Introduction

'All acupuncture methods must find their root in the *shen*'.[1] This is the opening of the first Chinese text dedicated to acupuncture.

Those who treat the ill and in particular those who use non-conventional medicines are well aware of the importance of certain psychic aspects in the disorders told by patients. Some patients speak directly of anxiety, depression, insomnia and agitation, expressing an emotional and mental discomfort; others describe this 'feeling unwell' through sensations such as pain, weight, swelling, knots.

There are times when the 'emotional illness' shows itself clearly, and others in which it insinuates gradually, with the most alarming expressions. In both cases it is clear that a psychic part permeates our everyday practice. On these occasions Chinese medicine is quite useful because it considers the person as a whole; it addresses the 'ill',[2] which in Latin is '*malatus*' from '*male habitu (m)*' – someone who is not in a good state.

Acupuncture has attracted many of us precisely because it is a medicine that considers the person as a whole. Moreover it seems to produce substantial effects even on the subtlest aspects, in spite of its apparent focus on the body. It is always fascinating to see how important is the connection between psychic and physical disorders in the 'Chinese' mode of interpreting signs in patients. It is also of great comfort to see how our work is facilitated by not having to separate emotional, mental and somatic layers.[3]

The effectiveness of acupuncture is also confirmed by clinical practice and by research studies. It is a discipline that stands in a consistent theoretical universe, with a well-documented tradition of experience and clinical reflection. Furthermore it is a flexible tool that can be adapted to different sociocultural situations.

---

[1] Hangfu Mi, *Zhenjiu Jiayijing* ('The systematic classic of acupuncture and moxibustion', AD259), Chapter 1. These words echo the first sentence of Chapter 8 of the *Lingshu*.

[2] NB: in Italian 'ill' is 'malato'. We also remind the readers that in Italy acupuncture can be practised only by MDs.

[3] Moreover the distinction between mental and somatic illness has disappeared even from a conventional psychiatry text such as the DSM, the most used institutional manual. In it we read: 'Although this volume is titled *Diagnostic and Statistic Manual of Mental Disorders*, the term *mental disorder* unfortunately implies a distinction between 'mental' and 'physical' disorders, that is a reductionist anachronism of mind/body dualism. A compelling literature documents that there is much 'physical' in 'mental' disorders and much 'mental' in 'physical' disorders.' In: DSM-IV, 1996, Introduction, p. xxi.

Intro-F102817.indd xv 2/7/07 6:49:37 AM

The following work aims at reviewing, connecting and deepening those aspects of Chinese medicine in which the psychic component is recognised to be particularly relevant.

The frequently entangled set of signs and symptoms presented by the patient can often prevent the diagnostic framework from being immediately evident and one can feel disoriented when considering the suggested treatments. To facilitate the processes of thought and operative practice, this book proposes a systematisation, from the point of view of Chinese medicine, of different patterns, and describes in detail the progress of a treatment in a series of clinical cases.

The clinical sections are presented in both their theoretical and practical aspects. They are especially useful as 'nets' that can be used to connect the thoughts and considerations that develop when attending a patient.

The origin of this book is based on the interest engendered by references to *shen* and emotions in classical literature. I shared this curiosity with Laura Caretto, who graduated in Traditional Chinese Medicine in Beijing and in Oriental Languages in Venice with a thesis on emotions in medical literature.

A specific section stemmed from the study of those elements of texts that refer to certain pathogenetic processes and symptoms recurring in the alteration of emotions. This section examines various elements that are essential not only for the psychic illness but also for Chinese medicine in its totality.

It may be that certain theoretical subtleties of the classics are of greater interest to those who have a wide clinical experience, but awareness of the complexity of the subject is important at all levels of interaction with Chinese medicine.

The section on contemporary contributions stems from an interest in the way 'emotional illnesses' are treated nowadays. Here I have gathered together works with very different approaches, but all sharing a connection with the theme of this book and the fact that they are the outputs of practitioners who have long worked, observed and reflected. The selection is not based on a judgmental comparison with other works; it is simply based on personal relationships with the authors and the desire to share with my colleagues a number of undoubtedly interesting theoretical and practical elaborations.

