

Nathan Sivin

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Medicine, Philosophy and  
Religion in Ancient China  
Researches and reflections

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## II

### EMOTIONAL COUNTER-THERAPY

#### *Introduction*

Psychiatry is an invention of nineteenth-century Europe. We can hardly expect to find it in China before modern times. Nor do we find one of its key assumptions, the dichotomy of mind and body. Chinese were perfectly able to distinguish these two when they wanted to do so. Physicians were much more interested, however, in their underlying integrity and interaction. In everyday practice, they assumed that physical abnormalities would have consequences for thought and feeling, and vice versa.

This essay explores abstract thought about disorders due to excessive emotions. It is meant as an experiment in analyzing early Chinese discussions without being distracted by the largely irrelevant notions of Western psychiatry. The latter are essential in communicating ancient ideas to a modern readership, but are also ubiquitous in analyzing original sources. This habit usually encourages a disregard for the intentions of practitioners, and results in parochial conclusions. My goal, like that of most other students of ancient medicine, is to weave particular comprehensions of the past into the fabric of all experience, scientific and merely human, antique and modern. I wish to suggest through an example that understanding is more likely to add to the larger pattern if it has not depended at too early a stage on ideas imported from another time or place. Since this report is not meant solely for specialists, I do not hesitate to use modern terminology to make one or another point clear, but my concern remains reconstructing what a physician in the late sixteenth century meant by what he said.

#### *Emotions and Material Change*

Excessive, undisciplined emotion was a cause of disease in the early classics. Physicians did not understand this in any way remotely resembling modern psychodynamics, however. Emotion was an integral aspect of the body's most basic functions. Health was a balance in the dynamics of body processes, and illness was an imbalance. The circulation of *ch'i*, partly inborn and partly extracted from food and drink, maintained not only the material body but its mental and spiritual processes. Feelings caused and were caused by material change.

Abnormal emotion could affect *ch'i* functions, as in a tractate on the causes of pain in the Basic Questions of the Inner Canon of the Yellow Lord: "I know that all medical disorders arise from the *ch'i*. Anger (*nu* 怒) makes the *ch'i* rise; joy (*hsi*

喜) relaxes it; sorrow (*pei* 悲) dissipates it; fear (*k'ung* 恐) makes it go down; cold contracts it; heat makes it leak out; fright (*ching* 驚) makes its motion chaotic; exhaustion consumes it; worry (*ssu* 思) congeals it." The results are physical; for instance, "Anger reverses the flow of the *ch'i*. When it is extreme, [the patient] will vomit blood or void 'rice-in-liquid' diarrhea."

Since emotion was part of the body's system, causation ran both ways. Another text discusses imbalances that involve *shen* 神, the finest part of *ch'i*, responsible for consciousness and allied activities: "If there is an excess of *shen*, [the patient] will laugh unceasingly; if a deficit, the result is sorrow."<sup>1</sup>

Before moving on to consider therapeutic manipulation of the emotions, let us examine more closely the subtle interaction of body processes, emotions, and drugs in late classical medicine. This example comes from a work on women's disorders attributed to Fu Shan 傅山 (1607-1684), a great painter and physician:<sup>2</sup>

**A woman who cannot bear a child because she harbors hate for someone over a long period:** People think [she is infertile] because Heaven detests her. They do not realize that it is due to a stasis of her hepatic *ch'i*. For a woman to bear a child it is essential that [the *ch'i* in] her cardiac circulation vessels flows freely and smoothly, that in her splenic vessels be unhurried and concordant, and that in her renal-genital vessels be vigorous and large, so that it perceptibly drums against the finger [reading the pulse]. Only in this case can one speak of the "pulse of happiness," signalling that there is no stasis in the vessels of the three visceral systems, so that she can give birth.

The treatment is a drug formula that brings together seven ingredients commonly used to promote fertility. The text goes on to explain its activity:

If [the formula is] cooked in water and taken for a month, the static *ch'i* will be freed. Once the stasis is unblocked, the "*ch'i* of happiness" will fill her belly, and it will be possible for her feelings of jealousy to change once and for all. Without further ado the couple will be on good terms [again], and it will be only a matter of time before she becomes pregnant. What is remarkable about this medicine is that by clearing the stasis of hepatic *ch'i* it releases the

1. *Huang-ti nei ching su wen* 黃帝內經素問, 39.4, 62.2.1 (pp. 113, 168). I wish to record my gratitude to Bridie Andrews, Horacio Fabrega, Charlotte Furth, and Marta Hanson for a number of useful suggestions. Dr. Fabrega's insights have been extremely helpful because of my own lack of qualification to make psychiatric assessments.

Most readers will be aware that there is nothing intrinsically Chinese about emotional counter-therapy. An amusing American instance appears in Clemens 1959: 9-10. I am grateful to Prof. Furth for drawing this anecdote to my attention.

