



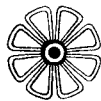
UNIVERSITÀ DI ROMA «LA SAPIENZA»
DIPARTIMENTO DI STUDI ORIENTALI

PASSIONI D'ORIENTE
EROS ED EMOZIONI NELLE CIVILTÀ ASIATICHE
SEZIONE ASIA ORIENTALE

ATTI DEL CONVEGNO, ROMA, "LA SAPIENZA", 29-31 MAGGIO 2003

A CURA DI PAOLO SANTANGELO

SUPPLEMENTO N° 4
ALLA RIVISTA DEGLI STUDI ORIENTALI
NUOVA SERIE
VOLUME LXXVIII



PISA · ROMA
ACCADEMIA EDITORIALE

2007

RIVISTA DEGLI STUDI ORIENTALI
NUOVA SERIE

Trimestrale

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Università degli Studi di Roma "La Sapienza"

ISSN 0392-4866

QING 情 AS ANTHROPINON:
EXPERIENCES OF ROMANTIC LOVE
AND DESIRE IN 17TH CENTURY CHINA

RECENT scholarship strongly focused on *qing* 情 as the central concept in late Ming philosophy, and as one of the most important themes of late Ming literature. Scholars detected close connections between the highly theoretical conceptions and their implications for the development of individualism and subjectivism within this respective time.¹

These new insights are mainly based on investigations of literary and philosophical texts. Such texts indeed can be seen as articulations of a standardization in the sense of being markers for culturally defined collective views and attitudes towards “life” and how “life should be lived [ideally]”.² The notions of “life” and “how life should be lived [ideally]” appear as the broadest field and context for the very definition of *qing* 情 by Feng Menglong 馮夢龍 (1574-1646): *Qing* is “the essential condition of human life” in the sense of being “the string which [binds] all scattered things [lit. coins] together [on the earth] (萬物如散錢，一情為錢索)”.³ This definition clearly suggests the perception of *qing* as an anthropinon, i.e. an indispensable component of the human being *per se*.

At the same time, we should voice some doubts about the meaningfulness of such conception markers: Do they really express anything about the “way of life” of those people surrounding the respective writers, and do they tell us anything about their own everyday experiencing the *qing*?

It is well recognized that the concept of *qing* involves several meanings like ‘emotion, instinct, feeling, facts, situation, love, passion, lust’. And the fact that the various synonymous and antonymous meanings observed in ancient writings⁴ increased considerably in late imperial times⁵ calls for even deeper concern for the meaningfulness of *qing*. As Maram Epstein puts it “*Qing* are simultaneously the basis for ideal social interactions and the selfish urges that threaten to destroy the social order”.⁶ The highly ambivalent semantics of *qing* leads to at least two questions. First: Did people particularly ‘feel’ or

¹ WANG 1994, p. 12; EPSTEIN 2001, pp. 16ff. SANTANGELO 1994 and 1999. 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. 23f. on the problems arising when applying western dichotomy “vocabulary” to Chinese historical settings. On the role of the individual in early Chinese thought see FÜHRER 2001, pp. 1-31.

² For such considerations in a general sense see HANSEN 2000, 113ff.

³ Feng Menglong, *Qingshi* 情史 (History of *qing*) [1629-1632]. In *Feng Menglong quanqi* 馮夢龍全集, vol. 7. Jiangsu: Guji chubanshe, 1993, p. 1. For translation of main parts of this work see MOWRY 1986.

⁴ Consider the insights into the semantics of *qing* in Ancient Chinese writings in WONG, 1991; IM 1997; HARBSMEIER 1999 and 2003; BRUYA 2001; MIDDENDORF 2001; LINCK 2001.

⁵ See SIU-KIT WONG 1978 who lists thirteen differing definitions of *qing*. See EPSTEIN 2001, pp. 64ff. for a detailed discussion of this point.

⁶ EPSTEIN 2001, p. 65.

experience such ambivalences? Secondly: How have such ambivalences been experienced and lived through?

I.

