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TOWARDS A HISTORY OF THE CORPOREAL DIMENSIONS OF EMOTIONS: THE CASE OF PAIN

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*Abstract*¹

This article moves at the crossroads of particular processes of change in the 16th and 17th centuries' perceptions of love and passion, which have been described as shifts in the collective *mentalité*. Taking some literary notions of suffering as its departure point, it proceeds to the investigation of writings the main concern of which was how to resolve crisis and suffering. Thus, it tackles the issue of the basic fabric of daily life from the perspective of a logic of the concrete. Methodologically referring to the triangle relation between terms for pain, the relevant concepts and the bodily facts, it seeks for insights on the corporeal realities of pain and suffering in 17th century China, which also provide information about the cultural interface in the experience of pain. The present article argues that, in order to integrate concepts and words with corporeal realities of emotion and suffering, it is necessary to go beyond conceptual metaphors and to explore the social fabric in particular historical periods and geographical regions of China.

Introduction

Feng Menglong 馮夢龍 (1574–1646) in one of his stories describes a woman who collapses onto the floor when she is told that her child just died. The narrator comments: “If you do not know the state of her Five viscera, first see how [she lies there] unable to lift her Four limbs.” (不知五臟如何, 先見四肢不舉.)² Focusing on the woman’s suffering, Feng leads the readers’ attention to her Five viscera and her Four limbs. Evidently, observing these corporeal conditions was supposed to reveal insights into her painful suffering. Here, the notions

1 I would like to thank Rudolf Pfister, Paolo Santangelo, and Lee Cheuk-yin for their comments on earlier versions of this paper. I am deeply grateful to the editor, Roland Altenburger, and the two anonymous reviewers of the present journal for their extremely helpful comments and suggestions.

2 The story “Shen Xiu Causes Seven Deaths with One Bird” (“Shen xiaoguan niao hai qi ming” 沈小官鳥害七命), being item no. 26 in the collection *Stories Old and New* (*Gujin xiaoshuo* 古今小說); FENG, 1958, 2: 394.

“Five viscera” (*wu zang*) and “Four limbs” (*si zhi*) are more than mere storyteller’s rhetoric. A different example is the memory narrative *Yangzhou shi ri ji* 揚州十日記 (Record on the Ten Day [Massacre] at Yangzhou, 1645),³ which gives account of a massacre perpetrated against the city population during the fall of the dynasty. In this text, physical pain due to cruel injury as well as emotional despair (*tong* 痛 and *shang* 傷) are expressed throughout in terms of visceral processes and changes.

The Five viscera (*wu zang* 五臟) was a collective term for the heart, lung, spleen, liver and the kidneys.⁴ As a technical term, *wu zang* denoted the physiological functions of generating and storing vita-vapor, or vital energy (*qi* 氣), and of the intrinsically related pathological changes. These give rise to five different emotions (*qingzhi* 情志), i.e. *xi* 喜 (happiness), *si* 思 (thought, worry), *bei* 悲 (sadness), *kong* 恐 (fear) and *nu* 怒 (anger). Moreover, they are related to the Five spirits, or life forces (*shen* 神), i.e. *shen* 神, *hun* 魂, *po* 魄, *yi* 意 and *zhi* 志.⁵ With the notion of *wu zang*, the author pointed to a conceptual blending⁶ which evidently served as an operational thread in the social fabric at the time.

In medical texts throughout the ages, emotions are only rarely denominated explicitly. In cases where they had been detected as pathological factors, physicians inquired into situations of either too little or over-abundant essences (*jingqi* 精氣 and *qi*) occurring within the viscera.⁷ In cases of a knotting, blocking or reversion of *qi* in an inner organ or in the whole body, physicians mostly detected processes of excessive – and therefore disturbing – emotions. This is the reason why medical authors as well as writers of literary pieces, such as Feng Menglong, instead of using a general denominator for emotions (e.g. *qingzhi*) referred to the *wu zang* (Five viscera) as a conceptual frame. By this concept

3 Wang Xiuchu 王秀楚, “Yangzhou shi ri ji” 揚州十日記, in XIA, 1964: 240–241. For an English translation, see MAO, 1937; cf. STRUVE, 1993: 28–48.

4 In this text I use the terms “*wu zang*”, “Five *zang*”, “*yin*-viscera” and “Five organs” interchangeably. For a detailed study of the Five *zang* in an early 17th century medical textbook, see HSU Elisabeth, 2000: 165–187.

5 I avoid translating these five terms since this would require a lengthy discussion of their semantics in late imperial texts. However, on their semantics in the *Huangdi neijing*, see UN SCHULD, 2011, 1: 409.

6 With regard to early Chinese thinking, Slingerland presents a promising example on how mental space theory can deepen our insights into early Chinese thought: “Blending theory encompasses conceptual metaphor theory but goes beyond it to argue that all of human cognition – even literal and logical thought – involves the creation of mental spaces and mappings between them.” See SLINGERLAND, 2008: xii, 176–185.

7 See MESSNER, 2000: 163–178.

they evoked a whole cluster of finely grained knowledge regarding emotional mechanisms and functions that was also employed in diagnostic and therapeutic practice. These, in turn, shaped the perception and conceptualization of emotions, such as suffering and pain, in the early 17th century.

Conceptual shifts

The 16th and 17th centuries experienced several transitions: the change of dynastic rule from Chinese to non-Chinese, the transition from a literary culture focused on the scholarly elite to a popularization of knowledge, an increased population growth and a transition from philosophy to philology.⁸ The popularization of knowledge also occurred in the medical field. An increasing number of introductory books, medical encyclopedias and collectanea appeared on the book market.⁹ This process had already begun in the 14th century, with the emergence of a new medical scholarly orthodoxy, which in turn was related to the rise of Neo-Confucianism.¹⁰ The flourishing of printing fostered the transition from state-controlled publishing to economically oriented publishing.¹¹

The “culture wars” in the 16th century¹² resulted in a strengthening of ritual.¹³ Simultaneously, the transition from a self defined by etiquette to an experimenting self (the 17th century was the golden age of autobiographies)¹⁴ went hand in hand with the transition from an understanding of emotions as trouble-makers to an acceptance of emotions as one aspect of human existence, and as a requirement for true sympathy (compassion) and self cultivation (*xiu shen* 修身).¹⁵ Given the centrality of *qing* 情 (feeling, sentiment, emotions) in the literary, philosophical and theatrical discourses of the time,¹⁶ *qing* gradually shifted from a mere term to a concept.

