

**Articulating ‘Chinese Madness’:**  
A Review of the Modern Historiography of  
Madness in Pre-Modern China<sup>1</sup>

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## **Introduction**

It is always not easy to define what madness is, not to mention how to treat it. As Roy Porter showed us, throughout European history there have been so many contending interpretations of the phenomena of madness. Within the spectrum of these different viewpoints, interestingly, when some judged that to ‘define true madness, What isn’t but to be nothing else but mad’,<sup>2</sup> some others on the contrary denied there was any such thing as ‘mental illness’.<sup>3</sup> In addition to the opposition between ‘to be is to be mad’ and ‘madness is simply a social construct’, even in a specified time and space, numerous parties, including the mad, their families and friends, psychiatrists and nurses, writers and artists, theologians and philosophers, and

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<sup>1</sup> This paper is drafted from part of the Introduction to my doctoral thesis: Chen, Hsiu-fen (2003), ‘Medicine, society, and the making of madness in imperial China’, Ph.D. thesis, School of Oriental and African Studies, University of London, U.K.. I dedicate this article to the late Professor Roy Porter, whose works have inspired me in many ways.

<sup>2</sup> These words were belonging to Polonius. My quotation is from Porter, Roy (1990), *Mind-Forg’d Manacles: A History of Madness in England From the Restoration to the Regency*, London: Penguin, p.1; Porter, Roy (2002), *Madness: A Brief History*, Oxford, Oxford University Press, p.1.

<sup>3</sup> The representative of this stance was Thomas Szasz. See: Porter, Roy (1990), *Mind-Forg’d Manacles*, p.xi; Porter, Roy (2002), *Madness: A Brief History*, p.1.

so forth, may have diverse and even contradictory viewpoints. Clearly, any attempt to articulate the nature of madness is bound to be problematic. Writing a history of the mad and insanity remains a challenging task up to the present day.

Apart from the European views of madness, I shall indicate the fact that the phenomenon of madness in pre-modern China was no less complex than its counterpart. Long before the introduction of western biomedicine and psychiatry into China in the late 19<sup>th</sup> century, the Chinese already had rich experience and long-standing traditions of dealing with the problem of madness. As a result, there have been quite fruitful researches into the related topics. To answer a general question, such as ‘what is madness in China?’, or a specific one, ‘how have Chinese views of madness been historically shaped in particular contexts?’, it would be helpful to look into current researches of madness in Chinese history first. This article therefore is aimed at reviewing the modern historiography of madness in pre-modern China, which will in turn benefit the readers and researchers interested in the related fields.

To some extent, indeed, my loose usage of ‘madness’ referring to that in pre-modern Chinese contexts could be doubtful since this is not a culture-free term that could be universally applied. But as I shall argue later, all kinds of historical researches more or less involve in the work of ‘translation’, that is, writing the past in terms of present languages. When writing an English article on Chinese history, I find that the term ‘madness’ might serve as a convenient equivalent to signify a Chinese category (or a group of categories) – mainly referring to *dian* 癲, *kuang* 狂, *xian* 癩, and *feng* 瘋, etc. - which was comparable to that of ‘madness’ in the English world.

Next I shall like to introduce how the scholarship related to this topic has reached its present stage.

# Writing Madness in Chinese History: from Psychiatrists to Historians

## The Emergence of Psychiatry in Modern China

The emergence of the study of madness is usually not distinguishable from the development of psychiatry and psychology. This is particularly true in the modern era. In the 19<sup>th</sup> century, along with the new epistemology of health and sickness, life and death, there occurred a rapid transformation of biomedicine in which clinical medicine played an increasingly important role.<sup>4</sup> Likewise, psychiatry as a branch of medicine and science achieved an unprecedented breakthrough in Europe and North America.<sup>5</sup> Afterwards, psychiatric and psychological terminology and taxonomy have increasingly dominated medical interpretations in both the western and non-western societies.

In China, modern psychiatric studies did not emerge until the introduction of biomedicine in the modern period. In the second half of the 19<sup>th</sup> century when the commonly called ‘Western Powers’ seized unrivalled privileges in the ‘Far East’, medical missionaries as pioneers of imperial expansion and colonial enterprise were enabled to establish careers in the declining Chinese Empire. With the aim of ‘saving the body’ as well as ‘saving the soul’, missionary medicine played a no less important part than science and technology did during the process of ‘modernization’ of China.

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<sup>4</sup> Foucault, Michel (1963), *Naissance de la Clinique*, Paris: Presses Universitaires de France. English edition: *The Birth of the Clinic: an Archaeology of Medical Perception*, trans. by A. M. Sheridan, firstly published in 1973, reprinted in 1997, London and New York: Routledge.

<sup>5</sup> A number of books are written in relation to the rise of modern psychiatry in the 19<sup>th</sup> century. See, for example, Scull, Andrew (1989), *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*, Berkeley and Los Angeles: University of California Press; Goldstein, Jan (1987/2001), *Console and Classify: the French Psychiatric Profession in the Nineteenth Century*, with a new afterword, Chicago and London: the University of Chicago Press.

It offered an alternative, contending system of ‘therapy’, both in the physical and psychic senses, for Chinese people.<sup>6</sup> As a result, the acceptance (and rejection) of modern western medicine and the reformation of Chinese medicine became two distinctive phenomena in early 20<sup>th</sup> century China.<sup>7</sup> In western missionary medical activity, not surprisingly, psychiatric study that could help them to understand the ‘Oriental mind’ was seen as one of the most important tasks. Along with this was the translation of a couple of western psychiatric works into Chinese in the early Republican period.<sup>8</sup>

As western medical missions had taken into account the problems of Chinese mental health and illness mainly in the light of psychiatry from the mid-19<sup>th</sup> century onwards, the central issue that psychiatric doctors and scholars often debated was, interestingly, ‘whether insanity really exists in China’. According to Martha Li Chiu’s research, while some missionary doctors believed that insanity prevails to a much lesser extent in China than in Europe, others on the contrary affirmed the real existence of Chinese mental illness, though it was thought to be different from that of the westerners.<sup>9</sup> Of the latter tendency, the most famous representative might be Dr. John Kerr (1821-1901), who is said to have established the ‘first’ hospital for mental illness in Canton, China in 1898.<sup>10</sup> Not long later, Beijing also had its own asylum to

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<sup>6</sup> In the Preface to his *The Medical Missionary in China* (London: Hurst and Blackett, Publishers, 1861), page v, W. Lockhart, in an exciting tone, stated that ‘[t]he experiment of medical missions has been fully tried in China, and the experience of many years has demonstrated that the agency has been successful, that the labour spent has not been in vain, and that the success of the past gives reason to hope for still better things for the future’.

<sup>7</sup> Please refer to Andrews, Bridie (1996), ‘The making of modern Chinese medicine, 1895-1937’, Ph.D. dissertation, Cambridge University, U.K.; Cunningham, Andrew and Bridie Andrews (1997), *Western Medicine as Contested Knowledge*, Manchester and New York: Manchester University Press.

<sup>8</sup> Luo Lei 羅磊 and Niu Jifeng 牛吉峰 (2003), ‘Qingmo yilei zhongguo jingshen yixue wenxian de fanyi’ 清末以來中國精神醫學文獻的翻譯 (The translation of psychiatric works into China since late Qing), *Zhonghua yi shi zazhi* 中華醫史雜誌, 33(2): 112-113.

<sup>9</sup> Chiu, Martha Li (1986), ‘Mind, body, and illness in a Chinese medical tradition’, Ph.D. dissertation of Harvard University, Ann Arbor: University Microfilms International, pp.17-24.