2. *Nü k'o hsien fang* 女科仙方, 2: 333. Italics are mine. The vertical Conception and horizontal Belt tracts are circulation channels that intersect below the navel.

constraint in the splenic *ch'i*, and the cardiac and renal-genital *ch'i* are relaxed along with it. [The circulation in] the area of the loins and navel becomes free and, in the Conception and Belt tracts (*jen tai* 任帶), unimpeded. There is no need to open the gate [of the womb with other therapy to allow conception] of the fetus, for the womb opens spontaneously. *This is not a specific therapy for jealousy.*

This discussion is not about jealousy of an imaginary rival. The patient has someone to hate. Fu does not, however, advise that the husband be counseled to change his behavior. It is likely that if he were willing to recognize his wife's needs, he would have done so before the physician was called in. By this stage, as the emotional relationship between husband and wife has deteriorated, it is unlikely that their sexual relations are frequent enough to lead to conception. In any case, the author holds the wife responsible for inability to provide the husband's family with offspring, the worst calamity that can strike any marriage. But a doctor has the power to transform her from an object of cosmic detestation to a patient with a curable disorder.

Fu finds the wife's unrestrained feeling responsible for the blockage of circulation that makes conception impossible. The account of etiology coheres with the general understanding of how medical disorders arise. They generally begin with some impediment to the life-giving and life-sustaining flow of *ch'i*, and are overcome by unblocking it. Therapy traces backward along the pathways of causation. Doing away with the consequences of jealousy allows human relations, otherwise stymied, to clear the inappropriate emotion away.

That is not what the medicine does. Given a correct diagnosis, the medicine can enable the wife to restrain her feelings. Fu does not use any mechanical metaphor to explain its success. The healer is not wielding technology, but bringing about the conditions, at the same time physical, social, and emotional, in which spontaneous change in a human relationship can take place. This change is a necessary condition of the "cure," a pregnancy.

There was nothing superficial about the holism that this typical example illustrates. It left no need for a special category of mental or emotional illness.

### *Emotion and Counter-emotion*

We find such a category emerging only in late imperial China, as part of a great general elaboration of ideas about illness and therapy. The rubric was rarely used, although accounts of medical disorders commonly paid attention to what modern readers would call emotional symptoms. An unusual source permits us to glimpse certain overarching themes in thought about emotional dysfunctions and their treatment.

The same source also casts light on an issue often discussed in writings on the history of Chinese medicine. Scholars not trained in traditional medicine have often treated yin-yang, the Five Phases, and related concepts as a matter of abstract theory that has nothing to do with, or may even get in the way of, the application of empirical knowledge in clinical practice. Asian historians, more familiar with practice, do not make this error. Here as in other studies, examples demonstrate that physicians used these concepts to structure therapy, even in circumstances where knowledge of the patient's human relations is as important as knowledge of the body. Medical doctrine connects the physician's experience with continued study of the classical literature, a link never broken in ancient times and still prominent today in the training of traditional doctors. The cases discussed below also show physicians enforcing conventional social roles, among them those of women, in imperial China.<sup>3</sup>

Collections of therapeutic formulas and methods (the word *fang* 方 includes both) are among the earliest surviving medical books. The Inner Canon explained the rationales behind the choice of treatments. Researches on Medical Formulas (*I fang k'ao* 醫方考) of Wu K'un 吳崑 was written in 1584, by which time enormous numbers of remedies had accumulated within a number of therapeutic traditions and fashions. It was the first monograph in a new genre that set out the principles underlying particular remedies in a systematic way. Its originality lies in applying classical doctrines to standard therapies and case records to explain why one combines certain drugs or chooses certain actions. As Wu's preface puts it,

I have taken more than seven hundred formulas and methods from excellent physicians of antiquity, measured them by the standard of the medical canons, considered them in the light of my own perceptions, and formed [my comments] from therapeutic experience to reveal the subtle meanings [of the formulas and methods]. . . . My method, I should say, was research on drugs, research on the manifestations presented [by patients], research on nomenclature, research in historical records, research on using formulas and methods in a way responsive to changes in the disorder (*pien-t'ung* 變通), research on what succeeds and what fails, and research on the reasons that [formulas and methods] have the effects that they do.

Among the interesting features of this book is a collection of anecdotes headed "Emotions" (*ch'ing-chih* 情志). This group, assembled to illustrate the use of emotions to treat disorders caused by emotion, is the subject matter of this essay.

