

he complained that the calisthenics group has fallen apart now that he no longer takes a leading role in it; this comment, like so much of his other conversation, had a definite griping quality.

Mr. Zhao experiences anger as a physical change affecting his whole body. Even observing him for the time span of an interview, we were able to see how his negative feelings affected his bodily hexis. If anger is understood and lived in this bodily way—rather than as “emotions” whose existence is more psychological than anatomical—it should be possible to treat it, that is, to banish it through the use of some medical substances or therapies. Mr. Zhao has developed his own method of releasing the excess *qi* that anger produces in him. But this is not surprising; most of the Beijingers we talked to believed that they could banish anger by one means or another.

The material from Chinese medicine we have added here, technical and classical as it is, provides a useful knowledge foundation for the commonsense views reported by Zhu Hong, Qu Zhixin, and Zhao Gang. Anger is one of a series of powerful emotions that act almost like fluids in the human body. Perhaps it can be the most violent and the most damaging, but all the emotions have the power to induce symptoms. Zhao Gang was the expert on the subject and at the same time the least successful in managing his emotional physiology. His technique for avoiding or treating anger was the most explicitly bodily. But everyone seems to realize that the problem is hydraulic: flow (of fluids, of emotions, even of the Dao) can be directed, and damage to human life can be avoided or ameliorated. Anger is not an existential problem—it is a matter for the everyday management of the well-nurtured body.

Qi Craftwork: Wu Liyan

For most speakers of modern Chinese language, *qi* is a form of air; in the body, it is a palpable fluid akin to breath. As Zhao Gang said, it can accumulate in the middle of the abdomen, and it can be controlled through disciplined breathing techniques. In this section, we turn to the comments of one interviewee who became very committed to a systematic form of *qigong*, or *qi* work. *Qigong* styles form

are joy, anger, thought, grief, and fear. The five intentions correspond to the five visceral systems. *The Yellow Emperor's Inner Canon: Plain Questions* (juan 2:5) says: "People have five viscera that transform the five forms of qi to produce joy, anger, thought, grief, and fear." Clearly, emotional activity must take the jing-essence and qi of the visceral systems as its material base. The same chapter of the *Plain Questions* also says that the heart system "with respect to the intentions is joy," the liver system "with respect to the intentions is anger," the spleen system "with respect to the intentions is thought," the lung system "with respect to the intentions is grief," and the kidney system "with respect to the intentions is fear." Alterations in the different emotions (both the "seven feelings" and the "five intentions") have a close relationship with the inner viscera and qi-blood, and each kind of change has a different effect on the different visceral systems. Moreover, changes in the condition of the visceral systems also can influence changes in the emotions, just as the *Plain Questions* (juan 17:62) says: "When blood is excessive, there is anger; when it is depleted, there is fear." *The Divine Pivot* (juan 2:8) also says, "When liver *qi* is depleted, there is fear; when it is excessive, there is anger. When heart *qi* is depleted, there is melancholy; when it is excessive, there is uncontrolled laughing."

This kind of influence can be divided into two states. The first is direct harm to the viscera: "[excessive] anger harms the liver, joy harms the heart, thought harms the spleen, grief harms the lungs, fear harms the kidneys." (*Plain Questions*, juan 2:5). Clinically, the stimulus of the different emotions can be seen to have differential influence on each of the five visceral systems. But this influence is not absolutely exclusive; for example, most emotional stimuli have some effect on the heart. Also, when chronic anger

an important part of the *yangsheng* array of practices. Our initial survey included a question about use of and attitudes toward *qigong*: of the 200 respondents to that survey, 54 of them mentioned *qigong*, and 45 professed a positive interest in practices they identified with this term. A sizeable portion of this group (31) seemed to have great faith in *qigong* and felt it was a very good practice. Seven seemed especially enthusiastic, and seven others, for various reasons, had practiced *qigong*, but later given it up. Nine interviewees said they practiced some form of *taiji*, but did not have faith in *qigong*. As we will discuss below, it is possible to have a very broad understanding of *qigong*, so we prefer to translate this term as “*qi* work.” With this active and capacious understanding of *qigong* in mind, it is possible to link the concept and its associated practices to the Chinese medical body that exists by virtue of “*qi* transformation.”