<sup>10</sup> Wong, K. C. & Wu, L.T. (1932), *History of Chinese Medicine*, T’ientsin: The T’ientsin Press, Ltd.; revised edition printed by Southern Materials Center, Inc., pp. 469-470. A recent related survey is Szto,

accommodate the patients of mental disorders (1906).<sup>11</sup> It then became usual to assume both the existence of Chinese mental illness and its similarity to that of westerners. By the late 1930s, when more hospitals and asylums were built for mentally ill people, Chinese specialists stressed that studies regarding mental illness should not ignore the influences of broader non-medical factors. They tried to balance the former bias of overemphasizing the differences or similarities between Chinese and westerners, proposing a complex perspective in which social and cultural aspects of madness were to be taken more seriously. Moreover, psychiatrists also noted the significance of the physiological terms in which Chinese expressed their mental illness. This tendency later led to a new approach towards the studies of mental illness: the so-called ‘somatization’ syndrome and ‘culture-bound’ syndrome.<sup>12</sup>

Due to the restricted scope of this article I will not get involved in depth of psychiatric developments in early 20<sup>th</sup> century China as a whole, which may deserve a detailed investigation of its own by another work. The reason for me to mention this topic is mainly because modern psychiatric concern with differences and similarities of mind in different contexts has influenced historical writings on madness to a certain extent. The evidence will be shown later.

### **Historical Scholarship inside China**

The amount of research into mental disorders and their history in China increased rapidly because of the encouragement of the Communist government after

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Peter Paul (2002), ‘The accommodation of insanity in Canton, China: 1857-1935’, Ph.D. dissertation, University of Pennsylvania. In addition to the assertion that John Kerr’s hospital was the first one for the mentally ill in China, some other said that the mental hospital in Shanghai, which was built in 1824, could be the first one. This question requires further exploration.

<sup>11</sup> Luo Lei and Niu Jifeng (2003), ‘Qingmo yilei zhongguo jingshen yixue wenxian de fanyi’, pp. 112.

<sup>12</sup> Chiu, Martha Li (1986), ‘Mind, body, and illness in a Chinese medical tradition’, pp.25-27.

1949.<sup>13</sup> As a conscious matter of policy Chinese medicine has been legitimized as an epitome of historical treasures and cultural heritage deserving attention and preservation. In the 1950s, with full official support not only were institutions for researches into Chinese medical history established, but also journals exclusively devoted to the history of Chinese medicine were launched. During 1953-1956, more significantly, a number of western-medicine-trained doctors were forced for ideological reasons to ‘convert’ their profession to Chinese medicine and medical historical studies. This political movement is generally known as ‘Western medicine studies Chinese medicine’ (xiyi xuexi zhongyi 西醫學習中醫).<sup>14</sup> It is thus not surprising to see that articles on the history of Chinese mental disorders published in 1950s and early 1960s were mostly written by psychiatrists and doctors educated in western medicine. The approaches presented by these preliminary researches were rather homogeneous: an introduction to the medical theories and therapies of mental illnesses as recorded in pre-modern Chinese medical texts, then followed by explanations in terms of the theories of modern biomedicine, psychiatry or psychology.<sup>15</sup> By newly organized or expanded medical colleges, research institutes,

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<sup>13</sup> Lin, Tsung-yi (1985), ‘The shaping of Chinese psychiatry in the context of politics and public health’, in Tsung Yi Lin & Leon Eisenberg eds., *Mental Health Planning for One Billion People: A Chinese Perspective*, Vancouver: University of British Columbia Press, p.5.

<sup>14</sup> See: Taylor, Kim (2000), ‘Medicine of revolution: Chinese medicine in early Communist China (1945-1963)’, Ph.D. dissertation, Cambridge University, U.K., pp.108-136. Also see: Zheng Jinsheng 鄭金生 and Li Jianmin 李建民 (1997), ‘Xiandai zhongguo yixue shi yanjiu de yuanliu’ 現代中國醫學史研究的源流 (The origins and developments of modern researches into the history of Chinese medicine), *Dalu zazhi* 大陸雜誌 (Continental Magazine), v.95, n.6, pp.26-35, esp. pp.27-28.

<sup>15</sup> See: Yu Shenchu 俞慎初 (1955), ‘zhongyi dui diankuangxian de lunzhi’ 中醫對癲狂癩的論治 (Treatments of *diankuangxian* in Chinese medicine), *Shanghai zhongyiyao zazhi* 上海中醫藥雜誌 (Chinese Medicine and Pharmacy in Shanghai), 12: 31-32. Chen Zhongsun 陳鍾舜 (1956), ‘zuguo yixue zhong youguan “dianxian” de lunshu’ 祖國醫學中有關「癲癩」的論述 (Discourses on *dianxian* in the medicine of the motherland), *Zhongyi zazhi* 中醫雜誌 (Chinese Medicine), 6: 283-289. Shou Meilong 壽梅隆 (1957), ‘zuguo yixue zhong jingshenbingxue de fazhan he chengjiu’ 祖國醫學中精神病學的發展和成就 (Developments and achievements of psychiatry in the medicine of the motherland), *Xin Zhongyiyao* 新中醫藥, 8.6: 3-9. Xue Mong 薛盟 (1959), ‘zuguo yixue dui jingshenbing de renshi he zhiliao’ 祖國醫學對精神病的認識和治療 (The knowledge and treatments of mental illness in the medicine of the motherland), *Zhejiang zhongyi zazhi* 浙江中醫雜誌 (Chinese Medicine in Zhejiang), 10: 17-20. Lee Tao, Ch’eng Chih-fan and Chang Ch’i-shan (1962), ‘Some early

publishing houses, and professional associations, this attempt to integrate the theories of both western medicine and Chinese medicine into one unified system had paved the way for the formation of TCM (Traditional Chinese Medicine)<sup>16</sup> as a national health care system dating from 1956 and remained dominant in the scholarship of medical history till the present day.

Despite the interruption by the Cultural Revolution (1966-1976), studies of Chinese medical history revived in the 1980s and flourished from the 1990s onwards. So did historical studies of madness. Researches in the current period involve more thorough surveys of this topic rather than brief introductory surveys on the one hand, and precise investigations into one single medical text in a specific time on the other.<sup>17</sup> On a detailed examination, however, their approaches appear to share the common feature of concentrating on the history of diseases. For decades, most Chinese medical historians on madness have focused on its ‘internal history’, i.e. medical theories and doctrines,<sup>18</sup> more than on its ‘external history’, i.e. medicine in

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records of nervous and mental diseases in traditional Chinese medicine’, *Chinese Medical Journal*, 81: 55-59.

<sup>16</sup> As for the formation of TCM, see: Taylor, Kim (2000), ‘Medicine of revolution: Chinese medicine in early Communist China (1945-1963)’, pp.136-183.

<sup>17</sup> See: Liu Xiehe 劉協和 and Xu Youxin 許又新 (1980), *Jingshenbingxue shi* 精神病學史 (The History of Psychiatry), Changsha: Hunan renmin chubanshe. Zhou Changfa 周長發 (1985), ‘zhongyi jingshenbingxue fazhan shilue’ 中醫精神病學發展史略 (A brief history of psychiatric developments in Chinese medicine), *Zhonghua yishi zazhi* 中華醫史雜誌 (Chinese Medical History), 15.3: 144-147. Li Qingfu 李清福 and Liu Duzhou 劉渡舟 eds. (1989), *Zhongyi jingshenbingxue* 中醫精神病學 (Psychiatry in Chinese Medicine), Tianjin: Tianjin kexue jishu chubanshe. Huang Jian 黃健 (1994), ‘Zubing yuanhou lun dui zhongguo gudai jingshenbingxue fazhan de gongxian’ 《諸病源候論》對中國古代精神病學發展的貢獻 (Contributions of *The Treatise on Origins and Symptoms of Various Diseases* to the development of early Chinese psychiatry), *Zhonghua yishi zazhi* 中華醫史雜誌 (Chinese Medical History), 24.4: 207-210. He Yumin 何裕民 (1995), *Zhongguo chuantong jingshen binglixue* 中國傳統精神病理學 (Psychiatry in Traditional Chinese Medicine), Shanghai: Shanghai kexue puji chubanshe. Liao Yuqun 廖育群 (1997), ‘The history of psychiatric diagnosis in traditional Chinese medicine’, in Yosio Kawakita, Shizu Sakai and Yasuo Otsuka eds., *History of Psychiatric Diagnoses*, Tokyo: Ishigaku Euro-America, Inc.