Wu's was not the first, nor was it the last, grouping of disorders that predomi-

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3. See Farquhar 1994 and Sivin 1987 for the relations of doctrine and practice, and the publications of Charlotte Furth, esp. 1986, on gender in medicine.

nantly involve thought and feeling. The classical rubric was "Wind Disorders" (*feng* 風), a broad grouping based on one of the six external causes of disease. It appears in the early classics. On the Causes and Symptoms of Medical Disorders (*Chu ping yuan hou lun* 諸病源候論), the great etiological treatise of 610, itemizes its contents. Wind includes an assortment of disorders that today would be considered emotional and psychological or neurological, from manic-depressive syndrome to hemiplegia and tics. It excludes others in which the symptoms are also primarily emotional. We can find other sources, from medieval times on, that discuss emotions as causes of disease, and even use emotional manipulation to treat them.<sup>4</sup> Most of those from the Ming and Ch'ing, conforming to the trend away from ritual approaches, prescribe only drugs. The massive imperial encyclopedia of 1726 (*Ku-chin t'u-shu chi cheng* 古今圖書集成) includes an expanded chapter on "Emotions," incorporating Wu's cases and many pertinent citations from earlier classics; its discussion largely focusses on drug therapy. A slightly later palace compilation, the textbook Golden Mirror of the Medical Tradition (*I tsung chin chien* 醫宗金鑑, 1742), abandoned this classification for one that included seven basic emotions rather than Wu's five. It was entitled "spiritual disorders" (or "disorders of consciousness," *shen ping* 神病). The only therapies recommended were a pill and a powder.<sup>5</sup>

In order to understand Wu's starting point, it is necessary to peruse the main classical source for medical correspondences in the Inner Canon of the Yellow Lord. The fifth chapter of the Basic Questions spins a great web of associations for each of the systems of functions associated with the five yin organs. It begins "The east gives rise to wind; wind gives rise to the phase Wood; Wood gives rise to sour [among the five flavors]; sour gives rise to the hepatic functions," and eventually, for each phase, reaching the emotions: "among the emotions [Wood] corresponds to anger; anger damages the hepatic functions; sorrow overcomes anger," and so on. We can capture the pertinent part of this source in a table, to which I have added a fifth column inferred from the fourth:

4. E.g., Chu Chen-heng 朱震亨, one of whose cases is cited below (p. 10). For instances that use emotional counter-therapy see his medical case records, *Chu Tan-hsi i an* 朱丹溪醫案, pp. 26-29.

5. *I fang k'ao*, 3: 221-225; *Chu ping yuan hou lun*, ch. 1-2; *Ku-chin t'u-shu chi ch'eng*, ch. 321; *I tsung chin chien*, 41: 1077-1079. For another Ming book that discusses the same doctrine from the Inner Canon as *I fang k'ao*, but prescribes drugs, see *Chien-ming i kou* 簡明醫轍, 4: 202. My attention was first drawn to Wu's book by an interesting discussion of one of his anecdotes in Ng 1990: 40-41 (which misapprehends the source).

CYCLIC PHASE	SYSTEM OF SOMATIC FUNCTIONS	<i>E</i> - EMOTION THAT HARMS	EMOTION THAT OVERCOMES <i>E</i>	EMOTION THAT <i>E</i> OVERCOMES
Wood	Hepatic	Anger	Sorrow	Worry
Fire	Cardiac	Joy	Apprehension	Sorrow
Earth	Splenetic	Worry	Anger	Apprehension
Metal	Pulmonary	Sorrow	Joy	Anger
Water	Renal-genital	Apprehension	Worry	Joy
Wood	Hepatic	Anger	Sorrow	Worry

It can be put more concisely in the abstract language of Five Phases sequences. The order of the phases and functional systems is that of unfolding natural processes, usually called the Mutual Production series. Thus all five columns read downward in that order. Each phase, on the other hand, overcomes the second one after it. The order in which one emotion can be used to overcome another (anger-worry-apprehension-joy-sorrow-anger, corresponding to Wood-Earth-Water-Fire-Metal and back to Wood) is the Mutual Conquest series, which in medicine applies both to pathological changes and to therapeutic measures designed to overcome the source of disorder.<sup>6</sup>

### Translation

To each account in the translation that follows I have appended explanatory notes in smaller type. Wu seldom identifies his sources, but I have compared his accounts to the originals when they could be found. A general analysis follows the translation.

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**Introduction:** When emotion is overwhelmingly excessive, no drug can cure [the resulting disorder]; it must be overcome by emotion. Thus it is said that "anger damages the hepatic system, but sorrow overcomes anger; joy damages the cardiac system, but apprehension overcomes joy; worry damages the splenic system, but anger overcomes worry; sorrow damages the pulmonary system, but joy overcomes sorrow; apprehension damages the renal system, but worry overcomes apprehension." A single saying from the Inner Canon, and a hundred generations have venerated it! These are immaterial medicines.

6. *Huang-ti nei ching su wen*, 5.3. On Five Phases sequences see Needham et al. 1954-: II, 253-265, and Sivin 1987: 70-80, esp. Fig. 2, p. 79.



Wu's Chinese terms do not translate unambiguously into English. *Yu* 憂, interchangeable here with *pei*, means not only sorrow generally, but also concern for others. *Ssu* is literally "thought," but is often used in medical discourse for excessive emotion that leads to illness. It implies preoccupation, or even obsession. I translate *ssu* as "worry," "longing," and "thinking" in different contexts below. *K'ung*, generally apprehension or fear, sometimes refers to being startled, as in item 5.