Although the book is primarily designed for those who already know about and use acupuncture, some parts may also be useful during a first phase of study. Moreover some issues may also appeal to those who work from an angle different from that of Chinese medicine, but who are nevertheless engaged in researching the way people have thought and dealt with psychic disorders and mental illnesses.

STRUCTURE OF THE TEXT

The text is based first of all on the research and translation of what has been passed down to us by classical works.

Intro-F102817.indd xvi 2/7/07 6:49:39 AM

The choice of consulting the texts in their original language stems from a need to discover the roots of a thought that has always given great importance to the written text, with a focus on continuous quotes, commentaries, re-editions and compilations. These classical and contemporary comments have been of great significance for the translation of the quotes in Italian and English. This statement is confirmed as soon as we think of how easily text fragments coming from an unknown cultural model may create decontextualised explanations or strengthen *a priori* opinions.

This is the work of Laura Caretto: her knowledge of medical literature allowed the retrieval of traces and signs scattered in every crevice of the existing enormous medical corpus. The precision and attention in her examination of the sources and comments safeguards the quality of the translation. Her continuous collaboration with Chinese medical doctors guarantees a connection between words and the practical reality of medicine.

In the more theoretical sections we have decided to reproduce a large number of quotes *verbatim*, on account of both the evocative power they possess and of their explanatory sharpness. Likewise we have chosen a very faithful translation so as to preserve the syntactic flow of the text, relatively far removed from Italian and English sentence constructions, but for this very reason even more evocative. With a similar intention we have kept punctuation to a minimum, considering how it is traditionally absent from classic texts.

In order to limit the inaccuracy intrinsic to every translation, the book starts with some notes clarifying terminology and with some specifications about the definition and classification of psychic illnesses.

Reading Notes

The presentation of the material is aimed at those who have a basic knowledge of Chinese medicine and it is articulated on various levels.

- The first section, fundamental in every clinical discourse, is of more general interest: it opens with a chapter which recalls the bases of the Chinese thought and the practices for the 'nourishment of life', followed by a discourse on emotions and movements of the *qi*, and by a revision of the concept of *shen* (see Chapters 1, 2 and 3).
- The discussion differentiating the various pathological patterns with their connected aetiopathogenesis, symptomatologies and treatment hypothesis is developed in the later chapters relating to clinical systematisation. These chapters possess a certain autonomy within the text and can be used as a reference guide when in front of the patient (see Chapters 7, 10 and 11).
- The clinical systematisation and several of the case discussions refer to information contained in the chapters on stimulation methods and revision of certain points with diverse use (see Chapters 12 and 13).

Intro-F102817.indd xvii 2/7/07 6:49:39 AM

- Specific consideration is given to elements that are common in everyday practice: the space in which patient and acupuncturist meet, certain problems that are rooted in the dynamic of the therapeutic relationship, and the psychic action of acupuncture (see Chapters 15, 16 and many of the comments on clinical cases).
- Of more theoretical relevance are the chapters developing ideas about pathogenic processes (see Chapters 2 and 5), aspects of symptomatology (see Chapters 6 and 7) and syndrome definitions (see Chapters 8 and 9). These topics permeate the entire history of medical thought, but they often remain unexpressed in the basic study of acupuncture and in its modern use. Along with these discussions we present a number of classic examples of cases treated 'with emotions' (see Chapter 14).
- Another level, which is developed mostly in the footnotes, focuses on certain questions of terminology, recalls some of the issues that are still under debate and guarantees the possibility of accessing Chinese and Western sources.
- Furthermore throughout the work is found a number of 'clinical notes, always distinguished from the text to which they refer. Such annotations focus on aspects derived from practical experiences and from personal considerations. This gives them a practical twist and allows them to take into consideration those difficulties encountered personally, those discussed with students and those debated with colleagues.
- Analysis of treatment using traditional pharmacology, internal practices working with the *qi*, and *tuina* manipulation techniques is beyond the intentions of this text. For the same reason I do not discuss the nosological, epidemiological, diagnostic and therapeutic aspects relative to the Western biomedical viewpoint.

Clinical Cases

Clinical cases are taken from a personal experience. Biographical data have been modified to ensure anonymity, whilst retaining those features necessary for the understanding of the case.

Case studies at the end of the chapters focus on their central issue, but because they are actual complex situations some aspects often revisit issues discussed elsewhere in the text.