<sup>18</sup> A similar approach could be seen in the medical scholarship in pre-1990 Taiwan. See, for example, Fong Wing Loi 方永來 and Lee Cheng-yu 李政育 (1981/1985), *Zhongguo chuantong yixue zhi jingshen binglixue* 中國傳統醫學之精神病理學 (The Study of Psychiatry in Traditional Chinese Medicine), Taipei: Qiye shuju. Both of them are practitioners of Chinese medicine in Taipei, Taiwan.

broader social and cultural networks. Unfortunately, some of them simply juxtapose all the source materials uncritically, failing to provide equivalent fruitful interpretations, or worse, falling into the pattern of an encomium of the ‘achievements’ or ‘discoveries’ of Chinese medicine to meet the need of political propaganda. As Judith Farquhar points out, in 1980 even in the writing of a medical figure’s biography ‘it was necessary to position oneself as politically correct relative to both the nationalist and socialist concerns that had ruled official discourses since the 1950s’.<sup>19</sup> The emphasis in medicine and medical studies on an orientation towards the dogmatic purpose of ‘serving the people’ (wei renmin fuwu 為人民服務) might be the main reason that has led to their less pluralistic and productive interpretations of medical histories. Such an empirical and pragmatic perspective is beginning to be challenged and changed nowadays.

### **Historical Scholarship outside China**

As in the shifting explanatory modes of psychiatry mentioned before, initial historical studies of Chinese madness outside China also experienced the debates on ‘extreme differences’ or ‘extreme similarities’ between China and the other countries. In her survey ‘Psychiatric thought in Chinese medicine’, for example, Ilza Veith, the first English translator of the *Huangdi neijing* 黃帝內經<sup>20</sup> (Inner Canon of the Yellow Lord; hereafter abbreviated as the *Neijing*),<sup>21</sup> followed earlier psychiatrists’

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<sup>19</sup> Farquhar, Judith (1995), ‘Re-writing traditional medicine in post-Maoist China’, in Don Bates ed., *Knowledge and the Scholarly Medical Traditions*, Cambridge: Cambridge University Press, pp.251-276. The quotation is from p.254.

<sup>20</sup> The *Huangdi neijing* is the earliest received medical canon in China. It was not compiled by a single author at one time, but rather by many writers during a long period. Modern scholars suggest that this work might have represented different opinions of more than a medical tradition prevailing during the 1<sup>st</sup> century B.C.E. to the 1<sup>st</sup> century C.E.. See: Yamada, Keiji (1979), ‘The formation of the *Huang-ti Nei-ching*’, *Acta Asiatica*, 36:67-89.

<sup>21</sup> The *Huangdi neijing* is partly translated by Ilza Veith as *The Yellow Emperor’s Classic of Internal*

opinion, portraying traditional Chinese as so different from modern westerners that the former were less prone to suffer from mental illness.<sup>22</sup> John Kao's *Three Millennia of Chinese Psychiatry* (1979) could be regarded as the first comprehensive historical survey of madness in China. With an interest in 'social psychiatry and the relationship of psychiatric practice to its setting',<sup>23</sup> his perspective seems to have shared in the popular assumption that mental disorders are articulated in fundamentally the same way in all cultures. Not long later, Ju-k'ang T'ien made an initial inquiry into the origins of traditional Chinese beliefs and attitudes towards mental disorders by reviewing early Chinese records, canonical medical works, and popular literary writings.<sup>24</sup> Throughout his paper T'ien seems to try to match medical terms/concepts of madness in ancient China and that of modern medicine. In other words, he still tended to interpret madness in ancient China in terms of modern psychiatric concepts.

In 1980s, more complicated and sophisticated studies of madness in different cultures prospered, owing to the inspiration of interdisciplinary approaches and cross-cultural comparisons flourishing in the academia of Europe and America. This can be seen, for instance, in the new wave of 'social history of medicine' as a radical movement to 'demystify' the progressivism and optimism of the 'Whiggish' history of

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*Medicine*, chapter 1-34 translated from the Chinese with an introductory study, firstly published in 1949, reprinted in 1972 as a new edition, Taipei, Southern Materials Center, Inc.. Dr. Veith obtained her doctoral degree in medical history at John Hopkins University. She is currently an emeritus professor in history of health sciences and psychiatry, University of California, San Francisco.

<sup>22</sup> Veith, Ilsa (1955), 'Psychiatric thought in Chinese medicine', *Journal of History of Medicine*, 10; 'The supernatural in Far Eastern conceptions of mental disease', *Bulletin of the History of Medicine*, 37. My reference is from Chiu, Martha Li (1986) 'Mind, body, and illness in a Chinese medical tradition', p.40.

<sup>23</sup> Kao, J. J. (1979), *Three Millennia of Chinese Psychiatry*, New York: Advanced Research in Asian Science and Medicine, p.2.

<sup>24</sup> T'ien, Ju-k'ang (1985), 'Traditional Chinese beliefs and attitudes toward mental illness', in Tseng, Wen-Shing & Wu, David Y. H. eds., *Chinese Culture and Mental Health*, Orlando: Academic Press, Inc., pp.67-81.

medicine.<sup>25</sup> Michel Foucault can certainly be counted as one who had made an indelible mark on the historiography of ‘European madness’.<sup>26</sup> Meanwhile, the increased availability of Chinese classic medical works into foreign languages also attracted more global attention to Chinese medicine and its long history.<sup>27</sup> Leaving to one side works by psychiatrists and medical anthropologists whose interests are mainly centered on contemporary societies and cultures due to the scopes of their clinical experience and fieldwork,<sup>28</sup> I would prefer to concentrate on those researches which have displayed vividly historical approaches to madness in China.

Martha Li Chiu’s textual analysis of the *Huangdi neijing* is a lucid attempt to explore the characteristics of madness in Chinese history. She indicates that some levels of discourses in the *Huangdi neijing* portray mind and body as unified. But some other discourses, on the contrary, demonstrate a view that treats mind and body as related yet distinguishable categories. Both of them can be divided further into three patterns: 1) mental symptoms expressed in physical terms; 2) deviant behaviors which strongly suggest that some form of underlying mental disorder is involved; 3) mental symptoms expressed in direct, explicitly mental language.<sup>29</sup> By careful examination Chiu suggests that the authors of the *Huangdi neijing* in fact had very vague feeling for a category such as ‘mental activities’. Of ‘mental activities’,

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<sup>25</sup> This is mentioned in Roy Porter and Andrew Wear eds. (1985), *Problems and Methods in the History of Medicine*, London: Croom Helm, ‘Introduction’, p.1.

<sup>26</sup> I have discussed at length Foucault’s impact on writing the history of madness elsewhere. See: Chen, Hsiu-fen (2003), ‘Medicine, society, and the making of madness in imperial China’, Ph.D. thesis, School of Oriental and African Studies, University of London, U.K., pp.24-27.

<sup>27</sup> In addition to the earlier translation of the *Huangdi neijing*, other Chinese classics translated into English after 1980 are including *Shang Han Lun* 傷寒論 (Treatises on Cold Damage, 1981), *Wushier bing fang* (or *Wu Shih Erh Ping Fang*) 五十二病方 (Fifty-two Recipes for ailments, 1982), *Nan-ching* (The Classic of Difficult Issues, 1986), and so forth.

<sup>28</sup> For related works, please see: Tseng, Wen-Shing & Wu, David Y. H. eds. (1985), *Chinese Culture and Mental Health*, Orlando: Academic Press, Inc.. Kleinman, A. M. & Lin, T. Y. eds. (1981), *Normal and Abnormal Behavior in Chinese Culture*, Dordrecht: D. Reidel. Livingston, Martha & Lowinger, Paul eds. (1983), *The Minds of the Chinese People: Mental Health in New China*, Englewood Cliffs, New Jersey: Prentice-Hall, Inc.. Pearson, Veronica (1995), *Mental Health Care in China*, London: Gaskell.

