Yanhua Zhang has transformed our understanding of a subject not commonly addressed in studies of traditional Chinese medicine:qingzhibing 情志病, a group of illness patterns loosely translated as ‘mental disorders’ or ‘emotional disorders’. Until now, no scholarly work has been dedicated to analysing emotional disorders in traditional Chinese medicine (zhongyi 中醫) on their own terms, without being measured against a normative, ethnocentric Western model. Western approaches to Chinese medicine have characterised the somatisation of mental disorders, a stereotype that Zhang claims is an incorrect interpretation of Chinese medicine. Whereas Western biomedicine has traditionally emphasised an essential separation of mind and body, zhongyi is noted for the integration of physical and emotional symptoms. Nor is disease in zhongyi essentialised as being ontologically and uniquely either physical or psychological, but instead is part of the flowing and transformative nature of disease and the body/person (shenti 身體). In this book, suitable for graduate students and scholars in the fields of medical anthropology, history of medicine, and traditional Chinese medicine, Zhang breaks down this false claim to show that Chinese regularly seek zhongyi treatment for their emotional problems, and that zhongyi does and should continue to play a role in caring for emotionally ill patients.

For this study, Zhang draws extensively upon secondary scholarship by Judith Farquhar, Arthur Kleinman, and others from the fields of anthropology and cultural studies, to support her research on embodiment. She also utilises language theory and conversation analysis to approach the ‘socially constituted’ nature of illness (p. 3). The body of this work is based on 12 months of fieldwork in Zhang’s native Beijing in 1994, where she participated in zhongyi clinics, primarily the Clinic of Neuropathic Disorders (Shenjing Ke 神經科) in a hospital affiliated with the Beijing Academy of Chinese Medicine. She relied on patient observation and conducted a few patient interviews, as most were unwilling to participate. Zhang also followed a zhongyi physician in his clinic for 10 months, recording over 400 cases and sometimes even taking a patient’s pulse or asking diagnostic questions. In addition, she interviewed friends and family members, accompanying them to doctors’ visits and gaining access to their medical records, and continued correspondence with zhongyi physicians in China and the United States in subsequent years.

The book is divided into eight chapters. After laying out the book’s primary themes and research methods in the introduction, chapter two provides a brief
history of Chinese medicine in the twentieth century, focusing on its tensions with modern biomedicine and its importance in ideas of nationalism and nation building. She notes that ‘traditional’ Chinese medicine has been influenced by biomedicine and modern science, is constantly in flux, and should really not be considered ‘traditional’, hence her preference for the term ‘zhongyī’. Furthermore, the boundaries between zhongyī and biomedicine are permeable, in that patients commonly use both in tandem.

Chapters three to five explore primary themes in zhongyī diagnosis and treatment: shenti (body-mind), qingzhi 情志 (emotions), and bianzheng 辨證 (pattern differentiation). In chapter three (shenti), Zhang deconstructs the somatisation stereotype and illustrates that because shenti is integrated, emotion-related symptoms and physical symptoms are inherently intertwined. Health and illness in Chinese medicine are ‘experienced both somatically and psychologically’ and are constantly in flux (p. 33). Chapter four on emotions (qingzhi) breaks down stereotypes of Chinese as being emotionally repressed and repressive, and shows how emotions are regularly and often forcefully expressed in many private and social situations, commonly in relation to notions of face and social relationships, norms, and morality. Chapter five, ‘Understanding Zhongyi Clinical Classification’, introduces the five transformative phases; demonstrates the symptoms, patterns, syndrome differentiation, and therapy determination in zhongyī practices; and explains the patient’s central role in zhongyī diagnosis and treatment.

After this introduction to zhongyī theory, chapters six and seven provide examples of diagnosis and treatment of emotion-related disorders. Chapter six, ‘Manifestations of Yu (Stagnation)’, gives case studies for each of six diagnosis examples of stagnation, the primary pattern differentiation in qingzhi illness. Chapter seven, ‘Clinical Process of Tiao (Attuning)’, shows how the pattern of an emotion-related illness is defined and treated, with a focus on attuning the physical and emotional components of shenti to ‘transform the patient’s experience’ (p. 105). Zhang uses conversation analysis to ‘trace how a particular syndrome pattern is determined and the path to efficacy is negotiated’ between a zhongyī physician and his patient (p. 105). The author proves, in this case at least, that the zhongyī practitioner’s focus on patients’ emotions and thoughts when dealing with a qingzhi disorder effectively refutes the notions that zhongyī does not treat emotional disorders and that Chinese are inherently unemotional.

In this slim volume, it is undoubtedly difficult to give extensive treatment of zhongyī theories and concepts; nonetheless, the brief explanations are insufficient for the interested layperson, especially regarding the five transformative phases and the briefly mentioned materia medica. I suspect that even those with a background in Chinese medical history will find the book difficult
to comprehend, though scholars of traditional Chinese medicine may have no problem. Furthermore, although Zhang claims to have recorded over 400 cases during her fieldwork, only a very few are mentioned and are limited in scope. Aside from the half-dozen or so examples from chapters six and seven, there is little evidence that the author’s theories were influenced by the numerous case studies. Better integration of these cases would benefit this analysis. The book also contains numerous punctuation and spelling errors, as well as inconsistent translations and diacritics.

Nonetheless, this good introduction to zhongyi concepts attempts to provide explanations for a very complicated and difficult subject. As a historian, I found this book fascinating as an example of the integrated nature of Chinese philosophy and medicine that use the same language of yin-yang, five transformative phases, qi, and an emphasis on harmony of mind, body, and society. As in Confucian thought, the treatment of qingzhi disorders in Chinese medicine is a practical one. Whereas the intent of Western psychoanalysis is to discover one’s inner self or true nature, in zhongyi the importance lies in improving or correcting current social and interpersonal relationships, ‘emphasiz[ing] relatedness and interdependence of the members within a society’ (p. 133). The conversation analysis in chapter seven perfectly illustrates the physician’s practical approach to social and interpersonal harmony in dialogue with his patient. In this way, zhongyi diagnosis and treatment transmit Chinese ‘cultural values and social ideology’ in the ways that illness is conceptualised and approached (p. 136).

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