I have used a common structure to illustrate the symptoms, diagnostic hypothesis and course of the therapy. However, a number of cases are discussed in relation to specific elements on which I wanted to focus, so that case history, diagnosis and treatment are only outlined.

In presenting cases I have used an informal style of communication, rather than choosing more formal medical language. This has allowed me to

Intro-F102817.indd xviii 2/7/07 6:49:39 AM

retain the words used by patients and to reproduce better the nuances of the therapeutic experience.

Reflection on the elements that have led to a specific diagnosis and on the associated therapeutic principles is left for the most part to the reader, who can find all suggestions for this kind of practice in the clinical section. The investigation is considered to be complete so if a symptom is not mentioned it means it was not present. On the other hand, the treatment employed is described with greater detail: I discuss the reasons for my choice of points and I specify the timing of the therapy in order to allow the reader to follow its course closely.

As in order to evaluate a therapy it is necessary to know about its trend, I have added some follow-up notes.

Cases are basically presented as suggestions for thought: as often happens among colleagues, clinical stories are often an occasion for talking about acupuncture in general. Such an attitude is reflected in the comments to clinical stories, which consist of notes encompassing disparate elements that were often the very reason for presenting the case: discrepancies in the clinical pattern, a particularly difficult diagnosis, details about therapeutic choices, problems linked to the relationship with the patient, reflections on mistakes, thoughts on specific points or stimulations, and considerations of the patient's response – notes that actually concern the practice of acupuncture as a whole.

QUESTIONS OF TERMINOLOGY AND NOSOGRAPHY

Human suffering takes various forms, its symptoms are varied and have many shapes; illness has many different names.

The 'giving of a name' is a fundamental feature of human thought and of its expression: it implies the recognition of the named object and its positioning in a system of categories. This organisation of human experience takes place within a specific culture that models its forms and relations.

The naming of medicine is also an expression of society and culture, and therefore it has various and specific aspects. The way in which we interpret a sign and define a diagnosis stems from specific cultural features: diagnosis is a semiotic act, whereby the symptoms experienced by the patient are interpreted as a sign of a particular illness. These interpretations have a meaning only in relation to specific categories and criteria.[4]

[4] The role of cultural differences in the definition of illnesses is also recognised in the fourth revision of the DSM, which takes into consideration culturally characterised syndromes. Works on transcultural psychiatry, which must face the problem of comparing different medical systems, highlight the fact that 'culture is a factor which can guarantee organisation or offer a particular order to forms of disorder'. This means that the ways of falling ill are also selected and dictated by cultures. 'The main problem stemming from the comparativist methodology is the interpretation of the diagnostic process as a cultural construction descending from a set of knowledge and techniques (clinical method) deeply rooted in the cognitive logics of a certain culture.' In: S. Inglese and C. Peccarisi, 'Psichiatria oltre frontiera. Viaggio intorno alle sindromi culturalmente ordinate', 1997, p. 11, UTET, Milan.

Intro-F102817.indd xix 2/7/07 6:49:39 AM

An attempt to assimilate Chinese patterns to biomedical ones (that is, to conventional Western medicine patterns) would be a forced interpretation. The two medicines not only have different ways of treating but also differ in their defining of the diagnosis. In fact they have different frameworks of physiology and pathology, and interpretation processes utilise dissimilar concepts.

Clarification of Terminology

The construction of a text on psychic, emotional and mental illnesses based on works that are foreign to us involves a number of complicated issues in relation to accurate use of specific terminologies and adequate categories. The nosological difficulties surrounding the definition of illnesses are a part of all medical thoughts, but in the case of Chinese medicine the problems are enlarged by the difficulties of the language and in particular the literary Chinese of different time periods.

Because of the relevance of the text reconstruction to its very meaning, translation of the fundamental works has been carried out in consultation with commentaries of various periods. All quoted passages have been retranslated with the intention of providing a version that would follow the same interpretative guidelines and guarantee the homogeneity of the terms.[5]

The translation reflects very closely the original structure of classical Chinese, often articulated in characteristic forms such as: sentences built with four characters, more coordinates than subordinates, and a syntax which uses subject and object in a circular form. The resulting prose is quite different from our common modes of expression but it brings us closer to the original discourse.

For all the Chinese terms we use the *pinyin* system, which is the official phonetic translation used in China, recognised by the WHO and almost universally widespread. We use italic for all Chinese words.