‘thinking’ that consists of different processes – *yi* 意 (an image recalled by memory; an unformed or indefinite conception), *zhi* 志 (will; intention; purpose), *si* 思 (ratiocination), *lu* 慮 (to plan [ahead]; thinking anxiously about something), *chu* 處 (judging [the truth or falsity of a matter]; arranging; managing) and *zhi* 智 (wisdom) – plays a fundamental part.<sup>30</sup> Besides, Chiu also finds out other aspects of ‘mental activities’ as recorded in the *Neijing*, which she names as ‘mystical intuition’, ‘emotions’ and ‘dreaming’.<sup>31</sup> Chiu then goes further to depict how symptoms have been grouped into syndrome then to help defining ‘mental illness’ in the tradition of the *Huangdi neijing*. She defines a ‘mental syndrome’ as ‘any syndrome in which mental symptoms predominate over physical symptoms in frequency and importance’. Based on this criterion she identifies some ‘mental syndromes’ as described explicitly or implicitly in the *Neijing*, including ‘*kuang* 狂 syndrome’, the ‘Liver Wind (gan feng 肝風) syndrome’, ‘*Yang ch’i* (yangqi 陽氣) Reversal’, and ‘*Yang-ming* 陽明 illness’.<sup>32</sup>

Despite the interesting discovery, nevertheless, Chiu admits that she never finds any mention of ‘an explicit higher-order category of mental illness’ in the *Huangdi neijing*. Instead, mental syndromes are usually scattered in the midst of physical syndromes in this medical canon.<sup>33</sup> After all, the *Huangdi neijing* does not help to generate a classification of ‘mental illness’ that can be simply equated with psychiatrically defined diseases. This in turn explains the unique characteristics of Chinese medicine that is different from its modern western counterpart.

Martha Li Chiu also contributes to exploring the issues of legal response to

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<sup>29</sup> See Chiu, Martha Li (1986), ‘Mind, body, and illness in a Chinese medical tradition’, pp.264-265.

<sup>30</sup> Ibid., pp.106-108.

<sup>31</sup> Ibid., pp.109-128.

<sup>32</sup> Ibid., pp.269-284.

<sup>33</sup> Ibid., p.284.

insanity in Qing times (1644-1911). She describes some key changes of madmen's legal position by examining official records and juridical cases in that period. She suggests that the shifts of governmental attitudes usually followed the extent to which the State had devoted attention to the problem.<sup>34</sup> Most of the points in this work are more fully elaborated in Vivien W. Ng's later *Madness in Late Imperial China* (1990). In the preface, she states clearly that her concern is to describe '[t]he transformation of madness from an illness to a form of criminal deviance', which is in contrast to its English and French counterpart where madness 'was transformed from a form of deviance to an illness' in the 19<sup>th</sup> century.<sup>35</sup> Inspired by Andrew Scull's historical sociology of psychiatry and Michel Foucault's works on madness and prisons, Ng's book aims at investigating the social and political climate of early Qing China and hence to discern the changing legal states of madness. She particularly highlights the dominant roles of family and government in social treatments of the mad.<sup>36</sup> Both Ng and Chiu show us how a regime that made law, politics, and morality inseparable saw mental disorder as a threat to social order.

Given that it attempts to deal with madness in the process 'from illness to deviance', however, Ng's discussion of the senses of illness in Chinese medicine is rather asymmetric. In fact, her failure to consult other medical sources than the great encyclopaedia *Gujin tushu jicheng yibu quanlu* 古今圖書集成醫部全錄 (Synthesis of Books and Illustrations, Past and Present: Medical Section, Complete

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<sup>34</sup> Chiu, Martha Li (1981), 'Insanity in imperial China: A legal case study', in Kleinman, A.M. & Lin, T. Y. eds., *Normal and Abnormal Behavior in Chinese Culture*, pp.75-94.

<sup>35</sup> Ng, Vivien W. (1990), *Madness in Late Imperial China: From Illness to Deviance*, Norman and London: University of Oklahoma Press, p.x. Ng is currently an associate professor of women's studies, the University at Albany, State University of New York, U.S..

<sup>36</sup> For a comparison, the sociologist Xiaotong Fei has also pointed out the confinement by the family of the insane in Chinese society. Please refer to Fei's paper (1985), 'Prospects for the development of mental health work', in Lin, Tsung Yi & Eisenberg eds., *Mental Health Planning for One Billion People: A Chinese Perspective*, Vancouver: University of British Columbia Press, p.45.

Transcriptions)<sup>37</sup> inevitably makes some of her arguments look insufficient or even obscure. This has been criticized.<sup>38</sup> Moreover, Ng's assertion that Chinese physicians' opinions were totally excluded from the juridical judgements of insanity during the late imperial period has begun to be questioned.<sup>39</sup>

Ng's lack of detailed knowledge of medical treatises on madness in late imperial China seems redeemed by Angelika Messner to some extent. Messner's publication based on her doctoral thesis is an attempt to portray the transitions of medical discourses on madness in Chinese medicine over three hundred years (1600-1930), especially its confrontation with western medicine from the 19<sup>th</sup> century to the early 20<sup>th</sup> century.<sup>40</sup> Unlike Messner's sole focus on medical discourses and theories, Hugh Shapiro's survey of institutions for the insane in urban China in the 1930s appears to be rather socially oriented. According to his microscopic investigation the discipline and punishment imposed upon the mentally ill mainly came from two institutional forces: the asylum and the police. Accordingly, he claims that 'the state, the police, and the psychiatric profession played a pivotal role in constructing insanity'.<sup>41</sup> These two works by Messner and Shapiro, in my view, can be read together not only because the periods they have chosen happen to be in sequence, but also because some of the issues in their discussions are interrelated.

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<sup>37</sup> *Gujin tushu jicheng* was officially compiled by Chen Menglei 陳夢雷, et al. by 1723 during the reign of Emperor Kangxi 康熙 in the Qing dynasty.

<sup>38</sup> The related book review by Nathan Sivin is published in *The American Historical Review*, v.97, issue 4 (Oct 1992), pp.1262-1263.

<sup>39</sup> Simonis, Fabien, 'Medicine in and out of context: physicians in Qing Law, focusing on the problem of madness', a paper presented in the Tenth International Conference on the History of Science in East Asia, Shanghai, China, 20-24 August 2002. This survey reveals in the first stage that physicians had participated in the Qing legal system to defining what 'insanity' is, though in a pretty different languages from officials'. My ongoing examination of the legal archives *Xing ke ti ben* 刑科題本 during the reign of Emperor Qianlong 乾隆 also tells me that physicians seem not 'absent' in the legal system in Late Imperial China. This is a far more complicated topic worthy of probed.

<sup>40</sup> Messner, Angelika C. (2000), *Medizinische Diskurse zu Irresein in China (1600-1930)*, Stuttgart: Franz Steiner Verlag.

<sup>41</sup> Shapiro, Hugh (1997), 'The view from a Chinese asylum: defining madness in 1930s Peking', Ph.D. dissertation, Harvard University, 1995, Ann Arbor: UMI. The quotation here is from p.115.

Despite their different concerns and focuses, these two works more or less discuss the role of missionary medicine and psychiatry in the early Republican period.<sup>42</sup>

The latest historical work on madness in Chinese history is probably my Ph.D. thesis - 'Medicine, society, and the making of madness in Imperial China' (2003). I start my research from the physician and medical writer Wang Kentang 王肯堂 (1549-1613) and his contemporaries, who had provided unprecedented nosology of madness in the intellectual and cultural atmosphere of late Ming. Then, I shift my focus to the transmission of medical knowledge, seeking how the paradigmatic medical doctrines of madness established in the early Chinese medical canons were received and revised in different ages. While researching the aetiology, pathology, symptomatology, diagnostics and treatments of certain kinds of madness as illnesses, I pay no less attention to the sexual and gendered aspect of madness in terms of looking at a specific case, namely, 'dreaming sex with demons'. Last but not least, my thesis also surveys at length the varied social representation of 'the mad'. I shall return to my work where relevant in the following discussions.