In the following I shall focus on a few passages out of medical writings that derive from just this respective synchronic coherence. Such texts, as I shall argue here, allow a relatively close look at the very experience of *qing*. This has to do with the fact that the physicians' explanations of emotional processes directly reveal the respective pattern, along which emotional processes in certain difficult situations have been lived through. This respective perspective, i.e. the investigation of nosographic notions in the sense of an analytic category, allows us to scrutinize the very interaction between definitions of diseases and the social practices, since every single definition must be seen as an underpinning or explicit tool for structuring social politics, experience and perceptions of culture. Moreover, we have to keep in mind that medicine within this respective time was embedded deeply in daily life and essentially shaped by social relations.⁷

When [two] people – after swearing eternal love among flowers and under the moonlight (*huaqian yuexia* 花前月下), but cannot live together, because of unforeseen misfortune; or two people's bonds of love – being established in heaven - have parted and they cannot meet each other on earth, [father's and elder brother's suspicion [already] is growing (*fuxiong sheng xian* 父兄生嫌),⁸ then the thoughts knot within the heart (*sui si jie yu xinyong* 遂思結於心中), the *hun* 魂 (vital force)⁹ meets the beloved in the dream, gradually he/she eats and drinks only little, she/he speaks incoherently (*yuyan wu xu* 語言無緒) and falls into a semi-conscious state (*youyou huhu* 悠悠忽忽); he/she wants to sleep the whole day, the colour of the face is pale and faded, the essence-spirit (*jingshen* 精神) is dejected (*jusang* 沮喪). Accordingly, the person [simultaneously] fears cold and fears heat; the bones seem to hurt, but actually they do not hurt, the belly seems like being hungry, but actually there is no hunger. People [normally] think this would be the result of the consumption disease (*laobing* 癆病),¹⁰ but who knows that this actually is the evil pathological condition of longing (*xiangsi zhi e zheng* 相思之惡症)?¹¹

This passage is part of the late 17th century medical book *Bianzheng lu* 辨證錄 (Records of Differential Diagnosis). The description of two lovers'

⁷ See the discussion on Ming medicine in FURTH 1999, pp. 3ff.

⁸ This sentence is part of the eighth *juan* within the *Bianzheng qiwen* 辨證奇聞 (comp. by 1687, 1763 edition, reprint 1999) CSQ, p. 604, this being the earlier version of the *Bianzhenglu* 辨證錄 (comp. by 1686?, 1748 edition, reprint 1999).

⁹ One of five vital/life forces (*wu shen* 五神) which are thought of as correlations to the five yin-viscera. *Hun* is correlated to the liver. Scholars translate *hun* differently as for instance one of "the body's governing vitalities" [SIVIN 1987, p. 59] or as "spirit soul" [HIDEMI 1989, p. 52] or "leibliche Wirkkräfte" [LINCK 2000, p. 88]. The function of the *hun* generally is explained by their absence, and sometimes through sleep and through dreams the *hun* plays a fundamental role. See also LARRE, ROCHAT DE LA VALLEÉ 1994, p. 51.

¹⁰ Today: tuberculosis.

¹¹ *Bianzheng lu*, *juan* 8, CSQ p. 883.

tragedy of 'losing each other' lacks any trace of blame;¹² it seemed of no particular interest to the physician to glean more information about the respective background. For the author of this report, Chen Shiduo 陳士鐸 (1627-1707), the starting point of interest was the fact of 'unrealisable love' which obviously had induced several observable bodily expressions: pale face, loss of coherent speech, a sleepy, dozy appearance. These observations are mixed with notions about processes potentially only known by him, the physician. Notions like 'the thoughts knotting within the heart' and 'the *hun*-vital force'¹³ meeting the beloved in dreams' might have been part of conventional knowledge. But at the same time it was him, the physician, who had to evolve therapy strategies from such background information. He had to make use of specific given 'theoretical' paradigms in order to structure the observed crisis that was expressed physically. Such tools for ordering can be seen as a matrix on which physicians based their explanations, serving as 'cartographic tools'¹⁴ with and through which the body-self (*shen* 身) was viewed in a respective time and place.

