

Tears of Blood and Sorrow: Depression and Women in Traditional China

By Tereasa Maillie, University of Alberta, Canada

Abstract:

This article examines the connection between women and depression in traditional China. By analyzing poems written by women from the 11th to the 18th centuries, the paper argues that these poems were used to express profound personal loss, sadness and depression. Over a span of eight hundred years, women used similar images and ideas when expressing their depression. As well, their depression was seen by the poets as a part of being a woman. This concept of depression is re-iterated by the medical practices that most physicians relied on curing physical illness, not mental illness. As a result, women were rarely treated for this mental condition.

1 Some years ago, I was reading a great deal of women's poetry and literature. All poetry is very emotional to write and read, but the works from traditional China really affected me. Specifically, reading the poems of Chinese women, I sensed that many were very depressed and sad. Their lives were filled with tragedy which they related through their poems. My views were based on past readings and my own experience with Major Depressive Disorder (MDD) years ago. What struck me the most were the women poets' expressions, experiences and symptoms which were remarkably similar to the ones in connection with MDD. I began to think of these connections and the emotional experiences these women poets would have shared. As well, I wondered about the experiences of these women with depression. Was there help available for them? What did their societies think of these women and what did the poets think of their own depression? This article presents an effort to answer these questions.

2 I felt compelled then to study the connection between women and depression in traditional China. The first step was to select from the translations in the women's poetry anthology *The Red Brush* and other sources that seemed to demonstrate the writer's extreme sadness and disordered depression. This sample of poets stretched over a long period of time, with the poems dating from the 1100s to the 1800s, covering the Song through the Qing dynasties. In these poems, the writers used words that were as complex as the emotions they describe, which is indicative of all poetry. While these poems do not directly talk about medicine or medical approaches, they do discuss their personal experiences with sadness, melancholy and depression. They informed me that these women saw depression not as one word or idea, but many concepts that were used to communicate their feelings. I then read their biographies, in which it was apparent that the tragedies of their lives definitely influenced the tone and mood of their poems. Tales of dead children, lost love and lost

homeland were related in their poems. However, my own emotional response was not enough. I had to create a way to identify and justify my initial response that these women were depressed. Building on modern, western ideas of disordered depression, I developed five criteria to detect the levels of emotions being expressed. Each poem could be placed on a spectrum with simple sadness on one end and disordered depression on the other, based on the number of criteria exhibited. A large majority of the poems did fulfill four of the criteria and these works could be viewed as manifestations of the poet's disordered depression. This also meant that these qualities present in the poems spoke to a larger connection between the poems. Despite the almost eight hundred years between some poets, they used similar images and ideas when expressing their depression. The women poets also revealed how they felt about their depression. For many of them, it was a lonely state with little or no hope. They also believed that all women were predisposed to depression (creative women even more so) and that it was normal for women to be depressed. These ideas indicated that there was a shared mental construct of what depression was to women in traditional China.

3 Surprising to me, depression as a normal emotional state for women seemed to be the link throughout the material so far. It was apparent that I needed to delve further into the medical thinking about depression during this time period, as the evidence so far was anecdotal only. The medical beliefs reflected in medical treatises and case studies during the traditional era about depression would place the poets under a sharper historical light. Early Chinese medical ideas, as seen in works like *The Yellow Emperor's Classic of Internal Medicine*, stated that women and men were emotionally the same. This changed greatly, however, by the time these women poets were alive. Male physicians in traditional China seemed to believe that due to their physical makeup, all women were unable to control their emotions, and were susceptible to outside influences that damaged their emotions resulting in physical and/or mental illness. Although the poets were not necessarily aware of it, it seems that the poets and the fictional literature agree with the medical view that women were helpless in the face of their depression.

4 This did not mean, however, that there was not help for women with depression. The women poets did not discuss treatments in their works, but information was also gleaned from real cases written by healers and physicians. Women could be helped at home, or could see a female healer. When the depression and its physical symptoms were too severe, women or their families would seek a male physician. However, it appears that treatments focused solely on the body and not the mind of the patient. Depression was seen as an expected state for women, as they were predisposed to it. As well, male physicians seem to know more about

the female body than the mind, and gravitated towards curing what they knew. The outcome is that because women's disordered depression was viewed as a "normal" emotional state, women were rarely treated for this mental disorder in traditional China.

Personal Accounts of Depression

5 Women's poetry in traditional China can give some insight into their possible mental state, why they were depressed, and what these women thought about their "depression." However, I first needed some guidelines as to how to read the poems and discern whether or not any of the women could be suffering from depression. Using the word "depression" in itself was problematic, as it is laden with western origins and notions. The general modern consensus is that depression is a common mental disorder identified mostly by its symptomology. The World Health Organization states that depression is characterized by a

depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities (*WHO*, website)

In Chinese, "depression" could be translated into various words, such as *youyu* or *yumen*. In the case of the poems from the *Red Brush*, however, the translators have stayed away from using the word "depression". What the translators have chosen to use is the word "sorrow," which in Chinese can be translated from *chou* and used interchangeably with sadness (*bei*). This may be because depression is loaded with its own western connotations, or because the original documents do not use the word "depression." For example, the poem "To the Melody of 'Reduplications, Extended,'" written by China's best known Song Dynasty woman poet, Li Qingzhao (1084-1151), has the word "sorrow":

All by myself, I wish it would turn dark!
The wutong tree, and that drizzling rain,
That- into dusk-
Drip drops, drip-drops!
How can all of this
Be disposed of by
The one word "sorrow"? (226 and Li Complete 109)

In this selection she is writing about how one word cannot sum up all the complex emotions she feels. The word she uses, sorrow, is not good enough. What is important, then, are the overall feelings being expressed, rather than using one word to indicate depression in a whole poem. This example demonstrates that one word in Chinese cannot be directly translated to mean depression, but a whole host of factors affecting the reading and context could indicate depression. One factor is the nature of the medium of poetry. It is an artistic effort which does

not use exact terminology but employs diverse images, allusions, metaphors, and etcetera that are culturally significant to the writer and the reader. The poets knew this, as evident in Miss Li's words above.