I will study eleven instances from remarkable physicians. The enlightened may make larger inferences from them, and the art will be theirs.

Not all the anecdotes involve physicians, a point to which I will return.

1. Wen Chih 文摯 was a man of Ch'i. King Wei 威 of Ch'i was ill, and had an emissary sent to summon Wen Chih. After Wen Chih arrived, he said to the heir apparent "The king will recover if he gets angry. But if he tries to have me killed on the spot, what can I do?" The heir apparent replied "Don't worry. I will save you." Wen Chih failed to be punctual when he visited the king. When he entered, he stepped onto the sitting-mat without taking off his shoes. The king, furious, had his retainers drag Wen Chih away, and was about to have him boiled to death. The heir apparent, in the nick of time, kowtowed and asked the king to spare him. The king's anger passed, and he pardoned Wen Chih. Because of this he recovered.

The reason this happened was that the king's illness was due to worry, so Wen Chih used anger to overcome it.

This episode, which (if it is historic) took place ca. 300 B.C., was told many times with variant details. In the Springs and Autumns of Master Lü,<sup>7</sup> two generations after the time of the story, Wen Chih had already become more than human: "The heir apparent and the queen desperately argued for him, but failed. Despite them, Wen Chih was boiled alive in a large vessel. After he had been cooked for three days and three nights, his expression had not even changed. He said 'if you really want to kill me, then why don't you put a lid on to stop [the circulation of] yin and yang *ch'i*?' The king had the vessel covered, whereupon Wen Chih died." The story was meant to point a moral: "Faithful service may be easy in an orderly time, but it can be impossible in a chaotic one."

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7. *Lü shih ch'un ch'iu* 呂氏春秋, chi 紀 11, p'ien 篇 2, p. 578. This text calls the king's illness *wei* 瘡. Commentators and lexicographers have done no more than guess at the meaning of this rare word. Wu is obviously drawing on one of the many late variants of the story. They also specify, as Lü's text does not, that the patient was King Min, implying the date I have tentatively given. I do not know why Wu gives the ruler as King Wei, who reigned about 60 years earlier than Min.

2. According to the Records of the Wei Kingdom, there was a Commandery Governor who fell ill. Hua T'o 華佗 believed that if the man became very angry he would recover. Hua accepted his goods [i.e., gifts in lieu of a fee] but did not perform any services. Before long Hua absconded, leaving an abusive letter. The Governor, naturally incensed, sent people to follow and kill him. The Governor's son, who knew all about it, ordered the official not to follow him. The Governor glowered for some time, and then vomited several cupfuls of black blood, after which he recovered.

The reason this happened is that the Governor's illness was also rooted in worry. The Canon says "worry makes the *ch'i* congeal." Congelation of *ch'i* is the root of yin obstruction(?). Therefore Hua T'o simply used an outburst of rage to impair the yin and restore a balanced condition.<sup>8</sup>

3. According to Master Shao's Record of Things Heard and Seen, when a prefectural Army Supervisor became ill from grief and worry, his son arranged for Ho Yun 赫允 to treat him. Ho Yun told the son "According to the correct method, he must be greatly alarmed, and then he will recover." The Vice Governor at the time, the Censor Li Sung-ch'ing 李宋卿, was a martinet. The Army Supervisor inwardly feared him. Ho and his son asked that Sung-ch'ing visit [the Army Supervisor], inquire into his faults, and castigate him. The Army Supervisor, terror-struck, broke out in sweat. He recovered from his illness.

It would seem that as a result of grief and worry the *ch'i* congeals, but that as a result of fright or terror the *ch'i* floats up. When that happens it can no longer congeal. This too is an instance of one emotion overcoming another.

The story comes from a twelfth-century collection of jottings. The original, in which the physician's name is Hao 郝, not Ho, gives a number of anecdotes that illustrate his skill in avoiding the unnecessary use of drugs. Hao flourished in the mid-eleventh century.<sup>9</sup>

4. Chao Chih-tse 趙知則 was a native of T'ai-yuan (present Shensi province), who became ill from joy. Master Ch'ao 巢, treating him, read his pulse, and was amazed. He went out to get medicine, but in the end did not give him any. Chao,

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8. This anecdote is quoted fairly accurately from the Standard Histories, partly from *San kuo chih*, 29: 801, and partly from *Hou Han shu*, 82B: 2738. The quotation is from *Su wen* 39.4. I take *i* in *yin i* 陰翳 in its only pertinent sense, "darkening," or, less literally, "obstruction." It occurs in *Su wen* 71.2.2.2 (p. 224), one of the spurious phase energetics chapters. Since that chapter is much later than the two biographies, the sense of the text remains uncertain.