The passage reports about a body-self lost in deep feelings of sadness aggravating to a complete disorientation and retreat from everyday rhythm. The notion of 'appearances' in two cases, namely the bones which seemed to hurt but actually, as Chen notes, they would not hurt, and secondly the belly seems like being hungry but actually there was no hunger, suggests disorientation in the sense of indecisiveness, i.e. any congruent process of life has been lost. Belly and bones seemingly do not only offer the sufferer wrong signs, but also potentially could mislead the physician to making wrong assessments. Both, sufferer and physician found themselves at the mercy of bodily misleading signs and urges.

The gaze of Chen, however, exposes them on the basis of crucial paradigms, such as *qi*, *yin-yang*- and the 五行 *wuxing* (five phase) theory. The five *yin*-viscera (lung, heart, spleen, liver, and kidney) and their connection with every other part of the body through the system of conduits (channels) were especially dwelled on as physical-mental-emotional spheres of influence. It is important to note that the paradigm of the five phases theory 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. Chen Shiduo specifically emphasised the accurate and consistent application of this theory.

'Love' as an object of medical concern was quite unusual in these times. If physicians dealt with love, i.e. the romantic aspect of love, at all, then only

¹² Note that within the above-quoted phrase from the earlier version of this work Chen mentions growing suspicion by the father and elder brother/s. This might be seen as a hint of social pressure on the sufferer. The question why Chen left out this sentence in the corrected version will be discussed in my forthcoming book.

¹³ See footnote No. 9.

¹⁴ TANNER 1994 used this term in a general sense.

and exclusively with the various difficulties around the attempt of having children, i.e. matters of procreation and fertility and the various potential dangers for males' health in the bedchamber (*fang shu* 房術)¹⁵

The fact that Chen attempted to include lovesickness ('longing-disease') in the medical concern can be seen as a phenomenon congruent with the cult of emotions with its emphasis on males' and females' equality.¹⁶ Within the respective synchronic coherence (17th century Jiangnan macro region) the special **shift of attention** in favour towards the emotions in alliance with their medical explanation¹⁷ must be seen in the sense of a cultural "standardization". It is not clear whether the physician Chen Shiduo noted changes in articulations of patients diachronically or not. His concern for crisis and suffering due to disappointed love obviously had become a necessity within his social environment. At the same time, we could also speculate that his concern for such suffering merely was a speciality of Chen Shiduo's own sensibility.¹⁸

His writings go on at length, evolving into whole diagrams of peoples' **emotional textures**.

His statement that "this longing-disease actually is not a matter of medicine since as soon the sufferer would meet their beloved one (*qingren* 情人) the depression would dissolve (*yu kai* 鬱開)"¹⁹ clearly shows both his own prudence and the fact that it had been rather unusual at his time to include suffering due to 'romantic love' into the realm of medical concern.²⁰

The medical way (*yidao* 醫道) has its limits. But it can be said that such longing-conditions first injure the heart, and then the liver, [if] it lasts long then it will injure spleen and stomach. If you want to cure the longing-condition, then it would be of benefit to take into consideration all four conduits (i.e. heart, liver, spleen and stomach). You don't need to believe what the ancient said, namely that the longing-patho-condition was a disease which could not be healed.²¹

Chen throughout his writings eagerly expounded his learned knowledge from the so called canonical medical works such as the *Huangdi neijing Suwen* 黃帝內經素問 (ca. 100 B.C.), the *Nanjing* 南經 (ca. 100 a.C.), Zhang Ji's 張

¹⁵ See FURTH 1999, pp. 201ff.

¹⁶ This being a crucial feature in Chen's writings on this topic. See the discussion below. For such views in late Ming times see FURTH 1999, pp. 205f.

¹⁷ This is evidenced by the fact that the topic *qingzhi* 情志 (emotions, love, passion etc.) within the *Gujin tushu jicheng* (1726) appears under the subsection *yibu* 醫部 (medicine). See *Minglun huibian* 明倫彙編, *renshi dian*, in *Gujin tushu jicheng*, especially from fuan 51 to 62, but also the following chapters. See MESSNER 2000 b.