## **The Characteristics of Mind, Body and Madness in Chinese History**

Closely associated with the problem of madness is that of the mind, brain, soul, emotions, or 'body-and-mind' in general. In last two decades a few scholars and historians have contributed to a general introduction<sup>43</sup> or a particular examination<sup>44</sup>

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<sup>42</sup> As for this issue, Angelika Messner presented the paper, 'On "translating" Western psychiatry into the Chinese context in Republican China', at the International Conference 'Translating Western Knowledge into Late Imperial China', held by East Asian Department, University of Göttingen, Germany, 6-9 Dec, 1999.

<sup>43</sup> The related researches in China are: Wang Miqu 王米渠 (1983), 'zhongguo gudai yixue xinlixue chuyi' 中國古代醫學心理學史芻議 (Preliminary discussion on the history of psychology in early Chinese medicine), *Zhonghua yishi zazhi* 中華醫史雜誌 (Chinese Medical History), 13.3: 155-159; Liu Yanjiao 劉豔驕 (1996), 'nao yu hunpo' 腦與魂魄 (Brain and *hun*-spirit and *po*-spirit), *Zhongyi*

of these topics in Chinese historical contexts. Along with the recent researches listed above I would like to show here what have they contributed to the understanding of the characteristics of mind, body and madness in Chinese history.

Despite the currently ongoing controversy about whether madness is a disease/illness or not,<sup>45</sup> it does not seem difficult for one to claim the connection of madness to medicine, since madness has always been, to some extent, an object of medical care. To solve the problems posed by mad patients, Chinese physicians and medical writers created and accumulated fruitful knowledge of madness based on their abundant clinical experiences. In pre-modern contexts, these phenomena that clearly manifest themselves as disturbing emotion, uncontrolled behavior and unrestrained conduct were usually labeled as *dian* 癲, *kuang* 狂, *xian* 癩, *feng* 瘋, etc., in both professional and colloquial senses. In Chinese medical texts, for instance, they were either defined as a *bing* 病 or *ji* 疾 that always occur along with distinctive symptoms of emotional disturbance and/or wild behavior. Alternatively, they would be solely seen as *zheng* 症<sup>46</sup> to designate and describe other medical

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*wenxian zazhi* 中醫文獻雜誌 (Documentaries of Chinese Medicine), 4: 24-26. Dong Jianhua 董建華, Ma Pengren 馬朋人 (1989), *Shiyong zhongyi xinlixue* 實用中醫心理學 (Practical Psychology in Chinese Medicine), Taipei: Qiye shuju.

<sup>44</sup> Sivin, Nathan (1995), 'Emotional counter-therapy', in his *Medicine, Philosophy, and Religion in Ancient China*, Hampshire: Variorum. (Part II) Messner, Angelika (2000), 'Emotions in late imperial Chinese medical discourse: a preliminary report', in *Ming Qing Yanjiu*, Napoli & Roma: Istituto Universitario Orientale & Istituto Italiano per l'Africa e l'Oriente, pp.197-215. Santangelo, Paolo (2000), 'Emotions in history and literature. An interdisciplinary research on emotions and states of mind in Ming-Qing period', *Ming Qing Yanjiu*, Napoli & Roma: Istituto Universitario Orientale & Istituto Italiano per l'Africa e l'Oriente, pp.237-308.

<sup>45</sup> According to Roy Porter, some critics view the term 'mental diseases' as a misnomer since disease usually refers to a physical entity affecting the body. Yet the so called 'mental illnesses' lack such qualities. Similarly, many sociologists of illness simply regard 'mental diseases' as 'labels' pinned on misconduct or disturbing behavior for social and professional convenience. By contrast, the medical profession not only asserts the reality of 'mental illnesses' but also assimilates such conditions to disease models. Please see: Porter, Roy ed. (1991), *The Faber Book of Madness*, London & Boston: Faber and Faber, pp.383-385. I shall return to this point later.

<sup>46</sup> Nathan Sivin translates *bing* 病 into 'medical disorders' and *ji* 疾 roughly as 'diseases'. Besides, *zheng* 症 is often comprehended as 'symptoms'. See Sivin, Nathan trans. and intro. (1987/1997), *Traditional Medicine in Contemporary China*, Ann Arbor: Center for Chinese Studies, The University of Michigan, p.99, 106, 329, etc..

disorders. Different categories of medical knowledge relating to these matters, including aetiology, symptomatology, diagnoses and therapies, have been recorded at length in written form or transmitted orally. Although the oral traditions in the past are already impossible to access, surviving medical texts do serve as good source materials for scholars to look further into the topic.

In the light of Chinese medical traditions, when madness was diagnosed as a disease/illness caused by natural environmental elements, e.g., *liu yin* 六淫 (the Six Excesses),<sup>47</sup> or a more abstract concept, *xie* 邪 (heteropathy; pathogen),<sup>48</sup> then a treatment by herbal remedies, acupuncture and moxibustion, massage, etc., was often suggested. However, the cause of madness sometimes might be viewed in an alternative way, being associated with the influence of supernatural power. In response to the situation of ‘demonic attack’, a religious ritual such as exorcism was often recommended. This kind of treatment was especially popular amongst shamanistic and religious healers in early and medieval times.<sup>49</sup>

Despite the fact that madness as an ‘illness’ always manifests itself by the symptoms of emotional disturbance and/or physical dysfunction,<sup>50</sup> interestingly, only few of the psychological techniques or skills of consultation had been widely employed in pre-modern Chinese contexts. Indeed, some source materials suggest there seemed to have been a tradition of ‘emotional counter-therapy’ based on the

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<sup>47</sup> That is, wind, cold, summer heat, damp, dry, and fire.

<sup>48</sup> How to comprehend and translate *xie* in classic Chinese medical texts is still a problem. Nathan Sivin tends to interpret it as ‘heteropathy’ except for the situation ‘when possession is being explicitly discussed as one cause of illness among many’. By contrast, Paul Unschuld usually views it as ‘evil’, though in the sense of ‘all pathogenic agents’. Nigel Wiseman also translates it as ‘pathogen’. See: Sivin, Nathan trans. and intro. (1987/1997), *Traditional Medicine in Contemporary China*, Ann Arbor: Center for Chinese Studies, The University of Michigan, p.102; Unschuld, Paul U. (1985), *Medicine in China: A History of Ideas*, Berkeley & Los Angeles: University of California, p.67; Wiseman, Nigel (1990), *Glossary of Chinese Medical Terms and Acupuncture Points*, Brookline: Paradigm. My strategy of translating this problematic term usually depends on the (con)texts in which it is situated.

<sup>49</sup> A related case study of the demonological interpretations of madness can be found in Chen, Hsiu-fen (2003), Chapter 4.

<sup>50</sup> See the example of ‘wind malady’ as discussed in Chen, Hsiu-fen (2003), Chapter 3.

principle of *wuxing* 五行 (the Five Phases)<sup>51</sup> applied to treat emotional disorders in late Imperial China.<sup>52</sup> Nevertheless, Nathan Sivin suggests that these examples in fact left no need for a special classification of mental or emotional illness in pre-modern China. In other words, there is still no split between mind and body or between what modern would call somatic and psychological symptoms.<sup>53</sup> In most cases drug remedies and other methods than psychological counseling were more commonly used by Chinese physicians. Even in the late imperial period when physicians increasingly noted the importance of emotional causes of madness, their methods of treatment actually did not go far beyond their predecessors.<sup>54</sup> It is certainly not because pre-modern Chinese had never been aware of mentality and emotions as a single unique category. On the contrary, ancient Chinese physicians such as the writers of the *Huangdi neijing* did have discussed at length the categories of *wuzhi* 五志 (the Five Intents),<sup>55</sup> and *qiqing* 七情 (the Seven Emotions)<sup>56</sup> which clearly represented the different aspects of mental state of human being.<sup>57</sup> As noted earlier,

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<sup>51</sup> That is, Wood, Fire, Earth, Metal, and Water.

<sup>52</sup> That is, to overcome over-worry by anger, to overcome over-joy by sorrow, and so on. This way of treating emotional disorders was more frequently used during the Song, Ming and Qing times. See: Tao Yufeng 陶御風, Zhu Bangxian 朱邦賢 and Hong Pimo 洪丕謨 eds. (1988), *Lidai biji yishi bielu* 歷代筆記醫事別錄 (Additional Records on the Medical Materials in the Chinese *biji* throughout the Ages), Tianjin: Tianjin kexue jishu chubanshe, pp.563-565.