6 Therefore, it was important to find out what words were used in the thirty poems to indicate the kind of depression being expressed. I then created a way of analyzing my sample of poems by using the modern ideas about disordered depression and its symptoms as my lens. I also used the Diagnostic and Statistical Manual IV (DSM IV), with its symptomology of depression, to develop five criteria that denote where the poems could fall on a spectrum of emotions: sadness, depression and disordered depression. I then applied these criteria to the thirty poems, and it seems that the majority of women from this sample across this large span of a thousand years were suffering from disordered depression. To illustrate all these findings, I have chosen biographical data and poems of three women who lived in traditional China as my core examples. They and the other women seem to share similar ways of articulating their condition.

7 What becomes apparent is that despite temporal and spatial differences, there are articulations of emotions and depression that delineate a universal concept, which allows me to understand the connections between women and depression as manifested in their poems. There exists a universal phenomenology advancing the theory that disease, irrespective of its cultural label, is universally rooted in social experience, in distress and in human misery (Kleinman *Social* 4-10). Most humans have the same emotional spectrum as we are all biologically designed to experience loss, with the need to express it a universal constant. Human misery and distress are differentially molded by culture, but the root of the emotion is the same. Poetry is one type of cultural production in which the emotions expressed in a specific time and location can be traced and understood by another person hundreds of years later. This is why it is possible for me to read the selected poems and identify the poets' disordered depression.

8 The symptomology of disordered depression that is used in western psychiatry made up the core of my criteria that serve as the conceptual backdrop for considering the chosen poetry by women writers. First, I used the Diagnostic and Statistical Manual [version four] (DSM IV). Used all over the world by mental health professionals, it provides diagnostic tools to identify mental disorders. Disordered depression in the diagnostic criteria fits under the larger axis of Major Depressive Disorders (MDD). The classification of what qualifies as depression and what does not is complicated as the severity, intensity, and frequency of these

diagnostic symptoms impact the diagnosis. According to the DSM, the person should be exhibiting at least three of the following nine symptoms for more than two weeks:

1. Changes in nutrition
2. Insomnia or over sleeping
3. Loss of energy and increased fatigue
4. Restless and/or irritable
5. Feelings of worthlessness or overwhelming guilt
6. Diminished interest in life
7. Difficulty concentrating or thinking
8. Sexual dysfunction
9. Thoughts of death or attempted suicide. (337)

9 Second, I used the definition of what a disorder actually is and see if the emotions expressed in the poems could indicate the poet being depressed. As defined by Psychiatrist Jerome Wakefield in his article, a pre-existing mental condition can turn into a disorder:

if and only if (a) the condition causes some harm or deprivation of benefit to the person as judged by the standards of the person's culture (the value criterion), and (b) the condition results from the inability of some mental mechanism to perform its natural function, wherein a natural function is an effect that is part of the evolutionary explanation of the existence and structure of the mental mechanism (the explanatory criterion). (386)

This definition provides two areas of analysis. As in (a) above, the poet has to be expressing some negative or harmful effects of their emotions to be considered depressed. Whether or not their culture would deem them depressed will be explored later in sections two and three of this project. As in (b) above, there has to be some reason for the disorder to exist. In Western psychiatric thought there are three reasons suggested for disordered depression: specific distressing life events, biochemical imbalance in the brain, and psychological factors like a negative or pessimistic view of life. Another idea is reliant on genetics, according to which depression is passed on through generations. It is impossible to know the genetics or biochemical imbalances of the women poets, but in their poems and short biographies we can detect the life events and psychological factors that did lead to their disordered depression.

10 With the definition of disordered depression and borrowing from the symptomology from the DSM on depression, I have created the following five criteria for measuring levels of depression in each poem: icons of depression, a long period of suffering, physical symptoms, mental symptoms, and thoughts of death. First, icons of depression must be present in the poems and follow poetic conventions. These icons are images or ideas that have been identified in literature studies to convey depression, as they have become part of the poetic language used by writers. Images in poetry are part of a "cultural convention" and are

common in their time and culture to be recognizable to their audience (Yu 206). The icon "tears of blood" is commonly used in poetry to convey extreme sadness and loss.

11 The second criterion is the long duration of the depression. Current western psychiatric practices, as per the DSM, denote that two weeks is enough to raise the issue of depression. Absolute dates are not provided by the poets as this was not part of the way they presented their work. However, they indicate through the changing seasons how long they have been depressed. Among the traditional periods the most common in women's poetry being examined is spring. Spring and all of its growth is written as a direct contrast to the emotions of the poet, who is depressed despite the pleasant weather. Often a poet will state that spring has come and gone and that she is still filled with sorrow. The difference in the duration of depression and sadness, however, becomes obscured with bereavement. Bereavement itself is not an indicator of a Major Depressive Disorder. The DSM, however, suggests that when grief over death goes beyond the "normal" time span of two months and the symptoms change or increase, one speaks of a disordered depression. In traditional China, however, society allowed at various times and for different people, different standards for periods of mourning. During the Song Dynasty (960-1276) for example, Confucian rites held that the mourning periods for women must to this day be two years for their husbands and a single year for their own mother (Ebrey 78).

12 The third criterion is the physical manifestation of depression. In many of these poems, the women relate various symptoms including sleeplessness, not eating and agitation. These can also be very powerful images to convey personal suffering. Many women wrote about feeling ill and being sick for a long time. According to DSM, being depressed over a long term illness is a separate classification from disordered depression, as the cause is rooted in physical problems (DSM 400-455). It is important for the reader to be attentive to this while reading the poems to ascertain the reason for the depression.

13 The fourth criterion is words and ideas, such as "loneliness," that convey psychological changes. The women could demonstrate a lack of interest in life, or profoundly negative thoughts towards themselves or their situation. Again, a very common image in poetry that indicates a diminished interest in life is grooming, specifically not wanting to get up and apply "powder and rouge." This image is relatively common in women's poetry to evoke a sense of isolation and despondency over love (Samei 69). Another important part of depression is the sense of hopelessness. These women lament their situations and feel that their depression and sorrows will never improve. They feel their emotions have complete control and feel helpless in the face of their depression. Finally, the fifth criterion is the

presence of thoughts about death or suicide. In western comprehensions, suicidal ideation is the medical term for these thoughts. This criterion seems to be the least common of all the criteria in the poems. However, when it is present, the intent and motivation for contemplating their own deaths is quite clear in the poems, leaving little ambiguity about the women's mental states.