9. *Ho-nan Shao shih wen-chien hou lu* 河南邵氏聞見後錄, 29: 226.

grief-stricken and weeping, took leave of his family, telling them that he was not long for this world. Ch'ao knew that he was about to recover, and sent someone to comfort him. When asked why [he acted as he did, Ch'ao] replied by quoting the passage in the Basic Questions about apprehension overcoming joy. He may be called "one who has gone through the Profound Barrier."

The last sentence means that the practitioner has learned hidden doctrines; "Profound Barrier" (*hsuan kuan* 玄關) is sometimes used for esoteric Buddhist teachings. Mr. Chao assumed that the doctor did not administer the promised medicine because he had determined that the illness was incurable.

5. When a woman was in the final stages of labor, the midwife, who intended to offer her some hot water [to drink], gave her some deerhorn marrow fat by mistake. Deerhorn fat is stuff with which women dress their temple-hair. She disgorged it, and her tongue kept sticking out. For several days after she bore the baby she could not withdraw it into her mouth. She did not respond to medicine.

Chen Li-yen 甄立言 was the last [among the several physicians to be called and] to arrive. He smeared vermilion on her tongue, and then had her re-enact the delivery. He had two women support her, and had someone hide on the other side of the wall and repeatedly beat an earthenware vessel. At the crucial point [the drummer] made a great noise by dashing [the vessel] to the ground. When the sound was heard the woman's tongue went in.

The reason for this is that when one is startled (*k'ung*) the *ch'i* goes downward. Chen Li-yen first used vermilion to smear on her tongue because he feared that the affrighted *ch'i* might enter her cardiac system, and therefore took this preventive measure.

Chen Li-yen and his brother Ch'üan 權 were famous doctors and court officials of the early seventh century. The point of this story, as reference to the Five Phases schema makes obvious, is that the joy of childbirth was responsible for the woman's disproportionate response to the taste of the fat.

Vermilion is mercuric sulfide, generally artificial. In Chinese medicine it acts on the cardiac functions to calm the spirits and perform various fortifying functions. It is so nearly insoluble that its poisonous effect is negligible.

6. When Grand Councilor Han 韓 took sick, there had been no rain [for some time]. He changed doctors ten times, but without effect. Tso Yu-hsin 左友信 was the last to arrive. After reading the patient's pulse, he counted off days on his fingers, said "on such-and-such a day it will rain," and left. Han, suspicious, said "Can this mean that my illness is not treatable? Why did he talk about rain and not get round to giving me medicine?" On the designated night it did actually rain. Han, overjoyed, got up and walked about his courtyard. By dawn his illness seemed to have fallen away.

He had Tso summoned and asked him about it. Tso replied "The illnesses of the highest officials are due to sorrow and concern (*yu*). I covertly judged that an official so high must be a faithful and benevolent person. Since there has been a prolonged drought, you must have been concerned on behalf of the people. If drought was your worry, it must be that rain would be your cure. Since deduction [indicated that the circumstances] were indeed what they should be, why should your cure wait on medicine?"

This is another instance of the Inner Canon's joy overcoming sorrow.

7. After a girl was betrothed, her husband-to-be went away on business for two years without returning. Because of this she did not eat, and miserably took to her bed as though lovesick. She had no other symptoms, but lay there all day facing the wall. Her father invited Chu Chen-heng to treat her, and told him how it had come about. After Chu read her pulse he said to her father "This is an instance of *ch'i* congealed because of longing. It cannot be cured with medicines alone. But if something made her joyous it might clear up. Lacking that, let us make her angry." Without further ado [the father?] slapped her face and accused her of being involved with someone else. At that she became very angry, weeping and sobbing for six hours. When [Chu] let [her father] explain [what had happened], she asked for food. The reason for this is that with sorrow her *ch'i* dissipated, but the anger overcame her worry. Chu said to her father "Although her illness has remitted, only joy will cure it." [The father] arranged for her fiancé to return. After this happened, as predicted, her illness did not recur.

Chu Chen-heng 朱震亨 (1281-1358), here called by his literary name Tan-hsi Weng 丹溪翁, "Old Man of Cinnabar Creek," was the most eminent physician of his time. *Hsiao* 消, which I translate "dissipate," is the antonym of *chieh* 結, "congeal." In the version in a collection of Chu's cases, which has the couple newly married rather than engaged, the deception continued a bit further: "They untruthfully told her that there had been a letter from the husband saying that he would return at any moment. Three months later her husband did return, and she recovered."<sup>10</sup>

8. A district yamen runner arrested a criminal and, having chained him about the neck, was taking him to the yamen. While they were enroute, the criminal jumped into the river and died. His family charged that the runner had tried to get money out of him, and had coerced him until he killed himself. The runner was just able to escape being charged, but could not avoid losing all his property. His sorrow and resentment made him ill, so that he was like a drunkard or an idiot. He talked absurdities, and was no longer conscious of what was going on

10. *Chu Tan-hsi i an*, p. 28.

about him. His superior asked Tai Nien-jen 戴念仁 to examine him. Tai said that since this was an instance of illness from losing wealth, he was certain to recover by gaining wealth. [The superior?] had three tin ingots cast to look like silver, and had them placed in advance in a muddy ditch. He waited for the runner to arrive, and then, pretending he had dropped a key there, ordered the runner to retrieve it. When he pulled out the three tin ingots, the superior said "It's silver! But I have no use for such unrighteous gain. I'll give it to you." The runner held it, scrutinized it, and would not put it down. His illness got better within a day (or by the day, *jih yū* 日愈).