The transcription has a syllabic base, as suggested by current Sinological conventions.[6]

There are few terms that have been kept in Chinese, but certain specific characters have been maintained whenever they could be of use to those readers who know the language.

The criteria determining translation choices within the vocabulary on emotions are specified here or in the following chapters. For each case we have

[5] Where it is not otherwise indicated the original Italian translations are by Laura Caretto. The original Italian translation of European languages is the author's.
[6] We remind the reader that until the late sixties the concept of character was preferred to that of word. This is the reason why we still find in many texts a monosyllabic transcription of titles, names and sentences.

Intro-F102817.indd xx 2/7/07 6:49:40 AM

kept a fixed correspondence between the Chinese terms and the [Italian and] English ones indicated in the Glossary.

In the abbreviations of classical and extra points, to aid the reader we have integrated the classical quotes by putting the abbreviation of the point next to its name.

Since we always refer to organs in their Chinese sense, we never use capital letters.

In order not to create a dichotomy between abstract/symbolic and concrete/material, which is completely unknown to the Chinese thought, we never use capital letters, not even for terms such as 'fire', 'earth', or 'path'.

We maintain the abbreviation TCM (*Traditional Chinese Medicine*) since it defines a specific systematisation of Chinese medicine, discussed further on.

We use the term 'classic' in a non-specific way, with reference to all literature prior to TCM. We nevertheless recall that the expression 'Classical China' corresponds to the period from 500 to 200BC.

Quotes and bibliographic references follow common rules. The completeness of the bibliographic references in the footnotes varies depending on the needs of the discussion, but all books can be found listed in the Bibliography.

Emotional Illnesses

Illnesses with a major psychic component – which we variously define as mental disorder, psychiatric pathologies, emotional alterations, etc – are called 'emotional illnesses' *qingzhi jibing* 情 志 疾 病 or *qingzhi bing* 情志病, which is a classical expression still in use.

This definition does not have precise categorical boundaries, as is also the case for the designation of mental illnesses or psychic pathologies in conventional psychiatry.[7]

The term 'emotions' is the translation of *zhi* 志, *qing* 清 and *qingzhi* 清志 and involves the whole sphere of sentiments and passions, the whole of the internal mental, emotional and affective movements – namely the world which we now call 'psychic/psychological'.

Since it is impossible to outline a precise difference between the three terms, in order to link each of them to a different European word, every time the term 'emotions' appears we quote the original character.

[7] 'In DSM-IV each of the mental disorders is conceptualised as a clinically significant behavioural or psychological syndrome or pattern. That occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.' In: DSM-IV, 1996, Introduction, p. xxi. Also in general medicine many illnesses are defined according to different levels of abstraction: for example with an anatomopathological description (duodenal ulcer), a presentation of the symptoms (migraine), a deviation from a physical norm (arterial hypertension), or an aetiological definition (hepatitis C).

Intro-F102817.indd xxi 2/7/07 6:49:40 AM

For a more articulated discussion refer to the specific chapter. Here we mention that the five emotions are: *nu* 怒 rage, *xi* 喜 euphoria, *si* 思; thought, *bei* 悲 sadness and *kong* 恐 fear.

When there is a reference to *qiqing* 七 情, the seven emotions, they include *you* 忧 anguish and *jing* 惊 fright.

The choice of using the terms 'euphoria' and 'thought' needs to be briefly clarified.

Xi, often translated in English texts as 'excessive joy', can actually be well translated as 'euphoria' since *xi* corresponds to the feeling of euphoric happiness during popular feasts, rich in food, wine and music. It is thus a joy very close to the agitation of fire, while the other character used in the classics – *le* 乐 – is well represented by the term 'joy' since it expresses a more intimate feeling, connected with rituals and ceremonies, in reference to a state of peace and harmony.[8]

Si is often translated in medicine texts as 'excessive thought', possibly because the Greek–Judaic tradition looks at thought as a very positive action, recognising a pathological twist only in its excess. We have chosen to maintain the literal translation, that is simply 'thought', because in the Daoist conception thought substitutes for the ability to respond immediately; it is a mediation lacking the harmony of a spontaneous response.[9] Also in the Buddhist tradition thought can be an obstacle in the search for a state of 'emptiness of the mind'.