<sup>53</sup> Sivin's arguments are mainly based on his analysis of *Yifang kao* 醫方考 (Research into Medical Formulas) by Wu Kun 吳崑, a Ming physician. See: Sivin, Nathan (1995), 'Emotional counter-therapy', in his *Medicine, Philosophy, and Religion in Ancient China*, Hampshire: Variorum, Part II, pp.1-19, esp. p.17. For further discussion, please refer to 4.2.1 in this thesis.

<sup>54</sup> See: Chen, Hsiu-fen (2003), Chapter 2.

<sup>55</sup> That is, *shen* 神 (spirit), *hun* 魂 (hun-soul), *po* 魄 (po-soul), *yi* 意 (will), and *zhi* 志 (intent). But this term is sometimes referred to *nu* 怒 (anger), *xi* 喜 (joy), *si* 思 (worry), *you* 憂 (sorrow), and *kong* 恐 (fear). For detailed discussion, see: He Yumin 何裕民 (1995), *Zhongguo chuantong jingshen binglixue* 中國傳統精神病理學 (Psychiatry in Traditional Chinese Medicine), Shanghai: Shanghai kexue puji chubanshe, pp.33-35; Dong Jianhua 董建華, Ma Pengren 馬朋人 (1989), *Shiyong zhongyi xinlixue* 實用中醫心理學 (Practical Psychology in Chinese Medicine), Taipei: Qiye shuju, pp.29-30.

<sup>56</sup> That is, *nu* 怒 (anger), *xi* 喜 (joy), *si* 思 (worry), *you* 憂 (sorrow), *bei* 悲 (grief), *kong* 恐 (fear), and *jing* 驚 (fright). See: Dong Jianhua and Ma Pengren (1989), *Shiyong zhongyi xinlixue*, pp.31-34.

<sup>57</sup> Since the Five Intents and most of the Seven Emotions are overlapped, to some extent the latter can be seen as an elaboration of the former.

Martha Li Chiu also indicates that some levels of discourses in the *Huangdi neijing* does portray mind and body as unified. Yet, some other discourses demonstrates a view that treats mind and body as distinguishable categories.<sup>58</sup> Despite the exceptions, however, we should not ignore the fact that the Five Intents and the Seven Emotions actually do not work independently. On the contrary, they are closely interrelated to the physical functions of the Body. According to the *Huangdi neijing*, each of the Five Viscera – the Liver, the Heart, the Spleen, the Lung and the Kidney – is regarded as the organ that stores each of the Five Intents – *hun*-soul, spirit, will, *po*-soul, and intent. Moreover, the Five Viscera are also said to be corresponding to the different emotions – anger, joy, worry, sorrow, and fear – respectively. Accordingly, when a visceral organ experiences change, the mental state and emotion that it corresponds to will be changed or disturbed, too. By the same token, any imbalance of a certain kind of emotion will also injure the organ in which it lodges.<sup>59</sup> It should be noted that traditional Chinese medicine’s conceptions of the functions of some of the visceral systems are basically similar to those of western medicine, but some other conceptions differ greatly.<sup>60</sup> Take *xin* 心 of the Five Viscera for example. On the one hand it is regarded as ‘the Heart’ in which ‘spirit’ is conceived of being stored. On the other hand, however, *xin* is also viewed as a general name for human mental activities and thus can be interpreted as ‘the Mind’. In Chinese medical doctrines *xin* is an ‘organ of master’ in which ‘divine intelligence’ (*shen ming* 神明) originates.<sup>61</sup> The case of *xin* as ‘heart-and-mind’ precisely explains the holism of mental and physical functions.

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<sup>58</sup> See Chiu, Martha Li (1986), ‘Mind, body, and illness in a Chinese medical tradition’, p.51, 302.

<sup>59</sup> Dong Jianhua and Ma Pengren (1989), *Shiyong zhongyi xinlixue*, pp.31-34.

<sup>60</sup> Sivin, Nathan trans. and intro. (1987/1997), *Traditional Medicine in Contemporary China*, Ann Arbor: Center for Chinese Studies, The University of Michigan, p.213.

<sup>61</sup> Dong Jianhua and Ma Pengren (1989), *Shiyong zhongyi xinlixue*, pp.17-18.

In the view of human being as a microcosm, the issues of mind and mentality were mostly considered in the perspective of a mind-body holism in which emotional disorder was thought to be closely associated with physical dysfunction. In other words, people in pre-modern China did not usually operate on the basis of the philosophically problematic mind-body dualism that became common in western history, in particular in the Cartesian tradition. This is certainly not to deny that there has existed a western medical tradition which tends to treat mental disorder and physical dysfunction together since the ancient Greek times. The so-called ‘sacred diseases’ is a notable instance.<sup>62</sup>

Interestingly, Ishida Hidemi shows us the Chinese ‘mental illness’ as a type of ‘unreason’ by exploring some medical sources during the pre-Qin periods and the Six Dynasties.<sup>63</sup> When dealing with the problems of ‘mental illness’, firstly, ancient Chinese physicians seemed to be ‘rationalism-oriented’. When explaining causes for a ‘mental illness’, they usually avoided appealing to any of supernatural reasons, such as ‘(demonic) possession’. Secondly, the aetiology, pathology and therapy of Chinese medicine for treating ‘mental illness’ are merely based on the thought of body-and-mind holism. Ishida’s third point is that the state of a ‘mental disorder’ is actually continual (rather than discontinued) to that of a ‘normal mind’. If there is any difference between these two conditions, it is mainly owing to the changes of *qi*. In other words, serial changes of *qi* may lead to ‘mental disorder’. But once the disturbed *qi* reverts to ‘balance’, the Mind recovers to ‘normality’, too.<sup>64</sup> Ishida’s viewpoints of relationship between the Mind and changes of *qi* (and Blood as well)

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<sup>62</sup> The readers may refer to Chapter 2 of my thesis for the discussion of the ‘sacred disease’ as recorded in the Hippocratic writings and its comparison to the Chinese medical discourses on *dian* and *xian*.

<sup>63</sup> Ishida Hidemi indicates there are at least three types of ‘mental illness’ in China. That is, *nukuang* 怒狂, *zaoyu* 躁鬱 and *dianxian* 癲癲. See: Ishida Hidemi 石田秀實 (1981), ‘Chugoku kodai ni okeru seishin shippei kan’, *Nihon Chugoku Gakkai – Ho*, 33: 29-42, esp. p.33.

<sup>64</sup> *Ibid.*, p.40.

are elaborated further in his later work.<sup>65</sup> In fact, I doubt that Ishida's dichotomy of 'reason vs. unreason' might be the case in early China. Nor do I follow his overlook of the demonological aetiology of madness in Chinese medicine. Undeniably, however, his studies will help to reassess the nature of mentality and insanity in pre-modern China and the extent to which it might be very different from the comparable phenomena in modern societies.

In addition to medical interpretations of the mad and madness, lay points of view are emphasized in my own work.<sup>66</sup> By examining source materials it seems to me that the mad in pre-modern China were depicted in both good and bad senses. Though the criteria to judge the bounds between 'normality' and 'the abnormal' never remain unchanged from time to time, or place to place, most of the mad seem to have suffered from somatic and/or mental disturbance, as shown in medical case histories and personal biographies. Their unusual conduct and uncommon behavior might interrupt the tempo of their own life, as well as having inevitable impacts on their family, friends and societies. When mad people were thought to be a threat to social order and political norm, they would be mostly suppressed and even persecuted by the state power and legal systems. In late imperial China, for example, most of the mad were supposed to be officially registered and privately confined at home under the surveillance of their family and community members. Some of them were even confined in prisons or executed after having committed serious crimes.<sup>67</sup> In religious contexts, their afflictions were often interpreted as being caused by 'demonic possession', or as a 'retribution' due to their own or their ancestors' bad deeds.<sup>68</sup> The

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<sup>65</sup> Ishida Hidemi (1989), 'Body and mind: the Chinese perspective', in Levia Kohn ed. *Taoist Meditation and Longevity Techniques*, Ann Arbor: Center for Chinese Studies, pp.41-71.

