment and Disenchantment: Love and Illusion in Chinese Literature*, Princeton, New Jersey: Princeton UP, 1993.
- Liu, Lydia H., *Translingual Practice: Literature, National Culture, and Translated Modernity. China, 1900-1937*, Stanford: Stanford UP, 1995.
- Liu Mo 刘默, "Diankuang 癲狂", in *Zhengzhi baiwen 证治百问* [1673], Hua Beiling et.alii (eds), 1990.
- Liu Yanchi 刘燕池, *Zhongyi jichu lilun 中医基础理论* (Basic Theories of Traditional Chinese Medicine), Beijing: Academy Press, 1998.
- Messner, Angelika C., *Medizinische Diskurse zu Irresein in China (1600-1930)* [Münchener Ostasiatische Studien, 78], Stuttgart, Franz Steiner Verlag, 2000a.
- , "Emotions in Late Imperial Chinese Medical Discourse: A Preliminary Report", in *MingQing yanjiu* 2000b, pp. 197-217.
- Montgomery Hunter, Kathryn, *Doctor's Stories: The Narrative Structure of Medical Knowledge*, Princeton, New Jersey, Princeton UP, 1991.
- Mowry Hua-yuan Li, *Chinese Love Stories from "Ch'ing-shih"*, Hamden: The Shoe String Press, 1983.
- Münch, Paul (ed.), "Erfahrung" als Kategorie der Frühneuzeitgeschichte, Munich: Oldenbourg, 2001.
- Naquin, Susan and Evelyn Rawski S., *Chinese Society in the Eighteenth Century*, New Haven/London: Yale UP, 1987.
- Qinding gujin tushu jicheng 钦定古今图书集成*, comp. by Chen Menglei 陈梦雷, Jiang Tingxi 蒋廷锡 et.al. [1726], 80 vols., Chengdu. Zhonghua shuju, Ba Shu shushe, 1988.
- Rawski, Evelyn S., "Economic and Social Foundations of Late Imperial Culture," in Johnson, David, Andrew J. Nathan and Evelyn S. Rawski eds., *Popular Culture in Late Imperial China*, Berkeley, Los Angeles, London: University of California Press, 1985, pp. 3-33.
- Rosa, Hartmut, *Identität und kulturelle Praxis: Politische Philosophie nach Charles Taylor*, Frankfurt/M.: Campus, 1998, pp. 242 ff.

- Root, Caroline (transcr. and ed.), Claude Larre and Elisabeth Rochat de la Vallée, *The Seven Emotions: Psychology and Health in Ancient China*, Cambridge: Monkey Press, 1996.
- Santangelo, Paolo, "Emotions in Late Imperial China: Evolution and Continuity in Ming-Qing Perception of Passions", in Viviane Alleton et Alexei Volkov (eds.), *Notions et Perceptions du Changement en Chine*, Collège de France, Institut des Hautes Études Chinoises, 1994, pp. 167-186.
- , "Emotions in History and Literature. An interdisciplinary Research on Emotions and States of Mind on Ming-Qing Period", in *MingQing yanjiu* 2000, pp. 237-308.
- , *Sentimental Education in Chinese History. An Interdisciplinary Textual Research on Ming and Qing Sources* [Sinica Leidensia vol. 60] Leiden: Brill, 2003.
- Schmitz, Hermann, *Leib und Gefühl*, Paderborn: Junfermann, 1992.
- Schütz, Christian, *Psychiatrische und psychosomatische Ansätze in den Heiltraditionen bis zur Zeit der Yuan-Dynastie*. Ph.D. Manuscript, Munich, 1991.
- Scott, Joan W., "The Evidence o Experience", in James Chandler et.al., (eds.), *Questions of Evidence, Proof, Practice, and Persuasion across the Disciplines*, Chicago: University of Chicago Press Journals, 1994, pp. 363-388.
- Shen Shiyu 深时誉, *Dianxiankuang bian* 癲癲狂辨, in *Yiheng* 医衡, in Hua Beiling 华蓓苓, Zhou Changfa 周长发, and Zhu Xinghai 朱兴海 (eds.), *Diankuangxian* 癲癲狂癲, Beijing: Zhongyi guji chubanshe, 1990, pp. 137-138.
- Sigerist, H.E., *Einführung in die Medizin*, Leipzig: Barth, 1931.
- Sivin, Nathan, "Emotional Counter-therapy" in Nathan Sivin, *Medicine, Philosophy and Religion in Ancient China: Researches and Reflections* Norfolk: Variorum, [Variorum Collected Studies Series; CS 512] 1996, II, 1-19.
- , "Commentary: The History of Chinese Medicine: Now and Anon", in *positions* 6.3 (winter 1998) pp. 731-762.
- Tanner, Jacob, "Körpererfahrung, Schmerz und die Konstruktion des Kulturellen", in *Historische Anthropologie* 3, 1994, pp. 489-502.
- Unschuld, Paul, *Chinese Medicine*, Brookline, Massachusetts, 1998 [*Chinesische Medizin*, München: Beck, 1997.]
- Walzer, Michael, *Lokale Kritik – globale Standards*, Hamburg: Rotbuch Verlag, 1996.
- Wang Kentang 王肯堂 (1549-1613), *Zhengzhi zhensheng* 证治准绳 [1602], 5 vols., Shanghai: Shanghai kexue jishu chubanshe, 1960.
- Wang, Richard G., "The Cult of *Qing* : Romanticism in the Late Ming Period and in the Novel Jiao Hong Ji" in *Ming Studies*, 33, (Aug. 1994) pp. 2-55.
- Wernhart, Karl R., "Von der Strukturgeschichte zum transkulturellen Forschungsansatz: Ethnohistorie und Kulturgeschichte im neuen Selbstverständnis", in Karl R. Wernhart and Werner Zips (eds.), *Ethnohistorie: Rekonstruktion und Kulturkritik. Eine Einführung*, Wien: Forschung, ProMedia, 1998, pp. 41-54.
- Wong Siu-kit, "Ch'ing in Chinese Literary Criticism," in Rickett Austin, Adele (ed.), *Chinese Approaches to Literature from Confucious to Liang Ch'I-ch'ao*, Princeton, New Jersey: Princeton UP, 1978, pp. 121-150.
- Zhang Jiebin 张介宾, *Zhangshi leijing* 张氏类经 [1624], Taibei: Wenguang tushu youxian gongsi, 1983.
- Zuozhuan 左傳, Hunan: Yuelu shushe, 1988.
- Zurndorfer, Harriet T., *China Bibliography: A Research Guide to Reference Works about China Past and Present*, Leiden-New York-Köln: Brill, 1995.