8 See WAKEMAN, 1986; CHANG / CHANG, 1992; and in particular ELMAN, 1990.

9 WIDMER, 1996: 77–122.

10 FURTH, 2006: 434–441.

11 See JI, 1991; CHIA, 2002; McDERMOTT, 2005: 55–104; SHANG, 2005: 63–92; BROOK, 1999: 62–80.

12 On the “Great Rites Controversy”, see EPSTEIN, 2001: 6, 17–18.

13 CHOW, 1993.

14 See WU, 1990: xii; CHAVES, 1985: 123–150; FONG, 2009: 21–41.

15 See HUANG, 2001: 54–55.

16 See WONG, 1978: 121–150; WANG, 1994; EPSTEIN, 2001: 61–79; HUANG, 2001: 45–85; SANTANGELO, 2003: 186–205.

The emergence of the concept of *qing* in the 16th and 17th centuries can be regarded as a significant element of ongoing socio-economical and socio-political shifts, in particular in the Jiangnan macro region (which covered major parts of present-day Jiangsu, Zhejiang and Anhui provinces).¹⁷ Yet, at the same time, this concept needs to be studied on its own terms. Previous large-scale investigations of the registers of emotion in literary and philosophical texts have indicated the extraordinary significance of *qing*.¹⁸ These results indicate the very dimensions in which people may have thought and acted with regard to emotions, passion and love. Of course, the literary texts' imaginative rendering is not to be misconceived as representing everyday life. Since knowledge generally is realized through usage,¹⁹ literary texts need to be read in conjunction with writings referring to other practical fields, such as jurisdiction and medicine.

The concept of *qing* referred to the experiential side of humans, which started to shape people's attitudes toward others as well as themselves. It was mainly an emphatic celebration of love and passion, which were now conceived as constitutive aspects of human nature. According to Koselleck,

the concept is bound to a word, but is at the same time more than a word: a word becomes a concept when the plenitude of politico-social contexts of meaning and experience in and for which a word is used can be condensed into one word. [...] Concepts are thus the concentrate of several substantial meanings.²⁰

Unlike in linguistic and in particular lexicographic studies, reconstructions of conceptions are not aimed at drawing any objective maps of the semantic relations between words in a given lexicon. Conceptual historians, rather, "are [...] interested in deciding how a particular, studied concept acquires its meaning within a semantic field as it appears in a selected text corpus."²¹ Thus, the investigation of concepts goes beyond studying mere words. The combination of a linguistic and non-linguistic understanding of the concept basically refers to the blending of meaning and to the semasiological relation between words and concepts. In this view, concepts transform objects while the concepts themselves

17 On the "physiographic units" in "agrarian China", see SKINNER, 1978: 7–16, 74–77. On Jiangnan as a cultural and geographical region in the 17th century, see LIU, 1987; KO, 1994: 20–21, 30–34 and 39–40.

18 See SANTANGELO, 2003: 458. See also the article by Bisetto in the present issue.

19 FRIED / KAILER, 2003: 13.

20 KOSELLECK, 2004: 84.

21 IVERSEN, 2011: 12.

change in both the synchronic and diachronic dimensions. Thus, the social contexts of the semasiological relations are to be discussed in the following.

Medical writings are not limited to describing the calamities and crises people go through, but describe the physicians' assessments of such situations, and their strategies to deal with them. Tracing these accounts of applied knowledge is an indispensable step towards reconstructing the social fabric, i.e. people's usages and practices of knowledge about emotion. Based on a preliminary reading of 17th century medical texts, this investigation shall not start from the concept of *qing*, but rather from certain terms and phrases. Medical texts hardly ever refer to *qing* from a meta-perspective, but with phrases such as *xiangsi zhi e zheng* 想思之惡證²² ("the pathological condition of excessive longing"), or *si qi ren er bu de* 思其人而不得²³ ("longing for a person but not getting her"). Both of these phrases describe instances of two lovers' tragic separation, easily interpretable as cases of "love-sickness". However, as the physician in this case stated, he did not consider it a matter requiring medical care, because as soon the lovers (*qingren* 情人) were reunited, the depression would dissolve (*yukai* 鬪開) all by itself.²⁴ However, a physician could nevertheless cure someone who was "longing for a person but not getting her" by administering pills for calming the liver.²⁵ These two examples must suffice here to demonstrate how physicians dealt with the impact of *qing* as a matter of the corporeal dimensions of yearning, melancholy and other emotional suffering.²⁶

Notions of yearning, of course, are to be found throughout Chinese literary history. Yet the medical writings of the time differ from the literary ones in the ways they treated these phenomena. As I shall argue in the following, the focus on the medical settings makes observable the specific contexts and the particular moments in which the concept of *qing* was performed in terms of bodily processes and movements. Moreover, concepts do not have any ontological status prior to words. Therefore, the approach of the present contribution relies on semasiology, inquiring into the meanings of words, as opposed to onomasiology (as part of lexicology), starting out from a particular concept.

22 See BZL (*Bianzheng lu*), *juan* 8, CSQ: 883.

23 See BZL, *juan* 8, CSQ: 883.

24 See BZL, *juan* 8, CSQ: 883.

25 See SSML, *juan* 6, CSQ: 418.

26 For some preliminary insights with regard to this, see MESSNER, 2007: 71–81.

The Changing Semantics of *qing*

The following overview of the major semantic shifts of the term *qing* 情 starts from the pre-Han-dynasty period, proceeds to 12th and 13th century Song-dynasty Neo-Confucianism and ends with the 16th century, when *qing*, once again, underwent a radical semantic change.