Our friend Zhu Hong, discussed at the beginning of this chapter, was quite unequivocal about *qi* work: “I don’t believe in *qigong*, I think it is useless. My husband with his hemiplegia asked a guy named Wang in Badachu to teach him how to practice *qigong*, but after a month, it still hadn’t helped. The *qigong* guy would keep saying, ‘Stand up, stand up,’ but when my husband tried it, he would just topple over like this.” She reeled dangerously, and went on: “This only made everything more difficult! Practicing *qigong* can sometimes lead to bad things; your head explodes, and the person goes mad.”

Zhu Hong confidently makes a distinction between *yangsheng* and *qigong*, a distinction that many experts might hesitate to make so unequivocally. She thinks *yangsheng* is good for bodily health, and she engages in activities that involve physical movement, such as mountain climbing, badminton, walking, and dancing. But she is clearly skeptical about the more inward-turning efficacies of *qigong*, believing that *qigong* may sometimes even do harm to the body. Naturally, she may be influenced in these views by the controversy surrounding the practice of *qigong* since the late 1980s. This controversy has been exacerbated by the similarity of Falun Gong techniques to those of *qigong*. But apparently in the 1990s, Zhu Hong did

(*younu* 郁怒) harms the liver, liver *qi* begins to run transversely against its proper upward and downward flow and thus often begins to attack the spleen-stomach system, producing the pathological patterns of liver-spleen miscoordination, liver-spleen disharmony, and so forth.

The second kind of physical influence of anger is influence on the *qi* functions of the visceral systems: “In anger, *qi* rises; in joy, *qi* slackens; with melancholy, *qi* vanishes from sight; in fear, *qi* descends; with shock, *qi* becomes chaotic; with thought, *qi* knots up.” (*Plain Questions*, *juan* 11:39). Excessive rage can make liver *qi* run transversely and rush upward, and blood can follow the disordered *qi* and run counter to its proper flow, also rushing upward. Sudden great joy can also make heart *qi* slacken its flow, so that *shen*-spirit can’t be stored, and the mind can’t focus, even to the point of manifesting patterns such as “*qi*-loss madness.” Excessive melancholy and sadness can make the lung system sluggish, leading to a lessening of will and consumptive damage to lung *qi*. If fear and anxiety are excessive, it can destabilize kidney *qi*, such that *qi* is secreted downward, and control of excretion is lost, or if the fear is not resolved, it can harm *qi*-essence and bring about bone and marrow degeneration, premature ejaculation, and other syndromes. If someone is very suddenly shocked, it can disrupt the heartbeat, drive *qi*-spirit from its normal pathways, unsettle thinking, and produce feelings of extreme panic. If thought is in excess, both the *qi*-spirit and the spleen system are harmed, and a pattern of depressed *qi* function can be induced.

1. The *Shuowen jiezi* 说文解字 (Explaining characters) is an early Chinese etymological dictionary, dating from approximately the second century C.E.

not initially oppose *qigong*; in fact, while her husband was alive, they were willing to try a form of *qigong* therapy for his hemiplegia. It is impossible to know what her views of *qigong* were before this experience at a site in the Western Hills. (Note, though, that they did not find this service in downtown Beijing, where control of “cult” activity connected to *qigong* was tighter, beginning in the early 1990s.) But it is not surprising when people with incurable, hard-to-manage chronic illnesses risk official disapproval to find an effective therapy, and various forms of *qigong* appear to offer a special kind of effectiveness. Like Wu Liyan, discussed below, Zhu Hong and her husband didn’t have to “believe in” *qigong* to find it attractive as a form of treatment.¹¹ But with this negative experience of *qigong* in her past, Zhu Hong can now make a kind of slapstick comedy out of this form of *yangsheng* (“the *qigong* guy would keep saying, ‘Stand up, stand up,’ but when my husband tried it he would just topple over, like this”). Perhaps the main reason Zhu Hong opposes the use of *qigong* is that she and her husband spent money on a *qigong* practitioner to treat his illness, but the treatment was ineffective. This experience no doubt offended her obvious thriftiness, but she also suggested that she has known others for whom *qigong* practice has led to bad results or even insanity.