¹⁸ Since his descriptions of various forms of madness significantly exceeded other medical writings on this topic in his own time. See MESSNER 2000b, 134ff.

¹⁹ *Bianzheng lu*, *juan* 8, CSQ, p. 883.

²⁰ Such insights on 'love' clearly contradict earlier scholarly views on "love within the Chinese" historical context. Hsü 1929 for instance states that Chinese neither now nor in earlier times would "know what romantic love is". See also WILHELM 1929; VAN GULIK 1961 states that the Chinese would experience extraordinary freedom in love matters. See the critical assessment of Van Gulik's approach in FURTH 1994. For newer insights into erotic literature within the Chinese context see FRANKE 1984; WILE 1992 and MARTIN 1993.

²¹ *Bianzheng lu*, *juan* 8, CSQ, p. 883.

機 (142-220?) *Shanghan lun* 傷寒論, and Wang Shuhe's 王叔和 (ca. 300 a.C.) *Maijing* 脈經 [also *Maijue* 脈訣]. This partly must be seen as part of his strategies for legitimising his claim for acknowledgement as a professional learned man in the sense of an official physician since no officially sanctioned medical profession existed at that time.²² At the same time, Chen obviously wanted to convince the reader that one did not necessarily have to adopt everything ancients had established. His expanded explanations in this case, namely the longing disease, show his struggle to find adequate diagnosis and therapy. But the prerequisite for this process was the willingness of the respective physician to include longing-diseases due to love in the medical sphere.

In the case of the “longing-for-a-person-and-not-get-her” [disease] (*si qiren er bu de* 思其人而不得), you must move the liver-fire. When the liver-fire moves, it generates (*sheng* 生) the heart, but this method really would take too much time, and moreover it would cause chaos within the liver-wood, [and all this only because you want to generate (i.e. replenish) the heart.] [The best method] consists of administering pills for calming the liver and dissolving the depression (*jieyu* 解鬱), for assistance you must supplement the heart for calming the *shen* 神 (the heart's vital force), when administering medicine for opening the stomach (i.e. increasing the appetite) and fortifying the spleen, then the longing-disease will gradually become weaker. And if in addition the problem of the person can be settled, how this disease could be not cured, then?²³

To be sure, Chen had no new solutions or newly invented methods for curing the said disease. But, he has come to the point of incorporating suffering due to love into the medical field. By touching a field which conventionally was of no concern within this system of knowledge, he argued in favour of his own most sensitive, but pragmatic view, i.e. to give temporary relief. This was not to say to heal completely or to find a final solution. He named the administered medicine “love-fulfilment-decoction (*suiqing tang* 遂情湯)”. This medicine consisted of conventional calming ingredients. Neither was the *given cartographic tool* changed, the view of decentralized emotional processes along and within – the five *yin*-organ systems. The *yin*-organ systems still and unchanged continued to remain the “physical-mental-emotional” spheres of influence.

II.

Let me now proceed to the second significant meaning of *qing* 情 in Chen's writings. Besides the above-stated meaning of “love/romantic love” *qing* in many cases indicates sexual lust and sexual desire (*zongqing se yu* 縱情色欲)²⁴ or *junqing zongsong* 盡情縱送 (to resign to sexual desire to one's

²² See LEUNG 2003.

²³ Bianzheng lu, juan 8, CSQ p. 883.

²⁴ *Shishi milu* 石室密录 (Secret Records from the Stone Chamber) [pref. 1689] juan 6, 1999 reprint in CSQ, p. 418. Chen framed this book by “masking” his explanations as sayings of the legendary sage within the *Huangdi neijing* Suwen, Qi Bo 岐伯, together with commentaries of Zhang Ji 張機 (142-220?).

heart content).²⁵ These notions belong to the field of excessive sexuality, i.e. “excessive bed-chamber-fatigue (*guo fanglao* 過房勞),”²⁶ a crucial topic in Chinese medical history. *Guo fanglao*-diagnosis implied various kinds of emaciation and weakness, such as “consumption” (of the lungs; drying out of the bones, terribly pain of the backbones etc.). This specific bodily consumption traditionally was attributed to the male.