Its early Han meaning of “fact” (and not feeling) referred to the tangible reality, as contrasted with “reputation” (*ming* 明, *wen* 聞 and *sheng* 聲).²⁷ Moreover, as a modifier meaning “genuine” (as opposed to “false”, *wei* 偽), the usage of *qing* changed radically during the Han dynasty. The *Shuowenjiezi* 說文解字 circumscribes *qing* as “the desires contained within a person’s *yin-qi*” (人之陰氣有所欲). The contrast between *qing*, belonging to *yin-qi* 陰氣, and human nature (*xing* 性), belonging to *yang-qi* 陽氣, as propagated by Dong Zhongshu 董仲舒 (179–104 B.C.), anticipated the dichotomy of Song Neo-Confucianism, which divided human nature into two components: selfless benevolence (*ren* 仁), associated with *yang*, on the one hand, and greed (*tan* 貪), associated with *yin*, on the other. Zhu Xi 朱熹 (1130–1200), due to his overall concern with order and harmony, emphasized the equilibrium (*zhong* 中) as the (ideal and pure) state in which emotions (such as pleasure, anger, sorrow, and joy) were “not yet aroused” (*weifa* 未發). Once these emotions were “already aroused” (*yifa* 已發) and all of them attained due measure and degree (*zhongjie* 中節), he would call it “harmony” (*he* 和). When equilibrium and harmony were realized to the highest degree, heaven and earth would attain the proper order, and all things would flourish.²⁸

Accordingly, Zhu Xi refers to the state of human nature prior to the arousal of emotions as the pure state of principle (*li* 理). A person should achieve and maintain tranquility (*jing* 靜) and should avoid activity (*dong* 動). This dichotomy is underpinned by the idea of two conflicting spheres in Neo-Confucian ethics:²⁹ the realm “above forms and shapes” (*xing er shang* 形而上) and the realm below (*xing er xia* 形而下). The former, which Metzger calls the “metaphysical” realm, embraces heaven (*tian* 天), nature (*xing* 性), principle (*li* 理) and tranquility (*jing* 靜). Associated with the latter are activity, *qi*, and *qing* (the emotions), which Metzger calls the “experiential” realm. Thus, the bifurcation of *qing* and *xing* is based on the division of the principle from *qi*, the all-embracing

27 GRAHAM, 1967: 215–271; HANSEN, 1995: 181–203; GASSMANN, 2011: 237–273.

28 ZHU XI, 1983: 18, for the English translation, see CHAN, 1963: 98.

29 Here I follow METZGER, 1977: 82–85.

and all-pervading “matter”. Principle was to be investigated through inquiring into things (the experiential realm) and by constant learning (*ge wu* 格物) in order to eventually achieve accomplishment. But *qi* could also be viewed as subordinated to principle (*li*), thus highlighting the dualistic view.

The majority of scholar-officials since the Yuan Dynasty (13th–14th centuries) internalized these Neo-Confucian moral ideas. However, there were also scholars who criticized the teachings of Zhu Xi. These critical positions were further developed in the 17th century and eventually resulted in a claim for the reform of education, among other things.³⁰ The Heart-mind school (*xinxue* 心學) opposed the view of human feeling (*qing*) as self-indulgent wishes and desires and as the negative side of human nature (*xing* 性), prevalent in orthodox *Daoxue* (Neo-Confucianism), and instead encouraged a philosophical re-evaluation of human feeling, positioning *qing* as a crucial basis of knowledge.

This epistemological framework shaped Feng Menglong’s understanding and his finely grained knowledge on emotions, pain and suffering. His collection *Qingshi leiliue* 情史類略 (History of Love, Exemplary Categories), comprising nearly 900 stories which had already been part of a long narrative tradition of historiography, also including *zhiguai* 志怪 (accounts of anomalies) and *chuanqi* 傳奇 (stories of marvels), in one way or another always deals with love, passion and emotions (*qing*).³¹ Feng was not alone in celebrating *qing* as the essential condition of human life, claiming that “the ten thousand things scattered like single coins are bound together by one string that is the emotions” (萬物如散錢, 一情爲線牽).³² Other writers, such as Tang Xianzu 湯顯組 (1550–1616) and Yuan Hongdao 袁宏道 (1568–1610), shared Feng Menglong’s obsession with love, passion and emotion.³³ The “teaching of passion and emotions” (*qingjiao* 情教) was fuelled by historiographic and cosmographic efforts to establish the idea of *qing* as the driving force of the cosmos and of human history, in place of the Song-dynasty Neo-Confucian notion of principle (*li* 理). Thus, *qingjiao* was opposed to *lijiao* 理教 (the teaching of principle). These epistemological modifications in favor of the emotions and passions were very much congruent with the conceptual framework introduced above. Both the epistemological shift and the long-standing conceptual framework of the Five viscera met in a significant

30 See the considerations in Huang Zongxi’s 黃宗羲 (1610–1695) *Mingyi daifang lu* 明夷待訪錄 (1662), in DE BARY, 1993: 106–107. See also BROKAW, 1991: 12–13; likewise LEUNG, 1994: 383–389.

31 See the contribution by Bisetto in the present volume.

32 FENG, 1993: 1.

33 See HSU Pi-ching, 2000: 43–47.

space, namely, the human body, the fabric and conditions of which gradually shifted to the centre of scholarly attention.³⁴ As will be seen in the following section, the social fabric was enforced by a deep concern for the presence of the vital energy *qi* in the human body. *Qi* was supposed to flow smoothly through the whole body, and particularly within the core vital spaces, the Five viscera.

The Corporeal Realities of Emotions

The phrase quoted at the beginning of the present article (不知五臟如何, 先見四肢不舉), has been rendered by one translator as follows: “If you don’t know how she feels inside, just look first at her motionless limbs.”³⁵ This translation, however, neglects the intensely corporeal dimension of emotions and suffering expressed in the sentence.

With “corporeality” I do not refer to the bodily analogies which are commonly employed in texts to make the dominant societal order appear as natural. Neither do I refer to the body-society analogy that is often focused on in socio-logical and anthropological analyses, which attempt a social reading of the “natural body” by focusing on bodies as intentional and signifying expressions of cultural life. By corporeality, rather, I refer here to the fact that literary and medical texts in the 16th and 17th centuries alike abound with evidence for the representational predominance of the corporeal, particularly visceral, condition of the emotions.