14 If these five criteria are applied to these thirty poems by the fifteen women, one may discern the various levels of emotion expressed: sadness, melancholy and disordered depression. Each poem, based on the number of criteria present, can be placed in one of these areas. The first area of sadness is the starting point, where every poem possesses one or two of the criteria. The one criterion that all of the poems possess is the icons of depression. While the poets are all expressing some level of sadness, it is only when the number of criteria increases that it seems their emotions change and become depressive. When three criteria are identified, then the writer is deemed melancholy. It is only when these symptoms and manifestations of depression are severe enough that four to five criteria are evident. Sadness turns into disordered depression. If we place the poems on this spectrum, it is easier to see what could constitute sadness and a disordered depression. Applying the criteria to the thirty poems has resulted in the data below:

Emotional State	Number of Criteria present	Percent of Poems	Number of poems (30)	Number of Poets (15)
Sadness	2	100	30	15
Melancholy	3	80	24	12
Disordered Depression	4-5	60	18	10

15 As indicated by the many poems written in her lifetime, Shen Yixiu (1590-1635) could be seen as suffering from depression. Her life seems to be ideal. She was the daughter of a high official and married to Ye Shaoluan, also from an elite family with literary aspirations. As an indication of her success as a poet, she was at the centre of a group of poets who were also female relatives (Idema and Grant 384). Her life, however, was marked by personal family losses. Her brother, two daughters and a son all precede her in death. Her poems seem to be a way of expressing her bereavements. In the poem, "Dreaming of Junyong," she writes to her dead brother after a dream. The topic and the way she talks directly to the subject of her poem, stating how she feels after his death, convey a tremendous

sense of sadness typical of someone suffering from depression. This poem of sorrow over his death holds four of the five criteria, indicating that her bereavement might have turned into a disordered depression. The icons of depression are subtle but bleak. Miss Shen states that even though she can dream of heaven, she cannot go as the roads are unknown: "In other words, both of us are completely lost, and the long night is darkness without end. Unending is the way it wounds my heart" (385-386). Sadness over the loss of her brother has turned into depression, however, as this poem was written "seven autumns" later. This extended period of bereavement directly points to Miss Shen's possible disordered depression. This passage of time seems not to have lessened her sorrow, as she states that there is no limit to the pain of her separation. This pain and the wounding of her heart are two other metaphors used to convey some physical manifestations of her depression. While Miss Shen does not state outright that it is causing her severe illness, there is still a sense of physical pain. The last criterion that the poem fulfills is the psychological: she uses words such as "sad and distressed" and "vent my sorrows." This venting does not help her, as in the last lines of the poem she sees how the bird's wagtails fly and she wishes she could find a way to do the same.

16 One poem in particular, written in memory of her daughter Ye Xiaoluan, holds four of the five criteria for disordered depression. "On A Cold and Sleepless Night, Remembering My Deceased Daughter" is again an example of how Shen Yixiu's bereavement evolved into depression. Her imagery is vibrant and powerful, as she uses "tears of blood," which is a clear icon of depression. What is less clear is the length of time Miss Shen has been depressed as it is tied into the physical manifestations of her depression: "My heart has been broken a hundred times; my innards are twisted into a thousand knots" (388). This may indicate that over a long period of grieving, the pain over losing her daughter has continued. To punctuate these feelings of depression, Miss Shen repeats words and phrases which, according to the criteria employed, convey disordered depression. "The grieving cold intense" and "my sorrow is unspeakable" are both repeated to punctuate the intense depression she is experiencing over the death of her daughter.

17 Li Qingzhao is another poet who seems to have had experienced disordered depression. Many of her poems seem to indicate a disordered depression due to the loss of home and her husband. Li Qingzhao's husband was Zhao Mingchen (1081-1129), an official in the Northern Song. Their marriage seemed to be one of mutual love and respect. They were very attached to each other, having compiled a book together on antiquities (Idema and Grant 449). As he was away on business often, Miss Li wrote about her feelings of loneliness and seemed depressed over missing her husband. In "To the Melody of 'Dotting Red Lips,'" four

of the five criteria seem to be present. Miss Li uses many images that could be seen as icons of depression such as the "abandoned woman," a common literary device in traditional Chinese poems (Samei 110-114). She is the abandoned woman in her lonely inner chamber of her room, or looking out from the balustrade awaiting her love's return: "Fragrant grasses up to the horizon: I gaze at the road along which he'll come home" (225). We also know that her depression has spread over the length of a spring, as Miss Li states that it now departs with the rains. During the spring, her innards are being threaded with sorrow, a powerful image to the reader of the physical manifestation of her depression. In this line as well, the mental description of her emotions is manifested by using the word "sorrow." Another line is more direct, using the personal pronoun as well to convey her physical and psychological state of depression: "And I am filled by feelings of listlessness" (225).

18 This sadness and loneliness discernible in this poem increases due to the worsening of her life. Miss Li's and her husband's lives had been chaotic beforehand but increased with the invading Jurchen armies from the Jin state attacking the Northern Song in 1126. They had had to flee and followed the court to the south of China. Zhao had been appointed to a new government position but had died on the way to his new post. With Zhao's death, Miss Li was still homeless and now bereft of her husband. Years after these tragic events, she still grieved and was depressed over the loss of her husband and the loss of her homeland. The manifestation of this grief is seen in "To the Melody of 'Orphaned Goose,'" where again four of the five criteria appear. Many icons of depression are present in this poem, including the "abandoned woman" in the tower, but she provides a twist by saying that it is now empty since there is no one to wait for anymore. She writes that she is "unable to express all of her unhappy thoughts" (234). Physically, Miss Li has probably not been sleeping well, which is indicated by the images of the incense and jade burner that have expired because of having been burned all night. Mentally, Miss Li is also struggling, and says that she sheds "a thousand tears." She is lonely as well, which is indicated with her asking the question of whom to climb the jade tower with. Miss Li knows the answer. While the poem seems gentle enough emotionally, it is more direct and tells of an ongoing depression, as the line states so clearly: "And the feelings that won't leave me are like water" (234). In this line, Miss Li feels her feelings of depression are constantly flowing like water.