<sup>66</sup> Chen, Hsiu-fen (2003), Chapter 5.

<sup>67</sup> Ng, Vivien W. (1990), pp.66-74.

<sup>68</sup> *Ibid.*, pp.51-62.

social stigmatization of the mad could become more complicated when other factors such as sexual repression and gender discrimination were interwoven. Female adults outside the state of marriage, such as spinsters, widows, and nuns, would be possibly thought liable to “love madness” due to sexual frustration and emotional breakdown.<sup>69</sup> It is true that this sort of medical judgement was ostensibly based on women’s biological difference from men. Yet, undeniably, the prevalent social values that reinforced the necessity of family and marriage could also help to shape an opinion of this kind.

Meanwhile, it is also true that being labeled as ‘mad’, no matter whether the label was accurate or not, could possibly bring credits or benefits to those whom had been named in this way. In early China, for instance, *kuang* 狂 as the name of a type of madness not only referred to a disease associated with disturbing behavior but also described people who had displayed certain unique characteristics and actions. This might be particularly true in an age of turmoil when some people had demonstrated distinctive morality and virtue by rejecting potential corruption by overwhelming social interests. Likewise, for those who had displayed distinctive capability beyond normal standard, they could also be regarded as *kuang* in a sense that conveyed a certain amount of respect. Being mad (or pretending to be) consequently became a legitimate way to escape from duty, work, and responsibility. It also served as a good excuse for a malingerer to be exempted from penalty and punishment.<sup>70</sup>

From the literature review above, we may gain an impression historical narratives of Chinese madness had more or less been influenced by theories of psychiatry and biomedicine, in particular before 1980. Then more historians began to

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<sup>69</sup> Chen, Hsiu-fen (2003), Chapter 4.

show their interests in the topic. In the final part of this article I will reveal the prevalent methodology for researching madness by examining the given psychiatric and historical approaches.

## **Reflections on the Historiography of Madness**

### **Reevaluating psychiatric influences**

As noted at the beginning of this article, the enterprise of psychiatry is a 19<sup>th</sup> century western invention that has been closely associated with the simultaneous developments of biomedicine and science. It is therefore not difficult for one to claim that there existed no psychiatry (in the modern sense) in Chinese societies at least before the 19<sup>th</sup> century. Even some psychiatrists have noted the fact that mental disorders have never been treated as an individual field of concern in pre-modern Chinese medicine.<sup>71</sup> Despite this, some psychiatrists somehow believe that concepts with a decidedly psychiatric interest will be found in many fields of medicine. One of their disputable approaches is to ‘identify the common psychiatric factors between China and the West, “translating” ancient terms of disorders into some modern ones, exclaiming that this-or-that disease was “discovered” already by those ancient people’.<sup>72</sup> Approaches of this kind, in my view, appears to be more concerned with cross-cultural studies in which modern psychiatry is unequivocally regarded as a

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<sup>70</sup> Chen, Hsiu-fen (2003), Chapter 5.

<sup>71</sup> For example, Lin, Tsung Yi (1985), ‘The shaping of Chinese psychiatry in the context of politics and public health’, in Lin, Tsung Yi & Eisenberg eds., *Mental Health Planning for One Billion People: A Chinese Perspective*, pp.3-4.

<sup>72</sup> This kind of criticism of psychiatric works is actually provided by Hans Agren, who is, interestingly, a psychiatrist, too. See: Agren, Hans (1982), ‘The Conceptual History of Psychiatric Terms in Traditional Chinese Medicine’, in Li Guohao et al. eds., *Explorations in the History of Science and Technology in China*, Shanghai: Chinese Classics Publishing, P.574.

universal parameter and criterion for comparison.

By contrast, some historians hold rather different ideas while researching madness. ‘To understand anything at all about the history of madness’, Michael MacDonald argues, ‘we must examine first the patterns formed in the records themselves and the people and institutions that created them’.<sup>73</sup> ‘A more fruitful approach to the history of insanity is to try to account for the shifting stereotypes of mental disorder by placing them in their historical context rather than to try to “read through” them, as it were’.<sup>74</sup> Another medical historian, Erik Midelfort, has echoed such a stance of contextualism. He explains: ‘Rather than “applying” a modern psychological theory, the historian can provide a context for understanding today’s competing schools of psychology and psychiatry. I would insist, however, that a history like this one does not only point toward our age. Through the analysis of madness in a bygone century, we can learn to know another people from a new angle’.<sup>75</sup> Likewise, in his widely acclaimed work on madness from the mid-17<sup>th</sup> to mid-19<sup>th</sup> century England, Roy Porter explained his stance unequivocally as below:

I have tried to avoid looking at my sources through the psychiatric eyes of today, neither have I attempted a psycho-historical reconstruction of the eighteenth century psychic underground, individual or collective... Indeed, I have largely avoided even using such terms as ‘psychiatry’ for the period before they came into use right at the end of my study... my concern here is rather different, attempting principally to recover

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<sup>73</sup> MacDonald, Michael (1987), ‘Madness, suicide and the computer’, in *Problems and Methods in the History of Medicine*, ed. by Roy Porter and Andrew Wear, London: Croom Helm, pp.207-229, esp. 209-210.

<sup>74</sup> Ibid..

<sup>75</sup> Midelfort, H.C. Erik (1999), *A History of Madness in Sixteenth-century Germany*, Stanford: Stanford University Press, pp.9-10.

the internal coherence of now unfamiliar beliefs about the mind and madness, and to set them in their wider frames of meaning.<sup>76</sup>

This quotation explains very clearly the differences of approaches between psychiatrists and medical historians: when psychiatrists pay attention to the similarities and differences of mental illnesses between different times and places, historians would tend to explore the ‘historicity’ of insanity contingent to specified spatio-temporal contexts in the past. ‘To understand the past on its own terms’ is the major attitude of the historians’ campaign.

Then, a dilemma arises. If, as Martha Li Chiu claims, ‘The translation of Chinese labels into English inevitably raises the issue of cross-cultural implications’,<sup>77</sup> how can a comparative, cross-cultural study become possible for historians who insist that it is essential ‘to understand the past on its own terms’? Or, put it in this way: how can historians interpret the history of Chinese medicine properly in terms of modern, non-Chinese languages? How can they make their research objects in the past comprehensible for contemporary readers both in the same and different societies/cultures?

To answer such questions, both Martha Li Chiu and Andrew Scull have provided some sort of clue.

As for a comparative study, Martha Li Chiu states that ‘Rather than assuming that beneath surface differences people everywhere conceive of the world of illness in the same way as modern western medicine, I will look for evidence of universals and cultural variables at various levels of meaning.’<sup>78</sup> Though Chinese medical tradition

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<sup>76</sup> Porter, Roy (1990), *Mind-Forg’d Manacles: A History of Madness in England From the Restoration to the Regency*, London: Penguin, pp. ix-x.

<sup>77</sup> Chiu, Martha Li (1981), ‘Insanity in imperial China: A legal case study’, p.76.

<sup>78</sup> See: Chiu, Martha Li (1986), ‘Mind, body, and illness in a Chinese medical tradition’, p.51.

is regarded as a unity that shares with other traditions some universals, it also differs from other traditions owing to cultural variables. Likewise, 'mental illness' is a 'universal' problem seemingly shared by different cultures, but one can surely articulate this problem in ways deeply influenced by one's own culture. In this regard Chiu starts her survey from psychiatry as a 'general' frame of reference then turning to seek the 'particular' principles of 'mental illness' in Chinese medicine and culture. In my opinion, Chiu's approach does not go far beyond Arthur Kleinman's that attempts to bridge the gap between psychiatry and anthropology by employing both biological and cultural interpretations together in his researches into mental disorders.<sup>79</sup>

Andrew Scull's concern is rather inter-disciplinary. When striving to 'marry the traditional concerns of the historians and the sociologists', Scull puts it: 'a sensitivity to questions of evidence and inference must be combined with theoretical sophistication and vision, and understanding the particular necessarily depends on an ability to place one's findings within a broadly comparative frame of reference'. Furthermore, he emphasizes the necessity for historians to make explicit their theoretical assumptions and interpretive frameworks, just as sociologists often do.<sup>80</sup> In the search for the past from afar, therefore, what historians require, it seems to me, is a more cautious and deliberate inquiry into the characteristics of their objects without losing insight into both specific circumstances and broader schemes.