To leave aside these specific corporeal aspects of emotions would mean to obstruct the possibility of approaching the very modes by which people felt. The translation of the phrase as cited above implies, as the conceptual framework underlying it, an inner-outer division which might mislead the reader into conceiving it as a hidden, private state of the soul.

The literal translation I have proposed – “If you do not know the state of her Five viscera, first see how [she lies there] unable to lift her Four limbs” – is aware of the fact that the original sentence lacks any single explicit denominator for emotions, such as *qing* or *qingzhi*. Instead, the emotions are signified by the conceptual term of the “Five viscera” (*wu zang*).³⁶ This blending of social

34 HUANG, 2001: 93–99.

35 BIRCH, 1958: 160.

36 Translations more recent than Birch’s do not fail to explicitly recognize the Five viscera as they appear in the original text. See, e.g. YANG / YANG, 2000: 465: “The condition of her

suffering and pain with the Five viscera can be viewed as a cultural technique of cognition that can be discovered throughout history and even in present-day China.³⁷

This article is concerned with this conceptual blending only to the limited extent it serves as an operational instrument for dealing with visible and/or audible excessive reactions, such as pain and suffering, as well as with painful sensations of the body. If conceived as material realities, emotions belonged to both the rules of feeling specific to time and place, as manifested in perception, gestures and behavior, and to the reference frame physicians applied in therapy. Though the rules of feeling changed over time, the cognitive mechanism of conceptually expressing social emotional realities by reference to corporeality was implicitly derived from the passage “The locations where the Five essences accumulate” (“Wu jing suo bing” 五精所並) in *Huangdi neijing* 黃帝內經 (The Classic of the Yellow Emperor, 2nd century B.C.), where the visceral³⁸ manifestations of emotions are explained as follows:

精氣並於心則喜	When the <i>qi</i> -essence [of all Five <i>yin</i> -organs] accumulates in the heart, it will [give rise to] joy,
並於肺則悲	when it collects in the lungs, it will [give rise to] sorrow,
並於肝則憂	when it collects in the liver, it will [give rise to] worry,
並於脾則畏	when it collects in the spleen, it will [give rise] to dread,
並於腎則恐	when it collects in the kidneys, it will give rise to fear.
是謂五並	Such are the so-called Five accumulations (<i>wu bing</i> 五並). ³⁹

This passage provides the paradigmatic conceptual frame. It conceptualizes emotions as being produced due to the concentrations of *qi*-essence within the Five *yin*-organs (*zang*). The Five viscera theory refers to the study of the inner viscera as the vital core spaces of both men and women alike. The *zangfu* 臟腑, or viscera, conventionally have been classified into the *yin* 陰-viscera, the *yang* 陽-viscera and the “unusual organs” (*qiheng zhi fu* 奇恒之腑), according to their

Five vital organs was not readily apparent, but her Four limbs visibly went limp.” However, my exercise in translation critique emphasizes the *wu zang* as the primary conceptual marker of feeling. This aspect is not reflected in the later translation, either.

37 YU, 2009: 34.

38 HDNJ, *Suwen*, “Xuan ming wu qi pian” 宣明五氣篇, 23: 364.

39 This translation follows UNSCHULD, 2011: 404. On the differing interpretations of the term *bing* 並 in the 8th, 16th and 17th centuries, cf. ibid.

particular physiological functions. The Five *yin*-viscera include the heart, the lung, the spleen, the liver and the kidneys. The Six *yang*-viscera include the gall bladder, the stomach, the small intestine, the large intestine, the bladder and the triple energizer. The unusual organs include the brain, the marrow, the bones, the vessels, the gall bladder and the uterus. Commonly, the physiological function attributed to the Five *yin*-viscera was to generate and store vital energy (*qi*). The Six *yang*-viscera were considered the receivers and transporters of nourishment. The unusual organs were assigned a function similar to that of the *yin*-viscera. *Qi* is the fundamental “breath” which is constitutive for all living systems; and *jīng* 精, the concentrated essence, which even precedes the form of the body and from which the body originates, is ultimately also constituted and produced from *qi*. If *qi* knots or blocks, or if it reverses its flowing direction, illness or disorder will occur in the body and in society. This, at least, is the view put forward in a 16th century commentary to the passage quoted above:

If each *yin*-organ holds its own *qi*-essence, there will be no illness. But if the *qi*-essence of all Five *yin*-organs accumulate in one single organ, then there will arise a overabundance of evil *qi* (*xie qi* 邪氣) and it will depend on the particular *yin*-organ which emotion will occur in an extreme way (*taiguo* 太過).⁴⁰

Another late 16th century commentary further explains:

If there occurs a state of depletion (*xu* 虛) in a *yin*-organ, *qi*-essence will coagulate there, and it is impossible to control the corresponding emotion (*zhi* 志) anymore.⁴¹

These two divergent interpretations converge at one point, that is, the paradigmatic idea of the importance of harmoniously flowing *qi*. If one organ happens to be in an unbalanced state of either depletion or repletion of *qi*, then there will be an imbalance also in the other organs. Depletion or emptiness (*xu* 虛), in particular, was among the most feared states in the visceral conditions. Emptiness eventually signified death. When the *qi* disperses, it gradually loses presence within a certain viscera. This fear of emptiness can be identified as a core feature of Chinese attitudes to life. It can also be interpreted in terms of a psychology of

40 The text, for instance, refers to extreme worry as such a pathological state. See Wu Kun 吳崑 (1551–1620), in *Huangdi neijing*, 1982: 365.

41 Emotions in these textual contexts are generally named as *zhi*. See Ma Shi 馬蒔 (fl. 1586), in *Huangdi neijing*, 1982: 365.

presence.⁴² Thus, the long history of supplementing drugs (*buyao* 補藥) in Chinese medical history can be accounted for in terms of a logic of the concrete. Based on the anthropological science of the concrete, Judith Farquhar has convincingly shown how, in contemporary China, “drug attributes such as flavor, warmth, directionality and speed both classify (abstractly) medicinal substances and name (concretely) their sensory, material characteristics”.⁴³ This logic that relates such a characteristic as flavor to the efficacy of medicine most likely was also involved in 17th century medical settings.⁴⁴ Drugs that can prevent people from losing *qi* are also capable of helping people to live longer, e.g. to prolong their corporeal presence (i.e. life) in this world.