19 Li Qingzhao and Shen Yixiu seem to share one probable cause of their depression, that loss was an overwhelming factor in their lives. These three women in certain periods of their lives lost a great deal-homeland, love, and children-and were unable to heal from the loss. Loss is part of life: no one has not been touched by it. However, as mentioned earlier in

regards to bereavement, some losses are so great that trying to get past them is difficult. In "normal" patterns of bereavement over any type of loss, humans are biologically created to feel sadness as a tool to cope with the world around them. However, this sadness brought on by loss can become disordered when constant grief and stress compound the already struggling person. Grief can turn into immobilization, psychotic ideation, or other severe symptoms of depression, and then it becomes disordered (Horwitz and Wakefield 32-33).

20How, then, did these women poets view this outpouring of emotions, and their seemingly depressive feelings? The poets who (I believe) were suffering from a disordered depression all shared common beliefs about women's relation to emotions. Some believed that women, naturally rich in feeling, suffered more emotionally because they write. It was a vicious cycle: some wrote to express and release their feelings and depression, which may have only increased their depression. Wen Wan (ca. 1050), a courtesan who is known for her writings, both poetic and philosophical, endorsed the belief that giving voice to their emotions meant they suffered more emotionally. In her poem "Describing My Emotions" she demonstrated the emotional cost of being a poet and courtesan:

Those who by nature are rich in feeling suffer from feeling,
Hidden by a dark window, I'm fed up with the courtesan's life,
Don't ridicule me for spending my time on 'chapter and verse'
I don't see why Xie Daoyuan should claim all the fame for poetry. (336)

Miss Wen is saying a great deal about emotions and poetry in these four lines. While she says that all people who are rich in feeling suffer greatly, she is no exception. Part of this suffering is due to wanting more from her life, wanting to be a poet like the famed Xie Daoyuan a poet of the Jin Dynasty (ca. 366 CE), instead of a courtesan, an ambitious remark since at the time Miss Wen was alive in the Song Dynasty. Before and during this time period, there were few courtesans who wrote their own material. Most of their songs for their performances were written by men (Idema and Grant 334). While it did change, however, Miss Wen seems to be defying convention by almost demanding fame in the last line. She knows if she chooses this path of writing, she will continue to suffer from her feelings. She also knows that she will continue to be chastised by writing poems, but why?

21 The answer is that many women believed writing could cause physical harm, especially to women, because of the extreme emotional outpouring that is needed, and was one reason for being chastised for it. Zhu Shuzhen (ca 1126), also writing in the Song Dynasty, answers this question in "Self-Reproach-Two Poems." She writes that there are limits placed on her writing due to her gender and that society condemns writing women (256). This may have been true: women who were brilliant and exceptional are sometimes

portrayed in literature as tempting fate or not being the ideal Confucian woman who was "virtuous, chaste, filial obedience, and modest" (Pan 88). Miss Zhu does not necessarily dismiss this idea: she believes that a woman poet is placing herself in harm's way and that it is dangerous to write because she is a woman. Miss Zhu says that she writes poetry to cheer herself up but it has the opposite effect of making her miserable, not relieving emotions. If these negative emotions can be interpreted as signs of depression, Miss Zhu or other women poets believed that writing would increase their depression more than it would help.

22 Further evidence for this idea continuing in traditional China is provided by Zhen Yunduan (1327-1356), a poet known for her passionate poems and commentaries. In her autobiographical note, she states that she thinks of herself as a poet and composed to express her feelings and inner nature (Idema and Grant 269). This need to express her emotions have resulted in poems that detail her personal struggles with emotions, including what seems to be depression. In her poem "A Passing Mood," she states that while heaven gave her talent as a poet, the trade off was a shortened life (274). She believed that women poets were destined to die young, because of their emotional upheavals and the physical illness that accordingly could be brought about. Miss Zhen attributes her own bad health to being a poet, a profession that to her lends itself to being depressed.

23 The key belief that these women and their counterparts shared was that depression was what talented women suffered greatly because of their emotions. Being born a woman meant you were destined to suffer intense emotions. Adding to this was the idea that being talented and writing also exposed women to emotional thoughts and feelings, which made them disposed to depression. When women were exceptional writers, they stood even a greater chance of falling into depression. The ideas on depression from the women poets were that all women were normally susceptible to depression and the poets and other talented women were even more so. Far from being an isolated construct, this idea was also endorsed by the literary and greater society throughout traditional China.

Medicine and Depression

24 While the anecdotal examples from poet's lives provide information on depression in women in traditional China, I required more insight into the medical beliefs and approaches to depression. Ideas on depression from medical books changed greatly, from the gender neutral approaches in the Han Dynasty medical text, the Yellow Emperor's Classic of Internal Medicine, to the belief that women were mentally weak and susceptible to depression a thousand years later in the Song Dynasty. From this point on to the Qing Dynasty, medical

practitioners through their writings, created the identification of depression in women as an emotional disorder and reframed it in terms to meet their own "theoretic models of pathology" (Kleinman Rethink 7), which held that women's natural make up physically made them more susceptible to depression. Women being depressed, then, were perhaps seen as a "normal" occurrence, as demonstrated through treatments available to them. Women were first treated at home or by a female healer, such as Tan Xiangru, a female physician in the Ming dynasty. When the depression's physical symptoms were too severe, women would then be treated by a male physician. All these examples show that the mode of operation in treatments reflect the overall attitude that women's bodies were the main focus of treatment, while the mind was second because of women's susceptibility to depression as a normal occurrence.