Other Terms Concerning Psychic Aspects

See the Glossary for the specific terms recurring in the text.

Certain terms, which appear with unspecific meanings in classical texts, have been rediscovered by the literature in the 1980s, as part of a process of revaluation of the psychic/psychological aspects of Chinese medicine, for example *yiliao* 医 疗 'thought-therapy' or *jingshen liaofa* 精 神 疗 法 'psychic therapeutic method'.[10]

[8] Already the classics before Han made this distinction: ' *le* 乐 has singing and dance [of the rites], *xi* 喜 has charity [of the feasts]', in: *Zuozhuan*, chap. 'Zhaogong ershiwu nian'. The character *xi* is composed of 'mouth' and 'tambourine', that is 'to play the drums and sing' (Wieger 167b, Karlgren 129), while the complex form of *le* (the same homograph *yue* indicates 'music') depicts bells on the sides of a ceremonial drum on a wooden stand (Wieger 88c, Karlgren 568).

[9] For a discussion on thought-*si* 思 as an artificial-*wei* 伪 element that opposes natural-*xing* 性, within the concepts of resonance and spontaneity, see the introductive chapter (Chapter 1).

[10] We find this term both in contemporary authors such as Wang Miqu, 1985, and classical texts 'If in the heart there is an accumulation of heat, medicines will not be able to reach it and we will use *yiliao.*' In: Fang Jizhuan, *Liaoshi* ('History of the Liao dynasty', 905–1125). As an example we recall that the term *zhexue* 'philosophy' does not belong to the tradition: it was introduced in China from Japan, where it was created at the end of the nineteenth century under Western influence.

Intro-F102817.indd xxii 2/7/07 6:49:41 AM

All the terms translating words and concepts belonging to contemporary Western disciplines have obviously been created recently. They use characters that have always been related to the psychic field, but – as all substantives in modern Chinese – they have two or three syllables.

They mostly contain the terms *xin* 心, *shen* 神, *jing* 惊, *zhi* 志 and *yi* 意. For more information refer to the specific chapter (Chapter 3).

Xin, the heart, is considered the organ of knowledge, which enables us to know, to think, to assess and to feel. The radical 'heart' is quite common in terms referring to thought or feelings. From this term comes *xinli* 心理, which is similar to our prefix 'psycho' (*xin* is 'heart' in the psychic sense, *li* is the natural principle of things), and words such as: *xinlixue* 心理学 – psychology, *xinli zhiliao* 心理治疗 – psychotherapy and *xinli fenxi* 心理分析 – psychoanalysis.

Shen 神, the subtlest aspect of *qi*, is discussed in a specific chapter. We recall here that nowadays in China it is translated as 'mind'. *Shenzhi* 神志 is currently used with the meaning of 'mind', but the two characters appear together also in classical texts. In such cases we have kept the Chinese form.

Jingshen 惊神 is the modern translation of the Western term 'mental, psychic' (but it is also used in an unspecific way to say 'spirit', in the sense of 'liveliness', or in constructions such as 'spirit of self-sacrifice', 'spirit of the age'). From it derive, as examples, *jingshen bing* 精 神 病 mental illness, *jingshen bingxue* 精 神 病学; psychiatry and *jingshen yiyuzheng* 精 神 抑 郁证 mental depression.

TCM – Traditional Chinese Medicine

In the study and application of Chinese medicine, the aspects of denomination and classification of pathologies have a number of different problems. The first is with regard to modern Chinese medicine, which results from a stratification and integration of over two thousand years of clinical and theoretical work.[11] Recognising the complexity of such a structure may be useful in finding some landmarks which can help guide practitioners theoretically and in practice: this text bases clinical framing and treatment on the syndrome differentiation according to TCM.[12]

The systematisation titled 'Traditional Chinese Medicine – TCM' began under the People's Republic. This type of research occurred substantially at

[11] With regard to the heterogeneity and plurality of Chinese medicine see also Unschuld, particularly the introduction to *Medicine in China*, 1985; Sivin, 1995; Kaptchuk et al and the concept of 'herbalisation of acupuncture' (*The Journal of Chinese Medicine*, no. 17, 1985); the discussion by Deadman and Flaws (*The Journal of Chinese Medicine*, n.38, 1992); and the debate in *The European Journal of Oriental Medicine* (vol. 1 nos 1 and 2, 1993, vol. 1 nos 3 and 4, 1994, and vol. 2 no. 1, 1996), among which are the contributions by Garvey, Blackwell, Diebschlag, Scheid and Bensky. See also the annotations by Zhang Shijie on the methodology of the diagnostic process (Chapter 21).
[12] As already specified we have decided to keep the abbreviation TCM as it defines this very system.