Chen comments on forms of unhealthy behaviour, like visiting brothels, enjoying concubines, and/or making them or oneself sick with potency medicine. The demand of “picking” (*cai* 采) multiple females, provoking their orgasm while withholding one’s own, – was based on the idea that a woman’s comparatively lower quality (*yin*) needed to be balanced through quantity in order to accumulate essence, i.e. *yang-qi*.

Chen Shiduo, however, explicitly contradicts such ideas and practices, saying, that “both, male and female, lose *yin-qi* and *yang-qi* when emitting essence.”²⁷ Women and men – he says – should never be treated differently when having lost too much essence.²⁸ Such shift can be seen as a key to a subtle alteration of the codes by which the female body was read.²⁹ It might be seen as an articulation of the idea that “love between equal partners” was the foundation for life. And when speaking of the deepest love and extreme happiness (*leji qingnong* 樂級情濃)³⁰ male and female would experience during sexual intercourse, Chen could have meant just a kind of passion, going beyond the context of “fertility and generation”. The various problems just arise, when sexual vitality (i.e. essence) flows without stopping.

The reports regarding **excessive sexual lust** mostly figure in a line with his warnings against **every** form of **excessiveness**, such as excessive drinking, excessive concentration on studying books, without rest – all these excessivenesses could lead equally to seminal emission (during the night) – without stopping,³¹ meaning a waste of vital energy, which in the worst case would lead to death.

Hence, it is **not sexual desire per se**, but the practiced excessiveness which leads to bodily derangement. This is evidenced moreover by reports regarding “**oppression**” of sexual desire.

Chen explicitly names nuns (*niseng* 尼僧), widows, and women who did not marry (*shi jiazhi nü* 失嫁之女),³² wives whose husbands are away for long and did not come back home”.³³ Such women would experience their “longing knotted and pressed down” (*xiangsi yujie* 相思鬱結); they would long for a man but could not get one. This would be because their “inner

²⁵ *Shishi milu*, *juan 6*, in CSQ, p. 412.

²⁶ *Bianzheng qiwen* 辨證奇聞, *juan 2*, 1999 reprint in CSQ, p. 510.

²⁷ *Bianzheng lu*, *juan 8*, in CSQ, p. 886.

²⁸ FURTH 1999, p. 76.

²⁹ *Bianzheng lu*, *juan 8*, in CSQ, p. 885.

³⁰ *Bianzheng lu*, *juan 8*, in CSQ, p. 886.

³¹ *Bianzheng lu*, *juan 8*, in CSQ, p. 887.

³² It would be also possible to translate “Lost women” (since they “lost” *shi* the [‘status’ or possibility] to marry).

³³ *Bianzheng lu*, *juan 8*, in CSQ, p. 880.

fire” [this not being the heart-fire, but the desire-fire] is blowing, it dries out the *yin-water*.³⁴

The difference between the **two groups of excessiveness** (too much practiced lust here, and too much oppressed lust there) seems to be gender-specific: whereas practiced excessive lust is assigned to the male, oppressed sexual lust is assigned to the female. Further analysis, however, will show that this differentiation might be more complex than it seems at first glance.

Other examples showing that **excessiveness** and **NOT** lust and sexual desire *per se* are seen as potential causes for various diseases, refer to the “oppression of anger” (*yi nu* 抑怒),³⁵ assumed of being the cause for chronic depression and emaciation. Anger – he says – corresponds to liver-wood, whose natural movement lies in blazing, hence when oppressing this movement, when contradicting its natural characteristic, it leads to knotted *qi* and depression.