## **Methodological Reflections**

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<sup>79</sup> Kleinman, Arthur (1988), *Rethinking Psychiatry: From Cultural Category to Personal Experience*, New York: The Free Press.

<sup>80</sup> Scull, Andrew (1989), *Social Order / Mental Disorder: Anglo-American Psychiatry in Historical Perspective*, p.5.

Apart from the tension between universal and particular, theoretical and practical, there remains an important question: what kind of language should a present-day historian use to describe the past, in particular the pre-modern world? A highly self-conscious strategy of using language, I shall argue, is essential for historians.

According to a hermeneutic theory, ‘understanding’ can be attained in terms of a reciprocal process between part and whole, texts and contexts. It is usually achieved by three ways: ‘to say’, ‘to explain’, and ‘to translate’.<sup>81</sup> These are especially true for historians since it is impossible to understand alien societies/cultures without having ‘to say’, ‘to explain’ and ‘to translate’ their languages first. Before being a ‘translator’ who always speaks **our** languages to makes sense of others, however, historians should become ‘bilinguists’ (or multi-linguists, etc.) first, thinking and speaking **their** languages when wandering in different times and spaces.<sup>82</sup> To avoid any mis-leading and mis-representation potentially caused by ‘translation of the untranslatable’ in different languages/cultures/societies, a historian must make clear what is translatable and what is not. This does require good sense of different languages and cross-cultural experience. In general, a ‘good’ translator is not necessarily a ‘good’ bilinguist, and vice versa. But they are actually not contradictory to each other. Despite the different concerns and methods, I do believe that the approaches of both translator and bilinguist can help to produce better understandings of the past.

As the usage of language has played an essential part in historical studies, my discussion next will shift to the terminology for writing the history of madness.

In the studies of madness written in modern English, frequently used terms

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<sup>81</sup> Please refer to Palmer, Richard (1969), *Hermeneutics*, Evanston: Northwestern University Press.

<sup>82</sup> My idea to analogize historian’s role as a bilinguist in comparative studies is partly indebted to Prof. Daiwie Fu at Institute of History, National Tsing-hwa University, Taiwan. But certainly he should not be responsible to all my arguments here.

include 'mental disease', 'mental illness', and 'mental disorder'. According to Roy Porter's lucid analyses, the term 'mental diseases' is seen by some critics (especially Thomas Szasz) as a misnomer since disease usually refers to a tangible, physical entity affecting the body. So called mental illnesses lack such qualities. They are not diseases at all, but abnormality in conduct, views and values which should be treated as any other unconventional behavior. Similarly, many sociologists of illness have denied the objective scientific realities of mental 'diseases' but regard them as 'labels' pinned on for reasons of social and professional convenience. By contrast, the medical profession not only asserts the reality of 'mental illnesses' but also assimilates such conditions to regular disease models. Psychological medicine, for example, has aimed at constructing epidemiology of psychiatric disorders and to locate their organic etiologies.<sup>83</sup> These explain the difficulty in seeking to define and classify mental disorders throughout the ages.

As noted earlier, Roy Porter stated that he would largely avoid using such terms as 'psychiatry' especially for the period before they came into use. As a result, he usually used the seemingly less controversial term 'madness' in general discussions to avoid the ongoing dispute on ambiguous terminology.<sup>84</sup> Similarly, Martha Li Chiu also says that she prefers 'insanity' and 'madness' in order to 'avoid the more culturally specific refinements of contemporary psychiatric concepts'.<sup>85</sup> I generally follow this kind of approach, except for the cases that are unequivocally referred to 'diseases' or 'illnesses' in the sense of classic Chinese medicine. As explained at the

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<sup>83</sup> Porter, Roy ed. (1991), *The Faber Book of Madness*, London & Boston: Faber and Faber, pp.383-385.

<sup>84</sup> In his long-term researches into the subjects of insanity in early modern Europe, Roy Porter deliberately gave most of his works titles including the word 'madness' rather than 'mental illness' or 'mental disease'. See, for example, *A Social History of Madness* (1987/1990); *Mind-Forg'd Manacles: A History of Madness in England From the Restoration to the Regency* (1990); *The Faber Book of Madness* (1991/1993), *Madness: A Brief History* (2002), and so on.

<sup>85</sup> Chiu, Martha Li (1981), 'Insanity in imperial China: A legal case study', p.76.

beginning, my employment of ‘madness’ or ‘insanity’ is rather rough, referring to their comparable conditions as recorded in Chinese texts, ranging from *dian* 癲, *kuang* 狂, *xian* 癲, *feng* 瘋 and a part of the diseases of *feng* 風 (in pre-modern times), to *fengkuang* 瘋狂, *diankuang* 癲狂 and *fengdian* 瘋癲 (in modern times). When ‘diseases’, ‘illnesses’ or ‘medical disorders’ are used to describe the conditions of madness, they are certainly not necessarily used in a solely ‘mental’ sense. In most cases the mental syndromes of diseases were scattered in the midst of physical disorders in Chinese medical texts.<sup>86</sup> The modern Chinese terms such as *jingshen bing* 精神病, *shenjingbing* 神經病 and *xinli jibing* 心理疾病, which seem to be equivalent to ‘mental disorders’, ‘nervous disorders’ and ‘psychiatric disorders’, are simply modern inventions.<sup>87</sup> Even in the medical category of *shenzhi* 神志 (the state of mind) that firstly emerged in taxonomy of diseases in 16<sup>th</sup> – 17<sup>th</sup> century China, the descriptions of *dian*, *kuang*, and *xian* being included in this category were not drastically changed, that is, a seeming psychic syndrome usually came along with a somatic one, in spite of the fact that emotional causes were increasingly emphasized in late imperial aetiology. In the light of holistic thought of *xin* 心 and *shen* 身 that has characterized Chinese medicine, it would become doubtful to employ the modern terms such as ‘mental diseases’, ‘psychiatric disorders’ and *jingshen jibing* to label the phenomena of *dian*, *kuang*, *xian*, etc. in pre-modern Chinese contexts.

In conclusion, despite the apparent clarification of the characteristics of

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<sup>86</sup> Again, the *Huangdi neijing* serves as a good example. See: Chiu, Martha Li (1986), ‘Mind, body, and illness in a Chinese medical tradition’, pp.302-303.

<sup>87</sup> As for the emergence of the new conceptions of insanity, such as *shenjingbing* 神經病 and *jingshenbing* 精神病, in modern China, please refer to Messner, Angelika C. (2000), *Medizinische Diskurse zu Irresein in China (1600-1930)*, pp.223-233. Besides, Hugh Shapiro also discusses the nervous disorder *shenjingshuairuo* 精神衰弱 (neurasthenia) in one of his recent works. See: Shapiro, Hugh (2000), ‘Neurasthenia and the assimilation of nerves into China’, a paper presented at the Symposium on the History of Disease, Institute of History and Philology, Academia Sinica, 16-18 June,

‘Chinese madness’, there remain some questions. The medical intervention in the legal systems in late Imperial China as mentioned earlier is just one example. Besides, as the roles of the people who were labeled as ‘mad’ were heterogeneous in pre-modern China, it is necessary to take a closer look at the different aspects of their social settings, such as their family, kinship, gender, class, status, community, etc.. Other issues ranging from a thorough investigation into the relationship between physicians and their ‘mad’ patients, to the religious therapies of madness in Chinese religions, also deserve further attention. Hopefully this review article will help to inspire more fruitful researches into the topics of madness in Chinese history in the future.