Wu Liyan, on the other hand, had come to rely heavily on *qigong* in her efforts to manage both her own and her son’s chronic illnesses. Over many years, she had found personal ways to deploy and benefit from a wide variety of healing techniques. A retired tailor in her late forties, she gave us a long narrative of her history of encounters with medicine and with *yangsheng* and *qigong* regimes.

Now, [after a long reported history of illness problems and hospitalizations for both herself and her son], I still practice *qigong*. The eye problem I have, when I look at things, I always see a black spot that goes wherever my eyes turn—wherever I look, there’s the black spot. Once I went to the hospital for a gynecology checkup and dropped in to ophthalmology. These eyes of mine, the left was 1.5, and the other eye was no good at all. I was stupefied; my right eye could not see clearly even the biggest words on the testing

chart. That time when I registered for ophthalmology, the doctor on duty wanted to give me a shot to treat it. The needle he wanted to [put in near my eye] was this long! [gesture: about 10 centimeters], I was very scared, it would hurt a lot! The doctor wanted me to stay in the hospital and get a series of shots; he said what I had was retinitis and that ophthalmology was successful in treating it. I said I wouldn't go into the hospital and wouldn't have shots. If the doctor had been just a tiny bit careless, my eyes would be put out! I kept on going to the park and doing Ma Litang Nurturing *Qigong*. In the park, I got to know a “*gong* buddy” from Guang'an Men Hospital of Chinese Medicine, so I went and saw a Chinese medical ophthalmology doctor there. I did stay in hospital there and had Chinese medical therapy. I had injectable *dangshen* (党参, codonopsis root) compound and also their special [orally administered] herbal formula for eye disorders. After leaving the hospital I would still go have a [*dangshen*] shot every day, without fail, and then I would return home to look after my son. Every day was like this, it was like going to work and coming home. During this period, when I had free time I would go to the park and rigorously practice Ma Litang *Qigong*. I stayed in the hospital six or seven months, then had six or seven months of injections—I didn't miss one shot. And I rigorously practiced *qigong*. The vision in my right eye improved to 1.2. I went to the Beijing Hospital to get a checkup from the original eye doctor, and he didn't believe it: “How did you treat this?” he asked. I said, “Don't think it's strange. I didn't obey your therapy—I have my own way of thinking about this. You doctors, you chat with each other and give people shots at the same time, I was too scared; my eye could be gone with just one shot, and I would be blind forever. So instead I took Chinese medical acupoint injections while eating Chinese medicine, practicing *qigong*, and doing neck massage, all at the same time. I took a shortcut [*jiejing* 捷径] and so cured it.”

Later, I also practiced Zhang Hongbao's Chinese Yangsheng Wisdom *Gong*. I feel that no matter what the *gong*, no matter how extravagant its claims, its main goal is to be good for your body. Don't let the disease demon push its way in. This is the most important goal. So I combined Ma Litang Nurturing *Qigong* with other treatments as it suited me, practicing it just because it was effective in driving out disease. The external phenomena of the various *gongs* are not the same, but on the inside, they are the

same. How do you get disease? Because your breathing is not good, your nutritional structure is not good, because you have a lot of pressure in your thoughts—only then do you get sick, right? If you didn't have all this pressure in your thoughts, if your heart was very happy, would you get sick?

JF & ZQC Wu Liyan has a different sense of the task of health than Zhu Hong. She impressed all of us as a person with a long and complicated illness history who, at least at this point in her life, was quite obsessed with illness and its treatment. A hypochondriac, perhaps? But she certainly had what sounded like an objective history of pathologies. Her son's early chronic disease, severe myocarditis, had led her to take a long leave from her job to look after him. This part of her story involved a certain amount of cooperation with doctors to enable Ms. Wu to provide good care for her son at home; much of this care involved *yangsheng*-type activities for him—light exercise, careful nutrition, enforced rest, and so on. She emphasized how hard she had worked to manage a very rigorous rehabilitation program for her son, at home, but in concert with the demands of the doctors, at least at first. But she often ignored medical advice to devise therapies of her own. When she herself became ill with uterine endometriosis, ovarian cysts, and uterine tumors, and later with diabetes, high blood pressure, and retinitis, her pattern began to look more like that of the “noncompliant patient” known to American medical sociology. She shopped for doctors, refused care, joined informal support groups in the park, and committed herself to the “alternative healing modality” of *qigong*.