When Chen wrote about educated men, who oppress their anger after failing their examinations etc.³⁶ and become seriously ill, he might have been writing about his own personal experience. This special experience – to be sure – was not a new one, but simply culminated in the respective time and place because of the rise in population coupled with fewer official appointments and the spread of literacy.³⁷ The immense increase in population to 150 million around 1500 and 200 million people around 1600³⁸ stimulated social mobility and the economic boom stimulated the improvement of the education systems, leading to increasing numbers of candidates for the examinations.³⁹ This led to a comparatively low possibility of pursuing the conventional official career. Chen’s own experience of failure at the examinations might have resulted in the necessity for his special concern for such suffering reflecting an immense socio-political pressure that became manifest as imbalanced bodily processes, i.e. the processes of oppressed anger-*qi* (*yi nu* 抑怒) and oppressed *qi* (*yiyu* 抑鬱) in general or specifically within the chest.

When such imbalanced bodily processes clearly are connected to the respective socio-political context there is evidence enough for the change of emotional textures. Among Chen’s patients there obviously were many suffering from the whole complex of disappointment, including hopelessness, unfulfilled expectations for their life etc. One expanded passage in the chapter on “consumption” (*laozhaimen* 癆瘵門) is about a disease arising among those who lost their beloved one, which Chen named the “*xiangsi zhi e zheng* 相思之惡症 (The evil pathological condition of longing).

³⁴ In another case, where a woman desires a man, but cannot get him, and in the following she is driven mad (*dian* 癲), with the symptoms of not knowing any shame, being angry when seeing a woman and being like sugar when seeing a man, then stripping off her clothes, Chen does not detect excessive inner fire, but the state of excessive repletion of the kidney-water, together with excessive fire within the liver. See *Bianzheng qiwen*, *juan 4*, in CSQ, p. 538.

³⁵ *Shishi milu*, *juan 1*, in CSQ p. 284 and p. 296; *juan 3*, in CSQ, p. 345, *juan 4*, in CSQ, p. 362. *Bianzheng qiwen*, *juan 2*, in CSQ, p. 509.

³⁶ *Shishi milu*, *juan 1*, in CSQ p. 284.

³⁷ RAWSKI 1979, 112ff; WIDMER 1996, 81; KO 1994, 34f; MANN 1997, 7; CHIA 2002, 150ff; JI SHAOFU 1991.

³⁸ See SKINNER 1977, pp. 19-20.

³⁹ See ELMAN 2000, p. 259.

III.

To be sure, **cartographic tools**, i.e. the matrixes along which physicians detected the seat and the constellation of diseases in their patients, changed over time and place, like human bodies did themselves. The specific changing character within the Chinese system of medical knowledge, however, was different than that within Western medical history. The continuous generation of insights reflects a dynamism as vital as in Europe, but it did not result in a constant replacement of one paradigm by another.⁴⁰ New insights, contradicting an older notion, did not “push the older notion into oblivion to such an extent that at least a majority of those scholars or clinicians who had so far stood by the old would then have opted for the new”.⁴¹

This is why Chen Shiduo’s attempt to touch the field of “love” and to incorporate it into the medical field as a matter of concern seemingly did not create too big problems. The given theoretical paradigms regarding the emotions in general, i.e. emotions perceived as “bodily processes” produced by a conglomeration of essence *qi* (*jing qi* 精氣) within the respective five *yin* organ systems, i.e. the five conglomerations (*wu bing* 五并), were part of a universal system of correspondence, “acting” within and along the five *yin* organ systems. This view allowed physicians to “work upon” the *qi*-flow even when excessive emotional expression was not virulent. Induction of excessive emotions (i.e. counter-therapy of emotions) as therapy of imbalances within the organ systems was based on this explanation. Simultaneously, pills and powders for restoring balance often appeared as therapy recommendations, since they too could act at the level of replenishing a given organ system and vice versa, which could weaken and calm down a certain emotional expression through depleting pills etc. Since emotions in this view did not form a category apart from the physical and intellectual they by no means fit either within the binary-pattern “*emotio* versus *ratio*” nor “*nature* versus *culture*”.

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⁴⁰ See KOVACS, UNSCHULD 1998, p. 19.

⁴¹ *Ibidem*.

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