Ultimately, the psychology of presence also provides a conceptual tool for the study of the integral relation between the Five viscera and emotional processes. As explained above, in the case of emptiness (*xu*) in one single *yin*-organ, a possible over-accumulation of *qi*-essence could occur, which could in turn manifest itself in excessive emotions. This also shows that, within this medical frame of knowledge, emotions *per se* were not conceived as pathological factors. As accumulations of *qi*-essence within the Five *yin*-viscera, they were viewed as disturbing pathogenic processes when they acted in excessive ways, which, however, was only due to an emptiness in a particular organ. Furthermore, the respective *yin*-organs (*wu zang*) were not just the sites of arising emotions, but rather they were viewed as participants in this process. As such, emotions were not conceived of as any “static condition”, but as a participant in processes of “flowing”.

Pain: Conceptions and Words in the 17th Century

Pervasive despair and pain are among the most elaborately described phenomena in the *Yangzhou shi ri ji* 揚州十日記 (Record on the Ten Day [Massacre] at Yangzhou, 1645). It includes descriptions of how Qing soldiers rampaged and people grieved (*shang* 傷) for their kidnapped or dead brothers and parents.⁴⁵

42 See KURIYAMA, 2001: 17–29.

43 See FARQUHAR, 2007: 288.

44 This is, at least, the case in the writings of Chen Shiduo and Zhang Jiebin 張介賓 (ca. 1563–1640).

45 WANG, in XIA, 1964: 240–241. For a translation see MAO, 1937: 515–537; cf. STRUVE, 1993: 28–48.

Exposed to all these expressions of lamentation (*wen rensheng beiqi* 聞人聲悲泣) and pain (*minghu tong* 鳴呼痛), people were “so distressed that they passed out” (*yitong qi jue* 一痛氣絕). Their “organs were about to split apart” (*chang jie yu duan* 腸結欲斷), their “hearts burned like lamp oil” (*xin ruo fengao* 心若焚膏), and their bowels turned into knots. There was so much “grief and pain beyond words” (*shang zai, tong bu ke yan* 傷哉痛不可言) that their “eyes were parched and tearless” (*yan ku wu lei* 眼枯無淚).⁴⁶ The term *tong* 痛 simultaneously referred to physical pain, mental despair as well as suffering. Similarly, *shang* 傷, the term for a physical wound, could also mean “to grieve” or “to mourn”. The terms *tong* 痛 and *shang* 傷 denoted suffering in both senses of mental despair and grief as well as physical pain due to injury. In both cases, however, pain was conceived of as an emotional process, and not just as a sensation like feeling hunger or cold.

The terms used to describe pain and suffering point to their visceral localization, since pain was perceived, again in the words of Feng Menglong, “as though the lungs and liver had been pierced” (*ru ku ganfei* 如割肝肺).⁴⁷ No conceptual difference between the framing of pain and the framing of emotional processes is perceived in these writings. This view is congruent with recent scientific insights which emphasize that pain is both “a specific sensation and an emotion” at the same time.⁴⁸ If pain is basically conceived of as visceral processes, it approximates the conceptual frame by which physicians in 17th century China used to understand occurrences of pain and suffering they were diagnosing and treating.⁴⁹

As will be seen in the subsequent explorations of Chen Shiduo’s writings, this author mainly diagnosed disharmonies among the inner viscera, even in the worst cases, when people, due to extreme pain, could not express themselves verbally anymore. He always turned his attention to the area of the chest and stomach, where the Five *yin*-viscera are located.

46 WANG, in XIA, 1964: 241. See also KO, 2005: 478–503.

47 FENG, 1993: 178.

48 PERL, 2007: 78.

49 On pain in early medical texts, see HSU, 2005: 15–19.

Pain and Suffering in Chen Shiduo's Writings

Among the medical authors who wrote most extensively on suffering from pain caused by emotions was Chen Shiduo 陳士鐸 (*zi* Jingzi 敬子, *hao* Yuangong 遠公, Zhu Huazi 朱華子, *Dayatang zhuren* 大雅堂主人, 1627–1707). He was a government student (*shengyuan* 生員) and belonged to the social group of educated men who, like Feng Menglong before him, never succeeded in the higher-degree examinations. His life was closely linked to the sociopolitical events of the decline and fall of the Ming Dynasty in the early to mid 17th century. After the fall of the Ming, his writings abound with resentment against the Qing invaders.⁵⁰ Chen was not only a prolific writer of medical books, but may also be regarded as a gifted physician and as the founder of a new medical canon. His works, in their various facets, can be viewed as contradictory and paradox narratives, yet, at the same time they also mirror his argumentative strategies to re-evaluate medicine, thus raising it from a “lesser way” (*xiao dao* 小道), i.e. from a “low profession” (*jian ye* 賤業), to the prestigious “great way” (*da dao* 大道), in particular by negotiating the boundaries and the relation between medical skills (*yishu* 醫術) and benevolence (*ren* 仁).