This too is joy overcoming sorrow.

I have not identified Tai Nien-jen, or Han Shih-liang in the next anecdote.

9. A young woman and her mother deeply loved each other. After the woman was married her mother died. The young woman thought (*ssu*) about her unceasingly. Her vitality was depleted. She was barely alive, always sleeping. No medicine had any effect. Her husband asked Han Shih-liang 韓世良 to treat her. Han said "She got this disorder through thinking [about her mother]. It is not an easy one for medicines to cure. It must be treated by art." [The husband?] bribed a female medium and taught her something secret.

One day the husband said to his wife "You think about your mother like this, but you don't know whether under the earth she is thinking of you, do you? I have to go away [on a trip]. Why don't you ask a medium to do a seance for you?" The young woman, pleased, agreed. She called in the medium. They burnt incense and worshipped, and the mother's spirit came down into the medium. In sound and silence she became just like the mother when she was alive.

The young woman burst out in great sobs. The mother scolded her: "Don't cry! Your destiny got the better of mine, so I died earlier than you. My dying is your fault. Now that I am in the Yin Administration [i.e., purgatory], I want to pay you back. Your illness that has left you barely alive is really my work. When I was alive we were mother and daughter, but in death I have become your enemy." When she finished speaking, the young woman's expression changed. She became furious. She railed at her mother: "It is because of [longing for] my mother that I became ill, but it is she who has been hurting me. Why should it make me happy to think of her?" From then on her illness got better.

This too is curing by emotion.

This curious story comes from a collection of medical case records of the early sixteenth century.<sup>11</sup> The speech the husband put into the mouth of the

11. *Shih shan i an* 石山醫案, 3: 17b-18a.

medium implies that the daughter was originally fated to die early, but she was able to draw on the vitality of her mother to outlive her.

10. T'an Chih 譚植 by habit was reticent. He was an Assistant in the Shao prefectural government. One day when he was at a banquet with his colleagues, among the dishes was quite a large Chinese radish (*lo-po* 蘿蔔), which everyone admired. T'an said "But there are radishes as big as a man!" Everyone laughed, confident that this was untrue. T'an was abashed, and blamed himself: "They have not seen one that big. When I told them that, I should have expected that they would consider my words wild, and laugh at them." As a result, he was full of sorrow and resentment, and could not eat for days.

His son Huang 煌 was well-read and understanding. He realized that because his father by habit did not speak lightly, his humiliation had made him ill. If he were to recover, it was essential to make known the truth of what he had said. Huang arranged for someone to go to his home and take a radish as big as a man to the office. When there was another banquet he pressed his father, despite his sickness, to attend. After the wine had made several rounds, a cart brought the radish to the dinner. Everyone was amazed. The father was overjoyed. He recovered that very day.

This too is an instance of the Inner Canon's joy overcoming sorrow.

In this story and the next no physician is involved.

11. Ho Chieh 何解 was a man of Ch'en-liu (present Kaifeng, Honan). One day he was at a drinking party for Yueh Kuang 樂廣, the Governor of Ho-nan, at the house of Chao Hsiu-wu 趙修武. After several rounds of drinking, he suddenly noticed what seemed to be a tiny snake in the bottom of his wine-cup. But when he took the wine into his mouth, he was not aware of anything in it. Still he thought of this again and again, and became suspicious. As the days passed he felt pains in his heart. He thought of the little snake growing larger and eating his vital organs. Medical treatment could not help him.

Some time later he again attended a drinking party at the Chao house. As soon as he picked up his cup he again saw a little snake. Setting down his cup and taking a good look around him, he noticed that a compound bow was hanging from a beam of the house. It turned out that the bow was indistinctly reflected in the bottom of the cup. Because of this his suspicion was quelled, and his medical disorder was no more.

In this case he became ill because of his feelings of suspicion. It was essential to quell them in order for him to recover. For all that time, treatment with drugs produced no effect.

The mention of the well-known wit Yueh (252-304) as Governor puts this story near the end of the third century.

### General Comment

This is quite a mixed bag of anecdotes. It will be well to summarize the cases in a table, comparing the statuses of "healers" and "patients," and looking at the character of the emotional manipulation in each instance. One may question whether all of the instances are medical in character. Only the first nine of the eleven involve physicians. For those that do not specify a precipitating emotion, so that readers have to depend on Wu's analysis, I have put the cause in parentheses.