Intro-F102817.indd xxiii 2/7/07 6:49:42 AM

the end of the 1950s when Mao Zedong started a process of re-evaluation of traditional medicine, which the intellectual and progressive community had until then considered a dated and superstitious belief, labelling it as part of the remains of the old feudal system.

The elaboration of a diagnostic and intervention method based on a clear and consistent structure had to integrate different traditions, based on a direct transmission and on a logical procedure unsuited to being positioned in a definitive scheme. This process has marginalised certain aspects of the medical discourse. On the other hand it has made it recognisable in diverse situations, has guaranteed the possibility of transmitting it and has allowed its use within controlled methodologies.

Now TCM is the prevailing theoretical model in China and in the world and it is the reference point for contemporary didactic, literature and research.

The consistency of this system allowed Chinese medicine to resist the impact and confrontation with the Western biomedical model, now predominant with respect to other traditional medicines in the world.

Globalisation does not exclude the enduring efficacy of traditional medicines, but their validity is usually limited to a specific cultural community. In contrast, traditional Chinese medicine is characterised by a generalised practice in a complex society such as the Chinese one, and by a precise institutional position in a politically and numerically important nation. It also recognises a transcultural application since it is now widespread in many culturally distant countries: from economically advanced ones to developing countries such as African states and Cuba. Lastly it is a non-conventional medical system that is recognised by the 'official' scientific community.

Definitions and Classifications

Contemporary Chinese texts – and thus many TCM texts in English – use classifications that can overlap in their general guidelines but which are definitely not univocal.

The present classification criteria take into consideration those illnesses traditionally recognised to have a significant psychic component. At the same time they use many terms borrowed from Western psychiatry but often considered antiquated by the Western scientific community.

Attention to the task of classifying medicine and emotional illnesses can already be found in the history of Chinese medicine, particularly in the Ming period. We relate a couple of examples that highlight the fundamental structure on which modern classifications are still based.

The *Leijing* has 29 chapters on emotional illnesses, *qingzhibing*, among which are discussions on 'constriction' pathologies such as *yuzheng*, madness *diankuang*, mental exhaustion *neishanglao*, insomnia *bumei*, dementia *chidai*

Intro-F102817.indd xxiv 2/7/07 6:49:43 AM

and fictitious illness *zhabing*.[13] A slightly later text has a section entitled *shenzhi* in which there are discussions on illnesses such as madness, restlessness and agitation, restlessness from emptiness, pain, delirium, involuntary movements, continual laughter and crying, rage, sadness, fright, palpitations, fear, loss of memory, and being possessed.[14]

Contemporary Nosology

The issue of illness classification is extremely important for the understanding of medical thought, but in this occasion we only give some hints that may be used for guiding those who can only consult translated texts.

The more specialised clinical texts usually discuss psychiatry and neurology together.

The more general manuals often list psychiatric disorders within the section 'internal diseases', including for example respiratory, gastroenterological and neurological illnesses.

In clinical records there are often two diagnoses: the biomedical one and the Chinese; it is a sign of how different medical traditions attempt to integrate elements of different cultures, an effort to combine references from different perspectives, but it can produce frequent overlaps in terminology and nosography.[15]

The pathologies considered usually embrace 'classical' illnesses such as *diankuang* (sometimes translated as 'manic–depressive disorder' or 'schizophrenia'), *yuzheng* (variously translated as 'depression', 'melancholy', or 'hysteria'), *zangzao* (translated as 'visceral agitation' or 'hysteria'), *meiheqi* ('plum-stone qi'), *baihebing* ('*baihe* syndrome', but also 'neurasthenia') and *bentunqi* ('running piglet *qi*').