The socio-historical context of this was the growing number of highly educated people who never made it up the examination ladder and therefore never attained any official position. A surplus of educated people who were in need of alternative ways for their career and income⁵¹ catered to the increasing demand for encyclopedias of useful everyday knowledge (*riyong leishu* 日用類書), which to a significant part also included medical knowledge. Medical practice as an alternative professional career had been known at least since the 11th century, and in the mid 17th century it became specifically the choice of Ming loyalists.⁵² This contributed to elevating the social status of medical specialists and of their expert knowledge and also led to a significant increase in the writing and publishing of medical books.⁵³

In the course of these changes, the borderline between those whose medical expertise was transmitted chiefly through generations of family tradition, from father to son, or from master to disciple, termed as “hereditary physicians” (*shiyi*

50 This issue is part of a longer chapter in my forthcoming book (MESSNER, forthcoming).

51 For detailed numbers see ELMAN, 2000: 140.

52 On Ming-Loyalisms see STRUVE, 2007: 159 and STRUVE, 2009: 343–394; YATES, 2009: 5–20.

53 See WIDMER, 1996: 77–80.

世醫), on the one hand, and those who merely read and wrote medical texts but did not practice, the so-called “scholar-physicians” (*ruyi* 儒醫),⁵⁴ on the other, gradually blurred. This is also reflected by an ever-increasing number of introductory books on medicine published from the 14th century on. The number of medical encyclopedias, including medical collectanea (*congshu* 叢書) and books arranged by categories (*leishu* 類書) rose dramatically in the 16th and 17th centuries.⁵⁵ Chen Shiduo himself was a highly prolific writer. However, of the nearly 65 titles attributed to him, only eight are extant today.⁵⁶

Chen Shiduo neither has a biographical record in the *History of the Ming Dynasty* (*Ming shi* 明史), nor is he listed among the Qing elite physicians in the *Draft History of the Qing dynasty* (*Qing shi gao* 清史稿, 1928). Yet, his writings are included in 141 different passages in the *Synthesis of Books and Illustrations Past and Present* (*Gujin tushu jicheng* 古今图书集成, presented to the throne in 1726, i.e. about 20 years after Chen’s death), in the “Department of Medicine” (“*Yi bu*” 醫部),⁵⁷ the category of “Arts and Occupations” (“*Yishu*” 藝術), the main section “Arts and Sciences” (“*Bowu*” 博物), under several subsections, such as those on “Emotions” (“*Qingzhi men*” 情志門) and “Madness” (“*Diankuang men*” 癲狂門), “Ulcers” (“*Ju men*” 瘟門), “Epilepsy” (“*Xian men*” 癪門) as well as “Epidemics and warm diseases” (“*Wenyi men*” 瘟疫門).⁵⁸ All these respective passages quoted in the *Gujin tushu jicheng* were derived from one work, i.e. the *Shishi milu*.

Chen Shiduo’s life dates can be reconstructed on the basis of a passage in the *Local Gazetteer of Shanyin County* (*Shanyin xianzhi* 山陰縣志, 1804),⁵⁹

54 The term *ruyi* first appeared in the early 12th century, referring to doctors who behaved like a gentleman, and to those who abandoned Confucian studies to become doctors. See LIU, 1974: 269; CHEN, 1997: 39–40; HYMES, 1987: 9–76.

55 See ZURNDORFER, 1995: 243–250; LEUNG, 2003: 374–398.

56 Among the works attributed to Chen Shiduo in *Shanyin xianzhi* 山陰縣志 (1804) are the following titles: *Neijing suwen xianglun* 內經素問尚論, *Lingshu xinbian* 靈樞新編, *Waijing weiyan* 外經微言, *Bencao xinbian* 本草新編, *Zangfu jingjian* 臟腑精鑒, and *Maijue danwei* 脈訣闡微. See CSQ: 1137.

57 GJTSJC, “*Minglun huibian*” 明倫彙編, “*Renshi dian*” 人事典, especially vol. 38, *juan* 51–62: 46852–46982.

58 GJTSJC, “*Bowu huibian*” 博物彙編, vol. 44, *juan* 321: 54519–54526, “*Yishu dian*” 藝術典, vols. 42–46, *juan* 321 and 341: 54737–54749. On the conception of “warm diseases” (*wenbing* 溫病) in relation to the prevalence of epidemics in late imperial China, see HANSON, 1997.

59 See LI, 1975. The district of Shanyin 山陰, along with Kuaiji 會稽, since the 16th century, was among the wealthiest districts in the South. Both Shanyin and Kuaiji districts were part

where it is mentioned that he died at the age of eighty. Evidence regarding his year of birth can be found in the paratextual apparatus. As mentioned previously, this gazetteer lists 64 titles by Chen Shiduo, only eight of which are still extant. His writings and his biography can be traced only fragmentarily. At that time, physicians in Jiangnan loosely gathered in networks around Suzhou prefecture that were also attracting physicians from other places.⁶⁰ Although Chen must have been a well-known physician at his time, judging from the numerous entries in the *Gujin tushu jicheng*, he most probably did not associate with the most famous physicians of his time, such as Wu Youxing 吳有性 (1582–1652), Zhang Lu 張璐 (1617–1700), You Yi 尤怡 (d. 1749), Yu Chang 喻昌 (1585–1664), and Ye Gui 葉桂 (1667–1746).

Chen Shiduo's texts are difficult to trace back to one single author. Considering the long time span between the accomplishment of a manuscript and its first printing, in which numerous commentators, friends, admirers and book traders corrected, deleted, added or substituted single characters or whole passages from the original manuscript(s), we might assume them to be a patchwork of text snippets, rather than original texts deriving from a single author.⁶¹ Moreover, we need to acknowledge that these texts were the results of co-operations by both known and unknown authors. Nevertheless, Chen's writings reveal a specific connection to his own life history of suffering as a frustrated scholar, which moreover was interwoven with the decline and fall of the Ming dynasty. He describes various states of emotional distress, especially among scholars who had not achieved what they expected, or widows and nuns who lived under restricted conditions, indicating his involvement in a world of permanent uncertainty. He also refers to particular experiences of fear and pain in times of famine (termed as *chaimi youzhou* 柴米憂愁)⁶², when “the heart is full of fear and the gall bladder trembles” (人有心驚膽顫),⁶³ or when the heart-*qi* is hurt (*shang* 傷)⁶⁴ due to “a generation living under violence and tyranny” (*qiangliang*

of Shaoxing 紹興 prefecture. Since the late 18th century, Shaoxing was the most populated prefecture of the province. See COLE, 1986: 6. Since Song times, Shaoxing prefecture had also been known as Zhedong 浙東 (lit., east of Zhe River, or Eastern Zhejiang).