25 The relatedness of women and depression in early China was viewed very differently than in the traditional period and begins with overall ideas on emotions. The first medical treatise in China, the *Yellow Emperor's Classic of Internal Medicine* (or *Huangti neijing suwen*), demonstrated the existence of an etiology and etymology of depression early in the history of China. Written before the Han Dynasty (206 BCE-220 CE), the book revolves around the Yellow Emperor's dialogue with the physician Chi Po. The chapters are based in a question and answer format, where the Yellow Emperor learns, among other topics, that the mind and body are always connected. The four seasons, the five elements, and other factors such as *yin* and *yang* energies, affected the human systems of blood, viscera and emotions. As the four seasons and five elements change in nature, they also affect the human body as seen in the five viscera and five emotions (*wu qing*). The five emotions are *xi* (joy), *nu* (anger), *you* (sympathy), *bei* (grief) and *kong* (fear). (Two others were added during the Ming namely those of *jing* (surprise) and *si* (pensiveness)). Medical historians have called this multi-layered system the Correspondence Theory, according to which each element correlates with and affects a part of the human body. *The Yellow Emperor* was the first known summary of traditional medicine to discuss this system (Unschuld 51-99). The basic theory of this system, with adaptations, has continued through to the modern day system of Traditional Chinese Medicine (TCM).

26 In this system, depression was never a separate emotion or concept, but part of a symptomology of emotions, where emotional imbalances lead to physical and mental illness. *The Yellow Emperor's Classic* has the five emotions corresponding to a specific organ and in balance: "[W]hen all is well: joy comes from the heart, pity from the lungs, grief from the liver, anxiety from the spleen, fears from the kidneys" (207). However, explosions or outbursts of these emotions was seen as unhealthy, because they trap the vital air (*qi*), and

excess of any emotion meant illness ensued in the appropriate organ. In reverse, imbalance in the organs or other systems of the body could also create emotional symptoms. Depression was part of this physiological discussion not as an emotion, but as a symptom. For example, *kuang*, meaning "insanity with excitation," and *dian*, "insanity without excitation" or epileptic fits, are two insanity illnesses detailed in the *Yellow Emperor*, as both were seen as being from the same root causes of wind (T'ien 70). Both shared the same pathology of depression as part of the illness's symptoms: that the patient for no "obvious" reason exhibited grief, fear, anger, or odd behavior according to the standards of the *Yellow Emperor* indicated a deep sadness. These indicators of sadness seem to reflect modern ideas of depression and what it means to be depressed, as previously outlined in section one of this paper.

27 These notions of illness illustrate two things. First, depression was not viewed as a separated disorder. It was embedded in the overall symptomology of health and illness, where discussions of balance and imbalance were central, and that imbalance created both mental and physical illness. Second, mental illness and emotions in the *Yellow Emperor* were discussed in non-gender specific ways, because the human body was seen as a homologous structure. In this concept the human body's set up was the same for every person with the person's mind included therein. It was believed that overwhelming elements of *yin* created a female and *yang* created a male (208). However, a female body and a male body were not so dissimilar to warrant separate entomologies. Discussions on *dian*, *kuang*, and the five emotions not gendered, as men and women were both subject to the changes in *yin* and *yang*. Either gender could exhibit the outward manifestations of imbalances. The differences in men and women existed only in procreation systems in the *Yellow Emperor*, such as sexual health and pregnancy. It could then be said, that depression was also not gender specific, and women as well as men suffered from such this condition.

28 Sun Simiao makes some important comments here about women, emotions and control. Compared to men, women were more emotional, prone to illness because of it, and could not control themselves emotionally. We unfortunately have no case studies available on his treatment of depression in women specifically, but it seems from this information that emotions, including depression, were very gender-specific in Sun Simiao's eyes.

29 Sun Simiao's ideas on female illness were expanded upon by many physicians, including the physician Wang Ji (1463-1539 CE). In his *Stone Mountain Medical Case Histories*, Wang Ji does not use the word depression but more of an overall aetiology of emotions. Wang's overall discussion of medicine seems not to delineate between the sexes, except when speaking about emotions. He believed that women were unable to control their

emotions and had a high risk of illness "normally" because of the excess of the seven emotions: "Women's temperament is to hold on to the emotions [...]. They are not able to release them and are more often damaged by the seven emotions..." (Grant 137). The reason, Wang believes, is the mechanism of "excessive emotionalism" in women that naturally occurred due to blood levels and *qi* depletion in their system. These excessive emotions damaged their bodies stemming from "pensiveness or sorrow" (Grant 141-142). (Men, he thought, were more in control of their emotions, but suffered from disorders related to anger and anxiety.) With these ideas, Wang Ji echoes what Sun Simiao said one thousand years earlier: women were prone to physical illness because their emotions were naturally excessive. In a note of sympathy, he states that women were unable to release them. The reason why seems to be attributed to a natural state of women as their lives are to be in the service of others.

30 Over the next hundred years, medical approaches to depression in women continued to expand in scope, as demonstrated in the works of Wang Kentang (1549-1613), one of the foremost medical writers of the Ming Dynasty. In his work *Zhengzhi Zhunsheng* (Standards of Diagnosis and Treatment of Medicine) he reveals his concept on emotions and the differences between the sexes. Wang states that both men and women could suffer from emotional illness (160). Unlike Wang Ji, he writes about depression (*yiyu*) and that it is part of the *dian* disorder of Loss of Heart/Mind Wind (*shixinfeng*) (161, also Agren 577). He believed people with *yiyu* exhibited certain emotional and behavioral symptoms: a refusal to comply with others, frustration with their lives, sense of helplessness, and mental absentmindedness. The patient could also become erratic, and be prone to outbursts of anger. Wang Kentang also writes that as *yiyu* did not have the same explosive character of severe *kuang*, and as it was a more chronic condition, he listed it under *dian*. Depression seems to be in Wang's estimation a long term illness, very similar to our modern idea of depression as a long term emotional disorder. In regards to women specifically, he states that while women and men could experience different symptoms of depression, a woman's *biological* make up created a "frailty of emotions", making them more susceptible to emotional imbalances including depression (160-2).