STATUS OF HEALER	STATUS OF PATIENT	CAUSE	MANIPULATION
1. Physician	King	(Worry)	Anger: insults, aided by son who appeases patient
2. Eminent physician, official family	High official	(Worry)	Anger: insults, aided by son who appeases patient
3. Physician	High official	Worry, grief	Anger: intimidates with help of son
4. Physician	Unknown, probably elite	Joy	Apprehension: deceives to frighten
5. Physician, high official	Woman, status unknown	(Joy) [or shock during parturition?]	Apprehension: re-enacts child-birth, stages event to startle
6. Physician	Very high official	Sorrow, concern	Joy: uses ability to predict rain, explains when summoned
7. Physician, eminent	Woman, fiancée of businessman	Longing for betrothed	Anger moderates lovesickness
8. Physician	Minor functionary of local government	Sorrow, resentment	Joy: aided by district magistrate, deceives by appeal to greed
9. Physician	Woman, obsessively grieving for dead mother	Longing [or grief?]	Anger: stages deceptive mediumistic ritual to destroy emotional bond to mother
10. Son of patient	Medium-level local official	Sorrow [or obsession due to loss of face?]	Joy: demonstrates at banquet that his father spoke the truth
11. Patient	Member of elite	Worry	Unclear: discovers that his fears were illusory

Though these stories are superficially similar, closer analysis reveals an unexpectedly diverse range of issues, and an intriguing variety of responses to a common subject. The shared theme is manipulation of emotions, sometimes to precipitate a catharsis, and sometimes to break a pattern of behavior responsible for

some abnormality. This theme was apparently understood with enough latitude to encompass all eleven cases.

We might next ask in what sense the "therapy" was meant to change attitudes of the "patient."

In the two cases that do not involve doctors, the adjustment was *ad hoc*. In case 10, the filial son corrected the drunken disbelief of his father's colleagues in order to restore his father's dignity. He did not alter the flaw in his father's self-esteem that made him hesitate to express his opinions. The canons of filial piety did not contemplate children improving their parents. In fact, as the story is phrased, the father's diffidence is not a flaw, but a judicious habit. Still, modern readers will expect that, if faced again with derision, the father would respond similarly.

In case 11, the "patient" deluded himself when he relaxed the emotional discipline expected of a conventional gentleman, with pathological results. The "recovery" came from his own reassertion of that discipline. This may or may not affect his suggestibility in the future. In any case, how the "disorder" fits the five-emotion schema is not at all clear. It is called suspicion, and thus would be a kind of worry. Nothing in the "therapy" resembles the anger that overcomes worry, or for that matter any of the other four emotions.

Most of the physicians' therapies aimed only to cure distressing manifestations. If there were behavioral or what Wu would recognize as emotional symptoms, he does not mention them. The doctor is not striving for a long-term change of attitude or perception, and there is no reason to expect one. This is true of cases 1-6 and 8. In three of these the cause and manifestations of the disorder are not even specified (1, 2, 6; in the last of these only the diagnosis reveals the cause). In two the cause is recorded in entirely schematic terms (3, 4).

Two cases (5, 8) are decidedly odd. Case 5 arises from the shock of eating something unpalatable at the normally joyous moment of parturition. In case 8, the social status of the patient is exceptionally low. The doctor appealed to the greed of the magistrate's subordinate in order to relieve his misery. Sooner or later, one must expect, the bars of tin would be revealed for what they were. The deception may have gotten the "patient" over his shock, but one is left wondering whether finding it out will occasion another shock. Generally speaking, yamen runners were considered (by their superiors, at least) to be a species without higher instincts that one could appeal to.

In four of these cases (1-3, 6), the status of the patients was higher than that of their physicians. In case 4 the status of the patient is not mentioned; in case 5 it is unknown, because the status of elite women was simply that of their husbands. We are not even told whether the women who supported the nameless patient as she re-enacted childbirth were servants.



The deception in cases 7 and 9 is impressively gross. The first involves physical as well as mental abuse. The account does not say who slapped and insulted the patient, but it is difficult to believe that it was the doctor rather than the father. In the second, either the husband or the physician enlists the services of a popular religious operative, whose occupation doctors generally despised. One might compare the woman's treatment with an analogous case in Chu Chen-heng's compilation, in which Lo Chih-t'i 羅知悌 (ca. 1243-1327) treated a wandering monk who had had a breakdown because of longing for his mother. Lo's "therapy" consisted of giving the mendicant monk a place to stay, administering medicine, feeding him rich food, calming him verbally, and giving him money to pay for his further travels. The contrast is striking.<sup>12</sup>

In the same two cases, the "therapy" also aimed at changing attitudes. The first woman's father, and the second woman's husband, would have been motivated not only by concern for suffering, but by the universal expectation that women's emotions should not interfere with their service to the household.

In case 7 it had been arranged that the woman would leave her parental household. A bride was expected to shift her emotional ties to her husband and his parents. It was, however, unfilial to appear impatient for this transition. Chu Chen-heng encouraged the father to resolve the issue by summoning the fiancé back, and perhaps fixing an early date for the wedding. But the woman had to be taught a lesson first, namely that lovesickness implies an illegitimate affair, not engagement to be married. That, I take it, was the point of the accusation.