60 CHAO, 1995: 169–174, shows evidence of a medical community in Suzhou and of networks with others from outside Suzhou.

61 On this issue in late Imperial China, see also VOGELSANG, 2002: 659–675.

62 See BZL, *juan* 8, CQS: 880.

63 See BZL, *juan* 7, CQS: 854.

64 See BZL, *juan* 8, CQS: 871.

zhi bei 強梁之輩), or a situation of “foreign occupation of one’s homeland” (*qiao yu renjia* 橋寓人家).⁶⁵

The subsequent passage is from the long second chapter in *Record of Differentiating Diseases* (*Bianzheng lu* 辨証錄, 1687).⁶⁶ As such it is only one of a vast number of examples to be found in the body of Chen’s books. It is written almost with the verve of a counter-discourse, repeatedly arguing against popular belief in demons, apparently still widely held to be the cause for particularly serious cases, such as heart pain, which was ranked among the life-threatening crises. The physician explained these symptoms on two analytical levels, as will be seen in the following:

人有心痛之极	When someone [suffers] extreme pain in the heart,
苦不欲生	the suffering is such that he does not want to live any more.
彻夜呼號	He screams the whole night,
涕泗滂沱者	and tears and mucus incessantly pour from his eyes.
人以為火邪作祟也	People think that this must be due to a possession by demons.
然致此火邪之犯心者	Yet, actually, it is the fire which attacks the heart.
何故乎	What was the cause [for this]?
蓋因肝氣之鬱而不舒	The uneasiness was caused by the oppressed liver- <i>qi</i> . ⁶⁷

This passage on heart pain meticulously reveals how the heart as a physical organ was perceived as the site of suffering, and also as the place of origin of the loud cries, tears and mucus. The tears and cries, as visible and audible signs of pain in the heart, in this case, are not accompanied by the patients’ verbal descriptions of the suffering. Instead of reporting his patients’ accounts, the physician-*cum*-author offers his own interpretation of the symptoms and their cause: thus, the heart is simultaneously the physical organ, corresponding to the Five Phases paradigm, with fire as its correlative phase, as well as the agent of crying out loudly due to pain. According to the Five Phases paradigm, the heart is the child of the liver (*gan* 肝), correlated to the wood phase. Therefore, it would seem consistent that in the case presented above, the heart pain is dia-

65 See BZL, *juan* 8, CQS: 869.

66 The textual history of the *Bianzheng lu* starts probably in 1687. Chen himself dated the 4th prologue to the manuscript (which is no more extant today) as 1689. The first imprint was sponsored by Nian Xiyao 年希堯 (d. 1739) in 1724. The earliest imprint still extant (in 14 *juan*) today is from 1748.

67 See BZL, *juan* 2, CQS: 736.

gnosed as a dysfunction of the liver-*qi*. Thus, the diagnosis of the ultimate cause for the symptoms holds that, due to the oppressed liver-*qi*, the liver damages the heart.

The Polyvalent Heart, Crying and Weeping

Chen Shiduo meticulously studied cases of emotional suffering. The second chapter of his *Bianzheng lu* is almost exclusively dedicated to the various forms of pain, such as pain in the belly (*fu tong* 腹痛), flank pain (*xie tong* 胁痛), and headache (*tou tong* 頭痛). The discussion of heart pain (*xin tong* 心痛) also covers a major part of the chapter in question. Chen distinguishes six different kinds of heart pain: firstly, pain which is located below the heart, which he does not consider a form of heart pain, but pain caused by worm attacks; secondly, heart pain which occurs only once; thirdly, heart pain which is permanent; fourthly, actual heart pain in the inner cavities of the heart; fifthly, heart pain which actually derives from stomach pain; and sixthly, unbearable heart pain. In the course of his extensive explorations of pain, he repeatedly links these observations to shifts between the Five viscera, even when people cry out aloud and without stopping, unable to express themselves through words.

The text continues as follows:

蓋心屬火，而火不可 極	The heart correlates with Fire; the fire, however, should not blow too extremely.
火極反致焚心	If the fire blows too hotly, it might lead to burning the heart.
往往有自焚而死者	It happens very often that [the heart] burns and [the person] dies.
故心火太旺	Therefore, if the fire in the heart is flourishing too much, the heart generally will dislike the fire.
火正為心之所惡	
而又得肝木之助火	[If] the heart moreover receives additional supportive fire from the liver wood,
則心不能受	the heart cannot absorb [all the fire].
必呼号求救于四鄰	It cries for help from his four near neighbors [i.e. the kidneys, the lung, the spleen and the liver],
自然涕泪交垂矣	and mucus and tears are delivered and pour down all over. ⁶⁸

68 See BZL, *juan* 2, CQS: 736.

Instead of the normal process of “generating the fire of the heart”, wood, correlated to the liver, overcomes the fire. The heart fire must not blow too hot. When, as in our case, the fire blows extremely hot, it leads to “a burning of the heart” (*fenxin* 焚心).⁶⁹ Due to the polyvalence of the heart, in this context we need to translate *xin tong* as “heart pain” with a double meaning, denoting both “emotional distress” and “pain in the viscera”.

It is important to note that the physician acts as a kind of mediator between the patient, who is unable to speak, and his family and neighbors, who (obviously) believe that demons and ghosts are the cause of this extreme case of suffering. The physician further surpasses this level of description, moving on to the vast field of *yin* 陰- and *yang* 陽-viscera, and to their connections with other parts of the body via channel systems (*jingluo* 經絡).

Thus, the medical author interprets the symptoms – the tears and the mucus, all the crying and despair – as “natural” articulations of disharmonious relations among the viscera. The heart remains the site of deepest despair, the locus of “the self burning or dissolving itself”. In the quotation above this is referred to by the phrases, “the suffering is such that he does not want to live any more”, and “it happens very often that [the heart] burns and [the person] dies”. Here the heart is the cause of despair and pain.

The physician’s explanation turns the heart itself into a victim of one of his neighbors, i.e. the liver. Thus, the heart’s cries are filled with meaningfulness, and so are the extensive flow of tears and the freely released mucus. Simultaneously, the physician’s explanations open up the stage on which he himself is about to act, and on which he acts in an actual sense, seeking to weaken the liver’s fire in order to relieve the heart.