31 Another medical concept about women's inherent susceptibility to depression was love or flower sickness (*huabing*). It was interpreted by some physicians as an actual medical disorder. Believed to have existed for centuries, love sickness was identified by an early Qing Dynasty physician named Chen Shiduo as the pathological outcome of unrequited love and manifested only in women. According to Chen, woman suffering from *huabing* would lose

their sense of propriety and shame, and become desperate for love (Ng, 46). The women would withdraw, grow thin, and become "filled with sadness," a seemingly similar symptomology to disordered depression. Chen's definition of love sickness also places love as the main cause, unlike the other descriptions of depression in women that focus on more general terms. These ideas seem to be wide spread through time: these definitions and symptoms of love sickness are similar to the ones suffered by many poets, as their depression in many cases is connected to love.

32 Over a span of approximately a thousand years then, from physicians Sun Simiao, Wang Ji, Wang Kentang and Chen Shiduo, their shared beliefs about depression and women seems to be that women are *biologically* more prone to depression, for various reasons. Due to the loss of blood or qi imbalances, women's emotions were unbalanced and they were likely to suffer mental and physical illness. Also, because they were either unable to control these emotions or were unable to release them, women also fell into depression. The reasons for women's depression also relied on certain beliefs that women were emotionally fragile and easily emotionally damaged always. There seem to be no exceptions to the general rule that all women were prone to depression.

33 Even if women were naturally susceptible to depression, there were treatment options for depression. For treating women with depression a female healer would sometimes be called upon. Women healers in traditional China varied in roles and ability. One saying identifies the roles of women in healing: 'three kinds of old aunties and six kinds of old grannies' (*san gu liu po*). The three aunties are diviners like Buddhist or Daoist associated healers. The six old grannies referred to the medical positions women held such as medicine sellers, shaman healers, and midwives. There also was *nuu yi* (female doctors) that women went to see for a host of ailments. Unfortunately, these women healers did not leave any written accounts of treating women with depression, but there are cases written by one female healer that gives some information on women being treated for depression.

34 Where we can glean information on depression was in overall practices of the female physician such as Tan Yunxian (1461-1554 CE). She was a Ming physician and the only known one to have written a book on thirty one of her cases, *Sayings of a Female Doctor* (Furth 286). Tan Yunxian was a healer trained by her physician grandfather and healer grandmother. She became well known after her children had grown up and she was acceptable as an "old granny" by society. Her practice was exclusively for women and as her preface states, "Family members and women friends and acquaintances, disliking to be treated by a male, came streaming to me, and over time I hit upon amazing cures" (Furth 285). She

credited her popularity among female patients to being a woman herself, but also to her reputation as an excellent healer.

35 While not discussing the etiology of depression, Miss Tan relates how her patients expressed their emotional problems to her, including what appears to be depression. Miss Tan related many cases where women suffered damage from negative emotions because of the toll exacted by the need to remain strong. She tells stories of suffering linked to hard labor, repressed resentment, grief and damage (Furth 295). As an outlet for these emotions, women saw in Miss Tan a sympathetic listener who would understand her patients' emotional needs, female to female. This was probably one reason why they came to her for treatment. However, she couches her prognosis in terms of body connected language, and not on identifying depressive illnesses per se. She talks about two women who miscarried because their anger was hidden. The "fire" brought on from these repressed emotions destabilized the fetus. In another case, a middle aged woman comes to Miss Tan explaining that her daughter died and then her husband, citing that she suffered from damage caused by so much crying (Furth 294). Miss Tan, while not using a terminology of depression, seems to be citing emotional damage as a cause of illness. The treatment for this damage was focused on metabolic function of the digestive system, and using moxibustion and aromatic herbs to restore and warm *qi*. While Miss Tan emphasized women conveying emotional problems, her solutions emphasized body-based treatments.

36 It is interesting that Tan Yuxian suggests that many women who come to her for treatment prefer a female instead of a male, which may indicate that a male doctor was not necessarily a desirable option or used as a last resort for women suffering with depression. A statistical analysis of multiple medical documentation of the gender of patients in history has not been done; however, one author looked at one specific medical casebook of Wang Ji, where the overall sex ratio of 109 cases was 1.7 male to 1 female. When the reproductive cases were excluded, the ratio was 2.5 male to 1 female. Grant concluded that Chinese women were most likely first to seek female healers rather than male healers, and only sought male physicians as a last resort (Grant 106-7). This desire to seek female healers over male doctors also had a practical reason: women could not speak openly to men about their physical conditions. It seems that for a great deal of time in traditional China, women needed to have a male relative.

37 However, male physicians and their treatments seem to be the third and last solution for women with depression. Male physicians' treatments originated from the belief that the root causes of depression were unsatisfied desires, repressed anger and pent up feelings, as

evident in real cases. One treatment focused on appealing to female feelings: the counter-emotional therapy, which relied on the correspondence system of healing (T'ien 73). Taken originally from the *Yellow Emperor's Classic*, each emotion was connected to a corresponding colour, element, organ or metabolic system. Each emotion also had its opposite which could counter its effects. Joy could be displaced by anger, sorrow by joy, and so on (Sivin 4). This was in effect a therapeutic manipulation of emotions to lead to a desirable outcome. This therapy was created by physician Han Shilang in the Han Dynasty, as reported by Zhu Zhenheng in his twelfth century case histories, indicating that he believed and used Han's ideas. Han was called to the house of a woman who was suffering from depression brought on by her mother's death. Her husband summoned the physician and reported that she was lethargic, out of sorts, and stayed in bed all the time. Han believed that using other emotions to counter the depression could cure her. After gaining permission, Han and one of the maids "summoned" the dead mother, who had become a vengeful spirit wanting revenge upon her daughter for blotting out her life. The daughter became angry, and stopped grieving for her mother. Han reported that the anger canceled out the depression, and the woman got out of bed (Ng 41-2).