The woman in case 9 had already left the house of her parents. Although she might visit her patrilineal home, she belonged to her new family, no longer to the old one. Her unceasing thoughts of her mother, which decidedly interfered with her activities in her marital household, would, from the conventional point of view, amount to disloyalty. This implication did not have to be explained in the anecdote, for every sixteenth-century reader would have been aware of it.

This case fits the neat scheme of correspondences that Wu K'un is seeking to illustrate, for it asserts that anger overcomes longing. But more fundamentally and a great deal less neatly, the counter-therapy in this instance used betrayal—the husband's trick to convince his wife that her beloved mother was tricking her—to end the bride's "betrayal"—her failure to serve her new family without reservation. From the husband's point of view, no doubt, this was simply the best way to restore the wife's health and happiness. He was expected to see it not from her point of view, or for that matter his own, but from the overriding viewpoint of his family line. Each Chinese family depended on the importation of women from other families for its own continuation.

### *Conclusion*

These anecdotes illustrate several aspects of inappropriate emotion as a problem for therapy in classical medicine.

First, Wu K'un, a sophisticated physician, did not draw a sharp line between therapy performed by doctors and emotional manipulation carried out by laymen, so long as the goal was to relieve suffering brought on by undisciplined emotion.

Second, we see from cases 7 and 9 that more than therapy was involved. The boundaries between social and medical deviance—between doing wrong, and not doing right because you are ill—were determined by values abroad in the society, and policed by physicians among others.

When people could not control their own emotions, those about them normally saw the outcome as a social problem, to be resolved by suasion, negotiation, and sanction. If such efforts within the family failed, an option was to see the failure as a medical problem and call on the expertise of the physician. Here as elsewhere in medicine, the therapy of first resort was consistently material, mainly the use of drugs to restore the balance of *ch'i* that inappropriate feelings had disturbed. If that failed, certain doctors with deeper understanding could apply "immaterial" therapy to resolve more refractory imbalances. This transformation of social failings into medical problems is what sociologists have recently called "medicalization" (as when inability or unwillingness to sit still in classrooms where immobility is valued becomes hyperkinesia). Wu reminds us that medicalization is neither modern nor Western.

This led inevitably to a tension between the physician's sensitivity to the medical situation seen whole and the expectation (on his part as well as that of others) that adjustment to one's social role is part of health. Wu speaks of being "responsive to changes in the disorder." Doctors need a great deal of clinical resourcefulness in order to respond to dynamic pathological and physiological processes. Success also depended, the sources remind us, on flexibly interpreting the constellation of somatic, emotional, and social dysfunctions that from the physician's viewpoint *are* the disease. The therapist must choose, when confronted with a withdrawn young woman, to encourage her to change her situation, or to deceive her so that she will accept it docilely. No one familiar with the complexity of life in an ancient Chinese family will find it easy to judge which course will be in her long-term interest. Nor would a physician have found it easy to decide whether her interest should override that of his male client.

Third, therapeutic deceptions were applied not only to patients of lower status

than the practitioner, but even to those in high places. When the patient's rank was much higher, the healer might be in considerable danger. The fury he elicited might even end his life. He would have to rely on intercession by someone close to the powerful patient (1, 2), or on his own persuasiveness (6).

Fourth and from some points of view most important, the appearance of "emotional disorders" as a classification in this and a very few other books does not amount to a separation of physical and emotional illness. Within this category there is still no split between mind and body or between what moderns would call somatic and psychological symptoms. The latter are also important in more traditional categories.

Finally, Wu's section on emotional counter-therapy is not represented as a theoretical innovation. It is, rather, a practical expedient, a loose rubric for discussing an approach to therapy that may be useful for certain disorders of emotional origin.

These concrete instances carry a number of assumptions interesting from the psychiatric point of view. The interactions of one human being with others lead to emotion, which Chinese were expected to control. Sometimes its intensity overcomes one's resources of discipline. The result may be disabling illness. The physician, with his repertory of drugs and other technical means, is expected to redress the metabolic and circulatory imbalances that allow illness, whatever the cause, to spread and deepen. Some dysfunctions of emotional origin are so serious that conventional means will fail. This residuum can yield only to powerful counterbalancing emotions, which an exceptional physician (usually called in as a last resort) will know how to manipulate. Wu's cases assert that in doing so a guide is available, namely the familiar Mutual Overcoming sequence of the Five Phases. In order to make this point, Wu was willing, within limits, to rewrite details of his sources (1, 7). We have also seen him providing diagnoses when his sources lack them (1, 2, 5). He even included an anecdote (11) that is not obviously related to his Five Phases schema, and did not explain it.

These are a few basic insights about the emotions as seen in Chinese medicine. Many other writings that shed light on such topics are waiting to be explored.

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