Crying, weeping and wailing, in general, were viewed as spontaneous expressions of emotional states, such as worry and grief, frustration and disappointment.⁷⁰ Needless to say, the frequency of crying due to hunger and pain can easily be related to the socio-political context of the time, providing sufficient material for studies of this kind. In the 17th century, physicians dealt with the pain of lovesickness much in the same manner as with crying and weeping

69 See BZL, *juan* 2, CSQ: 736.

70 For the distinction between *ku* 哭 (weeping) and *qi* 泣 (lamenting), whereby *ku* is an official ritualized action, and *qi* is a private action (with tears and sputum) in pre-Buddhist sources, see HARBSMEIER, 1999: 317–422. This distinction however has totally disappeared in medical writings.

due to hunger.⁷¹ Chen Shiduo described various harmful consequences of hunger and internal injuries,⁷² such as unbearable pain. He also points out that if the stomach and heart are damaged due to hunger, this could lead to madness and death. He interprets the wailing and grumbling as cries for help from the inner viscera.⁷³

As to the question of how to stop weeping due to hunger (何能止索飯啼飢之哭), he once again employs the same reference frame explaining how hunger leads to crying (*huhao* 呼號), e.g. the large intestine crying for help, and especially asking the stomach for help.⁷⁴ The physician's therapy is guided by the following assumption:

人有飢餓之後	Due to suffering from hunger,
腹中腸鳴	the intestine within the belly is producing sounds – like a bird.
手按之鳴少止者	When massaging the belly, the sounds stop a bit,
此大腸匱乏	this is due to a deficiency of the large intestine,
所以呼號	which is why there is crying
求濟於同經之胃而頻鳴也	and requesting help from the stomach and crying, over and over again.

Crying and weeping due to hunger originate directly from the large intestine and from the stomach which, in a state of total depletion, must cry for help. Such personifications of the inner viscera are consistently used throughout the text. Thus, the visceral behavior and the organs' processes, on the one hand, and the patients' social life, on the other hand, are explained simultaneously. The basic cause for both of these evidently was the need for food. Not only the stomach and the large intestine are afflicted by it, but also all the other *yin*-organs. A specific situation of hunger, poverty and distress is used to explain the situation of the kidneys, which are without water. Water, in accordance with the Five Phases paradigm, is correlated to the kidneys.

The physician's task was to watch "below the surface" and thus to explain the actual situation, i.e. the processes among the inner viscera. This directed the

71 On the frequent food shortages in some areas in the 17th century, see DUNSTAN, 1979: 1–59; LEUNG, 1987: 133–166; ATWELL, 1982: 68–90; 1990: 661–682; WILL / WONG, 1991; JANKU, 2009: 233–246.

72 See, e.g. the following: BZL, *juan* 4: thirst-disease; CSQ: 840; BZL, *juan* 5: sweat; CSQ: 849, BZL, *juan* 9: internal injuries, CSQ: 898.

73 SSML, *juan* 5, CSQ: 302.

74 BZL, *juan* 10, CSQ: 936.

attention away from any superficial diagnosis favoring demon-possession as an explanation for the cause. Instead, Chen guided the patient's attention toward the very stage on which *yin*-visceral processes "produced" pain and suffering in a real sense.

In Chinese cultural history, weeping in general was limited to particular roles in mourning. Such roles may be viewed as a way of "channeling", and thus controlling, people's emotions of suffering and pain. In times of distress and chaos, clearly defined roles ceased to apply; in times of great transformations (such as in the 17th century), roles and patterns of behavior crumbled; and people, in addition to their disorientation, also suffered great pain due to distress, hunger and disease. Their crying and weeping first needed to be translated into a language comprehensible to those surrounding the patient, i.e. family members and neighbors. This required a "translation" of the patient's pain and despair into the culture of everyday life. Chen advocated "reading" the symptomatic manifestations according to the inner *qi*-landscape based on the appropriate understanding of the *qi*-processes. Thus, the diagnosis and cure of pain and suffering meant negotiating emotionally as well as corporeally unbearable pain and suffering. The conceptual tool of the Five viscera was applied to interpret the vague and inarticulate heart pain, thus localizing multiple and ambiguous pain at a clear-cut place, in the inner visceral processes of the body-self (*shen* 身). The crying and weeping were thus conceptually transformed into normal and necessary articulations of the body's struggle for survival. These translational processes in diagnosis and therapy were at the basis of the curative apparatus for dealing with even the worst of pains.

Conclusion and Outlook

This article started off from a well-known 17th-century vernacular narrative by Feng Menglong. It indicated that literary authors not only celebrated love and passion, but also dealt with suffering and painful emotions. The excerpt implicitly raised the questions of how the protagonist experienced pain and suffering, and how it could be best conveyed to the reader. The author, however, neither referred to "feelings" or "emotion", nor to any generic term for "pain" or "suffering". Rather, he brought up the conceptual frame of the *wu zang* which was well known in the medical field as a tool for diagnosis and therapy.

Out of the vast number of case histories to be found in Chen Shiduo's writings only a very limited sample could be selected. This material provided the guideline for the present study, which proposed a close reading of medical texts in their contemporary contexts, paying special attention to the finely grained applied knowledge regarding pain and suffering. Tracking the ways the social fabric was woven into the human body at the time, the triangular relation between the terms (e.g. the technical terms "heart" or "liver"), the concept of *qing*, and the symptom itself, that is, pain and suffering were taken into account.

Chen Shiduo in his writings meticulously described and diligently handled the concept of the Five viscera. This offers insights into the ways physicians intervened in ongoing bodily and social processes. These representations guide the reader to the logic of the concrete applied in cases of suffering and pain.

Most importantly, the logic of the concrete, indicating the Five viscera as a conceptual frame, was by no means restricted to the medical field. In addition to its application in diagnosis and cure, it served as a means for blending social suffering with actual bodily processes. This cognitive technique provided a frame of emotional knowledge, which expressed strong concern with the harmonious flow of *qi* and essences (*jing*). Emptiness was conceived as inducing imbalances in the *qi* flow, resulting in excessive emotions, pain or depression. Therefore continuous and abundant presence of *qi* in the core viscera was required.

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