This is a pattern of “shopping for care” that has long been recognized in medical anthropology and is probably found to some degree everywhere there is any sort of plural medical field. Americans who are told about this process in China, however, usually notice that Chinese patients seem not much awed by the authority of doctors and not always inclined to follow instructions issued by an “expert.” Wu Liyan no longer trusted doctors, though she did trust her own instincts and capacities, as well as those of her “*gong* buddies.” During our interviews, in fact, many people expressed doubts about

doctors' advice. Chairman Mao often said, "As for what doctors say, believe half."¹²

Chinese patients—perhaps more than American or other patients—tend to feel that they are the greatest experts on their own bodies. The laboratory results and prognostic speculations of doctors are much less meaningful to them than the changes they themselves experience as they experiment with forms of treatment. Many—perhaps most?—patients will keep looking for a form of care that produces palpable results in relation to their own direct actions. Thus, for example, routinely taking blood pressure medicine to produce a change that does not register in experience is a regime rejected by many Chinese patients. People such as Wu Liyan would rather adopt an exercise, nutritional, or herbal medicine regime that both controls blood pressure and makes one feel more well at the same time. Wu Liyan claimed a superior expert understanding of both her son's rehabilitation needs and her own body's habits. She talked at length about the slow but steady kind of progress she sought, both as she gradually increased the amount of activity her son could take and as she gradually felt her own (postsurgery, postchemotherapy) strength return after she started practicing *qigong*.

Isn't it interesting that she sees her elaborate self-care routines as a "shortcut"? Normally we think of the surgical interventions and quick-acting injections of Western medicine as being the faster route to controlling symptoms. But Wu Liyan seems to think of time devoted to therapy in a different way, more like a patient craftsman. Thus, she feels that biomedical cardiology would have never cured her son, but with her laborious nursing and exercises, she did. She believed that ophthalmology could have ruined her eyesight, so she found a (time-consuming, daily) way to work on her vision without biomedical injections. This felt to her like a "shortcut," or perhaps a more trustworthy route to a surer cure; she would no doubt agree that "health is not a [biomedical] express train."

With this long career of being a professional patient, as it were, Wu Liyan appears to have developed a sense of the dynamic of her

body that is much indebted to the logic and experience of *qigong*. In *qigong* practice, it becomes possible to feel the substantial existence of *qi*, to develop and even manipulate fields of tangible force in and around the body. Thus, her notion about not letting “the disease demon push its way in” is not just an invocation of a conventional way of thinking about contracting disease. It implies an experience of a body fortified from within by *qigong* techniques, a body defended against pathology by the systematic generation of positive, wholesome, and personally powerful forms of *qi*. Perhaps a body filled out or charged with healthful *qi*, *qi* transforming in physiologically appropriate ways, is also one that is well defended. But note that this is not a defense that destroys pathogens that have gotten into the body; rather, it is one that does not allow pathological process to begin, because the “disease demon” is kept at bay by a body fully charged with wholesome protective *qi*.

Little wonder that Wu Liyan particularly wanted to follow the advice of a “*gong* buddy” with ties to Chinese medicine. Surely she understood at some level that the Chinese medicine body is constituted by *qi* transformation (in fact, we expect that her friend explained something like this to her), so Chinese herbal medicine was addressing the body she experienced as a *qigong* practitioner. The Western medical body she also acknowledged in practice—her son’s heart disease was monitored by EKG, her vision disorder was caused by retinitis—does not seem to contradict or invalidate Chinese medical *qi* transformation or the *qigong* body, but she has evolved in her life a mode of intervention, a personal health activism, that prefers *qi* (craft)work in all its gradualness and tangibility to the direct assaults on invisible organic structures offered by Western medicine.

We saw in Chapter 2 that Zhu Hong was not a credulous or uncritical reader, and here we have reported her slapstick comedy routine making fun of a *qigong* healer who tried to rehabilitate her paralyzed husband. Ms. Zhu did not think much about *qi* and had no patience with self-appointed gurus. Wu Liyan might be seen as more credulous