On other occasions the framework is based on Western terminology (for example 'neurosis', 'hysteria', 'schizophrenia' and 'hyperactivity of childhood') and discusses the correspondences in traditional Chinese medicine, so that we read for example: 'Schizophrenia. In traditional Chinese medicine this illness is included in the categories of *yuzheng* (melancholia), *dian* (depressive psychosis), *kuang* (mania), etc.'[16]

[13] Zhang Jiebin, *Leijing* ('The Classic of Categories', 1624), Book 21. It is interesting to observe how the last chapter, '*Yangxinglun*' ('Nourishing the nature') is dedicated to internal practices of 'nourishment of life'.

[14] Zhang Luyu, *Zhangshi yitong* ('Medical Compendium of Master Zhang', 1695), Book 6. 'As being possessed' is the translation of *rumo zouhuo*.

[15] For a discussion about the relationship between Chinese medicine and conventional/dominant medicine and about integration and assimilation see also the article by Scheid and Bensky 'Medicine as Signification', The European Journal of Oriental Medicine, vol. 2, no. 6, 1998, and the following debate.

[16] Hou Jinglun ed., *Traditional Chinese Treatment for Psychogenic and Neurological Diseases*, 1996, p. 143.

Intro-F102817.indd xxv 2/7/07 6:49:43 AM

Furthermore there is usually a list of:

- illnesses whose aetiology is strongly linked with emotions, for example insomnia, sleepiness, lack of memory (*jianwang*, often translated as 'amnesia'), palpitations, tiredness, etc.;
- illnesses which refer to patterns directly related to emotional dynamics, for example excessive rage, easy sadness, easy fear, easy preoccupation, easy fright;
- neurological illnesses such as epilepsy, migraines, vertigo;
- illnesses with psychic symptoms and organic origin such as trauma, poisoning, infections, postnatal syndromes;
- child illnesses such as crying and night fright, 'the five delays and the five weaknesses';
- illnesses that are framed as signs of emotional disturbances, for example too many dreams, sexual impotence, seminal losses.[17]

The use of Western terms is not univocal; for example *yuzheng* is often nowadays translated as 'depression', but in a recent manual is otherwise translated 'melancholia' and it is a symptom of hysteria: 'Melancholia (*yuzheng*) is a general term for an illness resulting from an emotional depression and from *qi* stagnation. A disorder in the circulation of the *qi* can alter the blood system and produce many pathologic consequences. In this section we will discuss only hysteria. To treat migraine, insomnia, palpitations, seminal losses and plum-stone syndrome one can refer to the specific chapters.'[18] Here there is no adaptation to the psychiatric classification used today, but there is a reference to 'hysteria', to which are often connected syndromes such as *zangzao*, *baihebing*, *bentunqi*, *meiheqi* (although *meiheqi* can be found among the 'eye, nose, mouth and throat illnesses').

Anxiousness or panic attacks are recognised as a specific disorder.

Food disorders as such are absent: the term 'anorexia' is only used to indicate a symptom, that is, in the sense of lack of appetite.

We recall that the culturally characterised syndromes reported in the DSM-IV do not appear in Chinese classics nor in modern TCM texts: these illnesses usually belong to cultural systems that are an expression of simpler contexts, in which individuals share the same political, economic and religious reality. China is a complex society that has developed just as complex and articulated medical systems.[19]

[17] 'Seminal losses' correspond to *yijing*, often translated as 'spermatorrhoea'. There is a female equivalent, *mengjiao*, which is the dreaming of sexual activity: 'The pathogenesis of this illness is the same as that of men's nocturnal pollutions. This illness belongs to the category of mental illnesses.' In: Liu Gongwang ed., *Clinical Acupuncture and Moxibustion*, Tianjin, 1996, p. 250.

[18] Liu Gongwang ed., 1996, p. 234.

[19] These syndromes, listed in Appendix I of the fourth edition of the DSM, are part of a specific cultural context. Different syndromes refer to the Far East, but only *Shenkui* is specific to Taiwan and China. It means 'loss of kidney', a popular term describing a set of somatic and psychic anxiety symptoms linked to a loss of *jing*, seminal fluid and at the same time 'life energy. There is also a reference to a psychotic reaction to *qigong*, which is also included in the 'Chinese Classification of Mental Disorders, Second Edition – CCMD-2', consisting in an acute episode that occurs in vulnerable subjects performing *qigong* incorrectly.

Intro-F102817.indd xxvi 2/7/07 6:49:44 AM