38 Another case, however, places depression and emotional imbalance as being more about the correction of emotions to further physical and social health. One case where a woman could not bear children due to depression, jealousy and anger is related in a text on women's disorders by Fu Shan (1607-1684). Here he states clearly that his first concern is that fact she cannot get pregnant and attributes it to her blockage of qi in her cardiac circulation due to releasing her emotions (Sivin 2-3). His prescription then is to use seven ingredients commonly used to promote fertility. He states that once the area is unblocked, the qi of happiness will fill her belly and it will be possible for her feelings to change. She and her husband will then be on better terms (2). Fu's focus is not the countering of emotions in therapy but in paying attention to the emotional issues being raised in the marriage, and which he can address within the confines of his medical beliefs by prescribing remedies.

39 This treatment is similar to what other physicians including Wang Ji address where women and their emotional upheavals including depression are treatable through the body itself. Wang Ji used drug therapies as his primary treatment plan overall for his patients, both women and men, for all types of illness. However, his treatments for what seems to be depression indicate an emphasis on the body over the mind. For example, in one case his patient, a mother, has been mourning for her son for fifteen years and in so doing "an excessive amount and subsequent melancholy and pensiveness harmed the Spleen and

weeping harmed her *qi*" (Grant 137). It seems by reading the symptoms as a unit this woman could be viewed as suffering from a long term depression, triggered by bereavement. This seems not to have been a concern of Wang's. In this and other cases, he emphasizes treating the physical ailments created by the depression, and not the depression itself.

40 The emphasis on the body over the mind then is the more common treatment option for male and female doctors. While counter-emotional therapy was conducted, more common treatment options placed medicinal cures employed moxibustion, acupuncture and herbal remedies. These approaches to healing indicate a more encompassing attitude in medical practice and philosophy towards disordered depression. Women felt more conformable and found it easy to speak with other women about their mental health issues. When compared to Tan Yunxian, Wang Ji's accounts of his female patients were focused on the problem and not the patient. A female healer was a socially acceptable person to speak to, where Wang Ji as a male was not. According to his medical accounts, Wang Ji primarily used drug therapies on both male and female patients (Grant 149). Again the main concern of female morality and modesty played a large part in the ability of doctors to treat female depression patients. Conducting counter emotional therapy would have involved discussing present situations in the home or with the female patient. Evidence suggested the physician Wang Ji had fewer women than men come to him, partly due to modesty constraints. When women did seek his advice, they wrote him a letter or went through an intermediary family member (Grant 115). These barriers to treatment then translate to a lack of acknowledgment of disordered depression. It was only when a disordered depression's physical manifestations worsened that women would seek the help of male physicians and their treatments.

Conclusions

41 I want to end with probing the question of treatment further by hypothesizing what might have happened to the real life poet Shen Yixiu (1590-1635), whose probable depression I detailed in section one. In her poems, she details her sorrow over the deaths of her son and two daughters, seemingly the reason for her depression as I argued with the help of the outlined five criteria. However, Miss Shen does not give any details regarding treatments for her "sorrows" or if she even sought help from healers. The limited biographical notes provided by the writers of the *Red Brush*, the volume in which I found her poems, also provide no medical details. They state that after her children died, Miss Shen's "spirit was wounded and her heat had perished: wracked by sorrow, she wasted away and after three

years, she too passed away" (Idema and Grant 385). There is no mention as to whether she sought any type of treatment over those three years.

42 What would have been Miss Shen's options for assistance concerning her depression and bereavement? One, that she would have relied first on the female members of her household to help her as they had the closest and first contact with all illnesses in the house. For example, there is a brief mention that Miss Shen nursed her one daughter Qiongzhang at home as she was there the moment her daughter died (Idema and Grant 384). This does not seem to be an unusual thing for a mother to do, and details on her care were not divulged in the poems because a woman caring for others was such a common thing. Two, that in case Miss Shen resorted to self help, she might have chosen poetry as a way of dealing with her pain. As she wrote in the last three years of her life, there must have been some emotional release from poetry. I hypothesize this based on what other poets such as Zhen Shuzhen, who states outright in her poem "Self-Reproach, Two Poems," that she tries to cheer herself up through writing poetry (256). Thirdly, if this did not work, then Miss Shen may have gone to see a female healer. As mentioned earlier in regards to Wang Ji, women sought other women first to obtain help for their physical and mental illnesses. If Miss Shen had gone to Tan Yuxian, a female doctor, she would have a sympathetic ear to consult. Miss Tan would have treated her with medicine or moxibustion, focusing on metabolic function of the digestive system, and aromatic herbs to restore and warm Miss Shen's *qi*.

43 Fourthly, when Miss Shen did not improve and her health became worse, her husband might have sent for a male doctor, like Wang Ji, as he was also alive during the Ming dynasty. If she had, the doctor would have focused on her physical ailments, which were detailed in her poems as sorrow, anxiety, sleeplessness, and lack of food intake. She had grown thin and tired as well. The doctor then would have given her herbal remedies as well. It is doubtful she would have expressed her deep emotions to him, as he was a male physician and women seem not to have used them as confidants, as indicated by the case studies of many doctors above. There is also a minute chance Miss Shen experienced counter-emotional therapy, although it seems not to have been common practice.

44 However, all of this assistance may not have worked or may not have been sought. It is very difficult to tell, as we have no real evidence that she even went to a physician. We have one bit of evidence that her husband did have some experience in seeking medical help for his wife and his daughters. Ye Shaoyuan in the preface to his daughter Wanwan's poems quotes a passage on sorrow, saying that there was little anyone could do about it, and "moxibustion and acupuncture needles cannot dissolve it" (Idema and Grant 407). By

including this quote, Ye seemed to have some connection to these ideas, and probably had tried to seek medical attention for his wife and daughters. As well, he also re-states his belief that sorrow and depression are "persistent and in-exhaustible." As a result, it is doubtful that Miss Shen could have been helped with a seemingly disordered depression because women were rarely treated for this mental disorder in traditional China.

Works Cited

- Agren, Hans. "The Conceptual History of Psychiatric Terms in Traditional Chinese Medicine." *Explorations in the History of Science and Technology in China*. Ed. Li Guohao. Shanghai: Chinese Classic Publishing House, 1982. 573-581.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed., 1994 revised edition. Washington, DC: American Psychiatric Association, 2000.
- _____. *Let's Talk Facts About Depression*. Pamphlet. American Psychiatric Association, 2005.
- Chang, Kang-I Sun and Haun Saussy, eds. *Women Writers of Traditional China: An Anthology of Poetry and Criticism*. Stanford, California: Stanford University Press, 1999.
- Chiu, Martha Li. "Mind, Body, and Illness in a Chinese Medical Tradition." PhD diss., Harvard University, 1986.
- "Depression". World Health Organization (WHO). 5 February 2009.
- Ebrey, Patricia B. *The Inner Quarters: Marriage and the Lives of Chinese Women in the Sung Period*. Berkeley, CA: University of California Press, 1993.
- Fong, Grace S. "Engendering the Lyric, Her Image in Voice and Song." *Voices of the Song Lyric in China*. Ed. Pauline Yu. Berkeley: University of California Press, 1994. 107-45.
- Furth, Charlotte. *A Flourishing Yin: Gender in China's Medical History, 960-1665*. Berkeley: University of California Press, 1999..
- Grant, Joanna. *A Chinese Physician: Wang Ji and the Stone Mountain Medical Case Histories*. London: Routledge, 2003.
- Horwitz, Allan V. and Jerome C Wakefield. *The Loss of Sadness*. Oxford: University Press, 2007.

- Idema, Wilt and Beata Grant, eds. *The Red Brush: Writing Women of Imperial China*. Cambridge: Harvard University Asia Centre, 2004.
- Kleinman, Arthur. *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China*. New Haven: Yale University Press, 1986.
- _____. *Rethinking Psychiatry: From Cultural Category to Personal Experience*. New York: Free Press, 1988.
- Ko, Dorothy. *Teachers of the Inner Chambers: Women and Culture in Seventeenth- Century China*. Stanford, California: Stanford University Press, 1994.
- Li Qingzhao. "Shengshengman" in *The Complete Ci-Poems of Li Qingzhao: A New English Translation (Shu yu tz)*. Edited with Chinese and English translation by Wang Jiaosheng. Philadelphia: University of Pennsylvania, 1989. 109.
- _____. "To the Melody of 'Reduplications, Extended'," in *The Red Brush, Writing Women of Imperial Chi*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 226.
- _____. "To the Melody of 'Dotting Red Lips'," in *The Red Brush, Writing Women of Imperial China*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 225.
- _____. "To the Melody of 'Orphaned Goose'," in *The Red Brush, Writing Women of Imperial China*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 234.
- Mann, Susan, and Cheng Yu-yin, eds. *Under Confucian Eyes: Writings on Gender in Chinese History*. Berkeley: University of California Press, 2001.
- Ng, Vivien. *Madness in Late Imperial China: From Illness to Deviance*. Oklahoma City: University of Oklahoma, 1990.
- Owen, Stephen. *An Anthology of Chinese literature: Beginnings to 1911*. New York: W.W. Norton, 1996.
- Pan Chao (Ban Zhao). *Pan Chao, Foremost Women Scholar of China*. Edited and translated by Nancy Swann. Ann Arbor: University of Michigan Press, 2001.
- Samei, Maija Bell. *Gendered Persona and Poetic Voice: The Abandoned Woman in Early Chinese Song*. Lanham, MD: Lexington Books, 2004.
- Shen Yixiu. "Dreaming of Junyong," in *The Red Brush, Writing Women of Imperial Chi*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 385-386.

- _____. "On a Cold and Sleepless Night, Remembering My Deceased Daughter," *The Red Brush, Writing Women of Imperial China*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 388.
- Schultz, Dagmar. "Vorwort." *Macht und Sinnlichkeit: Ausgewählte Text von Audre Lorde und Adrienne Rich*. 2nd ed. Ed. Dagmar Schultz. Trans. Renate Stendhal. Berlin: Orlanda, 1986. 9-11.
- Sivin, Nathan. "Emotional Counter-Therapy," in *Medicine, Philosophy and Religion in Ancient China*. Aldershot, England: Variorum, 1995. 1-19.
- T'ien Ju-k'ang. "Traditional Chinese Beliefs and Attitudes Towards Mental Illness." *Chinese Culture and Mental Heal*. Ed. Tseung Wen-Shing and David Y.H.Wu. Orlando: Academic Press, 1985. 70-81.
- Unschuld, Paul U. *Medicine in China: A History of Ideas*. Berkeley: University of California Press, 1985.
- Veith, Ilza. *The Yellow Emperor's Classic of Internal Medicine, Huangti neijing suwen*. Birmingham, Ala.: Classics of Medicine Library, 1988.
- Wakefield, Jerome C. "The Concept of Mental Disorder: On the Boundary Between Biological Facts and Social Values." *American Psychologist*. 47.3 (1992): 373-88.
- Wang Kentang. *Zhengzhi Zhunsheng* (1602.) Reprint Beijing: Zhongguo zhong yao chu ban she, 1997.
- Wen Wan. "Describing My Emotions," in *The Red Brush, Writing Women of Imperial China*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 336.
- Wilms, Sabine. "The Female Body in Medieval Chinese Medicine: A Translation and Interpretation of the 'Women's Recipes' in Sun Simiao's Beiji qianjin yaofang." Ph.D. diss., University of Arizona, 2002.
- Xiandai Ha yu cidian. *Han Ying shuang yu- The contemporary Chinese dictionary: Chinese-English edition*. Beijing: Waiyu jiao xueyuyan jiu chu banshe, 2004, 549.
- Yu, Pauline. "Song Lyrics and the Cannon: A Look at Anthologies of Tz'u." in *Voices of the Song Lyric in China*. Ed. Pauline Yu. Berkeley: University of California Press, 1994. 73-105.
- Zhen Yunduan. "A Passing Mood," in *The Red Brush, Writing Women of Imperial China*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 274.

Zhu Shuzhen. "Self-Reproach-Two Poems," in *The Red Brush, Writing Women of Imperial China*. Ed. Wilt Idema and Beata Grant. Cambridge, MA: Harvard University Press, 2004. 256.

Zamperini, Paola. "Untamed Hearts: Eros and Suicide in Late Imperial Chinese Fiction." *Nanu*. 3.1 (2001): 88.